

Swansea Bay University Health Board Integrated Performance Report June 2026



lechyd gwell
Gofal gwell
Bywyd gwell

Better health
Better care
Better lives



GIG
CYMRU
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WALES

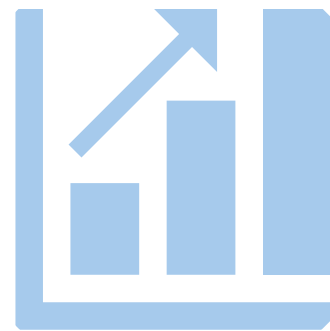
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Report Overview

The Health Board Integrated Performance Report will provide updates against all areas under escalation with Welsh Government, all performance metrics outlined within SBUHB Breakthrough Objectives, updates against the NHS Wales Performance Framework 2026-27, along with Service specific or Annual plan updates as requested.



Section 1: Summary of performance against the SBUHB Breakthrough Objectives and the Welsh Government Oversight & Escalation criteria



Section 2: Detailed updates against the SBUHB Breakthrough Objectives and the Welsh Government Oversight & Escalation criteria



Section 3: NHS Performance Framework 2026-27 metrics & Local Measures

Section 1:

Summary of performance against the SBUHB Breakthrough Objectives and the Welsh Government Oversight & Escalation criteria



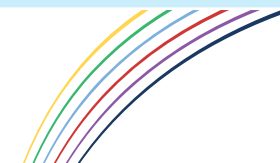
SBUHB 2026-27 Breakthrough Objectives

Strategic Objective	Long Term Success	Breakthrough Objective 2026/27	Baseline Data (March 2026)	May-26	Executive Lead
Better Health for all	People of Swansea Bay live healthier, fairer and more prosperous lives	Flu vaccine uptake improved in most deprived areas by 1% to reach 69.9% (Flu programme runs during the winter months)	68.90% (65 years +)	N/A	Director of Public Health
		Bowel screening rates up by 1% to reach 63.3% by March 2027	62.30%	N/A	
Improved patient safety	Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships	No patients waiting more than 104 weeks for referral to treatment.	0	0	COO
		Single Cancer Pathway performance to reach 76%	55%	48% (April 2026)	COO
		Reduce the number of adults placed out of area for mental health inpatient treatment by 50% to 11 patients in March 2027	22	18	COO
		30% reduction in avoidable pressure ulcers to reach < 87 PU's reported in March 2027	124	137 (Total No.) (April 2026)	Executive Director of Nursing
		Reduce the number of patients waiting 12 hours or more in ED by 10% to < 1,212 by March 2027	1,356	1,347	COO
Care is delivered in partnership	Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation	Clinically Optimised patients reduced to <100 at any one time	223	192	COO
		Increase in the take up of the NHS App by 25% (from a March 2026 baseline) to 111,854 users by March 2026	88,842	94,762	Director of Digital
A great place to work	The health board is a great place to work where all staff feel valued and work together towards a common goal	Improvement in staff engagement score by 5% to reach 75.3% (Annual data collection)	70.30%	N/A	Director of Workforce & OD
		Improvement in staff health & wellbeing by 1% to reduce sickness rates to < 6.09%	7.09% workforce sickness absence	7.26%	Director of Workforce & OD
Use every NHS £ wisely	The health board is a resilient, sustainable and responsible organisation	Deliver savings plan of £65m of which £50m is recurrent	£55.4m delivered in year with £22.9m recurring	£1.9m Savings	Director of Finance

Delivery against Welsh Government Targeted Intervention Criteria

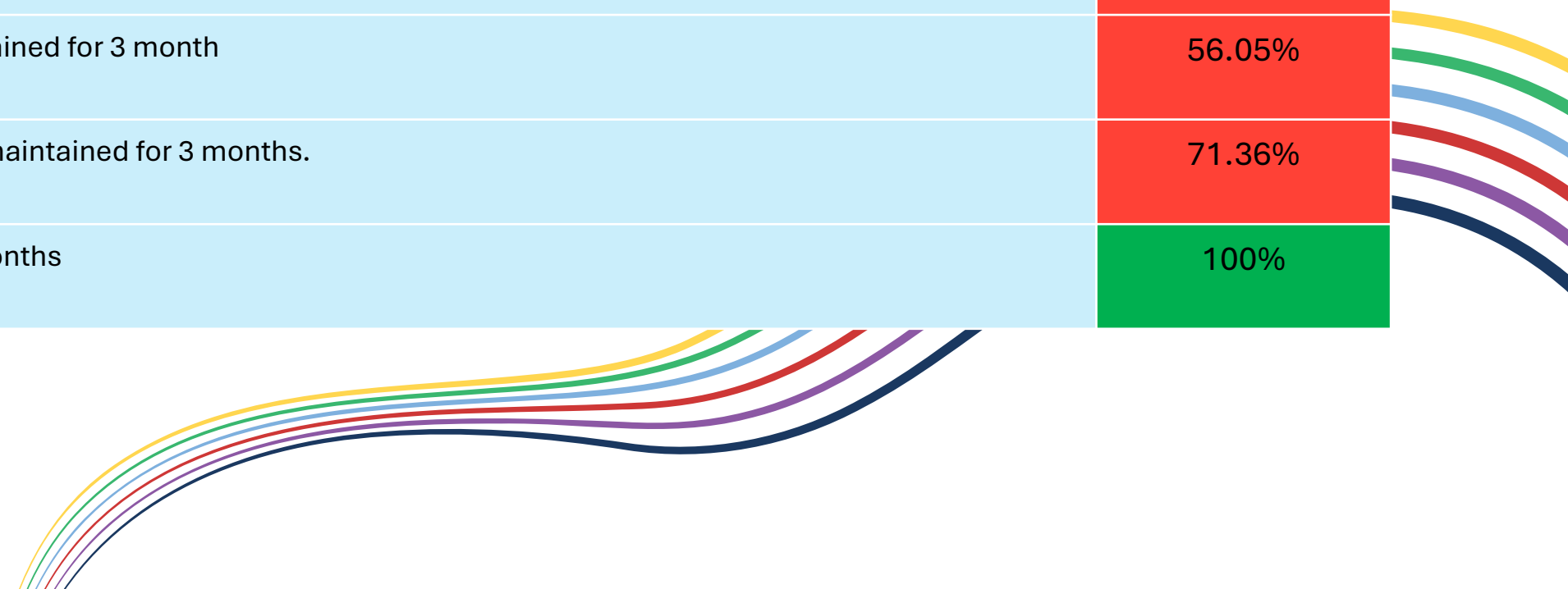


TI Area (Level 4)	Criteria to achieve	Performance (May-26)
Cancer	60% performance maintained for 3 months against the SCP target.	48% (April-26)
UEC	Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on Q2/Q3 2023 baseline)	406 (17.5% reduction)
	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across HB	11.06%
	Median time from arrival at emergency department to assessment by a clinical decision maker should not exceed 60 minutes	40.22%
	Continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline)	192 (4% reduction)
HCAIs	A clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.	In place
	C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)	12 cases
	Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)	2 cases
	E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)	7 cases
	Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline –54 cases in 2017/18, reduce to average of at most 4 per month)	5 cases
Finance	Detailed updates included within the report	
Strategy & Planning	Detailed updates included within the report	
Maternity & Neonates	Detailed updates included within the report	



Delivery against Welsh Government Enhanced Monitoring Criteria

Escalation Area (Level 3)	Criteria to achieve	Performance (May-26)
CAMHS	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral	87%
	70% of therapeutic interventions started within 28 days following an assessment by LPMHS	82%
	85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan	95%
Planned Care	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 month	100%
	Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks	89.69%
	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months	100%
	Continuous improvement towards 80% of all open pathways waiting less than 36 weeks	78.60%
	12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline.)	32.82%
	68% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months	67.71%
	85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months	69.56%
	85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	56.05%
	85% of patients waiting for a NOUS and non cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	71.36%
	90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months	100%



Section 2:

Detailed updates against the SBUHB Breakthrough Objectives and the Welsh Government Oversight & Escalation criteria

Targeted Intervention (Level 4) - Strategy & Planning

Updates against the de-escalation criteria outlined by Welsh Government can be found below;

De-escalation Criteria	Actions – Updated June 2026	RAG Status
<p>Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.</p>	<ul style="list-style-type: none"> • Since the March submission and in line with the Board’s own position in March: <ul style="list-style-type: none"> • Welsh Government confirmed the plan was not acceptable or supportable, with material concerns regarding financial sustainability, delivery confidence and pace • The plan was assessed as lacking evidence sufficient grip and clarity on our financial position and delivery arrangements • In response, the approach to improving the plan has been significantly strengthened, particularly in: <ul style="list-style-type: none"> • Strengthening our delivery confidence and plans to achieve critical delivery targets in both urgent & emergency care and planned care. • Identifying the drivers of the underlying deficit in more detail • Embedding the approach for sustainable financial recovery • Developing clearer structures for delivery, oversight and accountability • Board in May 2026 approved the strengthened version of the Plan which was submitted to WG, while recognising the Plan does not yet meet criteria for formal submission to Welsh Government and acknowledging that formal approval will not be possible this year, as the statutory responsibility to balance will not be achievable in year, • Board also agreed that the Health Board would submit an updated plan by the end of Quarter 1 i.e. end June 2026. Work is underway to bring the updated Plan to Special Board 25th June. 	
<p>Evidence of a clear roadmap and implementation of the health board’s Clinical Services Plan.</p>	<ul style="list-style-type: none"> • Engagement has been ongoing internally and with trusted stakeholders focusing on the case for change and the principles for transformation including Top 100 Leadership Event, CEO ‘Ask Abi’ Session, Stakeholder Reference Group Health Professionals Forum and operational leadership groups. • Large Clinical Leadership Event being held 1st July before pre-engagement with public and stakeholders will commence over the summer. • ‘Transforming for the Future’ Clinical Services Strategic Plan to go to Board in November 2026 	
<p>Welsh Government’s confidence in delivery based on an assessment against an agreed planning maturity matrix</p>	<ul style="list-style-type: none"> • Positive formal feedback receive on our November Submission: <i>“ It was pleasing to see such a comprehensive self-assessment return, giving confidence to the process undertaken and it is positive to see the improvement journey. In addition, it was encouraging to see the process used as an opportunity for objective reflection on planning capability and capacity, including the methodology used for scoring. While some of your own scoring may have been lower than you had hoped, this demonstrates a positive level of maturity - acknowledging areas for development is a critical step toward building a stronger, more resilient planning function.”</i> 	
<p>Progress made with regional planning</p>	<ul style="list-style-type: none"> • Regional Joint Committee (RJC) met in January and April 2026. • The Regional Drive and Delivery Group (Chaired by CEOs Abi Harris and Phil Kloer) meet ahead of and immediately after RJC meetings. This provides the RJC with additional assurance that delivery is prioritised, and that subgroups’ plans and actions are coordinated. • Regional plans and progress updates were received from all RJC subgroups – Regional Health Economy; Clinical Service Planning; Finance and Contracting; Workforce and Organisational Development; Data and Digital, and Research, Innovation, and Excellence. • A special RJC meeting was convened in February to receive and endorse the Regional Cellular Pathology Business Case ahead of submission to Welsh Government (the business case was supported by Welsh Government). 	

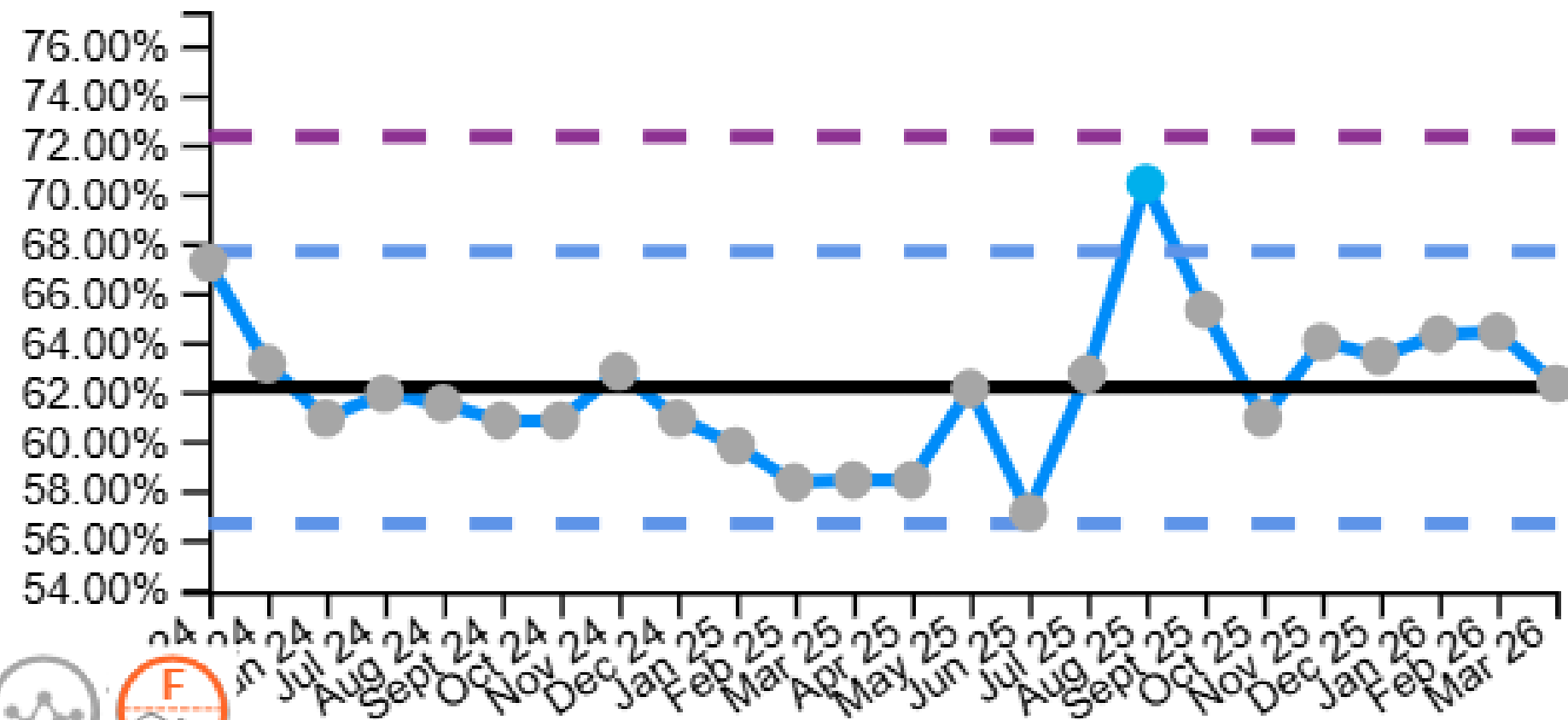
People of Swansea Bay live healthier, fairer and more prosperous lives

Breakthrough Objective: Increase Bowel screening rates in Swansea Bay UHB by 1%

March 2026 Performance

62.3%
(baseline position)

Bowel screening uptake rate



How are we doing?

There is a six-week lag in reporting Bowel screening uptake rates.

- Waiting times have improved from 18 weeks to 12 weeks at Singleton/Morrison
- The current backlog of patients waiting ≥ 4 weeks is 110 Patients
- The SBUHB public health team continue to support Public Health Wales on efforts to enhance the uptake of bowel screening.

How do we compare across Wales?

The latest official health-board-comparable uptake data is Public Health Wales' Bowel Screening Wales Annual Statistical Report 2023-24, published January 2026. This identified SBUHB has the lowest uptake rate in Wales.

Health board area	Eligible	Responded	Uptake
Powys Teaching HB	24,617	16,560	67.30%
Hywel Dda UHB	66,837	44,794	67.00%
Betsi Cadwaladr UHB	114,957	75,792	65.90%
Cardiff and Vale UHB	66,742	43,608	65.30%
Aneurin Bevan UHB	91,682	59,761	65.20%
Cwm Taf Morgannwg UHB	67,538	43,564	64.50%
Swansea Bay UHB	57,503	36,910	64.20%
All Wales	490,374	321,300	65.50%

What actions are we taking to improve?

We are continuing to provide local insight to Public Health Wales in relation to their range of their target programmes in this area.

In regards to the backlog of bowel screening patients awaiting throughout July to September the UHB is putting in place arrangements to:

- Use external provider to provide 32 additional tests per month
- Internally Cross cover uncovered lists due to ward cover / annual leave
- Undertake a small number of WLIs
- Undertake the diagnostic work required to inform re-design of the endoscopy service

What are the risks to delivery?

The focus of Public Health Wales may be affected by the development of other areas of responsibility through this year, and changes to staffing.

Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

Enhanced Monitoring Target: 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months

Breakthrough Objective: No patients waiting more than 104 weeks for treatment

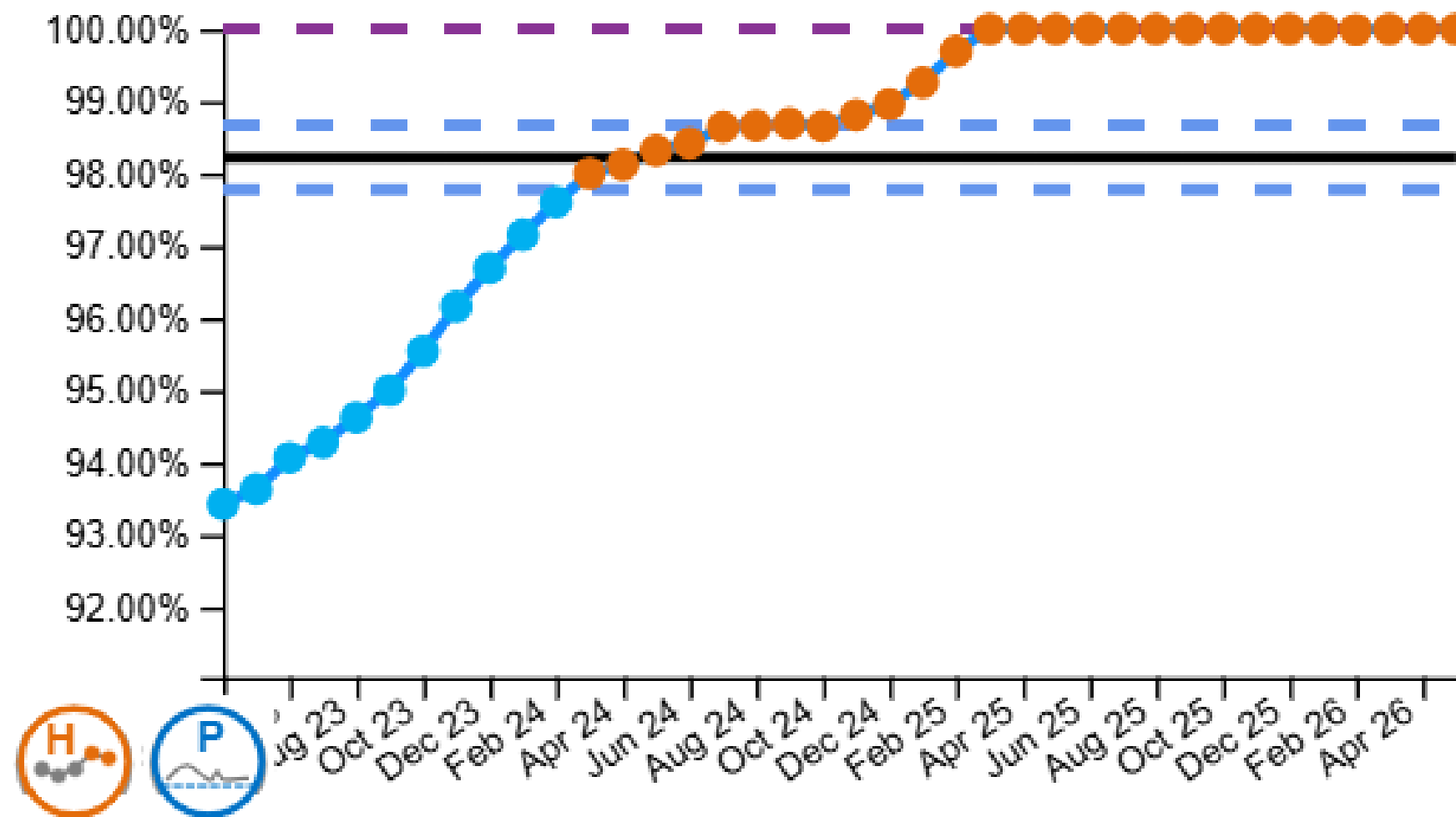
May 2026 Performance

100%

May 2026 Performance

0

% of patients waiting less than 104 weeks for treatment



How are we doing?

In May 2026, the Health Board reported 100% of open pathways waiting less than 104 weeks for treatment, maintaining performance against the enhanced monitoring target.

How do we compare across Wales?

The Health Board remains one of the strongest performing organisations in Wales for the management of 104-week waits and has sustained delivery of the target position over recent months.

What actions are we taking to improve?

- Executive agreement to undertake 48 WLIs in June.
- Review of lost opportunities in performance scrutiny & Theatre Operational Group meetings.
- Review of avoidable cancellations on the day and feedback at speciality audit days.
- Implementation of Theatres dashboard to monitor late starts, early finishes, Theatre utilisation, list effectiveness, missed opportunities, cancellations on the day and waste due to excessive turnaround times.

What are the risks to delivery?

- Unless demand & activity are brought into balance, the current queue will continue to grow to the point that there are too many 104-week cohort patients in month to clear and inevitably breaches will return.

Number of patients waiting more than 104 weeks for referral to treatment

LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	0	9,650	10,338	7,550	8,110	8,848	6,678	7,333	6,883	5,252	5,208	4,517	2,589	3,694	↑	-
AB		280	327	139	422	728	598	749	671	584	394	262	21	159	↑	5th out of 8 organisations
BCU		6,131	6,614	5,485	5,504	5,610	4,625	4,679	4,286	3,668	3,562	3,057	2,139	2,411	↑	8th out of 8 organisations
C&V		1,863	1,901	1,319	1,371	1,523	918	1,125	1,020	587	854	761	328	670	↑	7th out of 8 organisations
CTM		1,168	1,177	463	615	794	496	699	830	369	348	388	98	390	↑	6th out of 8 organisations
HDda		208	319	144	198	193	41	80	70	31	42	43	3	64	↑	4th out of 8 organisations
Powys		0	0	0	0	0	0	0	1	0	0	0	0	0	↑	1st out of 8 organisations
SB		0	0	0	0	0	0	0	0	0	0	5	0	0	↓	1st out of 8 organisations
SE Region								0	0	6	13	8	1	0	0	

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TI Target: 60% performance maintained for 3 months against the SCP target

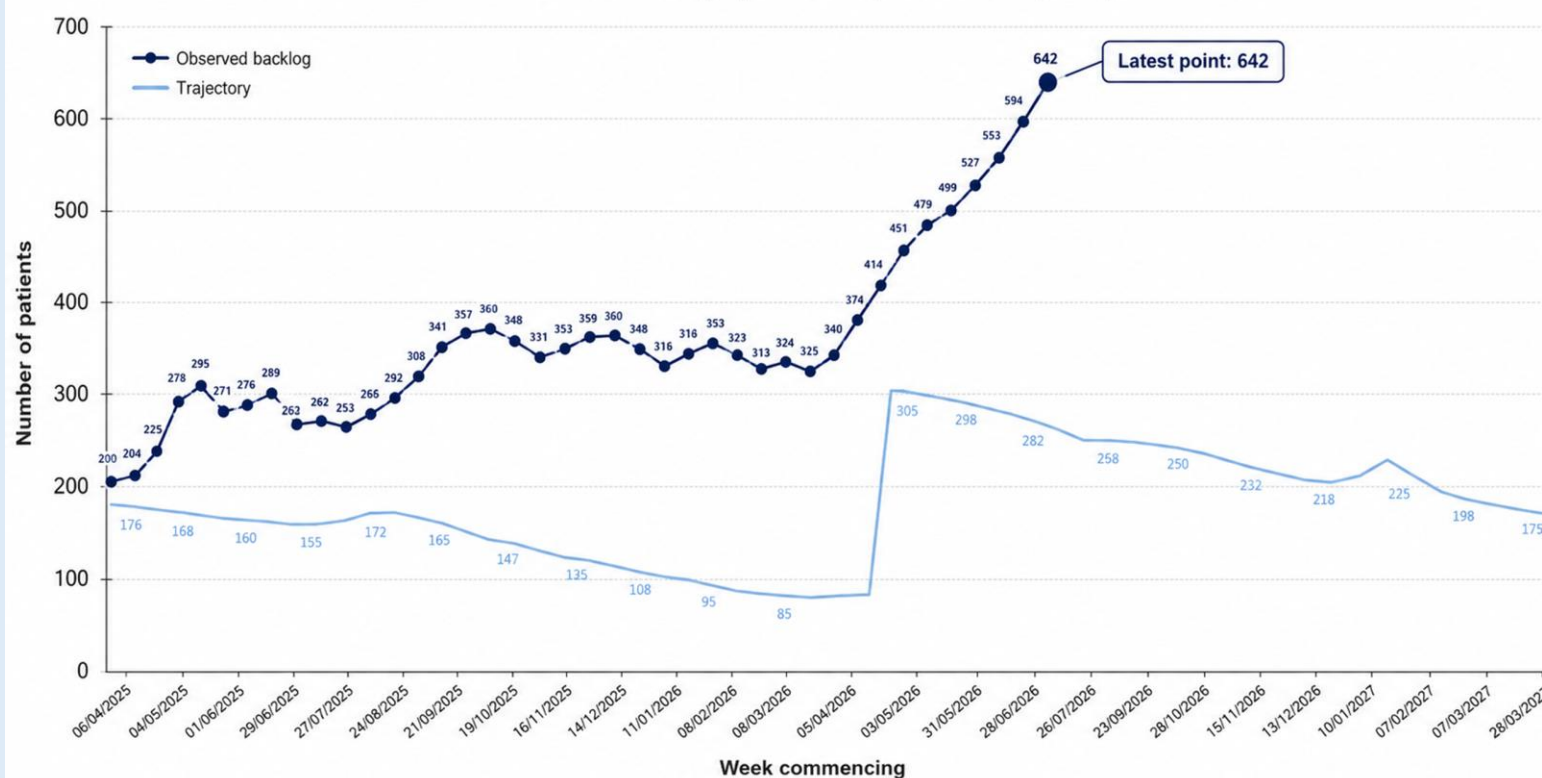
Breakthrough Objective: Single Cancer Pathway performance to reach 76% by March 2026

April 2026 Performance

48%

Single Cancer Pathway Patients Waiting Over 62 Days

Observed backlog by week compared with trajectory



What are the risks to delivery?

Looking across the whole PTL, there is evidence of increasing volumes at the start of the pathway and diagnostic stage, this is more noticeable in the following tumour sites: Gynaecological, Head & Neck, Skin, Upper GI & Urological.

- Pathology delays are the primary driver for the increased volumes in diagnostic backlog, accounting for 50% of the backlog.
- Seasonal increase in overall skin volumes are beginning to be seen. Healthcare System Engineering Demand & Capacity report findings to be discussed with the COO, date to be agreed.
- PMB waits are currently more than 6 weeks. The plans to decouple the one stop service and increase Outpatient hysteroscopy capacity has taken place from 1st June 2026, which has coincided with increased scan capacity. The service are now working through a plan to increase capacity by 10-20 patients per day for the scan only clinics to specifically address backlog,

	First OPA	Diagnostic One Stop	Diagnostic	Followup	MDM	Treatment	Grand Total
Acute Leukaemia	0	0	0	0	0	0	0
Brain/CNS	0	0	0	3	0	0	3
Breast	0	0	1	1	0	3	5
Children's Cancer	0	0	0	0	0	0	0
Gynaecological	1	2	172	12	3	10	200
Haematological	0	0	6	2	5	3	16
Head and Neck	1	0	49	6	2	7	65
Lower Gastrointestinal	0	0	37	8	2	16	63
Lung	0	0	5	5	1	10	21
Other	0	0	1	2	0	0	3
Sarcoma	0	0	4	3	1	1	9
Skin	3	17	64	16	0	11	111
Upper Gastrointestinal	0	0	39	2	1	4	46
Urological	1	0	73	11	3	12	100
Grand Total	6	19	451	71	18	77	642

Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)																
LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	75%	61.1%	62.2%	60.6%	62.5%	62.1%	59.4%	60.3%	58.7%	60.7%	57.0%	57.0%	60.2%	56.7%	↓	-
AB		67.0%	65.9%	64.8%	65.6%	59.7%	58.7%	59.8%	60.9%	63.4%	55.9%	57.7%	63.1%	56.0%	↓	4th out of 6 health boards
BCU		57.9%	53.8%	57.3%	58.8%	58.6%	55.7%	55.0%	54.6%	53.9%	50.8%	53.1%	54.0%	52.5%	↓	5th out of 6 health boards
C&V		61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.5%	53.8%	59.1%	56.1%	54.5%	63.2%	61.7%	↓	2nd out of 6 health boards
CTM		60.5%	57.8%	59.2%	57.9%	60.3%	60.3%	61.3%	62.0%	61.3%	64.3%	66.0%	65.8%	62.0%	↑	1st out of 6 health boards
HDda		57.7%	64.4%	61.5%	62.7%	65.1%	60.6%	66.7%	63.1%	66.0%	60.9%	59.8%	60.2%	58.4%	↓	3rd out of 6 health boards
SB		65.2%	63.0%	53.3%	64.6%	63.9%	62.7%	58.1%	56.6%	62.5%	54.6%	46.3%	54.6%	48.4%	↓	6th out of 6 health boards

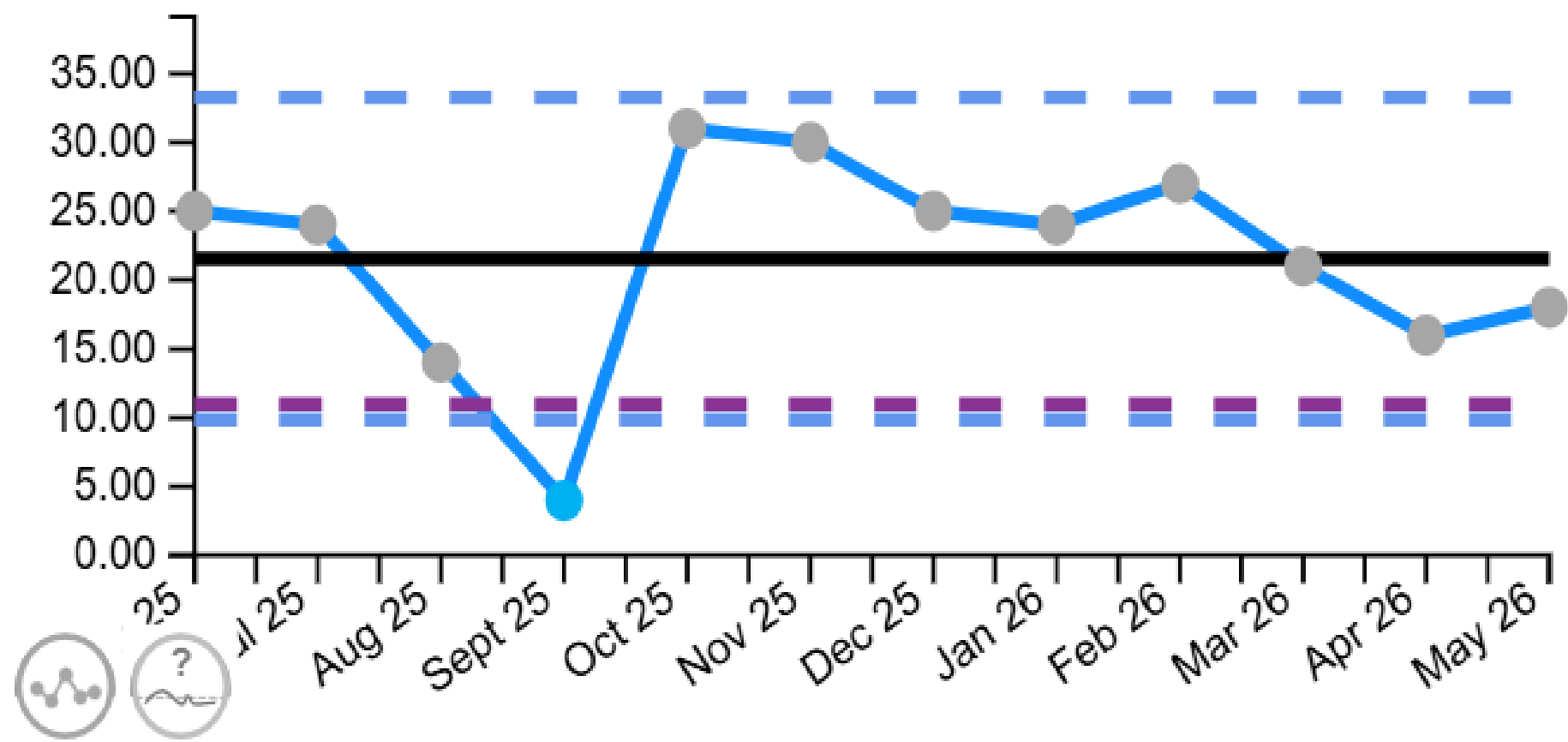
Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

Breakthrough Objective: Reduce the number of adults placed out of area for mental health inpatient treatment by 50%

May 2026 Performance

18

Number of adults placed out of area for mental health inpatient treatment



How are we doing?

The end of month figure for the number of adults placed out of area for mental health inpatient treatment was 18

How do we compare across Wales?

The use of private beds varies across Health Boards and is based on individual population need and is influenced by local clinical models. Data availability is also reliant on local template completion.

What actions are we taking to improve?

- Private Patient MDT Coordinator in role to ensure oversight of private placements, safe discharge, and accurate financial tracking.
- Weekly scrutiny meetings are in place within the Adult Directorate, alongside discharge planning meetings.
- A safe holding space in NPTH is being utilised and staffed to provide overnight capacity.
- Options to increase Home Treatment Team capacity and dedicated consultant input for outlying patients within our services and those in private placements under development.
- The Adult, Secure Services and Rehabilitation Divisions regarding Home Treatment Team staffing levels are to be reviewed to ensure we are supporting as many people as possible to remain out of hospital.
- MDT approach to revising discharge pathways for male patients, and in future female patients, where there is no local low secure or rehabilitation provision and delays due to patients no longer meeting the criteria to reside have been extended.

What are the risks to delivery?

- Ongoing increases in the cost of private provision.
- Challenges related to patient flow and repatriation
- Discharges from acute wards are dependent on the availability of suitably qualified Approved Clinicians (ACs) and Section 12-approved medical staff.

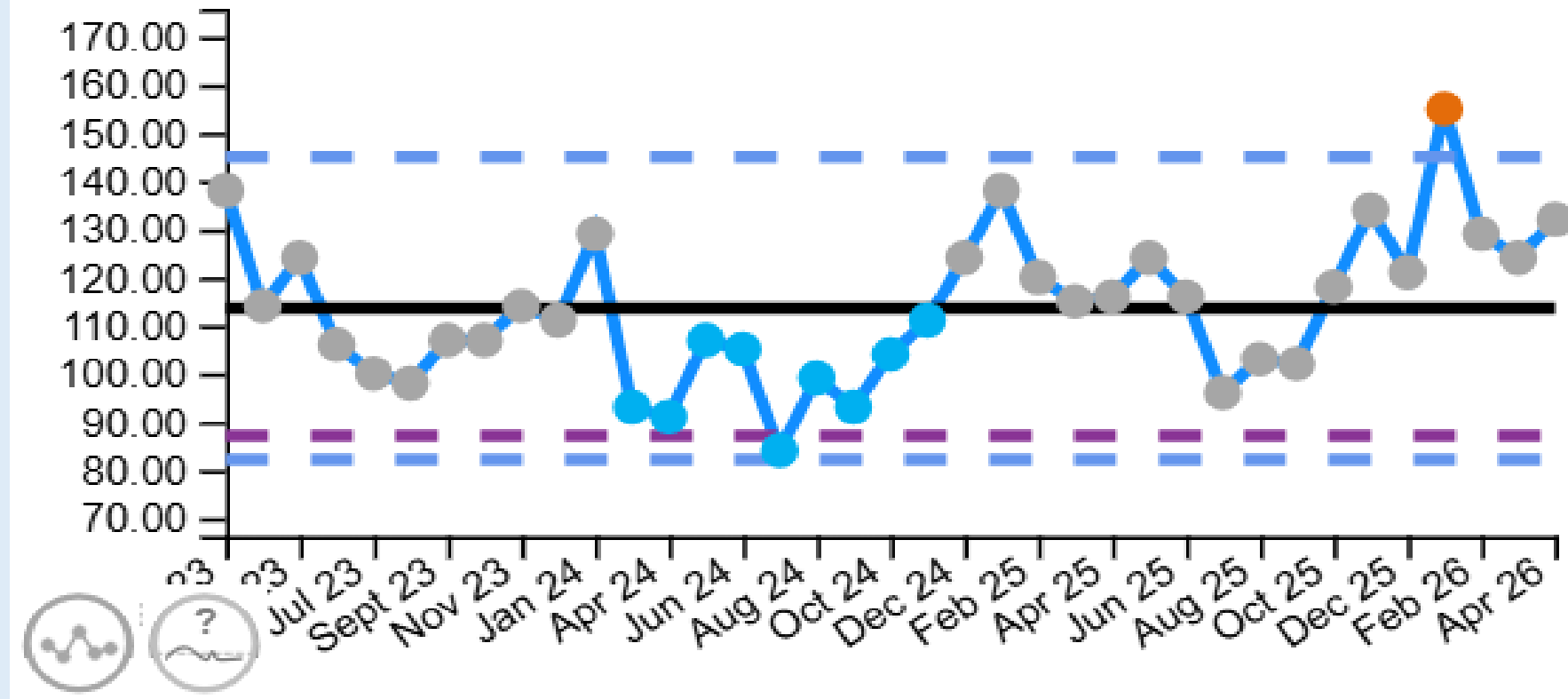
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Breakthrough Objective: 30% reduction in avoidable pressure ulcers

April 2026 Performance

137 (Unvalidated)
(Total number of Pressure Ulcers)
c.f. 124 in March 2026

Number of Pressure Ulcers



Harm Profile – April 2026

- 77% superficial harm; 23 % deep/severe harm
- 10% increase in deep damage incidents (not validated)
- Deep damage levels highest reported
- Avoidability to be reviewed after data cleansing and scrutiny
- Position pending validation through the scrutiny process.

Quarter 4 2025/26 Data (Validated) – Key Points

- 6 % increase in total Health Board–acquired incidents reported, compared with Q 3
- Rate 2.6/1000 beds
- 23% increase in incidents across hospital sites
- 3% increase in deep tissue damage
- Over 80 % of community damage incidents investigated were deemed unavoidable

What we expect to see (Outcomes by 2027):

- ↓ 20% PU rates in acute sites; ≤1.6/1000 bed days.
- ↓ 20 % avoidable PU in HB.
- ↓ Reduce the total number of HBA incidents by 10%
- ↓ Reduce HB acquired Deep damage by 10%

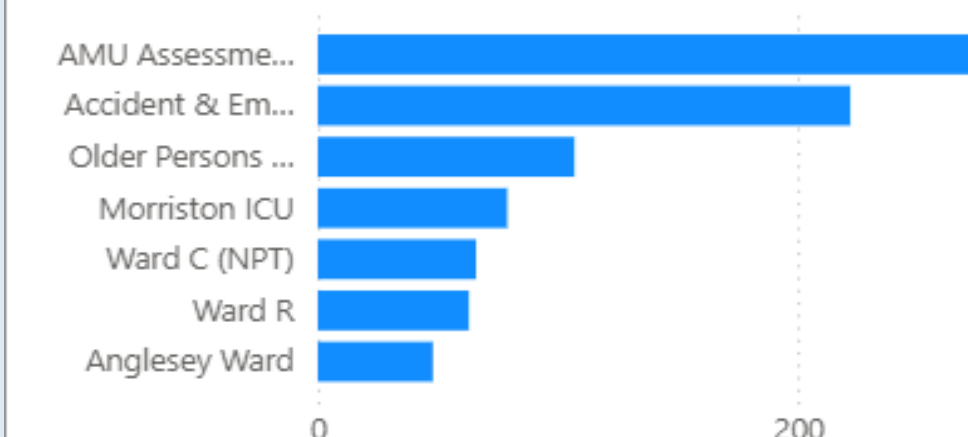
What actions are we taking to improve?

- Governance & Assurance - Pressure Ulcer Strategic Improvement Group established, Standardised scrutiny panels aligned to national frameworks, Improved incident closure rates and data quality validation and Service Group-level bespoke Quality Improvement Plans have been developed
- Clinical Practise and Systems - Implementation of standardised prevention pathways and policies (All Wales alignment), centralised Tissue Viability Service model, Rollout of digital wound imaging (Improvement Cymru), progression of equipment provision (including bed contract) and development of specialist neonatal prevention pathways
- Workforce & Education - Multi-modal education programme (face-to-face, virtual, video), targeted hotspot training in high-risk areas, Band 6/7 leadership development, Pre-registration Tissue Viability skills training, Tissue Viability Champions network and MDT complex wound forums
- Audit & Improvement Culture - Health Board-wide tissue viability audits, documentation and care quality reviews, peer review and shared learning processes and Staff engagement campaign: "Pressure Ulcer Superhero League 2026"

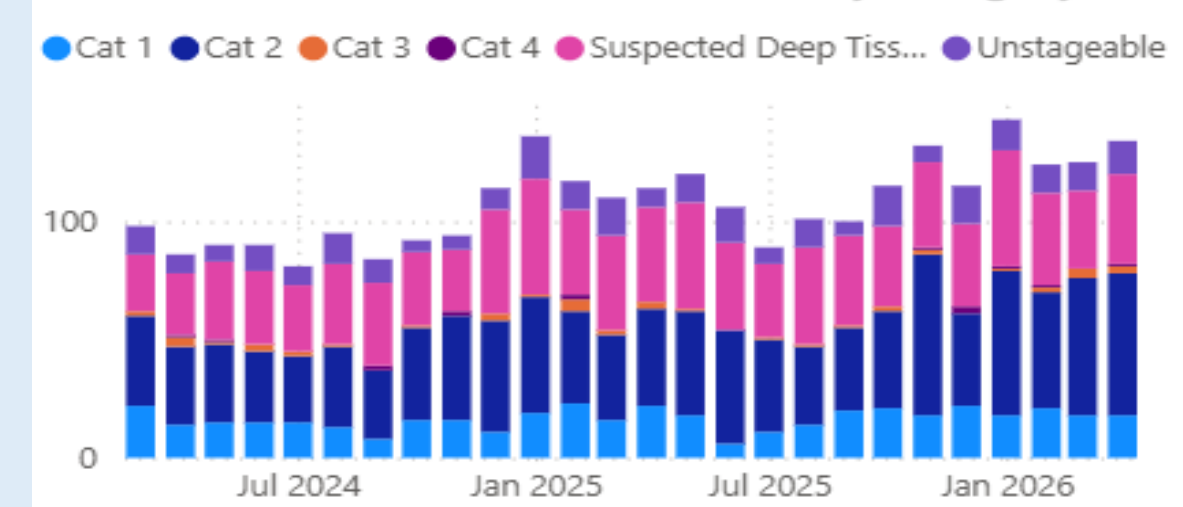
What are the risks to delivery?

- High patient acuity and vulnerability, especially within first 72 hours of admission
- Variation in staff capability and consistency of risk management practices
- Delays in access to pressure-relieving equipment
- Gaps in specialist tissue viability support and training
- Incomplete digital documentation affecting timely or risk identification
- System pressures are delaying scrutiny and learning processes
- Misclassification of the aetiology of wound or categorisation of pressure ulcer

Number of in Hospital Pressure Ulcer Incidents by Location



Number of Pressure Ulcer Incidents by Category



Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

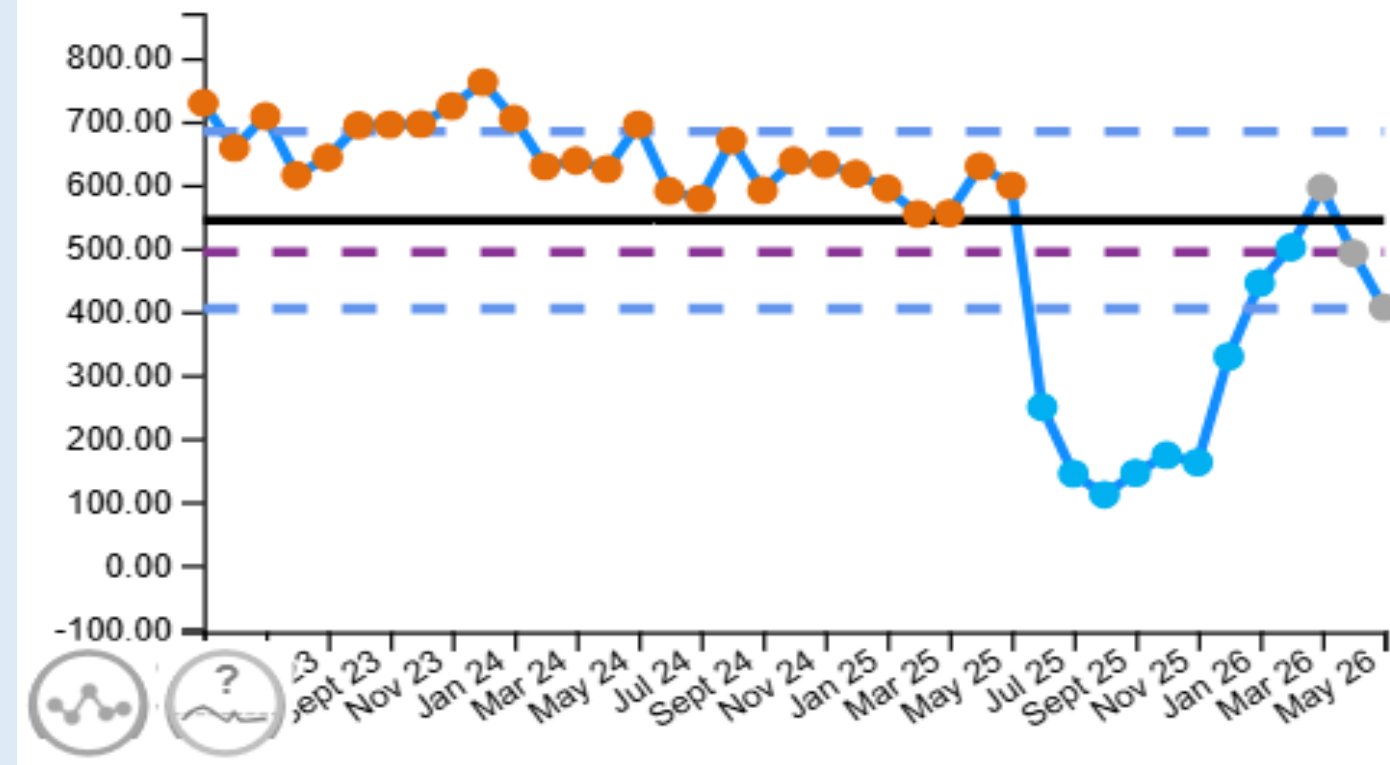
TI Target: Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on Q2/Q3 2023 baseline)

Annual Plan ambition: 0 ambulance handovers > 45 minutes from September 2026

May 2026 Performance

406 (17.5% reduction)

Number of ambulance handovers over 1 hour



Measure / trajectory line	Ambition	Extraction status	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to 8th June
Ambulance patient handover waits over 45 minutes	0 >45 mins ambulance handovers by Sept 2026	Expected	540	500	460	250	250	0	0	0	0	0	0	0	1163
		Observed (June *30/8)	576	500	398										

How are we doing?

In May 2026, the organisation reported a reduction in the number of ambulance handovers over one hour, reporting a 17.5% reduction in ambulance handovers.

What actions are we taking to improve?

- Development of a single point of access to manage ambulance demand and to reduce 111 demand into the emergency department. Plan to implement by 1st July 2026.
- PDSA commenced 18th May 2026 to introduce clinical conversation before conveyance (CCBC) for all care home residents with a view to appropriate redirection and to reduce conveyance to hospital.
- Falls vehicle: WAST pilot commences 22nd June 2026.
- Hot access to Community teams: in progress, initial aim 4 slots per day
- Scoping development of a pathway 1 bridging team to enable discharge of this patient cohort and therefore release capacity.
- Redesigning frailty assessment service aimed at direct access and a target of 20 assessments per day from the medical intake. (discharge rate aimed at 40%)
- UEC improvement group exploring cohorting of pathway 3 patients to reduce assessment timescales and therefore length of stay

What are the risks to delivery?

- **Reliance on major system change:** success depends on full adoption of SPOA + push-flow model + Frailty Model
- **Workforce reallocation risk:** shifting staff/funding (primary care → UEC) may not be achieved or sustained
- **Delivery timing risk:** multiple enablers unlikely to be fully in place before July to start trajectory

Number of ambulance patient handovers over 45 minutes																
LHB	Target	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	12 month trend	Rank
Wales	0	6,686	5,617	5,147	4,802	4,175	4,207	4,709	4,334	5,824	4,886	4,923	4,640	4,660	↑	-
AB		754	792	808	895	424	517	726	823	931	745	726	805	164	↑	2nd out of 7 health boards
BCU		2,277	2,186	2,075	2,149	2,188	2,291	2,507	1,747	2,461	2,055	2,315	1,959	1,164	↑	6th out of 7 health boards
C&V		565	561	554	111	73	199	224	249	300	380	141	157	1,099	↓	5th out of 7 health boards
CTM		1,003	413	295	328	346	113	118	206	490	219	260	242	228	↑	3rd out of 7 health boards
HDda		1,174	1,129	1,028	964	637	598	685	652	781	604	591	715	1,664	↓	7th out of 7 health boards
Powys		247	229	189	199	299	262	225	262	351	305	238	205	91	↑	1st out of 7 health boards
SB		666	307	198	156	208	224	224	395	510	578	652	557	250	↓	4th out of 7 health boards

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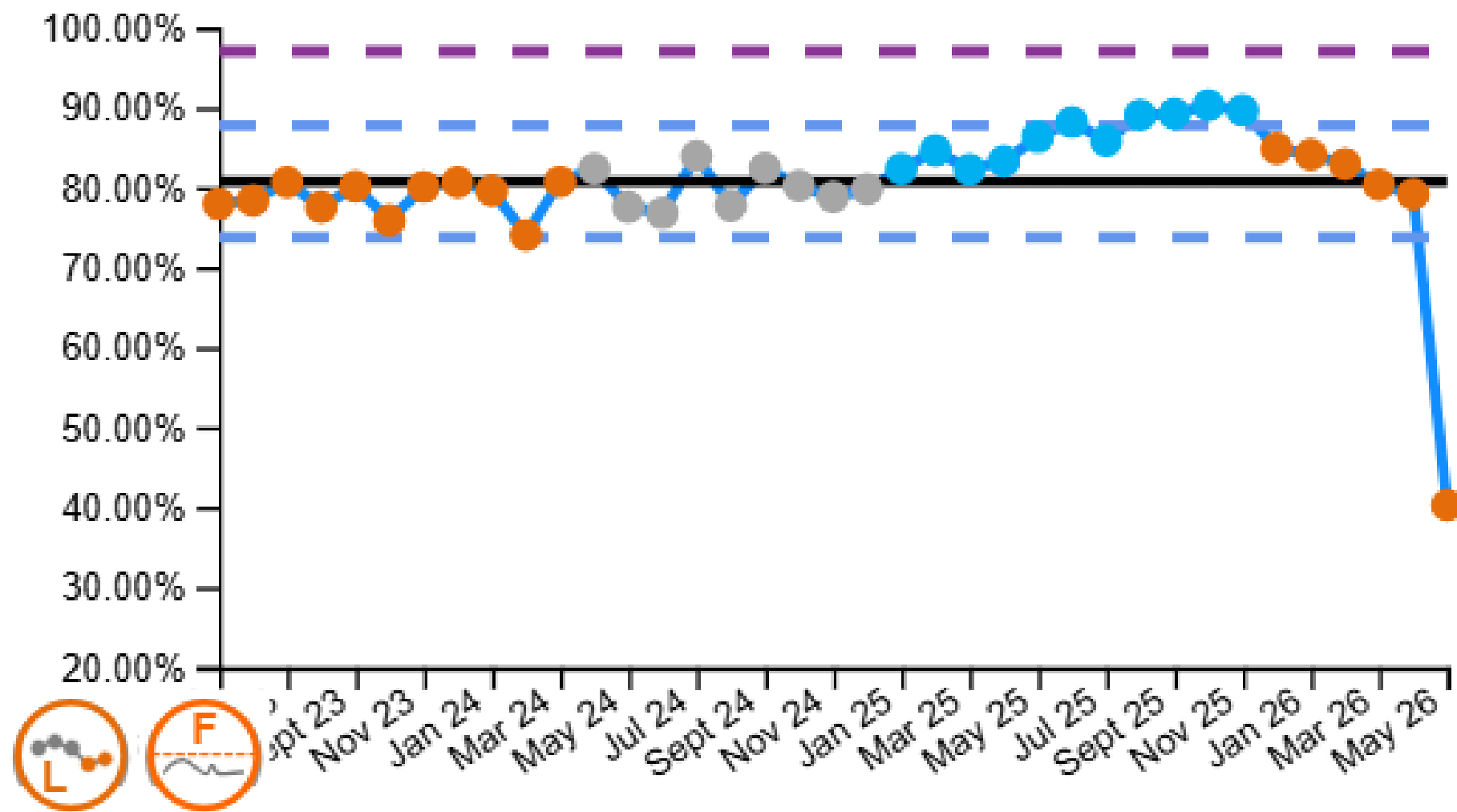
TI Target: Median time from arrival at emergency department to assessment by a clinical decision maker should not exceed 60 minutes

May 2026 Performance

78 minutes

40.22% seen < 60 mins

% patients assessed by clinical decision maker within 60 minutes



How are we doing?

In May 2026, the organisation reported a significant reduction in the percentage of patients assessed by a clinical decision maker within 60 minutes, reporting 40.22%.

The Health Board had previously been reporting this measure in relation to when patients are triaged, in comparison to other Health Boards who have been accurately recording the appropriate criteria due to data availability. Therefore, the significant reduction in performance is a direct reflection of the measure now being appropriately recorded.

What actions are we taking to improve?

- We are currently testing the rapid decision-making process in the department and overall we are trying to reduce demand into the emergency department through the single point of access work.
- Actions described on improving UEC and flow, are likely to also improve assessment time.
- Trajectory of improvement aligned to overall actions being developed

What are the risks to delivery?

- Ability to reorganise the workforce and rotas to meet demand (junior medical staff have parameters set out by HEIW in terms of intensity and frequency of working patterns).

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TI Target: Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across HB

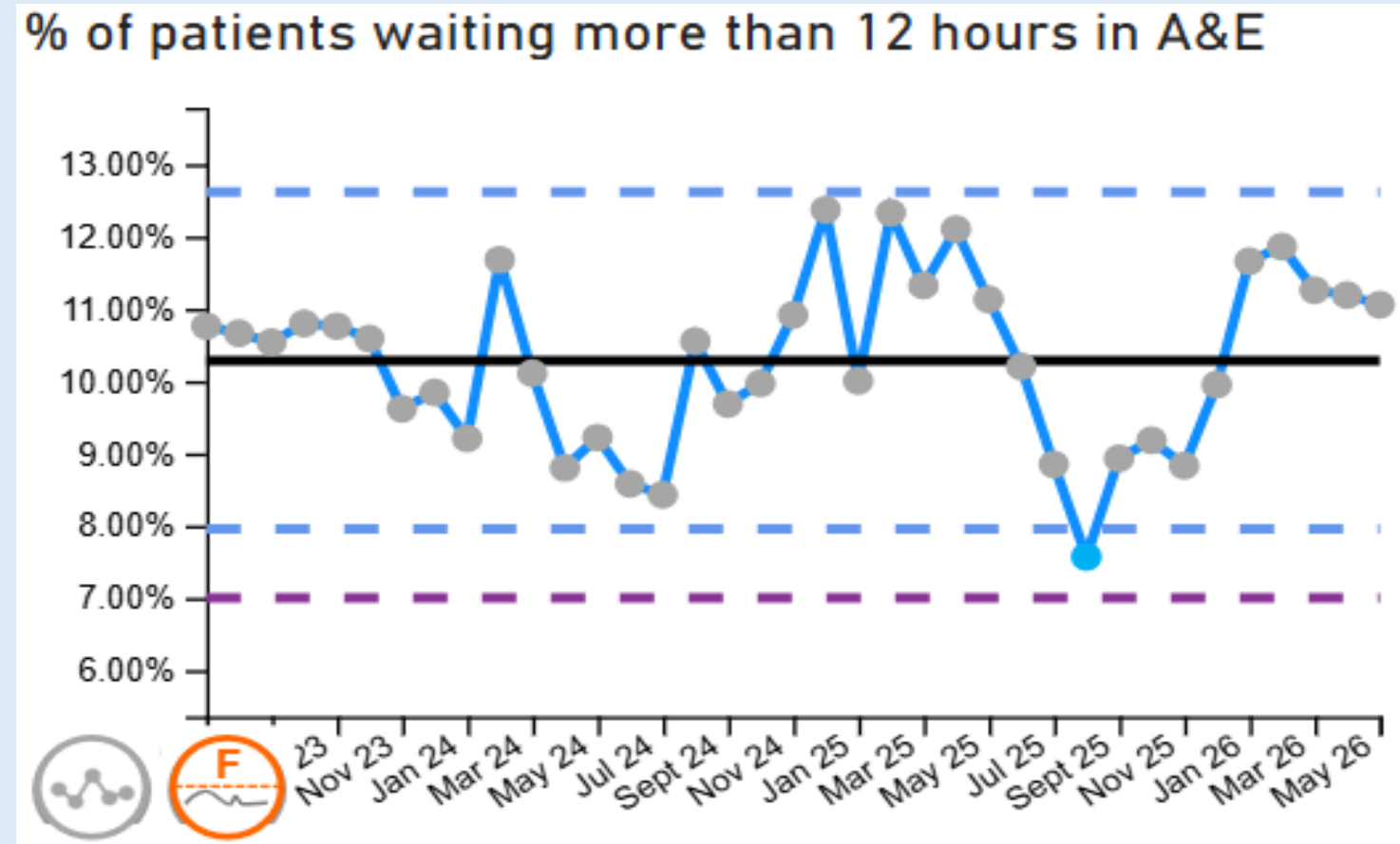
May 2026 Performance

11.06%

Breakthrough Objective: Reduce the number of patients waiting in ED for over 12 hours by 10%

May 2026 Reduction against March 2026 Baseline

0.7% reduction against baseline



How are we doing?

In May 2026, 1,347 patients, which is 11.06% of all attendances were waiting more than 12 hours in the Emergency Department. A range of between **22-63 patients/day**

What actions are we taking to improve?

- Fix outflow from ED (primary lever)
- Increase discharge performance: Pathway and 1 and 3 work programmes in planning phase
- Protect front-door capacity
- Maintain ringfenced beds in Emergency Department/AMU/SAU to support Handover 45
- Expand and utilise discharge lounge to create flow earlier in the day
- Reduce unnecessary admissions: 'Criteria to Admit' audit planned – by end June 26.
- Improve internal ED flow: Push model at escalation

What are the risks to delivery?

- **Flow dependency risk:** reduction depends on **improving discharge and bed capacity** (same constraint as ambulance handovers) including a reduction in the number of clinically optimised patients in acute/non-acute beds.
- **Exit block risk:** high numbers of patients awaiting admission → **ED cannot handover**, sustaining 12h waits
- **Demand pressure risk:** continued high attendances or admissions will **offset gains**

Measure / trajectory line	Ambition	Extraction status	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to 8th June
Patients waiting in ED >12 hrs	10% reduction in patients waiting in ED >12 hrs by end of March 2027	Expected	1350	1300	1190	1100	997	997	997	997	997	997	997	997	2967
		Observed (June *30/8)	1319	1347	1151										

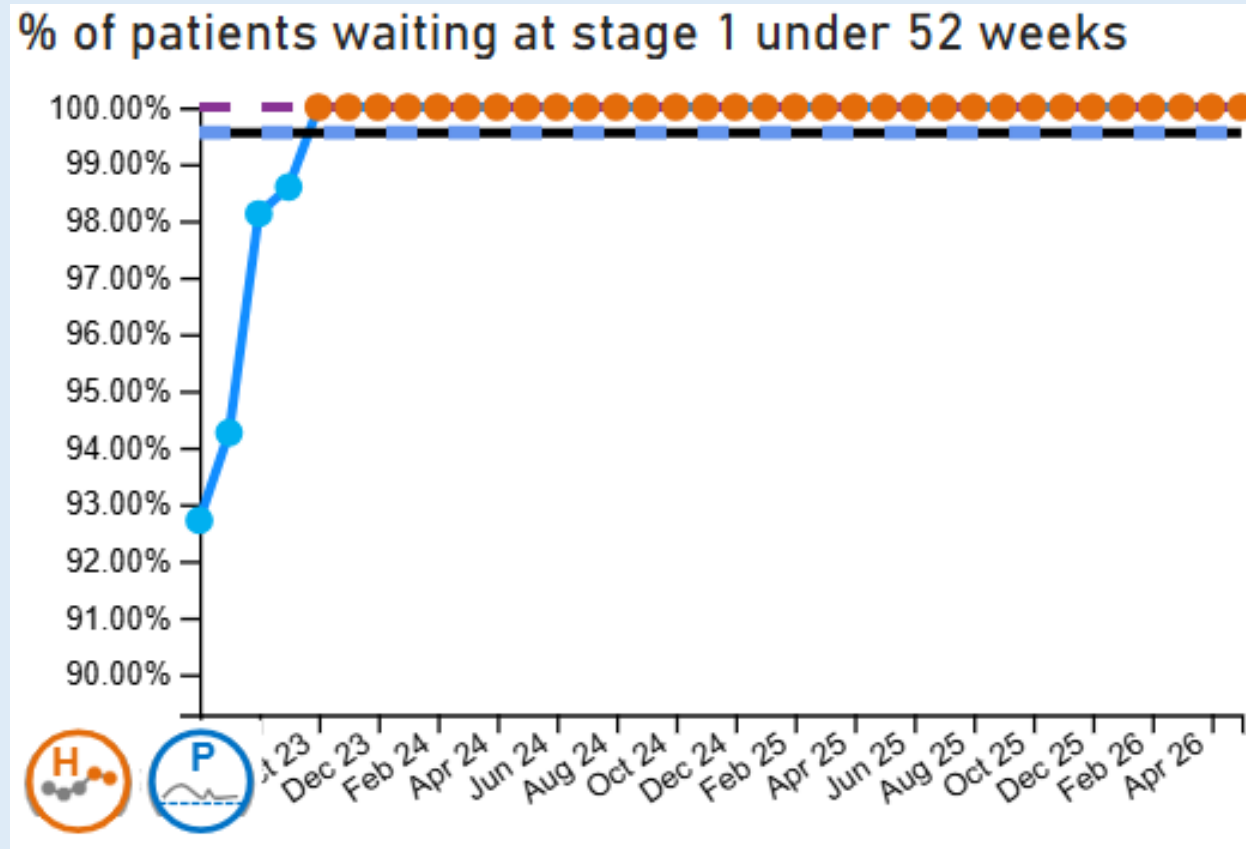
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge																
LHB	Target	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	12 month trend	Rank
Wales	0	10,209	9,965	10,165	10,262	10,090	10,501	10,113	10,194	11,242	9,695	10,832	10,468	11,066	↓	-
AB		1,124	1,186	1,076	1,214	1,199	1,161	1,132	1,195	1,210	1,089	1,184	1,172	1,194	↓	3rd out of 7 health boards
BCU		3,751	3,694	3,846	3,985	3,830	3,911	3,748	3,483	3,937	3,354	3,733	3,481	3,725	↑	7th out of 7 health boards
C&V		956	933	897	787	804	953	1,008	1,022	1,088	976	969	946	920	↓	2nd out of 7 health boards
CTM		1,850	1,799	2,099	2,053	2,050	2,030	2,022	2,193	2,367	1,882	2,384	2,226	2,230	↓	6th out of 7 health boards
HDda		1,255	1,213	1,210	1,371	1,212	1,354	1,219	1,248	1,368	1,191	1,206	1,324	1,650	↓	5th out of 7 health boards
Powys		0	0	0	0	0	0	0	0	0	0	0	0	0	→	1st out of 7 health boards
SB		1,273	1,140	1,037	852	995	1,092	984	1,053	1,272	1,203	1,356	1,319	1,347	↓	4th out of 7 health boards

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Enhanced Monitoring Target: 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months

May 2026 Performance

100%



How are we doing?

In May 2026, the Health Board reported 100% of open outpatient pathways were waiting less than 52 weeks.

How do we compare across Wales?

We are currently the only organisation that has maintained the 100% target for 52 weeks over the last year as seen in the comparative table below.

What actions are we taking to improve?

- Reviewing clinic utilisation, slot allocation and template variation across specialties.
- Using learning from recent targeted improvement work to develop a more standardised approach to clinic template design across services.
- Strengthening validation and demand/capacity monitoring processes to support sustainable performance.
- Continuing regular operational oversight to identify risks to pathway waits at the earliest opportunity.

What are the risks to delivery?

- Outpatient demand exceeds activity volumes, sustainability is dependent upon successful delivery of the outpatient transformation programme.
- Workforce availability and unplanned reductions in clinical capacity.
- Increasing referral demand

	Cancer					Non-cancer					
	Avg Demand	Avg Activity	WIP	Est. Wait	Net Change	Avg Demand	Avg Activity	WIP	Est. Wait	Net Change	Awaiting Grad
Breast	60.1	56.6	118	2.1	3.5	51.2	39.7	387	9.7	11.50	4
Burns						17.0	16.8	23	1.4	0.20	
Cardiac						12.0	11.4	128	11.2	0.60	21
Cardiology						143.2	109.0	2401	22.0	34.20	761
Cleft						3.1	1.6	54	33.8	1.50	4
Clinical Neuro-physiology						67.5	70.2	804	11.5	-2.70	1
Dermatology	63.1	42.0	447	10.6	21.1	161.0	82.6	4502	54.5	78.40	1284
ENT	21.8	23.7	23	1.0	-1.9	128.9	94.2	1984	21.1	34.70	116
Gastroenterology	18.2	19.5	38	1.9	-1.3	105.1	42.6	2340	54.9	62.50	107
General Surgery	21.6	21.0	62	3.0	0.6	140.5	119.0	1771	14.9	21.50	127
Gynaecology	13.1	12.4	49	4.0	0.7	108.7	60.6	2061	34.0	48.10	1
OMFS	30.2	32.1	82	2.6	-1.9	75.0	57.2	3753	65.6	17.80	82
Ophthalmology	1.9	2.5	2	0.8	-0.6	251.3	205.6	2294	11.2	45.70	553
Plastic Surgery	44.9	33.7	234	6.9	11.2	113.3	93.6	1193	12.7	19.70	123
Spinal	0.1	0.1	1	10.0	0.0	23.3	20.6	523	25.4	2.70	130
Thoracic	3.4	3.4	5	1.5	0.0	3.1	3.7	25	6.8	-0.60	
Trauma & Orthopaedic						364.5	340.7	3866	11.3	23.80	166
Urology	22.1	22.3	66	3.0	-0.2	75.2	81.1	817	10.1	-5.90	11
Vascular						41.3	25.2	817	32.4	16.10	48
WFI						0.5	1.4	36	25.7	-0.90	

Main Speciality	Stage 1 Max Wait (Weeks)
Breast	23
Cardiac Surgery	39
Cardiology	50
Cleft	20
Dermatology	36
ENT	26
Gastroenterology	44
General Surgery	24
Gynaecology	37
OMFS	52
Ophthalmology	52
Plastic Surgery	34
Spinal	41
Thoracic	17
T&O	46
Urology	26
Vascular	26

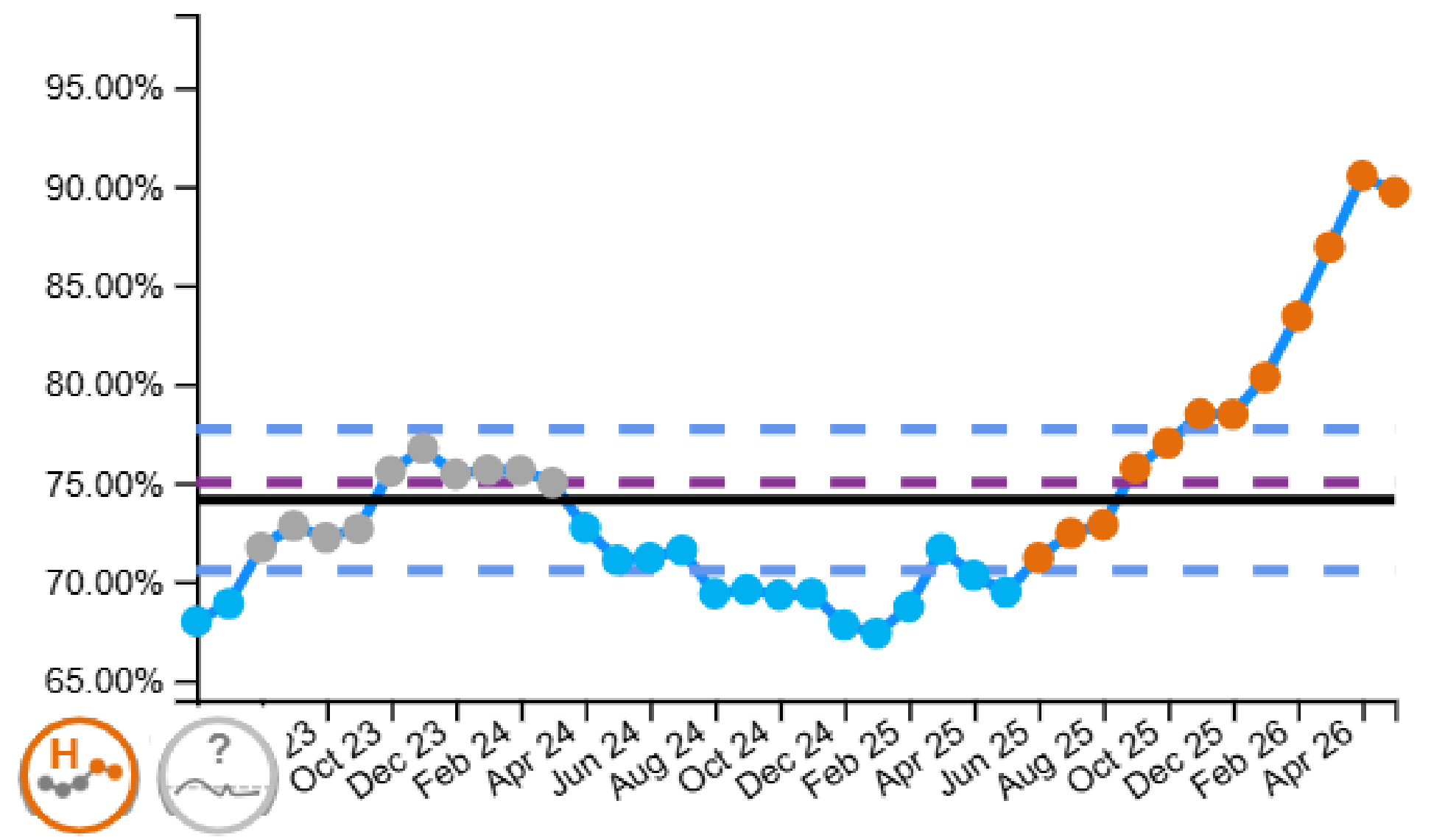
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Enhanced Monitoring Target: Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks

May 2026 Performance

89.69%

% of patients waiting at stage 1 over 26 weeks



How are we doing?

In May 2026, the Health Board reported 89.69% of open outpatient pathways were waiting less than 26 weeks.

What actions are we taking to improve?

- Continuing focused work to reduce longer waits through demand and capacity oversight.
- Reviewing outpatient clinic utilisation and template variation across specialties to support improved access and consistency.
- Using learning from recent improvement initiatives to support a standardised approach to clinic template configuration across services.
- Strengthening validation and pathway monitoring processes to support sustainable recovery performance.

What are the risks to delivery?

- Outpatient demand exceeds activity volumes; sustainability is dependent upon successful delivery of the outpatient transformation programme.
- There will be a re-alignment of capacity towards urgent cancer referrals
- Workforce availability and unplanned reductions in clinical capacity.
- Increasing referral demand

Number of patients waiting more than 26 weeks for a new outpatient appointment																
LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	0	196,532	200,046	192,240	188,972	192,231	173,006	152,599	126,143	114,109	89,163	72,009	57,337	57,938	↑	-
AB		40,374	40,977	39,852	39,750	40,998	35,679	30,890	23,598	20,308	15,055	11,277	8,080	8,848	↑	6th out of 8 organisations
BCU		59,043	59,786	57,699	56,934	57,806	48,628	39,355	29,840	24,331	18,260	16,195	15,447	16,371	↑	7th out of 8 organisations
C&V		37,914	38,562	37,152	35,949	35,929	32,458	30,662	28,133	27,872	24,380	21,334	18,149	17,256	↑	8th out of 8 organisations
CTM		33,060	33,483	31,747	30,838	31,851	29,301	24,610	20,520	18,880	13,844	10,293	6,517	7,707	↑	5th out of 8 organisations
HDda		11,183	11,588	10,978	10,857	11,665	10,634	9,482	8,446	8,329	6,796	5,806	4,551	4,154	↑	4th out of 8 organisations
Powys		655	660	612	673	620	605	629	510	475	382	194	63	171	↑	1st out of 8 organisations
SB		14,303	14,990	14,200	13,971	13,362	11,250	10,090	8,842	8,530	7,349	5,800	4,124	2,968	↑	3rd out of 8 organisations
SE Region							4,451	6,881	6,254	5,384	3,097	1,110	406	463		2nd out of 8 organisations

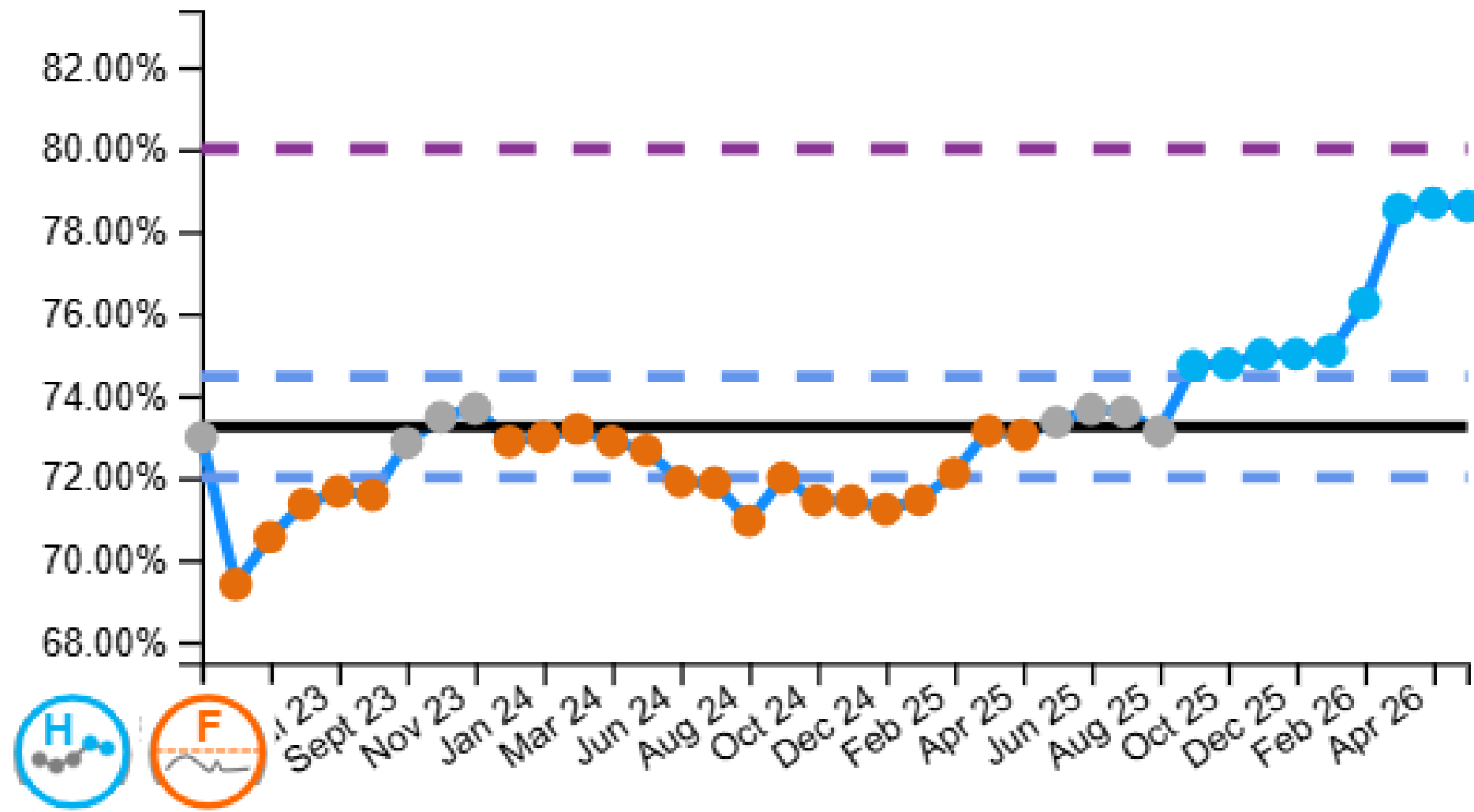
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Enhanced Monitoring Target: Continuous improvement towards 80% of all open pathways waiting less than 36 weeks

May 2026 Performance

78.60%

% of patients waiting less than 36 weeks for treatment



How are we doing?

In May 2026, the Health Board reported 78.60% of open pathways were waiting less than 36 weeks.

How do we compare across Wales?

The Health Board continues to demonstrate sustained improvement in the percentage of patients waiting less than 36 weeks for treatment and is performing close to the enhanced monitoring target trajectory when compared with the all-Wales position

What actions are we taking to improve?

- Continuing targeted work with specialties to reduce longer waits and improve pathway flow.
- Reviewing clinic utilisation, scheduling practices and capacity variation across services.
- Maintaining demand and capacity oversight arrangements to support sustainable trajectory improvement.

What are the risks to delivery?

- In order to deliver the 104 week access standard and reduce costs uniformly across the board, resources may need to be re-allocated from specialties with shorter waiting times to those with longer waits. This includes re-alignment of capacity towards patients requiring urgent cancer treatment
- Increasing referral demand and pressure on treatment capacity.
- Workforce availability and reduced resilience due to vacancies, sickness or annual leave.

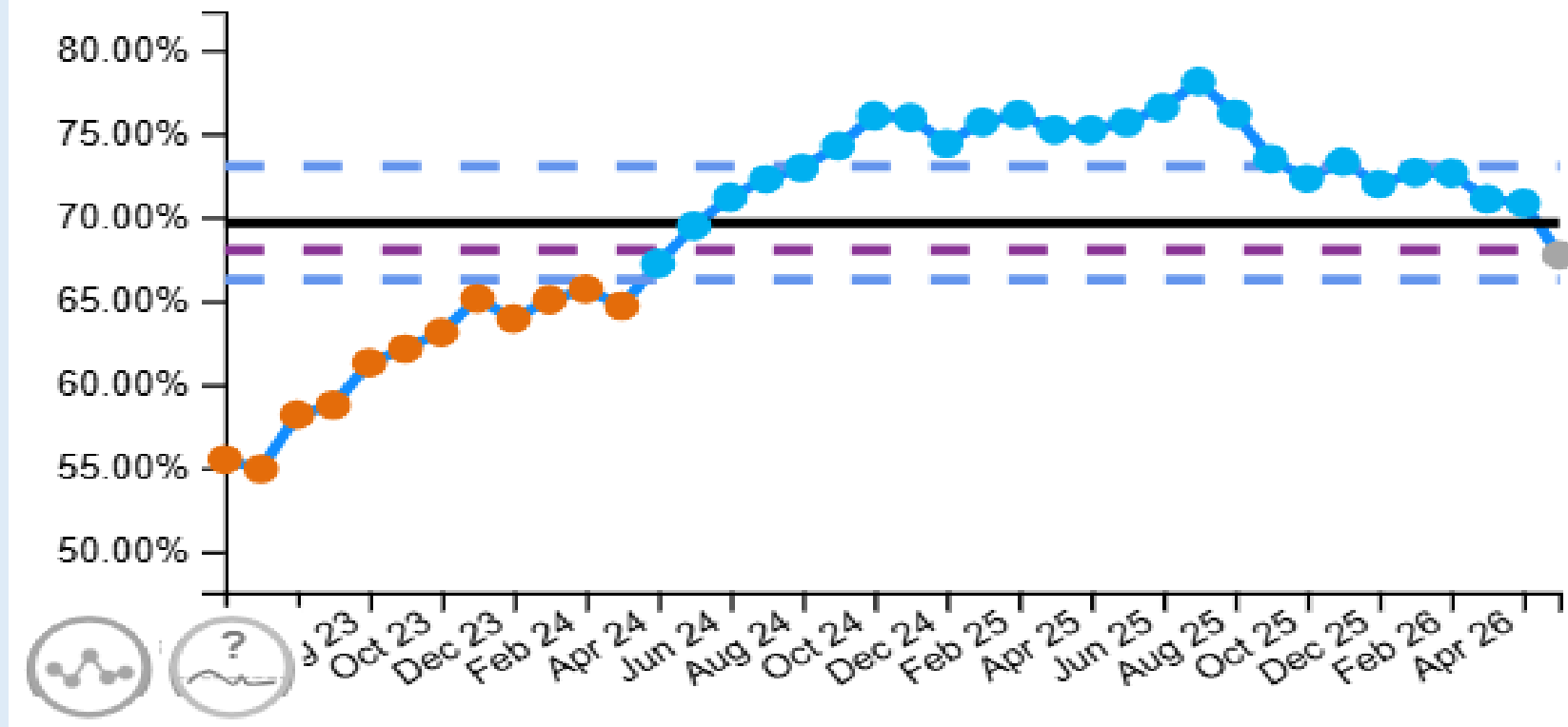
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Enhanced Monitoring Target: 68% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months

May 2026 Performance

67.71%

% of Ophthalmology R1 patients waiting within or no longer than 25% of their target date



How are we doing?

In May the Health Board reported 67.71% of Ophthalmology patients were waiting within or no longer than 25% of their target date, this is a deterioration on the previous months performance.

What actions are we taking to improve?

- The Health Board has dropped below the Welsh Government de-escalation criteria for the first time in almost two years.

What are the risks to delivery?

- Workforce pressures, including consultant and non-medical workforce vacancies, sickness and reduced clinic availability.
- Competing operational pressures impacting the ability to release additional outpatient capacity.

	March	Apr	May	Risks	Solutions & Mitigations
Vitreoretinal	72%	66%	61%	Limited VR workforce limiting clinic capacity.	Optimising workforce utilisation Regional Consultant started working across SBU & HD – vital skill mix across teams, ensuring activity is delivered at the most appropriate level
Cataract	60%	57%	46%	Core Pre-Assessment capacity does not meet current demand. 3.0 WTE Band 4 vacancies.	Maintaining operational grip Weekly review of performance, clinic utilisation, and recovery trajectories at specialty level Clear ownership of delivery against improvement actions
Cornea	50%	51%	47%	Backlogs with both news and follow-ups. Only 1 Cornea Consultant within the department.	Targeting backlog reduction Systematic validation of long waits and risk stratification to prioritise patients appropriately Use focused additional capacity (e.g. super clinics) for paediatric areas
Orthoptics	69%	78%	86%	Workforce gaps in clinical and admin staff	Fully established Clinical staff Full training underway for new Orthoptists – significant improvement already established
Paediatrics	57%	53%	53%	R1 backlog mainly consists of new referrals.	Targeting backlog reduction Systematic validation of long waits and risk stratification to prioritise patients appropriately Use focused additional capacity (e.g. super clinics) for paediatric areas
Diabetic Retinopathy	75%	70%	67%	R1 backlog consists mainly of follow up patients.	Improving clinic productivity to ensure follow ups are managed Optimise clinic templates, reduce unused slots and introduce overbooking where appropriate Increase use of technician-led and diagnostic clinics to release consultant capacity Utilising 'either or' slots to book to demand of news or FUPs
Glaucoma	74%	72%	70%	2 Consultant vacancies since June 2025. Considerable risk – on service Risk Register since June 2025.	Maintaining operational grip Weekly review of performance, clinic utilisation, and recovery trajectories at specialty level Clear ownership of delivery against improvement actions Two consultants appointed to due to start across the summer. Improvement in performance is anticipated from August onwards once clinics are fully established.

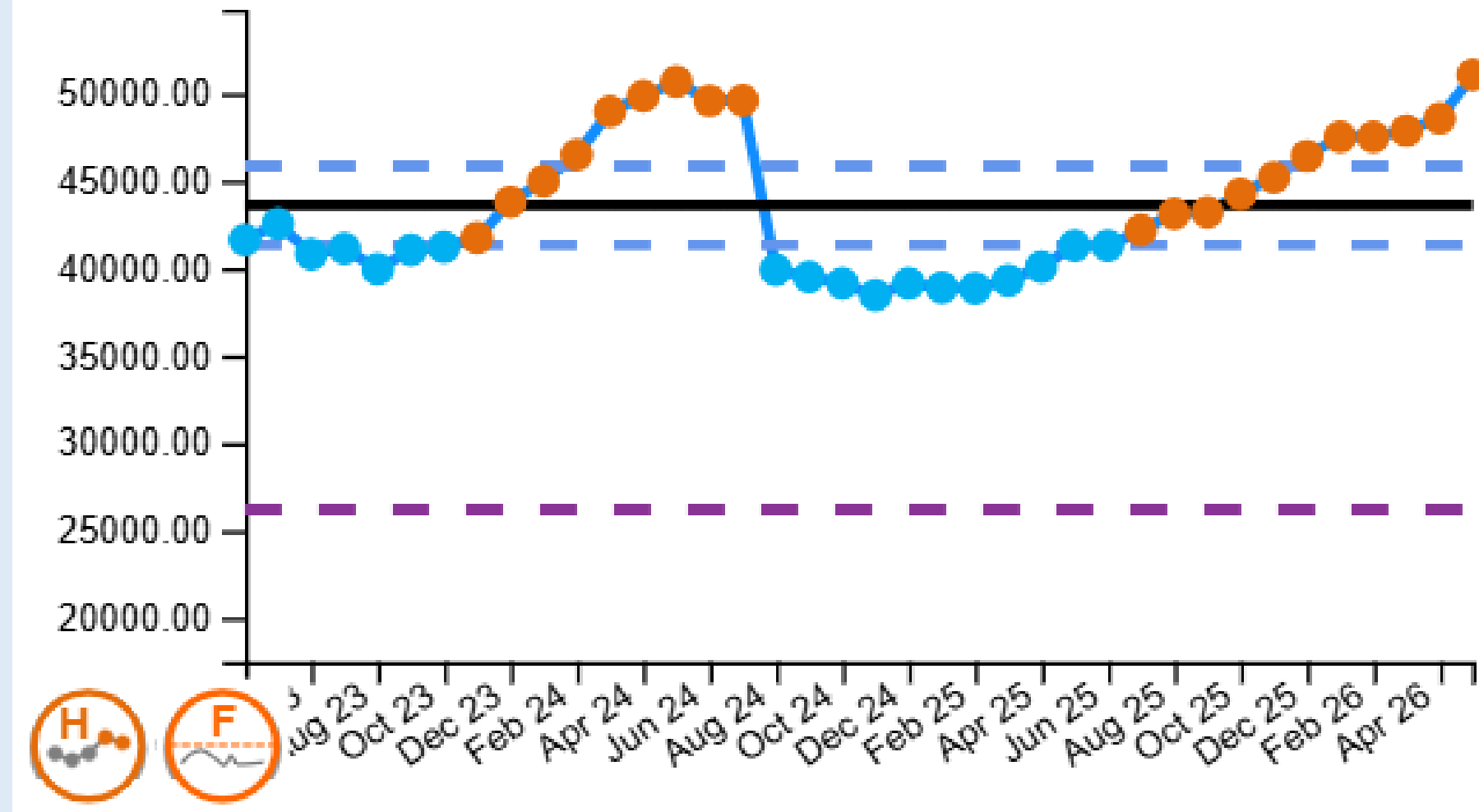
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Enhanced Monitoring Target: 12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline.)

May 2026 Performance

32.82%
(above the baseline)

Number of patients waiting 100% over target for Follow Up appointment



How are we doing?

In May 2026, the Health Board reported 32.82 performance against the enhanced monitoring trajectory for follow-up waits. Although some improvement work has been undertaken, performance remains below the required target and follow-up pressures continue across a number of specialties.

What actions are we taking to improve?

- Continuing targeted validation and review of follow-up waiting lists to ensure clinical prioritisation and pathway accuracy.
- Implementing recommendations arising from GIRFT/CIN improvement work to reduce unwarranted variation in follow-up management practices.
- Reviewing clinic utilisation, follow-up scheduling and capacity variation across specialties.

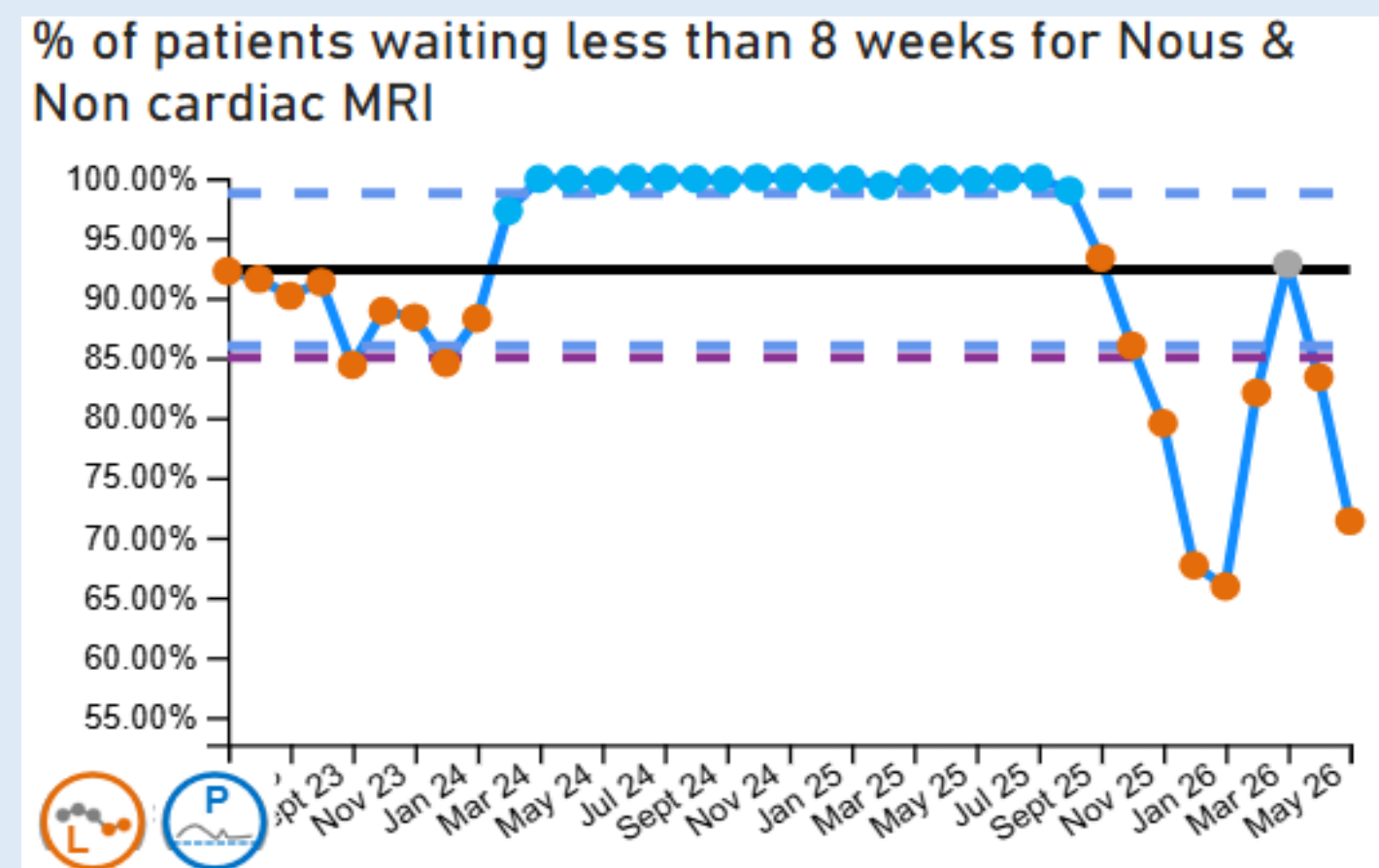
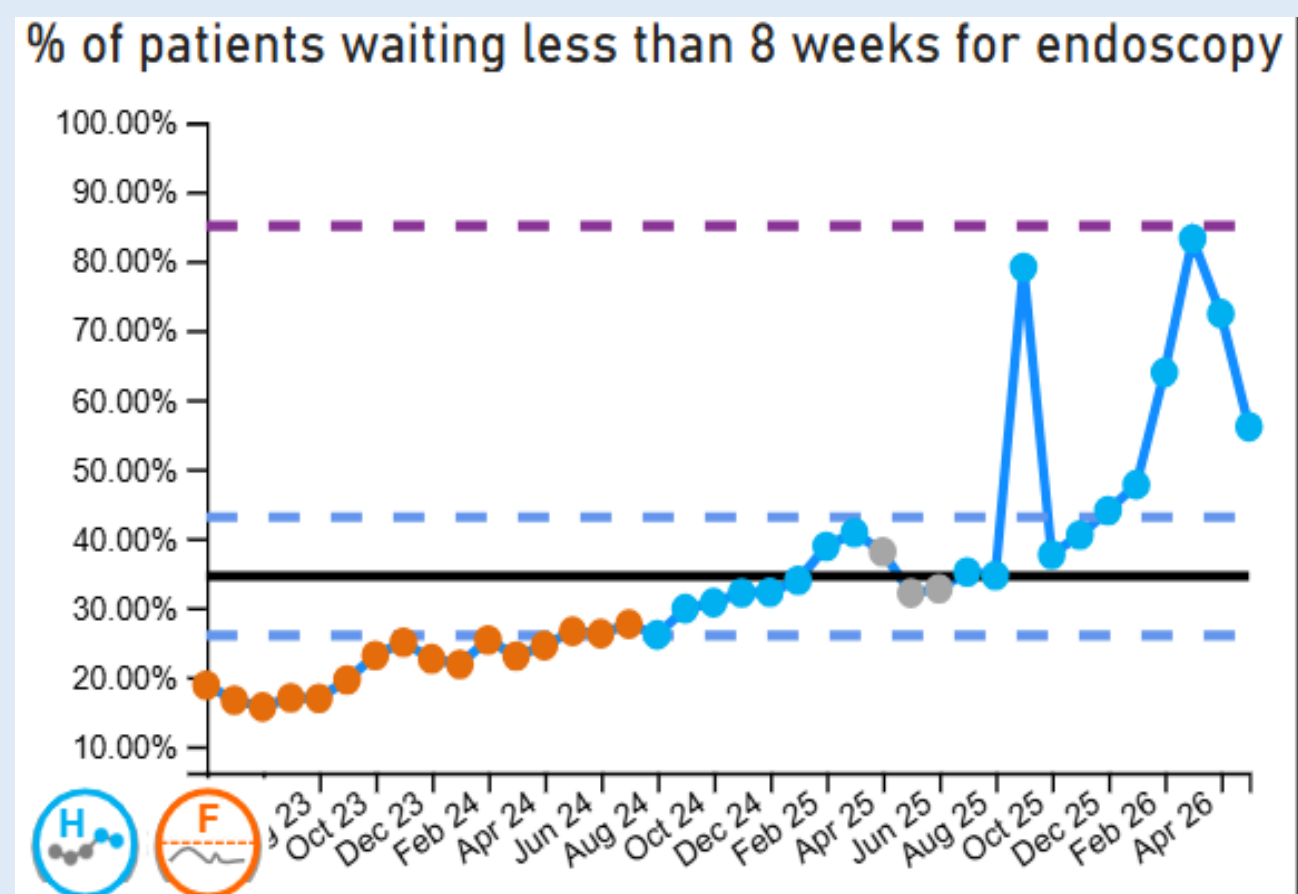
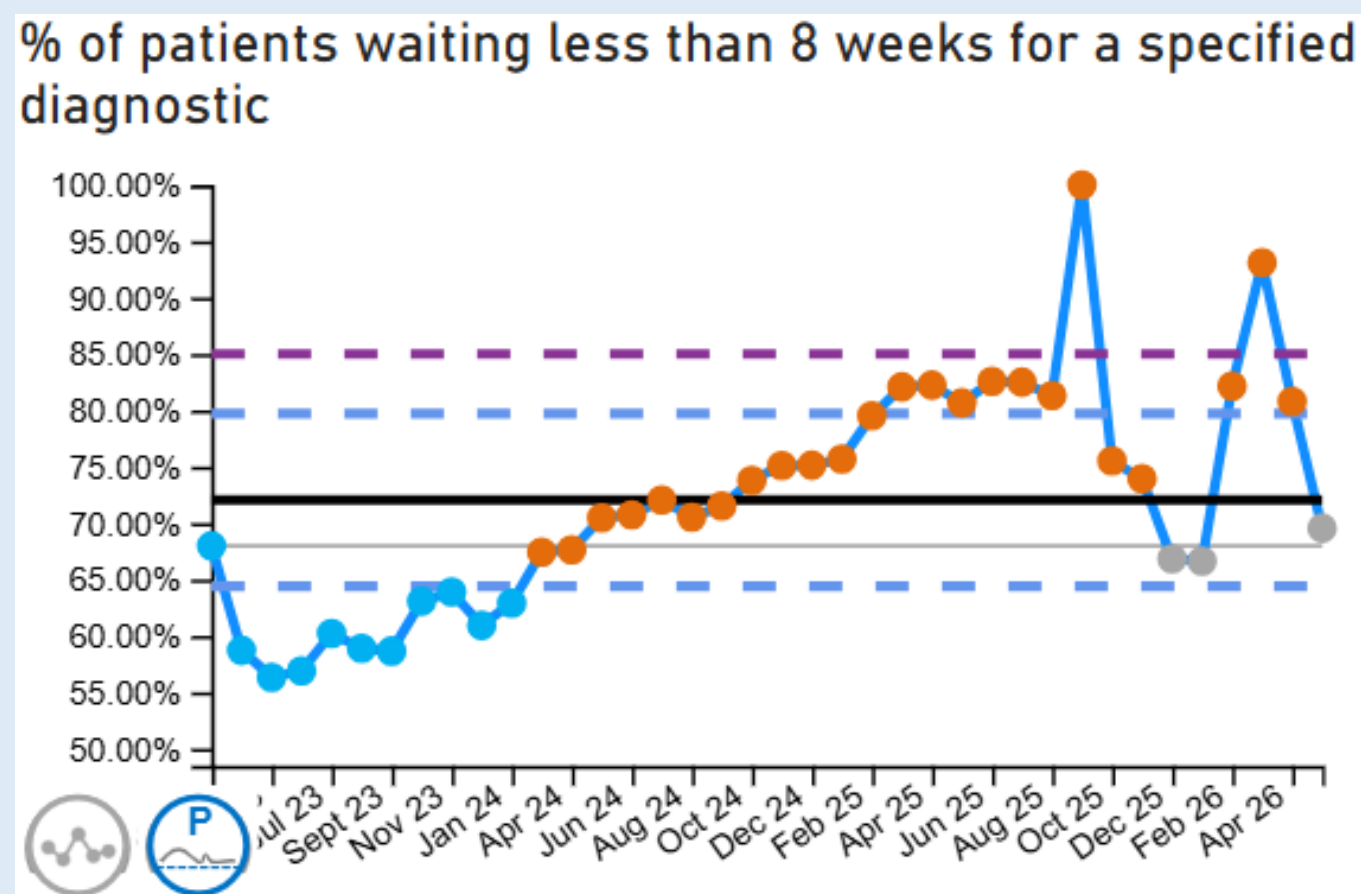
What are the risks to delivery?

- Workforce pressures, including vacancies, sickness and reduced clinic availability.
- Competing operational pressures impacting the ability to release additional outpatient capacity.

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%																
LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	219,834	249,209	246,770	246,189	253,909	258,665	260,341	264,056	268,928	278,898	284,675	287,116	293,112	297,192	↓	-
AB	23,114	30,698	31,041	30,349	30,119	30,728	30,757	30,560	30,560	31,607	31,494	31,219	30,819	31,218	↓	4th out of 7 health boards
BCU	96,059	94,186	95,710	96,342	97,820	99,914	101,456	104,814	108,920	114,127	119,302	123,259	128,079	131,031	↓	7th out of 7 health boards
C&V	22,262	21,758	22,853	22,503	23,473	24,346	24,869	25,248	26,146	28,065	28,267	28,268	29,682	30,091	↓	3rd out of 7 health boards
CTM	30,280	44,294	37,233	37,106	41,967	42,278	41,805	41,510	41,282	42,019	41,323	40,510	40,373	40,374	↓	5th out of 7 health boards
HDda	11,387	16,775	17,167	17,203	17,011	16,999	17,037	16,558	15,819	15,600	15,753	15,269	15,182	14,804	↑	2nd out of 7 health boards
Powys	825	1,436	1,487	1,410	1,353	1,287	1,221	1,106	1,024	1,062	1,032	1,087	1,100	1,107	↑	1st out of 7 health boards
SB	35,908	40,062	41,279	41,276	42,166	43,113	43,196	44,260	45,177	46,418	47,504	47,504	47,877	48,567	↓	6th out of 7 health boards

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Enhanced Monitoring Target: 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months	May 2026 Performance	69.56%
Enhanced Monitoring Target: 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	May 2026 Performance	56.05%
Enhanced Monitoring Target: 85% of patients waiting for a NOUS and non cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	May 2026 Performance	71.36%



How are we doing?

In May 2026, the organisation reported:

- 5065 patients were waiting greater than 8 weeks for a reportable diagnostic test, an increase of 2034 from the April position, and 4,085 on the 980 March position.
- A decline in performance against the percentage of patients waiting less than 8 weeks for a diagnostic test, with the percentage decreasing to 69.56% compared to 80.81% in April 2026. This follows the cessation of most additional schemes at the end of March, which were supporting the UHB meet both backlog and recurrent demand.
- 799 patients waiting over 8 weeks for a diagnostic endoscopy, which is an increase on the number of patients waiting over 8 weeks which was recorded in April 2026. The increase in capacity is a result of the additional In Health mobile unit capacity being stopped at the end of the financial year as a result of funding constraints. A reduction in clinical vetting has also come to an end due to loss of funding.
- 2,156 patients waiting over 8 weeks for NOUS and non-cardiac MRI, which is an increase on the 1,207 patients reported in April 2026. Deterioration in the position is for two reasons: cessation of additional activity over core and the late convergence of patients from HBSUK clinics

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Enhanced Monitoring Target: 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months	May 2026 Performance	69.56%
Enhanced Monitoring Target: 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	May 2026 Performance	56.05%
Enhanced Monitoring Target: 85% of patients waiting for a NOUS and non cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	May 2026 Performance	71.36%

How do we compare the rest of Wales

Number of patients waiting more than 8 weeks for a specified diagnostic																
LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	0	38,454	43,121	40,425	42,215	46,678	47,817	44,415	42,656	46,803	48,326	38,486	24,733	28,762		-
AB		1,225	1,767	1,405	1,541	2,116	1,808	1,540	1,806	2,118	2,387	1,557	233	971		3rd out of 7 health boards
BCU		12,612	13,998	13,716	15,055	16,927	18,826	19,534	19,237	21,679	21,800	19,408	13,778	12,386		7th out of 7 health boards
C&V		14,750	15,177	14,007	13,344	14,243	13,667	11,210	10,138	10,592	10,925	9,544	6,432	7,913		6th out of 7 health boards
CTM		2,991	5,001	5,081	6,355	7,509	7,769	6,254	5,364	4,467	3,436	1,748	0	275		2nd out of 7 health boards
HDda		4,556	4,617	3,831	3,481	3,289	2,598	1,944	1,656	1,876	3,669	3,290	3,308	4,149		5th out of 7 health boards
Powys		81	99	139	144	123	132	60	21	29	50	22	1	37		1st out of 7 health boards
SB		2,239	2,462	2,246	2,295	2,471	3,017	3,873	4,434	6,042	6,059	2,917	981	3,031		4th out of 7 health boards

What actions are we taking to improve?

- Reallocating funding to highest need modalities.
- NOUS overtime + insourcing; Performance & Improvement referral guidelines being followed and targeting a 15% increase in productivity
- Mobile MRI will be running 7 days/week, plus Saturday reporting and extended gantry hours.
- CT scanners will be running 7 days/week for at up to 12 hours/day.
- Endoscopy insourcing, Waiting List Initiatives, new appointment and additional Bowel Screening Wales accreditation. P&I Validation Guidelines
- Neurophysiology: Increasingly moving to Physiology provided service, with minimal medical resource available
- Established Diagnostics Board
- Exploring opportunities presented by AI with National Imaging Academy

What are the risks to delivery?

- Absenteeism of the work force which reduces our capacity to deliver
- Rising demand resulting from changes in clinical guidelines and clinical practices
- Current data validity issues are being experienced as a result of the RISP data function which is currently not operating and has had multiple operational issues since its installation. Manual downloads are currently being used as an alternative method.

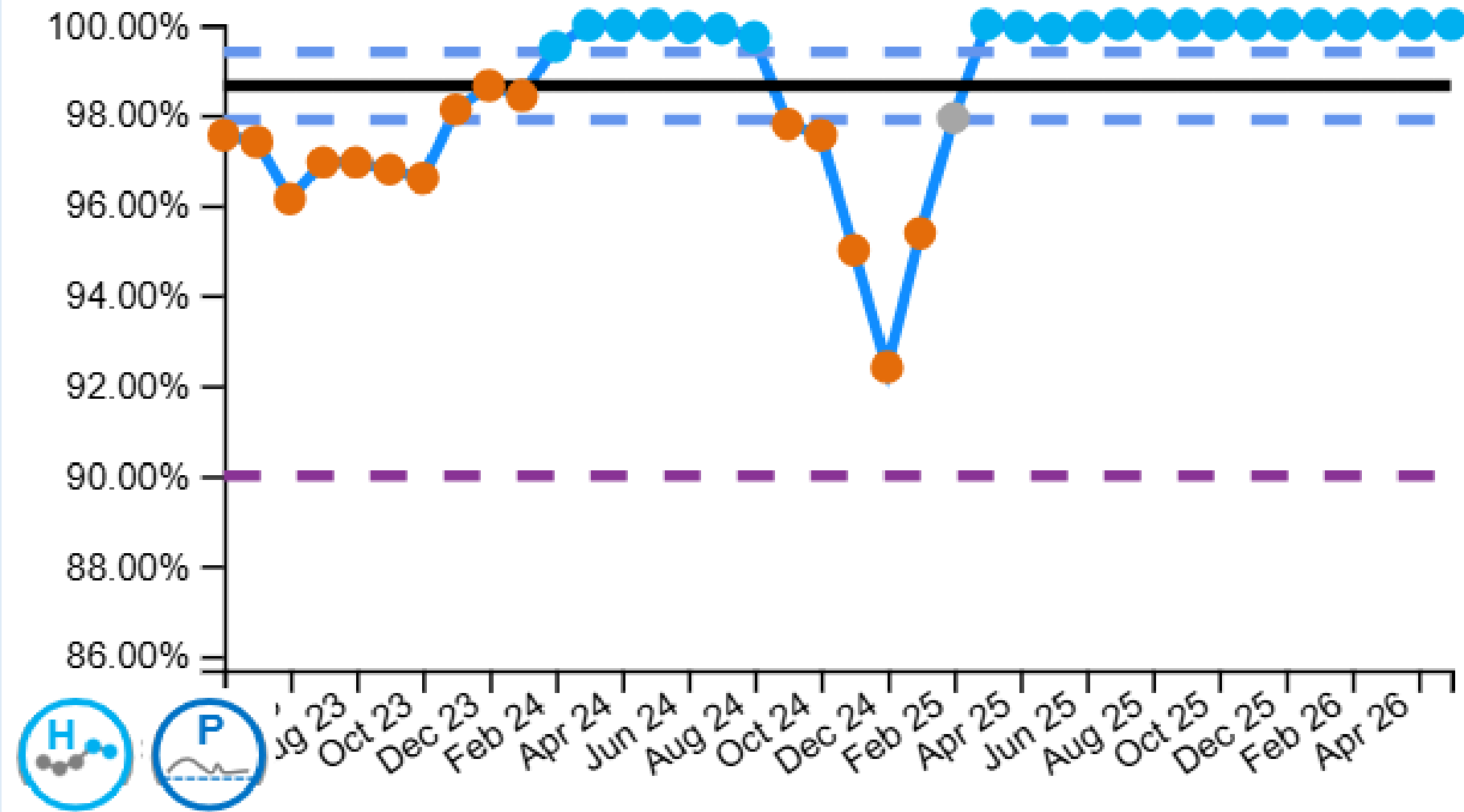
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Enhanced Monitoring Target: 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months

May 2026 Performance

100%

% of patients waiting less than 14 weeks for a specified therapy



How are we doing?

Therapies services remain fully compliant with the escalation target, with sustained 100% delivery since July 2025. Performance is closely monitored, and assurance processes are firmly embedded to maintain this position.

How do we compare across Wales?

Our performance remains strong across all therapy professions when compared across Wales. All adult and children/young people therapy services in SBUHB have consistently met the escalation standard and demonstrate a stable position relative to peers.

What actions are we taking to improve?

We continue to maintain robust capacity and demand management alongside effective job planning, refining these arrangements to ensure alignment with activity. In parallel, we are improving access routes and pathways to better empower patients, support self-management where appropriate, provide advice to stakeholders (e.g. schools), and optimise use of available capacity

What are the risks to delivery?

The principal risk to sustained delivery is any reduction in available capacity against a backdrop of sustained or increasing demand. There is also a need to manage clinical risk across the pathway, for example follow-up appointments. These risks are being actively managed through workforce planning, easy and early access and advice, prioritisation, and continued validation and oversight of demand trends.

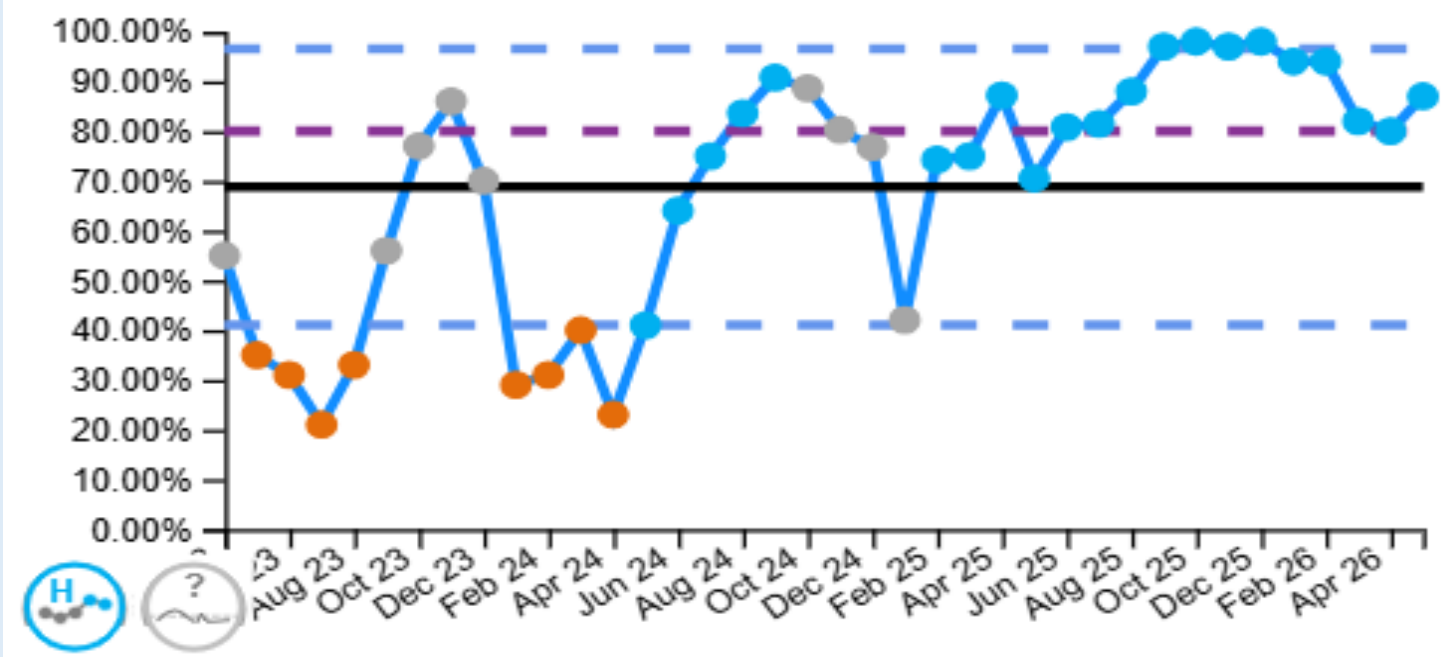
Number of patients (all ages) waiting more than 14 weeks for a specified therapy

LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	0	3,693	4,190	3,974	4,355	4,837	4,624	4,553	4,682	5,010	5,287	5,156	4,946	4,955	↓	-
AB		45	79	77	204	169	115	128	181	237	366	311	350	254	↓	4th out of 7 health boards
BCU		904	972	904	677	819	750	791	868	1,158	1,518	1,459	1,339	1,423	↓	6th out of 7 health boards
C&V		475	571	566	681	797	894	948	896	874	910	942	830	782	↓	5th out of 7 health boards
CTM		53	94	98	57	29	11	16	17	7	50	60	87	82	↑	3rd out of 7 health boards
HDda		2,207	2,384	2,306	2,699	2,966	2,807	2,630	2,693	2,722	2,438	2,380	2,336	2,414	↑	7th out of 7 health boards
Powys		6	85	20	37	57	47	40	27	12	5	4	4	0	↑	1st out of 7 health boards
SB		3	5	3	0	0	0	0	0	0	0	0	0	0	↑	1st out of 7 health boards

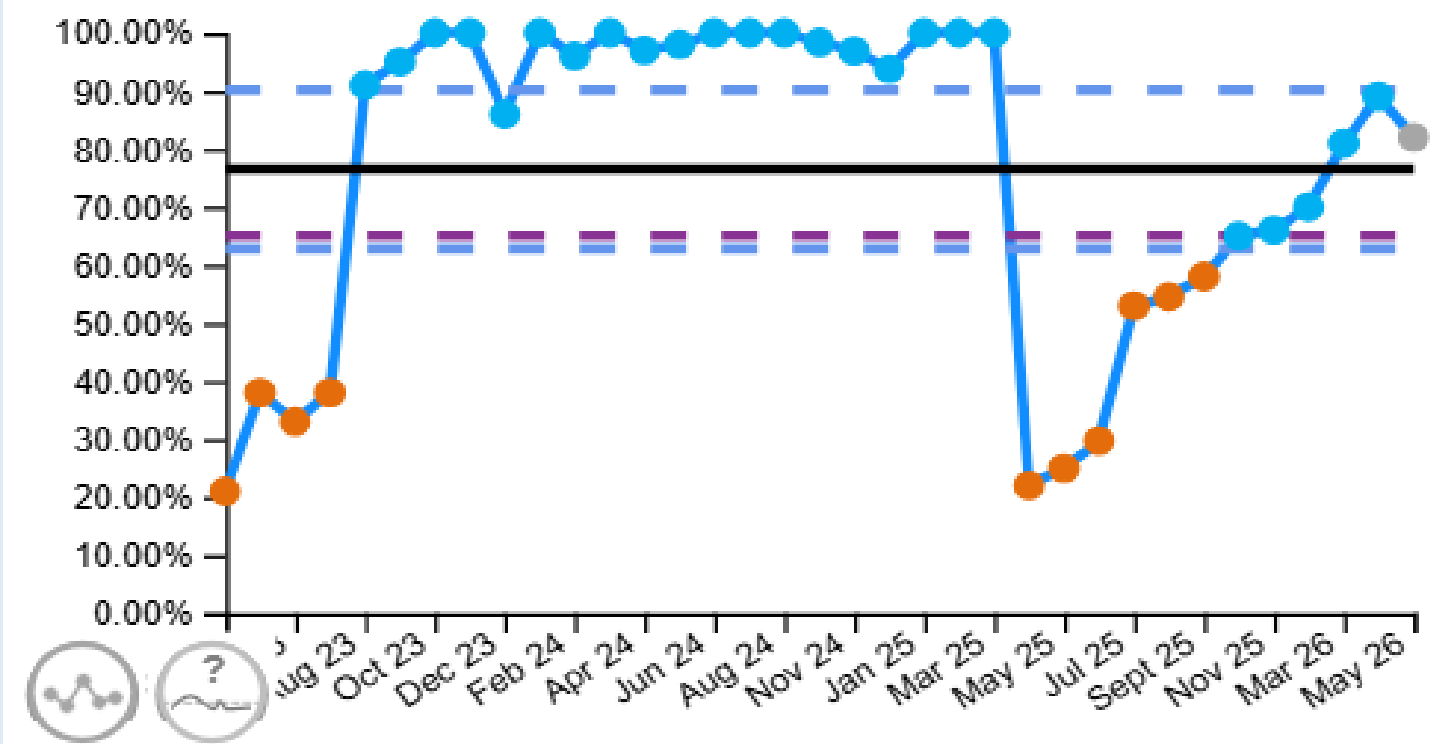
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<p>Enhanced Monitoring Target: 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral</p>	<p>May 2026 Performance</p>	<p>87%</p>
<p>Enhanced Monitoring Target: 70% of therapeutic interventions started within 28 days following an assessment by LPMHS</p>	<p>May 2026 Performance</p>	<p>82%</p>
<p>Enhanced Monitoring Target: 85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan</p>	<p>May 2026 Performance</p>	<p>95%</p>

% of Mental Health assessments undertaken within 28 days from the date of receipt of referral (under 18 years)



% of therapeutic interventions started within 28 days following assessment by LPMHSS (under 18 years)



How are we doing?

We have consistently met all CAMHS de-escalation criteria for several months, which reflects positively on our current performance. Our team's efforts have been instrumental in achieving and maintaining these standards. When comparing our performance across Wales, we continue to perform strongly in many areas. The 1B target for CAMHS is back into its national target for delivery of 80% as well as the Enhanced Monitoring target of 70%.

How do we compare across Wales?

Our performance is broadly comparable with other health boards in Wales across all areas. Nonetheless, there remains scope for further enhancement, particularly in domains where national targets are only just being achieved. Ongoing internal scrutiny is maintained to ensure that performance standards continue to be raised wherever possible.

What actions are we taking to improve?

- To sustain this level of performance, the service are focusing on several actions:
- Actively monitoring key indicators, regularly reviewing processes, and providing ongoing training and support for our staff.
 - Staffing levels are being reviewed and additional clinical capacity has been sought and secured to make delivery of targets sustainable for the future.
 - Engaging with stakeholders to identify further opportunities for improvement and ensuring early intervention where needed

What are the risks to delivery?

There are some risks to delivery that we need to be mindful of. These include staffing challenges, increasing demand for services, and potential changes in funding long term. The service is working proactively to mitigate these risks.

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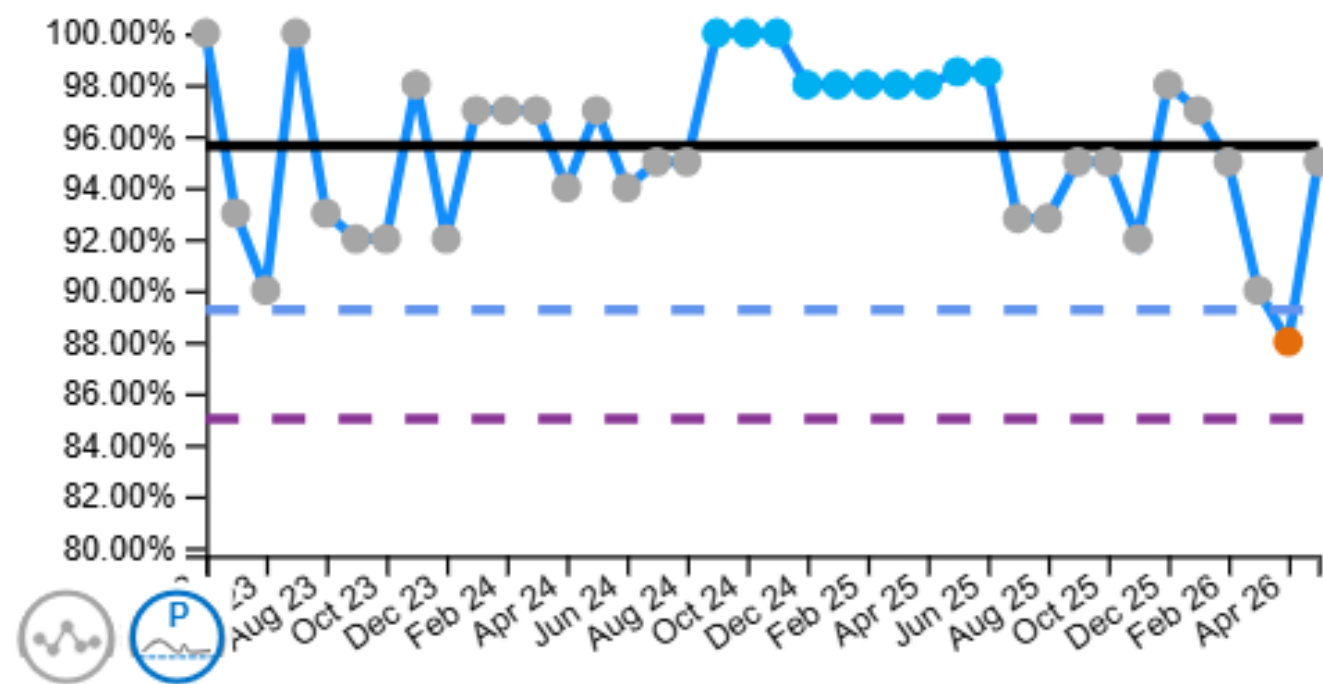
Enhanced Monitoring Target: 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral	May 2026 Performance	87%
Enhanced Monitoring Target: 70% of therapeutic interventions started within 28 days following an assessment by LPMHS	May 2026 Performance	82%
Enhanced Monitoring Target: 85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan	May 2026 Performance	95%

Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people age under 18 years																	
LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank	
Wales	80%	92.6%	92.9%	94.4%	93.3%	89.5%	96.2%	96.0%	91.2%	94.3%	90.2%	93.9%	91.6%	90.3%	↓	-	
AB		82.4%	94.9%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	96.8%	97.4%	99.0%	98.9%	↑	2nd out of 7 health boards
BCU		96.7%	93.8%	98.6%	94.6%	86.0%	94.2%	95.0%	83.6%	90.0%	81.1%	88.9%	88.9%	92.8%	↓	3rd out of 7 health boards	
C&V		98.9%	100.0%	97.8%	98.8%	98.6%	98.7%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↑	1st out of 7 health boards	
CTM		90.9%	90.4%	90.3%	88.4%	81.7%	94.1%	93.5%	85.9%	87.6%	90.3%	99.1%	91.2%	92.5%	↑	4th out of 7 health boards	
HDda		98.1%	97.8%	90.4%	94.3%	90.4%	95.2%	89.7%	93.0%	98.6%	93.1%	88.4%	87.7%	71.9%	↓	7th out of 7 health boards	
Powys		98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	100.0%	97.4%	90.2%	↓	5th out of 7 health boards
SB		87.2%	70.5%	80.8%	81.5%	88.0%	96.8%	98.0%	97.5%	97.9%	93.5%	93.4%	82.4%	80.2%	↑	6th out of 7 health boards	

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years																
LHB	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12 month trend	Rank
Wales	80%	68.9%	68.5%	67.6%	72.7%	76.1%	72.4%	73.6%	82.0%	87.6%	75.4%	72.7%	87.8%	84.5%	↑	-
AB		82.7%	84.4%	84.1%	81.0%	88.9%	80.0%	75.9%	90.2%	88.3%	83.8%	88.0%	91.2%	86.4%	↑	5th out of 7 health boards
BCU		41.9%	51.2%	50.7%	52.6%	53.7%	56.3%	55.0%	71.1%	70.0%	51.3%	52.2%	85.9%	78.1%	↑	6th out of 7 health boards
C&V		100.0%	100.0%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↑	1st out of 7 health boards
CTM		90.5%	92.0%	88.2%	87.2%	95.2%	86.6%	89.7%	88.0%	94.1%	87.1%	87.8%	92.1%	89.2%	↓	3rd out of 7 health boards
HDda		92.0%	84.8%	80.0%	90.9%	96.1%	77.8%	81.8%	95.2%	98.1%	90.7%	83.3%	69.2%	74.2%	↓	7th out of 7 health boards
Powys		85.7%	83.3%	93.8%	88.9%	82.8%	90.0%	88.0%	91.2%	91.2%	91.1%	94.4%	95.7%	87.0%	↑	4th out of 7 health boards
SB		22.0%	25.0%	29.7%	52.9%	54.5%	52.4%	65.3%	65.0%	70.0%	75.6%	75.8%	81.1%	89.5%	↑	2nd out of 7 health boards

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years																
LHB	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12 month trend	Rank
Wales	90%	96.2%	95.5%	94.0%	96.7%	96.8%	96.3%	93.4%	95.7%	93.3%	94.5%	94.6%	93.8%	93.8%	↓	-
AB		98.2%	94.8%	85.1%	96.5%	97.1%	90.0%	74.0%	100.0%	84.7%	98.3%	92.6%	92.6%	95.0%	↑	3rd out of 7 health boards
BCU		94.1%	95.2%	91.5%	94.6%	97.6%	99.2%	93.8%	96.0%	95.7%	94.2%	93.3%	93.8%	91.3%	↓	5th out of 7 health boards
C&V		90.2%	93.5%	95.4%	92.2%	94.1%	97.7%	92.5%	88.3%	94.6%	97.8%	98.8%	98.8%	98.7%	↑	1st out of 7 health boards
CTM		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	95.1%	98.6%	↓	2nd out of 7 health boards
HDda		91.8%	93.3%	93.4%	94.9%	98.7%	98.7%	96.1%	91.7%	91.9%	91.0%	91.2%	92.2%	94.5%	↓	4th out of 7 health boards
Powys		97.4%	92.4%	93.9%	97.9%	95.0%	93.6%	96.8%	95.0%	90.7%	86.7%	89.2%	90.7%	90.4%	↓	6th out of 7 health boards
SB		98.4%	98.4%	98.5%	98.5%	92.8%	92.8%	95.4%	95.2%	92.1%	98.4%	96.7%	95.2%	90.3%	↓	7th out of 7 health boards

% of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (under 18 years)



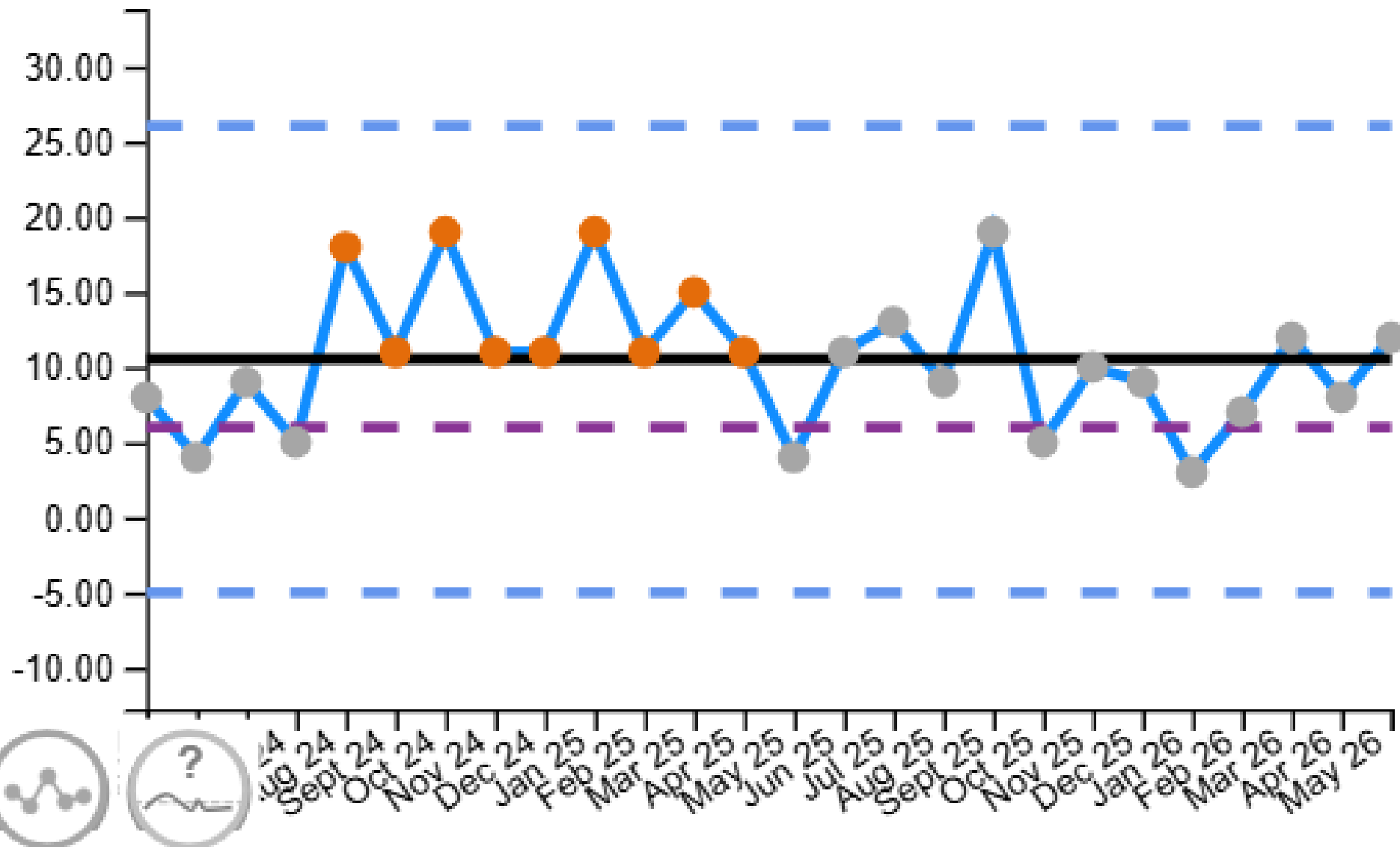
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Enhanced Monitoring Target: C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)

May 2026 Performance

12 cases

Number of Hospital Onset cases of C.difficile



How are we doing?

- May 2026 - 12 cases, previous month - 8 cases

What actions are we taking to improve?

- Gold IMT, SG case reviews, antibiotic stewardship audits including vascular surgery, mental health self harm prescribing, hospital acquired pneumonia (HAP) audits, IV to oral switch and asymptomatic C. diff screening study in AMU Morriston, HEPMA & SIGNAL integration for prescribing/ review prompts.
- Cleaning - Gap analysis on 2025 NSOC standards, a trial of microfibre cleaning system, purchasing new UV-C equipment, cleaning staff recruitment.

What are the risks to delivery?

- Increased infection risk to service users: over crowding, bed spacing, single room availability, ratio of toilets: service users, lack of ventilation, patient acuity, co-morbidities, older inpatient populations, increasing number of clinically optimised service users.
- Risks impacting of cleaning provision: over occupancy, reduced bed spacing, cleaning staff retention and recruitment, funding, lack of decant facility, ageing estate.

Cumulative number of C.difficile infection cases													
LHB	Target									Apr-26	May-26	12 month trend	Rank
										Apr-26	Apr-26 to May-26		
Wales	1,113									114	215	↑	-
AB	206									18	33	↑	4th out of 6 health boards
BCU	266									27	44	↑	5th out of 6 health boards
C&V	158									17	26	↑	1st out of 6 health boards
CTM	119									16	28	↑	2nd out of 6 health boards
HDda	138									17	30	↑	3rd out of 6 health boards
SB	206									17	50	↑	6th out of 6 health boards

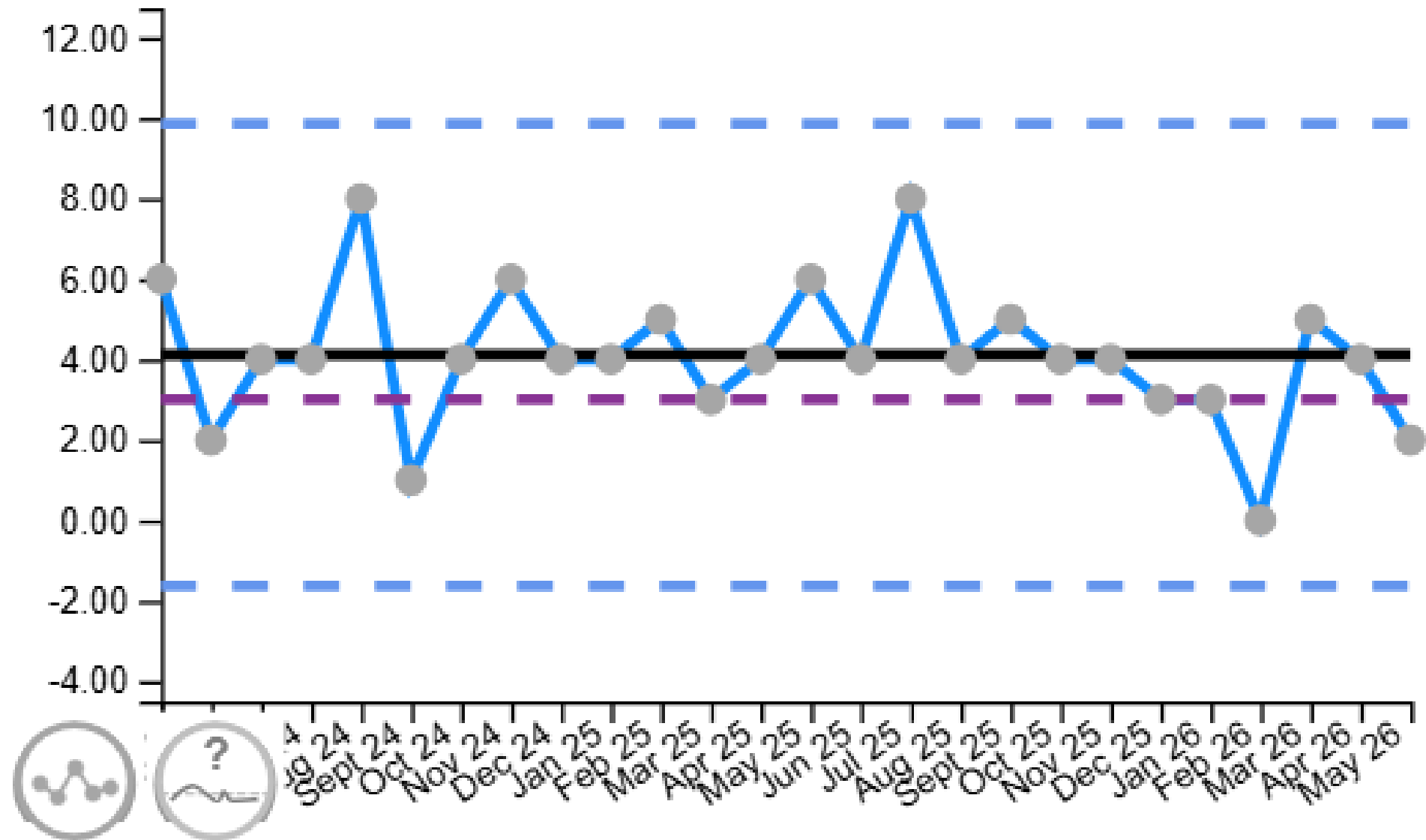
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Enhanced Monitoring Target: Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)

May 2026 Performance

2 cases

Number of Hospital Onset cases of S.aureus



How are we doing?

- May 2026 – 2 cases, April - 4 cases

What actions are we taking to improve?

- Focus on asepsis, audits on invasive device presence and Chlorhexidine impregnated wash cloth use.

What are the risks to delivery?

- Adherence with ANTT, invasive device presence and monitoring, service user acceptance of skin decolonisation wipes - Refresh ANTT training package and drive with assessors to increase competency assessment

Cumulative number of MSSA BSI cases															
LHB	Target											Apr-26	May-26	12 month trend	Rank
												Apr-26	Apr-26 to May-26		
Wales	706											78	146	↓	-
AB	136											21	32	↓	5th out of 6 health boards
BCU	135											24	43	↓	6th out of 6 health boards
C&V	135											9	22	↑	3rd out of 6 health boards
CTM	97											9	16	↑	2nd out of 6 health boards
HDda	98											11	22	↓	3rd out of 6 health boards
SB	101											4	10	↑	1st out of 6 health boards

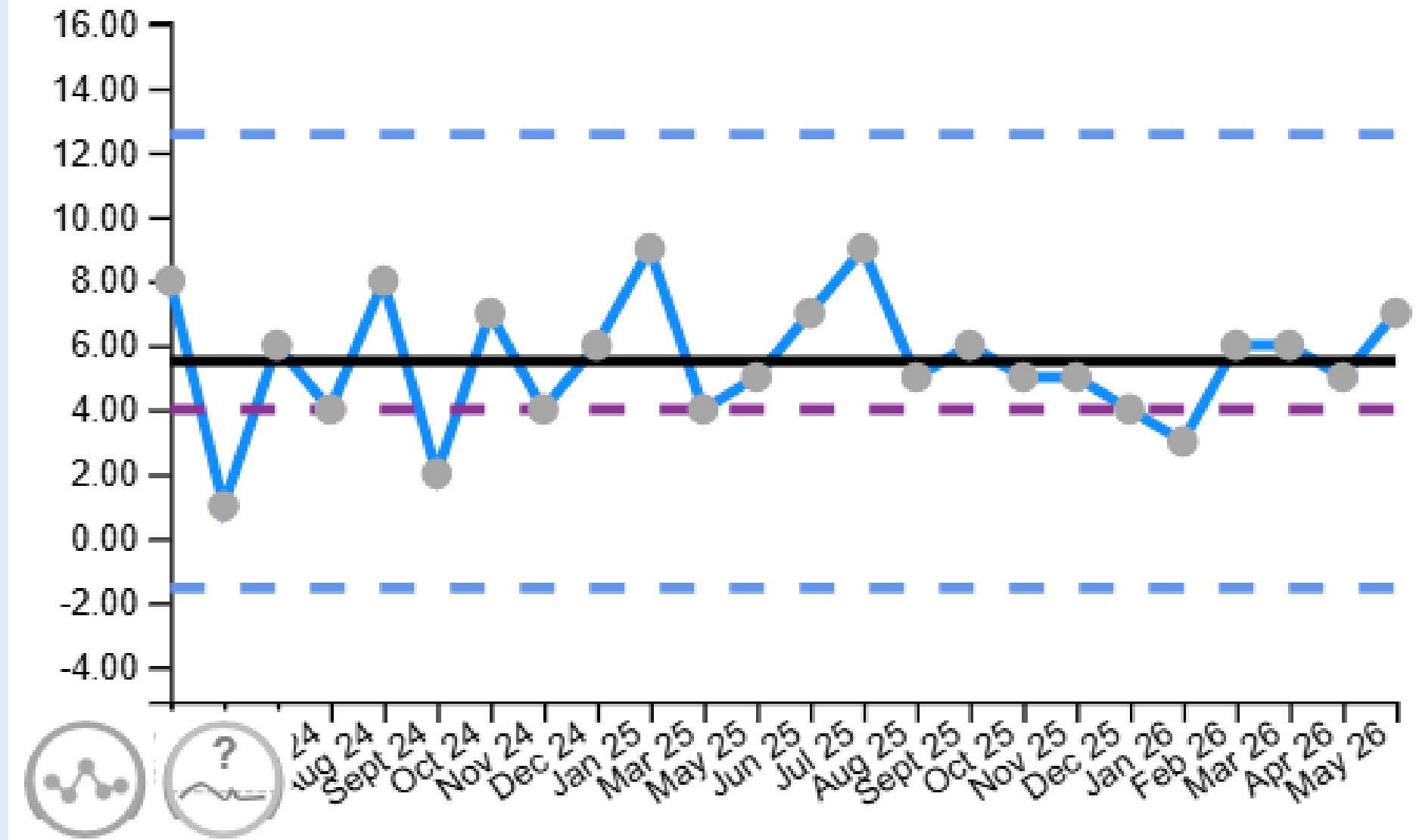
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Enhanced Monitoring Target: E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)

May 2026 Performance

7 cases

Number of Hospital Onset cases of E.coli



How are we doing?

- May 2026 – 7 Hospital Onset cases
- April 2026 – 5 HO cases

What actions are we taking to improve?

- Actions to improve quality of urine sampling, appropriate diagnosis and focus on reducing unnecessary invasive device presence.
- Care home work to reduce urinary tracts infections.

What are the risks to delivery?

- Patient factors linked to risk of developing urinary tract infections and hepatobiliary disease are often a source of *E. coli* bacteraemia episodes. A number of hospital onset cases manifest shortly after admission but the source of the bacteraemia may be community acquired.

Cumulative number of hospital onset E.coli BSI cases															
LHB	Target											Apr-26	May-26	12 month trend	Rank
												Apr-26	Apr-26 to May-26		
Wales	464											25	61	↑	-
AB	83											3	6	↑	1st out of 6 health boards
BCU	115											6	13	↑	5th out of 6 health boards
C&V	75											5	13	↑	5th out of 6 health boards
CTM	69											2	7	↑	2nd out of 6 health boards
HDda	54											5	11	↑	4th out of 6 health boards
SB	60											4	10	↑	3rd out of 6 health boards

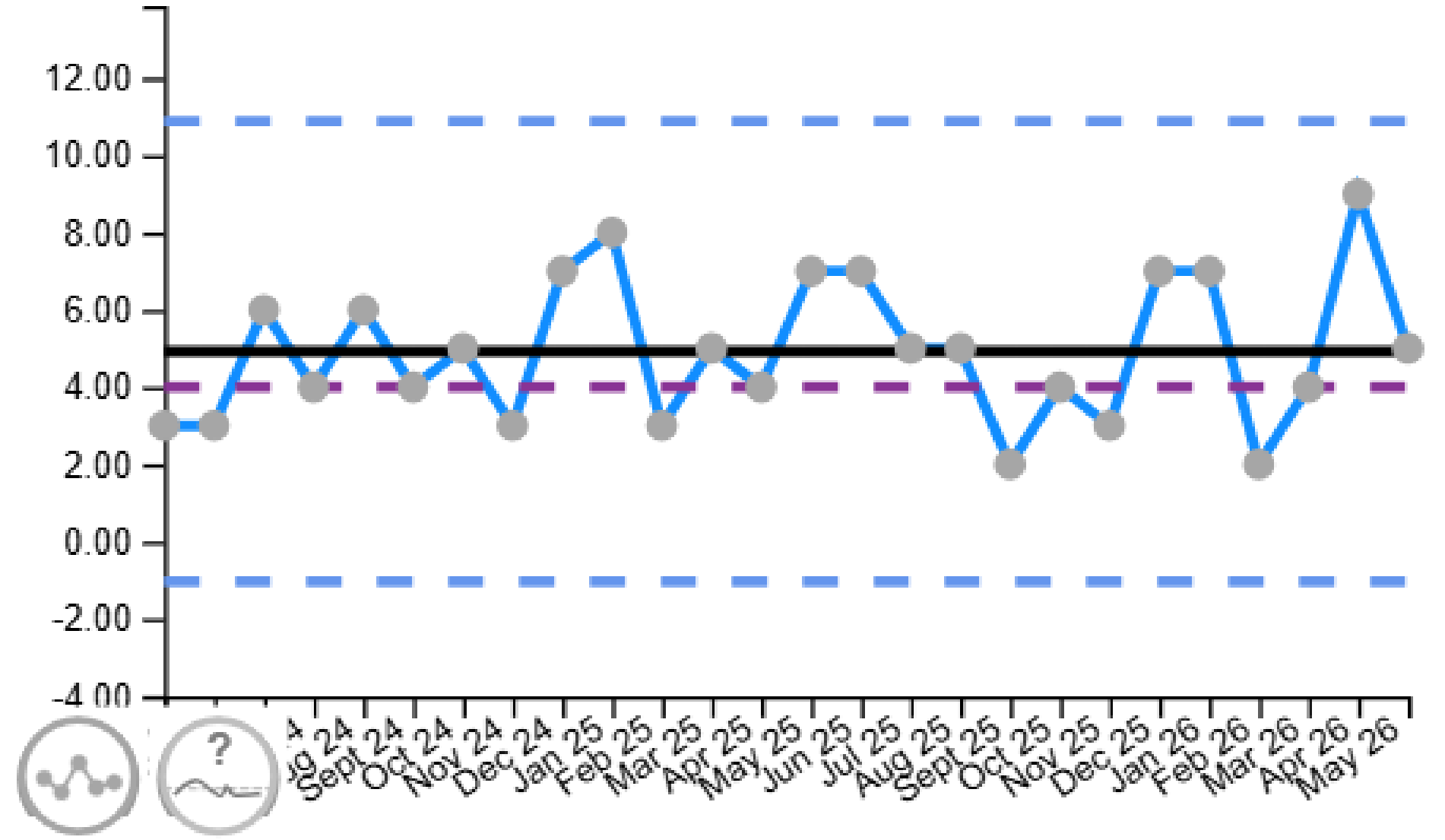
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Enhanced Monitoring Target: Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases in 2017/18, reduce to average of at most 4 per month)

May 2026 Performance

5 cases

Number of Hospital Onset cases of Klebsiella spp.



How are we doing?

- May 2026 – 5
- April 2026 – 9 HO cases

What actions are we taking to improve?


- Actions to improve quality of urine sampling, appropriate diagnosis and focus on reducing unnecessary invasive device presence.
- Undertaking risk-based impact assessment of new NHS Wales Standards for Healthcare Cleanliness, to identify quality and financial impact of moving towards implementation.

What are the risks to delivery?

- The increasing incidence of hepatobiliary disease in the population of Wales, *Klebsiella* spp. bacteraemia are often associated with hepatobiliary source.
- Overcrowding, reduced bed spacing, single-room/toilet constraints, poor ventilation and high patient acuity.
- Cleaning provision risks: over-occupancy, recruitment/retention, funding, no decant facility and ageing estate.

Cumulative number of hospital onset Klebsiella spp BSI cases																
LHB	Target											Apr-26	May-26	12 month trend	Rank	
												Apr-26	Apr-26 to May-26			
Wales	205											16	37	↑		-
AB	35											2	7	↓		5th out of 6 health boards
BCU	33											2	5	↑		3rd out of 6 health boards
C&V	42											2	6	↑		4th out of 6 health boards
CTM	25											0	4	↑		2nd out of 6 health boards
HDda	18											1	3	↑		1st out of 6 health boards
SB	45											9	12	↑		6th out of 6 health boards

Targeted Intervention (Level 4) – Maternity & Neonates

Criteria to Achieve	Current Performance
<ul style="list-style-type: none"> Ensure that the recommendations and actions in the Independent Review are progressed in line with agreed timescales and report progress to Welsh Government monthly, highlighting risks to delivery. 	<ul style="list-style-type: none"> - Perinatal improvement programme has been established Dec 2025 - Exec led workstreams are underway Dec 2025 - Quarterly Perinatal updates to Board ongoing - Perinatal Improvement Programme agreed in principle by Health Board Jan 2026; final revisions by Independent Oversight Panel be incorporated and approved at May 2026 Health Board.
<ul style="list-style-type: none"> Ensure that the agreed actions in the family-led review into Swansea Bay maternity services are progressed in line with agreed timescales and report progress to Welsh Government monthly, highlighting risks to delivery. 	<ul style="list-style-type: none"> • The agreed actions of the family led review have been integrated to the Independent Review improvement plan – Jan 2026 • Reporting to Welsh Government on quarterly basis, additional independent assessment reported by Independent Observer to Cabinet Secretary on quarterly basis.
<ul style="list-style-type: none"> Receive a positive assessment from the Welsh Government independent observer on progress against the agreed maternity and neonatal action plan. 	<p>Complete</p> <ul style="list-style-type: none"> • Positive assessment received on 31 March 2026, full response to be brought to Health Board meeting in May 2026.
<ul style="list-style-type: none"> Agree a set of sustainability conditions with Welsh Government that can be used to track improvements. 	<ul style="list-style-type: none"> • Have developed Perinatal reporting to Board through Quality & Safety committee Jul 2025 • Routinely reviewing staff retention and well-being plan – revised plan signed off Jan 2026 • Pulse surveys underway – quarterly • Robust Governance processes in place – Dec 2025
<ul style="list-style-type: none"> Evidence effective Board scrutiny and oversight of maternity and neonatal services. 	<p>Complete</p> <p>Governance structure in place – July 2025; updated Dec 2025</p> <div data-bbox="2792 1140 2968 1234" style="text-align: right;">  <p>Appendix 2 Perinatal Governanc</p> </div>
<ul style="list-style-type: none"> Embed the maternity and neo-natal dashboard across the service to demonstrate that data is driving real decision making. 	<p>Complete</p>
<ul style="list-style-type: none"> Regularly review the risk register, appropriate risk management, and mitigations. 	<p>Ongoing</p> <ul style="list-style-type: none"> - The risk register is reviewed at monthly Perinatal committee and flagged at Quality & Safety Committee and through to the Board
<ul style="list-style-type: none"> Regularly review against agreed outcomes to demonstrate that there is continued embedding of the LRI/NRIs, complaints and concerns process within quality governance, ensuring responses in a timely manner. 	<p>Ongoing</p> <ul style="list-style-type: none"> - Monthly reporting through Perinatal Committee and Board - Ward to Board reporting
<ul style="list-style-type: none"> Evidence a joint and effective PMRT meetings across the service with engagement of affected families. 	<p>Ongoing</p> <ul style="list-style-type: none"> - Part of the improvement plan and reported through Perinatal committee

Targeted Intervention (Level 4) – Maternity & Neonates

Criteria to Achieve	Current Performance
<ul style="list-style-type: none"> Maintain the required staffing establishment at appropriate numbers and grades. 	<p>Ongoing</p> <ul style="list-style-type: none"> Reported monthly through Perinatal committee, into Quality & Safety committee and into Board. Key element of performance report
<ul style="list-style-type: none"> Achieve and maintain training compliance rates for all staff in maternity and neonatal services. 	<p>Complete</p> <ul style="list-style-type: none"> Reviewed at monthly performance and perinatal committee – key element of the report
<ul style="list-style-type: none"> Demonstrate required corrective action against Patient Reported Outcome Measures and Patient Reported Experience Measures data for maternity and neonatal services. 	<p>Ongoing</p> <ul style="list-style-type: none"> All reported monthly through Perinatal committee, into Quality & Safety committee and into Board. Additional requirements included in perinatal improvement plan
<ul style="list-style-type: none"> Evidence how women and family feedback shapes service design within the health board. 	<p>Ongoing – Perinatal Improvement Plan outlines engagement blueprint as follows:</p> <ul style="list-style-type: none"> Service specific engagement undertaken by the service itself, mostly using its own contact with service users; ongoing rolling programme with reporting through Perinatal Committee. Service specific engagement undertaken by corporate teams, particularly DICE and the independent review’s engagement lead “Always on” engagement at a pan-Health Board level which sees generic engagement activity offering up insights and feedback relevant to the maternity and neonatal services. Ongoing Mapping of groups across the Swansea and Neath Port Talbot areas – to be completed April 2026 Develop a Network of Sounding Boards that builds on work being undertaken as part of the Women’s Health Plan – April 2026
<ul style="list-style-type: none"> Provide assurance that clinical leadership is consistent, visible, effective, and that leadership development support is in place. 	<p>Ongoing</p> <ul style="list-style-type: none"> Senior clinical staff present as required by BAPM guidance; underpinned by audit cycle and key indicators which include care planning in decision making. Reported to Perinatal Committee on monthly basis. Multidisciplinary Team Development Programme rooted in compassionate leadership, culture and behaviours to be delivered between Feb and April 2026; first session held 6 Feb 2026.
<ul style="list-style-type: none"> Provide assurance and evidence of an improving culture through appropriate surveys, and/or qualitative assessment for maternity and neonatal services. 	<p>Ongoing</p> <ul style="list-style-type: none"> Reported through monthly Perinatal committee and includes: <ul style="list-style-type: none"> Workforce heat maps that cover staff feedback Patient feedback Guardian service Patient voices forum Pulse surveys Feedback from all visitors reporting positive change

Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation

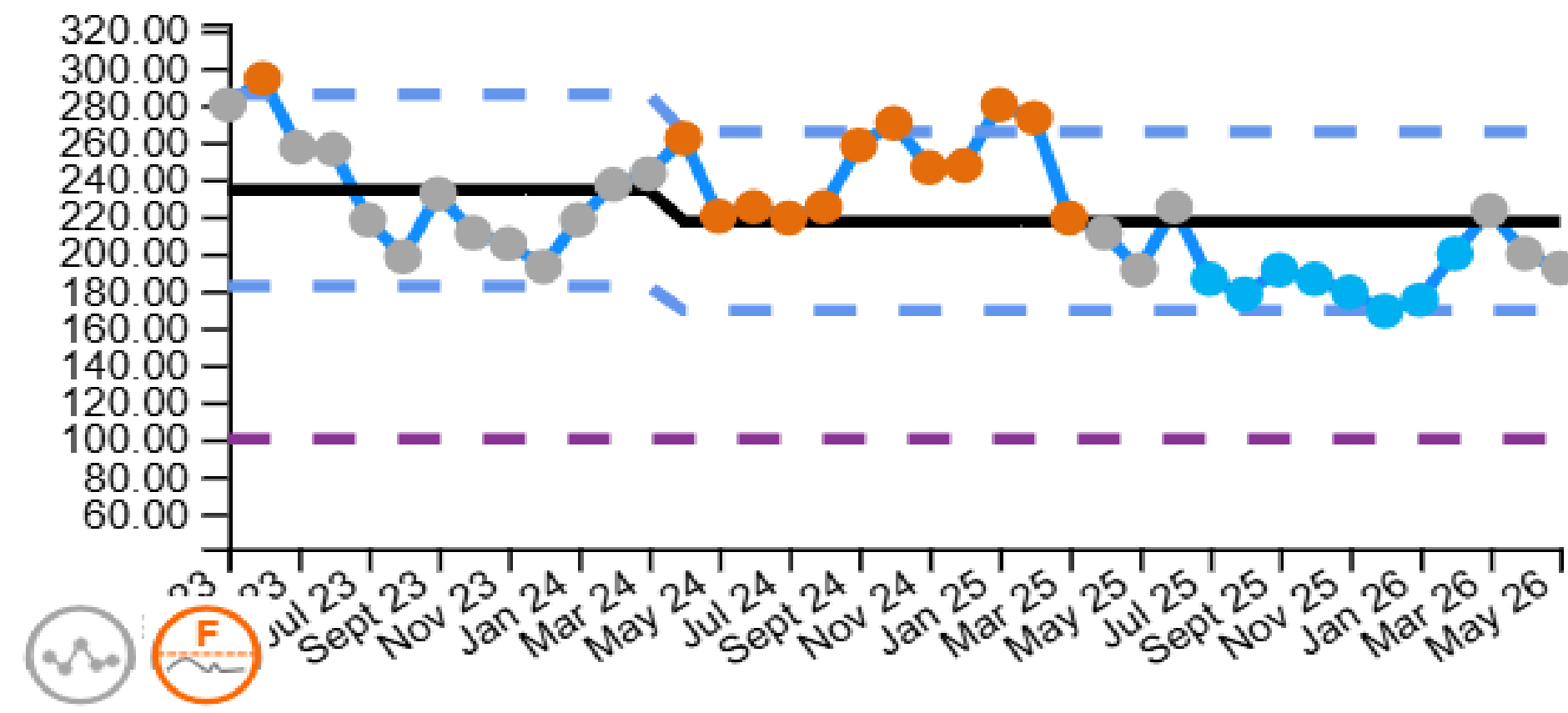
TI Target: Continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline)

May 2026 Performance

192

Breakthrough Objective: The number of Clinically Optimised patients should be <100 at any one time

Number of Pathways of Care delayed discharges



How are we doing?

In May 2026, the organisation reported that there were 192 patients classified as being clinically optimised which is an improvement on the 200 reported in April 2026.

What actions are we taking to improve?

- We will do this through consistent and integrated delivery of the 3 Pillars of UEC, and strengthened joint planning and accountability with partners, to ensure the best possible outcomes, value and experience for patients and staff.
- Optimal hospital flow is being rolled out. All pilot wards delivering 2 early morning discharges
- Assessment capacity is being ringfenced to create space for assessment
- Clinicians engaged in service optimisation and the wide system transformation
- Improved alignment via Regional Partnership Board on delivery of our COP reduction programme.

What are the risks to delivery?

- **Reliance on major system change:** success depends on full adoption of SPOA + push-flow model + Frailty Model
- **Workforce reallocation risk:** shifting staff/funding (primary care → UEC) may not be achieved or sustained
- **Flow dependency risk:** plan requires sustained improvements in discharge and bed turnover, including flow of the high numbers of clinically optimised patients

Top Ranked COP Wards, 10-06-26

Ward Description	COP Patients
Ward E (Morr)	16
Ward 3 (Sing)	15
Ward 4 (Sing)	15
Ward D (NPT)	14
Gowers Ward (Morr)	13
Ward C (NPT)	13
Ward D (Morr)	11

Top Ranked COP Reasons, 10-06-26

Medfit Reason	COP Patients
Awaiting completion of best interest decision	30
Awaiting reablement community care package	30
Awaiting completion of AHP Allied Health Professional Assessment	23
Awaiting completion of assessment by social care	14
Awaiting Social worker allocation	14
Awaiting completion of assessment Nursing	8
Awaiting joint assessment	8

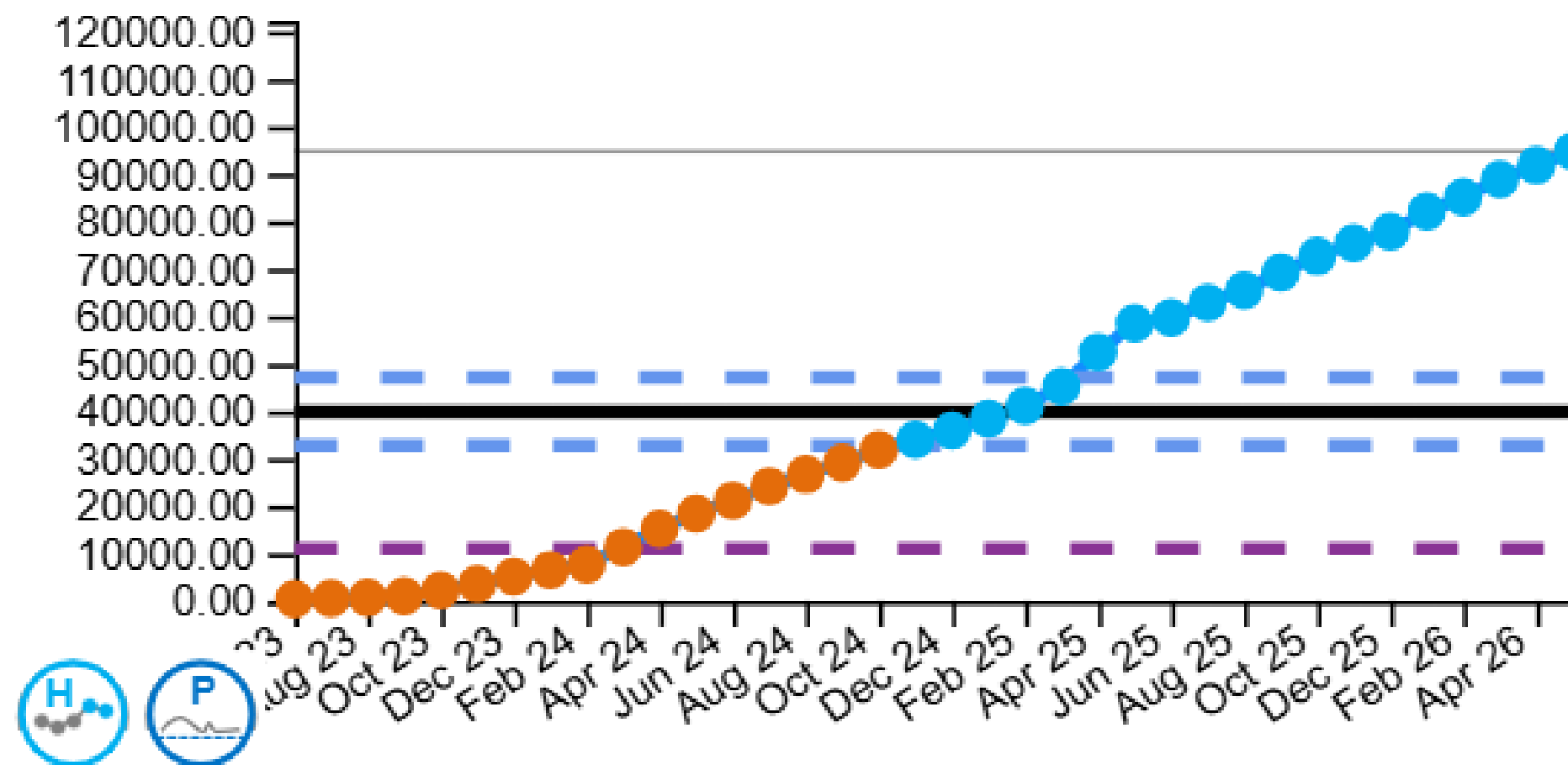
Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation

Breakthrough Objective: Increase in the take up of the NHS App by 25% (from a March 2026 baseline)

May 2026 Performance

94,762 registered users

Number of patients registered to the NHS Wales app



How are we doing?

- As of the end of May 2026, there were 94,762 registered users of the NHS Wales App within Swansea Bay.
- Registrations are currently increasing at approximately 3,000 users per month.

How do we compare across Wales?

- Swansea Bay’s uptake is around the national average across NHS Wales organisations.
- Comparative adoption rates:
 - BCU, AB, CAV: ~24%
 - SBU: ~23.5%
 - CTM: ~23%
 - HDD and Powys: ~21%

What actions are we taking to improve?

- Promotion of the NHS Wales App has been restricted due to Welsh Government guidance, which currently limits formal promotion until national launch approval.
- In the interim, we have been actively promoting the Swansea Bay Patient Portal (SBPP).
- Communications highlight that SBPP can be accessed via the NHS Wales App, although we are unable to directly promote the app itself at this time. We have escalated this to the Product Owner of the App in DHCW to ask for guidance on local promotion of the App in the absence of the national campaign being approved.

What are the risks to delivery?

- Staff engagement across primary, secondary, and community care remains a key dependency. Increasing uptake will require consistent reinforcement at all patient touchpoints.
- Dependence on Welsh Government approval for communications presents a risk—without approval, we are unable to undertake broader promotional activity to drive sign-ups.

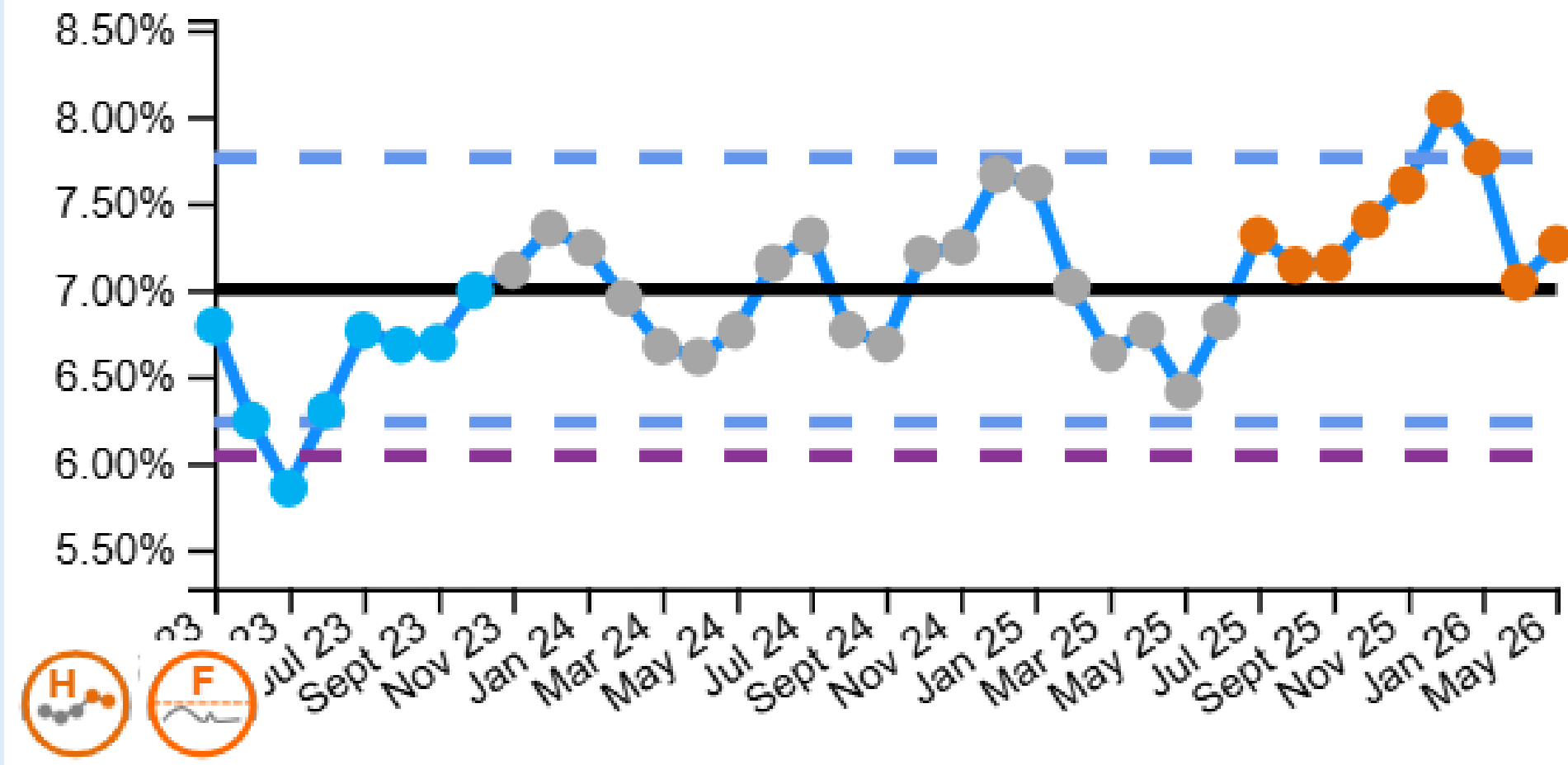
The health board is a great place to work where all staff feel valued and work together towards a common goal

Breakthrough Objective: Improvement in staff health and wellbeing by 1% to reach a target of 6.04% in March 2027

May 2026 Performance

7.26%

% workforce sickness absence (In-Month)



How are we doing?

The rolling sickness absence figure for April is 7.26% which is an increase compared to April where 7.04% was reported.

We have seen a reduction in long term absence, increase in short term absence and stress, anxiety remain our highest reason for absence.

What actions are we taking to improve?

- Strengthen data, governance, and early intervention to improve sickness absence management
- Develop prospective, near real-time reporting with Digital and BI teams to enable earlier identification of trends and hotspot areas
- Maintain sickness reporting through the monthly Workforce Steering Group, feeding into R&S Board
- Embed timely sickness reviews, return-to-work discussions, and access to wellbeing support
- Adopt a holistic approach to understand cultural and environmental factors influencing absence
- Target interventions in high-risk areas and promote a proactive, preventative approach to workforce wellbeing

What are the risks to delivery?

- Some of the risks include the cultural challenges, organisational change and capacity.
- Currently, reporting is retrospective and limited to a monthly view, which restricts the ability to intervene early and effectively manage sickness absence.

Percentage of sickness absence rate of staff																	
Org	Target	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12mth Trend	Rank	
Wales	Rolling 12 month reduction compared to the same period in the previous year	6.27%	6.24%	6.26%	6.27%	6.22%	6.24%	6.27%	6.27%	6.32%	6.34%	6.34%	6.36%	6.38%	↓	-	
AB		6.44%	6.44%	6.43%	6.44%	6.44%	6.46%	6.48%	6.50%	6.50%	6.51%	6.50%	6.51%	6.55%	↓	9th out of 13 organisations	
BCU		6.09%	6.09%	6.07%	6.07%	6.04%	6.05%	6.07%	6.09%	6.09%	6.08%	6.09%	6.07%	6.10%	6.09%	↓	7th out of 13 organisations
C&V		6.33%	6.36%	6.39%	6.39%	6.36%	6.37%	6.41%	6.42%	6.42%	6.46%	6.43%	6.41%	6.42%	6.38%	↓	8th out of 13 organisations
CTM		6.89%	6.90%	6.92%	6.96%	6.99%	7.05%	7.12%	7.17%	7.17%	7.25%	7.34%	7.37%	7.41%	7.47%	↓	12th out of 13 organisations
HDda		6.61%	6.61%	6.60%	6.56%	6.51%	6.54%	6.57%	6.61%	6.61%	6.64%	6.63%	6.62%	6.65%	6.70%	↓	10th out of 13 organisations
Powys		5.22%	5.24%	5.27%	5.29%	5.29%	5.34%	5.35%	5.32%	5.32%	5.31%	5.32%	5.33%	5.31%	5.38%	↓	5th out of 13 organisations
SB		7.08%	7.07%	7.04%	7.02%	7.01%	6.96%	7.07%	7.10%	7.10%	7.13%	7.17%	7.20%	7.21%	7.25%	↓	11th out of 13 organisations
PHW		4.24%	4.31%	4.36%	4.45%	4.52%	4.57%	4.58%	4.58%	4.59%	4.56%	4.55%	4.54%	4.59%	4.66%	↓	4th out of 13 organisations
Velindre		5.21%	5.17%	5.13%	5.10%	5.14%	5.14%	5.10%	5.10%	5.11%	5.18%	5.30%	5.37%	5.42%	5.53%	↓	6th out of 13 organisations
WAST		7.84%	7.81%	7.74%	7.74%	7.73%	7.77%	7.80%	7.81%	7.81%	7.84%	7.88%	7.88%	7.91%	7.92%	↓	13th out of 13 organisations
DHCW		2.89%	3.19%	2.65%	3.02%	3.09%	3.25%	3.30%	3.26%	3.26%	3.29%	3.25%	3.23%	3.20%	3.20%	↓	2nd out of 13 organisations
HEIW		3.04%	2.98%	2.85%	2.72%	2.72%	2.71%	2.74%	2.77%	2.77%	2.86%	2.95%	2.94%	2.88%	2.97%	↓	1st out of 13 organisations
NWSSP		3.25%	3.31%	3.27%	3.23%	3.26%	3.34%	3.33%	3.34%	3.34%	3.37%	3.35%	3.34%	3.29%	3.30%	↓	3rd out of 13 organisations

The health board is a great place to work where all staff feel valued and work together towards a common goal

Breakthrough Objective: Improvement in staff health and wellbeing by 1% to reach a target of 6.04% in March 2027

May 2026 Performance

7.26%

Service Group(Org L5)	Actual in month sickness % @ 31.5.2026	Rolling 12 Months % @ 31.5.2026	In-Month Trendline (over last 12 months)	Rolling 12 Month Trendline (over last 12 months)
130 D3 DICE - Dir	0.00%	4.03%		
130 D3 Medical Director - Dir	0.00%	4.71%		
130 D3 Clinical Medical School - Dir	0.60%	7.11%		
130 D3 Public Health DIR	1.14%	3.54%		
130 D3 Director of Strategy - Dir	1.60%	2.56%		
130 D3 Board Secretary - Dir	1.72%	2.58%		
130 D3 Therapies & Health Sciences - Dir	2.49%	5.86%		
130 D3 Workforce & Organisational Development - Dir	3.92%	5.05%		
130 D3 Digital Services - Dir	4.81%	5.70%		
130 D3 EMRTS - Dir	5.15%	4.42%		
130 D3 Nurse Director - Dir	5.18%	4.48%		
130 Primary Care & Community Service Group - Dir	6.85%	7.37%		
130 D3 Finance & Estates - Dir	6.88%	6.37%		
130 Morriston Service Group - Dir	6.95%	7.11%		
130 NPTS Service Group - Dir	7.11%	7.10%		
130 MH & LD Service Group - Dir	9.07%	8.53%		
130 D3 Chief Operating Officer - Dir	10.25%	10.01%		
130 D3 Clinical Research Unit - Dir	19.02%	11.09%		

Use every NHS £ wisely

Breakthrough Objective: The health board is a resilient, sustainable and responsible organisation

May 2026 Performance

£1.9m Savings delivered
(against the month 1 target of £5.42m)

Month 1 Performance:

Reported Month 2 deficit

£7.656m

£1.3m worse than the planned monthly deficit of £6.4m.

2026/27 planned deficit

£76.6m

Plan not approved/accepted by Welsh Government; revised submission due 29 May 2026.

PSPP performance

97.1%

Above the reported >95% target for public sector payment policy.

Overall Position

- Performance is adverse to the draft deficit plan from the second month.
- To meet the £76.6m plan, the £1.3m Month 2 adverse variance needs to be recovered in-year.
- Cumulatively the Health Board is over plan by £3.4m at the end of Month 2 or £7.4m based on the further stretched target of 2025/26 outturn.

	Based on £76.6m Plan	Based on £53.2m Outturn
	£'m	£'m
Month 2 Plan	6.4	4.4
Non delivery of required savings	3.5	5.5
Operational variation		
2026/27 Slippage Inflation & Growth	(1.2)	(1.2)
Grip & Control Vacancies	(0.9)	(0.9)
Other Non-Pay	(0.1)	(0.1)
Month 2 Outturn	7.7	7.7

TARGET	ACTUAL PERFORMANCE
Cash Balance Bank < £6.0m	£7.256m
In Month Performance Revenue Resource Limit ≤ 2/ 12 th £76.6m	£7.656m
YTD Performance Revenue Resource Limit ≤ £ 2/12 th £76.6m x YTD Months	£16.174m
YTD Performance Capital Resource Limit ≤ £0m	£0
YTD Performance Public Sector Payment Policy > 95%	97.1%

Use every NHS £ wisely

Breakthrough Objective: The health board is a resilient, sustainable and responsible organisation

April 2026 Performance

£1m Savings delivered
(against the month 1 target of £5.42m)

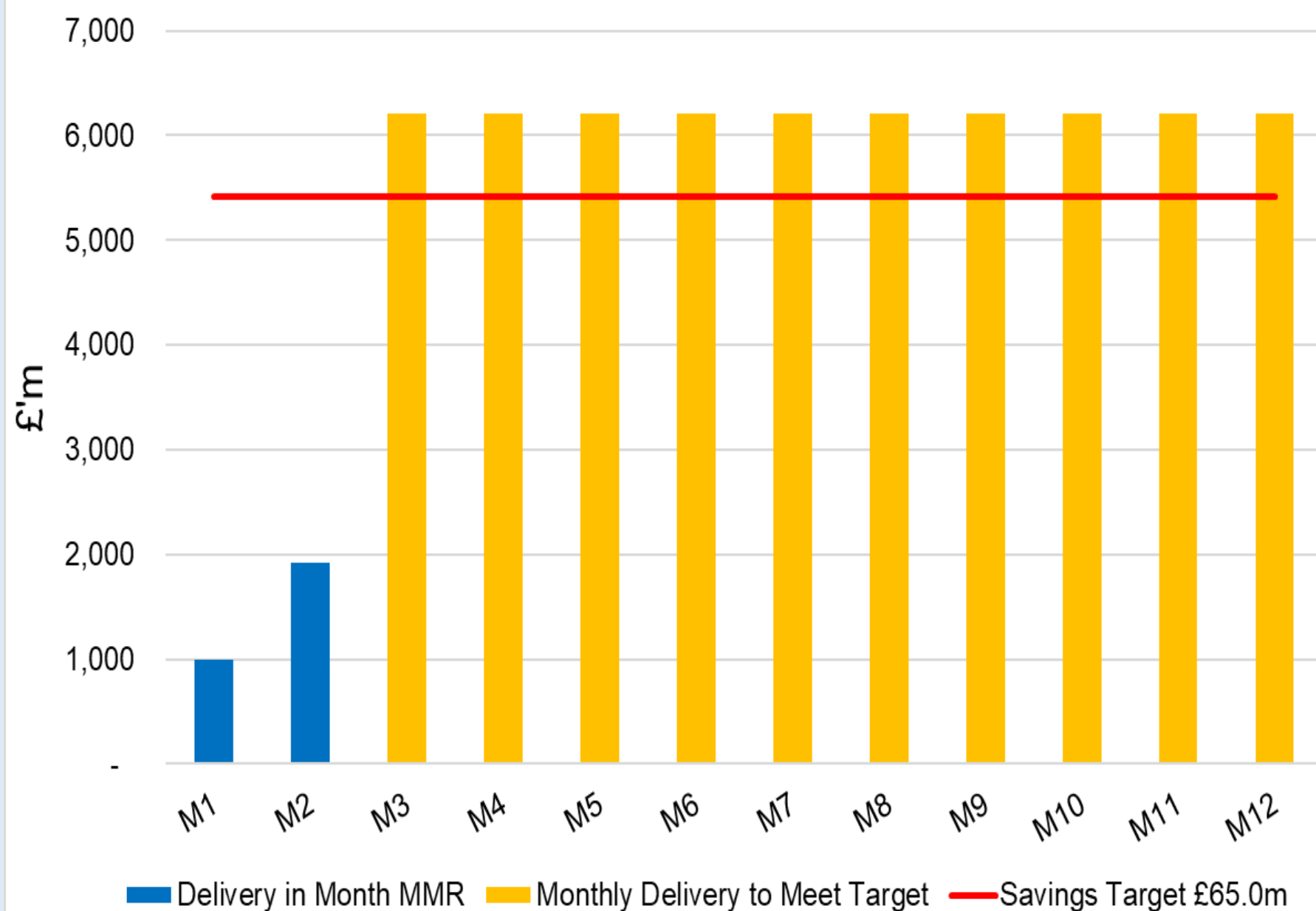
Main drivers in Month 1:

- Savings delivery is identified as the key driver of the overspend.
- Income is below the 2025/26 average; JCC income reported a slight underperformance, and Dental Contract underperformance by £0.1m.
- Month 2 Pay was broadly in line with Month 1, with vacancies more than offsetting the pressures in Medical and Dental and Nursing linked to high levels of sickness absence and a continuation of staffing surge bed capacity

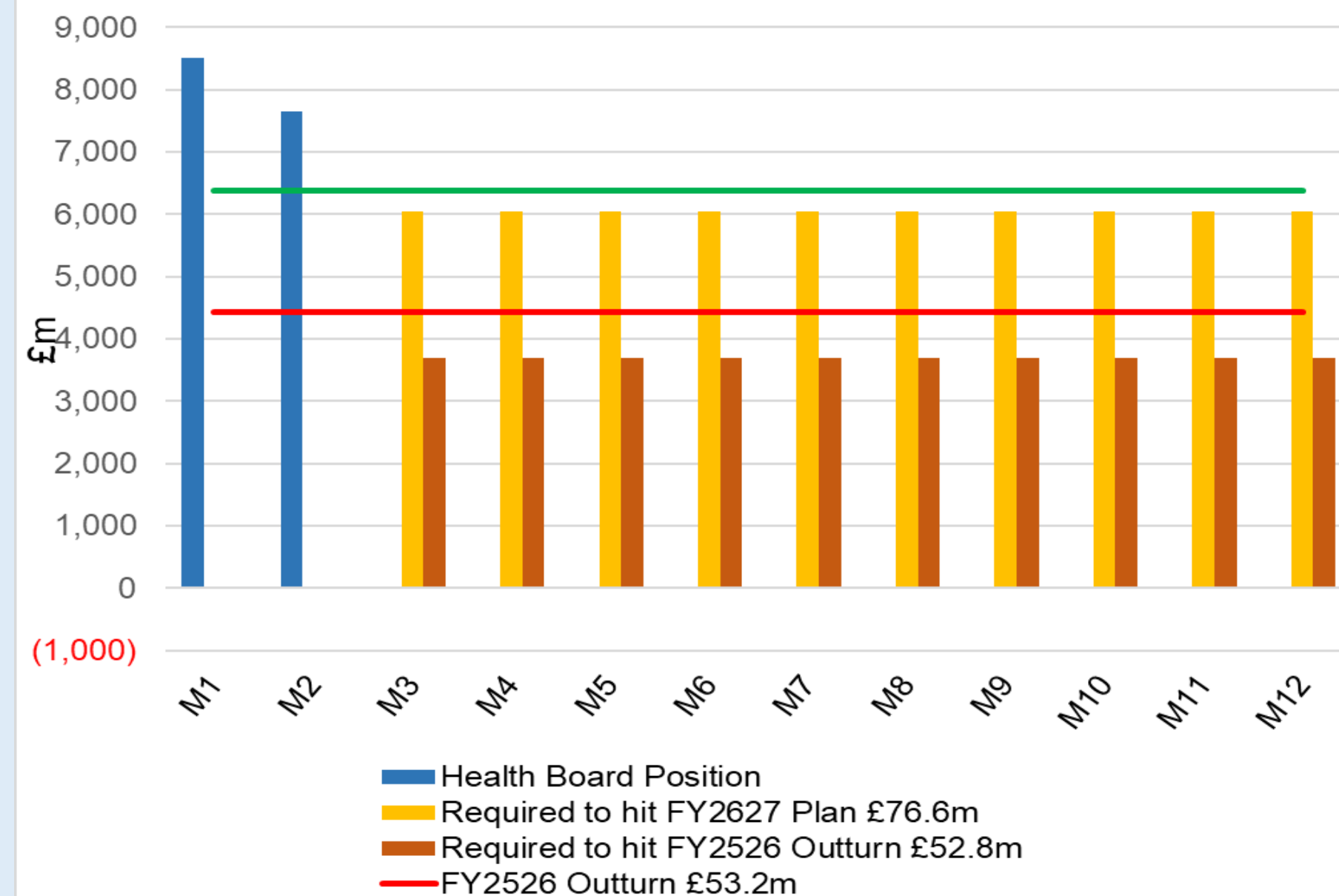
Other Spend Indicators

- Variable pay is £4.716m, Bank and agency are the key driver for this continued high spend, with other areas showing some improvement in Month 2.
- Non-pay expenditure is slightly lower than the last years' average.
- Prescribing is providing a breakeven position in-month following receipt of the latest datasets (March 2026; PAR data is received 2 months in arrears).

Savings Delivery 2026/27



Health Board Financial Performance 2026/27



Section 3:

Summary of the performance against the NHS Wales Performance Framework Measures 2026-27



NHS Wales Performance Framework Measures 2026-27

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.

Performance Measure	Target	Data	Latest Position		Reporting Frequency
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Target (2025-26)	<p>Q4 23/24 Q4 24/25 Q3 25/26</p> <p>● % who made a quit attempt - - - WG Target</p>	3.35%	Q3 2025/26	Quarterly
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	<p>Dec-23 Mar-24 Jun-24 Sep-24 Dec-24 Mar-25 Jun-25 Sep-25 Dec-25 Mar-26</p> <p>● Up to schedule age 5 - - - WG Target</p>	87.7%	December 2025	Quarterly
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	<p>Dec-23 Mar-24 Jun-24 Sep-24 Dec-24 Mar-25 Jun-25 Sep-25 Dec-25 Mar-26</p> <p>● HPV Vaccine by age 15 - - - WG Target</p>	85.5%	December 2025	Quarterly
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	<p>2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 2024/25 2025/26</p> <p>● 65 years + - - - WG Target</p>	68.9%	2025/26	Monthly
Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	70%	<p>Sep-25 Oct-25 Nov-25 Dec-25 Jan-26 Feb-26 Mar-26 Apr-26</p> <p>● % Uptake of RSV - - - WG Target</p>	49.8%	April 2026	Monthly

NHS Wales Performance Framework Measures 2026-27

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

Performance Measure	Target	Data Source	Latest Position	Reporting Frequency
Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	80%	<p>% assessments within 28 days (>18 yrs)</p> <p>WG Target</p>	96%	Monthly
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	80%	<p>% interventions within 28 days (>18 yrs)</p> <p>WG Target</p>	80%	Monthly
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	<p>% NDD within 26 weeks</p> <p>WG Target</p>	43.1%	Monthly
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	<p>% waiting < 26 weeks</p> <p>WG Target</p>	38.2%	Monthly
Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	End of quarter on end quarter improvement	<p>Return of Spontaneous Circulation rate</p> <p>WG Target - End of quarter on end quarter improvement</p>	10.7%	Monthly

NHS Wales Performance Framework Measures 2026-27

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

Performance Measure	Target	Data Source	Latest Position	Reporting Frequency
Median emergency ambulance response time to purple: arrest category calls	6-8 Minutes		8.39	April 2026 Monthly
Median emergency ambulance response time to red: emergency category calls	6-8 Minutes		9.34	April 2026 Monthly
Number of ambulance patient handovers over 45 minutes	0		501	May 2026 Monthly
Percentage of ambulance patient handovers within 15 minutes	80%		23.43%	May 2026 Monthly
Percentage 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	95%		67.72%	May 2026 Monthly

NHS Wales Performance Framework Measures 2026-27

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

Performance Measure	Target	Data Source	Latest Position	Reporting Frequency
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	0	<p>Number waiting > 14 weeks</p> <p>WG Target</p>	16	Monthly
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	0	<p>Number waiting > 6 weeks</p> <p>WG Target</p>	207	Monthly

NHS Wales Performance Framework Measures 2026-27

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.

Performance Measure	Target	Data Source	Latest Position	Frequency
Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	<p>Legend: % of episodes clinically coded within 1 month of discharge (blue line), Target (red dashed line)</p>	2%	April 2026
Nationally reportable incidents open over 12 months	0	<p>Legend: NRI's open over 12 months (blue line), WG Target (red dashed line)</p>	3	May 2026
Gabapentin and pregabalin DDDs per 1,000 patients	10% reduction compared to same period in the previous year	<p>Legend: Gabapentin & Pregabalin DDS's per 1,000 patients (blue line)</p>	1397.8	Q4 2025/26
Average quantity per item prescribed from start period for the reference basket of medicines	35	<p>Legend: Average item of quantity prescribed for reference basket of medicines (blue line)</p>	30.82	March 2026
Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed	60.6%	<p>Legend: Low global warming potenital inhalers as a % of all inhalers prescribed (blue line)</p>	45.6%	Q4 2025/26

NHS Wales Performance Framework Measures 2026-27

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.

Performance Measure	Target	Data	Latest Position	Frequency																																																					
Number of never events	0	<table border="1"> <caption>Never Events Data</caption> <thead> <tr> <th>Month</th> <th>Never Events</th> </tr> </thead> <tbody> <tr><td>May-24</td><td>0</td></tr> <tr><td>Jun-24</td><td>0</td></tr> <tr><td>Jul-24</td><td>1</td></tr> <tr><td>Aug-24</td><td>0</td></tr> <tr><td>Sep-24</td><td>0</td></tr> <tr><td>Oct-24</td><td>2</td></tr> <tr><td>Nov-24</td><td>0</td></tr> <tr><td>Dec-24</td><td>1</td></tr> <tr><td>Jan-25</td><td>0</td></tr> <tr><td>Feb-25</td><td>0</td></tr> <tr><td>Mar-25</td><td>0</td></tr> <tr><td>Apr-25</td><td>1</td></tr> <tr><td>May-25</td><td>2</td></tr> <tr><td>Jun-25</td><td>0</td></tr> <tr><td>Jul-25</td><td>0</td></tr> <tr><td>Aug-25</td><td>0</td></tr> <tr><td>Sep-25</td><td>0</td></tr> <tr><td>Oct-25</td><td>0</td></tr> <tr><td>Nov-25</td><td>0</td></tr> <tr><td>Dec-25</td><td>0</td></tr> <tr><td>Jan-26</td><td>0</td></tr> <tr><td>Feb-26</td><td>0</td></tr> <tr><td>Mar-26</td><td>0</td></tr> <tr><td>Apr-26</td><td>0</td></tr> <tr><td>May-26</td><td>0</td></tr> </tbody> </table>	Month	Never Events	May-24	0	Jun-24	0	Jul-24	1	Aug-24	0	Sep-24	0	Oct-24	2	Nov-24	0	Dec-24	1	Jan-25	0	Feb-25	0	Mar-25	0	Apr-25	1	May-25	2	Jun-25	0	Jul-25	0	Aug-25	0	Sep-25	0	Oct-25	0	Nov-25	0	Dec-25	0	Jan-26	0	Feb-26	0	Mar-26	0	Apr-26	0	May-26	0	0	May 2026	Monthly
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SBUHB Local Watch Metrics

Stroke					
Performance Measure	Target	Data	Latest Position		Frequency
% of patients Thrombolysed	20%	<p>Line chart showing % of patients Thrombolysed from Oct-24 to Apr-26. The y-axis ranges from 0% to 30%. A red dashed target line is at 20%. The blue data line fluctuates around 15-20%.</p>	10.5%	April 2026	Monthly
% door to needle within 30 minutes	95%	<p>Line chart showing % door to needle within 30 minutes from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A red dashed target line is at 95%. The blue data line is consistently near 0%.</p>	0%	April 2026	Monthly
% received mechanical thrombectomy	10%	<p>Line chart showing % received mechanical thrombectomy from Oct-24 to Apr-26. The y-axis ranges from 0% to 12%. A red dashed target line is at 10%. The blue data line fluctuates between 0% and 10%.</p>	0%	April 2026	Monthly
% received CT scan within 20 minutes	40%	<p>Line chart showing % received CT scan within 20 minutes from Oct-24 to Apr-26. The y-axis ranges from 0% to 50%. A red dashed target line is at 40%. The blue data line fluctuates between 5% and 25%.</p>	5.3%	April 2026	Monthly
% admission within 4 hours	95%	<p>Line chart showing % admission within 4 hours from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A red dashed target line is at 95%. The blue data line fluctuates between 10% and 50%.</p>	35.1%	April 2026	Monthly

SBUHB Local Watch Metrics

Stroke					
Performance Measure	Target	Data	Latest Position		Frequency
% received swallow screening within 4 hours	95%	<p>Line chart showing % received swallow screening within 4 hours from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A blue line with markers shows the monthly percentage, and a red dashed line at 95% represents the target. The current value is 62.5%.</p>	62.5%	April 2026	Monthly
% assessed by a Stroke Consultant within 14 hours	95%	<p>Line chart showing % assessed by a Stroke Consultant within 14 hours from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A blue line with markers shows the monthly percentage, and a red dashed line at 95% represents the target. The current value is 47.4%.</p>	47.4%	April 2026	Monthly
% received occupational therapy within 24 hours	95%	<p>Line chart showing % received occupational therapy within 24 hours from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A blue line with markers shows the monthly percentage, and a red dashed line at 95% represents the target. The current value is 76.5%.</p>	76.5%	April 2026	Monthly
% received physiotherapy within 24 hours	95%	<p>Line chart showing % received physiotherapy within 24 hours from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A blue line with markers shows the monthly percentage, and a red dashed line at 95% represents the target. The current value is 76.5%.</p>	76.5%	April 2026	Monthly
% received SALT within 72 hours	95%	<p>Line chart showing % received SALT within 24 hours from Oct-24 to Apr-26. The y-axis ranges from 0% to 100%. A blue line with markers shows the monthly percentage, and a red dashed line at 95% represents the target. The current value is 95.5%.</p>	95.5%	April 2026	Monthly

SBUHB Local Watch Metrics

Performance Measure	Target	Data	Latest Position	Frequency
Theatre Utilisation	>85%	<p>Utilisation Rate</p>	82%	Monthly
Late Starts > 15 mins	<20%	<p>Late Starts</p>	26%	Monthly
Early Finishes > 60 mins	<10%	<p>Early Finishes</p>	27%	Monthly
Cancelled Operations on the day	0	<p>% operations cancelled on the day</p>	145	Monthly
Number of children (< 18 years) waiting more than 52 weeks for referral to treatment	0	<p>Total > 52 weeks (Under 18 years)</p>	718	Monthly

SBUHB Local Watch Metrics

Fractured Neck of Femur (NOF)					
Performance Measure	All Wales Position	Data	Latest Position		Frequency
Prompt orthogeriatric assessment - by a senior geriatrician (ST3+) within 72 hours of presentation	68.6%		96.2%	April 2026	Monthly
Prompt surgery - by the day following presentation with hip fracture	52.0%		36.3%	April 2026	Monthly
NICE compliant surgery - consistent with the recommendations of NICE CG124	66.5%		62.4%	April 2026	Monthly
Prompt mobilisation after surgery - out of bed (standing or hoisted) by the day after operation	73.9%		84.3%	April 2026	Monthly

SBUHB Local Watch Metrics

Fractured Neck of Femur (NOF)					
Performance Measure	All Wales Position	Data	Latest Position	Frequency	
Not delirious when tested - (<4 on 4AT test) when tested in the week after operation)	55.7%	<p>The chart displays delirium rates over time. Morriston (solid blue line) starts at approximately 75% and ends at 71.6%. All-Wales (dashed orange line) starts at about 65% and ends at 55.7%. Eng, Wal & N. Ire (dashed grey line) remains relatively stable around 65-68%.</p>	71.6%	April 2026	Monthly
Return to original residence - discharged back to original residence, or in that residence at 120-day follow-up	71.9%	<p>The chart displays return to original residence rates. Morriston (solid blue line) starts at approximately 70% and ends at 71.9%. All-Wales (dashed orange line) starts at about 75% and ends at 71.9%. Eng, Wal & N. Ire (dashed grey line) starts at about 75% and ends at 77.5%.</p>	77.5%	January 2026	Monthly
30-day mortality - Case mix Adjusted	5%	<p>The chart displays 30-day mortality rates. Morriston (Casemix Adjusted) (solid blue line) starts at approximately 6.5% and ends at 5%. The National Average (dashed orange line) starts at about 7% and ends at 5%.</p>	4.4%	Q4 25-26	Quarterly

SBUHB Local Watch Metrics

Primary Care					
Performance Measure	Target	Data	Latest Position		Frequency
Number of practices reporting escalation level 3 or above		<p>— GMS Escalation Levels</p>	12	May 2026	Monthly
Sustainability Risk Score > 55 or > 80		<p>— GMS Sustainability risk score</p>	10	May 2026	Monthly
Number of sustainability applications received		<p>— GMS Sustainability applications received</p>	0	May 2026	Monthly
GDS Number of courses of treatment		<p>— Number of courses of treatment</p>	15,904	March 2026	Monthly
GDS Number of unique patients seen		<p>— Number of unique patients seen</p>	9,312	March 2026	Monthly

SBUHB Local Watch Metrics

Primary Care					
Performance Measure	Target	Data	Latest Position		Frequency
Number of new patients treated at GDS practice		<p>Line chart showing the number of new patients treated at GDS practice from April 2024 to March 2026. The y-axis ranges from 0 to 5,000. The data shows a fluctuating trend with a peak in July 2024 and a low in April 2025.</p>	1,574	March 2026	Monthly
Percentage of ACORNs completed		<p>Line chart showing the percentage of ACORNs completed from April 2024 to March 2026. The y-axis ranges from 0% to 100%. The data shows a relatively stable trend around 75-80%.</p>	79.50%	March 2026	Monthly
Percentage of Fluoride varnish application in children		<p>Line chart showing the percentage of fluoride varnish application in children from April 2024 to March 2026. The y-axis ranges from 0% to 100%. The data shows a very stable trend around 85-90%.</p>	89%	March 2026	Monthly
Number of patients receiving care from EHEW		<p>Line chart showing the number of patients receiving care from EHEW from May 2024 to May 2026. The y-axis ranges from 0 to 4,000. The data shows a fluctuating trend with a peak in June 2025.</p>	2,968	May 2026	Monthly
Number of NHS eye tests carried out		<p>Line chart showing the number of NHS eye tests carried out from May 2024 to May 2026. The y-axis ranges from 0 to 10,000. The data shows a fluctuating trend with a peak in November 2024.</p>	8,830	May 2026	Monthly

SBUHB Local Watch Metrics

Primary Care					
Performance Measure	Target	Data	Latest Position		Frequency
Number of patients receiving Low Vision Care		<p>Number of patients receiving low vision care</p>	22	May 2026	Monthly
Number of practices (Pharmacy) reporting escalation Level 3 or above		<p>Practices at level 3 or above</p>	7	May 2026	Monthly
Number of Common Ailment Scheme consultations provided		<p>Number of consultations</p>	7,376	May 2026	Monthly
Number of Independent Prescriber Consultations		<p>Number of consultations</p>	2,104	May 2026	Monthly
Number & percentage of patients re-attending NHS primary dental care between 6-9 months		<p>Number of patients</p> <p>% of patients</p>	1,136 (13%)	May 2026	Monthly