

Report Date	23rd July 2024	Agenda Item	
Report Title	Integrated Performance Report		
Report Author	Charlotte Angell, Health Board Performance Support Officer		
Report Sponsor	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
Presented by	Darren Griffiths, Executive Director of Finance and Performance, Acting Deputy Chief Executive		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide an update on the current performance of the Health Board at the end of the most recent reporting period (June 2024) in delivering key local performance measures as well as the national measures outlined in the 2024/25 NHS Wales Performance Framework.		
Key Issues	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. Following revision in May 2024 reporting to give focus on the measures to be monitored as part of Targeted Intervention (TI) escalation for performance and outcomes additional charts have been added where previously indicated. Key high level issues to highlight this month are as follows: - <u>Unscheduled Care</u> - Performance against the 4-hour access has reduced by 0.5% to 77.6% in June 2024. - Performance against the 12-hour wait has improved in June 2024 to 980 from 1,115. - In June 2024, there were 590 ambulance to hospital handovers taking over 1 hour; this is a decrease of 105 compared with the previous month. - In June 2024, 2,890 ambulance hours were lost in handover delays compared to 3,158 in the previous month. - There was a decrease in the average number of patients who were deemed clinically optimised in June 2024 (Pathway of care delays). The average number of clinically optimised patients decreased from 252 in the previous month to 242 in June 2024.		

	<u>Planned Care</u>			
	- OP waits remain under the 52 week Ministerial target level in June 2024, a position sustained since October 2023. - At the end of June 2024, there were 1,477 patients waiting over 104 weeks for treatment an improvement of 102 from the previous month. - In June 2024 there were just 4 patients waiting over 14 weeks for a therapy service, 2 in dietetics and 2 in Speech and Language therapy. - In June 2024, there was a decrease in the number of patients waiting over 8 weeks for specified diagnostics. The position improved from 3,576 to 3,493. The breakdown is as follows: - - Endoscopy= 2,963 - Cardiac tests= 482 - Other Diagnostics = 48			
	<u>Cancer</u>			
	- The final Single Cancer Pathway (SCP) measure of patients receiving definitive treatment in May 2024 was 57%, which is 1% higher than the figure reported in April 2024 (this measure is always reported a month in arrears due to data validation). - 229 patients were waiting in excess of 63 days at the end of May 2024.			
	<u>Mental Health</u>			
Specific Action Required	- Performance against the Mental Health Measures continues to be maintained. However, one of the Welsh Government targets was not achieved in April 2024. - In May 2024, 64% of patients waited less than 26 weeks for Psychological Therapy. This was below the national target of 95%.			
	<u>Child and Adolescent Mental Health Services (CAMHS)</u>			
	- Access times for crisis performance has been maintained at 100% in March 2024. - Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, the performance showed a modest improvement of 3% to 29% in May 2024. - Note: S-CAMHS now included with P-CAMHS measure. Access to therapeutic interventions remains strong at 98% within 28 days, however access to assessment remains a challenge at 41% (within 28 days) in month (an improvement of 18% on the previous month).			
	Information	Discussion	Assurance	Approval
	✓		✓	



Recommendations	Members are asked to: • NOTE the Health Board performance against key measures and targets. • NOTE that the report will evolve to include more information on the Targeted Intervention section. • NOTE that work has commenced to develop and add key reporting measures for Primary and Community Care Services
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INTEGRATED PERFORMANCE REPORT

1. INTRODUCTION

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

2. BACKGROUND

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

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

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

3. GOVERNANCE AND RISK ISSUES

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

4. FINANCIAL IMPLICATIONS

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

5. RECOMMENDATION:

Members are asked to:



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Un Bae Ar y Cyd
One Bay Way

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

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
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.		
There are no directly related Equality and Diversity implications as a result of this report.		
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)		
The '5 Ways of Working' are demonstrated in the report as follows:		
Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives.		



- **Prevention** – the NHS Wales Delivery framework provides a measurable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being.
- **Integration** – this integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service 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 October 2023. This is a routine monthly report.
Appendices	Appendix 1: Integrated Performance Report



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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Appendix 1- Integrated Performance Report July 2024



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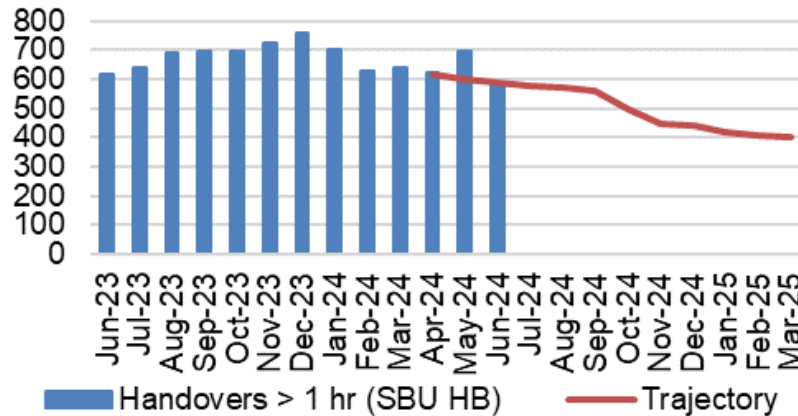
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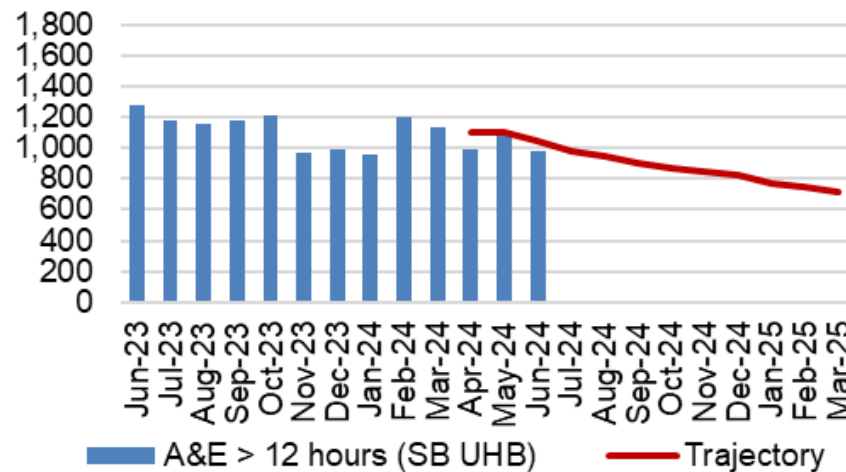
1. TARGETED INTERVENTION METRICS PERFORMANCE

URGENT AND EMERGENCY CARE

1. Ambulance handovers over 1 hour



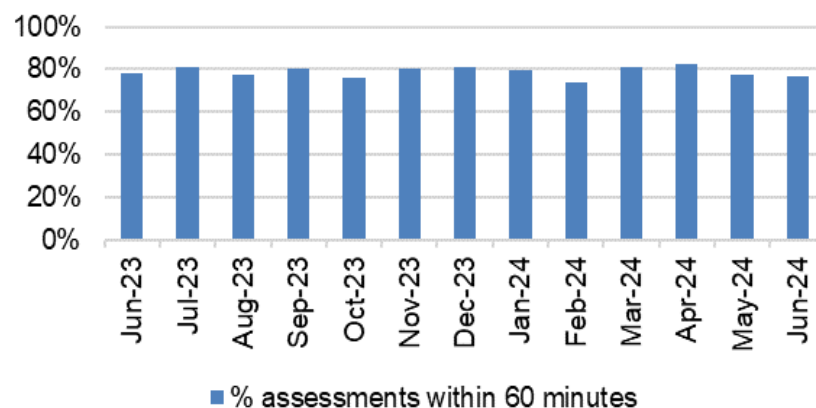
2. A&E waits over 12 hours



1. The number ambulance handovers over 1 hour has seen a reduction in June 2024. The number of handovers over 1 hour decreased from 695 in May 2024 to 590 in June 2024, which is in line with the outlined trajectory.

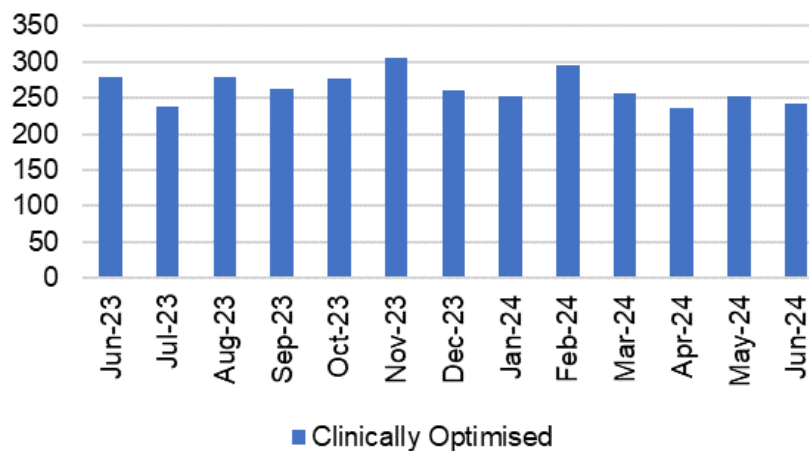
2. Performance against the 12-hour wait has improved in-month and is currently performing slightly below the outlined trajectory. The number of patients waiting over 12-hours in the Emergency Department reduced to 980 in June 2024, from 1,115 in May 2024.

3. Median time from arrival to assessment within 60 mins



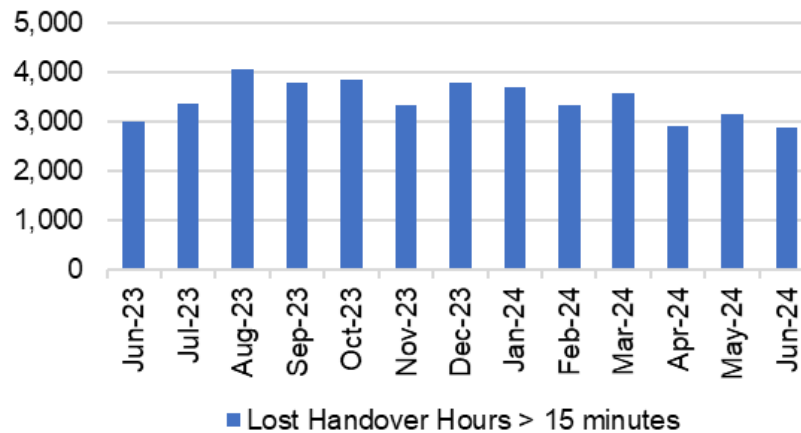
3. In June 2024 76.81% of patients received their first assessment within 60 minutes of their arrival at the Emergency Department. This is a reduction of 0.7% on the figure reported in May 2024 (77.53%).

4. Continuing reduction in pathway of care delays



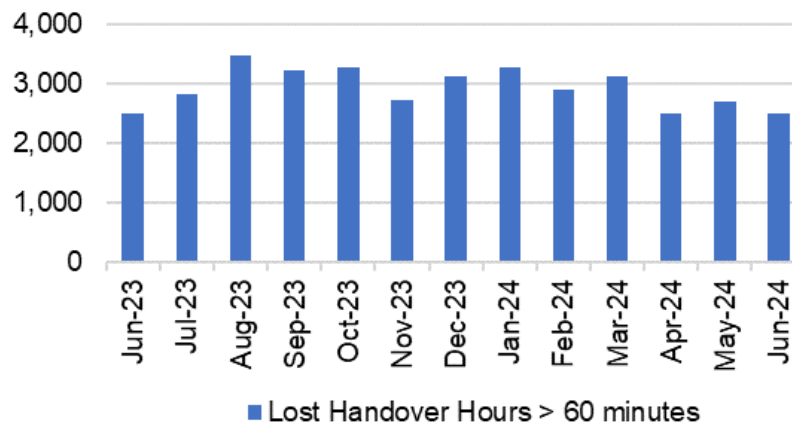
4. There was a reduction in the average number of patients who were deemed clinically optimised in June 2024. The average number of clinically optimised patients decreased from 252 in May 2024 to 242 in June 2024.

5. Lost Ambulance Hours Total



5. The ambulance handover lost hours rate has seen a reduction in June 2024. The ambulance handover lost hours decreased from 3,158 in May 2024 to 2,890 in June 2024.

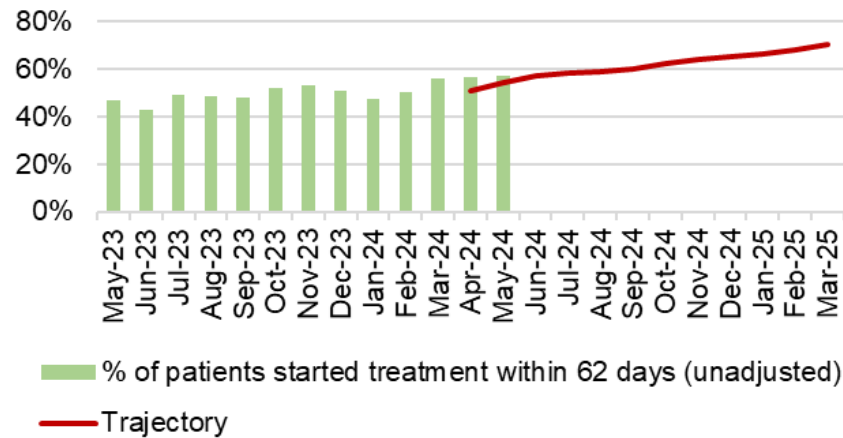
6. Lost Ambulance Hours over 1 hour



6. There has been a reduction in the number of lost ambulance hours over 1 hour in June 2024. There were 2500 lost hours over 1 hour in June 2024 which is a reduction of 194 compared with 2694 in May 2024.

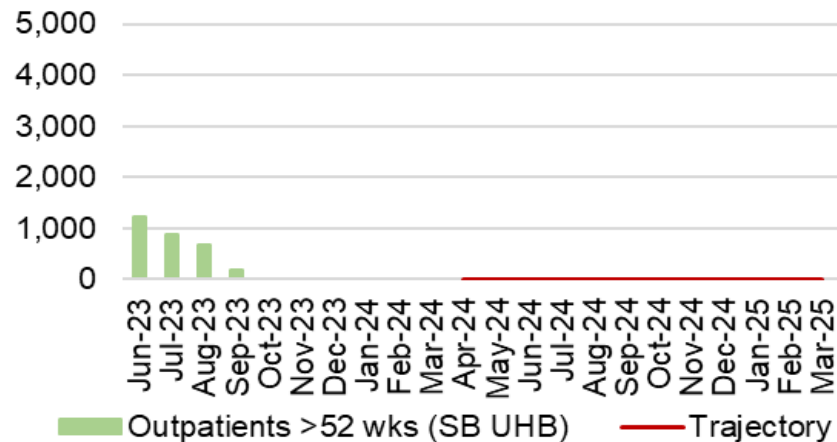
PLANNED CARE & CANCER

1. Single Cancer Pathway



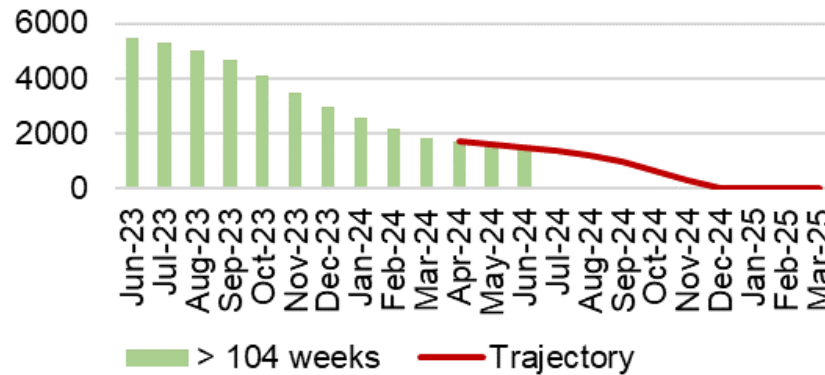
1. The final SCP performance for May 2024 was 57%, which is higher than the figure reported in April 2024. Performance is currently above the submitted trajectory (54%).

2. Outpatients waiting over 52 weeks



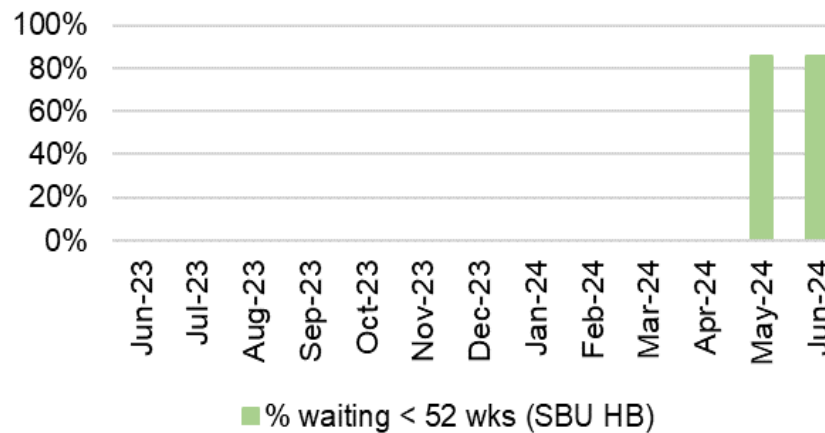
2. The number of patients waiting over 52 weeks for a first outpatient appointment remained below the Ministerial target level of 0 in June 2024. This position has been sustained since October 2023.

3. 104 week waits – all pathways



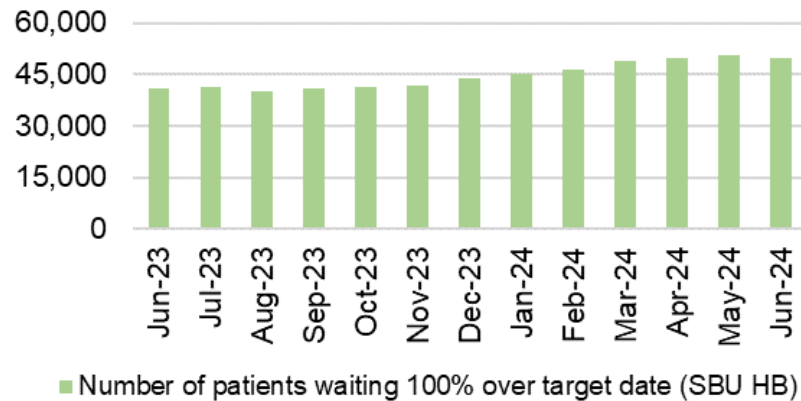
3. June 2024 saw an in-month reduction of 6% in the number of patients waiting over 104 weeks for treatment. The number decreased from 1,579 in May 2024 to 1,477 in June 2024.

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



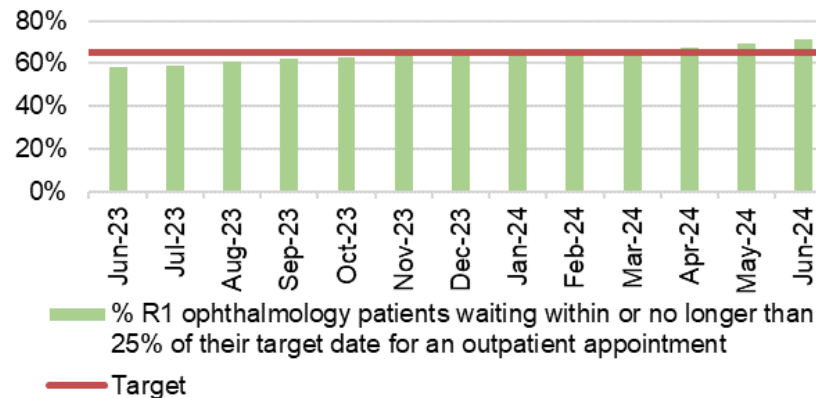
4. The percentage of patients waiting under 52 weeks for treatment decreased slightly in-month. In June 85.3% of patients were waiting under 52 weeks, compared with 85.8% in May 2024.

5. Delayed follow ups over 100%



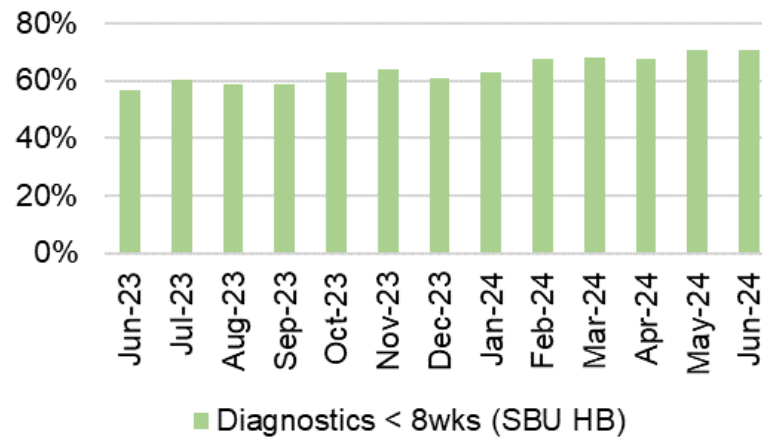
5. The number of patients waiting 100% over target for a follow-up appointment decreased in June 2024. There were 49,585 patients waiting 100% over their target date in June 2024, a reduction of 1,061 when compared to May 2024 (50,646).

6. R1 Ophthalmology



6. In June 2024 71.2% of Ophthalmology RI patients were waiting within their clinical target date or within 25% of their target date. This is a 1.7% increase on the figure reported in May 2024.

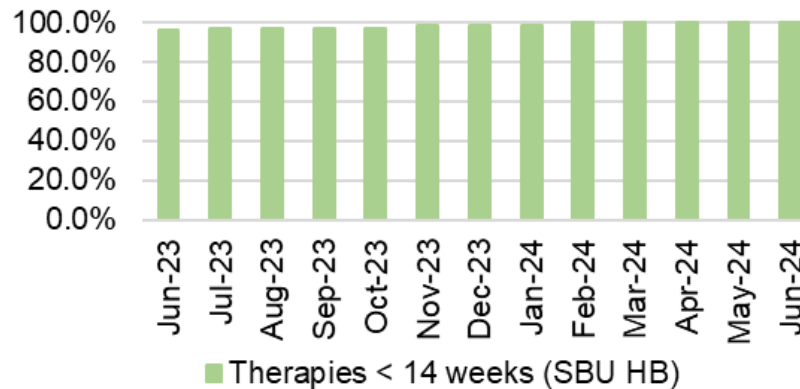
7. Percentage of Patients waiting 8 weeks for a diagnostic test



7. In June 2024, there was an increase in the percentage of patients waiting less than 8 weeks for a diagnostic test. It increased from 70.5% in May 2024 to 70.8% in June 2024.

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

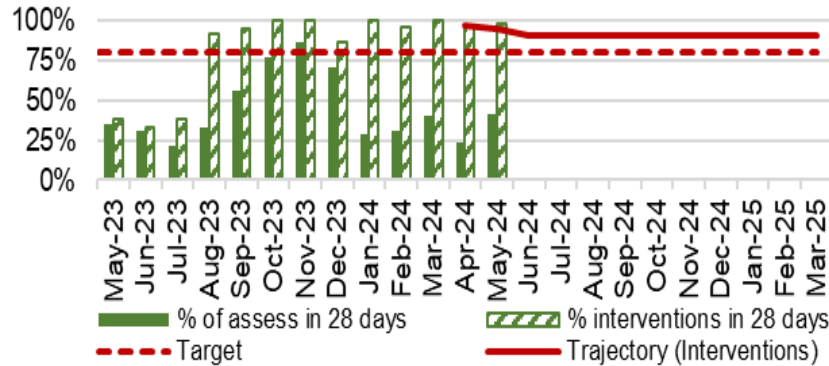
8. Patients waiting 14 weeks for therapy services



8. In June 2024, 99.93% of patients were waiting less than 14 weeks for therapy services; this is a slight deterioration when compared with the figure reported in May 2024. The 0.07% equates to 4 patients, 2 in dietetics and 2 in speech and language therapy.

CAMHS

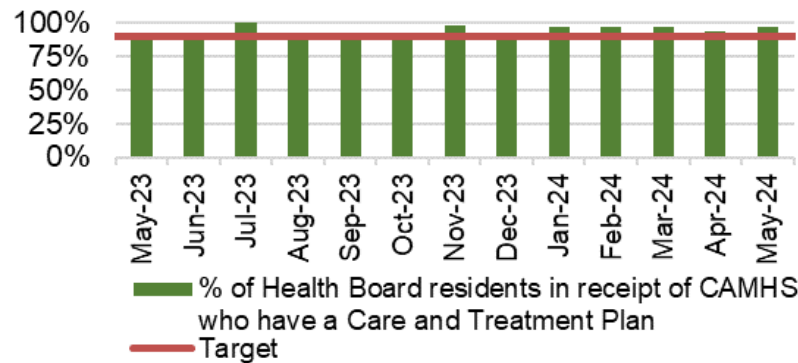
1. LPMHSS assessments with 28 days and therapeutic assessment within 28 days



1. The percentage of routine assessments undertaken within 28 days increased to 41% in May 2024 from 23% in April 2024.

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

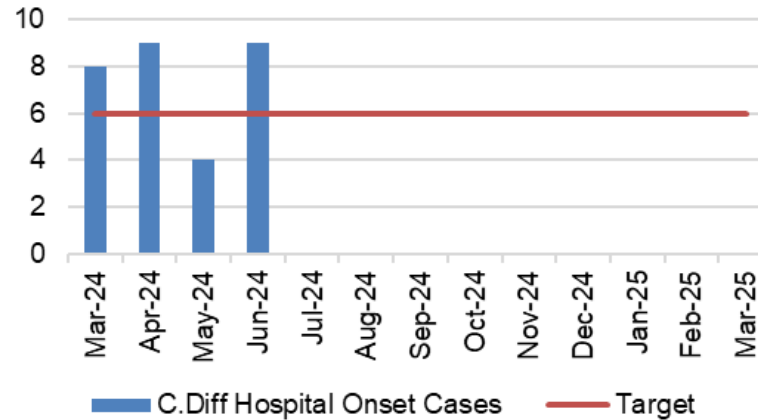
2. Residents in receipt of a valid care and treatment plan



2. The percentage of residents in receipt of a valid care and treatment plan remained above the 80% target, achieving 97% in May 2024.

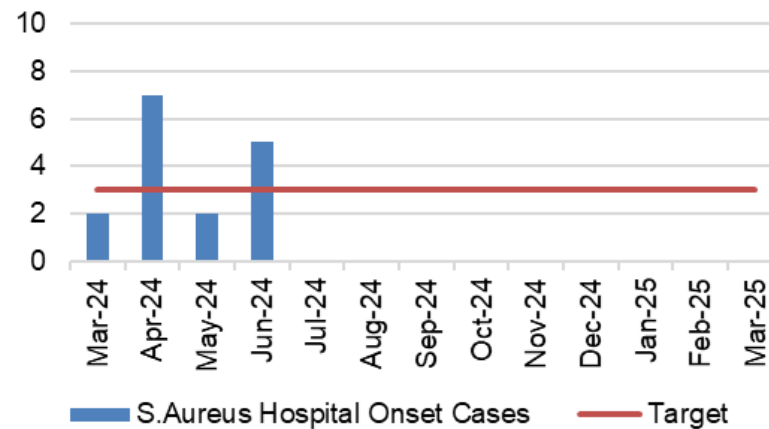
HEALTHCARE ACQUIRED INFECTIONS

1. C. Difficile



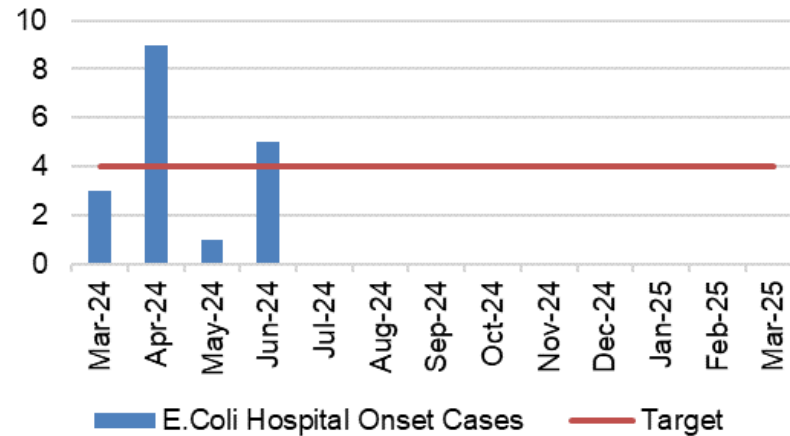
1. There were 9 hospital onset cases of C. Difficile reported in June 2024. This is 5 more than reported in May 2024 and is above the target of a maximum of 6 cases per month.

2. Staph aureus



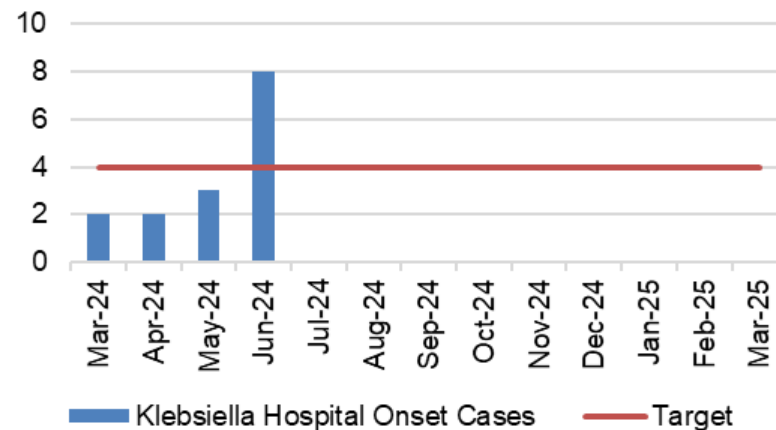
2. There was an increase in the number of hospital onset cases of Staph aureus reported in June 2024. The number of cases reported increased to 5 in June 2024, compared to 2 in May 2024. This is above the target of a maximum of 3 cases per month.

3. E-coli



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

4. Klebsiella

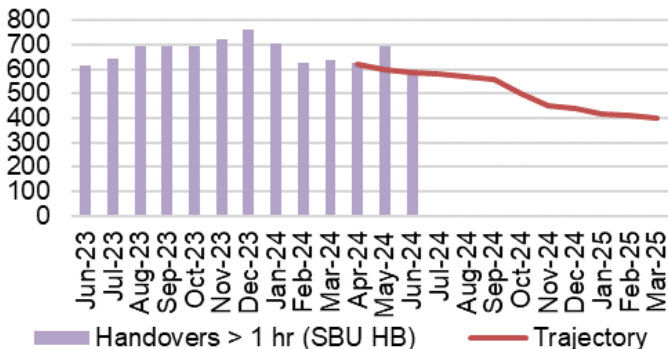
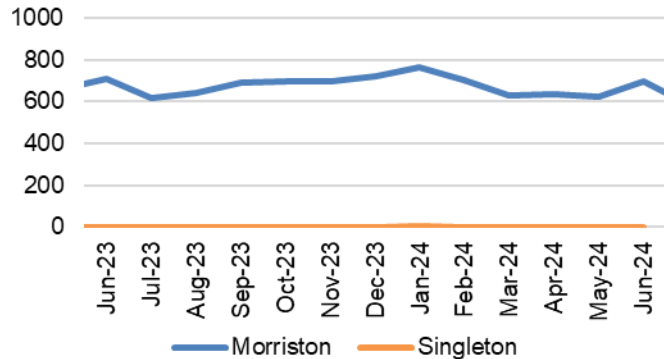
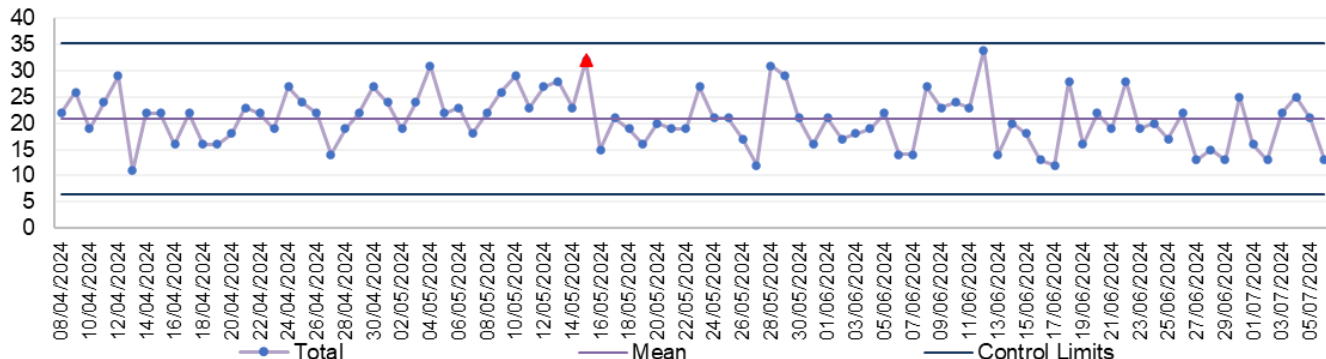


4. The number of hospital onset cases of Klebsiella reported increased to 8 in June 2024 from 3 in May 2024. This is above the target of a maximum of 4 cases per month.

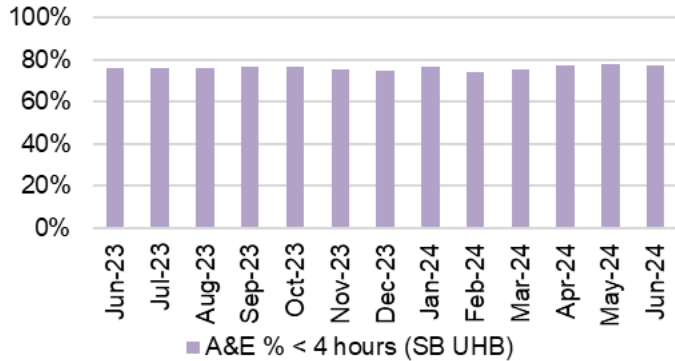
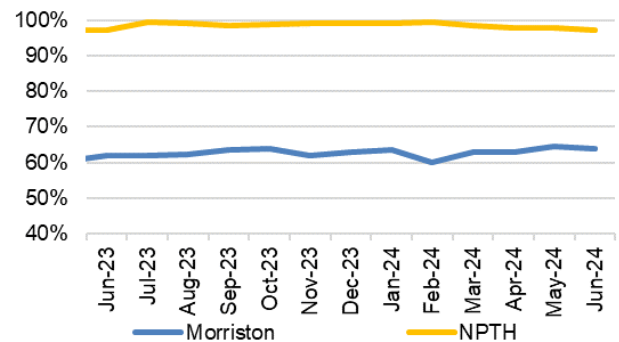
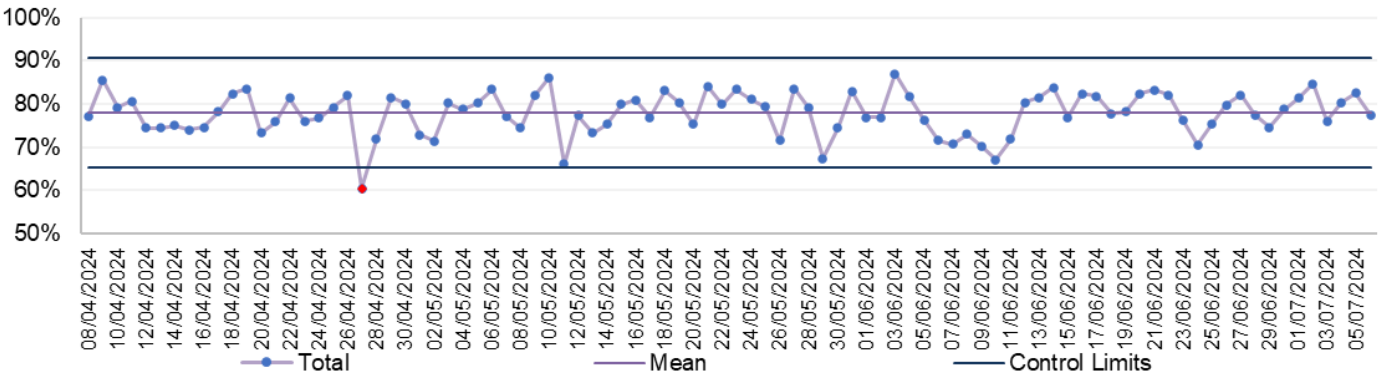
2. UPDATES ON KEY SERVICE AREAS

COVID Data																																																						
Description	Current Performance	Trend																																																				
1. Number of new COVID19 cases in Swansea Bay population area	<u>Number of new COVID cases</u> In June 2024, there were an additional 70 positive cases recorded bringing the cumulative total to 121,700 in Swansea Bay since March 2020.	Number of new COVID19 cases for Swansea Bay population <table><caption>Estimated data for New positive COVID19 cases</caption><thead><tr><th>Month</th><th>Estimated New Positive Cases</th></tr></thead><tbody><tr><td>Jun-22</td><td>350</td></tr><tr><td>Jul-22</td><td>600</td></tr><tr><td>Aug-22</td><td>200</td></tr><tr><td>Sep-22</td><td>200</td></tr><tr><td>Oct-22</td><td>150</td></tr><tr><td>Nov-22</td><td>150</td></tr><tr><td>Dec-22</td><td>400</td></tr><tr><td>Jan-23</td><td>200</td></tr><tr><td>Feb-23</td><td>250</td></tr><tr><td>Mar-23</td><td>400</td></tr><tr><td>Apr-23</td><td>150</td></tr><tr><td>May-23</td><td>50</td></tr><tr><td>Jun-23</td><td>50</td></tr><tr><td>Jul-23</td><td>100</td></tr><tr><td>Aug-23</td><td>150</td></tr><tr><td>Sep-23</td><td>150</td></tr><tr><td>Oct-23</td><td>150</td></tr><tr><td>Nov-23</td><td>50</td></tr><tr><td>Dec-23</td><td>200</td></tr><tr><td>Jan-24</td><td>150</td></tr><tr><td>Feb-24</td><td>50</td></tr><tr><td>Mar-24</td><td>50</td></tr><tr><td>Apr-24</td><td>50</td></tr><tr><td>May-24</td><td>50</td></tr><tr><td>Jun-24</td><td>50</td></tr></tbody></table> ■ New positive COVID19 cases	Month	Estimated New Positive Cases	Jun-22	350	Jul-22	600	Aug-22	200	Sep-22	200	Oct-22	150	Nov-22	150	Dec-22	400	Jan-23	200	Feb-23	250	Mar-23	400	Apr-23	150	May-23	50	Jun-23	50	Jul-23	100	Aug-23	150	Sep-23	150	Oct-23	150	Nov-23	50	Dec-23	200	Jan-24	150	Feb-24	50	Mar-24	50	Apr-24	50	May-24	50	Jun-24	50
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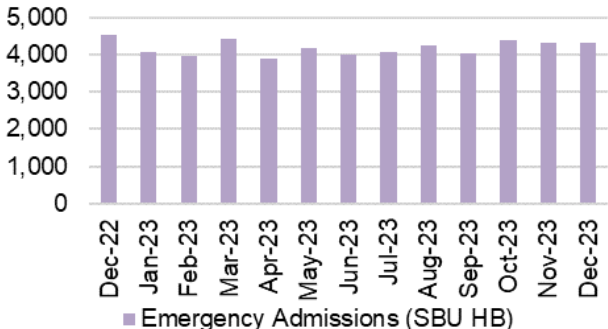
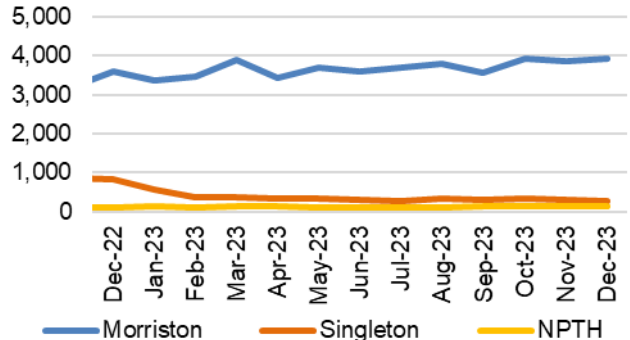
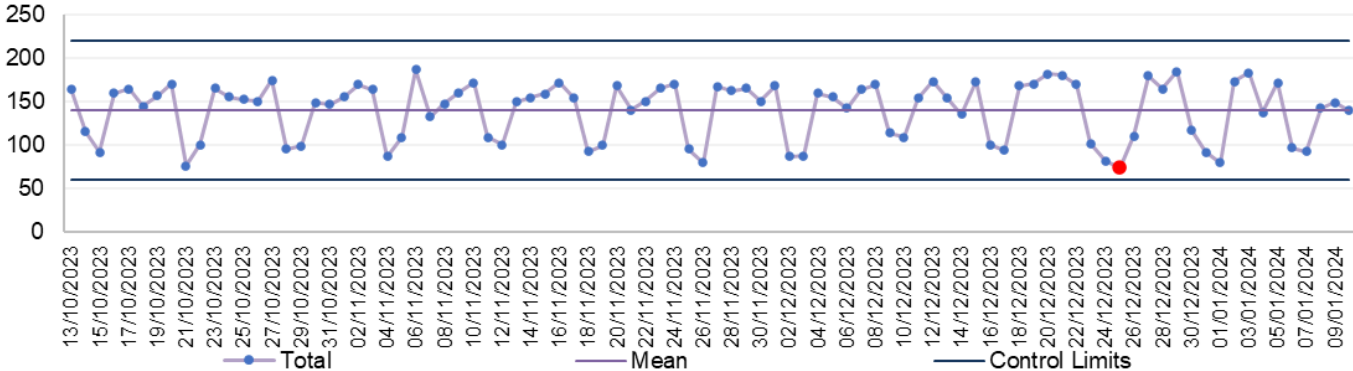
UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance responses 1. The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes. 2. The number of ambulance calls by category. 3. The percentage of emergency responses to red calls arriving within 8 minutes (last 90 days)	In June 2024, the number of red calls responded to within 8 minutes improved to 49.8% from 45.5% in May 2024. In June 2024, the number of green calls decreased by 7%, amber calls also decreased by 7%, and red calls decreased by 4% compared with May 2024.	Ambulance response rates have seen a small deterioration in performance in May 2024. Red and amber release escalation protocols have now been put in place, along with a dedicated medical team in the Emergency Department to ensure timely reviews are taking place to support flow.
	Trend	
	1. % of red calls responded to within 8 minutes 2. Number of ambulance call responses 3. % of red calls responded to within 8 minutes – HB total last 90 days	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
Ambulance handovers 1.The number of ambulance handovers over one hour 2. The number of ambulance handovers over one hour- Hospital level 3.The number of ambulance handovers over one hour (last 90 days)	In June 2024, there were 590 ambulance to hospital handovers taking over 1 hour; this is a reduction of 105 compared with 695 in May 2024. In June 2024, 589 handovers over 1 hour were attributed to Morriston Hospital and 1 was attributed to Singleton Hospital. The number of handover hours lost over 15 minutes have decreased from 3,158 in May 2024 to 2,890 in June 2024.	Transformation of the urgent care pathways has been maintained with a focus on admission avoidance and length of stay reduction. Changes to medical staff rotas are being enacted and the first phases of the frailty model have been accelerated an implemented in July 2024 to reduce conveyance and admission where appropriate
	Trend	
	1. Number of ambulance handovers- HB total  2. Number of ambulance handovers over 1 hour- Hospital level  3. Number of ambulance handovers- HB total last 90 days  Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points	

UNSCHEDULED CARE		
Description	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)	In June 2024, there were 11,756 A&E attendances, which is a reduction of 762 when compared to May 2024. There were 6,959 attendances to A&E at Morriston hospital and 4,797 attendances to MIU at Neath Port Talbot hospital.	There is currently a medical SDEC model in place consisting of medics, GP's, therapies, plus co-location of OPAS, ACT, virtual wards, paramedics (WAST stack review and direct access) – pull & push model from ED.
	Trend	
	1. Number of A&E attendances- HB total ■ Total A&E Attendances (SBU HB) 2. Number of A&E attendances- Hospital level — Morriston — NPTH 3. Number of A&E attendances -HB total last 90 days ● Total — Mean — Control Limits Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ▲ Run of 6 ● increasing or decreasing points	

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>	The Health Board's performance against the 4-hour measure deteriorated from 78.10% in May 2024 to 77.56% in June 2024. Neath Port Talbot Hospital Minor Injuries Unit (MIU) has remained above the national target of 95% achieving 97.12% in June 2024. Morriston Hospital's performance deteriorated slightly between May 2024 and June 2024, achieving 64.00% against the target.	A frailty model design has been agreed which anticipates a reduction in attendances and improved length of stay; this has been accelerated and implementation commenced in July ahead of September 2024 as scheduled.
	Trend	
	1. % Patients waiting under 4 hours in A&E- HB total  ■ A&E % < 4 hours (SB UHB) 2. % Patients waiting under 4 hours in A&E- Hospital level  — Morriston — NPTH 3. % Patients waiting under 4 hours in A&E- HB total last 90 days  ● Total — Mean — Control Limits Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points	

UNSCHEDULED CARE		
Description	Current Performance	Actions of Improvement
A&E waiting times 1. Number of patients who spend 12 hours or more in A&E 2. Number of patients who spend 12 hours or more in A&E- Hospital level 3. Number of patients who spend 12 hours or more in A&E (last 90 days)	In June 2024, performance against the 12-hour measure improved when compared with May 2024, decreasing from 1,115 to 980. This is an decrease of 135 compared to May 2024. 978 patients waiting over 12 hours in June 2024 were attributed to Morriston Hospital and 2 were attributed to Neath Port Talbot Hospital.	A total of 8 virtual wards are now fully operational and the benefits of these are being experienced. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	Trend	
	1. Number of patients waiting over 12 hours in A&E- HB total 2. Number of patients waiting over 12 hours in A&E- Hospital level 3. Number of patients waiting over 12 hours in A&E – HB total last 90 days	

UNSCHEDULED CARE		
Description	Current Performance	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)	In December 2023, there were 4,328 emergency admissions across the Health Board, which is 26 higher than November 2023. Singleton Hospital saw an in-month reduction, with 33 less admissions (from 308 in November 2023), Morriston Hospital saw an in-month increase from 3,871 admissions in November 2023 to 3,923 admissions in December 2023.	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
	Trend	
	1. Number of emergency admissions- HB total  ■ Emergency Admissions (SBU HB) 2. Number of emergency admissions- Hospital level  — Morriston — Singleton — NPTH 3. Number of emergency admissions- HB total last 90 days  ● Total — Mean — Control Limits Symbol Key: ◆ Above or below control limits ▲ 8 or more points above or below the mean ● Arun of 6 ● increasing or decreasing points	

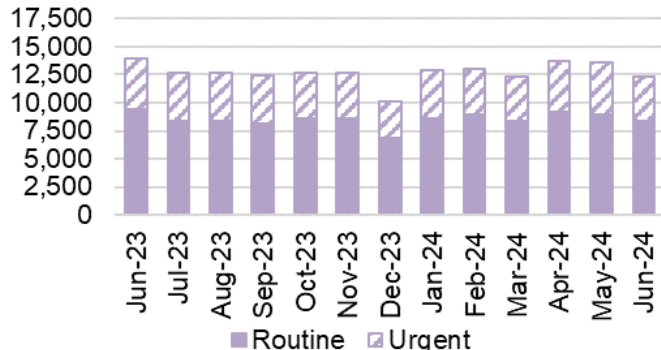
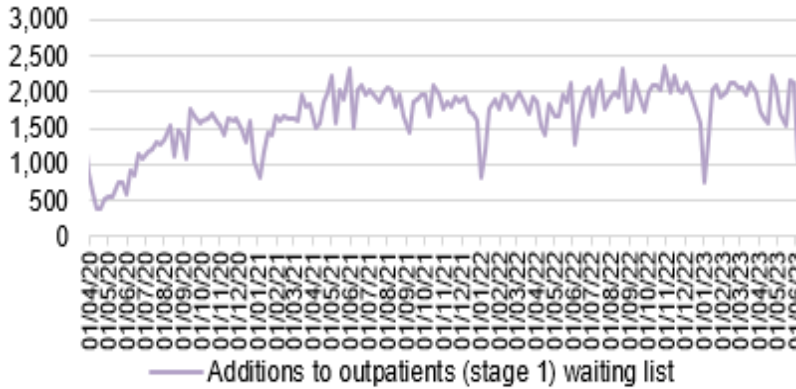
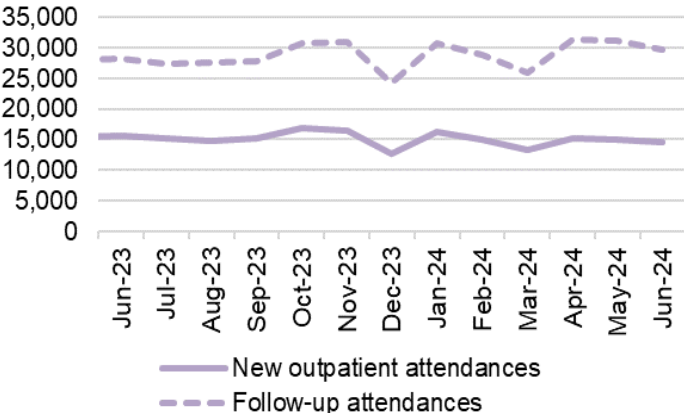
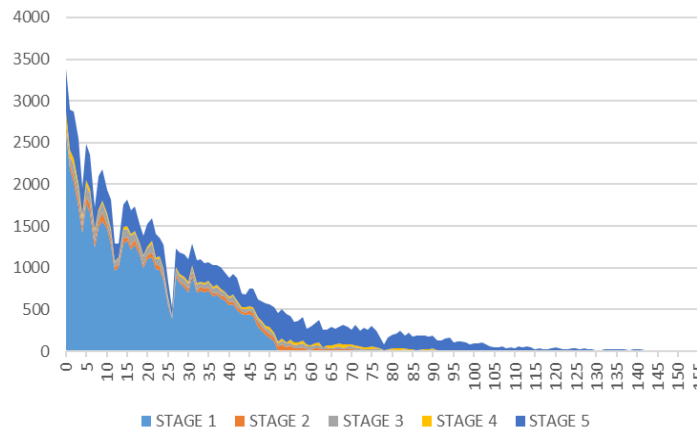
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Description	Current Performance	Actions of Improvement																																																								
Critical Care-Delayed Transfers of Care (DTCO)-Morrison Hospital <i>1.Total Critical Care delayed discharges (hours)</i> <i>2. Average lost bed days per day</i> <i>3.Percentage of patients delayed:</i> <i>Up to 8 hours</i> <i>Between 8 and 24 hours</i> <i>Over 24 hours</i>	In March 2024, there were a total of 76 admissions into the Intensive Care Unit (ICU) in Morrison Hospital, this is an increase when compared with 70 admissions in February 2024. March 2024, saw an increase in the number of delayed discharge hours from 1049.25 in February 2024 to 2903.1 in March 2024. The average lost bed days increased to 3.9 per day. The percentage of patients delayed over 24 hours increased to 52.73% in March from 26.53% in February 2024.	Delayed discharges from ICU are linked to capacity and flow constraints within the general wards and health/social-care system in general. Increased focus on flow through ICU as a result of capital works underway to meet burns requirements.																																																								
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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 June 2024, there were on average 242 patients who were deemed clinically optimised but were still occupying a bed in one of the Health Board’s Hospitals. In June, Morriston Hospital had the largest proportion of clinically optimised patients with 135, followed by Neath Port Talbot Hospital with 60. Actions of Improvement; Continued work is underway to implement opportunities to reduce the number of Clinically Optimised Patients in the Hospital. The implementation of the frailty model with further increase opportunities for reductions in delays.	The number of clinically optimised patients by site <table><caption>Estimated data for Clinically Optimised Patients</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th><th>Gorseinon</th></tr></thead><tbody><tr><td>Jun-23</td><td>115</td><td>60</td><td>80</td><td>20</td></tr><tr><td>Jul-23</td><td>110</td><td>30</td><td>70</td><td>15</td></tr><tr><td>Aug-23</td><td>155</td><td>20</td><td>80</td><td>15</td></tr><tr><td>Sep-23</td><td>145</td><td>10</td><td>95</td><td>10</td></tr><tr><td>Oct-23</td><td>160</td><td>10</td><td>90</td><td>15</td></tr><tr><td>Nov-23</td><td>180</td><td>10</td><td>95</td><td>15</td></tr><tr><td>Dec-23</td><td>150</td><td>10</td><td>60</td><td>15</td></tr><tr><td>Jan-24</td><td>130</td><td>35</td><td>60</td><td>15</td></tr><tr><td>Feb-24</td><td>170</td><td>35</td><td>55</td><td>20</td></tr><tr><td>Mar-24</td><td>110</td><td>50</td><td>55</td><td>20</td></tr><tr><td>Apr-24</td><td>115</td><td>40</td><td>45</td><td>15</td></tr><tr><td>May-24</td><td>155</td><td>20</td><td>50</td><td>15</td></tr><tr><td>Jun-24</td><td>135</td><td>20</td><td>60</td><td>15</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Gorseinon	Jun-23	115	60	80	20	Jul-23	110	30	70	15	Aug-23	155	20	80	15	Sep-23	145	10	95	10	Oct-23	160	10	90	15	Nov-23	180	10	95	15	Dec-23	150	10	60	15	Jan-24	130	35	60	15	Feb-24	170	35	55	20	Mar-24	110	50	55	20	Apr-24	115	40	45	15	May-24	155	20	50	15	Jun-24	135	20	60	15
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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 June 2024, there were 30 elective procedures cancelled due to lack of beds on the day of surgery. This is 9 more cancellations than those seen in May 2024. Of the 30 cancelled procedures, 29 were attributed to Morriston Hospital and 1 to Neath Port Talbot Hospital.	Total number of elective procedures cancelled due to lack of beds <table><caption>Estimated data for Elective Procedures Cancelled</caption><thead><tr><th>Month</th><th>Morriston</th><th>Singleton</th><th>NPTH</th></tr></thead><tbody><tr><td>Jun-23</td><td>15</td><td>0</td><td>5</td></tr><tr><td>Jul-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Aug-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Sep-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Oct-23</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Nov-23</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Dec-23</td><td>10</td><td>0</td><td>0</td></tr><tr><td>Jan-24</td><td>25</td><td>0</td><td>40</td></tr><tr><td>Feb-24</td><td>20</td><td>0</td><td>0</td></tr><tr><td>Mar-24</td><td>15</td><td>0</td><td>0</td></tr><tr><td>Apr-24</td><td>18</td><td>0</td><td>0</td></tr><tr><td>May-24</td><td>15</td><td>0</td><td>5</td></tr><tr><td>Jun-24</td><td>30</td><td>0</td><td>0</td></tr></tbody></table>	Month	Morriston	Singleton	NPTH	Jun-23	15	0	5	Jul-23	10	0	0	Aug-23	10	0	0	Sep-23	15	0	0	Oct-23	15	0	0	Nov-23	20	0	0	Dec-23	10	0	0	Jan-24	25	0	40	Feb-24	20	0	0	Mar-24	15	0	0	Apr-24	18	0	0	May-24	15	0	5	Jun-24	30	0	0														
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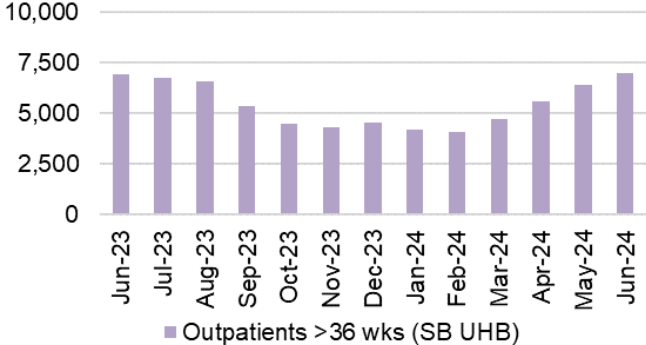
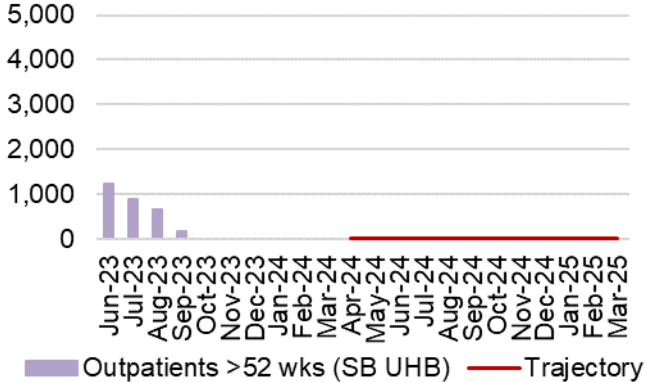
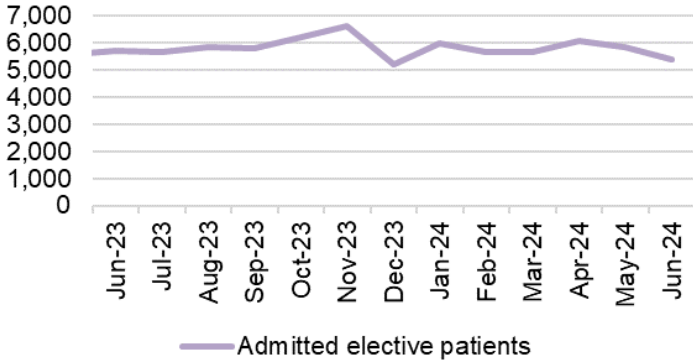
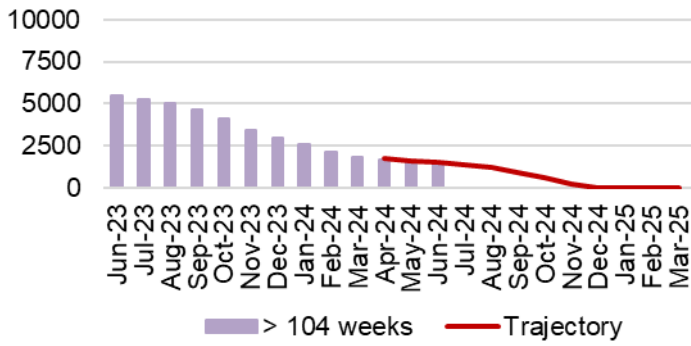
HEALTHCARE ACQUIRED INFECTIONS																																																																							
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Healthcare Acquired Infections (HCAI) - E.coli bacteraemia- <i>Number of laboratory confirmed E.coli bacteraemia cases</i>	16 cases of <i>E. coli</i> bacteraemia were identified in June 2024, of which 8 were hospital acquired and 8 were community acquired. - The Health Board total is currently below the Welsh Government Profile target of 19 cases for June 2024. 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	Number of healthcare acquired E.coli bacteraemia cases <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>Jun-23</td><td>25</td><td></td></tr> <tr><td>Jul-23</td><td>25</td><td></td></tr> <tr><td>Aug-23</td><td>27</td><td></td></tr> <tr><td>Sep-23</td><td>23</td><td></td></tr> <tr><td>Oct-23</td><td>11</td><td></td></tr> <tr><td>Nov-23</td><td>32</td><td></td></tr> <tr><td>Dec-23</td><td>12</td><td></td></tr> <tr><td>Jan-24</td><td>19</td><td></td></tr> <tr><td>Feb-24</td><td>17</td><td></td></tr> <tr><td>Mar-24</td><td>19</td><td></td></tr> <tr><td>Apr-24</td><td>19</td><td>20</td></tr> <tr><td>May-24</td><td>16</td><td>19</td></tr> <tr><td>Jun-24</td><td>16</td><td>18</td></tr> <tr><td>Jul-24</td><td></td><td>17</td></tr> <tr><td>Aug-24</td><td></td><td>20</td></tr> <tr><td>Sep-24</td><td></td><td>17</td></tr> <tr><td>Oct-24</td><td></td><td>17</td></tr> <tr><td>Nov-24</td><td></td><td>17</td></tr> <tr><td>Dec-24</td><td></td><td>18</td></tr> <tr><td>Jan-25</td><td></td><td>17</td></tr> <tr><td>Feb-25</td><td></td><td>18</td></tr> <tr><td>Mar-25</td><td></td><td>17</td></tr> </tbody> </table>	Month	Number E.Coli cases (SBU)	Trajectory	Jun-23	25		Jul-23	25		Aug-23	27		Sep-23	23		Oct-23	11		Nov-23	32		Dec-23	12		Jan-24	19		Feb-24	17		Mar-24	19		Apr-24	19	20	May-24	16	19	Jun-24	16	18	Jul-24		17	Aug-24		20	Sep-24		17	Oct-24		17	Nov-24		17	Dec-24		18	Jan-25		17	Feb-25		18	Mar-25		17
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Healthcare Acquired Infections (HCAI)- S.aureus bacteraemia- <i>Number of laboratory confirmed S.aureus bacteraemias (MRSA & MSSA) cases</i>	- There were 7 cases of <i>Staph. aureus</i> bacteraemia in June 2024, of which 4 were hospital acquired and 3 were community acquired. - The Health Board total is currently above the Welsh Government Profile target of 6 cases for June 2024 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	Number of healthcare acquired S.aureus bacteraemia cases <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>Jun-23</td><td>13</td><td></td></tr> <tr><td>Jul-23</td><td>14</td><td></td></tr> <tr><td>Aug-23</td><td>10</td><td></td></tr> <tr><td>Sep-23</td><td>10</td><td></td></tr> <tr><td>Oct-23</td><td>10</td><td></td></tr> <tr><td>Nov-23</td><td>14</td><td></td></tr> <tr><td>Dec-23</td><td>18</td><td></td></tr> <tr><td>Jan-24</td><td>11</td><td></td></tr> <tr><td>Feb-24</td><td>8</td><td></td></tr> <tr><td>Mar-24</td><td>8</td><td></td></tr> <tr><td>Apr-24</td><td>12</td><td>8</td></tr> <tr><td>May-24</td><td>7</td><td>6</td></tr> <tr><td>Jun-24</td><td>7</td><td>6</td></tr> <tr><td>Jul-24</td><td></td><td>6</td></tr> <tr><td>Aug-24</td><td></td><td>6</td></tr> <tr><td>Sep-24</td><td></td><td>6</td></tr> <tr><td>Oct-24</td><td></td><td>6</td></tr> <tr><td>Nov-24</td><td></td><td>6</td></tr> <tr><td>Dec-24</td><td></td><td>6</td></tr> <tr><td>Jan-25</td><td></td><td>5</td></tr> <tr><td>Feb-25</td><td></td><td>5</td></tr> <tr><td>Mar-25</td><td></td><td>5</td></tr> </tbody> </table>	Month	Number of S.Aureus cases (SBU)	Trajectory	Jun-23	13		Jul-23	14		Aug-23	10		Sep-23	10		Oct-23	10		Nov-23	14		Dec-23	18		Jan-24	11		Feb-24	8		Mar-24	8		Apr-24	12	8	May-24	7	6	Jun-24	7	6	Jul-24		6	Aug-24		6	Sep-24		6	Oct-24		6	Nov-24		6	Dec-24		6	Jan-25		5	Feb-25		5	Mar-25		5
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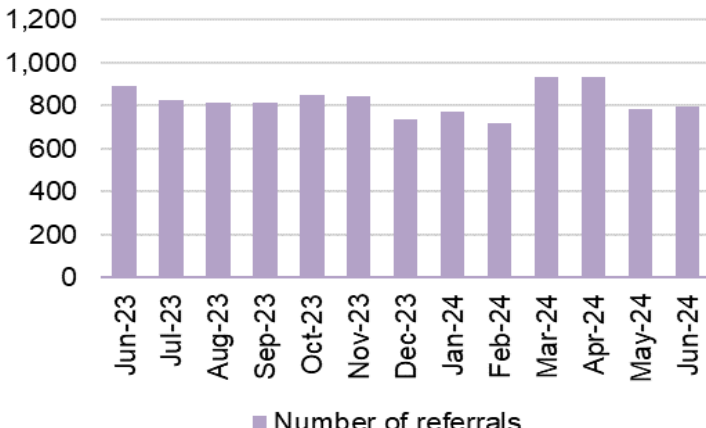
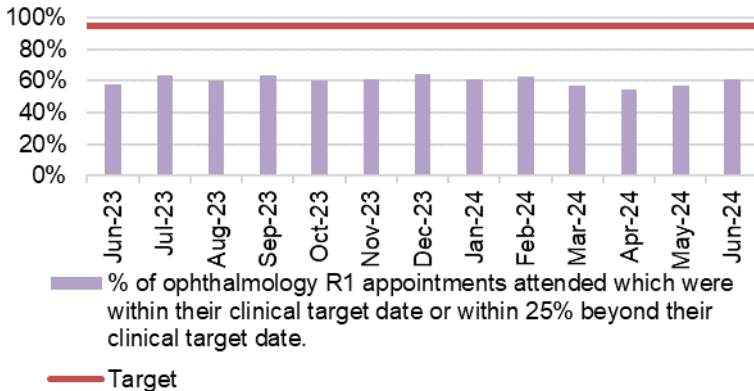
HEALTHCARE ACQUIRED INFECTIONS																																																
Description	Current Performance	Trend																																														
Healthcare Acquired Infections (HCAI)- C.difficile- <i>Number of laboratory confirmed C.difficile cases</i>	- There were 22 <i>Clostridium difficile</i> toxin positive cases in June 2024, of which 17 were hospital acquired and 5 were community acquired. - The Health Board total is currently above the Welsh Government Profile target of 9 cases for June 2024. 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	Number of healthcare acquired C.difficile cases <table><thead><tr><th>Month</th><th>Number of C.diff cases (SBU)</th></tr></thead><tbody><tr><td>Jun-23</td><td>20</td></tr><tr><td>Jul-23</td><td>18</td></tr><tr><td>Aug-23</td><td>17</td></tr><tr><td>Sep-23</td><td>27</td></tr><tr><td>Oct-23</td><td>18</td></tr><tr><td>Nov-23</td><td>33</td></tr><tr><td>Dec-23</td><td>21</td></tr><tr><td>Jan-24</td><td>22</td></tr><tr><td>Feb-24</td><td>20</td></tr><tr><td>Mar-24</td><td>22</td></tr><tr><td>Apr-24</td><td>20</td></tr><tr><td>May-24</td><td>19</td></tr><tr><td>Jun-24</td><td>22</td></tr><tr><td>Jul-24</td><td>9</td></tr><tr><td>Aug-24</td><td>8</td></tr><tr><td>Sep-24</td><td>8</td></tr><tr><td>Oct-24</td><td>7</td></tr><tr><td>Nov-24</td><td>7</td></tr><tr><td>Dec-24</td><td>7</td></tr><tr><td>Jan-25</td><td>7</td></tr><tr><td>Feb-25</td><td>7</td></tr><tr><td>Mar-25</td><td>6</td></tr></tbody></table> Number of C.diff cases (SBU) Trajectory	Month	Number of C.diff cases (SBU)	Jun-23	20	Jul-23	18	Aug-23	17	Sep-23	27	Oct-23	18	Nov-23	33	Dec-23	21	Jan-24	22	Feb-24	20	Mar-24	22	Apr-24	20	May-24	19	Jun-24	22	Jul-24	9	Aug-24	8	Sep-24	8	Oct-24	7	Nov-24	7	Dec-24	7	Jan-25	7	Feb-25	7	Mar-25	6
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Healthcare Acquired Infections (HCAI)- Klebsiella sp- <i>Number of laboratory confirmed Klebsiella sp cases</i>	- There were 13 cases of Klebsiella sp in June 2024, of which 8 were hospital acquired and 5 were community acquired. - The Health Board total is currently above the Welsh Government Profile target of 7 cases for June 2024. 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	Number of healthcare acquired Klebsiella cases <table><thead><tr><th>Month</th><th>Number of Klebsiella cases (SBU)</th></tr></thead><tbody><tr><td>Jun-23</td><td>6</td></tr><tr><td>Jul-23</td><td>3</td></tr><tr><td>Aug-23</td><td>10</td></tr><tr><td>Sep-23</td><td>12</td></tr><tr><td>Oct-23</td><td>6</td></tr><tr><td>Nov-23</td><td>8</td></tr><tr><td>Dec-23</td><td>6</td></tr><tr><td>Jan-24</td><td>11</td></tr><tr><td>Feb-24</td><td>9</td></tr><tr><td>Mar-24</td><td>5</td></tr><tr><td>Apr-24</td><td>10</td></tr><tr><td>May-24</td><td>11</td></tr><tr><td>Jun-24</td><td>13</td></tr><tr><td>Jul-24</td><td>7</td></tr><tr><td>Aug-24</td><td>7</td></tr><tr><td>Sep-24</td><td>7</td></tr><tr><td>Oct-24</td><td>4</td></tr><tr><td>Nov-24</td><td>4</td></tr><tr><td>Dec-24</td><td>5</td></tr><tr><td>Jan-25</td><td>5</td></tr><tr><td>Feb-25</td><td>5</td></tr><tr><td>Mar-25</td><td>4</td></tr></tbody></table> Number of Klebsiella cases (SBU) Trajectory	Month	Number of Klebsiella cases (SBU)	Jun-23	6	Jul-23	3	Aug-23	10	Sep-23	12	Oct-23	6	Nov-23	8	Dec-23	6	Jan-24	11	Feb-24	9	Mar-24	5	Apr-24	10	May-24	11	Jun-24	13	Jul-24	7	Aug-24	7	Sep-24	7	Oct-24	4	Nov-24	4	Dec-24	5	Jan-25	5	Feb-25	5	Mar-25	4
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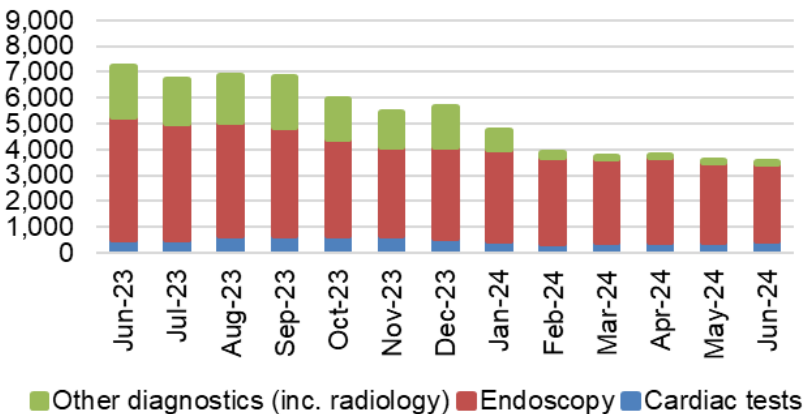
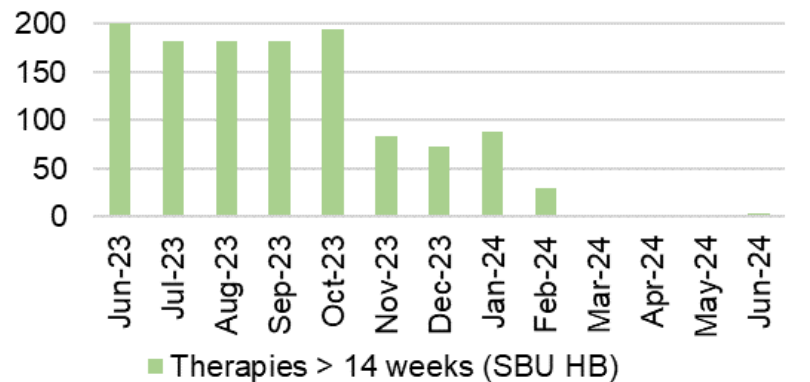
HEALTHCARE ACQUIRED INFECTIONS																																																																							
Description	Current Performance	Trend																																																																					
Healthcare Acquired Infections (HCAI)- Aeruginosa- <i>Number of laboratory confirmed Aeruginosa cases</i>	- There were 0 cases of <i>P.Aeruginosa</i> reported in June 2024. - The Health Board total is currently below the Welsh Government Profile target of 2 cases for June 2024. 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	Number of healthcare acquired Pseudomonas cases <table border="1"> <thead> <tr> <th>Month</th> <th>Number of Pseudomonas cases (SBU)</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Jun-23</td><td>4</td><td>4.0</td></tr> <tr><td>Jul-23</td><td>2</td><td>2.0</td></tr> <tr><td>Aug-23</td><td>1</td><td>1.0</td></tr> <tr><td>Sep-23</td><td>2</td><td>2.0</td></tr> <tr><td>Oct-23</td><td>2</td><td>2.0</td></tr> <tr><td>Nov-23</td><td>2</td><td>2.0</td></tr> <tr><td>Dec-23</td><td>3</td><td>3.0</td></tr> <tr><td>Jan-24</td><td>2</td><td>2.0</td></tr> <tr><td>Feb-24</td><td>0</td><td>0.0</td></tr> <tr><td>Mar-24</td><td>0</td><td>0.0</td></tr> <tr><td>Apr-24</td><td>0</td><td>3.0</td></tr> <tr><td>May-24</td><td>0</td><td>0.0</td></tr> <tr><td>Jun-24</td><td>0</td><td>2.0</td></tr> <tr><td>Jul-24</td><td>0</td><td>1.0</td></tr> <tr><td>Aug-24</td><td>0</td><td>2.0</td></tr> <tr><td>Sep-24</td><td>0</td><td>2.0</td></tr> <tr><td>Oct-24</td><td>0</td><td>2.0</td></tr> <tr><td>Nov-24</td><td>0</td><td>2.0</td></tr> <tr><td>Dec-24</td><td>0</td><td>1.0</td></tr> <tr><td>Jan-25</td><td>0</td><td>1.0</td></tr> <tr><td>Feb-25</td><td>0</td><td>2.0</td></tr> <tr><td>Mar-25</td><td>3</td><td>3.0</td></tr> </tbody> </table> ■ Number of Pseudomonas cases (SBU) — Trajectory	Month	Number of Pseudomonas cases (SBU)	Trajectory	Jun-23	4	4.0	Jul-23	2	2.0	Aug-23	1	1.0	Sep-23	2	2.0	Oct-23	2	2.0	Nov-23	2	2.0	Dec-23	3	3.0	Jan-24	2	2.0	Feb-24	0	0.0	Mar-24	0	0.0	Apr-24	0	3.0	May-24	0	0.0	Jun-24	0	2.0	Jul-24	0	1.0	Aug-24	0	2.0	Sep-24	0	2.0	Oct-24	0	2.0	Nov-24	0	2.0	Dec-24	0	1.0	Jan-25	0	1.0	Feb-25	0	2.0	Mar-25	3	3.0
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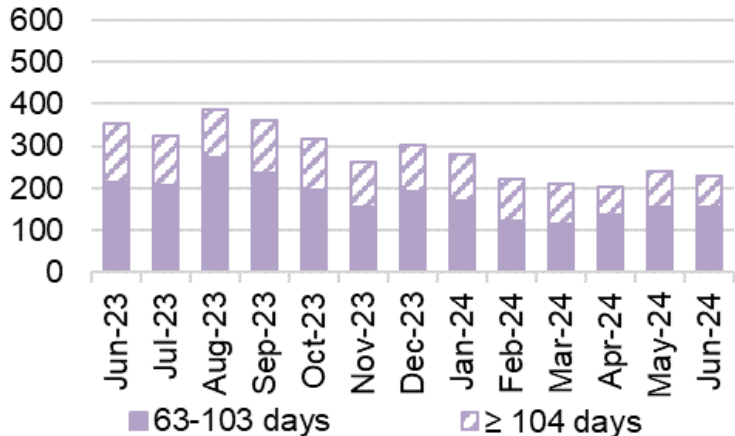
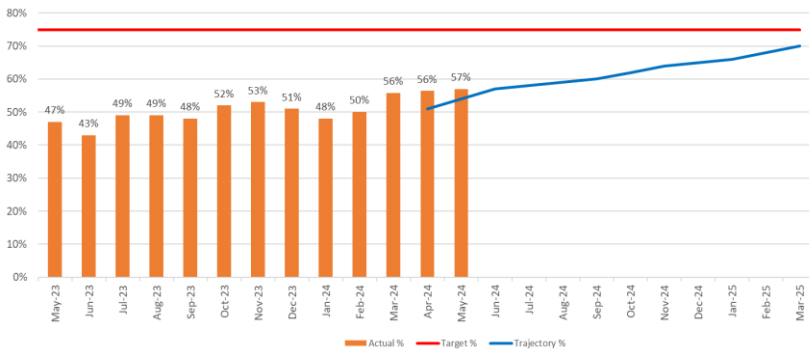
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Referrals and shape of the waiting list	In June 2024, there were 12,365 referrals received. This is lower than the number that was received in May 2024 (13,540). Chart 4 shows the shape of the current waiting list and Chart 3 shows the outpatient activity undertaken over the last year.	The number of referrals received has remained steady in recent months and is now showing a consistent pattern of demand. December is always seasonally low
Trend		
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 June 2024.</i>	1. Number of GP referrals received by SBU Health Board 	2. Number of stage 1 additions per week 
	3. Outpatient activity undertaken 	4. Total size of the waiting list (June 2024) 

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	The number of patients waiting over 26 weeks for a first outpatient appointment is still a challenge. June 2024 saw an in-month increase of 0.4% in the number of patients waiting over 26 weeks for an outpatient appointment. The number of breaches increased slightly from 14,205 in May 2024. Ophthalmology has the largest proportion of patients waiting over 26 weeks for an outpatient appointment, followed by Gynaecology and ENT. Chart 4 shows that the number of patients waiting less than 26 weeks for an outpatient appointment, this figure has increased to 60.3%.	Service Group specific recovery trajectories have been developed to further support recovery and these are currently being scrutinised by the Chief Operating Officer to ensure core capacity maximisation.
	Trend	
	1. Number of stage 1 over 26 weeks- HB total ■ Outpatients > 26 wks (SB UHB) 2. Number of stage 1 over 26 weeks- Hospital level — Morriston — Singleton — PCT — NPTH 3. Patients waiting over 26 weeks for an outpatient appointment by specialty as at June 2024 ■ Patients waiting over 26 weeks (SBU HB) 4. Percentage of patient waiting less than 26 weeks ■ % waiting < 26 wks (SBU HB)	

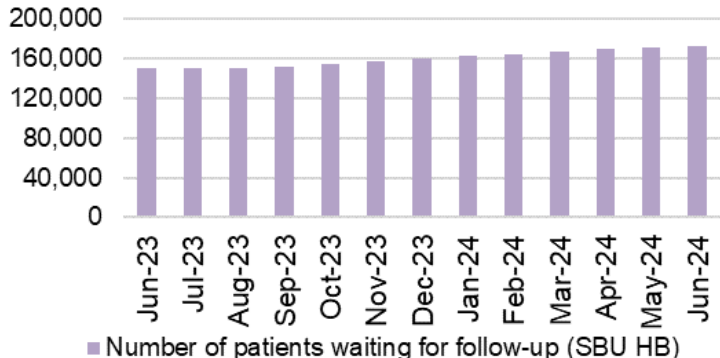
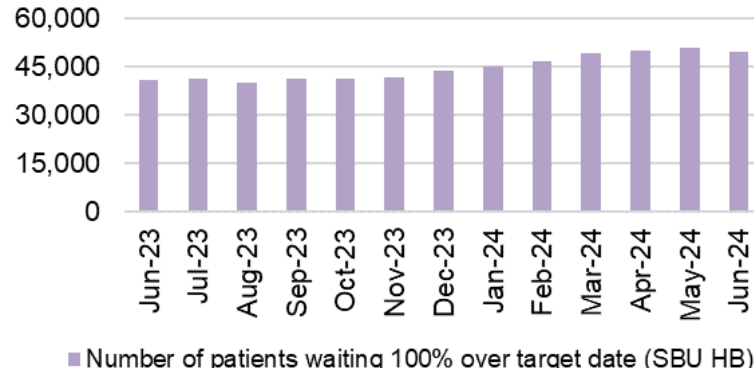
PLANNED CARE		
Description	Current Performance	Actions of Improvement
Patients waiting over 36 weeks for treatment <i>1. Number of patients waiting more than 36 weeks for treatment and the number of elective patients admitted for treatment- Health Board Total</i> <i>2. Number of patients waiting more than 52 weeks for treatment at Stage 1</i> <i>3. Number of elective admissions</i> <i>4. Number of patients waiting more than 104 weeks for treatment</i>	In June 2024, there were 6,949 patients waiting over 36 weeks at Stage 1, which is an 8% in-month increase from May 2024. 13,623 patients were waiting over 52 weeks at all stages in June 2024. In June 2024, there were 1,477 patients waiting over 104 weeks for treatment, which is a 6% reduction from May 2024.	Focus is now on reducing the numbers of longest waiting patients and improving the productivity and efficiency of existing theatres to increase capacity within existing resources. There will be zero 4 year breaches and > 3 year breach numbers are reducing in line with plan and scheduled to clear by the end of August 2024.
	Trend	
	1. Number of patients waiting over 36 weeks at Stage 1- HB total  ■ Outpatients >36 wks (SB UHB)	2. Number of patients waiting over 52 weeks at Stage 1- HB total  ■ Outpatients >52 wks (SB UHB) — Trajectory
	3. Number of elective admissions  — Admitted elective patients	4. Number of patients waiting over 104 weeks- HB total  ■ > 104 weeks — Trajectory

PLANNED CARE																														
Description	Current Performance																													
Ophthalmology Referrals <i>Number of patients referred into secondary care Ophthalmology services</i>	In June 2024, there were 794 patients referred from Primary Care into secondary care ophthalmology services. This is an increase on the number of patients referred in May 2024, which was 783.	Number of referrals into secondary care Ophthalmology service  <table><thead><tr><th>Month</th><th>Number of referrals</th></tr></thead><tbody><tr><td>Jun-23</td><td>900</td></tr><tr><td>Jul-23</td><td>820</td></tr><tr><td>Aug-23</td><td>810</td></tr><tr><td>Sep-23</td><td>810</td></tr><tr><td>Oct-23</td><td>850</td></tr><tr><td>Nov-23</td><td>840</td></tr><tr><td>Dec-23</td><td>730</td></tr><tr><td>Jan-24</td><td>770</td></tr><tr><td>Feb-24</td><td>710</td></tr><tr><td>Mar-24</td><td>930</td></tr><tr><td>Apr-24</td><td>930</td></tr><tr><td>May-24</td><td>780</td></tr><tr><td>Jun-24</td><td>794</td></tr></tbody></table> ■ Number of referrals	Month	Number of referrals	Jun-23	900	Jul-23	820	Aug-23	810	Sep-23	810	Oct-23	850	Nov-23	840	Dec-23	730	Jan-24	770	Feb-24	710	Mar-24	930	Apr-24	930	May-24	780	Jun-24	794
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Ophthalmology waiting times <i>Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target</i>	In June 2024, 61.3% of Ophthalmology R1 appointments attended were within their clinical target date or within 25% of the target date. 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	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% in excess of their clinical target date  <table><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></tr></thead><tbody><tr><td>Jun-23</td><td>58%</td></tr><tr><td>Jul-23</td><td>62%</td></tr><tr><td>Aug-23</td><td>60%</td></tr><tr><td>Sep-23</td><td>63%</td></tr><tr><td>Oct-23</td><td>60%</td></tr><tr><td>Nov-23</td><td>60%</td></tr><tr><td>Dec-23</td><td>63%</td></tr><tr><td>Jan-24</td><td>60%</td></tr><tr><td>Feb-24</td><td>62%</td></tr><tr><td>Mar-24</td><td>57%</td></tr><tr><td>Apr-24</td><td>55%</td></tr><tr><td>May-24</td><td>57%</td></tr><tr><td>Jun-24</td><td>61.3%</td></tr></tbody></table> ■ % of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date. — Target	Month	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.	Jun-23	58%	Jul-23	62%	Aug-23	60%	Sep-23	63%	Oct-23	60%	Nov-23	60%	Dec-23	63%	Jan-24	60%	Feb-24	62%	Mar-24	57%	Apr-24	55%	May-24	57%	Jun-24	61.3%
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Jun-24	61.3%																													

PLANNED CARE		
Description	Current Performance	Trend
Diagnostics waiting times <i>The number of patients waiting more than 8 weeks for specified diagnostics</i>	In June there was a reduction in the number of patients waiting over 8 weeks for specified diagnostics. It decreased from 3,576 in May 2024 to 3,493 in June 2024. The following is a breakdown for the 8-week breaches by diagnostic test for June 2024: • Endoscopy= 2,963 • Cardiac tests= 482 • Other Diagnostics = 48 Actions of Improvement; Demand and capacity work has enabled significant improvement in access times for non-endoscopic diagnostics. Detailed demand and capacity model for endoscopy has been commissioned to ensure sustained improvement across all aspects of endoscopic diagnostics.	Number of patients waiting longer than 8 weeks for Diagnostics  ■ Other diagnostics (inc. radiology) ■ Endoscopy ■ Cardiac tests
Therapy waiting times <i>The number of patients waiting more than 14 weeks for specified therapies</i>	In June 2024, there were 4 patients waiting over 14 weeks for specified Therapies, which is 4 more than seen in May 2024. The breakdown for June 2024 is as follows: • Dietetics = 2 • Speech & Language Therapy = 2	Number of patients waiting longer than 14 weeks for therapies  ■ Therapies > 14 weeks (SBU HB)

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>	June 2024 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	0		0
	Breast	10		4
	Children's cancer	1		0
	Gynaecological	19		18
	Haematological	6		0
	Head and neck	10		1
	Lower GI (Exl. BSW)	22		11
	BSW	16		13
	Lung	11		5
	Other	0		1
	Sarcoma	5		0
	Skin(c)	19		2
	Upper Gastrointestinal	13		7
	Urological	22		13
Grand Total	154	75		
Single Cancer Pathway backlog-patients waiting over 63 days	June 2024 saw a reduction 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 	
	- Targeted work is underway to prioritise patients waiting >104 days - Milestone targets for OP access (10 days) and Decision to Treat (31 days) have also been set to reduce overall pathway waits. - Tumour site specific plans have been developed and will be enacted through TI governance. Note: backlog increased in May 2024 to reflect new reporting requirements for Bowel Screening Wales patients			

CANCER																																																		
Description	Current Performance	Trend																																																
USC First Outpatient Appointments <i>The number of patients at first outpatient appointment stage by days waiting</i>	June 2024 figures show total wait volumes for first outpatient appointment have decreased by 3% when compared with the previous week. Of the total number of patients awaiting a first outpatient appointment, 44% have been booked, which is higher than figures seen in the previous months' performance.	The number of patients waiting for a first outpatient appointment (by total days waiting) – June 2024 <table> <tr> <th>FIRST OPA</th><th>23-June</th><th>30-June</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>3</td><td>7</td></tr> <tr><td>Children's Cancer</td><td>5</td><td>3</td></tr> <tr><td>Gynaecological</td><td>19</td><td>53</td></tr> <tr><td>Haematological</td><td>1</td><td>2</td></tr> <tr><td>Head and Neck</td><td>91</td><td>112</td></tr> <tr><td>Lower GI</td><td>75</td><td>61</td></tr> <tr><td>Lung</td><td>4</td><td>2</td></tr> <tr><td>Other</td><td>265</td><td>204</td></tr> <tr><td>Sarcoma</td><td>4</td><td>2</td></tr> <tr><td>Skin</td><td>383</td><td>426</td></tr> <tr><td>Upper GI</td><td>21</td><td>29</td></tr> <tr><td>Urological</td><td>32</td><td>26</td></tr> <tr><td></td><td>903</td><td>927</td></tr> </table>	FIRST OPA	23-June	30-June	Acute Leukaemia	0	0	Brain/CNS	0	0	Breast	3	7	Children's Cancer	5	3	Gynaecological	19	53	Haematological	1	2	Head and Neck	91	112	Lower GI	75	61	Lung	4	2	Other	265	204	Sarcoma	4	2	Skin	383	426	Upper GI	21	29	Urological	32	26		903	927
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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 have hit their targets. <table> <tr> <th>Measure</th><th>Target</th><th>Jun-24</th></tr> <tr><td>Scheduled (14 Day Target)</td><td>80%</td><td>7%</td></tr> <tr><td>Scheduled (21 Day Target)</td><td>100%</td><td>49%</td></tr> <tr><td>Urgent SC (2 Day Target)</td><td>80%</td><td>3%</td></tr> <tr><td>Urgent SC (7 Day Target)</td><td>100%</td><td>58%</td></tr> <tr><td>Emergency (within 1 day)</td><td>80%</td><td>80%</td></tr> <tr><td>Emergency (within 2 days)</td><td>100%</td><td>100%</td></tr> <tr><td>Elective Delay (7 Day Target)</td><td>80%</td><td>89%</td></tr> <tr><td>Elective Delay (14 Day Target)</td><td>100%</td><td>100%</td></tr> </table>	Measure	Target	Jun-24	Scheduled (14 Day Target)	80%	7%	Scheduled (21 Day Target)	100%	49%	Urgent SC (2 Day Target)	80%	3%	Urgent SC (7 Day Target)	100%	58%	Emergency (within 1 day)	80%	80%	Emergency (within 2 days)	100%	100%	Elective Delay (7 Day Target)	80%	89%	Elective Delay (14 Day Target)	100%	100%	Radiotherapy waiting times																					
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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	In June 2024, the overall size of the follow-up waiting list increased by 1,659 patients compared with May 2024 (from 170,254 to 171,913).	1. Total number of patients waiting for a follow-up  ■ Number of patients waiting for follow-up (SBU HB)
	In June 2024, there was a total of 78,946 patients waiting for a follow-up past their target date. This is a reduction of 1.9%% in-month (from 80,503 in May 2024).	
	Of the 78,946 delayed follow-ups in June 2024, 12,939 had appointment dates and 66,007 were still waiting for an appointment.	2. Delayed follow-ups: Number of patients waiting 100% over target  ■ Number of patients waiting 100% over target date (SBU HB)
	In addition, 49,585 patients were waiting 100%+ over target date in June 2024. This is a 2.1% reduction when compared with May 2024.	

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 June 2024, 18% of patients had a direct admission to an acute stroke unit within 4 hours. This is a deterioration on the performance reported in May 2024.	1. % of patients who have a direct admission to an acute stroke unit within 4 hours <table><caption>% 4 hour admissions (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jun-23</td><td>25%</td></tr><tr><td>Jul-23</td><td>25%</td></tr><tr><td>Aug-23</td><td>25%</td></tr><tr><td>Sep-23</td><td>25%</td></tr><tr><td>Oct-23</td><td>35%</td></tr><tr><td>Nov-23</td><td>20%</td></tr><tr><td>Dec-23</td><td>10%</td></tr><tr><td>Jan-24</td><td>15%</td></tr><tr><td>Feb-24</td><td>15%</td></tr><tr><td>Mar-24</td><td>40%</td></tr><tr><td>Apr-24</td><td>25%</td></tr><tr><td>May-24</td><td>35%</td></tr><tr><td>Jun-24</td><td>20%</td></tr></tbody></table>	Month	%	Jun-23	25%	Jul-23	25%	Aug-23	25%	Sep-23	25%	Oct-23	35%	Nov-23	20%	Dec-23	10%	Jan-24	15%	Feb-24	15%	Mar-24	40%	Apr-24	25%	May-24	35%	Jun-24	20%
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Mar-24	40%																													
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Jun-24	20%																													
2. % of patients who received a CT Scan within 1 hour	2. In June 2024, 46% of patients received a CT scan within 1 hour of being admitted, this is a deterioration on the figure reported in May 2024.	2. % of patients who received a CT Scan within 1 hour <table><caption>% 1 hr CT Scan (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jun-23</td><td>45%</td></tr><tr><td>Jul-23</td><td>55%</td></tr><tr><td>Aug-23</td><td>35%</td></tr><tr><td>Sep-23</td><td>60%</td></tr><tr><td>Oct-23</td><td>25%</td></tr><tr><td>Nov-23</td><td>35%</td></tr><tr><td>Dec-23</td><td>55%</td></tr><tr><td>Jan-24</td><td>60%</td></tr><tr><td>Feb-24</td><td>50%</td></tr><tr><td>Mar-24</td><td>45%</td></tr><tr><td>Apr-24</td><td>50%</td></tr><tr><td>May-24</td><td>55%</td></tr><tr><td>Jun-24</td><td>45%</td></tr></tbody></table>	Month	%	Jun-23	45%	Jul-23	55%	Aug-23	35%	Sep-23	60%	Oct-23	25%	Nov-23	35%	Dec-23	55%	Jan-24	60%	Feb-24	50%	Mar-24	45%	Apr-24	50%	May-24	55%	Jun-24	45%
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3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours	3. 84.6% of patients were assessed by a stroke specialist consultant physician within 24 hours in June 2024, which is a reduction of 2.9% from May 2024.	3. % of patients who are assessed by a stroke specialist consultant physician within 24 hours <table><caption>% assess within 24 hrs (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jun-23</td><td>95%</td></tr><tr><td>Jul-23</td><td>95%</td></tr><tr><td>Aug-23</td><td>100%</td></tr><tr><td>Sep-23</td><td>90%</td></tr><tr><td>Oct-23</td><td>95%</td></tr><tr><td>Nov-23</td><td>95%</td></tr><tr><td>Dec-23</td><td>90%</td></tr><tr><td>Jan-24</td><td>95%</td></tr><tr><td>Feb-24</td><td>95%</td></tr><tr><td>Mar-24</td><td>95%</td></tr><tr><td>Apr-24</td><td>95%</td></tr><tr><td>May-24</td><td>90%</td></tr><tr><td>Jun-24</td><td>85%</td></tr></tbody></table>	Month	%	Jun-23	95%	Jul-23	95%	Aug-23	100%	Sep-23	90%	Oct-23	95%	Nov-23	95%	Dec-23	90%	Jan-24	95%	Feb-24	95%	Mar-24	95%	Apr-24	95%	May-24	90%	Jun-24	85%
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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 June 2024, 0% 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><caption>45 mins thrombolysis (Morr)</caption><thead><tr><th>Month</th><th>%</th></tr></thead><tbody><tr><td>Jun-23</td><td>10%</td></tr><tr><td>Jul-23</td><td>10%</td></tr><tr><td>Aug-23</td><td>75%</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>5%</td></tr><tr><td>Feb-24</td><td>0%</td></tr><tr><td>Mar-24</td><td>0%</td></tr><tr><td>Apr-24</td><td>0%</td></tr><tr><td>May-24</td><td>0%</td></tr><tr><td>Jun-24</td><td>0%</td></tr></tbody></table>	Month	%	Jun-23	10%	Jul-23	10%	Aug-23	75%	Sep-23	0%	Oct-23	0%	Nov-23	0%	Dec-23	0%	Jan-24	5%	Feb-24	0%	Mar-24	0%	Apr-24	0%	May-24	0%	Jun-24	0%
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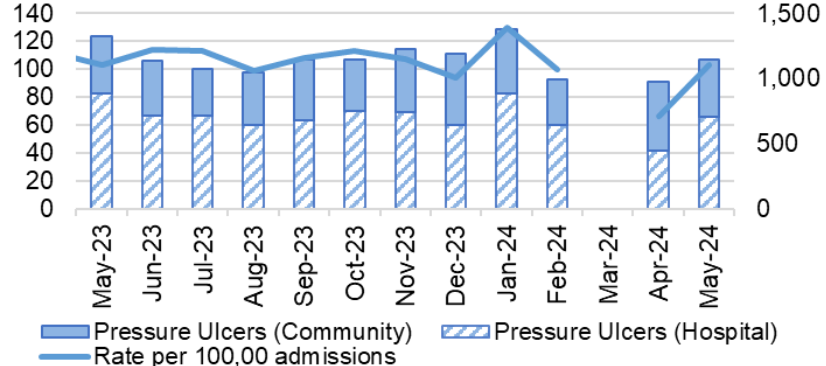
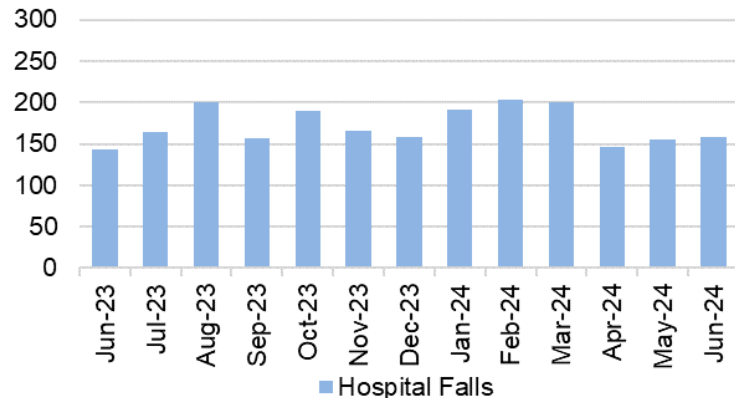
ADULT MENTAL HEALTH																																																																																																		
Description	Current Performance	Trend																																																																																																
Adult Mental Health Measures:																																																																																																		
1. % of MH assessments undertaken within 28 days from the date of receipt of referral (18 years and over)	1. In May 2024, 90% of assessments were undertaken within 28 days of referral for patients 18 years and over.	1. % Mental Health assessments undertaken within 28 days from receipt of referral <table><thead><tr><th>Month</th><th>% assessments within 28 days (>18 yrs)</th><th>Target</th></tr></thead><tbody><tr><td>May-23</td><td>90%</td><td>90%</td></tr><tr><td>Jun-23</td><td>90%</td><td>90%</td></tr><tr><td>Jul-23</td><td>90%</td><td>90%</td></tr><tr><td>Aug-23</td><td>90%</td><td>90%</td></tr><tr><td>Sep-23</td><td>90%</td><td>90%</td></tr><tr><td>Oct-23</td><td>90%</td><td>90%</td></tr><tr><td>Nov-23</td><td>90%</td><td>90%</td></tr><tr><td>Dec-23</td><td>90%</td><td>90%</td></tr><tr><td>Jan-24</td><td>90%</td><td>90%</td></tr><tr><td>Feb-24</td><td>90%</td><td>90%</td></tr><tr><td>Mar-24</td><td>90%</td><td>90%</td></tr><tr><td>Apr-24</td><td>90%</td><td>90%</td></tr><tr><td>May-24</td><td>90%</td><td>90%</td></tr></tbody></table>	Month	% assessments within 28 days (>18 yrs)	Target	May-23	90%	90%	Jun-23	90%	90%	Jul-23	90%	90%	Aug-23	90%	90%	Sep-23	90%	90%	Oct-23	90%	90%	Nov-23	90%	90%	Dec-23	90%	90%	Jan-24	90%	90%	Feb-24	90%	90%	Mar-24	90%	90%	Apr-24	90%	90%	May-24	90%	90%																																																						
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2. % of therapeutic interventions started within 28 days following an assessment by LPMHSS (18 years and over)	2. In May 2024, the percentage of therapeutic interventions started within 28 days following an assessment by the Local Primary Mental Health Support Service (LPMHSS) was 100%.	2. % Mental Health therapeutic interventions started within 28 days following LPMHSS assessment <table><thead><tr><th>Month</th><th>% therapeutic interventions started within 28 days (>18 yrs)</th><th>Target</th><th>Trajectory</th></tr></thead><tbody><tr><td>May-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Jun-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Jul-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Aug-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Sep-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Oct-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Nov-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Dec-23</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Jan-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Feb-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Apr-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>May-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Jun-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Jul-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Aug-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Sep-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Oct-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Nov-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Dec-24</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Jan-25</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Feb-25</td><td>100%</td><td>75%</td><td>100%</td></tr><tr><td>Mar-25</td><td>100%</td><td>75%</td><td>100%</td></tr></tbody></table>	Month	% therapeutic interventions started within 28 days (>18 yrs)	Target	Trajectory	May-23	100%	75%	100%	Jun-23	100%	75%	100%	Jul-23	100%	75%	100%	Aug-23	100%	75%	100%	Sep-23	100%	75%	100%	Oct-23	100%	75%	100%	Nov-23	100%	75%	100%	Dec-23	100%	75%	100%	Jan-24	100%	75%	100%	Feb-24	100%	75%	100%	Mar-24	100%	75%	100%	Apr-24	100%	75%	100%	May-24	100%	75%	100%	Jun-24	100%	75%	100%	Jul-24	100%	75%	100%	Aug-24	100%	75%	100%	Sep-24	100%	75%	100%	Oct-24	100%	75%	100%	Nov-24	100%	75%	100%	Dec-24	100%	75%	100%	Jan-25	100%	75%	100%	Feb-25	100%	75%	100%	Mar-25	100%	75%	100%
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3. % of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (CTP) (18 years and over)	3. 87% of residents in receipt of secondary care mental health services had a valid Care and Treatment Plan in May 2024.	3. % residents with a valid Care and Treatment Plan (CTP) <table><thead><tr><th>Month</th><th>% patients with valid CTP (>18 yrs)</th><th>Profile</th></tr></thead><tbody><tr><td>May-23</td><td>87%</td><td>87%</td></tr><tr><td>Jun-23</td><td>87%</td><td>87%</td></tr><tr><td>Jul-23</td><td>87%</td><td>87%</td></tr><tr><td>Aug-23</td><td>87%</td><td>87%</td></tr><tr><td>Sep-23</td><td>87%</td><td>87%</td></tr><tr><td>Oct-23</td><td>87%</td><td>87%</td></tr><tr><td>Nov-23</td><td>87%</td><td>87%</td></tr><tr><td>Dec-23</td><td>87%</td><td>87%</td></tr><tr><td>Jan-24</td><td>87%</td><td>87%</td></tr><tr><td>Feb-24</td><td>87%</td><td>87%</td></tr><tr><td>Mar-24</td><td>87%</td><td>87%</td></tr><tr><td>Apr-24</td><td>87%</td><td>87%</td></tr><tr><td>May-24</td><td>87%</td><td>87%</td></tr></tbody></table>	Month	% patients with valid CTP (>18 yrs)	Profile	May-23	87%	87%	Jun-23	87%	87%	Jul-23	87%	87%	Aug-23	87%	87%	Sep-23	87%	87%	Oct-23	87%	87%	Nov-23	87%	87%	Dec-23	87%	87%	Jan-24	87%	87%	Feb-24	87%	87%	Mar-24	87%	87%	Apr-24	87%	87%	May-24	87%	87%																																																						
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4. % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	4. In May 2024, 64% of patients waited less than 26 weeks for psychological therapy. This was below the national target of 95%.	4. % waiting less than 26 weeks for Psychology Therapy <table><thead><tr><th>Month</th><th>% waiting less than 26 wks for psychological therapy</th><th>Target</th></tr></thead><tbody><tr><td>May-23</td><td>64%</td><td>95%</td></tr><tr><td>Jun-23</td><td>64%</td><td>95%</td></tr><tr><td>Jul-23</td><td>64%</td><td>95%</td></tr><tr><td>Aug-23</td><td>64%</td><td>95%</td></tr><tr><td>Sep-23</td><td>64%</td><td>95%</td></tr><tr><td>Oct-23</td><td>64%</td><td>95%</td></tr><tr><td>Nov-23</td><td>64%</td><td>95%</td></tr><tr><td>Dec-23</td><td>64%</td><td>95%</td></tr><tr><td>Jan-24</td><td>64%</td><td>95%</td></tr><tr><td>Feb-24</td><td>64%</td><td>95%</td></tr><tr><td>Mar-24</td><td>64%</td><td>95%</td></tr><tr><td>Apr-24</td><td>64%</td><td>95%</td></tr><tr><td>May-24</td><td>64%</td><td>95%</td></tr></tbody></table>	Month	% waiting less than 26 wks for psychological therapy	Target	May-23	64%	95%	Jun-23	64%	95%	Jul-23	64%	95%	Aug-23	64%	95%	Sep-23	64%	95%	Oct-23	64%	95%	Nov-23	64%	95%	Dec-23	64%	95%	Jan-24	64%	95%	Feb-24	64%	95%	Mar-24	64%	95%	Apr-24	64%	95%	May-24	64%	95%																																																						
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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 May 2024, 100% of CAMHS patients received an assessment within 48 hours.	1. Crisis- assessment within 48 hours <table><thead><tr><th>Month</th><th>% urgent assessments within 48 hours</th><th>Target</th></tr></thead><tbody><tr><td>May-23</td><td>100%</td><td>100%</td></tr><tr><td>Jun-23</td><td>100%</td><td>100%</td></tr><tr><td>Jul-23</td><td>100%</td><td>100%</td></tr><tr><td>Aug-23</td><td>100%</td><td>100%</td></tr><tr><td>Sep-23</td><td>100%</td><td>100%</td></tr><tr><td>Oct-23</td><td>100%</td><td>100%</td></tr><tr><td>Nov-23</td><td>100%</td><td>100%</td></tr><tr><td>Dec-23</td><td>100%</td><td>100%</td></tr><tr><td>Jan-24</td><td>100%</td><td>100%</td></tr><tr><td>Feb-24</td><td>100%</td><td>100%</td></tr><tr><td>Mar-24</td><td>100%</td><td>100%</td></tr><tr><td>Apr-24</td><td>100%</td><td>100%</td></tr><tr><td>May-24</td><td>100%</td><td>100%</td></tr></tbody></table>	Month	% urgent assessments within 48 hours	Target	May-23	100%	100%	Jun-23	100%	100%	Jul-23	100%	100%	Aug-23	100%	100%	Sep-23	100%	100%	Oct-23	100%	100%	Nov-23	100%	100%	Dec-23	100%	100%	Jan-24	100%	100%	Feb-24	100%	100%	Mar-24	100%	100%	Apr-24	100%	100%	May-24	100%	100%																																																																														
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2. Primary CAMHS (P-CAMHS) - % Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	2. 41% of routine assessments were undertaken within 28 days from referral in May 2024 against a target of 80%.	2. and 3. P-CAMHS % assessments and therapeutic interventions within 28 days <table><thead><tr><th>Month</th><th>% of assess in 28 days</th><th>% interventions in 28 days</th><th>Target</th><th>Trajectory (Interventions)</th></tr></thead><tbody><tr><td>May-23</td><td>35%</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jun-23</td><td>35%</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Jul-23</td><td>35%</td><td>35%</td><td>80%</td><td>35%</td></tr><tr><td>Aug-23</td><td>45%</td><td>45%</td><td>80%</td><td>45%</td></tr><tr><td>Sep-23</td><td>55%</td><td>55%</td><td>80%</td><td>55%</td></tr><tr><td>Oct-23</td><td>65%</td><td>65%</td><td>80%</td><td>65%</td></tr><tr><td>Nov-23</td><td>75%</td><td>75%</td><td>80%</td><td>75%</td></tr><tr><td>Dec-23</td><td>85%</td><td>85%</td><td>80%</td><td>85%</td></tr><tr><td>Jan-24</td><td>95%</td><td>95%</td><td>80%</td><td>95%</td></tr><tr><td>Feb-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Mar-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Apr-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>May-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Jun-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Jul-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Aug-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Sep-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Oct-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Nov-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Dec-24</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Jan-25</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Feb-25</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr><tr><td>Mar-25</td><td>100%</td><td>100%</td><td>80%</td><td>100%</td></tr></tbody></table>	Month	% of assess in 28 days	% interventions in 28 days	Target	Trajectory (Interventions)	May-23	35%	35%	80%	35%	Jun-23	35%	35%	80%	35%	Jul-23	35%	35%	80%	35%	Aug-23	45%	45%	80%	45%	Sep-23	55%	55%	80%	55%	Oct-23	65%	65%	80%	65%	Nov-23	75%	75%	80%	75%	Dec-23	85%	85%	80%	85%	Jan-24	95%	95%	80%	95%	Feb-24	100%	100%	80%	100%	Mar-24	100%	100%	80%	100%	Apr-24	100%	100%	80%	100%	May-24	100%	100%	80%	100%	Jun-24	100%	100%	80%	100%	Jul-24	100%	100%	80%	100%	Aug-24	100%	100%	80%	100%	Sep-24	100%	100%	80%	100%	Oct-24	100%	100%	80%	100%	Nov-24	100%	100%	80%	100%	Dec-24	100%	100%	80%	100%	Jan-25	100%	100%	80%	100%	Feb-25	100%	100%	80%	100%	Mar-25	100%	100%	80%	100%
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3. Primary CAMHS (P-CAMHS) - % Therapeutic interventions started within 28 days following assessment by LPMHSS	3. 98% of therapeutic interventions were started within 28 days following assessment by LPMHSS in April 2024.																																																																																																																									
4. NDD - % Neurodevelopmental Disorder patients receiving a Diagnostic Assessment within 26 weeks	4. 29% of NDD patients received a diagnostic assessment within 26 weeks in May 2024 against a target of 80%.	4. NDD- assessment within 26 weeks <table><thead><tr><th>Month</th><th>%NDD within 26 weeks</th><th>Target</th></tr></thead><tbody><tr><td>May-23</td><td>29%</td><td>80%</td></tr><tr><td>Jun-23</td><td>29%</td><td>80%</td></tr><tr><td>Jul-23</td><td>29%</td><td>80%</td></tr><tr><td>Aug-23</td><td>29%</td><td>80%</td></tr><tr><td>Sep-23</td><td>29%</td><td>80%</td></tr><tr><td>Oct-23</td><td>29%</td><td>80%</td></tr><tr><td>Nov-23</td><td>29%</td><td>80%</td></tr><tr><td>Dec-23</td><td>29%</td><td>80%</td></tr><tr><td>Jan-24</td><td>29%</td><td>80%</td></tr><tr><td>Feb-24</td><td>29%</td><td>80%</td></tr><tr><td>Mar-24</td><td>29%</td><td>80%</td></tr><tr><td>Apr-24</td><td>29%</td><td>80%</td></tr><tr><td>May-24</td><td>29%</td><td>80%</td></tr></tbody></table>	Month	%NDD within 26 weeks	Target	May-23	29%	80%	Jun-23	29%	80%	Jul-23	29%	80%	Aug-23	29%	80%	Sep-23	29%	80%	Oct-23	29%	80%	Nov-23	29%	80%	Dec-23	29%	80%	Jan-24	29%	80%	Feb-24	29%	80%	Mar-24	29%	80%	Apr-24	29%	80%	May-24	29%	80%																																																																														
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5. Specialist CAMHS (S-CAMHS) - % Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	5. SCAMHS figures now included in illustration 2 and 3 combined. *All routine assessments are now under PCAMHS*																																																																																																																									

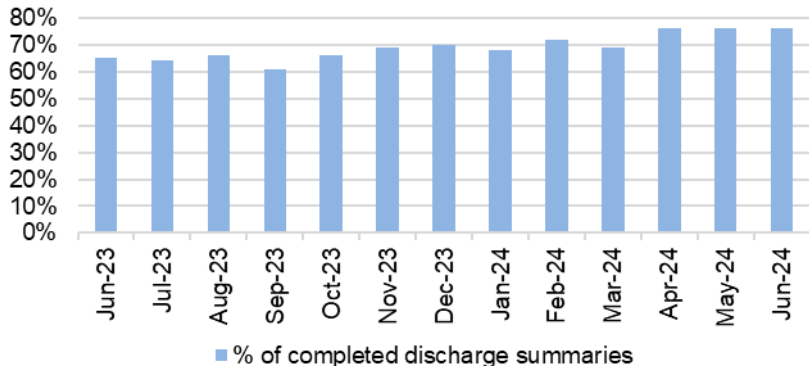
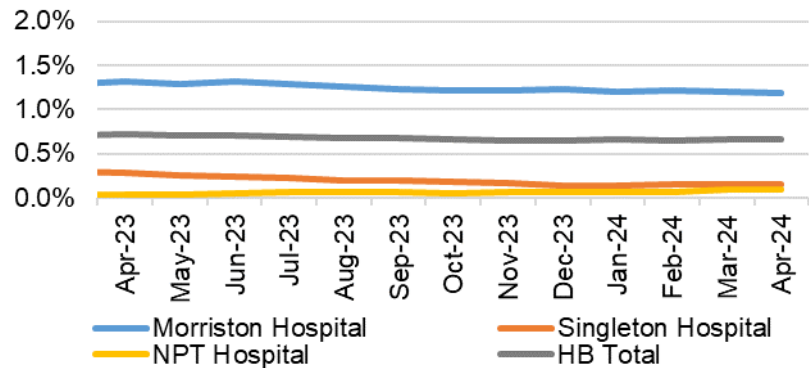
4. NHS DELIVERY FRAMEWORK MEASURES & MINISTERIAL PRIORITY TRAJECTORIES

FRACTURED NECK OF FEMUR (#NOF)																																																										
Description	Current Performance	Trend																																																								
Fractured Neck of Femur (#NOF) 1. Prompt orthogeriatric assessment- % patients receiving an assessment by a senior geriatrician within 72 hours of presentation 2. Prompt surgery - % patients undergoing surgery the day following presentation with hip fracture 3. NICE compliant surgery - % of operations consistent with the recommendations of NICE CG124 4. Prompt mobilisation after surgery - % patients out of bed (standing or hoisted) by the day after operation	1. Prompt orthogeriatric assessment- In May 2024, 97.6% of patients in Morriston hospital received an assessment by a senior geriatrician within 72 hours.	1. Prompt orthogeriatric assessment <table><caption>1. Prompt orthogeriatric assessment</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-23</td><td>100%</td><td>65%</td><td>85%</td></tr><tr><td>Jun-23</td><td>100%</td><td>68%</td><td>85%</td></tr><tr><td>Jul-23</td><td>100%</td><td>70%</td><td>85%</td></tr><tr><td>Aug-23</td><td>100%</td><td>72%</td><td>85%</td></tr><tr><td>Sep-23</td><td>100%</td><td>73%</td><td>85%</td></tr><tr><td>Oct-23</td><td>100%</td><td>74%</td><td>85%</td></tr><tr><td>Nov-23</td><td>100%</td><td>75%</td><td>85%</td></tr><tr><td>Dec-23</td><td>100%</td><td>76%</td><td>85%</td></tr><tr><td>Jan-24</td><td>100%</td><td>77%</td><td>85%</td></tr><tr><td>Feb-24</td><td>100%</td><td>78%</td><td>85%</td></tr><tr><td>Mar-24</td><td>100%</td><td>79%</td><td>85%</td></tr><tr><td>Apr-24</td><td>100%</td><td>80%</td><td>85%</td></tr><tr><td>May-24</td><td>100%</td><td>81%</td><td>85%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-23	100%	65%	85%	Jun-23	100%	68%	85%	Jul-23	100%	70%	85%	Aug-23	100%	72%	85%	Sep-23	100%	73%	85%	Oct-23	100%	74%	85%	Nov-23	100%	75%	85%	Dec-23	100%	76%	85%	Jan-24	100%	77%	85%	Feb-24	100%	78%	85%	Mar-24	100%	79%	85%	Apr-24	100%	80%	85%	May-24	100%	81%	85%
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2. Prompt surgery- In May 2024, 33.1% of patients had surgery the day following presentation with a hip fracture. This is a 5.3% improvement from May 2023 which was 27.8%.	2. Prompt surgery <table><caption>2. Prompt surgery</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-23</td><td>27.8%</td><td>60%</td><td>60%</td></tr><tr><td>Jun-23</td><td>28.5%</td><td>60%</td><td>60%</td></tr><tr><td>Jul-23</td><td>29.2%</td><td>60%</td><td>60%</td></tr><tr><td>Aug-23</td><td>30.0%</td><td>60%</td><td>60%</td></tr><tr><td>Sep-23</td><td>30.8%</td><td>60%</td><td>60%</td></tr><tr><td>Oct-23</td><td>31.5%</td><td>60%</td><td>60%</td></tr><tr><td>Nov-23</td><td>32.2%</td><td>60%</td><td>60%</td></tr><tr><td>Dec-23</td><td>33.0%</td><td>60%</td><td>60%</td></tr><tr><td>Jan-24</td><td>33.8%</td><td>60%</td><td>60%</td></tr><tr><td>Feb-24</td><td>34.5%</td><td>60%</td><td>60%</td></tr><tr><td>Mar-24</td><td>35.2%</td><td>60%</td><td>60%</td></tr><tr><td>Apr-24</td><td>36.0%</td><td>60%</td><td>60%</td></tr><tr><td>May-24</td><td>36.8%</td><td>60%</td><td>60%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-23	27.8%	60%	60%	Jun-23	28.5%	60%	60%	Jul-23	29.2%	60%	60%	Aug-23	30.0%	60%	60%	Sep-23	30.8%	60%	60%	Oct-23	31.5%	60%	60%	Nov-23	32.2%	60%	60%	Dec-23	33.0%	60%	60%	Jan-24	33.8%	60%	60%	Feb-24	34.5%	60%	60%	Mar-24	35.2%	60%	60%	Apr-24	36.0%	60%	60%	May-24	36.8%	60%	60%	
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3. NICE compliant surgery- 70.6% of operations were consistent with the NICE recommendations in May 2024. This is 1.5% less than in May 2023.	3. NICE compliant Surgery <table><caption>3. NICE compliant Surgery</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-23</td><td>71%</td><td>72%</td><td>70%</td></tr><tr><td>Jun-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Jul-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Aug-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Sep-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Oct-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Nov-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Dec-23</td><td>71%</td><td>71%</td><td>70%</td></tr><tr><td>Jan-24</td><td>71%</td><td>70%</td><td>70%</td></tr><tr><td>Feb-24</td><td>71%</td><td>69%</td><td>70%</td></tr><tr><td>Mar-24</td><td>71%</td><td>69%</td><td>70%</td></tr><tr><td>Apr-24</td><td>71%</td><td>69%</td><td>70%</td></tr><tr><td>May-24</td><td>71%</td><td>68%</td><td>70%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-23	71%	72%	70%	Jun-23	71%	71%	70%	Jul-23	71%	71%	70%	Aug-23	71%	71%	70%	Sep-23	71%	71%	70%	Oct-23	71%	71%	70%	Nov-23	71%	71%	70%	Dec-23	71%	71%	70%	Jan-24	71%	70%	70%	Feb-24	71%	69%	70%	Mar-24	71%	69%	70%	Apr-24	71%	69%	70%	May-24	71%	68%	70%	
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4. Prompt mobilisation- In May 2024, 85% of patients were out of bed the day after surgery. This is 5.3% more than in May 2023.	4. Prompt mobilisation <table><caption>4. Prompt mobilisation</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-23</td><td>78%</td><td>75%</td><td>80%</td></tr><tr><td>Jun-23</td><td>79%</td><td>76%</td><td>80%</td></tr><tr><td>Jul-23</td><td>80%</td><td>77%</td><td>80%</td></tr><tr><td>Aug-23</td><td>81%</td><td>78%</td><td>80%</td></tr><tr><td>Sep-23</td><td>82%</td><td>79%</td><td>80%</td></tr><tr><td>Oct-23</td><td>83%</td><td>80%</td><td>80%</td></tr><tr><td>Nov-23</td><td>84%</td><td>81%</td><td>80%</td></tr><tr><td>Dec-23</td><td>85%</td><td>82%</td><td>80%</td></tr><tr><td>Jan-24</td><td>86%</td><td>83%</td><td>80%</td></tr><tr><td>Feb-24</td><td>87%</td><td>84%</td><td>80%</td></tr><tr><td>Mar-24</td><td>88%</td><td>85%</td><td>80%</td></tr><tr><td>Apr-24</td><td>89%</td><td>86%</td><td>80%</td></tr><tr><td>May-24</td><td>90%</td><td>87%</td><td>80%</td></tr></tbody></table>	Month	Morriston	All-Wales	Eng, Wal & N. Ire	May-23	78%	75%	80%	Jun-23	79%	76%	80%	Jul-23	80%	77%	80%	Aug-23	81%	78%	80%	Sep-23	82%	79%	80%	Oct-23	83%	80%	80%	Nov-23	84%	81%	80%	Dec-23	85%	82%	80%	Jan-24	86%	83%	80%	Feb-24	87%	84%	80%	Mar-24	88%	85%	80%	Apr-24	89%	86%	80%	May-24	90%	87%	80%	
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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- 75.4% of patients were not delirious in the week after their operation in May 2024.	5. Not delirious when tested <table><caption>Approximate data for Chart 5: Not delirious when tested</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>May-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Jun-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Jul-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Aug-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Sep-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Oct-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Nov-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Dec-23</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Jan-24</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Feb-24</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Mar-24</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>Apr-24</td><td>75.4</td><td>60</td><td>60</td></tr><tr><td>May-24</td><td>75.4</td><td>60</td><td>60</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	May-23	75.4	60	60	Jun-23	75.4	60	60	Jul-23	75.4	60	60	Aug-23	75.4	60	60	Sep-23	75.4	60	60	Oct-23	75.4	60	60	Nov-23	75.4	60	60	Dec-23	75.4	60	60	Jan-24	75.4	60	60	Feb-24	75.4	60	60	Mar-24	75.4	60	60	Apr-24	75.4	60	60	May-24	75.4	60	60
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May-24	75.4	60	60																																																							
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- 73.4% of patients in February 2024 were discharged back to their original residence. This is 4.6% more than in February 2023.	6. Return to original residence <table><caption>Approximate data for Chart 6: Return to original residence</caption><thead><tr><th>Month</th><th>Morryston (%)</th><th>All-Wales (%)</th><th>Eng, Wal & N. Ire (%)</th></tr></thead><tbody><tr><td>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>70</td><td>70</td><td>70</td></tr><tr><td>Jun-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jul-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Aug-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Sep-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Oct-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Nov-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Dec-23</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Jan-24</td><td>70</td><td>70</td><td>70</td></tr><tr><td>Feb-24</td><td>74.6</td><td>70</td><td>70</td></tr></tbody></table>	Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)	Feb-23	70	70	70	Mar-23	70	70	70	Apr-23	70	70	70	May-23	70	70	70	Jun-23	70	70	70	Jul-23	70	70	70	Aug-23	70	70	70	Sep-23	70	70	70	Oct-23	70	70	70	Nov-23	70	70	70	Dec-23	70	70	70	Jan-24	70	70	70	Feb-24	74.6	70	70
Month	Morryston (%)	All-Wales (%)	Eng, Wal & N. Ire (%)																																																							
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Feb-24	74.6	70	70																																																							
7. <i>30 day mortality rate (Case mix Adjusted)</i>	7. 30 day mortality rate- In Q4 23-24 the mortality rate for Morryston Hospital was 4.8%, which is 1.3% lower than the same period in the previous year and is 0.6% lower than the national average for the quarter.	7. 30 day mortality rate <table><caption>Approximate data for Chart 7: 30 day mortality rate</caption><thead><tr><th>Quarter</th><th>Morryston (Casemix Adjusted) (%)</th><th>National Average (%)</th></tr></thead><tbody><tr><td>Q1 21-22</td><td>7.0</td><td>8.0</td></tr><tr><td>Q2 21-22</td><td>6.5</td><td>7.8</td></tr><tr><td>Q3 21-22</td><td>6.8</td><td>7.8</td></tr><tr><td>Q4 21-22</td><td>6.5</td><td>7.5</td></tr><tr><td>Q1 22-23</td><td>6.5</td><td>7.0</td></tr><tr><td>Q2 22-23</td><td>6.0</td><td>6.8</td></tr><tr><td>Q3 22-23</td><td>6.0</td><td>6.5</td></tr><tr><td>Q4 22-23</td><td>6.0</td><td>6.2</td></tr><tr><td>Q1 23-24</td><td>5.5</td><td>5.8</td></tr><tr><td>Q2 23-24</td><td>6.5</td><td>5.5</td></tr><tr><td>Q3 23-24</td><td>6.0</td><td>5.2</td></tr><tr><td>Q4 23-24</td><td>4.8</td><td>5.0</td></tr></tbody></table>	Quarter	Morryston (Casemix Adjusted) (%)	National Average (%)	Q1 21-22	7.0	8.0	Q2 21-22	6.5	7.8	Q3 21-22	6.8	7.8	Q4 21-22	6.5	7.5	Q1 22-23	6.5	7.0	Q2 22-23	6.0	6.8	Q3 22-23	6.0	6.5	Q4 22-23	6.0	6.2	Q1 23-24	5.5	5.8	Q2 23-24	6.5	5.5	Q3 23-24	6.0	5.2	Q4 23-24	4.8	5.0																	
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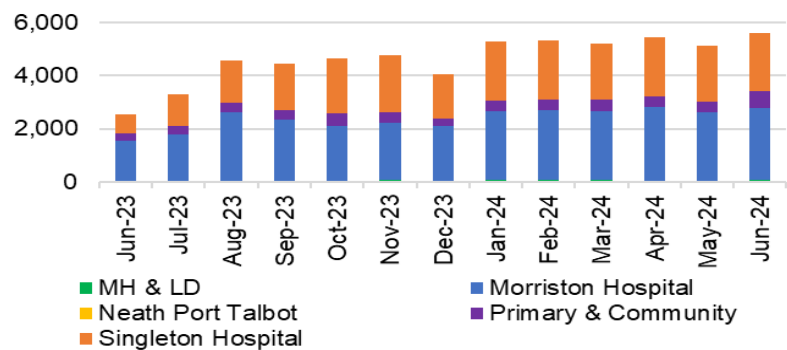
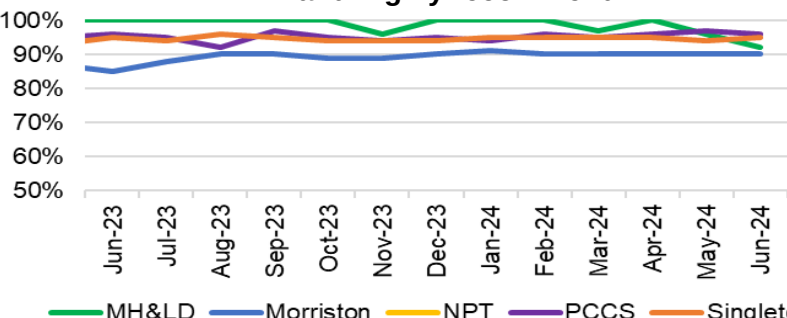
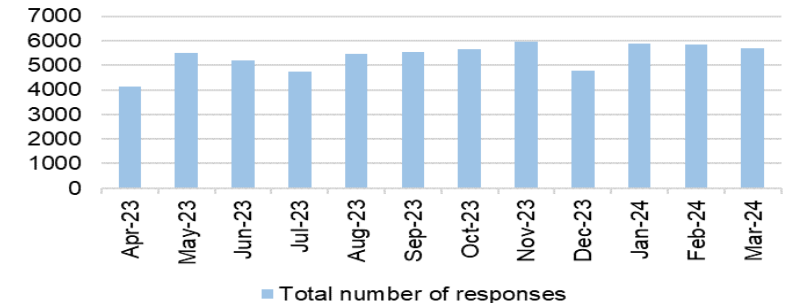
PRESSURE ULCERS		
Description	Current Performance	Trend
Number of pressure ulcers 1. Total number of pressure ulcers developed in hospital and in the community 2. Rate of pressure ulcers per 100,000 admission	1. In May 2024 there were 107 cases of healthcare acquired pressure ulcers, 41 of which were community acquired and 66 were hospital acquired. There were 13 grade 3+ pressure ulcers in May 2024, 9 of which were community acquired and 4 were hospital acquired. 2. The rate per 100,000 admissions was 1105 in May 2024.	Total number of hospital and community acquired Pressure Ulcers (PU) and rate per 100,000 admissions  *March 24 data not available
INPATIENT FALLS		
Description	Current Performance	Trend
Inpatient Falls The total number of inpatient falls	The number of Falls reported via Datix web for Swansea Bay UHB was 158 in June 2024. This is 1.9% more than May 2024 where 155 falls were recorded.	Number of inpatient Falls 

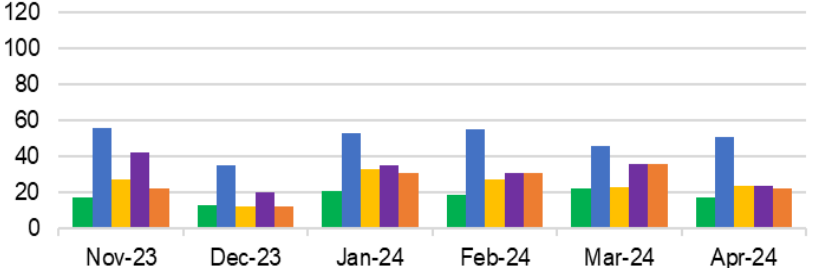
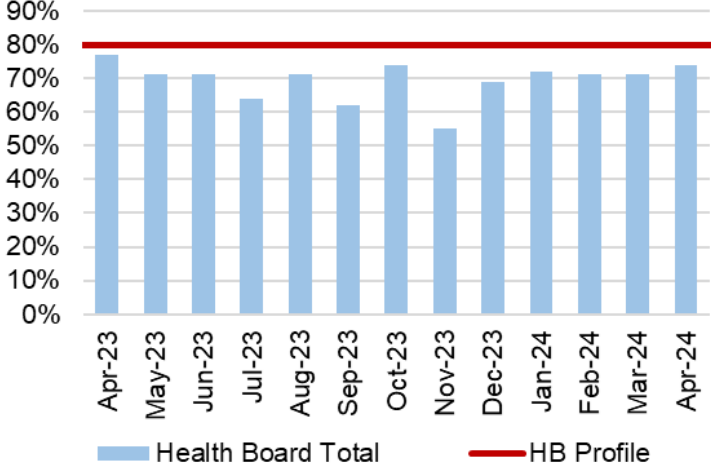
NATIONALLY REPORTABLE INCIDENTS		
Description	Current Performance	Trend
Nationally Reportable Incidents (NRI's)- <i>1. The number of Nationally reportable incidents</i> <i>2. The number of Never Events</i> <i>3. Of the nationally reportable incidents due for assurance, the percentage which were assured within the agreed timescales</i>	1. The Health Board reported 4 Nationally Reportable Incidents for the month of June 2024 to Welsh Government. The Service Group breakdown is as follows; - PCT – 2 - Morriston – 1 - MH & LD -1	1. and 2. Number of nationally reportable incidents and never events ■ Number of never events ■ Number of Nationally Reportable Incidents
	2. There were no new Never Events reported in June 2024.	
	3. In June 2024, 89% of the NRI's were closed within the agreed timescale.	3. % of nationally reportable incidents closed within the agreed timescales ■ % NRI's assured — Target

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 June 2024, the percentage of completed discharge summaries was 76%.	% 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>Jun-23</td><td>65%</td></tr><tr><td>Jul-23</td><td>64%</td></tr><tr><td>Aug-23</td><td>66%</td></tr><tr><td>Sep-23</td><td>61%</td></tr><tr><td>Oct-23</td><td>65%</td></tr><tr><td>Nov-23</td><td>69%</td></tr><tr><td>Dec-23</td><td>70%</td></tr><tr><td>Jan-24</td><td>68%</td></tr><tr><td>Feb-24</td><td>71%</td></tr><tr><td>Mar-24</td><td>69%</td></tr><tr><td>Apr-24</td><td>75%</td></tr><tr><td>May-24</td><td>75%</td></tr><tr><td>Jun-24</td><td>76%</td></tr></tbody></table>	Month	% of completed discharge summaries	Jun-23	65%	Jul-23	64%	Aug-23	66%	Sep-23	61%	Oct-23	65%	Nov-23	69%	Dec-23	70%	Jan-24	68%	Feb-24	71%	Mar-24	69%	Apr-24	75%	May-24	75%	Jun-24	76%																																										
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Crude Mortality Rate	April 2024 reports the crude mortality rate for the Health Board at 0.66%, which is the same as the figure reported in March 2024.	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>Apr-23</td><td>1.30%</td><td>0.30%</td><td>0.05%</td><td>0.70%</td></tr><tr><td>May-23</td><td>1.28%</td><td>0.28%</td><td>0.05%</td><td>0.68%</td></tr><tr><td>Jun-23</td><td>1.32%</td><td>0.28%</td><td>0.05%</td><td>0.68%</td></tr><tr><td>Jul-23</td><td>1.28%</td><td>0.25%</td><td>0.05%</td><td>0.65%</td></tr><tr><td>Aug-23</td><td>1.25%</td><td>0.22%</td><td>0.05%</td><td>0.62%</td></tr><tr><td>Sep-23</td><td>1.22%</td><td>0.20%</td><td>0.05%</td><td>0.60%</td></tr><tr><td>Oct-23</td><td>1.20%</td><td>0.18%</td><td>0.05%</td><td>0.58%</td></tr><tr><td>Nov-23</td><td>1.20%</td><td>0.18%</td><td>0.05%</td><td>0.58%</td></tr><tr><td>Dec-23</td><td>1.20%</td><td>0.18%</td><td>0.05%</td><td>0.58%</td></tr><tr><td>Jan-24</td><td>1.20%</td><td>0.18%</td><td>0.05%</td><td>0.58%</td></tr><tr><td>Feb-24</td><td>1.20%</td><td>0.18%</td><td>0.05%</td><td>0.58%</td></tr><tr><td>Mar-24</td><td>1.20%</td><td>0.18%</td><td>0.05%</td><td>0.58%</td></tr><tr><td>Apr-24</td><td>1.18%</td><td>0.16%</td><td>0.09%</td><td>0.66%</td></tr></tbody></table>	Month	Morriston Hospital	Singleton Hospital	NPT Hospital	HB Total	Apr-23	1.30%	0.30%	0.05%	0.70%	May-23	1.28%	0.28%	0.05%	0.68%	Jun-23	1.32%	0.28%	0.05%	0.68%	Jul-23	1.28%	0.25%	0.05%	0.65%	Aug-23	1.25%	0.22%	0.05%	0.62%	Sep-23	1.22%	0.20%	0.05%	0.60%	Oct-23	1.20%	0.18%	0.05%	0.58%	Nov-23	1.20%	0.18%	0.05%	0.58%	Dec-23	1.20%	0.18%	0.05%	0.58%	Jan-24	1.20%	0.18%	0.05%	0.58%	Feb-24	1.20%	0.18%	0.05%	0.58%	Mar-24	1.20%	0.18%	0.05%	0.58%	Apr-24	1.18%	0.16%	0.09%	0.66%
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WORKFORCE																																												
Description	Current Performance	Trend																																										
Staff sickness rates- <i>Percentage of sickness absence rate of staff</i>	Our in-month sickness performance deteriorated from 6.61% in April 2024 to 6.76% in May 2024.	% of full time equivalent (FTE) days lost to sickness absence (12 month rolling and in-month) <table><caption>Approximate data from the line 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>May-23</td><td>7.5%</td><td>6.61%</td></tr><tr><td>Jun-23</td><td>7.2%</td><td>6.76%</td></tr><tr><td>Jul-23</td><td>7.0%</td><td>7.0%</td></tr><tr><td>Aug-23</td><td>6.8%</td><td>6.8%</td></tr><tr><td>Sep-23</td><td>6.8%</td><td>6.8%</td></tr><tr><td>Oct-23</td><td>7.0%</td><td>7.0%</td></tr><tr><td>Nov-23</td><td>7.2%</td><td>7.2%</td></tr><tr><td>Dec-23</td><td>7.5%</td><td>7.5%</td></tr><tr><td>Jan-24</td><td>7.2%</td><td>7.2%</td></tr><tr><td>Feb-24</td><td>7.0%</td><td>7.0%</td></tr><tr><td>Mar-24</td><td>6.8%</td><td>6.8%</td></tr><tr><td>Apr-24</td><td>6.8%</td><td>6.8%</td></tr><tr><td>May-24</td><td>7.05%</td><td>6.76%</td></tr></tbody></table>	Month	% sickness rate (12 month rolling)	% sickness rate (in-month)	May-23	7.5%	6.61%	Jun-23	7.2%	6.76%	Jul-23	7.0%	7.0%	Aug-23	6.8%	6.8%	Sep-23	6.8%	6.8%	Oct-23	7.0%	7.0%	Nov-23	7.2%	7.2%	Dec-23	7.5%	7.5%	Jan-24	7.2%	7.2%	Feb-24	7.0%	7.0%	Mar-24	6.8%	6.8%	Apr-24	6.8%	6.8%	May-24	7.05%	6.76%
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The following table provides the top 5 absence reasons by full time equivalent (FTE) days lost in May 2024.																																												
<table><thead><tr><th>Absence Reason</th><th>FTE Days Lost</th><th>%</th></tr></thead><tbody><tr><td>Anxiety/ stress/ depression/ other psychiatric illnesses</td><td>9,281.60</td><td>35.0%</td></tr><tr><td>Other musculoskeletal problems</td><td>2,913.00</td><td>11.0%</td></tr><tr><td>Gastrointestinal problems</td><td>2,002.11</td><td>7.5%</td></tr><tr><td>Other known causes - not elsewhere classified</td><td>1,694.09</td><td>6.4%</td></tr><tr><td>Cold, Cough, Flu - Influenza</td><td>1,618.59</td><td>6.1%</td></tr></tbody></table>	Absence Reason	FTE Days Lost	%	Anxiety/ stress/ depression/ other psychiatric illnesses	9,281.60	35.0%	Other musculoskeletal problems	2,913.00	11.0%	Gastrointestinal problems	2,002.11	7.5%	Other known causes - not elsewhere classified	1,694.09	6.4%	Cold, Cough, Flu - Influenza	1,618.59	6.1%																										
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THEATRE EFFICIENCY																																																									
Description	Current Performance	Trend																																																							
Theatre Efficiency <i>1. Theatre Utilisation Rates</i> <i>2. % of theatre sessions starting late</i> <i>3. % of theatre sessions finishing early</i> <i>4. % of theatre sessions cancelled at short notice (<28 days)</i> <i>5. % of operations cancelled on the day</i>	In June 2024 the Theatre Utilisation rate was 66%. This is 7% lower than May 2024 and is 3% lower than the figure reported in June 2023 (69%).	1. Theatre Utilisation Rates <table border="1"><caption>1. Theatre Utilisation Rates (SBU HB)</caption><thead><tr><th>Month</th><th>Utilisation Rate (%)</th></tr></thead><tbody><tr><td>Jun-23</td><td>68</td></tr><tr><td>Jul-23</td><td>72</td></tr><tr><td>Aug-23</td><td>65</td></tr><tr><td>Sep-23</td><td>70</td></tr><tr><td>Oct-23</td><td>72</td></tr><tr><td>Nov-23</td><td>68</td></tr><tr><td>Dec-23</td><td>62</td></tr><tr><td>Jan-24</td><td>62</td></tr><tr><td>Feb-24</td><td>68</td></tr><tr><td>Mar-24</td><td>65</td></tr><tr><td>Apr-24</td><td>75</td></tr><tr><td>May-24</td><td>72</td></tr><tr><td>Jun-24</td><td>66</td></tr></tbody></table>	Month	Utilisation Rate (%)	Jun-23	68	Jul-23	72	Aug-23	65	Sep-23	70	Oct-23	72	Nov-23	68	Dec-23	62	Jan-24	62	Feb-24	68	Mar-24	65	Apr-24	75	May-24	72	Jun-24	66																											
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38% of theatre sessions started late in June 2024. This is 5% higher than the figure reported for in May 2024.	2. And 3. % theatre sessions starting late/finishing <table border="1"><caption>2. And 3. % theatre sessions starting late/finishing</caption><thead><tr><th>Month</th><th>Late Starts (%)</th><th>Early Finishes (%)</th></tr></thead><tbody><tr><td>Jun-23</td><td>40</td><td>50</td></tr><tr><td>Jul-23</td><td>42</td><td>48</td></tr><tr><td>Aug-23</td><td>38</td><td>52</td></tr><tr><td>Sep-23</td><td>40</td><td>50</td></tr><tr><td>Oct-23</td><td>40</td><td>48</td></tr><tr><td>Nov-23</td><td>40</td><td>45</td></tr><tr><td>Dec-23</td><td>38</td><td>48</td></tr><tr><td>Jan-24</td><td>38</td><td>52</td></tr><tr><td>Feb-24</td><td>38</td><td>50</td></tr><tr><td>Mar-24</td><td>35</td><td>48</td></tr><tr><td>Apr-24</td><td>35</td><td>48</td></tr><tr><td>May-24</td><td>35</td><td>50</td></tr><tr><td>Jun-24</td><td>38</td><td>53</td></tr></tbody></table>	Month	Late Starts (%)	Early Finishes (%)	Jun-23	40	50	Jul-23	42	48	Aug-23	38	52	Sep-23	40	50	Oct-23	40	48	Nov-23	40	45	Dec-23	38	48	Jan-24	38	52	Feb-24	38	50	Mar-24	35	48	Apr-24	35	48	May-24	35	50	Jun-24	38	53														
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In June 2024, 53% of theatre sessions finished early. this is 4% higher than figure seen in May 2024 and 6% higher than those seen in June 2023.	4. % theatre sessions cancelled at short notice (<28 days) <table border="1"><caption>4. % theatre sessions cancelled at short notice (<28 days)</caption><thead><tr><th>Month</th><th>Morriston (%)</th><th>NPTH (%)</th><th>Singleton (%)</th></tr></thead><tbody><tr><td>Jun-23</td><td>10</td><td>15</td><td>10</td></tr><tr><td>Jul-23</td><td>10</td><td>12</td><td>10</td></tr><tr><td>Aug-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Sep-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Oct-23</td><td>10</td><td>12</td><td>10</td></tr><tr><td>Nov-23</td><td>10</td><td>10</td><td>10</td></tr><tr><td>Dec-23</td><td>10</td><td>15</td><td>12</td></tr><tr><td>Jan-24</td><td>15</td><td>32</td><td>18</td></tr><tr><td>Feb-24</td><td>12</td><td>28</td><td>15</td></tr><tr><td>Mar-24</td><td>15</td><td>28</td><td>20</td></tr><tr><td>Apr-24</td><td>10</td><td>20</td><td>10</td></tr><tr><td>May-24</td><td>12</td><td>18</td><td>10</td></tr><tr><td>Jun-24</td><td>10</td><td>20</td><td>10</td></tr></tbody></table>	Month	Morriston (%)	NPTH (%)	Singleton (%)	Jun-23	10	15	10	Jul-23	10	12	10	Aug-23	10	15	12	Sep-23	10	15	12	Oct-23	10	12	10	Nov-23	10	10	10	Dec-23	10	15	12	Jan-24	15	32	18	Feb-24	12	28	15	Mar-24	15	28	20	Apr-24	10	20	10	May-24	12	18	10	Jun-24	10	20	10
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9% of theatre sessions were cancelled at short notice in June 2024. This is 1% lower than the figure reported in May 2024 and is 2% lower than figures seen in June 2023.	5. % of operations cancelled on the day <table border="1"><caption>5. % of operations cancelled on the day</caption><thead><tr><th>Month</th><th>% operations cancelled on the day (%)</th></tr></thead><tbody><tr><td>Jun-23</td><td>32</td></tr><tr><td>Jul-23</td><td>35</td></tr><tr><td>Aug-23</td><td>38</td></tr><tr><td>Sep-23</td><td>38</td></tr><tr><td>Oct-23</td><td>38</td></tr><tr><td>Nov-23</td><td>42</td></tr><tr><td>Dec-23</td><td>40</td></tr><tr><td>Jan-24</td><td>30</td></tr><tr><td>Feb-24</td><td>28</td></tr><tr><td>Mar-24</td><td>32</td></tr><tr><td>Apr-24</td><td>32</td></tr><tr><td>May-24</td><td>32</td></tr><tr><td>Jun-24</td><td>42</td></tr></tbody></table>	Month	% operations cancelled on the day (%)	Jun-23	32	Jul-23	35	Aug-23	38	Sep-23	38	Oct-23	38	Nov-23	42	Dec-23	40	Jan-24	30	Feb-24	28	Mar-24	32	Apr-24	32	May-24	32	Jun-24	42																												
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Of the operations cancelled in June 2024, 42% of them were cancelled on the day. This is 8% higher than the figure reported in May 2024 (34%).																																																									

PATIENT EXPERIENCE		
Description	Current Performance	Trend
Patient experience <i>1. Number of friends and family surveys completed</i> <i>2. Percentage of patients/ service users who would recommend and highly recommend</i> <i>3. Number of Service User feedback experience responses completed and recorded on CIVICA</i>	Health Board Friends & Family patient satisfaction level in June 2024 was 93% and 5,535 surveys were completed. ➤ Singleton/ Neath Port Talbot Hospitals Service Group completed 2,193 surveys in June 2024, with a recommended score of 95%. ➤ Morriston Hospital completed 2,716 surveys in June 2024, with a recommended score of 90%. ➤ Primary & Community Care completed 625 surveys for June 2024, with a recommended score of 96%. ➤ The Mental Health Service Group completed 71 surveys for June 2024, with a recommended score of 92%.	1. Number of friends and family surveys completed  2. % of patients/ service users who would recommend and highly recommend  3. Number of Service User experience responses 
	There were 5,700 feedback experience responses completed and recorded on CIVICA in March 2024. This is 143 less than the figure reported in February 2024. Of the responses recorded, 4,375 were targeted and 1,325 were passive.	

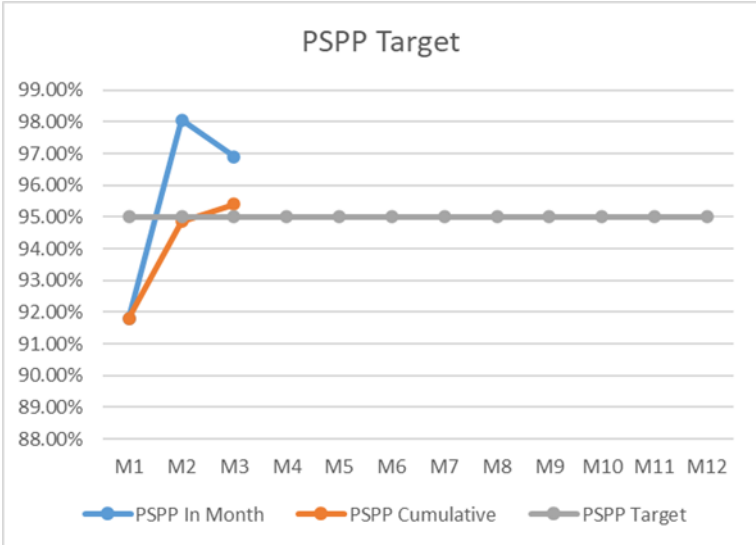
COMPLAINTS																																																							
Description	Current Performance	Trend																																																					
Patient concerns <i>1. Number of formal complaints received</i> <i>2. Percentage of concerns that have received a final reply or an interim reply up to and including 30 working days from the date the concern was first received by the organisation</i>	1. In April 2024, the Health Board received 140 formal complaints; this is a reduction of 6% when compared with March 2023 figures (167).	1. Number of formal complaints received  <table border="1"><caption>Estimated data for Figure 1: Number of formal complaints received</caption><thead><tr><th>Month</th><th>MH & LD</th><th>Morriston Hospital</th><th>NPT Hospital</th><th>PCCS</th><th>Singleton Hospital</th></tr></thead><tbody><tr><td>Nov-23</td><td>18</td><td>55</td><td>28</td><td>42</td><td>22</td></tr><tr><td>Dec-23</td><td>15</td><td>35</td><td>12</td><td>20</td><td>15</td></tr><tr><td>Jan-24</td><td>22</td><td>52</td><td>32</td><td>35</td><td>30</td></tr><tr><td>Feb-24</td><td>20</td><td>55</td><td>28</td><td>30</td><td>30</td></tr><tr><td>Mar-24</td><td>22</td><td>45</td><td>25</td><td>35</td><td>35</td></tr><tr><td>Apr-24</td><td>18</td><td>50</td><td>25</td><td>22</td><td>22</td></tr></tbody></table>	Month	MH & LD	Morriston Hospital	NPT Hospital	PCCS	Singleton Hospital	Nov-23	18	55	28	42	22	Dec-23	15	35	12	20	15	Jan-24	22	52	32	35	30	Feb-24	20	55	28	30	30	Mar-24	22	45	25	35	35	Apr-24	18	50	25	22	22											
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2. The overall Health Board rate for responding to concerns within 30 working days was 74% in April 2024, against the Welsh Government target of 75% and Health Board target of 80%. Below is a breakdown of performance against the 30-day response target: <table border="1"><thead><tr><th></th><th>30 day response rate</th></tr></thead><tbody><tr><td>Neath Port Talbot Hospital</td><td>67%</td></tr><tr><td>Morriston Hospital</td><td>76%</td></tr><tr><td>Mental Health & Learning Disabilities</td><td>82%</td></tr><tr><td>Primary, Community and Therapies</td><td>79%</td></tr><tr><td>Singleton Hospital</td><td>57%</td></tr></tbody></table>		30 day response rate	Neath Port Talbot Hospital	67%	Morriston Hospital	76%	Mental Health & Learning Disabilities	82%	Primary, Community and Therapies	79%	Singleton Hospital	57%	2. Response rate for concerns within 30 days  <table border="1"><caption>Estimated data for Figure 2: Response rate for concerns within 30 days</caption><thead><tr><th>Month</th><th>Health Board Total (%)</th><th>HB Profile (%)</th></tr></thead><tbody><tr><td>Apr-23</td><td>78%</td><td>80%</td></tr><tr><td>May-23</td><td>72%</td><td>80%</td></tr><tr><td>Jun-23</td><td>72%</td><td>80%</td></tr><tr><td>Jul-23</td><td>65%</td><td>80%</td></tr><tr><td>Aug-23</td><td>72%</td><td>80%</td></tr><tr><td>Sep-23</td><td>62%</td><td>80%</td></tr><tr><td>Oct-23</td><td>75%</td><td>80%</td></tr><tr><td>Nov-23</td><td>55%</td><td>80%</td></tr><tr><td>Dec-23</td><td>68%</td><td>80%</td></tr><tr><td>Jan-24</td><td>72%</td><td>80%</td></tr><tr><td>Feb-24</td><td>72%</td><td>80%</td></tr><tr><td>Mar-24</td><td>72%</td><td>80%</td></tr><tr><td>Apr-24</td><td>74%</td><td>80%</td></tr></tbody></table>	Month	Health Board Total (%)	HB Profile (%)	Apr-23	78%	80%	May-23	72%	80%	Jun-23	72%	80%	Jul-23	65%	80%	Aug-23	72%	80%	Sep-23	62%	80%	Oct-23	75%	80%	Nov-23	55%	80%	Dec-23	68%	80%	Jan-24	72%	80%	Feb-24	72%	80%	Mar-24	72%	80%	Apr-24	74%	80%
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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	- Health Board Plan submitted at end March 2024 reported a £50.1m planned deficit but control total set by Welsh Government is £17.1m. - In Month 3 there is an in-month overspend of £7.5m (Month 2 £8.9m). - YTD at Month 3 is an overspend of £25.8m. - Overall, the Health Board YTD position is £13.3m off the delivery of the £50.1m deficit plan. - In the graph the orange bars illustrate the potential financial change required to be able to deliver the £50.1m. - The yellow line depicted the level required if the HB were to achieve the £17.1m control total. Savings: deterioration in month of £0.2m in delivery and overall, there remains a shortfall in delivery of the £26.1m targets YTD of £3.6m. Operational Run Rate: overall improvement of £1.6m in month as a result of two Non-Recurrent benefits in Mth 3 linked to rebate on energy and VAT recovery, however operational run YTD is £9.7m over.	The chart, titled 'Financial Performance 2024/25', displays monthly financial data from Month 1 (M1) to Month 12 (M12). The Y-axis represents values from 0 to 10,000. Four data series are shown: 'Health Board Position' (blue bars), 'Required Hit Plan Target £50.1m' (orange bars), 'Target Profile £17.1m' (yellow line), and 'Target Profile £50.1m' (red line). The Health Board Position starts at approximately 9,500 in M1, drops to 8,900 in M2, and 7,500 in M3. The Required Hit Plan Target starts at approximately 2,800 in M4 and remains constant through M12. The Target Profile £17.1m is a constant yellow line at approximately 1,500. The Target Profile £50.1m is a constant red line at approximately 4,200. <table><caption>Financial Performance 2024/25 Data</caption><thead><tr><th>Month</th><th>Health Board Position</th><th>Required Hit Plan Target £50.1m</th><th>Target Profile £17.1m</th><th>Target Profile £50.1m</th></tr></thead><tbody><tr><td>M1</td><td>9,500</td><td></td><td>1,500</td><td>4,200</td></tr><tr><td>M2</td><td>8,900</td><td></td><td>1,500</td><td>4,200</td></tr><tr><td>M3</td><td>7,500</td><td></td><td>1,500</td><td>4,200</td></tr><tr><td>M4</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M5</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M6</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M7</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M8</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M9</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M10</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M11</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr><tr><td>M12</td><td></td><td>2,800</td><td>1,500</td><td>4,200</td></tr></tbody></table>	Month	Health Board Position	Required Hit Plan Target £50.1m	Target Profile £17.1m	Target Profile £50.1m	M1	9,500		1,500	4,200	M2	8,900		1,500	4,200	M3	7,500		1,500	4,200	M4		2,800	1,500	4,200	M5		2,800	1,500	4,200	M6		2,800	1,500	4,200	M7		2,800	1,500	4,200	M8		2,800	1,500	4,200	M9		2,800	1,500	4,200	M10		2,800	1,500	4,200	M11		2,800	1,500	4,200	M12		2,800	1,500	4,200
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Description	Current Performance	Trend
Capital Financial Position – expenditure incurred against capital resource limit	- The forecast outturn capital position for 2024/25 is balanced. The balanced position mitigates any non-receipt of allocations which are anticipated from Welsh Government. - 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.	Capital - Cumulative Performance to Plan — Forecast — Actual/Revised Forecast
Description	Current Performance	Trend
Workforce Spend – workforce expenditure profile	- The pay budgets are overspent by £2.816m in June. - Variable pay has decreased in June by circa. £339k. Broken down as follows: Irregular Sessions were overspent by £477k, & Overtime £11k offset by underspend in Bank £323k, Agency – Non-Medical £278k, WLI £211k, & Agency Medical £15k. - Work is required to bring spend down in line with the current year budget.	Variable Pay Expenditure ■ Bank ■ Overtime ■ Agency - Non Medical ■ Agency - Medical ■ WLI — Irregular Sessions — Current Year Budget — Last Year Expenditure

Description	Current Performance	Trend																																																				
PSPP – pay 95% of Non-NHS invoices within 30 days of receipt of goods or valid invoice	- The cumulative PSPP compliance has improved this month and is now above target at 95.40%. In June compliance was above target at 96.90% (May – 98.07%). - Although the PSPP was achieved this month, there were still delays in receipting and authorisation.	Percentage of non-NHS invoices paid within 30 days of receipt of goods or valid invoice  <table><caption>PSPP Target Data</caption><thead><tr><th>Month</th><th>PSPP In Month (%)</th><th>PSPP Cumulative (%)</th><th>PSPP Target (%)</th></tr></thead><tbody><tr><td>M1</td><td>91.8</td><td>91.8</td><td>95.0</td></tr><tr><td>M2</td><td>98.0</td><td>95.0</td><td>95.0</td></tr><tr><td>M3</td><td>97.0</td><td>95.4</td><td>95.0</td></tr><tr><td>M4</td><td></td><td></td><td>95.0</td></tr><tr><td>M5</td><td></td><td></td><td>95.0</td></tr><tr><td>M6</td><td></td><td></td><td>95.0</td></tr><tr><td>M7</td><td></td><td></td><td>95.0</td></tr><tr><td>M8</td><td></td><td></td><td>95.0</td></tr><tr><td>M9</td><td></td><td></td><td>95.0</td></tr><tr><td>M10</td><td></td><td></td><td>95.0</td></tr><tr><td>M11</td><td></td><td></td><td>95.0</td></tr><tr><td>M12</td><td></td><td></td><td>95.0</td></tr></tbody></table>	Month	PSPP In Month (%)	PSPP Cumulative (%)	PSPP Target (%)	M1	91.8	91.8	95.0	M2	98.0	95.0	95.0	M3	97.0	95.4	95.0	M4			95.0	M5			95.0	M6			95.0	M7			95.0	M8			95.0	M9			95.0	M10			95.0	M11			95.0	M12			95.0
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5. TABLE OF ALL MEASURES

HARM FROM COVID ITSELF

Chart 1 Number of new COVID19 cases

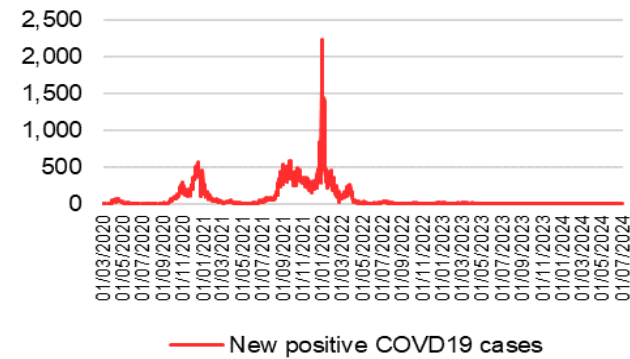


Chart 2: Number of new COVID19 cases (cumulative)

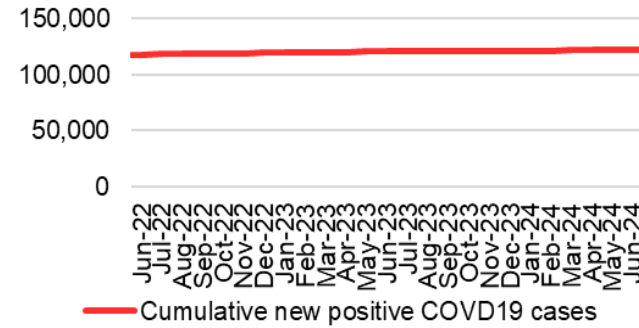


Chart 3: Number of COVID19 tests completed and positivity rate

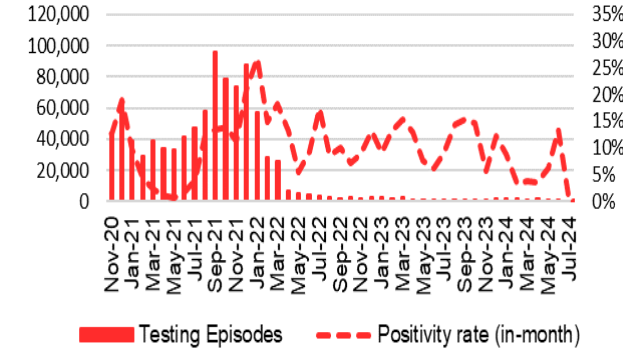


Chart 4: Number of staff referred for Antigen testing

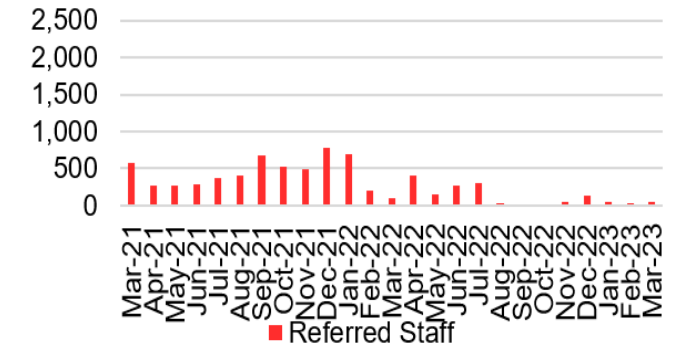


Chart 5: Outcome of staff COVID19/ antigen tests

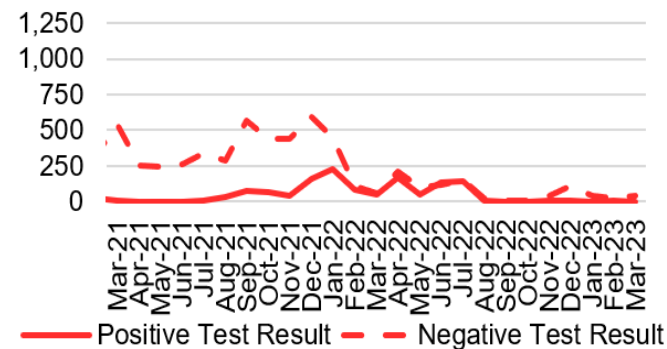


Chart 6: Number of COVID19 related incidents

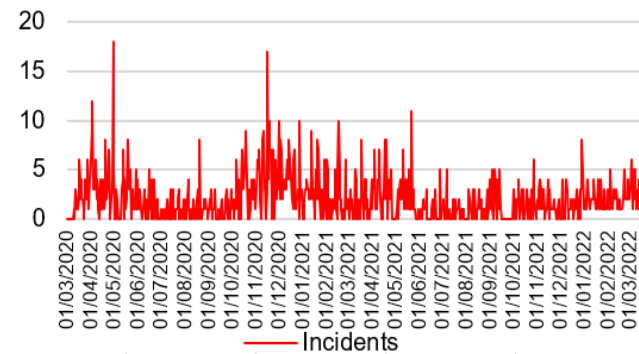


Chart 7: Number of COVID19 related serious incidents



Chart 8: Number of COVID19 related complaints

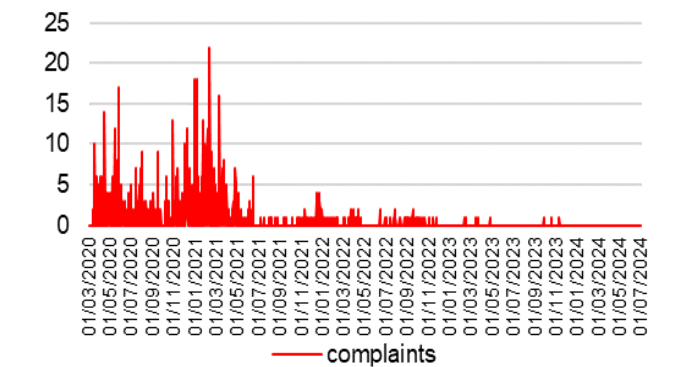


Chart 9: Number of COVID19 related risks

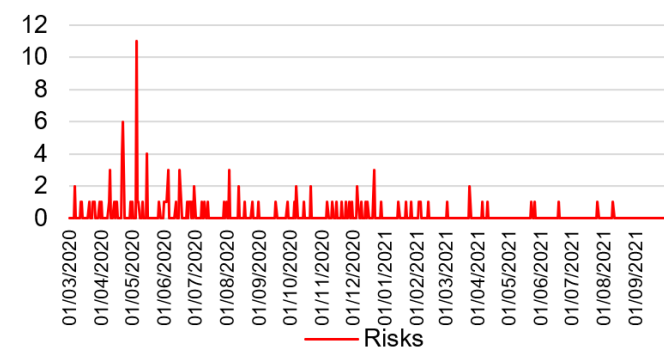


Chart 10: Number of staff self-isolating (asymptomatic)

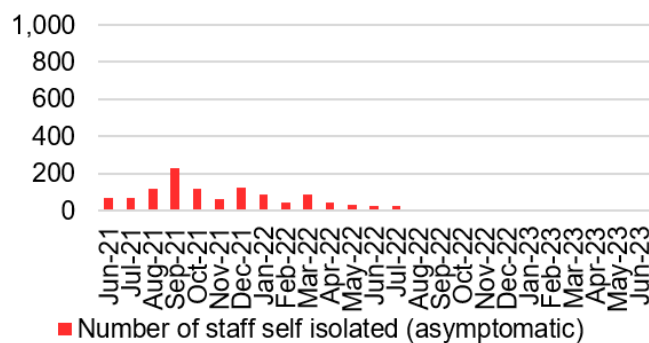


Chart 11: Number of staff self isolating (symptomatic)

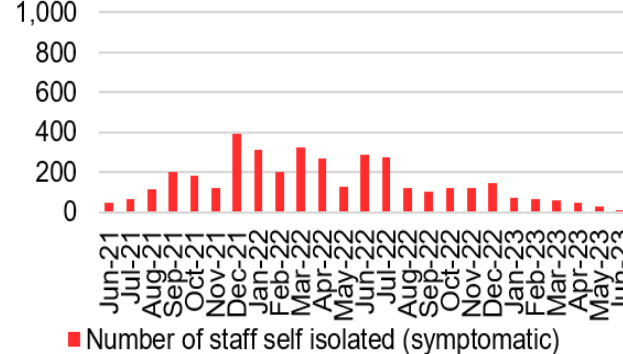


Chart 12: % staff sickness

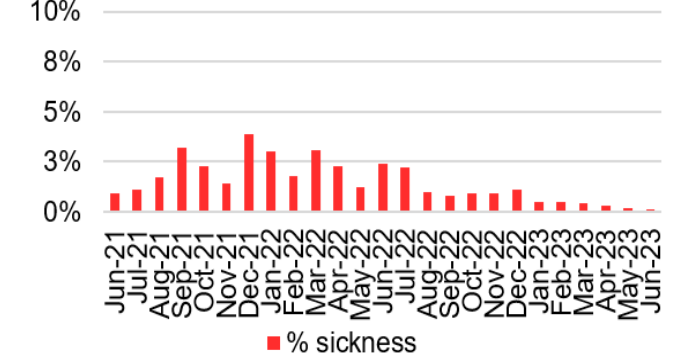


Chart 13: Bed Occupancy for suspected and confirmed COVID19 cases

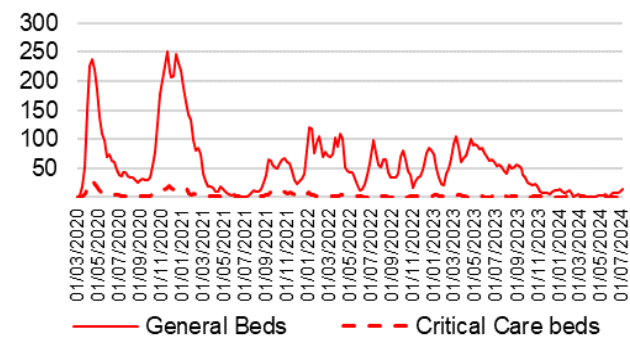


Chart 14: Number of hospital deaths with any mention of COVID19

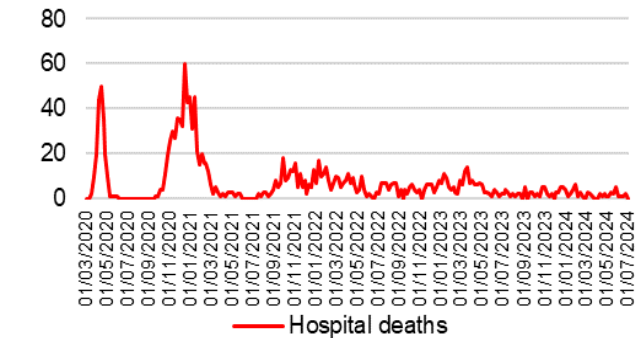


Chart 15: Number of weekly registered deaths with any mention of COVID19 (ONS data)

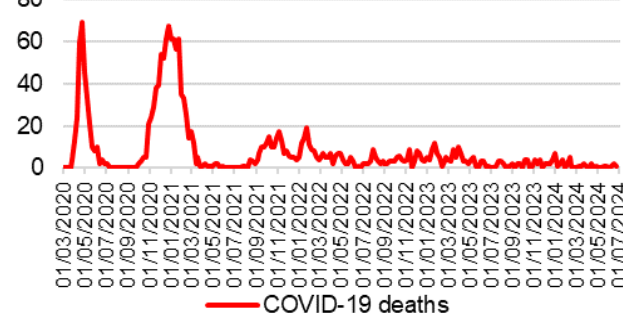
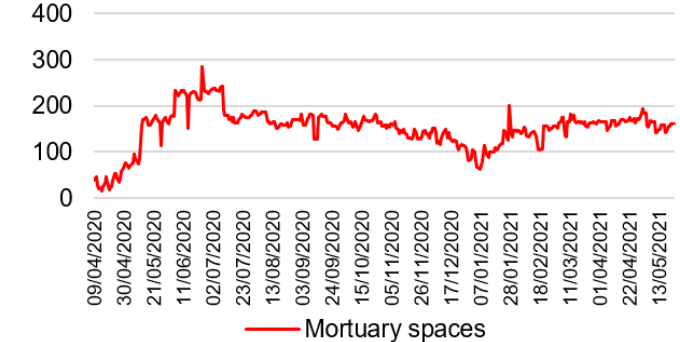


Chart 16: Number of mortuary spaces



HARM FROM OVERWHELMED NHS AND SOCIAL CARE SYSTEM

Unscheduled Care- Overview

Chart 1: GP Out of Hours/ 111

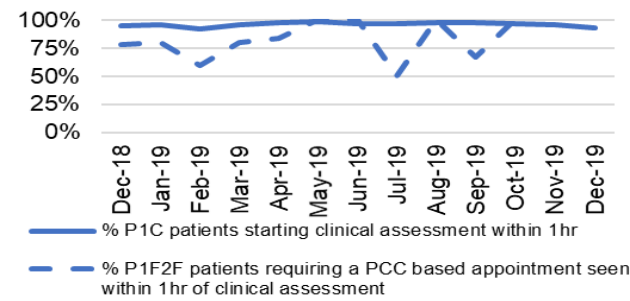


Chart 2: % red calls responded to within 8 minutes

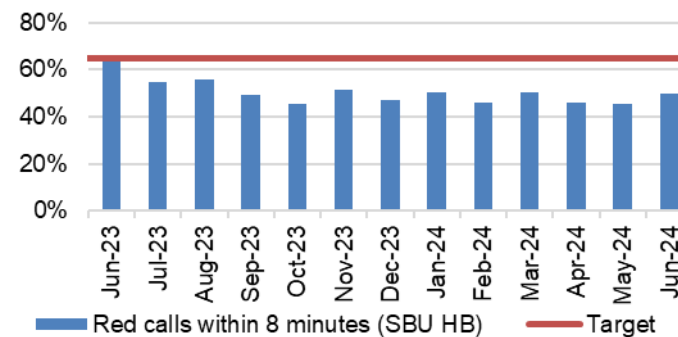


Chart 3: Number of ambulance handovers over 1 hour

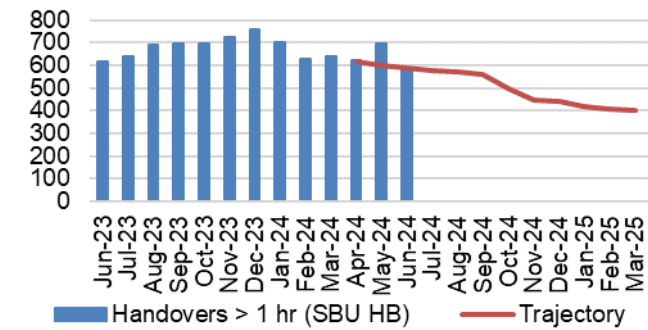


Chart 4: Lost hours- notification to ambulance handover over 15 minutes

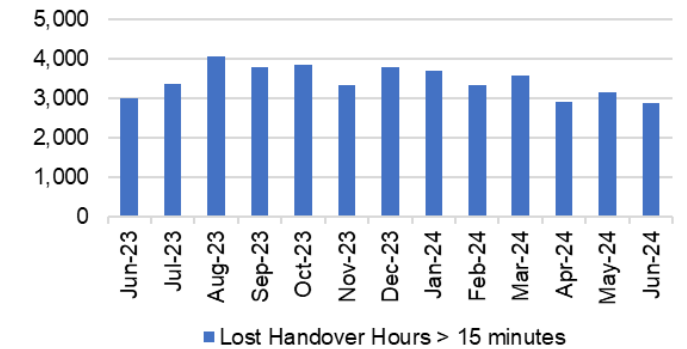


Chart 5: A&E Attendances

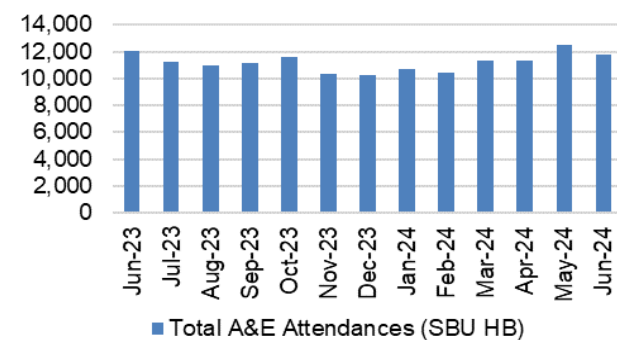


Chart 6: % patients who spend less than 4 hours in A&E

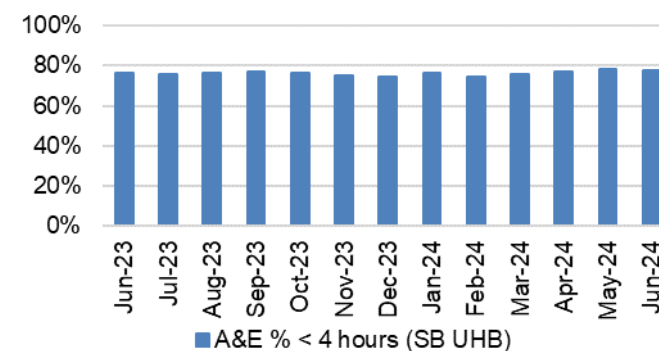


Chart 7: Number of patients waiting over 12 hours in A&E

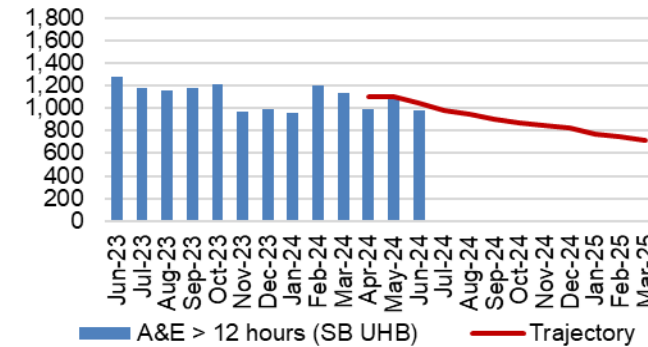


Chart 8: Number of emergency admissions

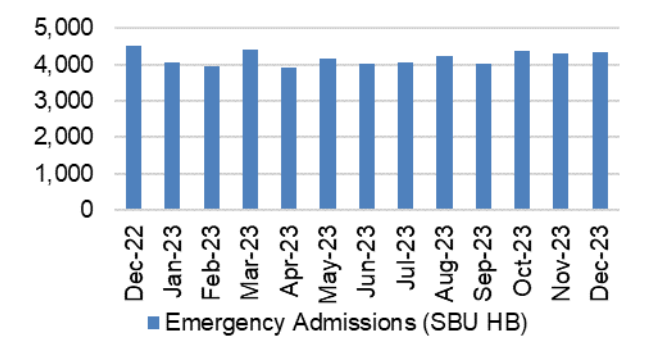


Chart 9: Elective procedures cancelled due to lack of beds

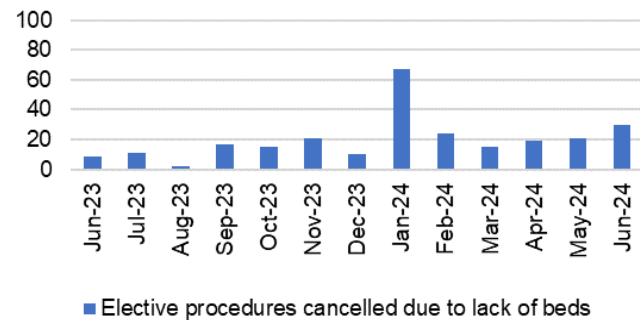


Chart 10: Number of clinically optimised patients

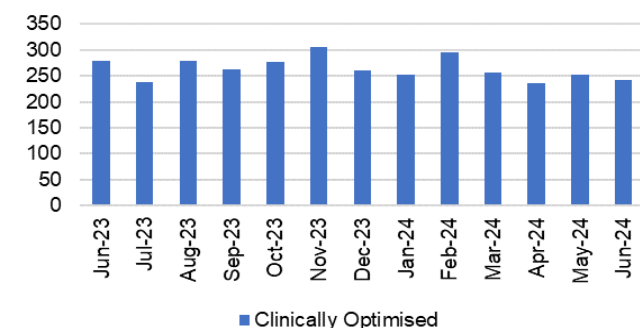


Chart 11: Delay reason for clinically optimised patients

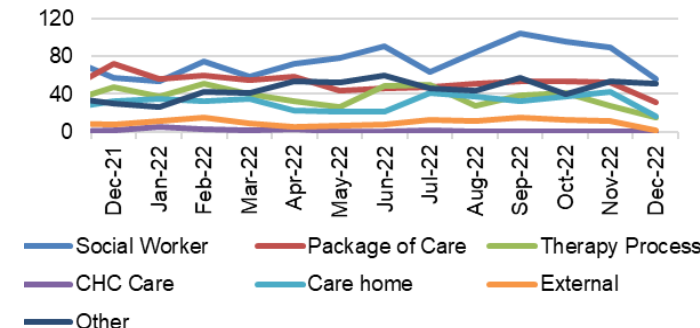


Chart 12: Average lost bed days (per day)

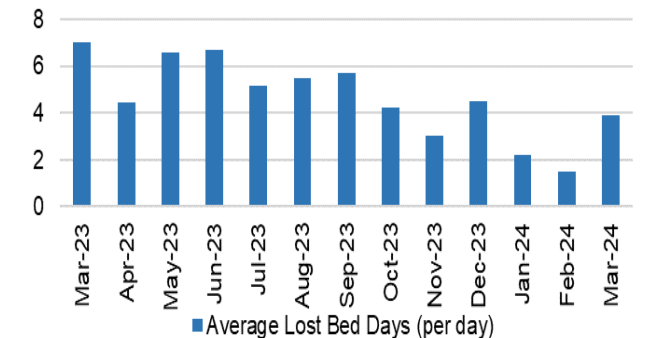


Chart 13: % of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes

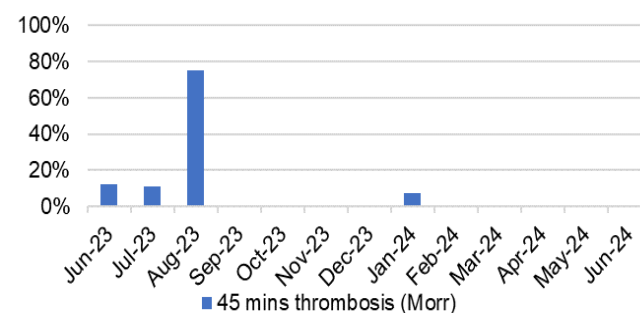


Chart 14: Direct admission to Acute Stroke Unit within 4 hours

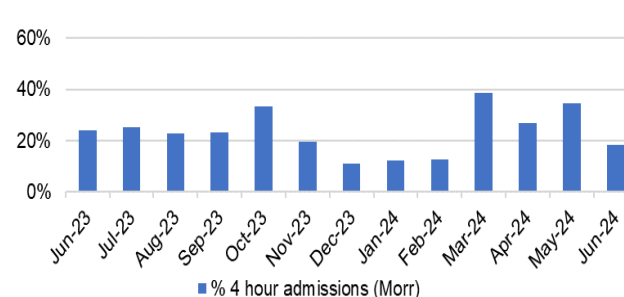


Chart 15: % of stroke patients receiving CT scan with 1 hour

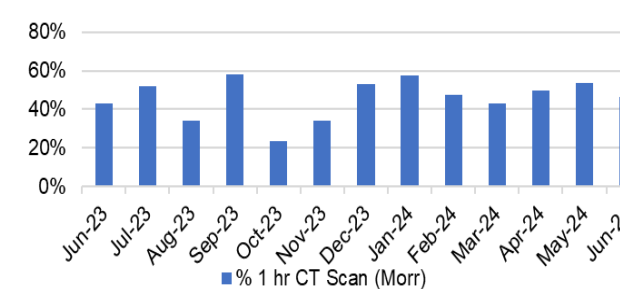
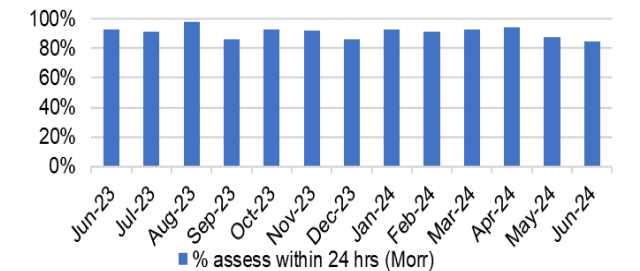


Chart 16: % stroke patients receiving consultant assessment within 24 hours



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)

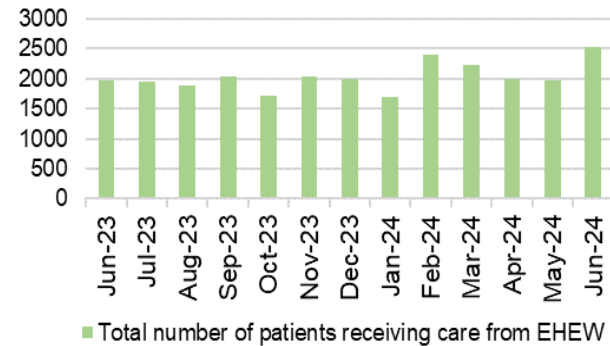


Chart 2: GMS - Escalation Levels

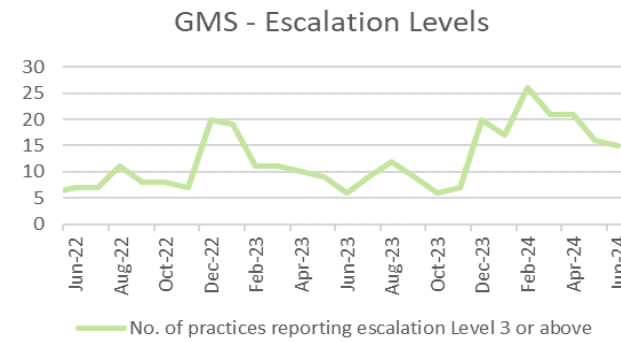


Chart 3: GMS - Sustainability

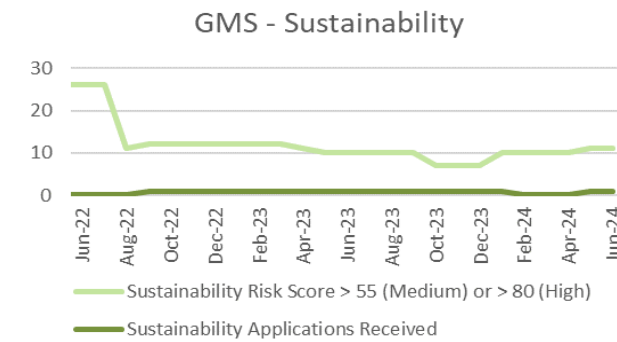


Chart 4: Number and percentage of adult dental patients re-attending NHS Primary Dental Care between 6-9 months

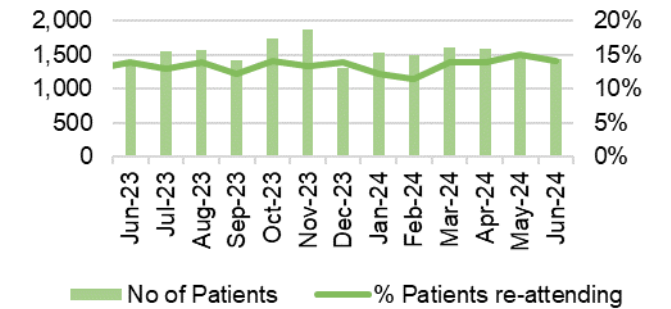


Chart 5: General Dental Services - Activity

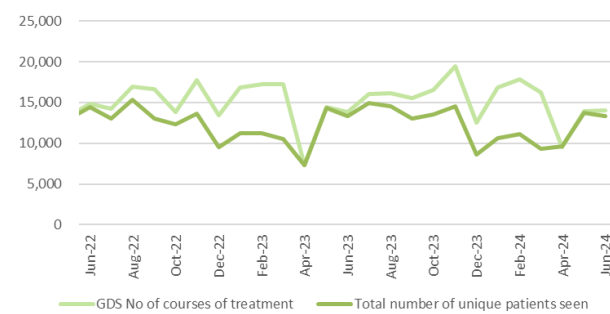


Chart 6: General Dental Services - New Patients

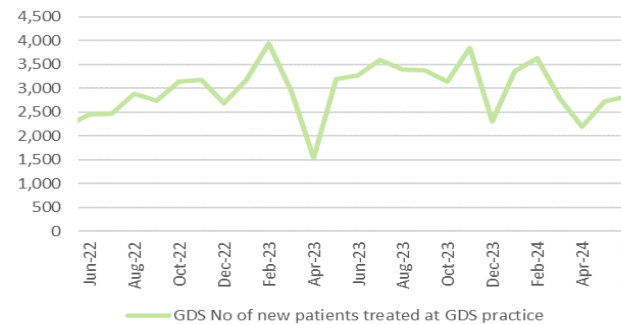


Chart 7: General Dental Services - ACORNs/FV

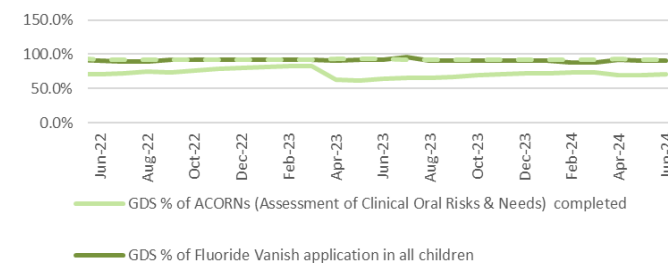


Chart 8: Optometry Activity – sight tests

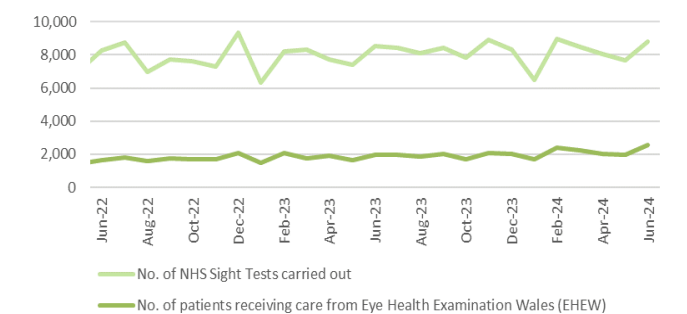


Chart 9: Optometry Activity – low vision care

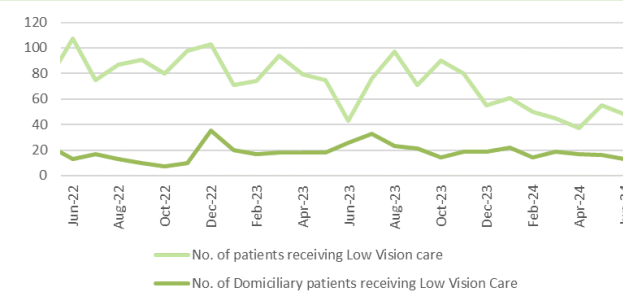


Chart 10: Community Pharmacy – Escalation levels



Chart 11: Common Ailment Scheme – No. consultations provided

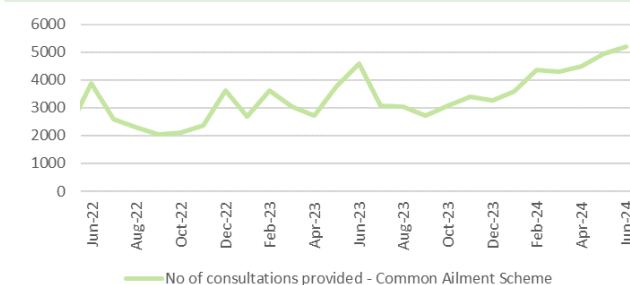


Chart 12: % of patients with a RTT (referral to stage 1) of 26 weeks or less for Restorative Dentistry

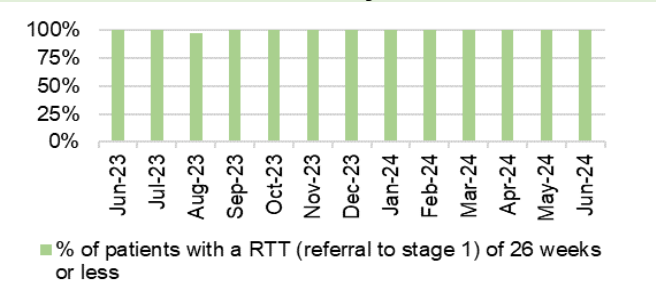


Chart 13: Podiatry - Total number of patients waiting > 14 weeks

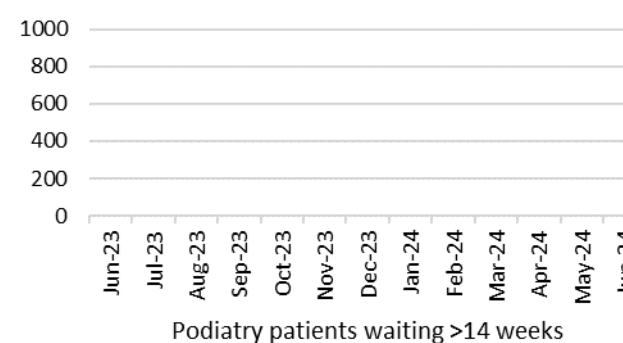


Chart 14: Dietetics - Total number of patients waiting > 14 weeks

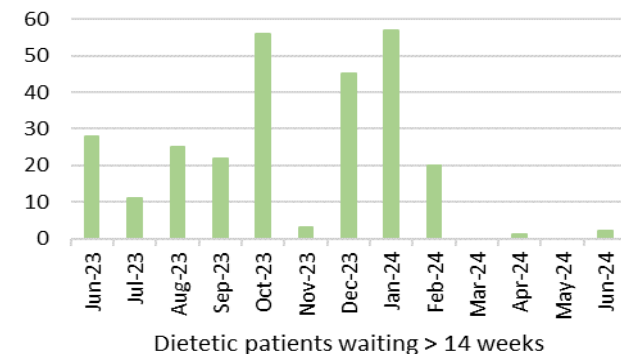


Chart 15: Audiology- Total number of patients waiting > 14 weeks

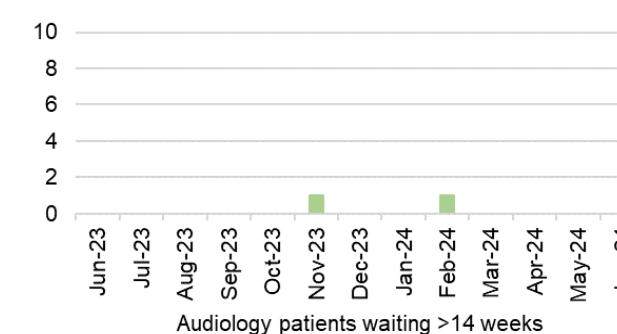
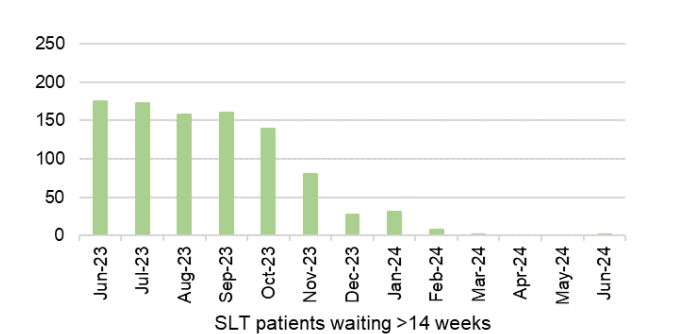


Chart 16: Speech & Language Therapy- Number of patients waiting > 14 weeks



Harm from reduction in non-Covid activity

Planned Care Overview

Chart 1: Number of GP Referrals into secondary care

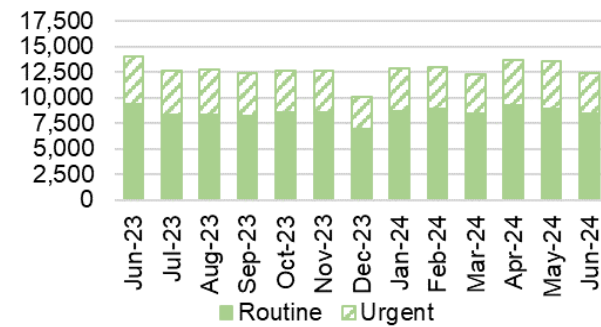


Chart 2: Number of patients waiting over 26 weeks for an outpatient appointment

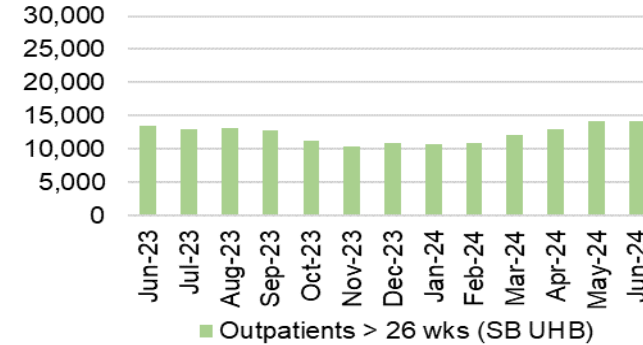


Chart 3: Number of patients waiting over 36 weeks for treatment at stage 1

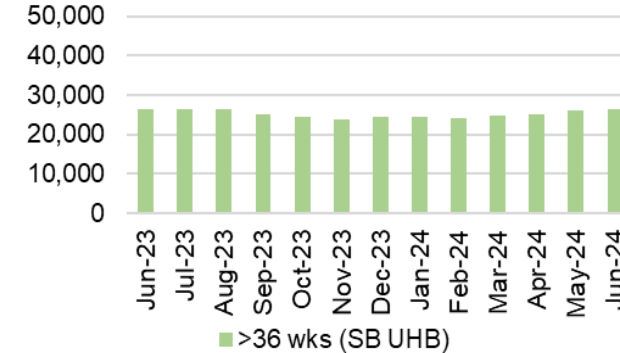


Chart 4: Number of patients waiting over 52 weeks for treatment

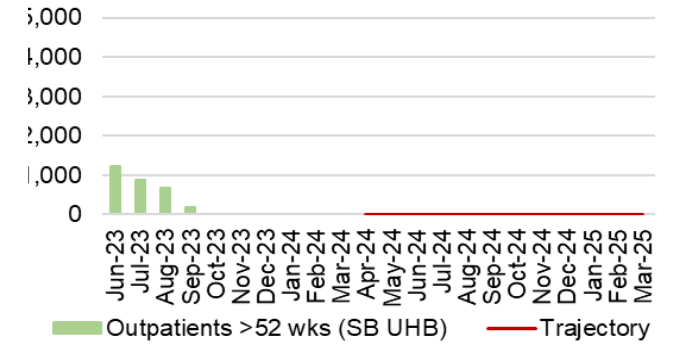


Chart 5: Number of patients waiting for reportable diagnostics over 8 weeks

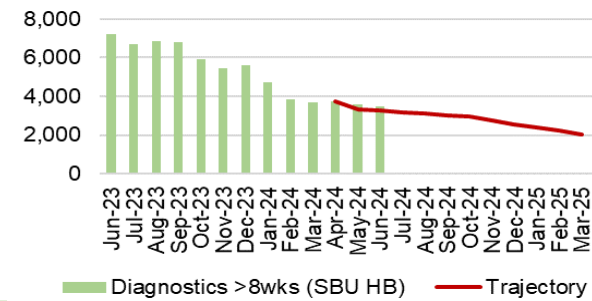


Chart 6: Number of patients waiting for reportable Cardiac diagnostics over 8 weeks

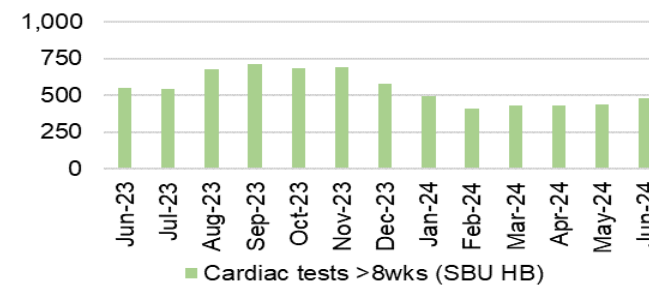


Chart 7: Number of patients waiting more than 14 weeks for Therapies

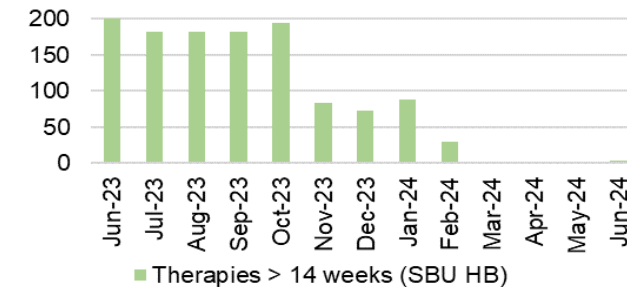


Chart 8: Cancer referrals

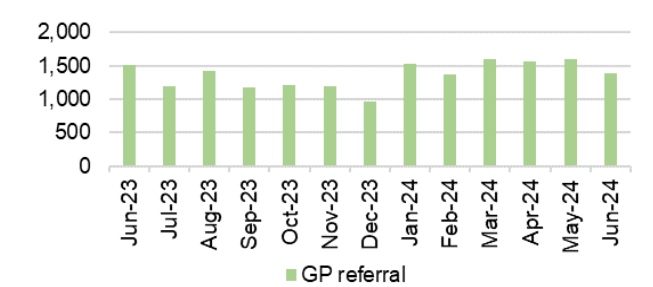


Chart 9: Single Cancer Pathway- % of patients starting definitive treatment within 62 days from point of suspicion

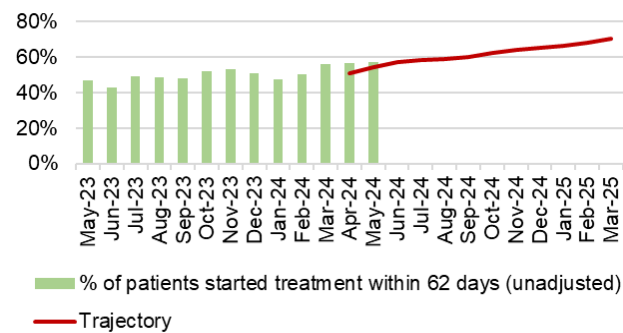


Chart 10: Number of new cancer patients starting definitive treatment

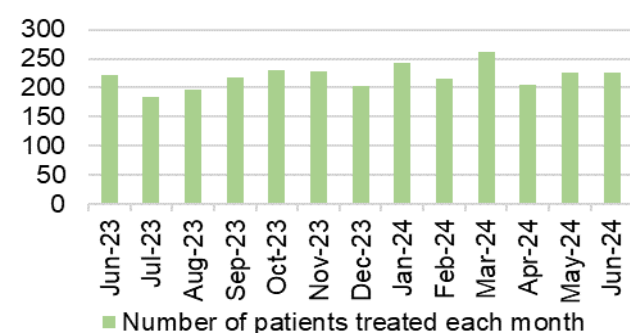


Chart 11: Single Cancer Pathway backlog- patients waiting over 63 days

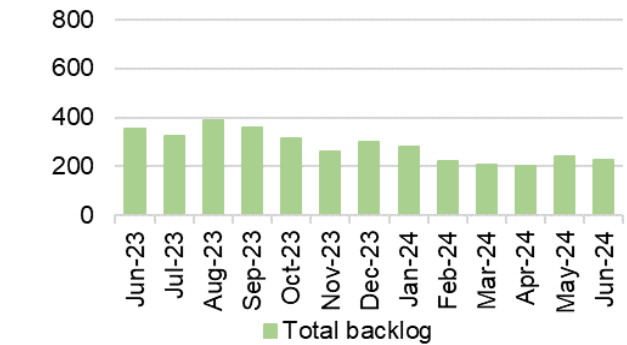


Chart 12: Number of patients waiting for an outpatient follow-up who are delayed past their target date

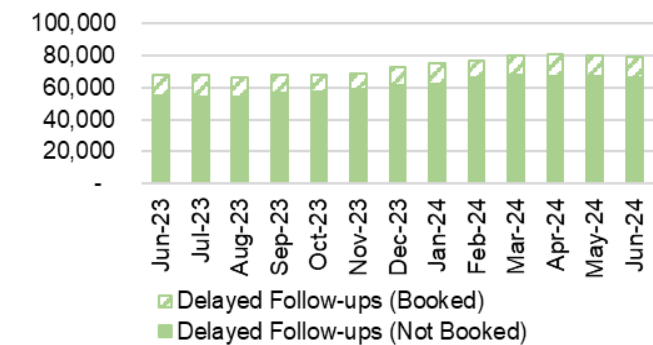


Chart 13: Number of patients without a documented clinical review date

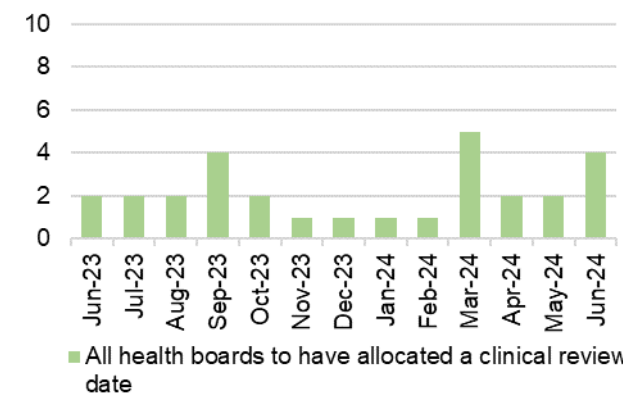


Chart 14: Ophthalmology patients without an allocated health risk factor

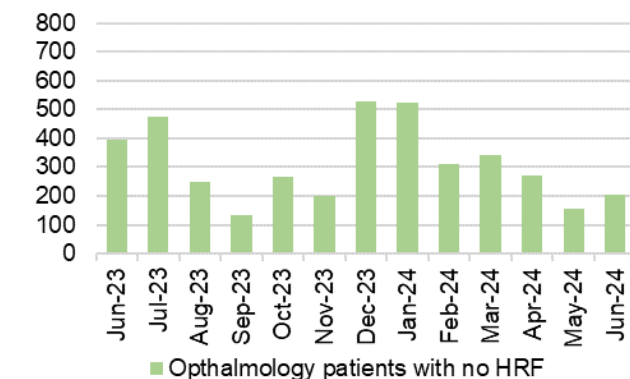


Chart 15: Total number of patients on the follow-up waiting list

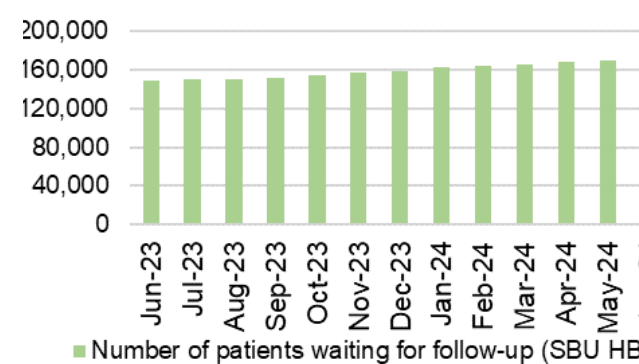
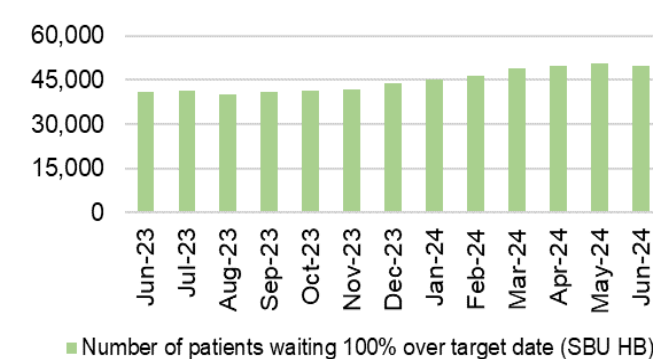


Chart 16: Number of patients delayed by over 100%



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

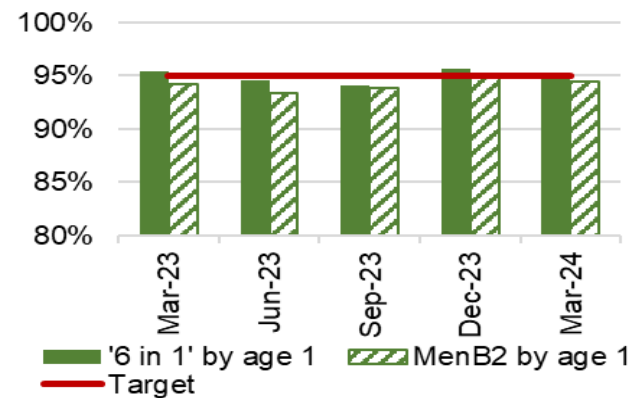


Chart 2: % children who received PCV2 vaccine and Rotavirus vaccine by age 1

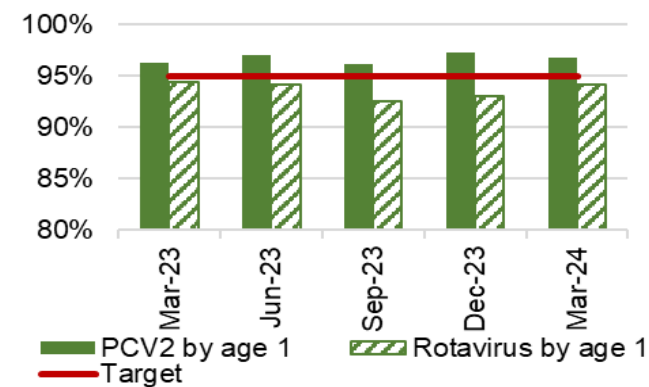


Chart 3: % children who received MMR1 vaccine and PCVf3 vaccine by age 2

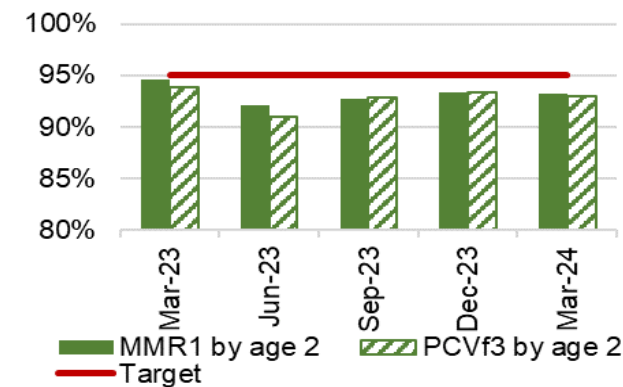


Chart 4: % children who received MenB4 vaccine and Hib/MenC vaccine by age 2



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

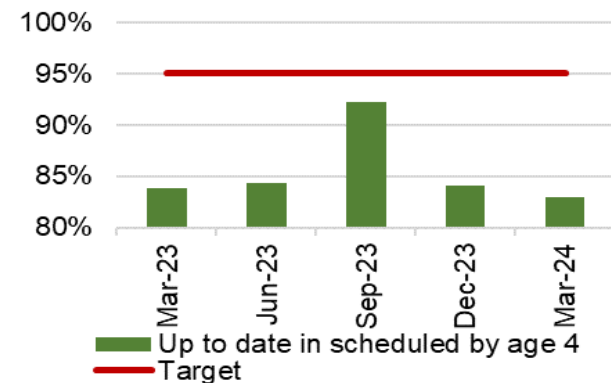


Chart 6: % children who received 2 doses of the MMR vaccine and 4 in 1 vaccine by age 5

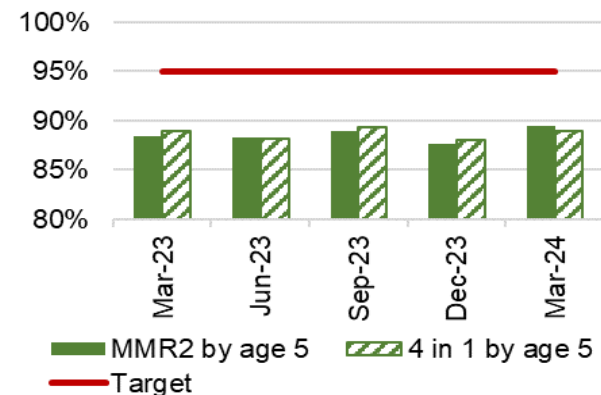


Chart 7: % children who received MMR vaccine and teenage booster by age 16

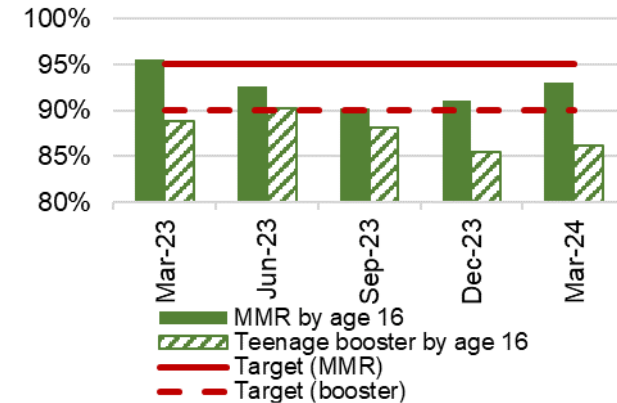


Chart 8: % children who received MenACWY vaccine by age 16

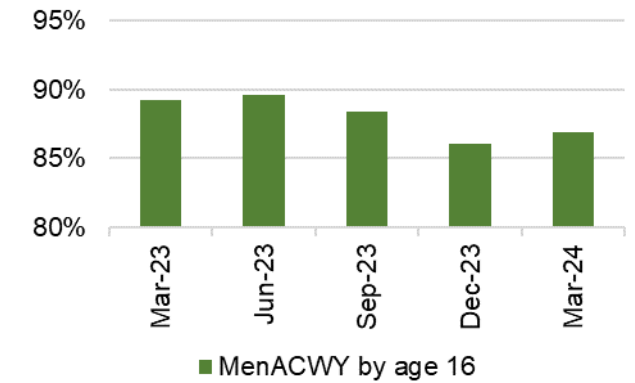
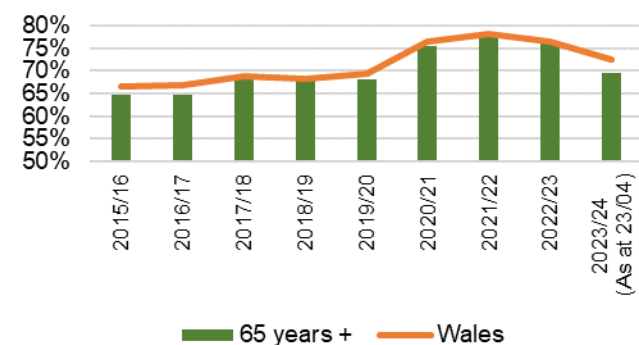
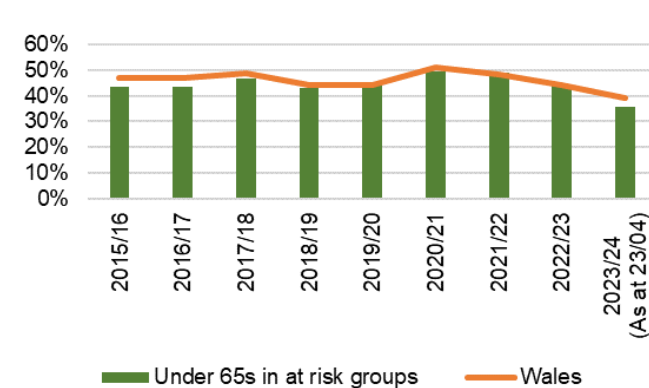


Chart 9: Influenza uptake for amongst 65 year olds and over



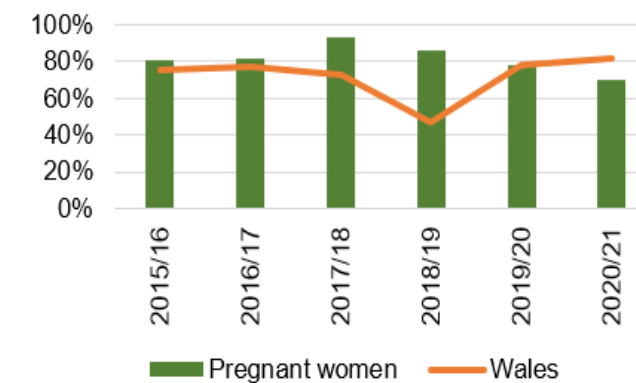
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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



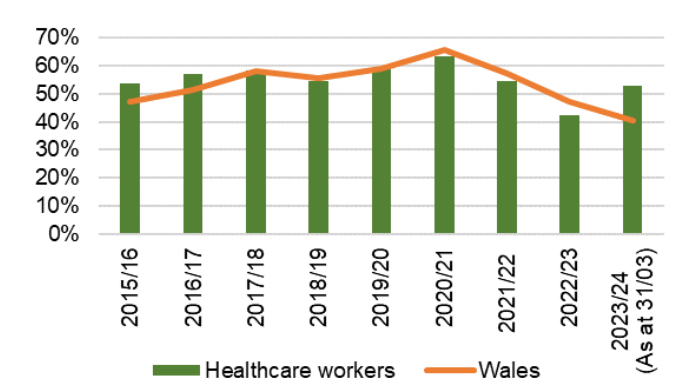
Data prior to April 2019 relates to Abertawe Bro Morgannwg University Health Board

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

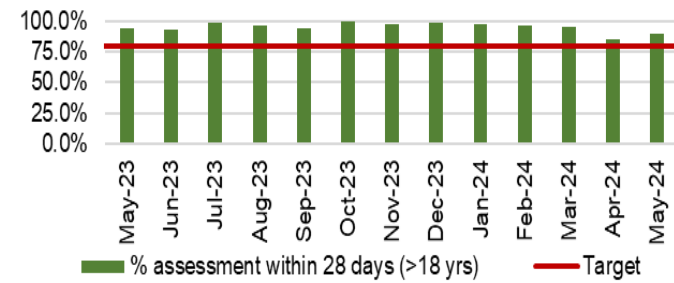


Chart 2: % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

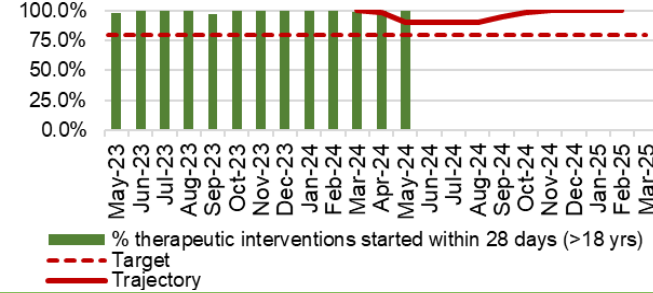


Chart 3: % of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan

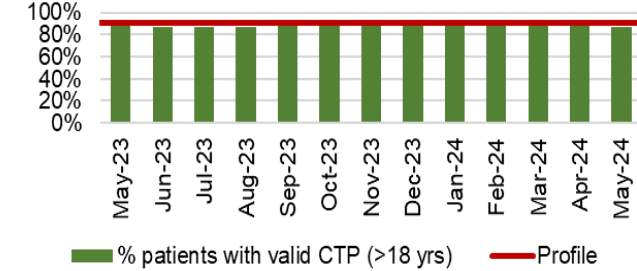


Chart 4: % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

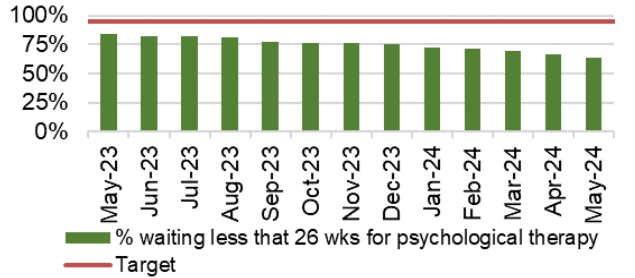


Chart 5: 95% of those admitted 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission

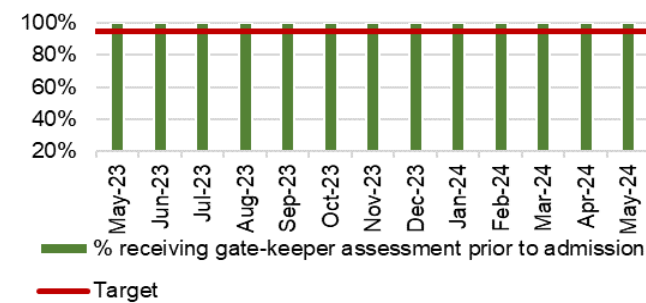


Chart 6: 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission

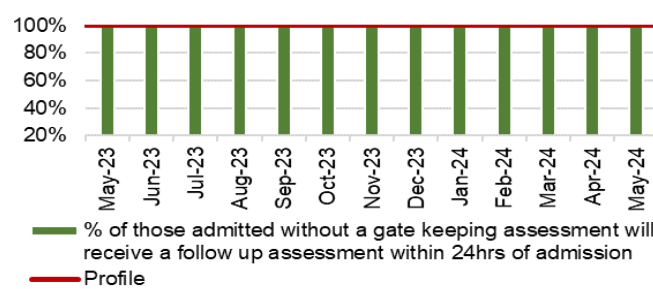


Chart 7: % of patients waiting under 14 weeks for Therapies

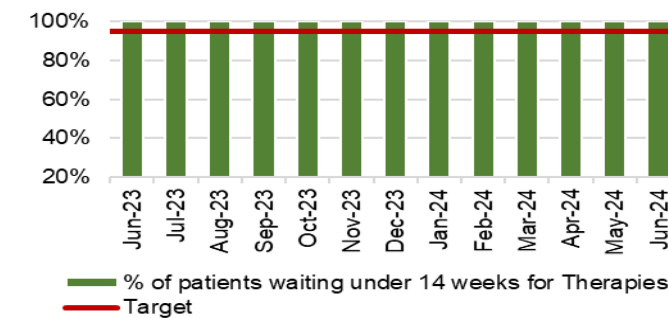


Chart 8: Number of Mental Health Delayed Transfers of Care (DTOCs)

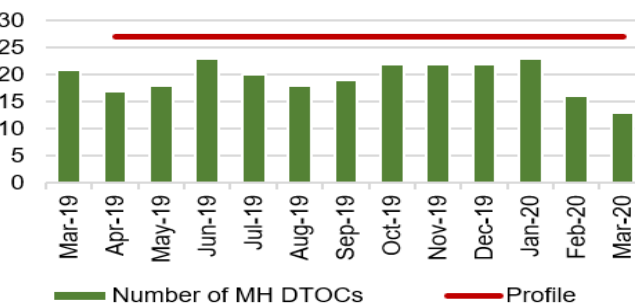


Chart 9: Number of patients detained under the Mental Health Act as a percentage of all admissions

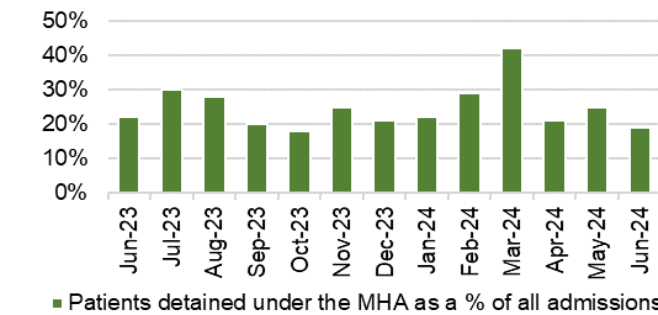


Chart 10: Number of patients subject to Deprivation of Liberty Safeguards (DOLS)

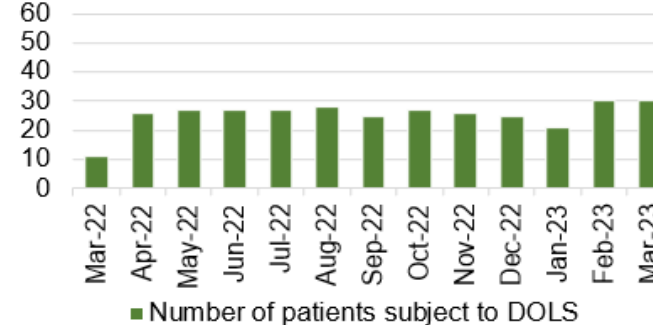


Chart 11: Number of Nationally Reportable Incidents

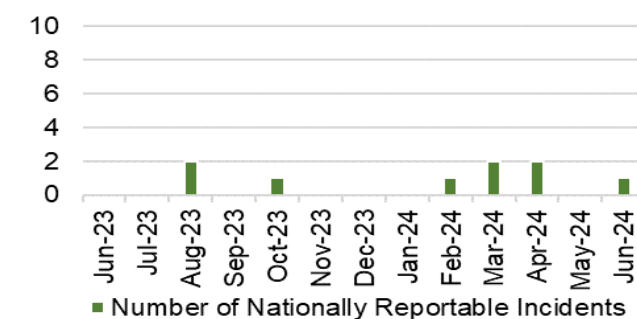
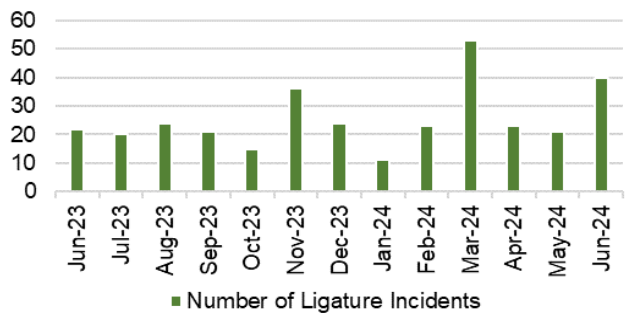


Chart 12: Number of ligature incidents



Child & Adolescent Mental Health Services (CAMHS)

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

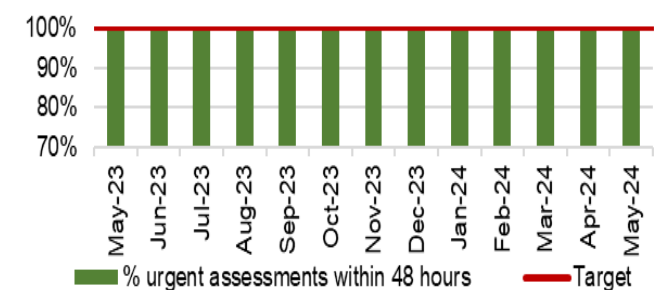


Chart 14: Neuro-developmental disorder assessment and intervention received within 26 weeks

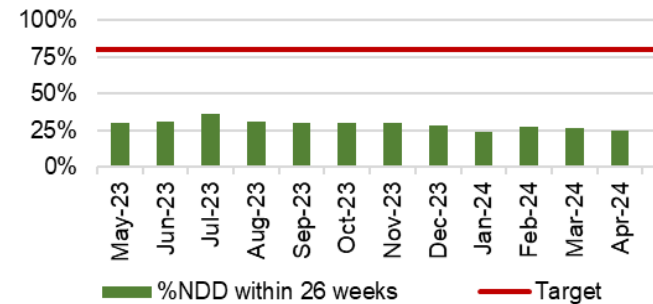


Chart 15: Assessment and intervention within 28 days

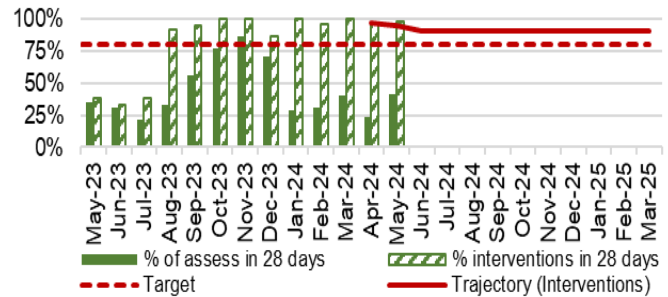
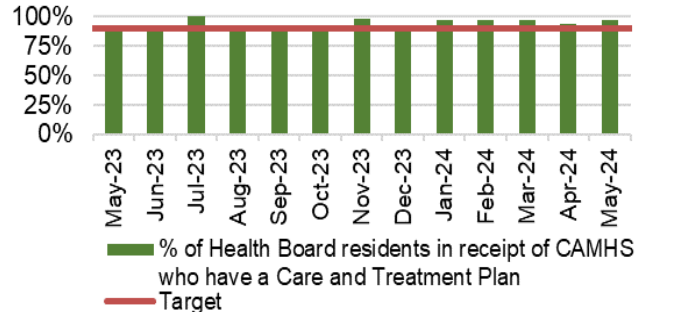


Chart 16: % of residents with a Care and Treatment Plan

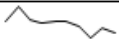
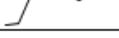
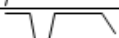
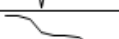


APPENDIX 1: INTEGRATED PERFORMANCE DASHBOARD

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	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
COVID19 related measures	Number of new COVID19 cases	Local	Jun-24	70		Reduce					60	84	132	139	175	80	214	174	70	45	51	64	70
	Number of staff referred for Antigen Testing	Local	Mar-23	18,230		Reduce																	
	Number of staff awaiting results of COVID19 test	Local	Jun-24	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
	Number of COVID19 related incidents	Local	Jun-24	25		Reduce					90	23	33	37	35	21	43	35	21	17	28	24	25
	Number of COVID19 related serious incidents	Local	Jun-24	0		Reduce					0	0	0	0	0	0	1	1	0	1	0	0	0
	Number of COVID19 related complaints	Local	Jun-24	0		Reduce					0	0	0	1	1	1	0	0	0	0	0	0	0
	Number of COVID19 related risks	Local	Oct-21	0		Reduce					0	0	0	1	1	1	0	0	0	0	0	0	0
	Number of staff self isolated (asymptomatic)	Local	Jun-23	0		Reduce					0	0	0	0	0	0	0	0	0	0	0	0	0
Harm from overwhelmed NHS and social care system	Number of staff self isolated (symptomatic)	Local	Jun-23	7		Reduce					7	0	0	0	0	0	0	0	0	0	0	0	0
	% sickness	Local	Jun-23	0.1%		Reduce					0.1%	0	0	0	0	0	0	0	0	0	0	0	0
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	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Unscheduled Care	% of emergency responses to red calls arriving within (up to and including) 8 minutes	National	Jun-24	50%	65%	65%	✖	39.5% (Dec-22)	3rd (Dec-22)		64%	55%	56%	49%	46%	52%	47%	50%	46%	50%	46%	46%	50%
	Number of ambulance handovers over one hour	National	Jun-24	590	↑ trajectory	590	✓	6,798 (Dec-22)	1st (Dec-22)		615	643	694	695	696	724	762	704	629	638	625	695	590
	Handover hours lost over 15 minutes	Local	Jun-24	2890							3,018	3,383	4,075	3,807	3,868	3,343	3,787	3,693	3,344	3,573	2,905	3,158	2,890
	% 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	Jun-24	78%	Month on month improvement		✓	63.1% (Dec-22)	4th (Dec-22)		76%	76%	76%	77%	77%	75%	75%	77%	74%	76%	77%	78%	78%
	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	Jun-24	980	↑ trajectory	1050	✓	12,099 (Dec-22)	4th (Dec-22)		1,274	1,179	1,156	1,180	1,207	969	994	959	1,197	1,132	994	1,115	980
Stroke	Direct admission to Acute Stroke Unit (<4 hrs)	Local	Jun-24	18.4%							23.8%	25.0%	22.7%	23.3%	33.3%	19.6%	11.1%	12.3%	12.5%	38.5%	26.9%	34.5%	18.4%
	CT Scan (<1hrs) (local)	Local	Jun-24	46.2%							42.9%	52.1%	34.1%	58.1%	23.8%	34.0%	52.8%	57.6%	47.5%	42.9%	50.0%	53.6%	46.2%
	Assessed by a Stroke Specialist Consultant Physician (< 24 hrs)	Local	Jun-24	84.6%							92.9%	91.7%	97.7%	86.0%	92.9%	92.0%	86.1%	93.2%	91.5%	92.9%	94.4%	87.5%	84.6%
	Thrombolysis door to needle <= 45 mins	Local	Jun-24	0.0%							12.5%	11.1%	75.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%
	% stroke patients who receive mechanical thrombectomy	Local	Jun-24	2.6%	10%		✖	2.1% (Nov-22)	4th (Nov-22)		5.0%	3.6%	6.3%	9.1%	0.0%	6.7%	4.5%	0.0%	0.0%	2.0%	11.0%	0.0%	2.6%
Nationally Reportable Incidents and risks	% compliance against the therapy target of an average of 16.1 minutes if speech and language therapist input per stroke patient	Local	Jun-24	40.4%	12 month ↑		✖	50.7% (Nov-22)	4th (Nov-22)		66.7%	65.1%	47.3%	72.0%	71.6%	69.5%	57.0%	49.4%	35.2%	31.3%	41.5%	45.7%	40.4%
	Of the nationally reportable incidents due for assurance, the % which were assured within the agreed timescales	National	Jun-24	89.0%		80%	✓				-	40%	83%	50%	33%	100%	40%	100%	17%	66%	64%	33%	89%
	Number of new Never Events	Local	Jun-24	0		0	✓				0	1	1	0	2	2	1	0	1	0	0	0	0
	Number of risks with a score greater than 20	Local	Jun-24	154		12 month ↓	✖				143	142	146	152	140	170	146	141	147	149	152	153	154
	Number of risks with a score greater than 16	Local	Jun-24	309		12 month ↓	✖				300	303	316	322	304	363	305	296	310	318	316	311	309
Pressure Ulcers	Number of pressure ulcers acquired in hospital	Local	May-24	66		12 month ↓	✓				67	67	60	63	70	69	60	63	60		42	66	
	Number of pressure ulcers developed in the community		May-24	41		12 month ↓	✓				39	33	38	44	37	45	51	46	33		49	41	
	Total number of pressure ulcers		May-24	107		12 month ↓	✓				106	100	98	107	107	114	111	129	93		91	107	
	Number of grade 3+ pressure ulcers acquired in hospital		May-24	4		12 month ↓	✓				6	1	4	4	6	5	5	2	1		3	4	
	Number of grade 3+ pressure ulcers acquired in community		May-24	9		12 month ↓	✓				9	6	7	11	5	13	10	3	7		9	9	
Pressure Ulcers	Total number of grade 3+ pressure ulcers	Local	May-24	13		12 month ↓	✓				15	7	11	15	11	18	15	5	8		12	13	

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	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Infection control	Cumulative cases of E.coli bacteraemias per 100k pop	National	Jun-24	54.4	<67		✓	67.80 (Dec-22)	3rd (Dec-22)		75.1	75.2	76.5	75.7	69.6	73.3	69.1	69.3	68.1	67.0	60.3	54.6	54.4
	Number of E.Coli bacteraemia cases (Hospital)		Jun-24	8	≤ 234 (Cumulative)	10	✓				13	12	18	8	5	21	6	9	7	8	12	6	8
	Number of E.Coli bacteraemia cases (Community)			8		9	✓				12	13	9	15	6	11	6	10	10	11	7	10	8
	Total number of E.Coli bacteraemia cases			16		19	✓				25	25	27	23	11	32	12	19	17	19	19	16	16
	Cumulative cases of S.aureus bacteraemias per 100k pop		Jun-24	27.2	<20		✗	27.76 (Dec-22)	6th (Dec-22)		42.2	42.2	40.4	38.9	37.6	37.2	38.8	39.0	37.9	36.8	38.1	29.7	27.2
	Number of S.aureus bacteraemias cases (Hospital)		Jun-24	4	≤ 71 (Cumulative)	4	✓				8	1	6	7	6	8	9	7	5	5	8	4	4
	Number of S.aureus bacteraemias cases (Community)			3		2	✗				5	13	4	3	4	6	8	4	2	3	4	3	3
	Total number of S.aureus bacteraemias cases			7		6	✗				13	14	10	10	10	14	17	11	7	8	12	7	7
	Cumulative cases of C.difficile per 100k pop		Jun-24	63.8	<25		✗	36.68 (Dec-22)	5th (Dec-22)		51.4	52.2	52.0	57.3	56.9	62.5	62.6	64.3	64.7	65.2	63.5	60.9	63.8
	Number of C.difficile cases (Hospital)		Jun-24	17	≤ 95 (Cumulative)	6	✗				13	12	14	20	14	15	13	15	15	19	14	10	17
	Number of C.difficile cases (Community)			5		3	✗				7	6	3	7	4	18	8	7	5	3	6	3	5
	Total number of C.difficile cases			22		9	✗				20	18	17	27	18	33	21	22	20	22	20	19	22
	Cumulative cases of Klebsiella per 100k pop		Jun-24	35.6							24.7	20.7	22.6	25.1	24.1	24.2	23.5	25.0	25.4	24.5	31.7	32.8	35.6
	Number of Klebsiella cases (Hospital)		Jun-24	8	≤ 71 (Cumulative)	4	✗				7	3	4	7	5	4	1	6	2	3	5	6	8
	Number of Klebsiella cases (Community)			5		3	✗				5	0	6	5	1	4	5	5	7	2	5	5	5
	Total number of Klebsiella cases			13		7	✗	63 Total (Dec-22)	2nd (Dec-22)		6	3	10	12	6	8	6	11	9	5	10	11	13
	Cumulative cases of Aeruginosa per 100k pop		Jun-24	1.1			✓				7.2	6.1	6.1	6.1	6.1	6.1	6.5	6.2	5.7	5.2	0.0	1.6	1.1
	Number of Aeruginosa cases (Hospital)		Jun-24	0	≤ 21 (Cumulative)	2	✓				3	2	0	1	2	2	3	2	0	0	0	1	0
	Number of Aeruginosa cases (Community)			0		0	✓				1	0	1	1	0	0	0	0	0	0	0	0	0
	Total number of Aeruginosa cases			0		2	✓	8 Total (Dec-22)	4th (Dec-22)		4	2	1	2	2	2	3	2	0	0	0	1	0
	Hand Hygiene Audits- compliance with WHO 5 moments	Local	Jun-24	85.9%		95%	✗				95%	97%	95%	96%	97%	95%	97%	98%	97%	88%	90%	91%	86%
Inpatient Falls	Number of Inpatient Falls	Local	Jun-24	158		12 month ↓	✓				143	164	200	157	190	166	158	192	203	201	146	155	158
NEWS	% patients with completed NEWS scores & appropriate responses actioned	Local	Jun-24	87%		98%	✗				81.6%	84.1%	85.2%	82.0%	89.6%	89.9%	85.7%	91.6%	85.5%	93.5%	81.6%	90.3%	87.3%
Coding	% of episodes clinically coded within 1month of discharge	National	May-24	59%	12 month ↑		✓				68%	71%	61%	69%	76%	66%	76%	78%	70%	64%	48%	59%	
E-TOC	% of completed discharge summaries (total signed and sent)	Local	Jun-24	76%		100%	✗				85%	64%	66%	61%	66%	69%	70%	68%	72%	69%	76%	76%	76%
Workforce	Agency spend as a % of the total pay bill	Local	Feb-24	3.7%	12 month ↓		✓	5.9% (Sep-22)	7th out of 12 organisations (Sep-22)		5.2%	4.9%	5.3%	4.1%	3.4%	4.6%	4.1%	3.9%	3.7%				
	% of headcount by organisation who have had a PADR/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	National	Jun-24	72%	85%		✗	63.3% (Sep-22)	9th out of 12 organisations (Sep-22)		67%	67%	67%	66%	66%	66%	67%	69%	69%	70%	73%	73%	72%
	% compliance for all completed Level 1 competency with the Core Skills and Training Framework	Local	Jun-24	90%	85%		✓	81.8% (Sep-22)	8th out of 12 organisations (Sep-22)		87%	88%	88%	87%	88%	89%	88%	86%	90%	87%	90%	90%	90%
	% workforce sickness absence (12 month rolling)	National	May-24	7.05%	12 month ↓		✓	7.11% (Sep-22)	11th out of 12 organisations (Sep-22)		7.28%	7.11%	7.08%	7.08%	7.05%	7.09%	6.96%	6.96%	6.99%	6.96%	7.00%	7.05%	

Harm from reduction in non-Covid activity																							
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Primary Care	% adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Local	Jun-24	14.0%							13.9%	13.0%	13.9%	12.2%	14.0%	13.3%	13.9%	12.2%	11.4%	13.9%	13.9%	15.0%	14.0%
Cancer	% of patients starting definitive treatment within 62 days from point of suspicion (without adjustments)	National	May-24	57.0%	↑ trajectory	54%	✓	53.9% (Nov-22)	4th out of 6 organisations (Nov-22)		42.8%	49.0%	48.6%	47.9%	51.7%	53.3%	51.0%	47.5%	50.4%	55.8%	56.4%	57.0%	
Radiology waiting times	Scheduled (14 Day Target)	Local	Jun-24	7%	80%		✗				18%	33%	44%	20%	10%	12%	17%	25%	28%	15%	17%	15%	7%
	Scheduled (21 Day Target)	Local	Jun-24	49%	100%		✗				63%	68%	83%	76%	42%	61%	77%	67%	81%	59%	62%	51%	49%
	Urgent SC (2 Day Target)	Local	Jun-24	3%	80%		✗				24%	42%	27%	33%	53%	31%	39%	26%	52%	50%	15%	20%	3%
	Urgent SC (7 Day Target)	Local	Jun-24	58%	100%		✗				52%	90%	91%	78%	73%	77%	65%	85%	79%	82%	64%	49%	58%
	Emergency (within 1 day)	Local	Jun-24	80%	80%		✓				71%	100%	92%	100%	100%	100%	100%	100%	67%	91%	88%	75%	80%
	Emergency (within 2 days)	Local	Jun-24	100%	100%		✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	100%
	Elective Delay (7 Day Target)	Local	Jun-24	89%	80%		✓				93%	91%	96%	98%	98%	95%	97%	99%	98%	98%	94%	85%	89%
	Elective Delay (14 Day Target)	Local	Jun-24	100%	100%		✓				95%	100%	100%	100%	100%	100%	97%	100%	100%	100%	98%	94%	100%
Planned Care	Number of patients waiting > 8 weeks for a diagnostic endoscopy	Local	Jun-24	2,963				15,517 (Nov-22)	7th (Nov-22)		4,745	4,505	4,415	4,148	3,737	3,427	3,553	3,509	3,311	3,238	3,281	3,066	2,963
	Number of patients waiting > 8 weeks for a specified diagnostics	National	Jun-24	3,493	↑ trajectory	3,267	✗	42,566 (Nov-22)	4th (Nov-22)		7,221	6,713	6,861	6,800	5,939	5,429	5,616	4,705	3,870	3,687	3,746	3,576	3,493
	Number of patients waiting > 14 weeks for a specified therapy	National	Jun-24	4	↑ trajectory			9,584 (Nov-22)	2nd (Nov-22)		203	183	183	182	195	84	73	88	29	1	1	0	4
	% of patients waiting < 26 weeks for treatment	Local	Jun-24	60.26%	95%			56% (Nov-22)	6th (Nov-22)		60.3%	61.7%	61.0%	60.7%	62.0%	62.6%	61.0%	60.8%	61.3%	60.6%	60.3%	59.3%	60.3%
	Number of patients waiting > 26 weeks for first outpatient appointment	Local	Jun-24	14,262							13,427	12,937	13,121	12,786	11,169	10,425	10,889	10,722	10,338	12,095	13,045	14,205	14,262
	Number of patients waiting > 36 weeks for first outpatient appointment	National	Jun-24	6,949	↑ trajectory						6,893	6,729	6,558	5,327	4,508	4,282	4,546	4,184	4,102	4,739	5,575	6,420	6,949
	Number of patients waiting > 52 weeks for first outpatient appointment	National	Jun-24	0	↑ trajectory	0	✓	85,301 (Nov-22)	3rd (Nov-22)		1,234	894	665	180	0	0	0	0	0	0	0	0	0
	Number of patients waiting > 52 weeks for treatment	National	Jun-24	13,623	↑ trajectory						15,446	15,120	14,877	14,417	13,942	13,453	13,386	13,318	13,211	13,181	12,898	13,259	13,623
	Number of patients waiting > 104 weeks for treatment	National	Jun-24	1,477	↑ trajectory	1,509	✓	49,594 (Nov-22)	5th (Nov-22)		5,474	5,299	4,999	4,645	4,097	3,460	2,969	2,566	2,175	1,831	1,725	1,579	1,477
	The number of patients waiting for a follow-up outpatient appointment	Local	Jun-24	171,913							149,529	150,416	150,060	152,025	154,704	157,285	159,226	162,964	164,581	166,438	169,049	170,254	171,913
	The number of patients waiting for a follow-up outpatients appointment who are delayed over 100%	National	Jun-24	49,585	↑ trajectory			224,552 (Nov-22)	5th (Nov-22)		40,807	41,123	39,938	41,048	41,188	41,727	43,784	44,976	46,482	48,969	49,837	50,646	49,585
Activity	% of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	National	Jun-24	61%	95%		✗	64.9% (Nov-22)	1st (Nov-22)		57.5%	63.8%	60.3%	63.7%	60.2%	61.5%	64.7%	61.3%	62.9%	57.3%	54.6%	56.7%	61.3%
	Number of GP referrals	Local	Jun-24	12,365	12 month ↓		✓				13,984	12,623	12,698	12,383	12,644	12,622	10,102	12,876	12,976	12,269	13,687	13,540	12,365
DNAs	Number of patients referred from primary care into secondary care Ophthalmology Services	National	Jun-24	794	↑ trajectory						890	824	812	815	851	843	735	775	721	936	932	783	794
	% of patients who did not attend a new outpatient appointment	Local	Jun-24	9%	12 month ↓		✓				10.6%	10.0%	9.6%	10.6%	9.7%	10.0%	9.7%	9.3%	8.9%	9.5%	8.9%	8.7%	8.5%
Theatre Efficiencies	% of patients who did not attend a follow-up outpatient appointment	Local	Jun-24	7%	12 month ↓		✓				8.4%	8.1%	8.0%	8.1%	7.7%	7.6%	8.0%	8.2%	7.2%	7.3%	7.3%	7.9%	7.4%
	Theatre Utilisation rates	Local	Jun-24	66%		90%	✗				69%	73%	66%	73%	76%	72%	63%	63%	69%	65%	78%	73%	66%
Patient experience	% of theatre sessions starting late	Local	Jun-24	38%		<25%	✗				36%	42%	36%	38%	40%	39%	40%	37%	37%	31%	35%	33%	38%
	% of theatre sessions finishing early	Local	Jun-24	53%		<20%	✗				47%	44%	51%	50%	47%	44%	49%	52%	50%	45%	47%	49%	53%
Complaints	Number of friends and family surveys completed	National	Jun-24	5,535	Month on month improvement		✓				2,503	3,401	5,188	4,084	5,738	5,792	4,004	5,211	5,232	5,427	5,579	5,344	5,535
	% of who would recommend and highly recommend	Local	Jun-24	93%		90%	✓				89%	91%	92%	92%	92%	92%	92%	93%	92%	92%	93%	92%	93%
	% of all-Wales surveys scoring 9 out 10 on overall satisfaction	Local	Jun-24	93%		90%	✓				90%	91%	92%	92%	93%	93%	93%	93%	93%	92%	93%	93%	93%
Complaints	Number of new formal complaints received	Local	Apr-24	140		12 month trend ↓	✓				217	147	155	171	164	171	108	181	168	167	140		
	% concerns that had final reply (Reg 24)/interim reply (Reg 26) within 30 working days of concern received	Local	Apr-24	74%		80%	✗				71%	64%	71%	62%	74%	55%	69%	72%	71%	71%	74%		
	% of acknowledgements sent within 2 working days	Local	Apr-24	100%		100%	✓				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

		Harm from wider societal actions/lockdown																						
Sub Domain	Measure	National or Local Target	Report Period	Current Performance	National Target	Annual Plan/ Local Profile	Profile Status	Welsh Average/ Total	SBU's all-Wales rank	Performance Trend	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	
	% children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	National	Q4 23/24	95.0%	95%			94.7% (Q2 22/23)	2nd (Q2 22/23)		94.6%			94.1%			95.6%			95.0%				
	% of children who received 2 doses of the MMR vaccine by age 5	National	Q4 23/24	69.5%	95%			90.0% (Q2 22/23)	5th (Q2 22/23)		88.3%			88.9%			87.6%			89.5%				
Influenza	% uptake of influenza among 65 year olds and over	National	Mar-24	69.5%	75%			78.0% (Mar-22)	3rd (Mar-22)	Data collection restarts October 2023	58.1%			68.0%	69.1%	69.4%	69.5%	Data collection restarts October 2024						
	% uptake of influenza among under 65s in risk groups	Local	Mar-24	35.5%	55%			48.2% (Mar-22)	4th (Mar-22)										25.3%		33.5%	34.8%	35.4%	35.5%
	% uptake of influenza among children 2 to 3 years old	Local	Mar-24	38.0%	50%			47.6% (Mar-22)	5th (Mar-22)										22.7%		35.1%	38.9%	38.0%	38.0%
	% uptake of influenza among healthcare workers	Local	Mar-24	52.7%	60%			65.6% (2020/21)	6th out of 10 organisations (2020/21)										13.8%		38.6%	38.6%	38.6%	52.7%
Covid Booster	% uptake of the Spring COVID-19 vaccination for those eligible	National	Jun-24	59.9%	75%		✖				67.8%	Data collection restarts Apr-24										43.2%	57.1%	59.9%
	% uptake of the Autumn COVID-19 vaccination for those eligible	National	Mar-24	50.5%	75%		✖				Data collection for Autumn booster 23 begins Sep-23			16.1%	38.1%	45.8%	50.0%	50.6%	50.5%	50.5%	Available Sep-24			
CAMHS	% of urgent assessments undertaken within 48 hours from receipt of referral (Crisis)	Local	May-24	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	May-24	29%	80%		✖	31.4% (Nov-22)	3rd (Nov-22)		31%	36%	31%	30%	30%	30%	29%	24%	28%	26%	25%	29%		
	% Patients waiting less than 28 days for a first outpatient appointment for CAMHS	National	May-24	41%	80%		✖	83.2% (Nov-22)	5th (Nov-22)		31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%	41%		
	P-CAMHS - % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral	National	May-24	41%	80%		✖	66.8% (Nov-22)	5th (Nov-22)		31%	21%	33%	56%	77%	86%	70%	29%	31%	40%	23%	41%		
	P-CAMHS - % of therapeutic interventions started within 28 days following assessment by LPMHSS	National	May-24	98%	80%	95%	✔	34.4% (Nov-22)	4th (Nov-22)		33%	38%	91%	95%	100%	100%	86%	100%	96%	100%	97%	98%		
	S-CAMHS - % of Routine Assessment by SCAMHS undertaken within 28 days from receipt of referral	Local	Feb-23	82%	80%																			
	% residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)	National	May-24	97%	90%		✔	63.8% (Nov-22)	1st (Nov-22)		90%	100%	93%	92%	92%	98%	92%	97%	97%	97%	94%	97%		
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	May-24	90%	80%		✔	86.9% (Nov-22)	3rd (Nov-22)		93%	98%	96%	94%	100%	97%	98%	97%	96%	95%	95%	90%		
	% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (over 18 years of age)	National	May-24	100%	80%	98%	✔	73.1% (Nov-22)	2nd (Nov-22)		100%	100%	100%	97%	100%	100%	100%	100%	100%	99%	100%	100%		
	% patients waiting < 26 weeks to start a psychological therapy in Specialist Adult Mental Health	National	May-24	64%	80%		✖	73.9% (Nov-22)	2nd (Nov-22)		82%	82%	81%	77%	76%	76%	76%	73%	71%	69%	66%	64%		
	% residents in receipt of secondary MH services (all ages) who have a valid care and treatment plan (CTP)	National	May-24	87%	90%		✖	84.2% (Nov-22)	2nd (Nov-22)		87%	87%	87%	88%	89%	90%	88%	88%	89%	89%	90%	87%		
	% Service Users admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to	Local	May-24	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	May-24	100%	100%		✔	90.9% (Nov-22)	1st (Nov-22)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		