

Swansea Bay University Health Board Integrated Performance Report

May 2026



lechyd gwell
Gofal gwell
Bywyd gwell

Better health
Better care
Better lives



GIG
CYMRU
NHS
WALES

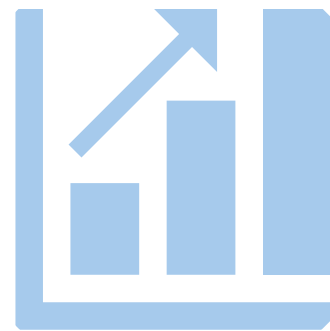
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

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

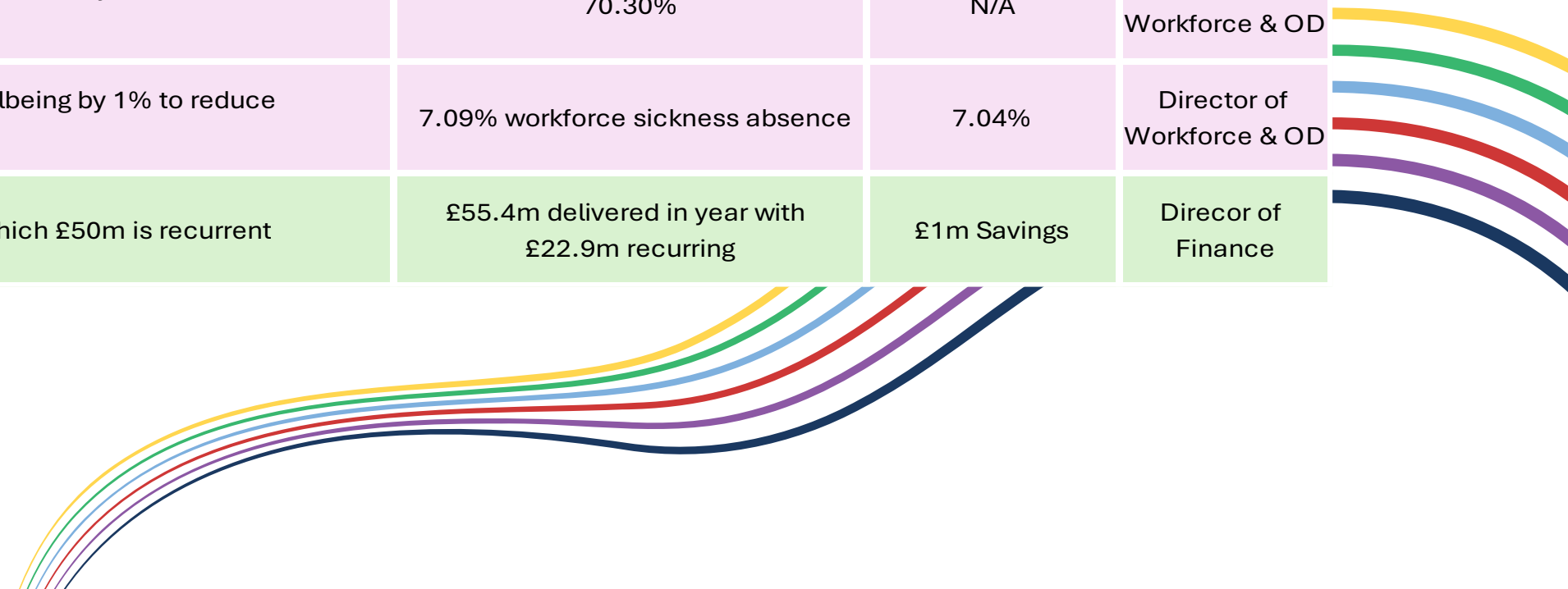
Section 1:

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)	Apr-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%	55% (March 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	16	COO
		30% reduction in avoidable pressure ulcers to reach < 87 PU's reported in March 2027	124	N/A	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	1,319	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	200	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	91,851	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	7.04%	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	£1m Savings	Director of Finance



Delivery against Welsh Government Targeted Intervention Criteria

TI Area (Level 4)	Criteria to achieve 	Performance (April -26)
Cancer	60% performance maintained for 3 months against the SCP target.	55% (March- 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)	492 (17.3% reduction)
	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across HB	11.19%
	Median time from arrival at emergency department to assessment by a clinical decision maker should not exceed 60 minutes	79.11%
	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)	200 (10.3% 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)	8 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)	4 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)	5 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)	9 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 the Welsh Government Enhanced Monitoring Criteria

Escalation Area (Level 3)	Criteria to achieve	Performance (April-26)
CAMHS	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral	80%
	70% of therapeutic interventions started within 28 days following an assessment by LPMHS	89%
	85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan	88%
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	90.51%
	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	78.69%
	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.)	26.35%
	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	70.82%
	85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months	80.81%
	85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	72.36%
	85% of patients waiting for a NOUS and non cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	83.36%
90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months ⁶	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 March 2026	RAG Status
Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.	<ul style="list-style-type: none"> The Annual Plan for 2026/27 was formally considered by the Board on 26th March 2026 and submitted to Welsh Government on 31st March. In agreeing the Plan for submission, the Board recognised that the plan does not set out a position that meets the requirements of our Planning Framework and acknowledged that our current financial position is unacceptable. The Plan therefore commits to restoring financial balance as quickly as possible, setting out how we will move to a sustainable financial position by March 29, while maintaining service quality and safety, and accelerating transformation required. Initial feedback from Welsh Government received 17th April states the Plan is considered to be unacceptable and unsupportable. The Health Board is working through feedback for formal response due 29th May, that "must demonstrate tangible improvements in performance and finance. 	
Evidence of a clear roadmap and implementation of the health board’s Clinical Services Plan.	<ul style="list-style-type: none"> Second meeting of the Clinical Reference Groups for Integrated Community Care and Networked Hospitals held 25th February. Further plan for patient, public and clinical engagement being developed with support from Freshwater Ltd. Executive agreed naming of Clinical Services Plan as ‘Transforming for the Future’ to go to Board in November 2026 	
Welsh Government’s confidence in delivery based on an assessment against an agreed planning maturity matrix	<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> 	
Progress made with regional planning	<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). 	

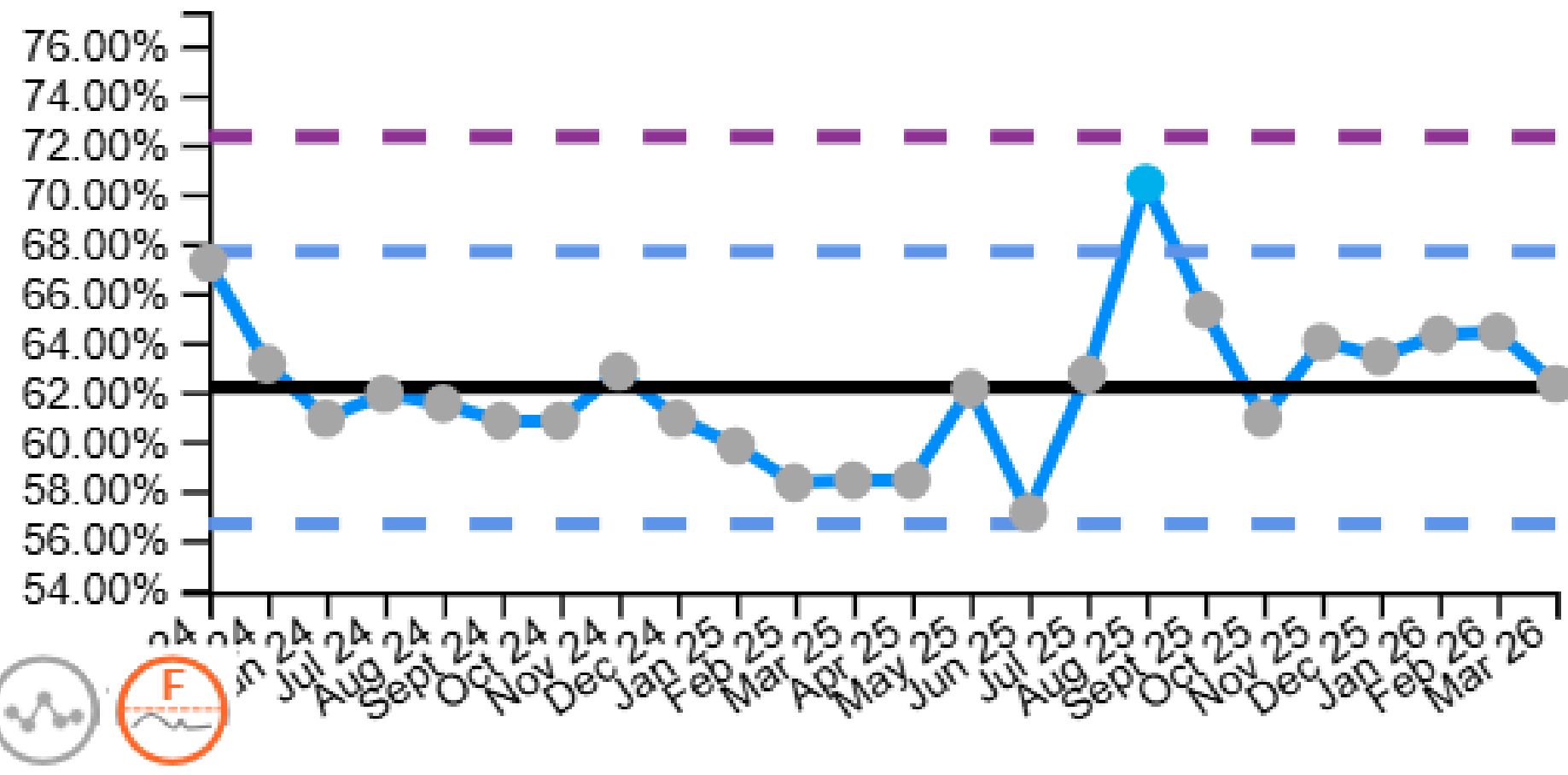
People of Swansea Bay live healthier, fairer and more prosperous lives

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
- Sickness absence remains on an improving trajectory.
- Urgent/routine >8-week backlog reduced from 1,997 patients in Apr 2025 to c.400 by Mar 2026.

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.

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

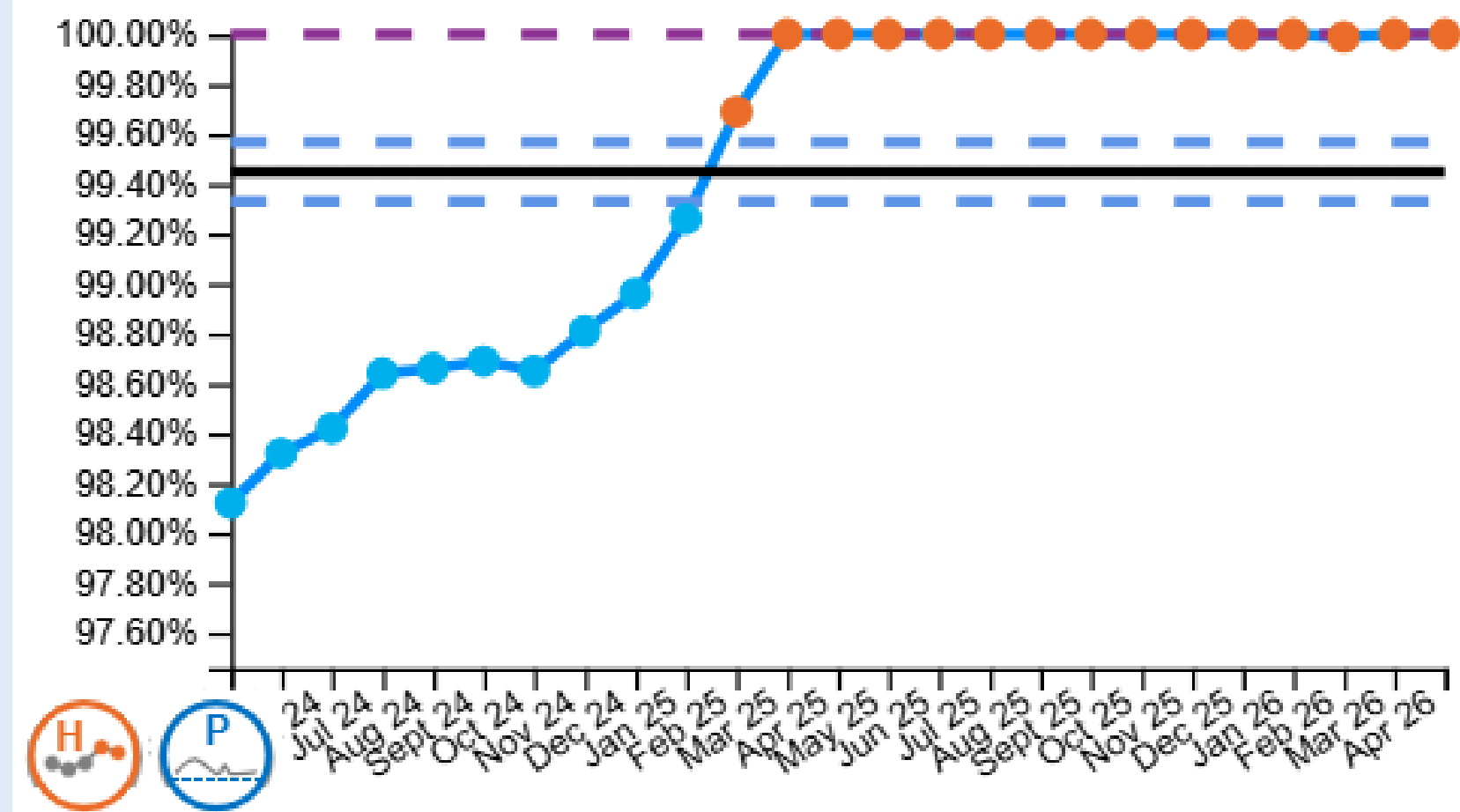
April 2026 Performance

100%

April 2026 Performance

0

% of patients waiting less than 104 weeks for treatment



How are we doing?

In April 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?

- Operational plans to book the remaining 210 patients in the 104-week cohort for Quarter 1 being pursued, enabled by a focus on productivity, 4 joints on a list, treating in turn, and minimising cancellations on the day
- Revisiting pre-operative element of the pathway, considering role out of pre-op care for older persons service and adherence to the BMI policy to optimise patient's benefits from surgery to be completed by June 2026.
- Continuing validation and clinical review processes to identify and address risks, with opportunities of using AI to support the process being explored.

What are the risks to delivery?

- Workforce and capacity pressures impacting timely access to treatment.
- Increasing demand and pressure on diagnostic and treatment capacity.

Number of patients waiting more than 104 weeks for referral to treatment																	
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	0	8,389	9,650	10,338	7,550	8,110	8,848	6,678	7,333	6,883	5,252	5,208	4,517	2,589		-	
AB		269	280	327	139	422	728	598	749	671	584	394	262	21		5th out of 8 organisations	
BCU		5,747	6,131	6,614	5,485	5,504	5,610	4,625	4,679	4,286	3,668	3,562	3,057	2,139		8th out of 8 organisations	
C&V		1,517	1,863	1,901	1,319	1,371	1,523	918	1,125	1,020	587	854	761	328		7th out of 8 organisations	
CTM		856	1,168	1,177	463	615	794	496	699	830	369	348	388	98		6th out of 8 organisations	
HDda		0	208	319	144	198	193	41	80	70	31	42	43	3		4th out of 8 organisations	
Powys		0	0	0	0	0	0	0	0	1	0	0	0	0		1st out of 8 organisations	
SB		0	0	0	0	0	0	0	0	0	0	0	0	5		1st out of 8 organisations	
SE Region									0	0	6	13	8	1	0		1st out of 8 organisations

Note: Data for South East Region available from Sep-25 and reflects regional cataract ophthalmology pathways.

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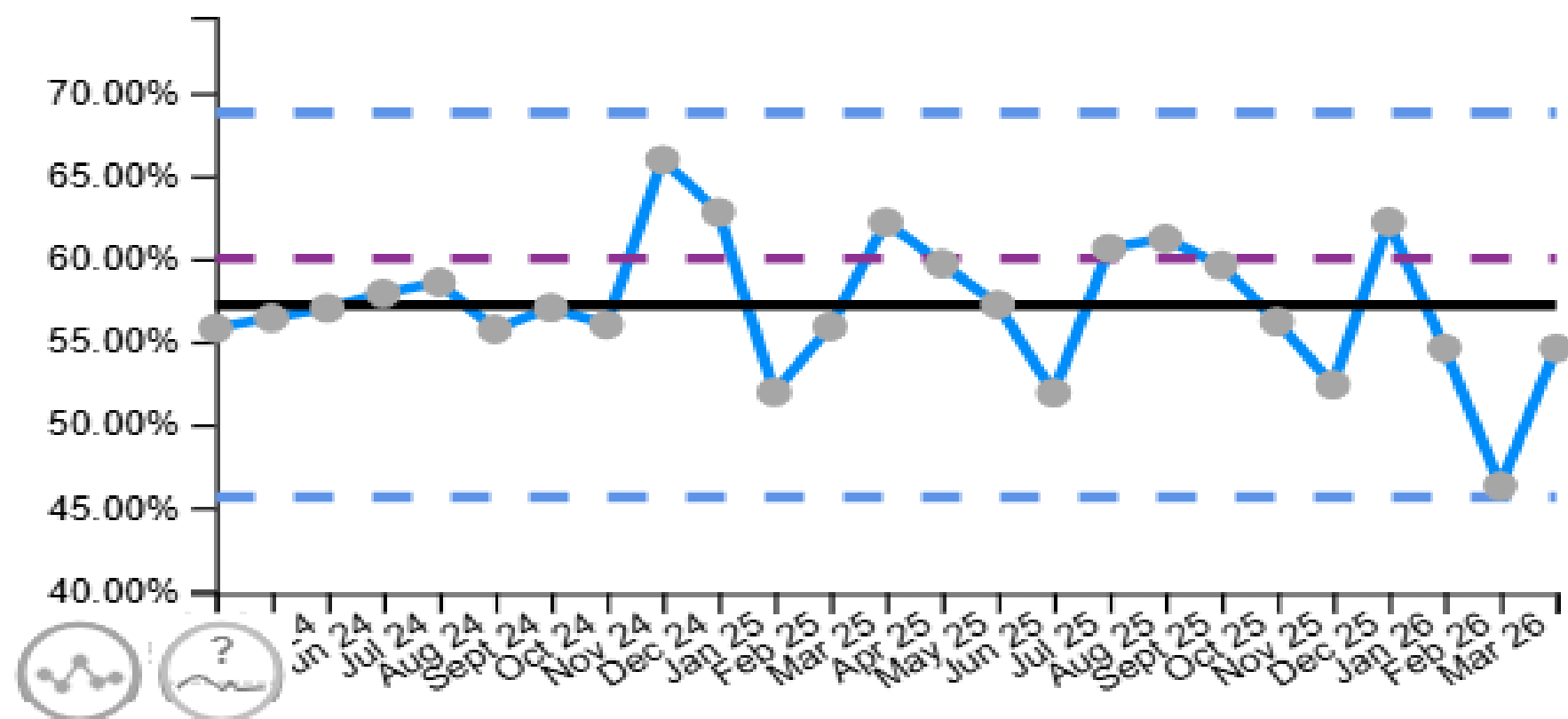
TI Target: 60% performance maintained for 3 months against the SCP target

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

March 2026 Performance

55%

% of patients starting their first definitive cancer treatment within 62 days from point of suspicion



How are we doing?

The organisation reported an improvement in performance against the SCP target in March 2026, reporting 55% compared with the previous 46% in February. An opportunity for resubmission to reflect a corrected performance for January – March 2026 will be available in August 2026. In the week following submission of February data 40% of the outstanding reports were reported and performance increased to 50% with further improvement expected.

Resubmission of October – December 2025 performance demonstrated an uplift to 58% (from 56%), 57% (from 52%), and 63% (from 62%) respectively

What actions are we taking to improve?

- RTT plans have been revisited to ensure that capacity is within the services to achieve a maximum component wait of 4 weeks for treatment and 2 weeks for an urgent appointment. This incorporates theatre timetable redesign, robotic surgery expansion, SACT capacity improvements and targeted workforce support. Reduction of the treatment backlog will start in June and is likely to continue to be required 2 months post management of the pathology backlog reduction.
- Diagnostic Timeliness - a reduction in waits for imaging, biopsy and endoscopy has been provided for in our diagnostic plans for the year. This includes the outsourcing of the cellular pathology backlog and ongoing maintenance via implementation of cellular Pathology recovery arrangements. The outsourcing is due to start in June.
- Urology, Lower GI and Skin pathways have been identified as priority operational focus areas during 2026/27 due to the current breach concentration, identified improvement opportunity and anticipated impact on overall SCP performance. A detailed plan has been developed to outline when key improvements are expected at the various stages of the three pathways.
- Faster Decision to Treat – Pathway deep dives, earlier Multidisciplinary decision making, reduction in administrative delays

Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

LHB	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	12 month trend	Rank
Wales	12 month improvement trend towards a national target of 80% by 31 March 2026	60.9%	64.2%	61.1%	62.2%	60.6%	62.5%	62.1%	59.4%	59.4%	58.4%	60.7%	57.0%	57.0%		-
AB		64.2%	68.1%	67.0%	65.9%	64.8%	65.6%	59.7%	58.7%	57.6%	60.1%	63.0%	55.9%	57.7%		3rd out of 6 health boards
BCU		57.8%	60.6%	57.9%	53.8%	57.3%	58.8%	58.6%	55.7%	51.7%	52.4%	51.2%	50.8%	53.1%		5th out of 6 health boards
C&V		65.7%	70.0%	61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.7%	53.3%	59.0%	56.1%	54.5%		4th out of 6 health boards
CTM		61.2%	59.8%	60.5%	57.8%	59.2%	57.9%	60.3%	60.3%	62.2%	65.1%	64.7%	64.3%	66.0%		1st out of 6 health boards
HDda		59.5%	63.4%	57.7%	64.4%	61.5%	62.7%	65.1%	60.6%	66.5%	63.3%	65.8%	60.9%	59.8%		2nd out of 6 health boards
SB		58.9%	66.4%	65.2%	63.0%	53.3%	64.6%	63.9%	62.7%	56.2%	52.4%	62.2%	54.6%	46.3%		6th out of 6 health boards

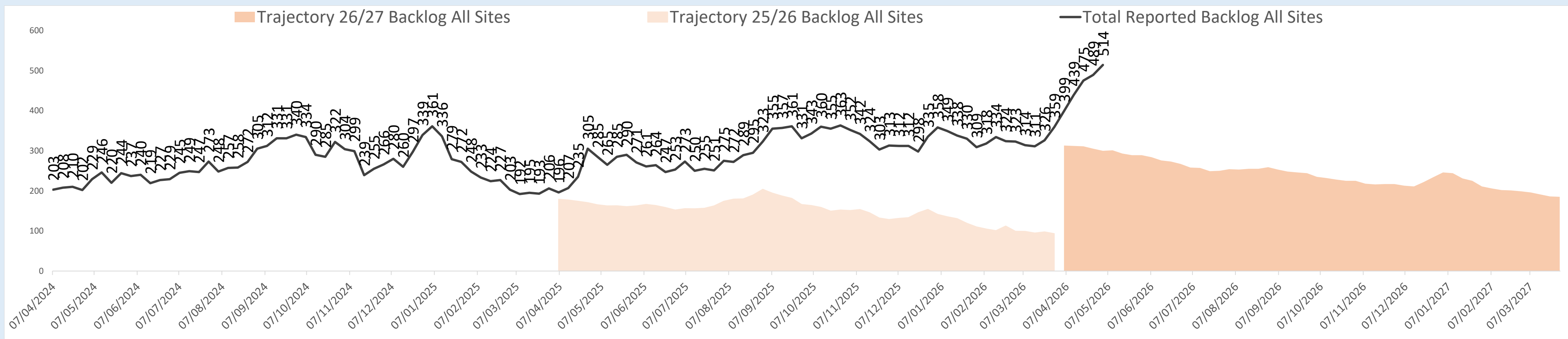
Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

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

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

March 2026 Performance

55%



	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	2	0	0	2
Breast	0	0	0	2	0	5	7
Children's Cancer	0	0	0	0	0	0	0
Gynaecological	4	13	95	7	1	9	129
Haematological	0	0	7	6	0	0	13
Head and Neck	0	0	37	5	1	6	49
Lower Gastrointestinal	0	0	52	7	4	12	75
Lung	0	0	7	4	0	13	24
Other	0	0	1	0	0	0	1
Sarcoma	0	0	4	2	0	3	9
Skin	2	2	47	7	0	17	75
Upper Gastrointestinal	0	0	25	7	0	4	36
Urological	1	0	70	10	0	13	94
Grand Total	7	15	345	59	6	82	514

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. Recovery plans are being discussed at Board on 28th May 2026
- 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 currently more than 6 weeks. Plans to decouple the one stop service and increase Outpatient hysteroscopy capacity agreed with Radiology and Gynaecology to commence from 1st June 2026.

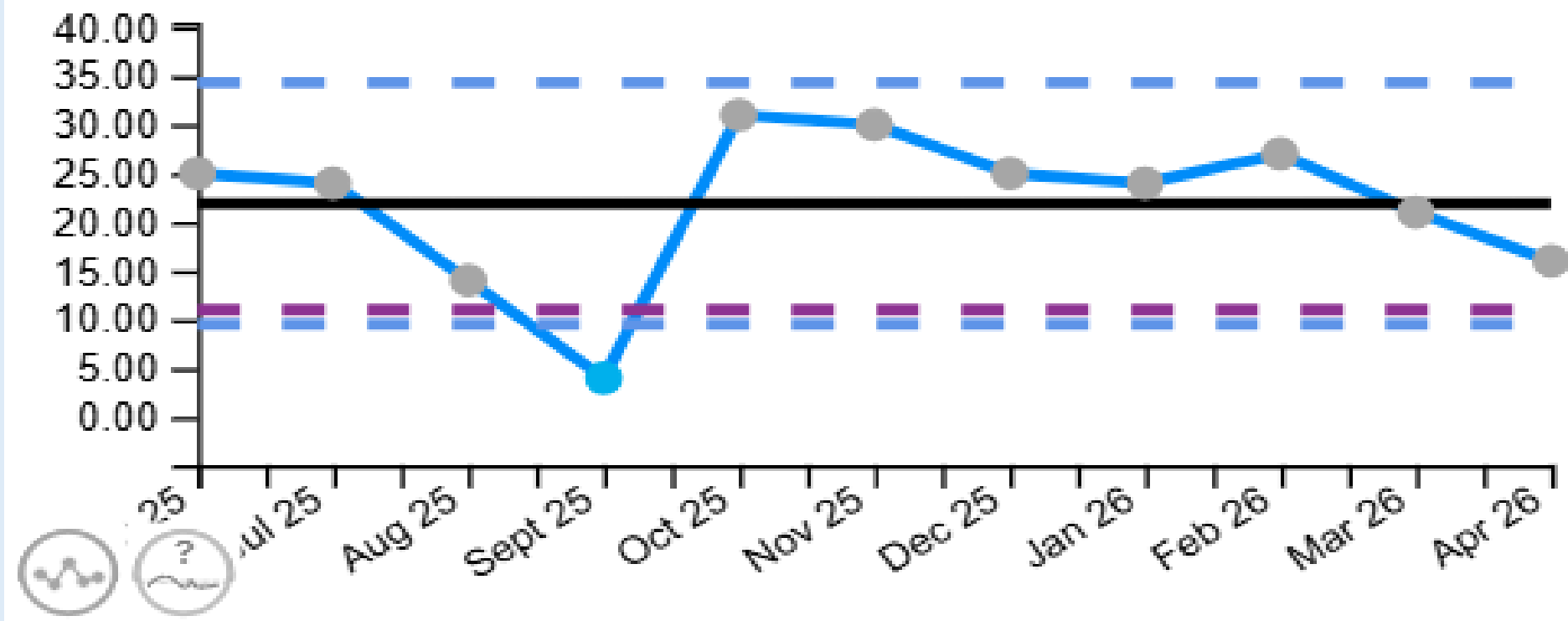
Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

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

April 2026 Performance

16

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 16, in line with the monthly average for the last 12 months of 22.

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.
- 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.
- 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.

What are the risks to delivery?

- Inpatient consultant proposals have been put forward for consideration to mitigate risk. Discharges from acute wards rely on suitably qualified Approved Clinicians (ACs) and Section 12-approved medical staff. Staffing to date has been fragile, and strengthening this area will help protect flow.

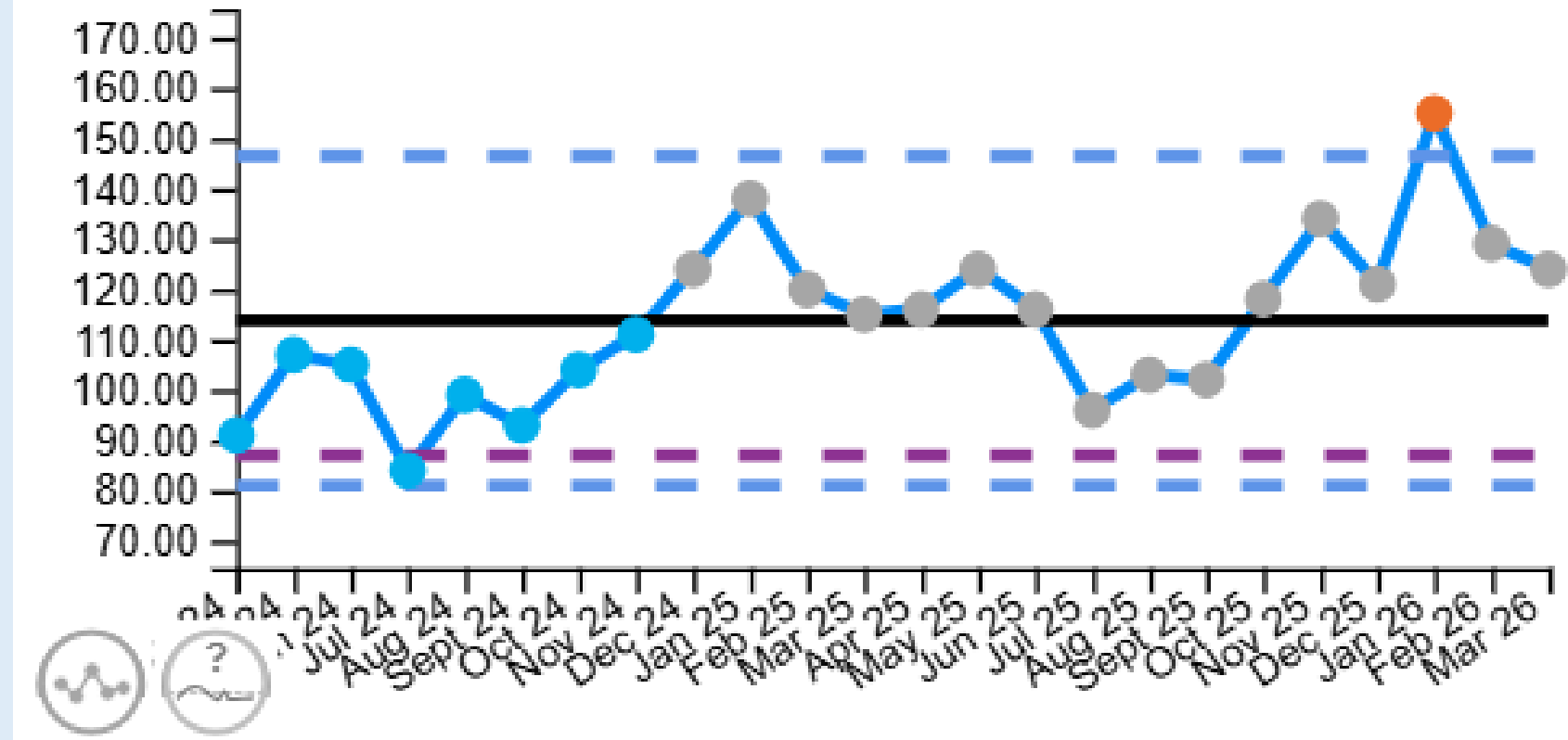
Care is high quality, safe, efficient and delivers the best possible outcomes for people in partnerships

Breakthrough Objective: 30% reduction in avoidable pressure ulcers

March 2026 Performance

124
(unvalidated position)

Number of Pressure Ulcers



How are we doing?

Swansea Bay University Health Board (SBUHB) has experienced an increase in reported healthcare-acquired pressure ulcers over the past four years, including a 41% rise in deep tissue damage (Category 3, 4 and unstageable). This trajectory presents a significant patient safety concern. In response, pressure ulcer prevention is now a Health Board Quality Target, supported by a zero-tolerance approach to avoidable harm.

Current Harm Profile (Q3 to date: Nov–Jan)

Note: Data is subject to change due to a backlog in scrutiny panel validation; accuracy is improving but not yet fully assured for quarter 4 period.

- 87% superficial harm
- 13% deep tissue damage (increasing trend)
- 3% severe harm

Current classification indicates:

- 75% deemed unavoidable
- 52% (106 incidents) closed without an avoidability status have been reopened.

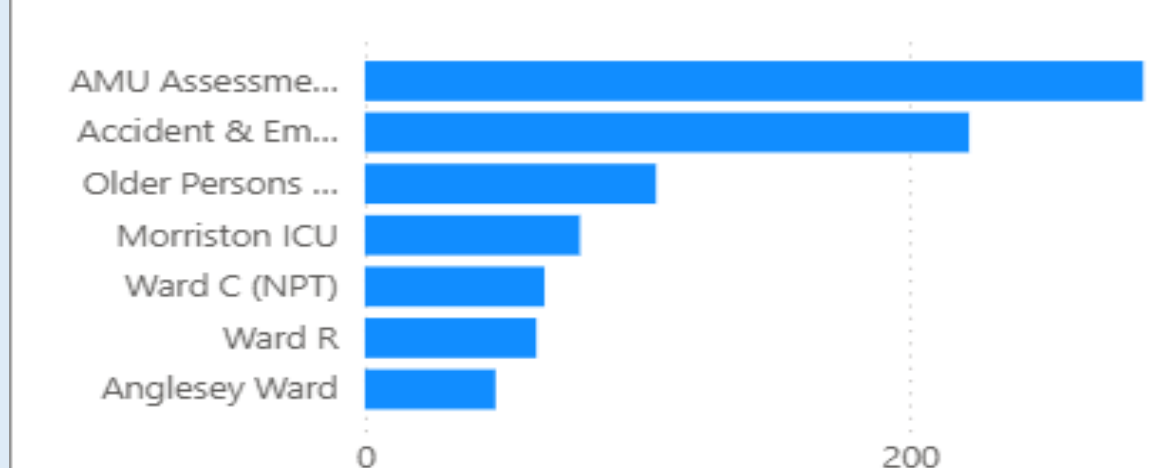
What actions are we taking to improve?

- 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"

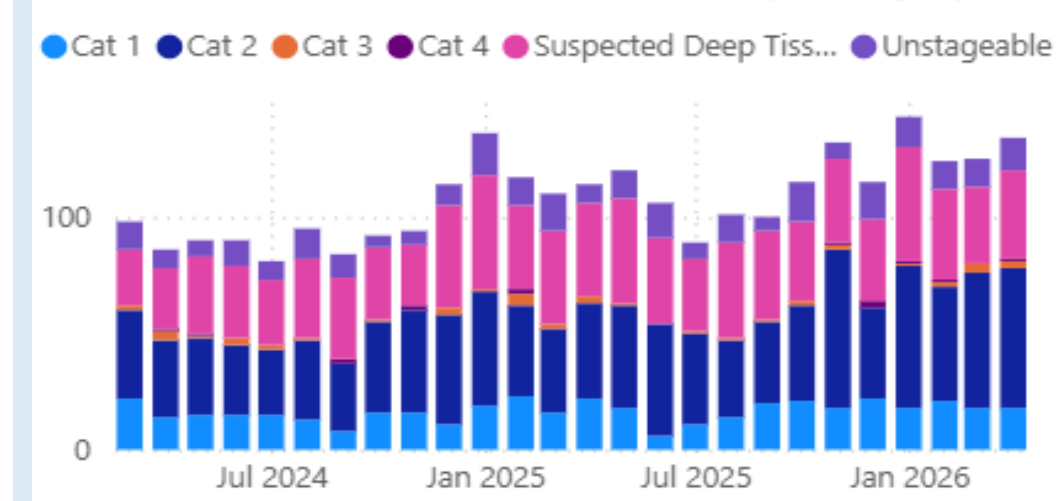
What are the risks to delivery?

- 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

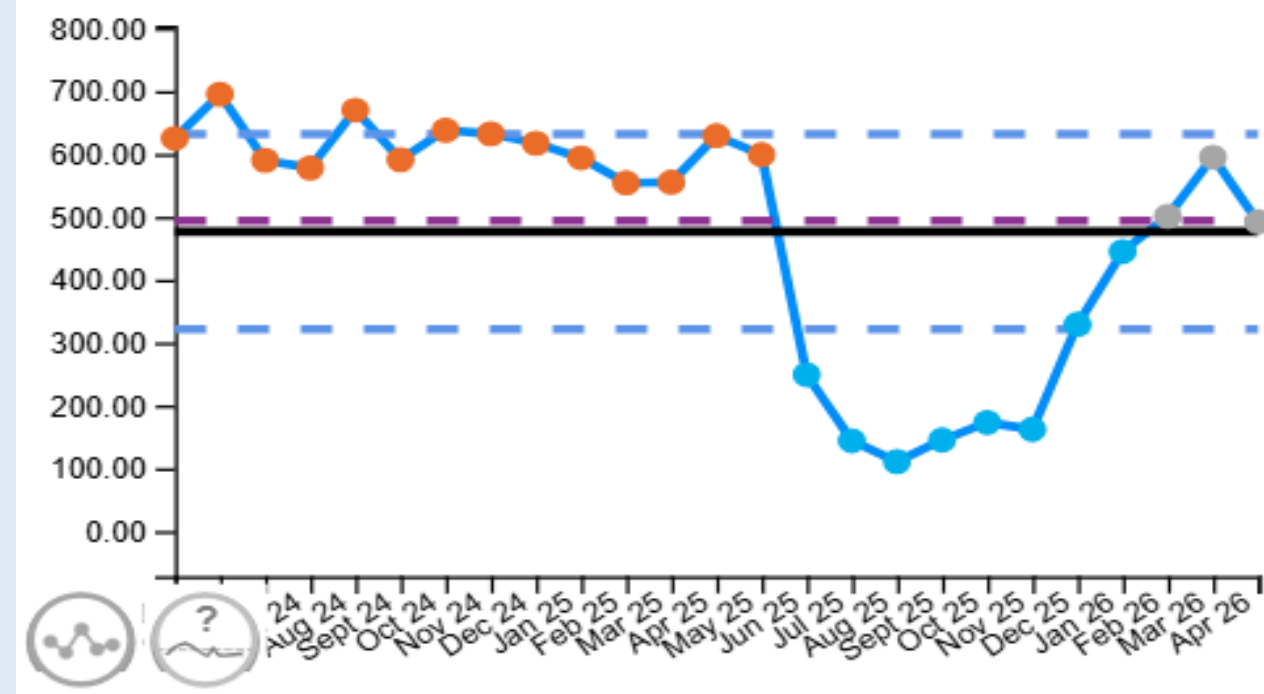
TI Target: Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on Q2/Q3 2023 baseline)

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

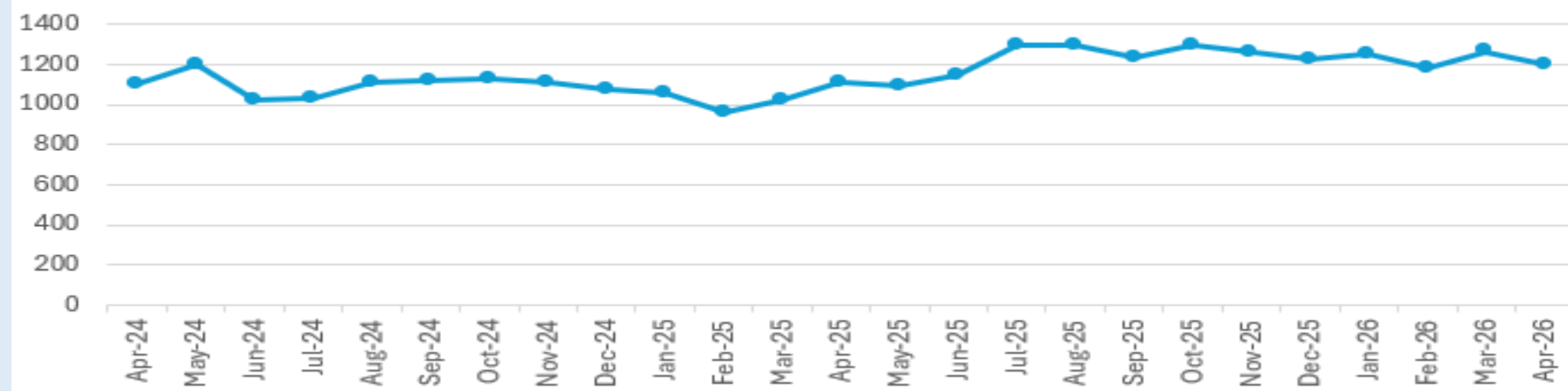
April 2026 Performance

492 (17.3% reduction)

Number of ambulance handovers over 1 hour



Health Board Total Ambulance Conveyances



How are we doing?

In April 2026, the organisation reported a reduction in the number of ambulance handovers over one hour, reporting the first improvement in figures in almost six months.

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 commencing 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.
- 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?

- Limited opportunity to invest into services, however redeployment of existing resources will be prioritised to deliver key elements of the UEC program.
- The level of staff engagement and potential use of the OCP policy to realise staff realignment.

Number of ambulance patient handovers over 1 hour

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	6,022	5,700	4,625	4,052	3,936	3,478	3,596	4,038	3,695	5,067	4,189	4,303	3,992		-
AB		772	673	717	686	814	358	425	658	762	839	688	662	730		5th out of 6 health boards
BCU		2,049	1,968	1,819	1,682	1,787	1,904	2,032	2,212	1,478	2,182	1,785	2,061	1,698		6th out of 6 health boards
C&V		462	390	363	317	36	39	147	149	168	181	273	73	87		1st out of 6 health boards
CTM		1,011	836	306	215	233	258	85	92	174	416	181	223	205		2nd out of 6 health boards
HDda		869	1,063	1,010	885	821	546	529	601	567	716	533	521	658		4th out of 6 health boards
SB		631	593	245	139	110	148	169	162	333	439	505	590	489		3rd out of 6 health boards

Note: Measure relates to ED handovers only. Apr-26 data is provisional.

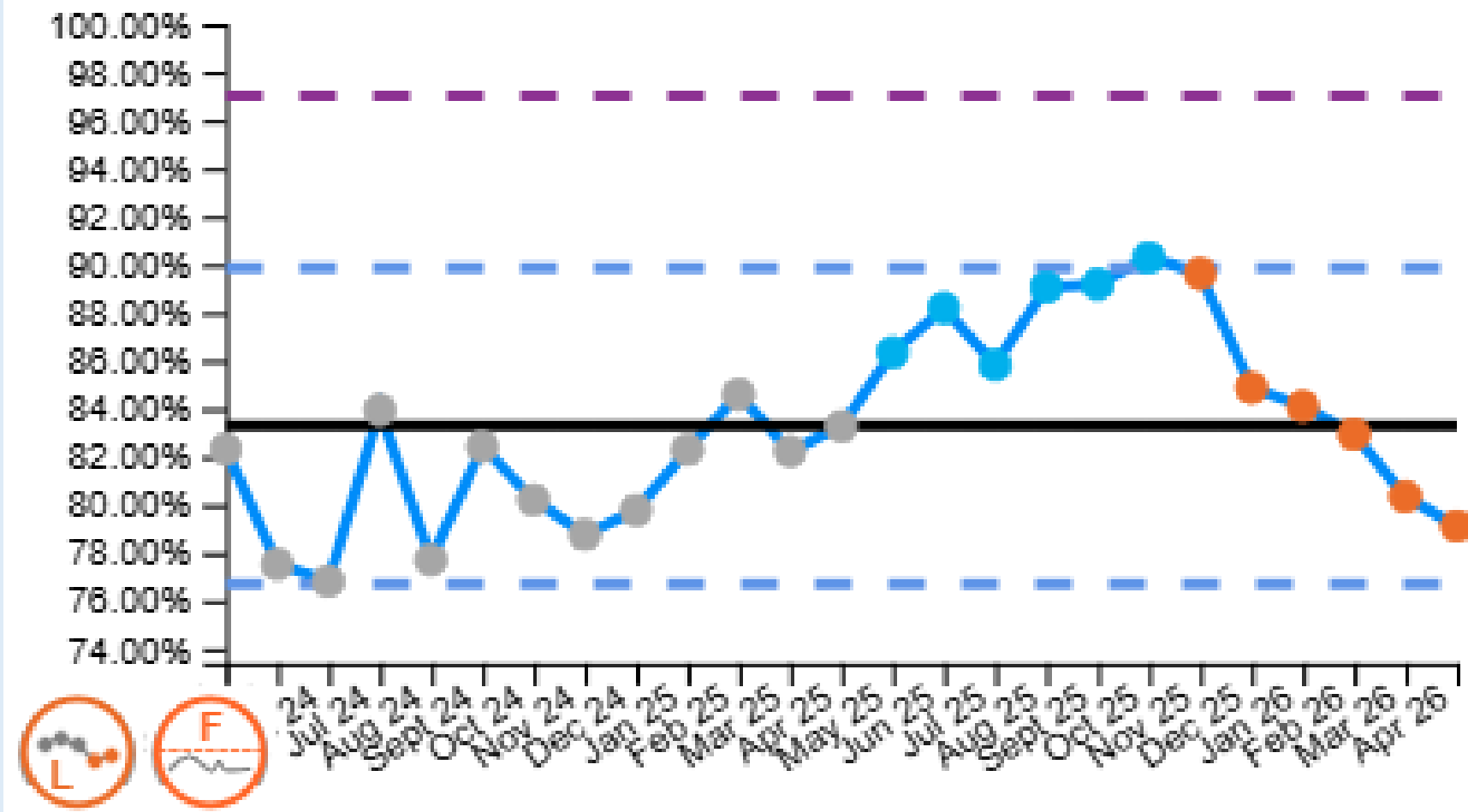
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TI Target: Median time from arrival at emergency department to assessment by a clinical decision maker should not exceed 60 minutes

April 2026 Performance

79.11%

% patients assessed by clinical decision maker within 60 minutes



How are we doing?

In April 2026, the organisation reported a reduction in the percentage of patients assessed by a clinical decision maker within 60 minutes, reporting 79.11%. The Health Board have 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.

What actions are we taking to improve?

- It is important to note that the current measure relates to triage, however as of 11th May 2026, a digital solution has been implemented in order that this measure can be appropriately reported.
- 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.

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).

Median time from arrival at an emergency department to assessment by a clinical decision maker

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	60 minutes or less	77	73	76	79	78	79	75	77	79	74	71	75	78	↑	-
AB		144	113	115	139	126	129	139	136	147	148	137	139	155	↓	6th out of 6 health boards
BCU		136	118	134	144	136	147	131	137	132	120	114	125	121	↑	5th out of 6 health boards
C&V		64	63	64	68	65	71	73	82	78	73	64	71	65	↓	2nd out of 6 health boards
CTM		73	66	78	72	73	71	69	69	76	72	70	77	92	↓	4th out of 6 health boards
HDda		76	80	70	77	80	84	73	78	79	71	68	66	70	↑	3rd out of 6 health boards
SB		25	23	23	21	22	19	19	20	20	23	24	26	28	↓	1st out of 6 health boards

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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

April 2026 Performance

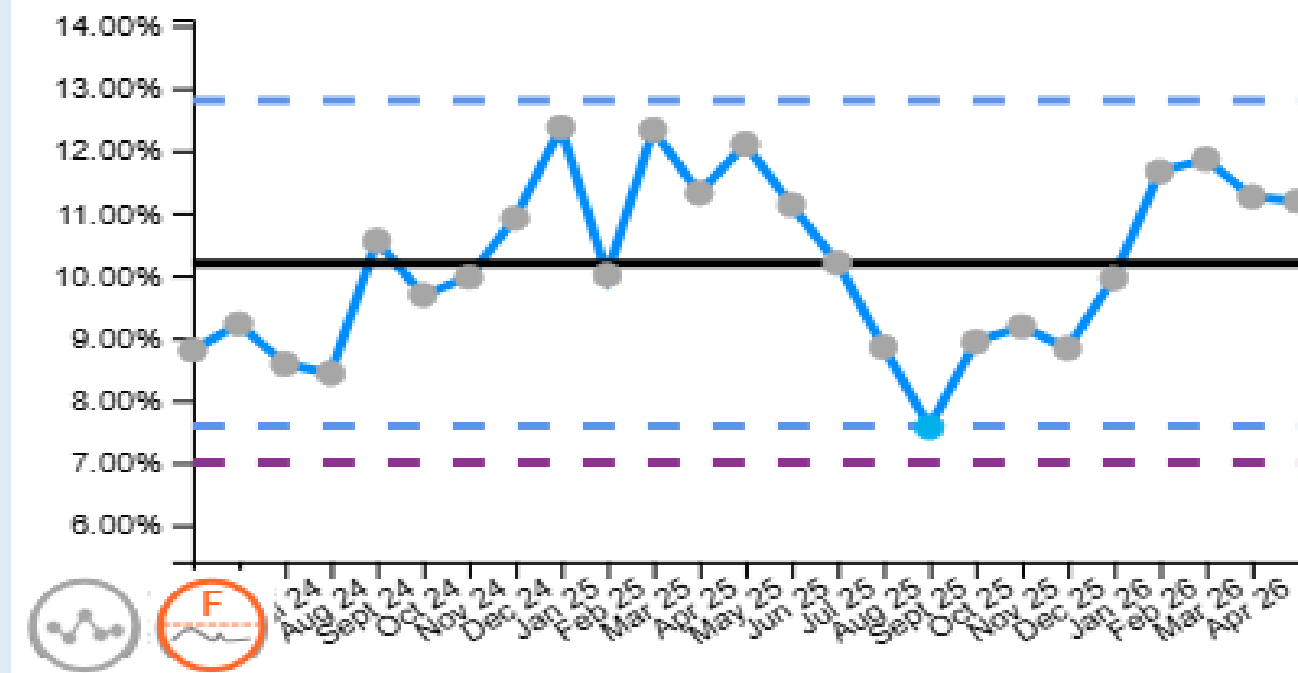
11.19%

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

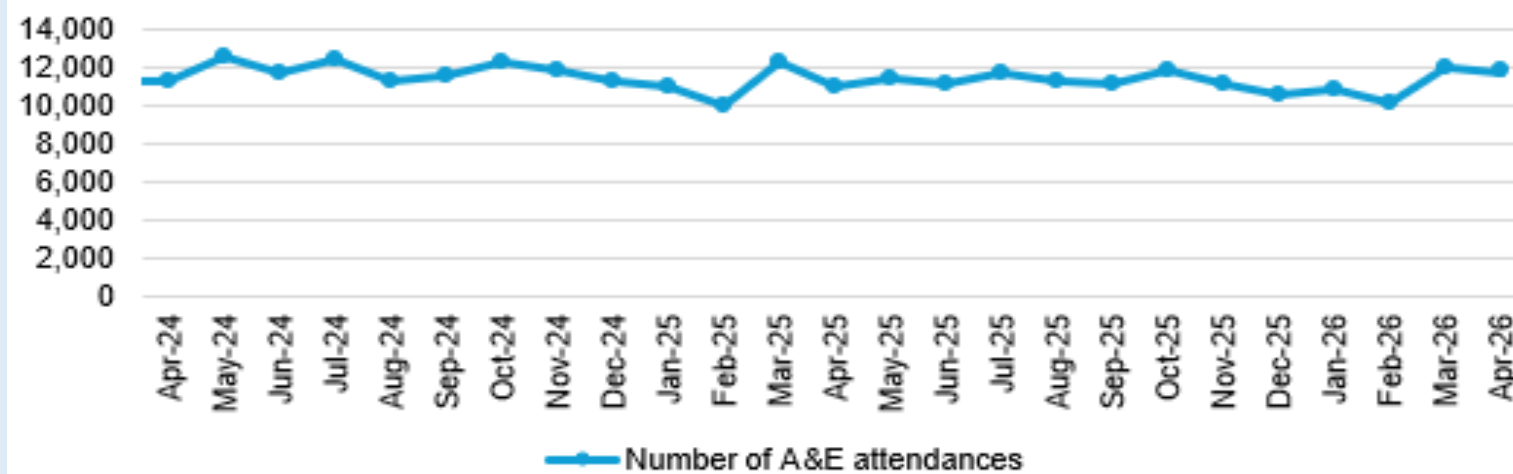
April 2026 Reduction against March 2026 Baseline

2.7% reduction against baseline

% of patients waiting more than 12 hours in A&E



Number of A&E attendances



How are we doing?

In April 2026, 1,319 patients, which is 11.2% of all attendances were waiting more than 12 hours in the Emergency Department, in line with the 2 year average of 10.2%

What actions are we taking to improve?

- Testing of rapid assessment and decision-making models within the emergency department.
- 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 commencing 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.
- 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?

- Limited opportunity to invest into services, however redeployment of existing resources will be prioritised to deliver key elements of the UEC program.
- The level of staff engagement and potential use of the OCP policy to realise staff realignment.

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	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	Reduction compared to the same month in the previous year, towards the national target of zero	10,380	9,931	10,300	9,962	10,156	10,254	10,086	10,495	10,101	10,294	11,366	9,813	10,939	↓	-	
AB		1,210	1,089	1,124	1,186	1,076	1,214	1,199	1,161	1,132	1,195	1,210	1,089	1,184	↓	3rd out of 7 health boards	
BCU		3,763	3,428	3,751	3,694	3,846	3,985	3,830	3,911	3,743	3,743	3,595	4,071	3,474	3,843	↓	7th out of 7 health boards
C&V		915	903	956	933	897	785	804	953	953	1,008	1,023	1,088	976	969	↓	2nd out of 7 health boards
CTM		1,691	1,692	1,848	1,796	2,090	2,047	2,046	2,024	2,024	2,015	2,180	2,357	1,881	2,381	↓	6th out of 7 health boards
HDda		1,412	1,372	1,255	1,213	1,210	1,371	1,212	1,354	1,219	1,219	1,248	1,368	1,191	1,206	↑	4th out of 7 health boards
Powys		0	0	0	0	0	0	0	0	0	0	0	0	0	0	→	1st out of 7 health boards
SB		1,389	1,447	1,366	1,140	1,037	852	995	1,092	984	984	1,053	1,272	1,202	1,356	↑	5th out of 7 health boards

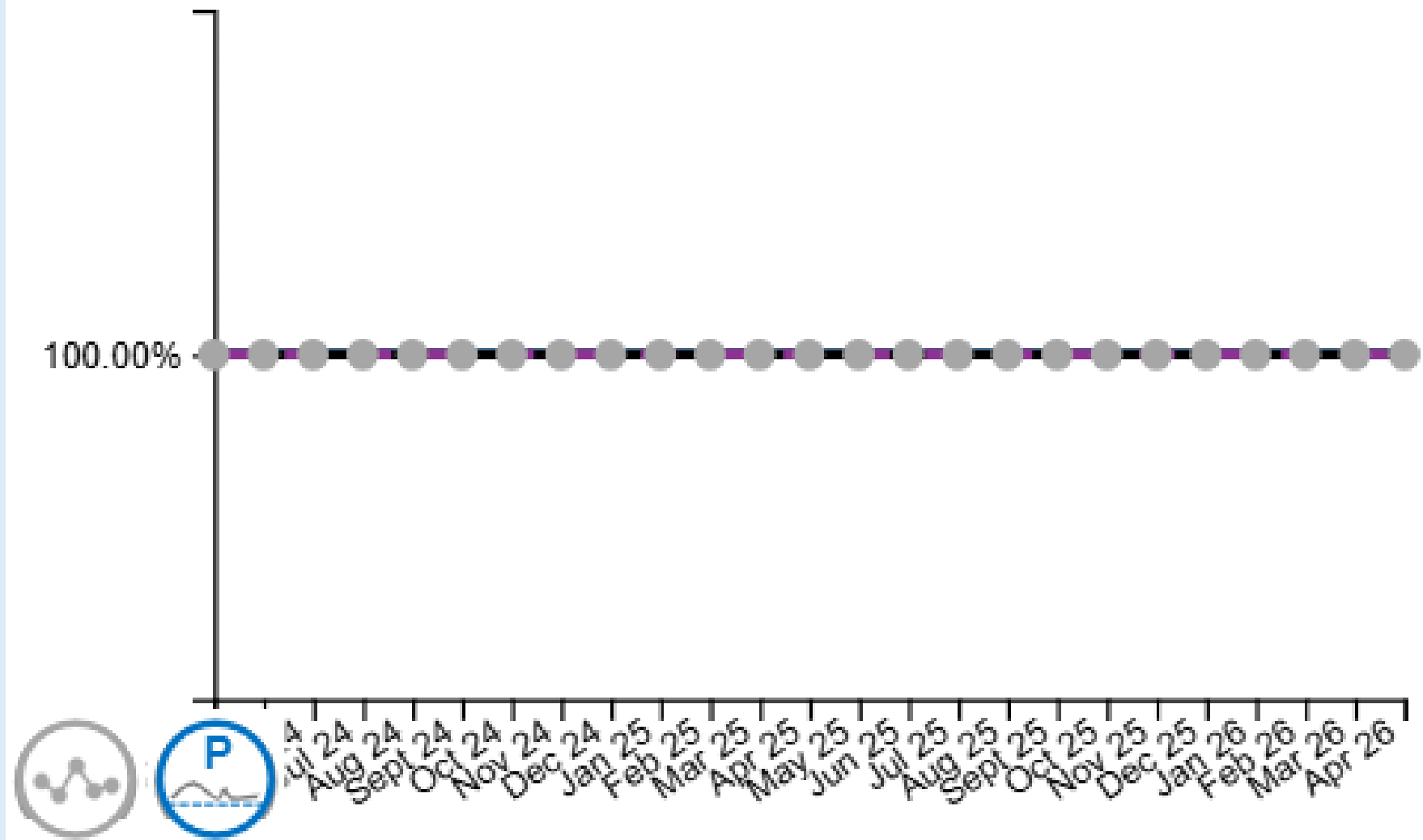
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Enhanced Monitoring Target: 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months

April 2026 Performance

100%

% of patients waiting at stage 1 under 52 weeks



How are we doing?

In April 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?

- Workforce availability and unplanned reductions in clinical capacity.
- Increasing referral demand

Number of patients waiting over 52 weeks for a new outpatient appointment																
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	0	70,952	73,290	75,746	73,163	73,651	74,137	59,633	49,261	38,138	32,748	22,342	17,721	12,697	📈	-
AB		13,812	14,124	14,419	14,364	14,933	14,848	11,385	9,398	6,474	4,873	2,689	1,987	1,149	📈	6th out of 8 organisations
BCU		28,639	30,063	30,883	29,753	29,911	30,409	22,717	16,957	12,070	9,733	6,899	6,176	5,759	📈	8th out of 8 organisations
C&V		14,772	15,337	16,150	15,542	14,997	14,630	12,134	11,021	9,937	10,157	8,536	7,262	5,736	📈	7th out of 8 organisations
CTM		13,729	13,733	14,210	13,429	13,694	14,060	11,435	8,692	6,728	5,596	2,807	1,832	0	📈	1st out of 8 organisations
HDda		0	33	84	71	116	190	0	6	1	7	16	15	0	📈	1st out of 8 organisations
Powys		0	0	0	4	0	0	0	1	0	0	0	2	6	📉	4th out of 8 organisations
SB		0	0	0	0	0	0	0	0	0	0	0	0	0	➡️	1st out of 8 organisations
SE Region									1,962	3,186	2,928	2,382	1,395	447	47	

Note: Data for South East Region available from Sep-25 and reflects regional cataract ophthalmology pathways.

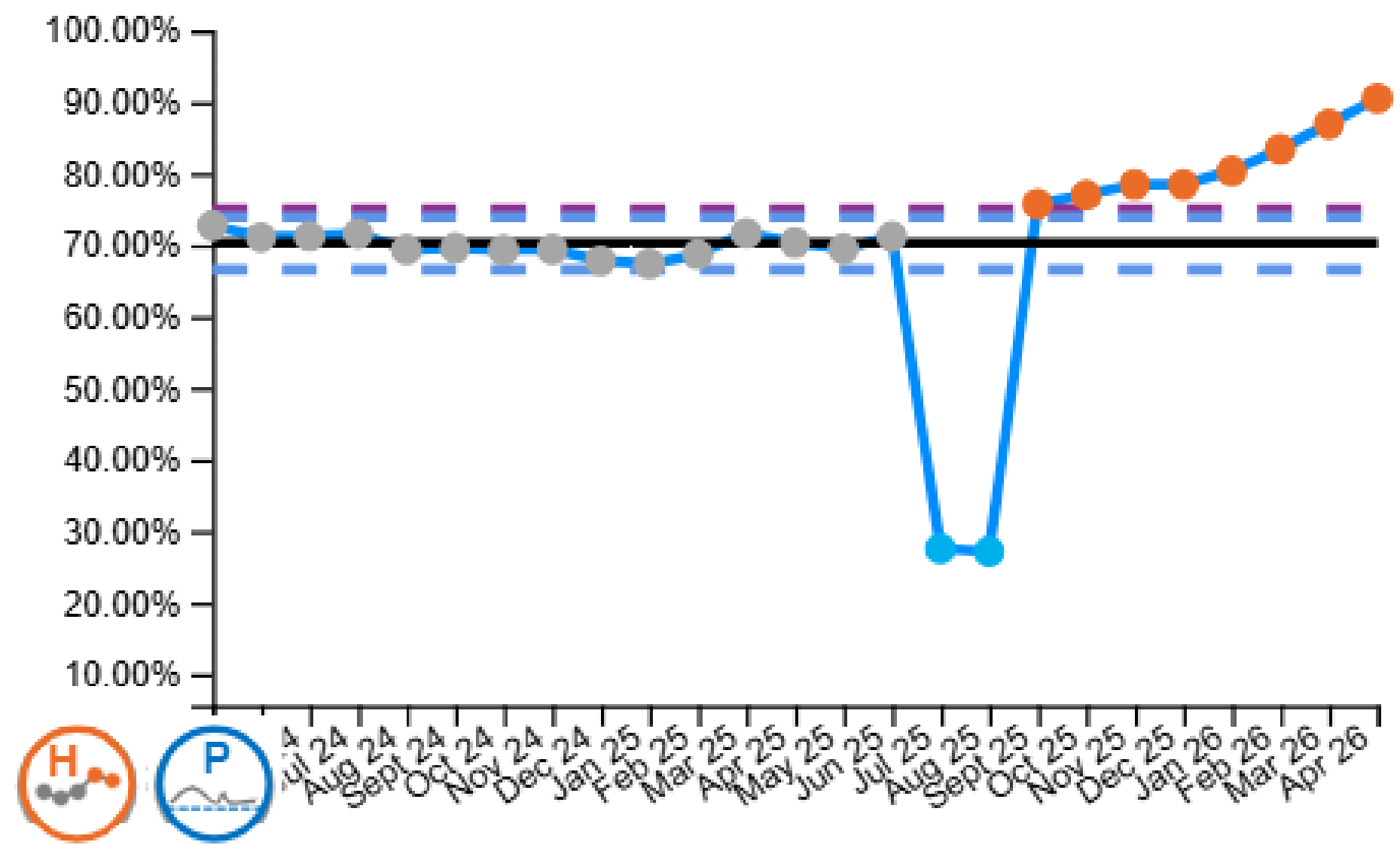
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Enhanced Monitoring Target: Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks

April 2026 Performance

90.51%

% of patients waiting at stage 1 over 26 weeks



How are we doing?

In April 2026, the Health Board reported 90.51% 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?

- Increasing referral demand and pressure on available outpatient capacity.
- Workforce availability, including vacancies, sickness and annual leave pressures.

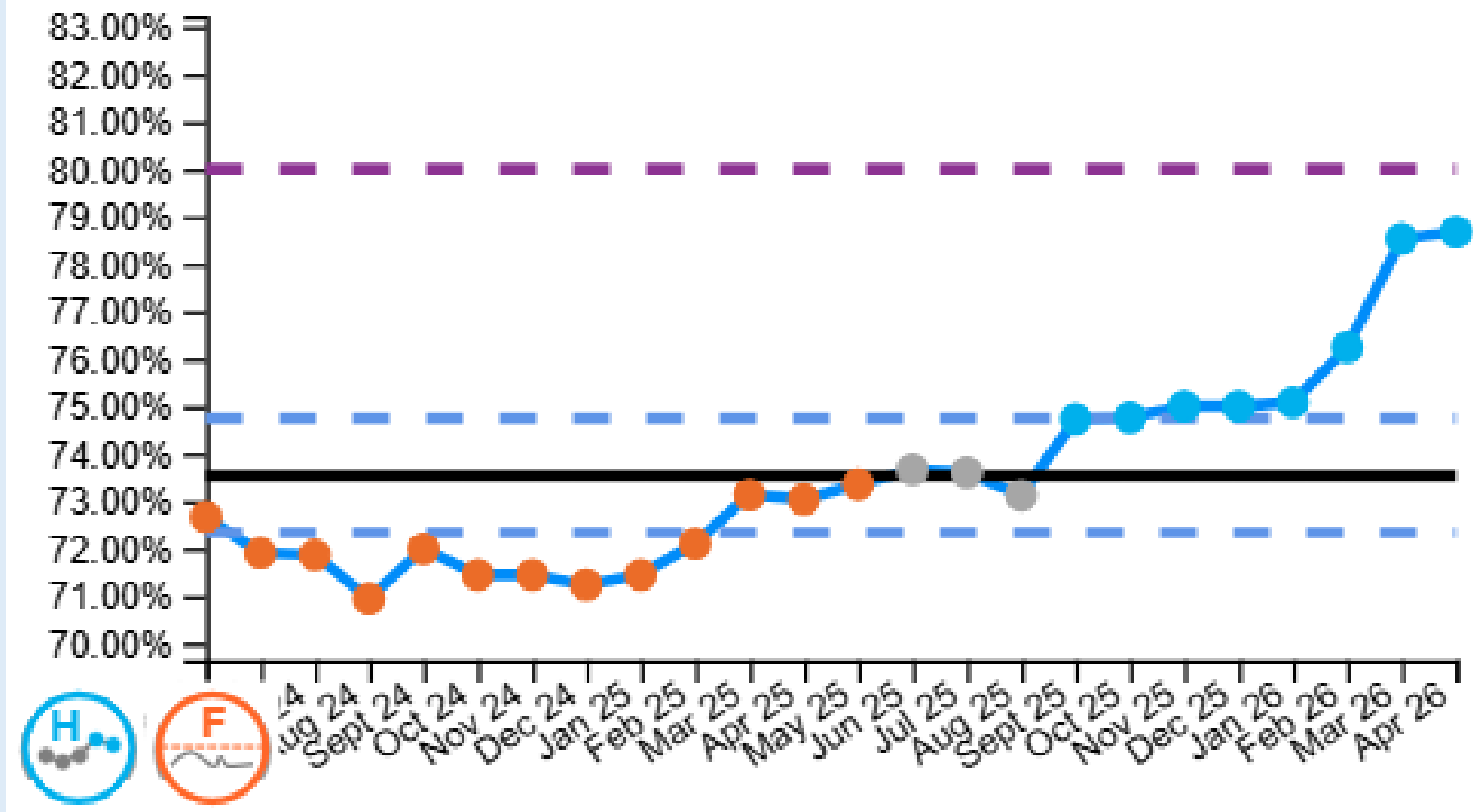
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Enhanced Monitoring Target: Continuous improvement towards 80% of all open pathways waiting less than 36 weeks

April 2026 Performance

78.69%

% of patients waiting less than 36 weeks for treatment



How are we doing?

In April 2026, the Health Board reported 78.69% 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.
- Increasing referral demand and pressure on treatment capacity.
- Workforce availability and reduced resilience due to vacancies, sickness or annual leave.

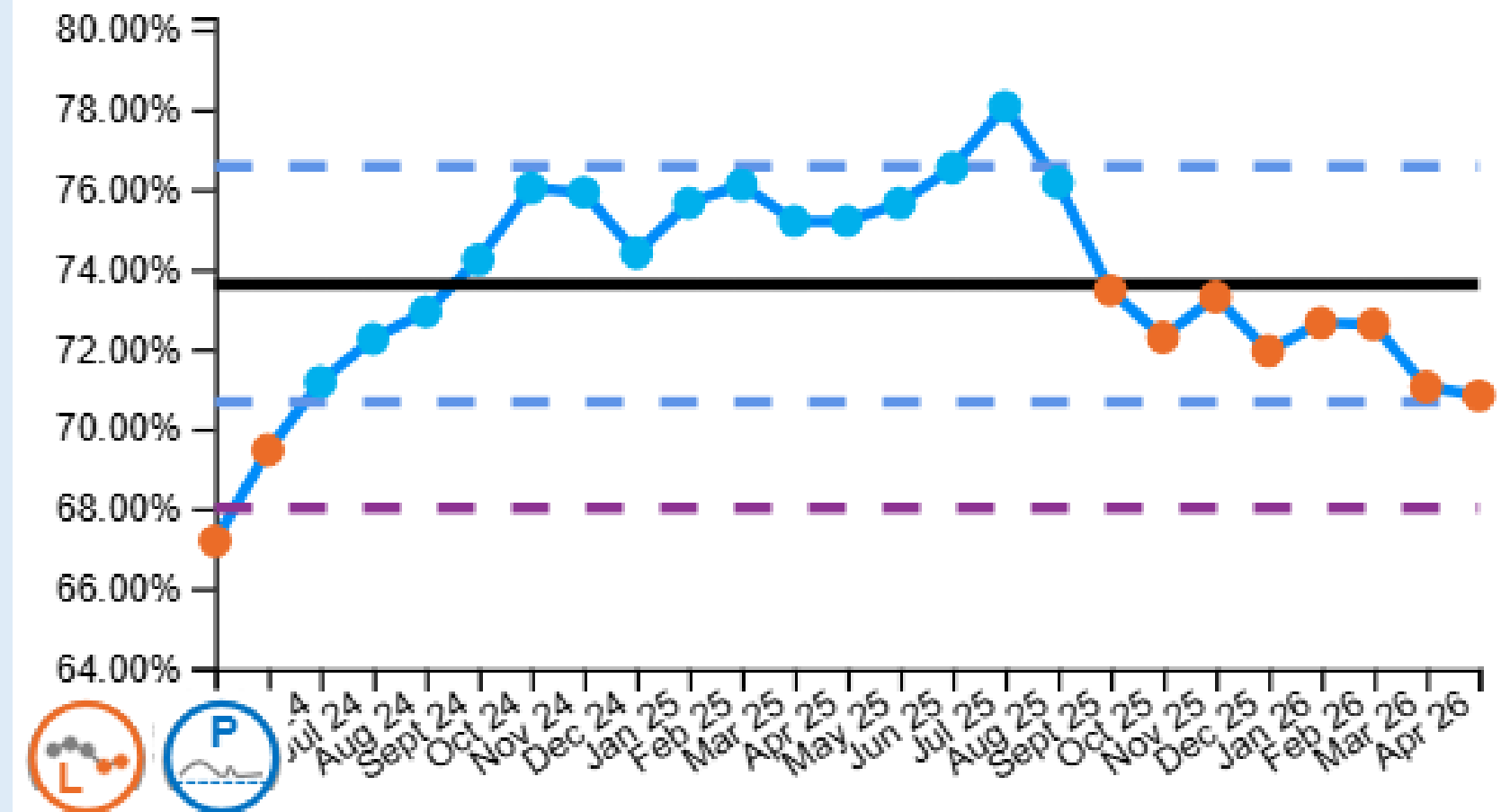
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Enhanced Monitoring Target: 68% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months

April 2026 Performance

70.82%

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



How are we doing?

In April the Health Board reported 70.82% of Ophthalmology patients were waiting within or no longer than 25% of their target date, this is a slight deterioration on the previous months performance.

What actions are we taking to improve?

- The Health Board continues to deliver above the 68% de-escalation target and is consistently mitigating the risks outlined below to work towards achieving the national target.

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.

	Feb	March	Apr	Risks
Vitreoretinal	71%	72%	66%	Limited VR workforce limiting clinic capacity.
Cataract	75%	60%	57%	Core Pre-Assessment capacity does not meet current demand. 3.0 WTE Band 4 vacancies.
Cornea	48%	50%	51%	Backlogs with both news and follow-ups. Only 1 Cornea Consultant within the department.
Orthoptics	69%	69%	78%	Workforce gaps in clinical and admin staff
Paediatrics	68%	57%	53%	R1 backlog mainly consists of new referrals.
Diabetic Retinopathy	93%	75%	70%	R1 backlog consists mainly of follow up patients.
Glaucoma	78%	74%	72%	2 Consultant vacancies since June 2025. Considerable risk – on service Risk Register since June 2025.

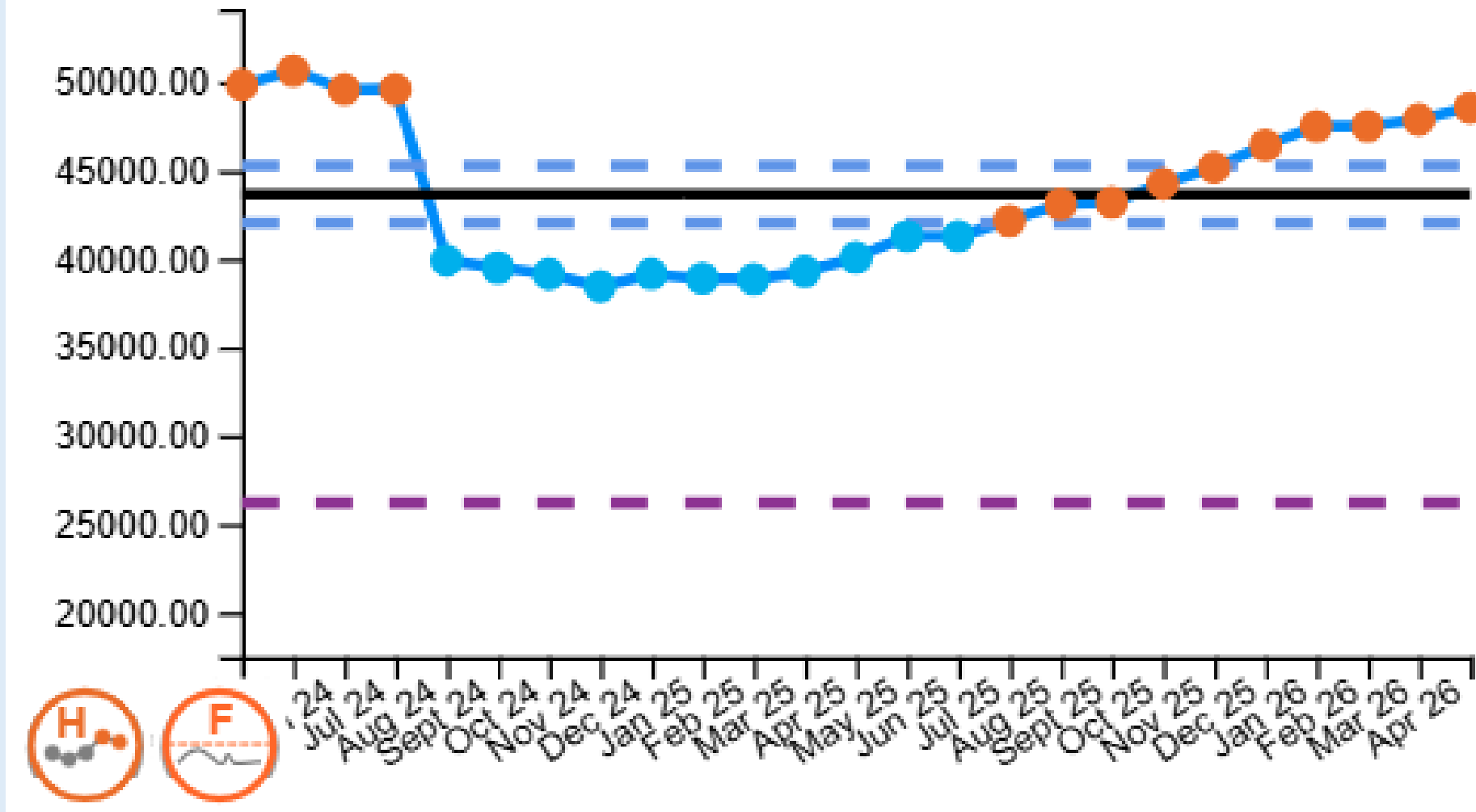
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Enhanced Monitoring Target: 12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline.)

April 2026 Performance

26.35%
(above the baseline)

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



How are we doing?

In April 2026, the Health Board reported 26.35% 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?

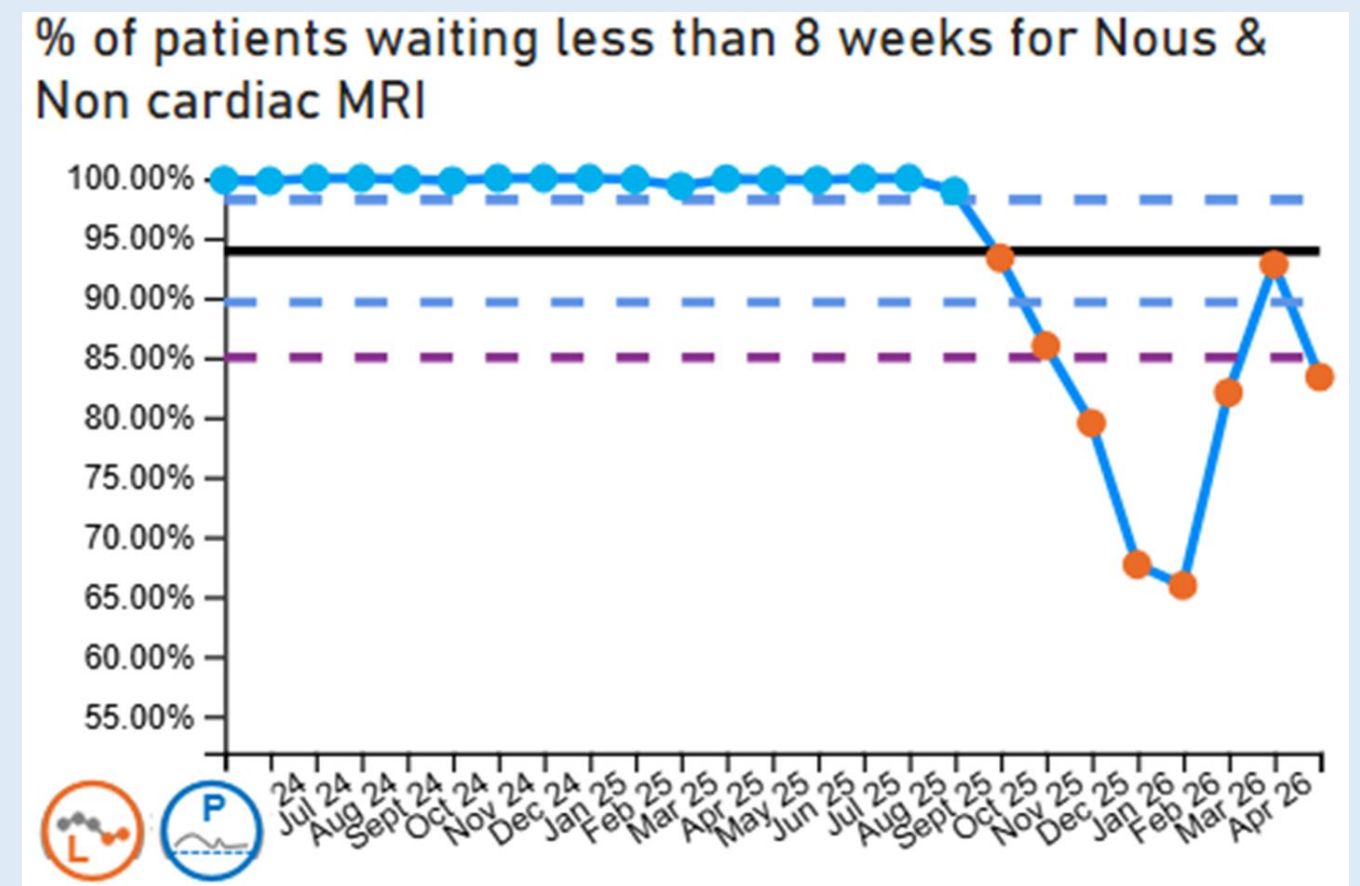
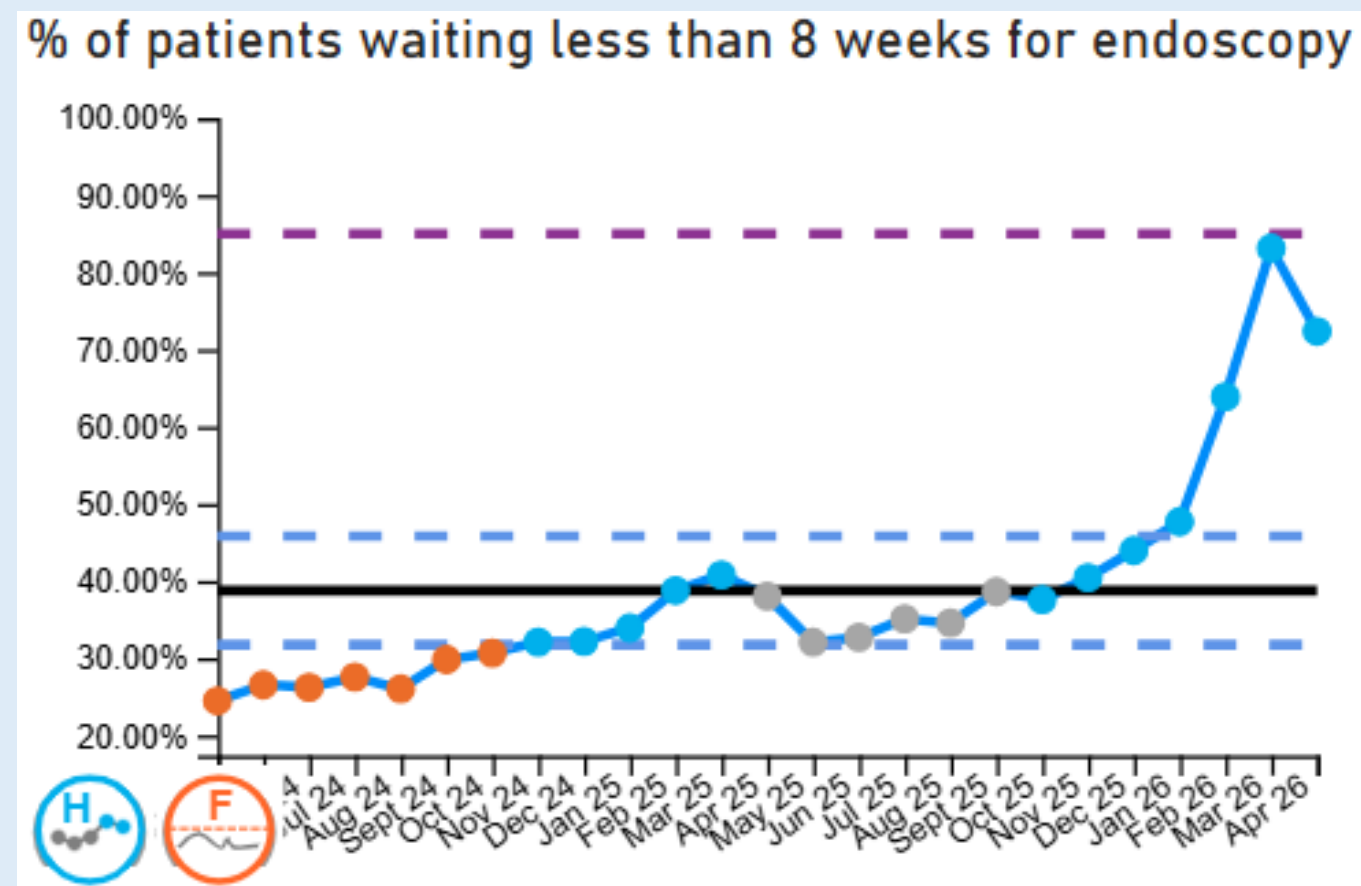
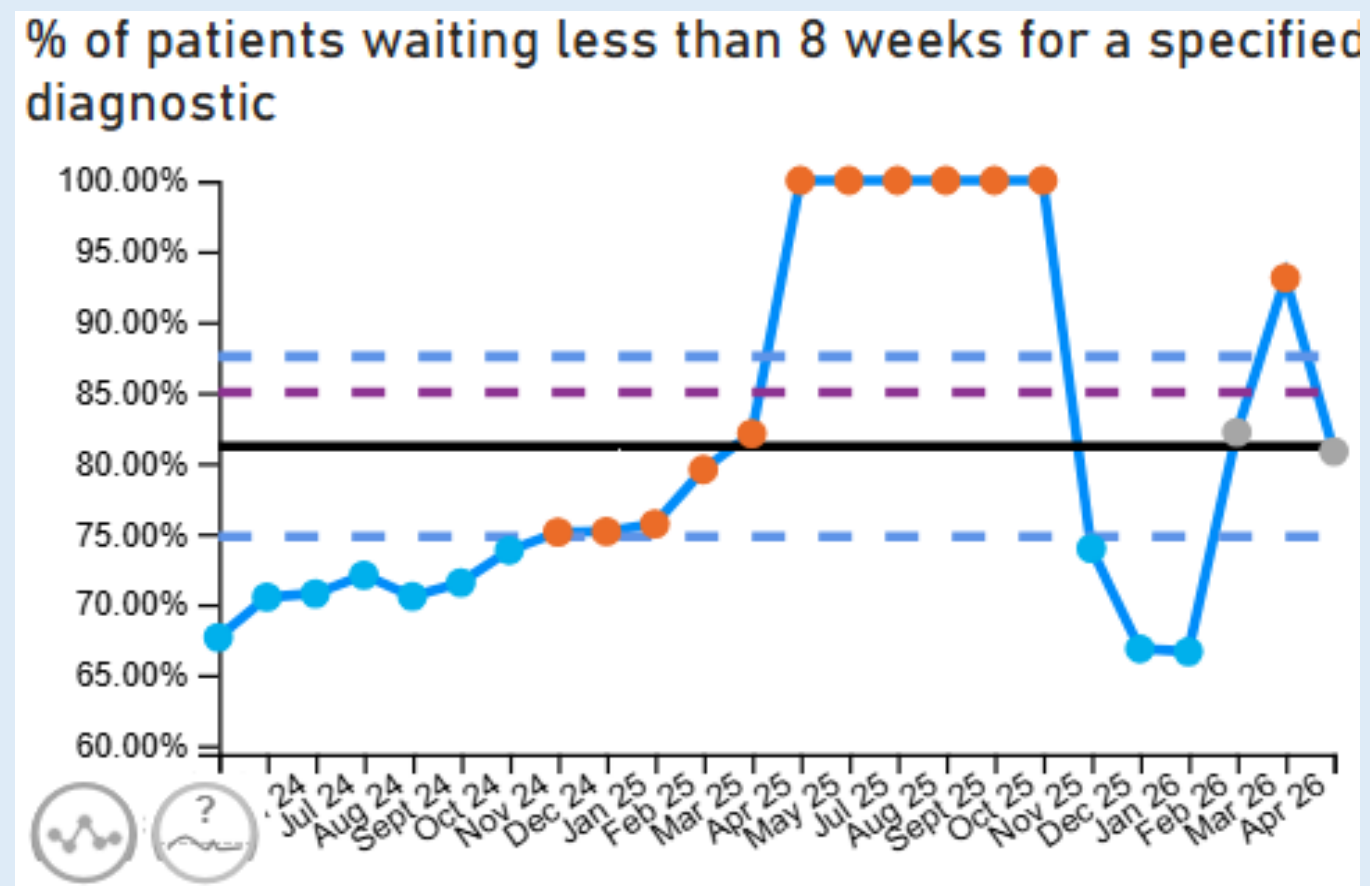
- Workforce pressures, including vacancies, sickness and reduced clinic availability.
- Competing operational pressures impacting the ability to release additional outpatient capacity.

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%																
LHB	Target	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	Reduction compared to the same month in the previous year	245,579	249,209	246,770	246,189	253,909	258,665	260,341	264,056	268,928	278,898	284,675	287,116	293,112	↓	-
AB		30,702	30,698	31,041	30,349	30,119	30,728	30,757	30,560	30,560	31,607	31,494	31,219	30,819	↓	4th out of 7 health boards
BCU		93,521	94,186	95,710	96,342	97,820	99,914	101,456	104,814	108,920	114,127	119,302	123,259	128,079	↓	7th out of 7 health boards
C&V		20,282	21,758	22,853	22,503	23,473	24,346	24,869	25,248	26,146	28,065	28,267	28,268	29,682	↓	3rd out of 7 health boards
CTM		43,955	44,294	37,233	37,106	41,967	42,278	41,805	41,510	41,282	42,019	41,323	40,510	40,373	↓	5th out of 7 health boards
HDda		16,504	16,775	17,167	17,203	17,011	16,999	17,037	16,558	15,819	15,600	15,753	15,269	15,182	↑	2nd out of 7 health boards
Powys		1,318	1,436	1,487	1,410	1,353	1,287	1,221	1,106	1,024	1,062	1,032	1,087	1,100	↑	1st out of 7 health boards
SB		39,297	40,062	41,279	41,276	42,166	43,113	43,196	44,260	45,177	46,418	47,504	47,504	47,877	↓	6th out of 7 health boards

Note: For CTM, the variations in the data for May-25 and Jun-25 are due to the Bridgend Data Merger and the data being captured during the validation process.

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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	April 2026 Performance	80.81%
Enhanced Monitoring Target: 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	April 2026 Performance	72.36%
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.	April 2026 Performance	83.36%



How are we doing?

In April 2026, the organisation reported:

- A decline in performance against the percentage of patients waiting less than 8 weeks for a diagnostic test, with the percentage decreasing to 80.81% compared to 93.11% in March 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.
- 497 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 March 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.
- 1,207 patients waiting over 8 weeks for NOUS and non-cardiac MRI, which is an increase on the 481 patients reported in March 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	April 2026 Performance	80.81%
Enhanced Monitoring Target: 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 month	April 2026 Performance	72.36%
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.	April 2026 Performance	83.36%

How do we compare the rest of Wales

Number of patients waiting more than 8 weeks for a specified diagnostic																
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	0	35,227	38,454	43,121	40,425	42,215	46,678	47,817	44,415	42,656	46,803	48,326	38,486	24,733		-
AB		1,155	1,225	1,767	1,405	1,541	2,116	1,808	1,540	1,806	2,118	2,387	1,557	233		3rd out of 7 health boards
BCU		10,950	12,612	13,998	13,716	15,055	16,927	18,826	19,534	19,237	21,679	21,800	19,408	13,778		7th out of 7 health boards
C&V		13,825	14,750	15,177	14,007	13,344	14,243	13,667	11,210	10,138	10,592	10,925	9,544	6,432		6th out of 7 health boards
CTM		2,113	2,991	5,001	5,081	6,355	7,509	7,769	6,254	5,364	4,467	3,436	1,748	0		1st out of 7 health boards
HDda		4,851	4,556	4,617	3,831	3,481	3,289	2,598	1,944	1,656	1,876	3,669	3,290	3,308		5th out of 7 health boards
Powys		79	81	99	139	144	123	132	60	21	29	50	22	1		2nd out of 7 health boards
SB		2,254	2,239	2,462	2,246	2,295	2,471	3,017	3,873	4,434	6,042	6,059	2,917	981		4th out of 7 health boards

What actions are we taking to improve?

- Following demand and capacity reviews, recurring deficits have been identified in Colonoscopy, Gastroscopy, MRI, NOUS and CT.
- Actions to increasing activity through productivity to levels expected from core services in 2024/25 are being pursued, such as better management of late notice cancellations & DNA reduction.
- The £34m allocation the UHB received to support services recover post Covid is being reviewed, to determine how these moneys can most effectively be deployed. It is anticipated that there is sufficient funding to maintain 8 weeks from within the diagnostic element of this pool if the productivity challenge is met.

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.

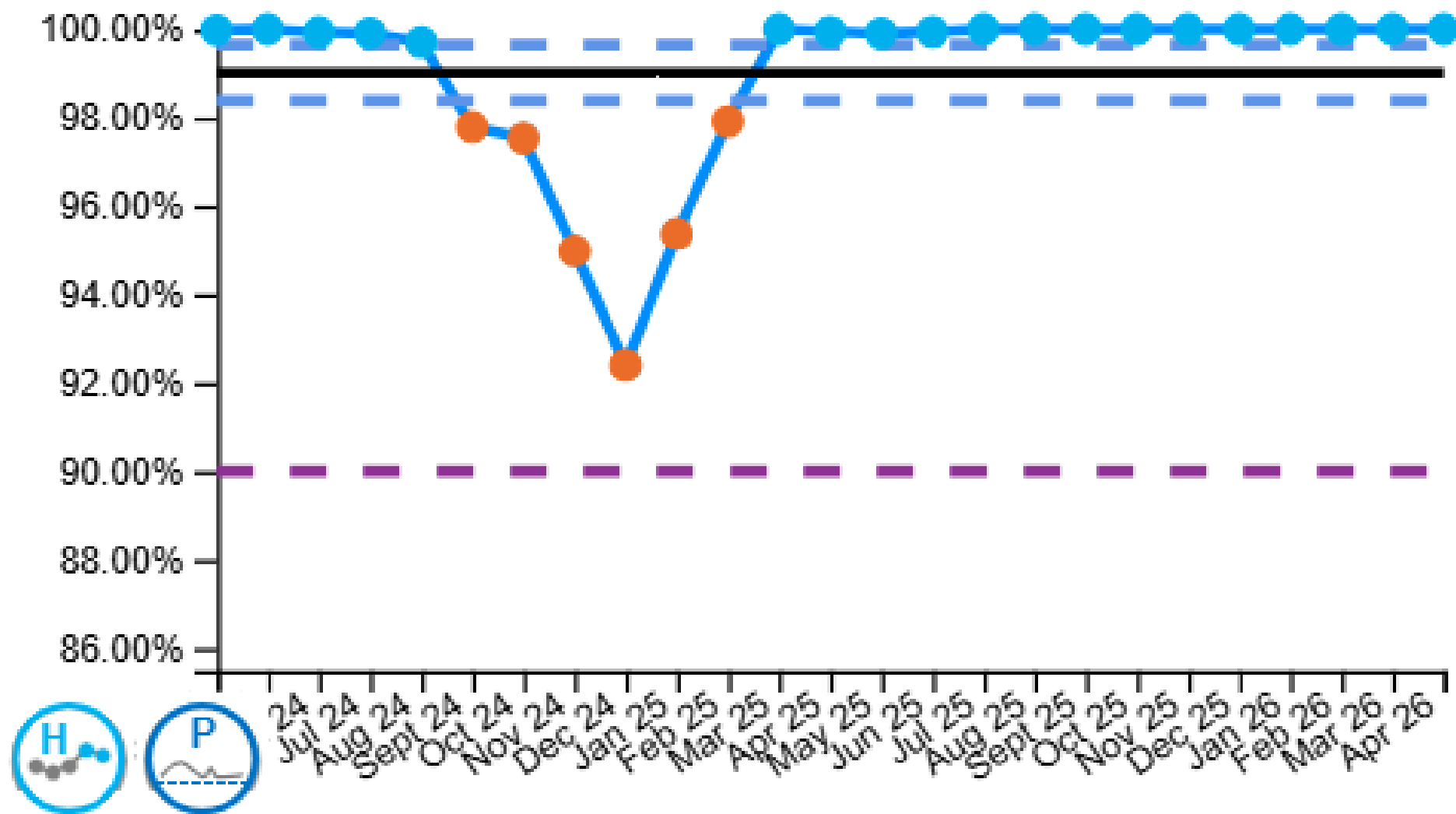
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Enhanced Monitoring Target: 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months

April 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	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	0	4,032	3,693	4,190	3,974	4,355	4,837	4,624	4,553	4,682	5,010	5,287	5,156	4,946		-
AB		121	45	79	77	204	169	115	128	181	237	366	311	350		4th out of 7 health boards
BCU		1,248	904	972	904	677	819	750	791	868	1,158	1,518	1,459	1,339		6th out of 7 health boards
C&V		384	475	571	566	681	797	894	948	896	874	910	942	830		5th out of 7 health boards
CTM		63	53	94	98	57	29	11	16	17	7	50	60	87		3rd out of 7 health boards
HDda		2,216	2,207	2,384	2,306	2,699	2,966	2,807	2,630	2,693	2,722	2,438	2,380	2,336		7th out of 7 health boards
Powys		0	6	85	20	37	57	47	40	27	12	5	4	4		2nd out of 7 health boards
SB		0	3	5	3	0	0	0	0	0	0	0	0	0		1st out of 7 health boards

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Enhanced Monitoring Target: 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral

April 2026 Performance

80%

Enhanced Monitoring Target: 70% of therapeutic interventions started within 28 days following an assessment by LPMHS

April 2026 Performance

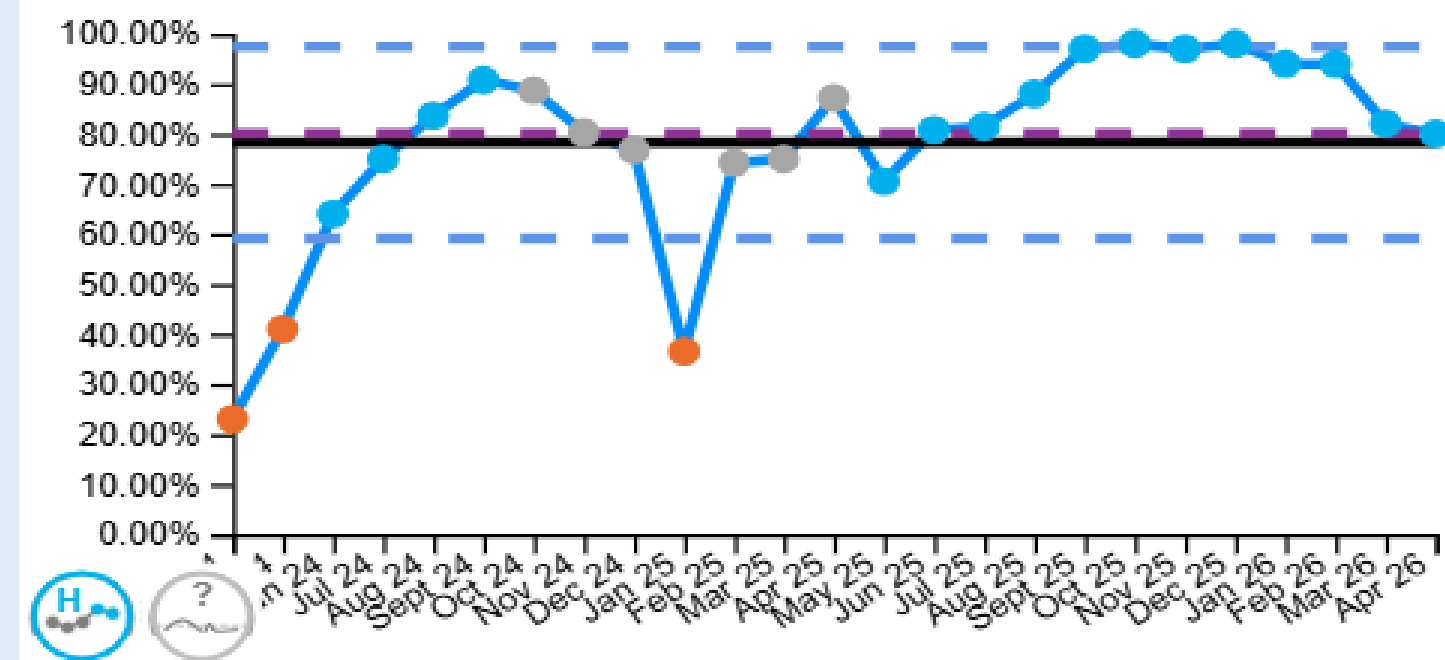
89%

Enhanced Monitoring Target: 85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan

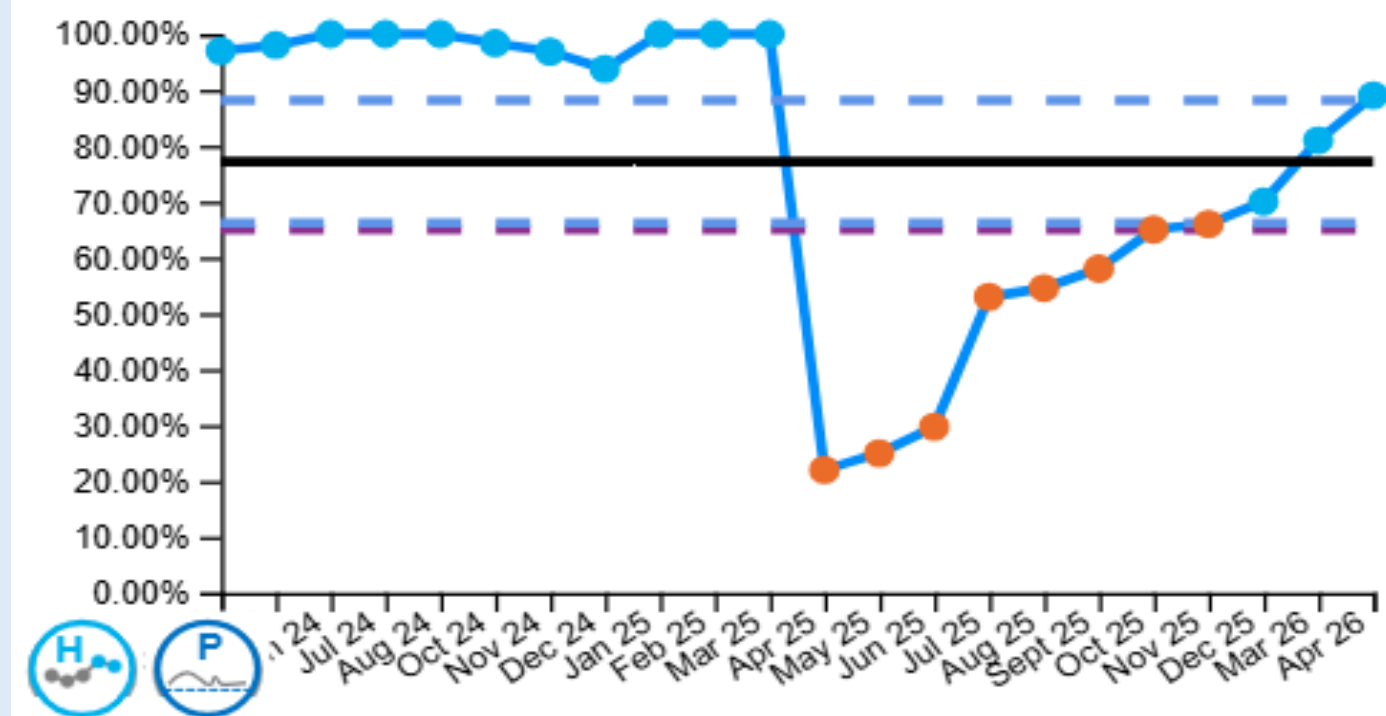
April 2026 Performance

88%

% 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

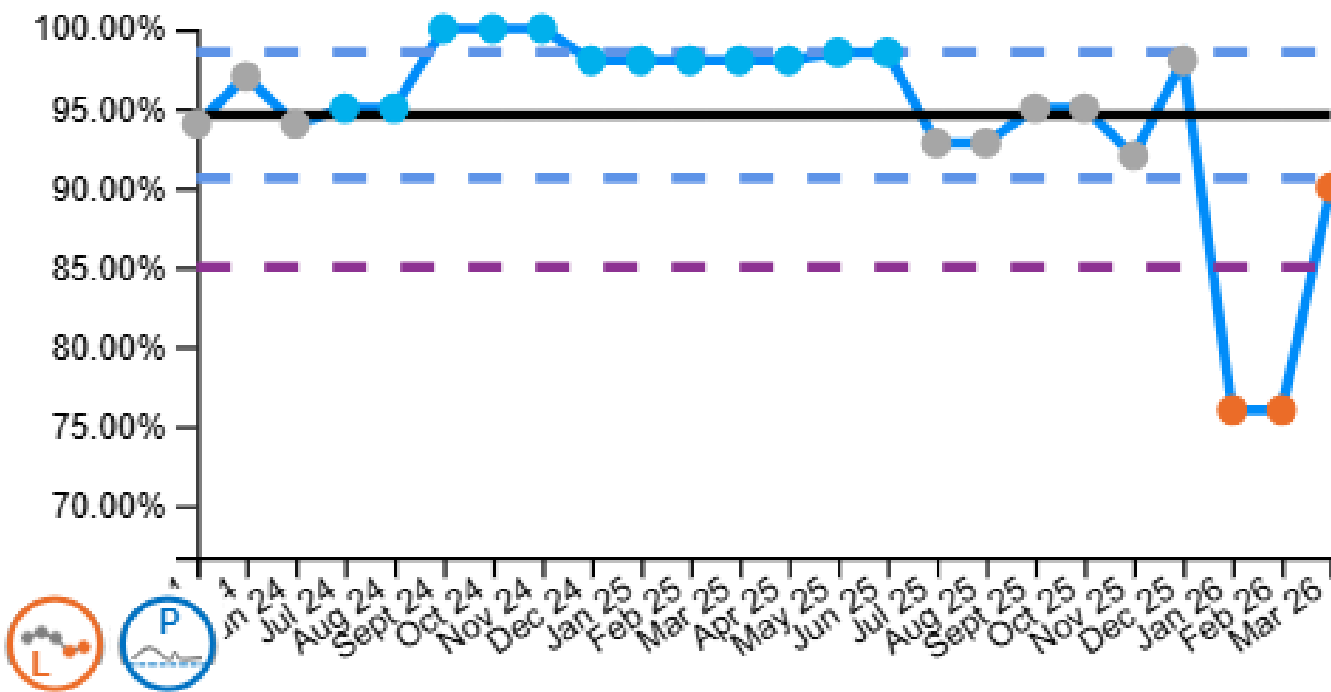
What are the risks to delivery?

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.

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

Enhanced Monitoring Target: 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral	April 2026 Performance	80%
Enhanced Monitoring Target: 70% of therapeutic interventions started within 28 days following an assessment by LPMHS	April 2026 Performance	89%
Enhanced Monitoring Target: 85% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan	April 2026 Performance	88%

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



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	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	80%	90.1%	92.6%	92.9%	94.4%	93.3%	89.5%	96.2%	96.0%	91.2%	94.3%	90.2%	93.9%	91.6%	↓	-	
AB		77.2%	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%	↑	2nd out of 7 health boards
BCU		96.0%	96.7%	93.8%	98.6%	94.6%	86.0%	94.2%	95.0%	83.6%	90.0%	81.1%	88.9%	88.9%	↓	5th out of 7 health boards	
C&V		99.0%	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		85.8%	90.9%	90.4%	90.3%	88.4%	81.7%	94.1%	93.5%	85.9%	87.6%	90.3%	99.1%	91.2%	↑	4th out of 7 health boards	
HDda		98.4%	98.1%	97.8%	90.4%	94.3%	90.4%	95.2%	89.7%	93.0%	98.6%	93.1%	88.4%	87.7%	↓	6th out of 7 health boards	
Powys		100.0%	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%	↓	3rd out of 7 health boards
SB		75.0%	87.2%	70.5%	80.8%	81.5%	88.0%	96.8%	98.0%	97.5%	97.9%	93.5%	93.4%	82.4%	↑	7th 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	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	80%	80.5%	68.9%	68.5%	67.6%	72.7%	76.1%	72.4%	73.6%	82.0%	87.6%	75.4%	72.7%	87.8%	↑	-	
AB		80.3%	82.7%	84.4%	84.1%	81.0%	88.9%	80.0%	75.9%	90.2%	88.3%	83.8%	88.0%	91.2%	↑	4th out of 7 health boards	
BCU		43.4%	41.9%	51.2%	50.7%	52.6%	53.7%	56.3%	55.0%	71.1%	70.0%	51.3%	52.2%	85.9%	↑	5th out of 7 health boards	
C&V		100.0%	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		92.0%	90.5%	92.0%	88.2%	87.2%	95.2%	86.6%	89.7%	88.0%	94.1%	87.1%	87.8%	92.1%	↓	3rd out of 7 health boards	
HDda		90.4%	92.0%	84.8%	80.0%	90.9%	96.1%	77.8%	81.8%	95.2%	98.1%	90.7%	83.3%	69.2%	↓	7th out of 7 health boards	
Powys		91.7%	85.7%	83.3%	93.8%	88.9%	82.8%	90.0%	88.0%	91.2%	91.2%	91.1%	94.4%	95.7%	↑	2nd out of 7 health boards	
SB		100.0%	22.0%	25.0%	29.7%	52.9%	54.5%	52.4%	65.3%	65.0%	70.0%	75.6%	75.8%	81.1%	↑	6th 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%	100.0%	98.7%	100.0%	95.1%	↓	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

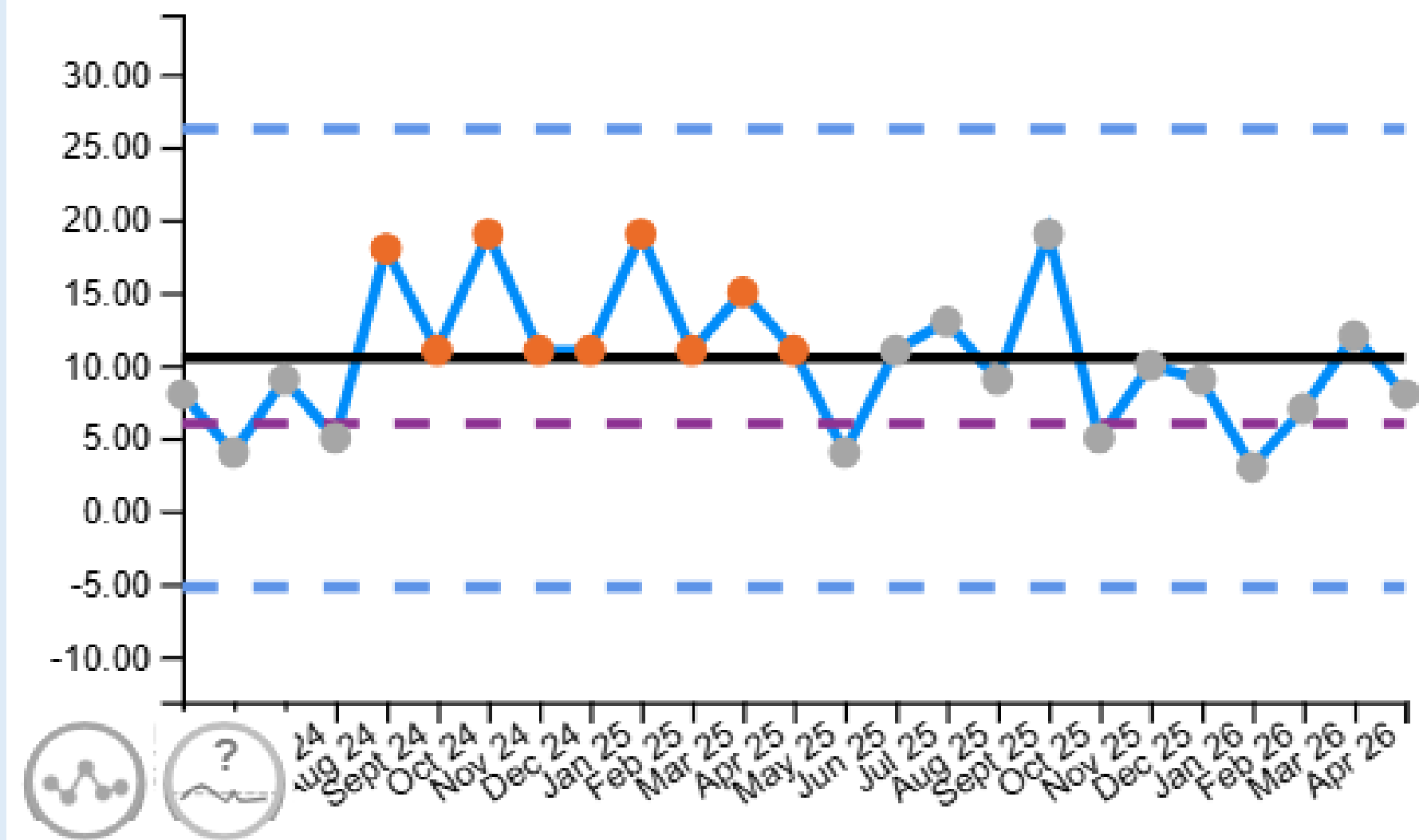
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Enhanced Monitoring Target: C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)

April 2026 Performance

8 cases

Number of Hospital Onset cases of C.difficile



How are we doing?

- April 2026 - 8 cases, previous month - 12 cases, equivalent period in April 2025 - 11 cases.

How do we compare across Wales? (All-Wales incidence 43.83/100,000)

- SBUHB has the second highest incidence rate of all acute health boards.
- April 2026 - 53.08 /100,000.

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 rate of laboratory confirmed bacteraemia cases per 100,000 population - C.difficile																
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	12 month trend	Rank
			Apr-25	Apr-25 to May-25	Apr-25 to Jun-25	Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26		
Wales	25.00		41.14	39.14	40.56	41.69	41.77	44.12	43.77	43.96	43.45	42.78	42.34	42.12	📈	-
AB			44.95	38.19	39.07	38.69	38.86	42.21	43.26	43.72	43.02	41.67	41.66	41.99	📉	4th out of 6 health boards
BCU			40.44	44.10	42.31	42.80	46.89	46.41	45.60	47.34	47.76	48.44	47.53	47.40	📉	5th out of 6 health boards
C&V			39.91	38.10	37.15	39.83	36.82	40.79	38.83	38.10	37.90	37.98	37.74	35.89	📈	1st out of 6 health boards
CTM			38.15	32.16	32.34	33.50	35.26	41.10	40.49	39.20	36.86	37.40	35.49	36.73	📈	2nd out of 6 health boards
HDda			40.75	44.71	48.57	46.25	43.02	41.11	43.94	43.55	44.11	42.72	43.36	41.74	📈	3rd out of 6 health boards
SB			53.08	46.07	54.56	59.89	59.39	61.94	57.78	58.74	57.57	54.49	53.85	54.15	📈	6th out of 6 health boards

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-26. Measure not applicable to Powys as HB has no acute hospitals.

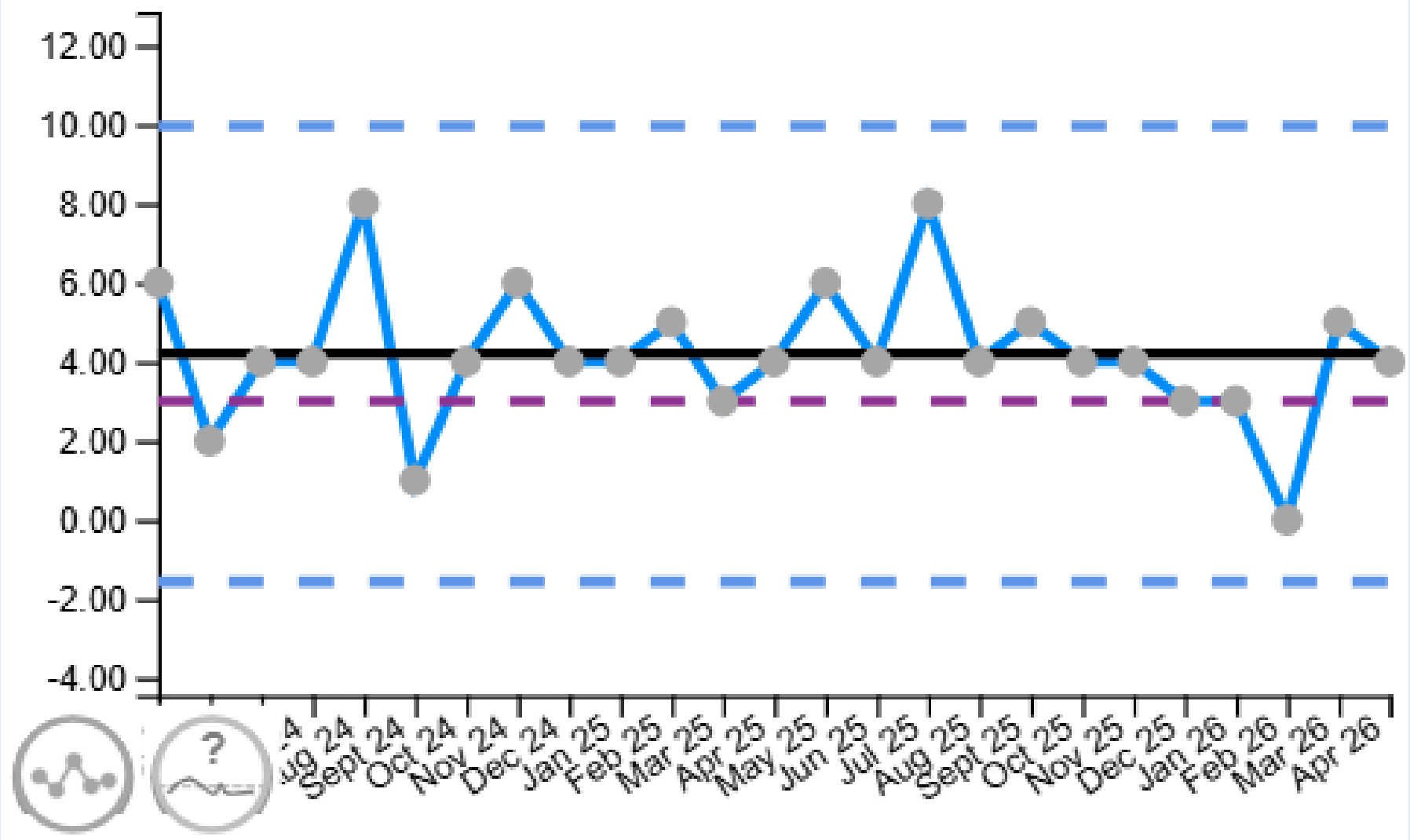
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Enhanced Monitoring Target: Staph aureus: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 4 cases to no more than 3 per month)

April 2026 Performance

4 cases

Number of Hospital Onset cases of S.aureus



How are we doing?

- April 2026 – 4 cases, March 2026 - 6 cases, April 2025 – 4 cases.

How do we compare across Wales? (All-Wales incidence 33.83/100,000)

- SBUHB has the second lowest Incidence compared to other acute health boards in Wales.
- April 2026 - 18.74/100,000

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

Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population - S.aureus bacteraemia																
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	12 month trend	Rank
			Apr-25	Apr-25 to May-25	Apr-25 to Jun-25	Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26		
Wales	20.00		30.76	28.55	28.39	28.46	27.89	27.23	27.22	27.18	27.26	27.74	27.35	27.62	↑	-
AB			30.65	28.14	26.27	25.63	24.84	24.79	24.92	24.12	24.97	25.64	25.70	26.37	↓	2nd out of 6 health boards
BCU			35.16	28.53	30.14	30.26	29.65	26.52	27.85	27.89	26.85	27.58	27.79	28.47	↓	3rd out of 6 health boards
C&V			32.87	30.02	32.50	31.17	29.46	30.40	28.63	28.29	28.43	28.08	27.62	28.56	↑	4th out of 6 health boards
CTM			32.70	24.12	23.36	24.79	26.71	25.91	25.21	27.14	26.46	27.25	26.43	25.31	↑	1st out of 6 health boards
HDda			31.35	33.92	32.04	33.92	32.58	31.86	32.96	31.99	32.83	34.11	32.66	32.46	↑	5th out of 6 health boards
SB			24.98	33.78	32.94	33.02	31.84	32.25	31.95	31.87	33.04	33.06	32.53	32.59	↓	6th out of 6 health boards

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-26. Measure not applicable to Powys as HB has no acute hospitals.

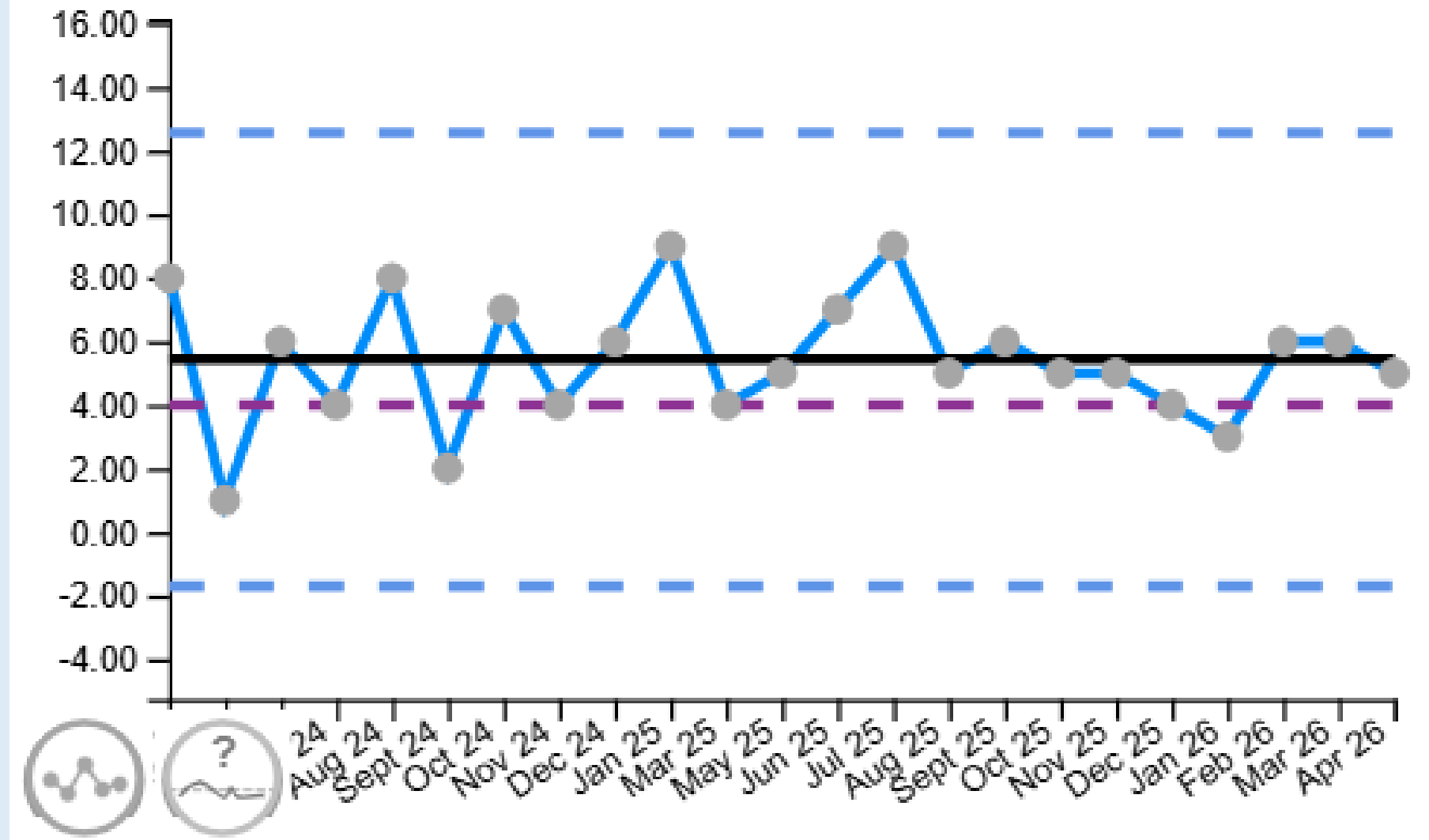
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Enhanced Monitoring Target: E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)

April 2026 Performance

5 cases

Number of Hospital Onset cases of E.coli



How are we doing?

- April 2026 – 5 Hospital Onset cases, April 2025 – 6 HO cases.
- March 2026 – 6 HO cases

How do we compare across Wales? (All-Wales incidence - 68.44/100,000).

- SBUHB has the second lowest incidence.
- April 2026 – 62.45/100,000.

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 rate of laboratory confirmed bacteraemia cases per 100,000 population - E-coli																
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	12 month trend	Rank
			Apr-25	Apr-25 to May-25	Apr-25 to Jun-25	Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26		
Wales	67.00		64.21	65.80	67.18	68.73	67.55	68.70	70.34	70.20	70.13	69.28	68.65	68.35	↑	-
AB			57.22	56.28	56.59	57.28	58.50	59.96	61.30	62.06	63.31	64.11	64.61	64.83	↓	2nd out of 6 health boards
BCU			72.09	72.63	74.19	72.63	69.64	70.90	71.97	70.47	71.35	71.54	70.43	70.67	↑	4th out of 6 health boards
C&V			49.30	49.65	51.85	55.42	56.16	53.49	55.62	56.28	54.29	53.17	52.93	52.29	↑	1st out of 6 health boards
CTM			92.64	91.12	88.03	86.43	82.81	85.76	88.62	86.43	86.80	85.75	82.72	81.97	↑	5th out of 6 health boards
HDda			81.50	86.33	86.80	94.04	92.19	96.09	96.68	98.28	97.46	94.35	95.16	94.04	↑	6th out of 6 health boards
SB			53.08	61.43	66.91	71.41	69.19	70.64	73.54	74.10	72.90	70.41	69.56	69.29	↑	3rd out of 6 health boards

Note: 12 month trend is based on the monthly cases per 100,000 of the population. Data is provisional. Target is for achievement for Mar-26. Measure not applicable to Powys as HB has no acute hospitals.

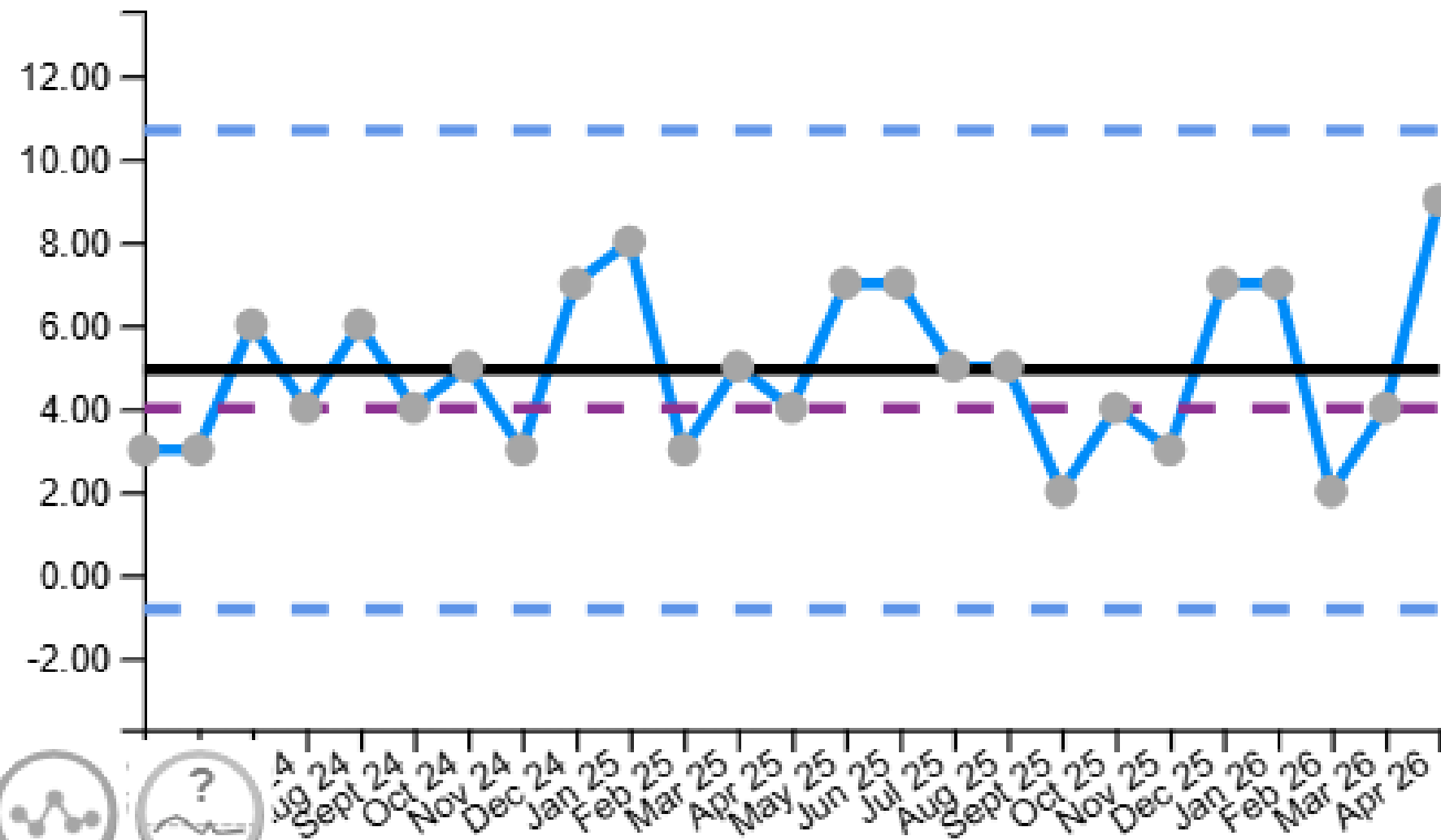
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Enhanced Monitoring Target: Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases in 2017/18, reduce to average of at most 4 per month)

April 2026 Performance

9 cases

Number of Hospital Onset cases of Klebsiella spp.



How are we doing?

- April 2026 – 9 Hospital Onset cases, April 2025 – 4 HO cases.
- March 2026 – 4 HO cases

How do we compare across Wales? (All –Wales incidence 22.68/100,000)

- SBUHB has the highest incidence (more than double the incidence of the 2nd highest acute health board).
- April 2026 – 46.84/100,000.

What actions are we taking to improve?

- Actions to improve quality of urine sampling, appropriate diagnosis and focus on reducing unnecessary invasive device presence.

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.

Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp

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	12 month trend	Rank
			Apr-25	Apr-25 to May-25	Apr-25 to Jun-25	Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26		
Wales	513		57	116	175	252	334	395	456	506	576	640	700	752	📈	-
AB	90		8	18	25	39	52	64	75	85	90	101	112	122	📈	3rd out of 6 health boards
BCU	103		10	23	34	47	59	69	81	91	100	112	126	134	📈	5th out of 6 health boards
C&V	100		6	15	26	41	52	62	72	81	92	105	112	122	📉	3rd out of 6 health boards
CTM	63		13	18	32	44	65	73	77	87	105	117	129	139	📉	6th out of 6 health boards
HDda	64		13	21	31	39	53	64	75	82	98	105	114	121	📈	2nd out of 6 health boards
SB	84		7	21	27	42	53	63	76	80	91	100	105	112	📈	1st out of 6 health boards

Note: 12 month trend is based on the monthly number of cases. Data is provisional. Target is for achievement for Mar-26. Measure not applicable to Powys as HB has no acute hospitals.

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

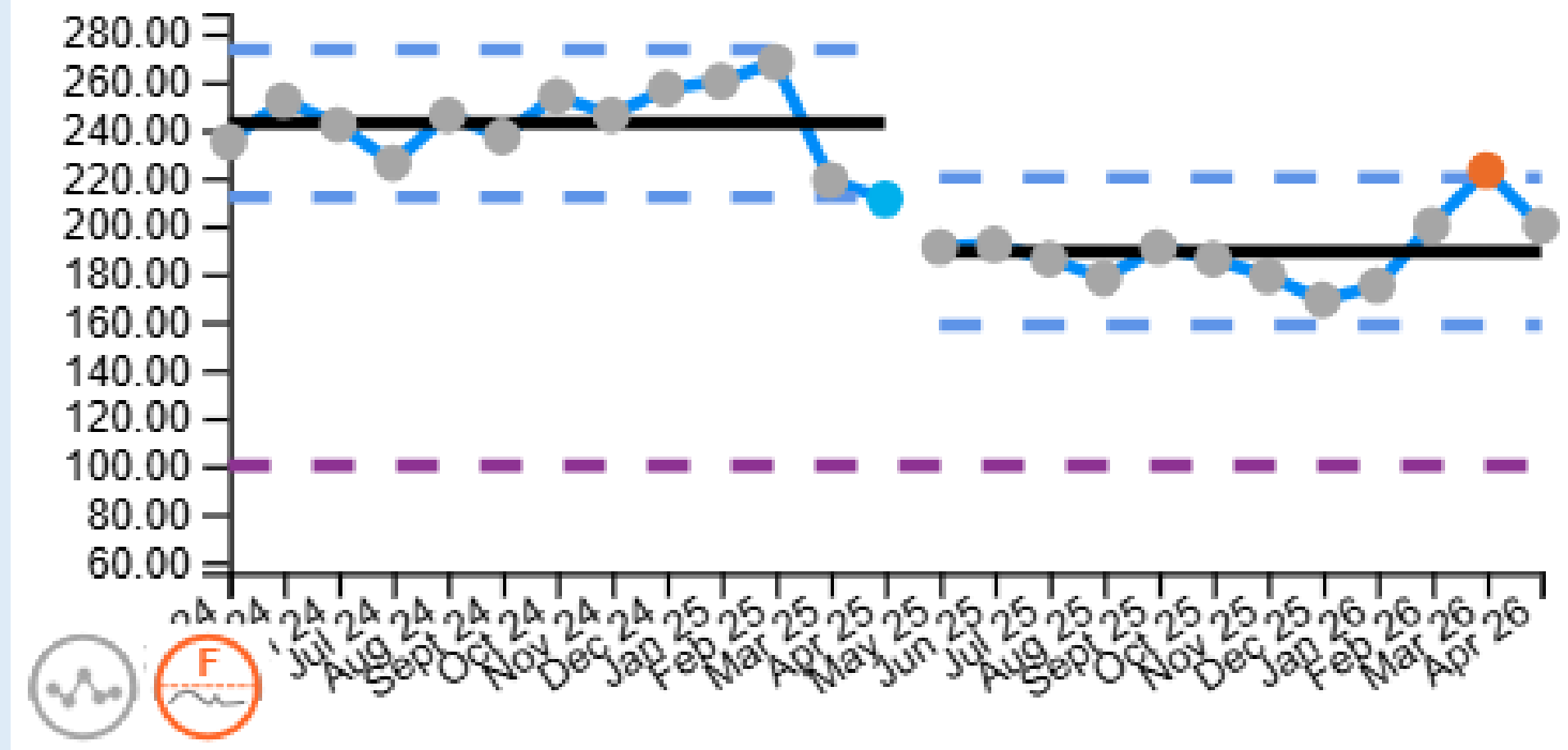
TI Target: Continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline)

April 2026 Performance

200

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 April 2026, the organisation reported that there were 200 patients classified as being clinically optimised which is an improvement on the 223 reported in March 2026.

What actions are we taking to improve?

- Scoping development of a pathway 1 bridging team to enable discharge of this patient cohort and therefore release capacity.
- UEC improvement group exploring cohorting of pathway 3 patients to reduce assessment timescales and therefore length of stay
- An engagement document has been developed to enable centralisation of discharge/transfer workforce into the integrated discharge hub to allow prioritisation of workload and case management of complex discharge.
- The optimal hospital flow programme is in progress. Training ward multidisciplinary teams in best practise in relation to pathway management
- Exploring opportunities to improve SIGNAL functionality to allow better understanding of reason in bed codes
- Audit of health- related delays planned w/c 25th May 2026

What are the risks to delivery?

- Local Authority engagement to accelerate pathway events.
- Community capacity to support decreased length of stay for pathway 1

Number of Pathways of Care delayed discharges																
Org	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		1,404	1,405	1,392	1,275	1,367	1,374	1,493	1,455	1,401	1,393	1,444	1,351	1,275	↑	
AB	12 month reduction trend	176	208	181	154	160	184	167	165	223	205	180	178	174	↓	4th out of 8 organisations
BCU		307	337	300	290	318	280	347	364	313	322	348	291	293	↑	8th out of 8 organisations
C&V		150	139	155	149	176	176	177	187	158	171	164	156	155	↓	3rd out of 8 organisations
CTM		284	246	277	234	257	236	287	291	279	249	243	231	189	↑	5th out of 8 organisations
HDda		223	234	230	211	212	230	258	207	204	213	241	220	218	↑	7th out of 8 organisations
Powys		53	50	57	51	66	77	71	62	55	58	67	52	46	↑	2nd out of 8 organisations
SB		211	191	192	186	178	191	186	179	169	175	200	223	200	↓	6th out of 8 organisations
Velindre		0	0	0	0	0	0	0	0	0	0	0	1	0	↓	1st out of 8 organisations

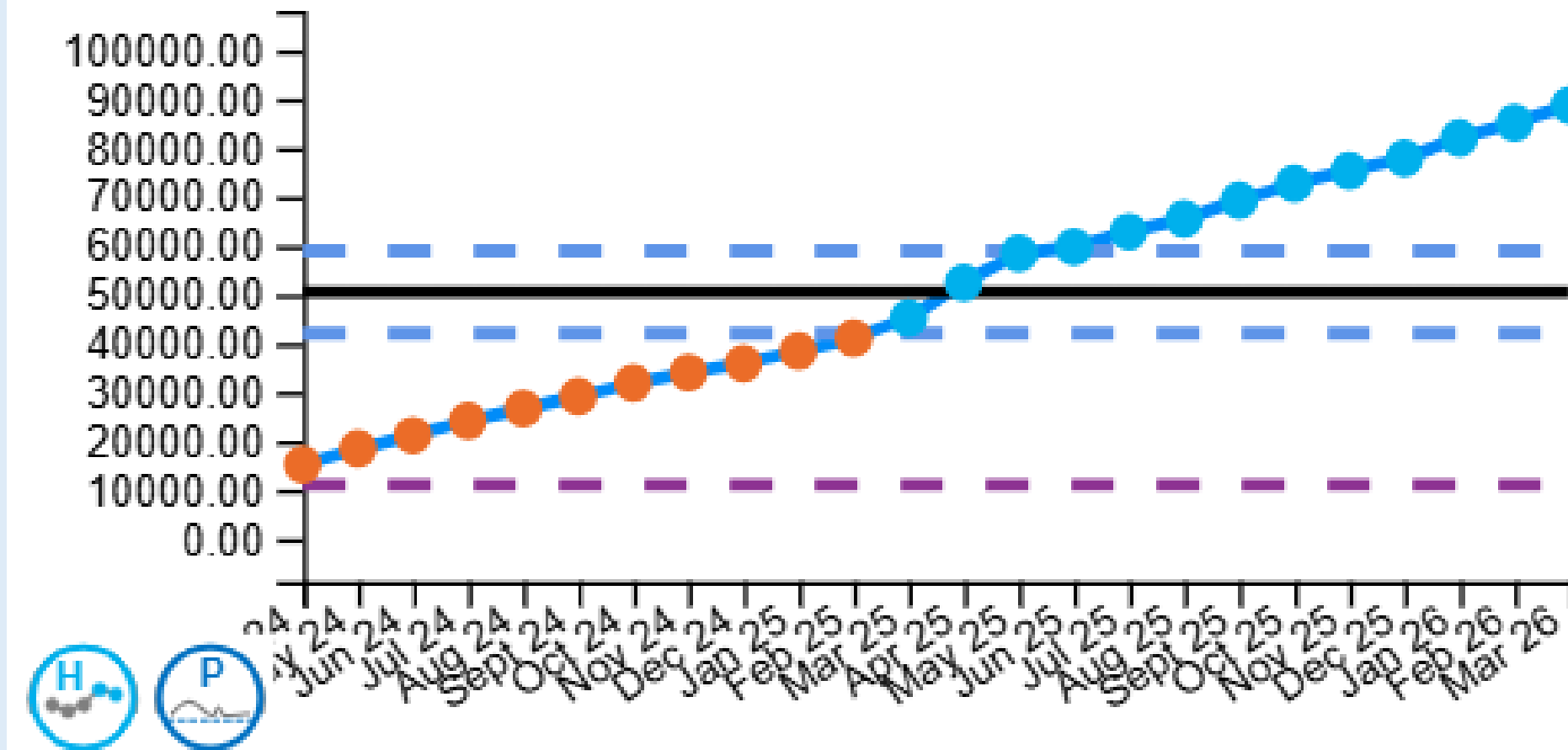
Care is delivered in partnership with our communities in safe and appropriate settings, supported by innovation

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

April 2026 Performance

91,851 registered users

Number of patients registered to the NHS Wales app



How are we doing?

- As of the end of April 2026, there were 91,851 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.

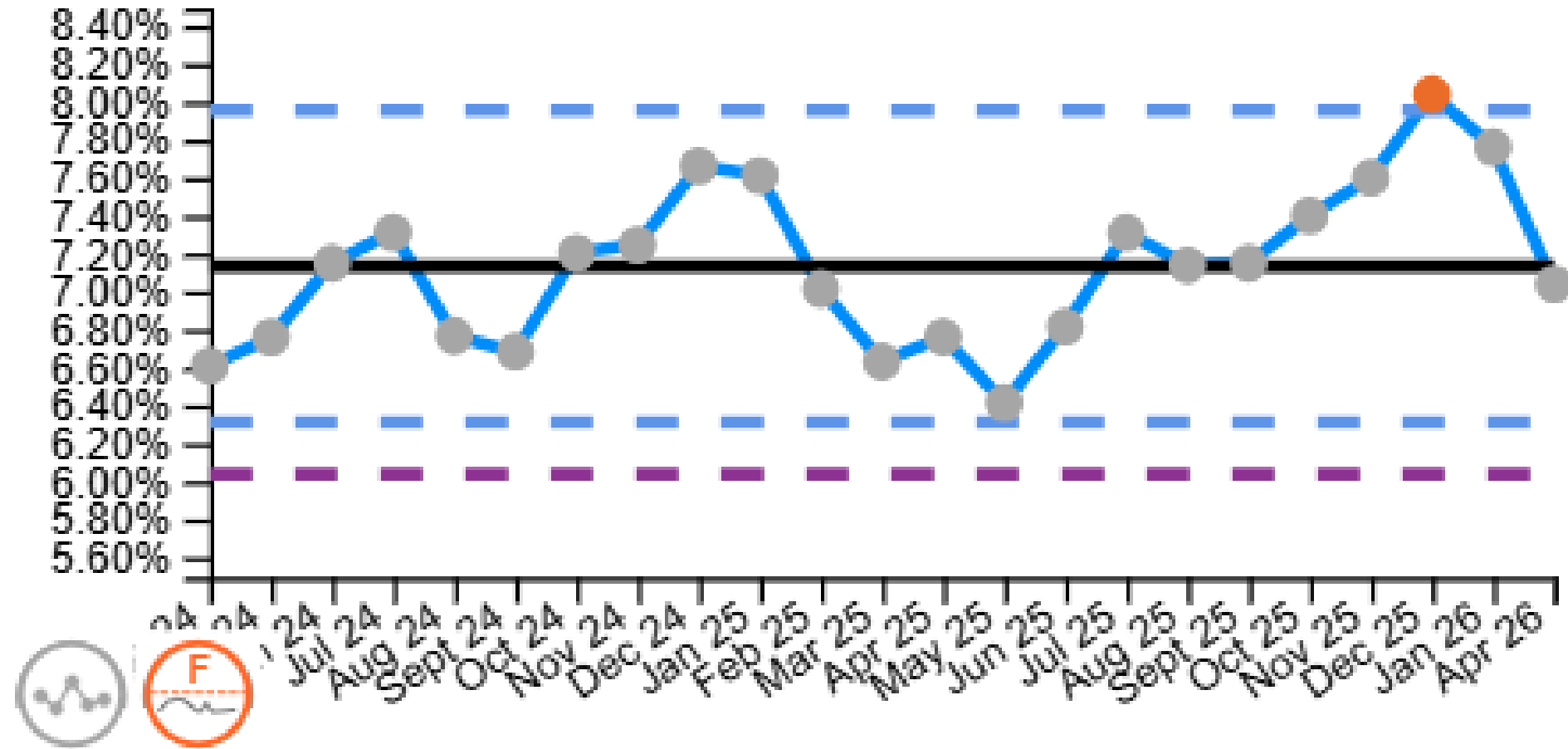
The health board is a great place to work where all staff feel valued and work together towards a common goal

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

April 2026 Performance

7.04%

% workforce sickness absence (In-Month)



How are we doing?

The rolling sickness absence figure for April is 7.04% which is a slight reduction compared to March 7.09%.

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?

- Continue to check compliance with the policy, hold sickness absence summits, the Assistant HR Business Partners are focussing on reducing the long-term absence cases.
- We are proactive in the staff health and wellbeing offer to focus on keeping staff well in the workplace.
- Currently planning to implement shared learning events to promote best practice.

What are the risks to delivery?

Some of the risks include the cultural challenges, organisational change and capacity .

Percentage of sickness absence rate of staff																	
Org	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	12mth Trend	Rank	
Wales	12 month reduction trend	6.27%	6.27%	6.24%	6.26%	6.27%	6.22%	6.24%	6.27%	6.27%	6.32%	6.34%	6.34%	6.36%	↓	-	
AB		6.45%	6.44%	6.44%	6.43%	6.44%	6.44%	6.46%	6.48%	6.50%	6.50%	6.50%	6.51%	6.50%	6.51%	↓	9th out of 13 organisations
BCU		6.08%	6.09%	6.09%	6.07%	6.07%	6.07%	6.04%	6.05%	6.07%	6.09%	6.08%	6.09%	6.07%	6.10%	↓	7th out of 13 organisations
C&V		6.32%	6.33%	6.36%	6.39%	6.39%	6.39%	6.36%	6.37%	6.41%	6.42%	6.46%	6.43%	6.41%	6.42%	↓	8th out of 13 organisations
CTM		6.89%	6.89%	6.90%	6.92%	6.92%	6.96%	6.99%	7.05%	7.12%	7.17%	7.25%	7.34%	7.37%	7.41%	↓	12th out of 13 organisations
HDda		6.66%	6.61%	6.61%	6.60%	6.60%	6.56%	6.51%	6.54%	6.57%	6.61%	6.64%	6.63%	6.62%	6.65%	↓	10th out of 13 organisations
Powys		5.22%	5.22%	5.24%	5.27%	5.29%	5.29%	5.34%	5.35%	5.32%	5.31%	5.32%	5.32%	5.33%	5.31%	↓	5th out of 13 organisations
SB		7.07%	7.08%	7.07%	7.04%	7.02%	7.01%	6.96%	7.07%	7.10%	7.13%	7.17%	7.17%	7.20%	7.21%	↓	11th out of 13 organisations
PHW		4.22%	4.24%	4.31%	4.36%	4.45%	4.52%	4.57%	4.58%	4.59%	4.56%	4.55%	4.55%	4.54%	4.59%	↓	4th out of 13 organisations
Velindre		5.24%	5.21%	5.17%	5.13%	5.10%	5.14%	5.14%	5.10%	5.11%	5.18%	5.30%	5.37%	5.42%	5.42%	↓	6th out of 13 organisations
WAST		7.86%	7.84%	7.81%	7.74%	7.74%	7.73%	7.77%	7.80%	7.81%	7.84%	7.88%	7.88%	7.88%	7.91%	↓	13th out of 13 organisations
DHCW		3.49%	2.89%	3.19%	2.65%	3.02%	3.09%	3.25%	3.30%	3.26%	3.29%	3.25%	3.25%	3.23%	3.20%	↓	2nd out of 13 organisations
HEIW		3.12%	3.04%	2.98%	2.85%	2.72%	2.72%	2.71%	2.74%	2.77%	2.86%	2.95%	2.94%	2.88%	2.88%	↑	1st out of 13 organisations
NWSSP	3.27%	3.25%	3.31%	3.27%	3.23%	3.23%	3.26%	3.34%	3.33%	3.34%	3.37%	3.35%	3.34%	3.29%	↓	3rd out of 13 organisations	

Note: Data is for a rolling 12 month period.

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)

Month 1 Performance:

Reported Month 1 deficit

£8.518m

£2.1m 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

97.6%

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

Overall Position

- Performance is adverse to the draft deficit plan from the first month.
- To meet the £76.6m plan, the £2.1m Month 1 adverse variance needs to be recovered in-year.
- To meet the Welsh Government minimum/2025/26 outturn position of £53.2m, future months would need to average no more than c.£4m deficit.

M01 Variance to £76.6m & 2025/26 Outturn Plan	£76.6m Deficit Plan £M	2025/26 Outturn £M
Month 1 Plan	6.42	4.43
Non delivery of required savings	4.42	6.40
Operational Variation:		
2026/27 Slippage Inflation & Growth	(1.00)	(1.00)
Grip & Control Vacancies	(0.90)	(0.90)
Grip & Control Variable Pay reduction	(0.27)	(0.27)
CHC Below Budget	(0.29)	(0.29)
Other Non pay	0.14	0.14
Month 1 Outturn	8.51	8.51

TARGET	ACTUAL PERFORMANCE
Cash Balance Bank < £6.0m	Not Reported Mth 1
In Month Performance Revenue Resource Limit ≤ 1/ 12 th £76.6m	£8.518m
YTD Performance Revenue Resource Limit ≤ £ 1/12 th £76.6m x YTD Months	£8.518m
YTD Performance Capital Resource Limit ≤ £0m	Not Reported Mth 1
YTD Performance Public Sector Payment Policy > 95%	97.6%

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)

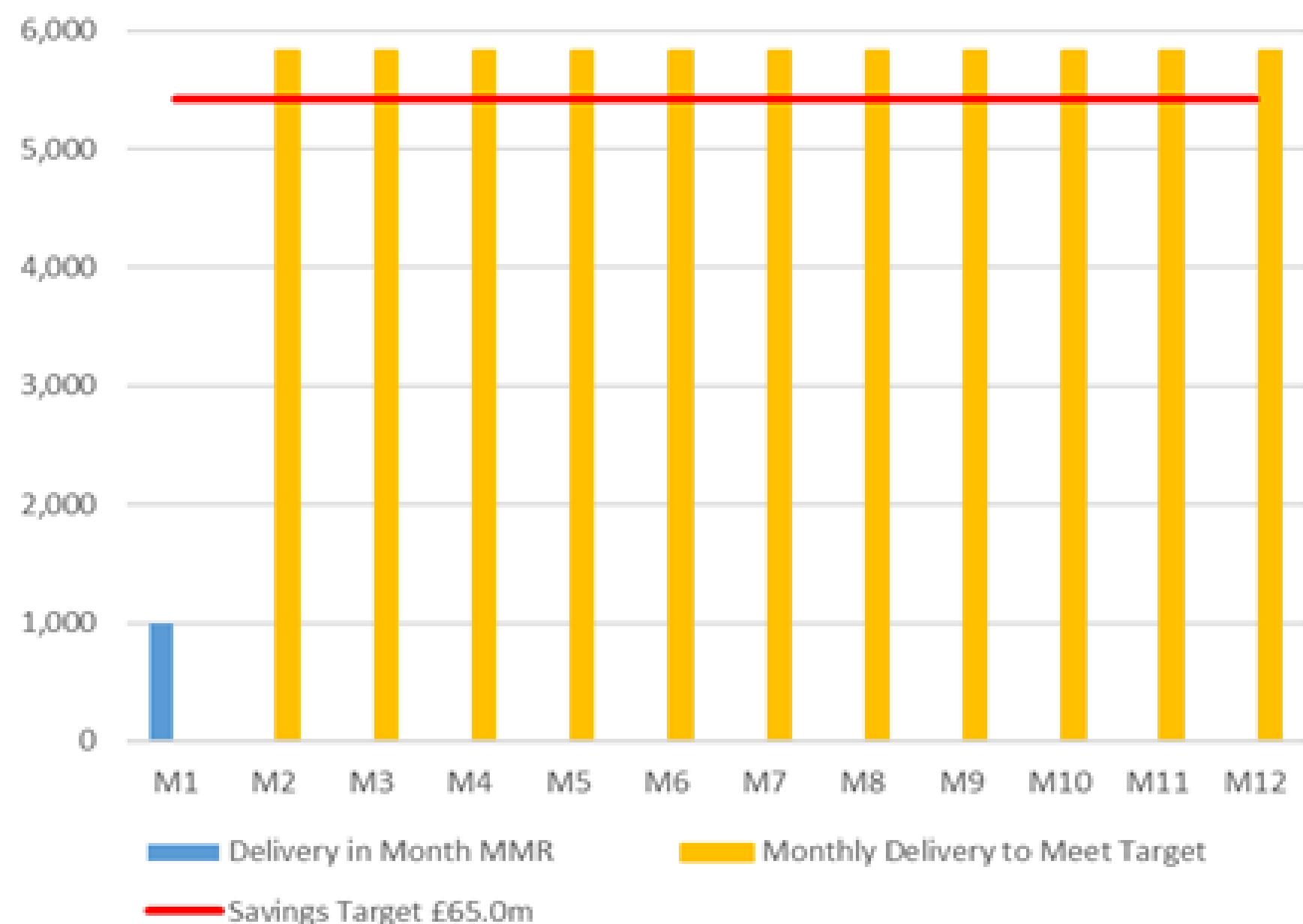
Main drivers in Month 1:

- Savings delivery is identified as the key driver of the overspend.
- Income is below the 2025/26 average; JCC income is breakeven and Dental Contract Income is £0.1m adverse.
- Pay is lower than expected overall, with vacancies offsetting Medical & Dental and Nursing pressures.

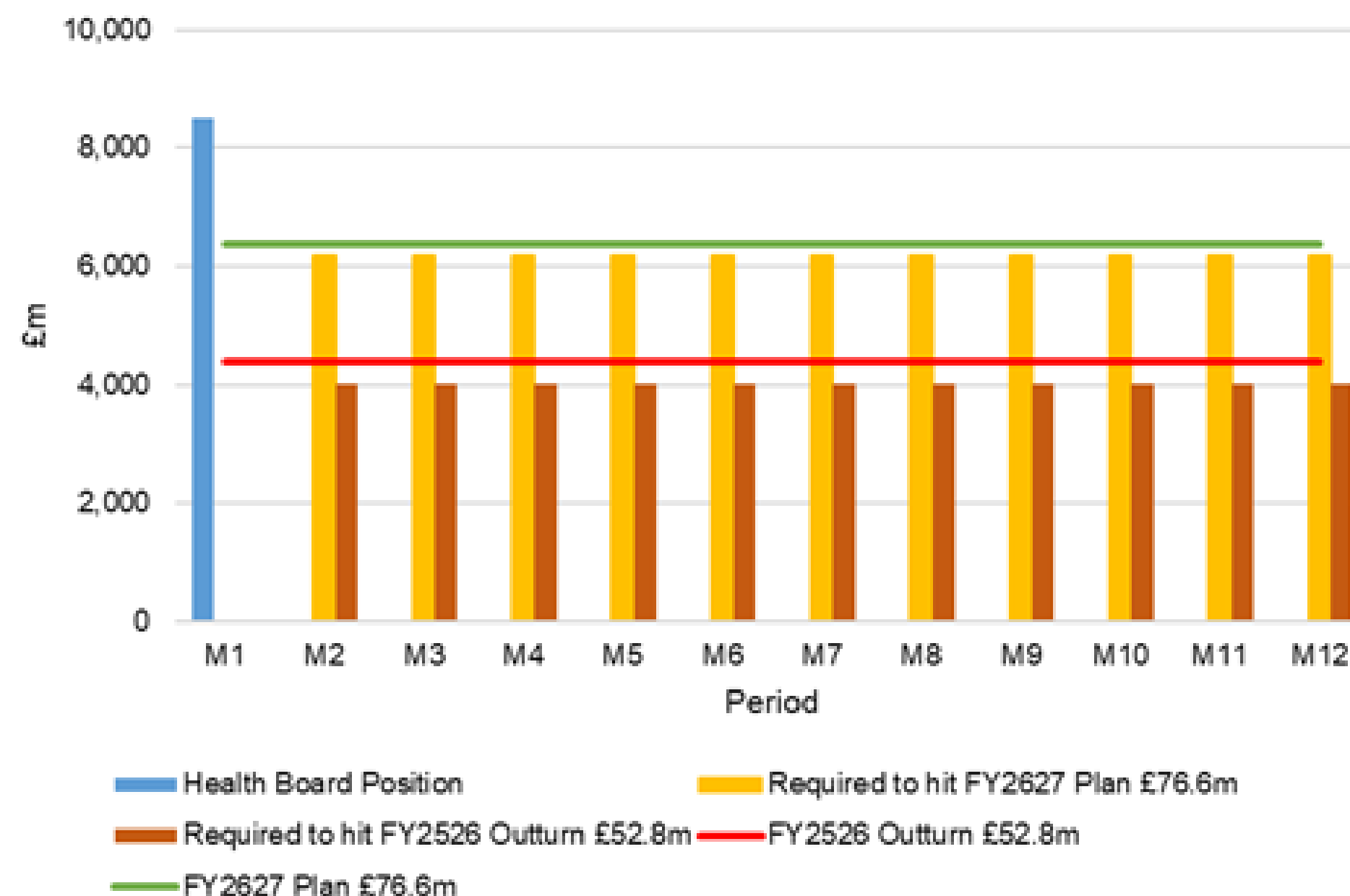
Other Spend Indicators

- Variable pay is £4.707m, £0.380m lower than the same period last year.
- Non-pay expenditure is slightly lower than the last two years' average.
- Prescribing is breakeven; CHC is £0.3m underspent due to lower patient numbers than planned.

Savings Delivery 2026/27



Financial Performance 2026/27



Section 3:

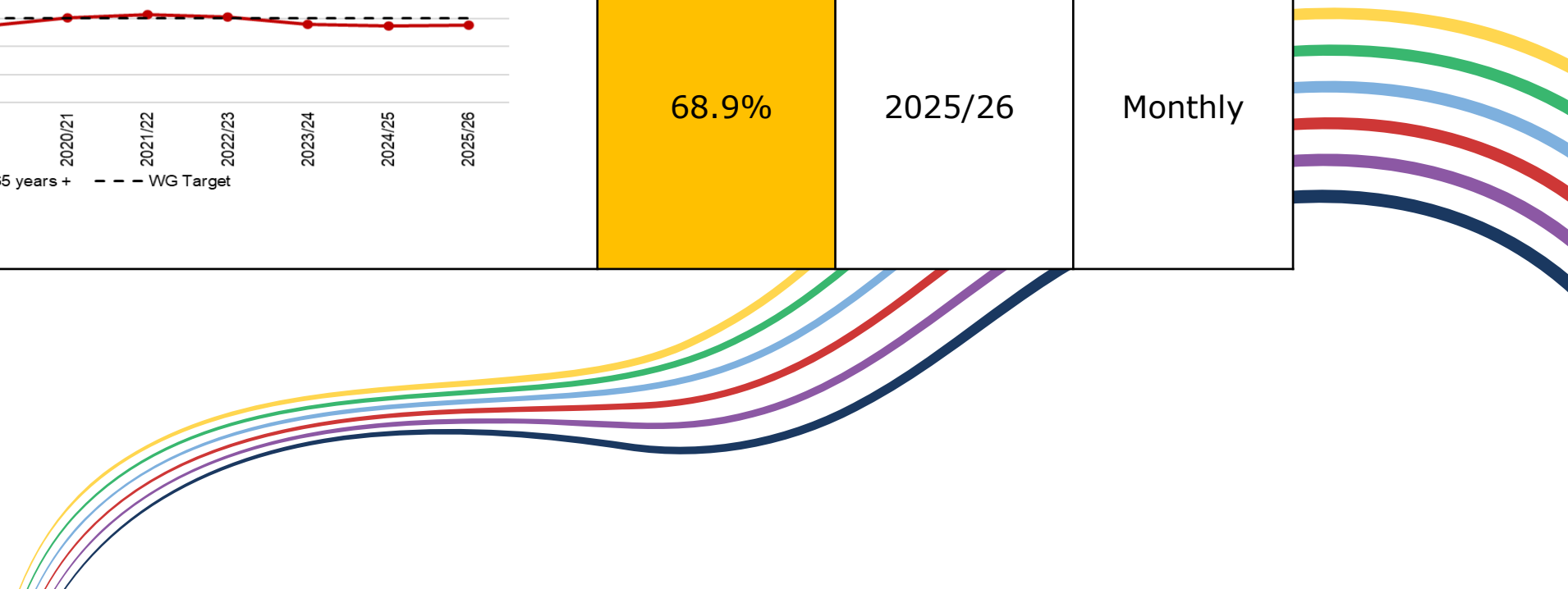
Summary of the performance against the NHS Wales Performance Framework Measures 2026-27



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.

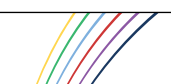
Performance Measure	Target	Data	Latest Position		Reporting Frequency
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% Target (2025-26)		3.35%	Q3 2025/26	Quarterly
Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%		87.7%	December 2025	Quarterly
Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%		85.5%	December 2025	Quarterly
Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%		68.9%	2025/26	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%		92%	April 2026 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%		82%	April 2026 Monthly
Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%		42.3%	April 2026 Monthly
Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%		38.7%	April 2026 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		16.7%	March 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
Median emergency ambulance response time to purple: arrest category calls	6-8 Minutes		7.37	Monthly
Median emergency ambulance response time to red: emergency category calls	6-8 Minutes		9.27	Monthly
Number of ambulance patient handovers over 45 minutes	0%		580	Monthly
Percentage of ambulance patient handovers within 15 minutes	80%		19.52%	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%		68.92%	Monthly



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 WG Target</p>	13	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 WG Target</p>	230	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	Latest Position	Frequency
Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%		73%	Monthly
Nationally reportable incidents open over 12 months	0		1	Monthly
Number of never events	0		0	Monthly
Overall HB patient experience score	85%		91%	Monthly



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SBUHB Local Watch Metrics

Stroke

Performance Measure	Target	Data	Latest Position	Frequency
% of patients Thrombolysed	20%		18.5%	Monthly
% door to needle within 30 minutes	95%		0%	Monthly
% received mechanical thrombectomy	10%		7.4%	Monthly
% received CT scan within 20 minutes	40%		18.5%	Monthly
% admission within 4 hours	95%		32.7%	Monthly



SBUHB Local Watch Metrics

Stroke

Performance Measure	Target	Data	Latest Position	Frequency	
% received swallow screening within 4 hours	95%		83.3%	March 2026	Monthly
% assessed by a Stroke Consultant within 14 hours	95%		59.6%	March 2026	Monthly
% received occupational therapy within 24 hours	95%		81%	March 2026	Monthly
% received physiotherapy within 24 hours	95%		83.3%	March 2026	Monthly
% received SALT within 72 hours	95%		96.3%	March 2026	Monthly



SBUHB Local Watch Metrics

Theatre Performance

Performance Measure	Target	Data	Latest Position	Frequency	
Theatre Utilisation	>85%	<p>Utilisation Rate</p>	82%	April 2026	Monthly
Late Starts > 15 mins	<20%	<p>Late Starts</p>	27%	April 2026	Monthly
Early Finishes > 60 mins	<10%	<p>Early Finishes</p>	25%	April 2026	Monthly
Cancelled Operations on the day	0	<p>% operations cancelled on the day</p>	100	April 2026	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	68.2%		96.4%	March 2026 Monthly
Prompt surgery - by the day following presentation with hip fracture	51.6%		34.2%	March 2026 Monthly
NICE compliant surgery - consistent with the recommendations of NICE CG124	66.7%		62.7%	March 2026 Monthly
Prompt mobilisation after surgery - out of bed (standing or hoisted) by the day after operation	73.9%		83.7%	March 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)	55.4%		72.5%	Monthly
Return to original residence - discharged back to original residence, or in that residence at 120-day follow-up	72.1%		78.6%	Monthly
30-day mortality - Case mix Adjusted	5%		4.5%	Quarterly

