

# Local Partnership Forum

Wed 17 December 2025, 09:00 - 11:00

MS Teams



Chair: Dawn Ward

## Agenda

**09:00 - 09:01 1. Welcome and Introductions**

1 min

*Dawn Ward*

**09:01 - 09:02 2. Apologies for Absence**

1 min

*Dawn Ward*

**09:02 - 09:03 3. Declarations of Interest**


1 min

*Dawn Ward*

**09:03 - 09:08 4. Minutes of the Meeting held on the 8th October 2025**

5 min


*Dawn Ward*

 4. LPF minutes 08.10.2025 - draft.pdf (9 pages)

**09:08 - 09:10 5. Action Log**

2 min

*Dawn Ward*

 5. LPF Action Log 08.10.25.pdf (1 pages)

**09:10 - 09:30 6. Chief Executive's Report**

20 min

*Suzanne Rankin*

**09:30 - 09:50 7. Organisational Redesign**

20 min

*Alastair Mitchell-Baker*

**09:50 - 10:05 8. Workforce Growth**


15 min


*Jonathan Pritchard*

**10:05 - 10:20 9. Staff Safe Spaces - Rules of engagement**

15 min

*Dawn Ward*

 9. Safe Space 25 Board Committee Covering Report.pdf (3 pages)

 9.1 Safe Space Rules of Engagement.pdf (2 pages)

 9.2 Safe Space Poster 2025.pdf (1 pages)

**10:20 - 10:40 10. Clinical Services Engagement Plan**


20 min

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**10:40 - 10:55 11. Integrated Performance Report**

15 min

- Population Health
- Quality and Safety
- People
- Operational Performance
- Finance

 11. Integrated Performance Report.pdf (46 pages)

**10:55 - 10:58 12. Review of Meeting (items to be brought to the attention of the Board)**

3 min

*Dawn Ward*

**10:58 - 10:59 13. Any other business previously agreed with the Co-Chairs**

1 min

*Dawn Ward*

**10:59 - 11:00 14. Future Meeting Arrangements**

1 min

*Dawn Ward*

- Thursday 12th February 2026 at 11am with a staff rep pre meet at 9:45am.

**LOCAL PARTNERSHIP FORUM MEETING**  
**Wednesday 8th October 2025 at 10am, via Teams**

**Present**

Rachel Gidman	Executive Director of People and Culture (co-chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-chair)
Peter Hewin	BAOT/UNISON
Rachel Pressley	Head of People Assurance and Experience
Mathew Thomas	UNISON
Philip Dore	RCN
Jonathan Strachan-Taylor	GMB
Andrew Gough	Deputy Director of Finance
Suzanne Rankin	Chief Executive
Claire Beynon	Executive Director of Public Health
Matt Phillips	Director of Corporate Governance
Jason Roberts	Executive Nurse Director
Catherine Phillips	Executive Director of Finance
Jonathan Pritchard	Assistant Director of People Resourcing
Jennifer Griffiths	Communications & Engagement Manager
Janice Aspinall	UNISON
Ceri Dolan	RCN
Katherine Davies	RCN
Jenny Seal	Digital Communications Officer
Emma Cooke	Executive Director of Allied Health Professionals, Health Scientists and Community Services Development

**In attendance**

Jonathan Watts	Regional Planning Programme Director
Emma Davies-McIntosh	Principle Public Health Practitioner
Mitchell Jones	Head of Equity & Inclusion
Rebecca Corbin	Head of OD & Culture
Angela Voyle-Smith	Senior Manager for Retention & OD
Bevan Howells	Graduate Management Trainee
Katherine Cabasan-Rose	RCN

**Apologies**

Mike Jones	Independent Member
Lianne Morse	Deputy Director of People & Culture
Claire Whiles	Assistant Director of OD, Wellbeing & Culture
Jennifer Lavington	CSP
Julia Davies	UNISON
Lorna McCourt	UNISON
Madeleine Smith	UNISON
Olivia Gibbs	SOR
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement

**Secretariat**

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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**LPF 25/054 WELCOME AND APOLOGIES**

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted.

**LPF 25/055 DECLARATIONS OF INTEREST**

There were no declarations of interest made in respect of agenda items.

**LPF 25/056 MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 8th October 2025 were reviewed and approved.

**LPF 25/057 ACTION LOG**

The action log was noted and all actions completed.

**LPF 25/058 ANNUAL PLAN UPDATE**

Jonathan Watts (JW) provided the update on the development of the 2026/2027 annual plan. The main points discussed were:

- The planning cycle will focus on 4 key planning principles. The focus is on developing an Annual Plan (not a three-year IMTP), as this is a key requirement from Welsh Government for de-escalation from targeted intervention.
- Six main priorities have been developed for the Annual Plan, tested with management and endorsed by the Board. These priorities were presented to the group.
- The Plan is designed to fit within the existing vision, mission, and strategic objectives of the organisation, ensuring continuity and assurance.
- As Clinical Boards are expected to plan against the organisation's set priorities, JW expressed the importance to clearly define the parameters within which the organisation should plan, of which the most critical being the financial planning framework.
- Andrew Gough (AW) explained that If current spending trends continue, the Health Board could face a gross deficit of nearly £100 million next year. He added that the Clinical boards are being asked to consider what actions would be needed to operate within their allocated budgets for 2026–27. Close collaboration is ongoing with Clinical Boards to refine financial figures and identify the best possible position for 2026–27.
- Clear deliverables have been set for People and culture, as well as operational areas.
- RG referred to the work taking place on workforce sustainability and the target to reduce sickness absence to below 5%, which is considered a significant challenge but is being benchmarked across the UK. Population health factors in Wales, such as higher deprivation and inequality, may make achieving this target more difficult. Efforts to address this are being coordinated in partnership with Claire Beynon, Dawn Ward and other colleagues.
- Specific operational deliverables are being set for the organisation and Clinical Boards to plan against to include the 2026–27 NHS Wales Performance Framework and the Planned Care Standards.
- There is no provision for additional financial investment, so planning must focus on achieving significant productivity and efficiency gains to support performance and financial goals.
- An iterative approach to internal planning is being taken, with protected time and space for colleagues to develop plans outside of regular meetings.

The planning process has three phases: an in-person event with Clinical Boards on 23 October to outline parameters and begin local planning; a “check and challenge” session in

late November to test plans; and ongoing “callback” discussions from November to refine plans as Welsh Government guidance evolves.

Mathew Thomas (MT) referred to the need for clear accountability and communication about progress and improvement and queried who is responsible for evaluating the improvements and whether the organisation is moving in the right direction. JW explained that the organisation reviews progress on its plans annually but recognises there is always room for improvement. He added that the focus should shift from tracking activities to measuring outcomes and impact, noting the importance of ensuring that staff feel the positive effects of actions taken. JW also added that progress updates should be communicated widely across the organisation.

MT also queried if we have identified where things have gone wrong in previous years that have led us to our current position with this one-year improvement plan and if there is confidence that the Clinical Boards can deliver on the work and targets being set for them.

Suzanne Rankin (SR) informed the group that the pressures faced by this Health Board are significant, but not necessarily worse than those experienced by other Health Boards in England. She noted that staff are generally proud of their achievements despite challenges. She added that leaders encourage staff to speak up about challenges so support can be provided, while also promoting positive communication about the organisation’s successes.

MT reassured SR that, although discussions in formal forums can sound negative, on the shop floor he actively promotes the positive work being done.

MT asked whether the organisation could provide staff—especially those in Capital, Estates, and Facilities—with clearer, more meaningful, and positive updates throughout the year, so that communications are easier to understand and more engaging.

**Action: Jennifer Griffiths (JG)**

Dawn Ward (DW) thanked JW for his presentation and asked how the plan fits in with the organisational redesign work being undertaken with Tricordant. JW explained that the Plan is being developed alongside several ongoing reviews. He informed the group that the redesign work will not be completed by the time the plan needs to be submitted. He also said that the plan must be agile and adaptable to future recommendations from the redesign process and if recommendations from Tricordant emerge after April, the planning approach will adjust accordingly.

DW requested JW to ask the Clinical Boards to engage with their local Clinical Board Lead reps when they are developing their ideas and plans. JW explained that the plans will be co-produced and tested collaboratively with staff representatives and the wider workforce, ensuring transparency and broad engagement throughout the process.

#### **LPF 25/059 CHIEF EXECUTIVE UPDATE**

The CEO report was delivered by Suzanne Rankin (SR). The key points included:

- SR acknowledged the departure of the Chairman, Jan (Charles) Janczewski, and reflected on his significant legacy, especially during the pandemic. Kirsty Williams has joined as the new Chair, bringing extensive experience in health and politics.
- Jacqueline Totterdale has started as the new Director General and Chief Executive of NHS Wales. She is expected to bring a refreshed approach to NHS Wales, and her background as a respected nurse and leader was highlighted.
- Work is still taking place on the criteria for de-escalation from targeted intervention status and noted the lack of clarity from Welsh Government regarding what exactly needs to be achieved for de-escalation. A lengthy list of data points was provided, but many were unclear, not recognised, or lacked specificity. A response has been provided to Welsh

Government, categorising the points into those that that we disagree with, those needing more specificity, and those that are unclear. The Board remains committed to delivering on its existing plan and strategy until further guidance is provided.

- South Wales Fire and Rescue Service prosecution: The organisation faced a prosecution related to documentation of policy and process in the mental health unit. A negotiated position led to a lesser charge and a fine of £25,000 (plus £70,000 costs) and SR expressed gratitude to those who contributed to the outcome.
- The Cabinet Secretary visited UHL to see the new ophthalmology/cataract service setup, which received high praise and was described as setting the standard for Wales. SR confirmed that the number of ophthalmology pathways waiting more than 52 weeks has been reduced by 34% since last July. This is a significant improvement, with very few patients now waiting 104 weeks, and none waiting three years. The changes are described as transformational, with regional collaboration and work with primary care and optometry contributing to these results. The team is recognised as best in the region for this achievement
- The staff survey has started, and everyone is encouraged to participate. Last year's response rate was 28%, which, while an improvement, is still considered low. There is a push to achieve better engagement this year.
- The flu vaccination programme has begun, and staff are urged to promote it widely.
- COVID-19 Precautions: There is currently an increase in COVID cases across the region. The Infection Prevention and Control (IPC) team is monitoring the situation and considering whether masking needs to be reintroduced, as some neighbouring Health Boards.

Jason Roberts (JR) informed the group that as of 7.10.25, the Health Board has not seen the same significant rise in COVID-19 cases as neighbouring organisations, particularly Aneurin Bevan (AB), which is experiencing considerable challenges due to increased cases. AB has reinstated mandatory mask-wearing due to their situation. In contrast, Cardiff and Vale UHB has 5 five wards with COVID patients but does not feel the need to reintroduce mandatory masks at this time.

MT raised a concern about the absence of a COVID booster programme this year and asked whether there might be a change in approach, given that many staff are worried about coming to work despite feeling unwell.

Claire Beynon (CB) explained that the Joint Committee of Vaccinations and Immunisations (JCVI) is responsible for determining eligibility for all vaccinations in the UK, including COVID and flu and makes recommendations to the UK Governments. CB added that organisations typically follow JCVI guidance because it is based on scientific assessment of benefits and risks. SR commented that genuine sickness absence is supported although there is also a need to prevent abuse of the system.

- SR emphasised the importance of the Local Partnership Forum (LPF) and how it is recognised as a vital space for partnership working. There is interest from Board members—especially new ones—in learning more about the forum and the social partnership duty, with plans for future development sessions to deepen understanding and involvement.
- Improvement work is ongoing across the organisation, with a particular focus on addressing cultural challenges. Some issues, such as those in theatres, are well known, but other teams also face long-standing cultural and team dynamic challenges. Bespoke, targeted cultural improvement initiatives are being implemented. The approach to improvement is blended and tailored, recognising that different teams face different challenges and require different solutions.



- The partnership work with HEIW to deliver training programmes for healthcare professionals, including resident doctors was noted. Recent feedback on training has been positive, indicating progress in this area. Education and training are seen as key indicators of organisational performance and improvement.
- The financial situation remains challenging, with a forecast deficit of £56.2 million for the current year and a projected deficit of around £100 million for next year.
- Efficiency and improvement programmes are being deployed across Clinical Boards and the corporate arena, with staff contributing ideas to accelerate progress. Most of the spending is on staff, drug therapies, and consumables, and there is a continuous search for opportunities to improve value and quality of care.

DW expressed willingness to continue engaging with the Board, particularly regarding social partnership and partnership working within Cardiff and Vale UHB.

DW asked SR to share any major concerns or issues which cause her worry. SR referred to the risk register and the biggest risk identified is the infrastructure, which affects the quality and efficiency of care, staff wellbeing, and could pose dangers to people. SR also noted a concern over staff experience and morale, especially when colleagues report that they feel they are at rock bottom. SR added that she tries not to let them affect personal wellbeing and offered support to teams or individuals who may benefit from further conversation.

#### **LPF 25/060 ORGANISATIONAL REDESIGN**

Catherine Phillips (CP) provided an update on the organisations redesign work which has started with Tricordant:

- CP outlined the background & rationale for the contract awarded to Tricordant. She added that their team is on site conducting the discovery phase, the aim of which is to build a detailed model of the organisation as it currently operates.
- Over the next four to five months, Tricordant will work with the organisation to develop and test various scenarios for organisational reform. The goal is to identify a desirable future option for the organisation's structure.
- The process is collaborative, with CP acting as the SRO lead and other colleagues involved.

Jonathan Strachan Taylor (JST) queried when will Tricordant be ready to engage with staff side representatives and Clinical Boards and if there a timeline for that engagement. CP explained that Tricordant have been engaging with Clinical Board teams since September. Colleagues have been providing tours and insights at a high level and meeting with key individuals as planned. CP added that there has not been a specific discussion about involving staff side representatives and will raise it with the team.

MT expressed the concern from staff regarding the cost of the external consultancy for organisational change and queried why the work isn't being done in house given existing teams with relevant expertise. He highlighted the need for transparency about expenditure and decision-making, as openness is seen as essential for building trust and securing staff support during periods of change.

CP explained that the decision to bring in external consultants for organisational redesign was made because the Health Board currently lacks the necessary capacity and expertise internally adding that while there is some capability, it is not sufficient for the scale of transformation required. She also highlighted that benchmarking against other health systems showed that bringing in external

knowledge and experience from different systems and ways of working would help avoid insular thinking and support a more effective, wholesale change.

SR explained to the group that the Health Board has engaged a small, specialised consultancy with expertise in organisational redesign because this is a complex and high-stakes task—restructuring an organisation of 18,000 people with a £2 billion annual budget. Internal expertise is not sufficient for such a major undertaking. SR emphasised the daily expenditure of £5 million per day to highlight why expert support is necessary and to reassure colleagues that the decision is about ensuring the process is handled professionally and responsibly.

DW commented that the Trade unions recognise that a comprehensive organisational redesign is needed and whilst there is some discomfort about bringing in external consultants, the Trade Unions accept the current situation. She added that their preference is to develop internal skills in the future. Clarity was requested on how the organisational redesign will align with the clinical services plan and affect existing teams and collaborative services, and what should those teams be doing while the redesign is underway.

CP explained that it is difficult to provide a response when the work is not completed and described the process as "chicken and egg." Existing collaborations and important ongoing work will continue alongside the redesign efforts. The main purpose of the organisational redesign is to enable the organisation to work more effectively and drive transformational change. The external team is currently focused on understanding the organisation before proposing changes, ensuring that any redesign is built on a solid understanding of current operations. If certain proposals are not feasible to implement, they will not be adopted. Importantly, ongoing work and teams will remain valued and accommodated, and staff engagement is a priority throughout the process.

#### **LPF 25/061      STRATEGIC EQUALITY PLAN UPDATE**

Mitchell Jones (MJ) provided the update, the keys points included:

- The Strategic Equality Plan (SEP) sets out four key objectives, required by the Equality Act to include Respect, Communication, Engagement, Accessibility and Data.
- Since April 2024, there has been strong progress in workforce training, staff networks, equality initiatives, Welsh language data capture, inclusion, and targeted outreach.
- More evidence is needed on patient experience and strengthening data and action planning.
- Progress is reviewed with Welsh Government every 6 months and recent feedback recognised achievements but called for clearer outcomes and better use of data.
- Data analytics work is underway to support equity and inclusion.

DW thanked MJ for sharing the plan. She noted the ongoing concern that the Health Board needs more support to produce high quality equality health impact assessments (EHIAS) as many are perceived as repetitive, often stating "no impact" without sufficient analysis, which may not reflect the true situation. DW requested collaboration to develop better resources, such as high quality templates or examples.

MJ agreed with the concern raised and informed the group of the new Equity and Inclusion Manager, Shajneen Abedean (SA), who will offer support with EHIAS. MJ added that the team has been waiting for an updated, all-Wales version of the EHIA for some time. As a result of this delay, the team are considering developing their own local version. MJ noted that discussions have started with SA about reviewing the current EHIA model, approval process, and quality assurance within the organisation.

MT reflected on the presentation and noted the importance of a consistent approach to equality and equitability across the Health Board adding that improving consistency is seen to enhance staff experience and morale on the ground. RG also emphasised the importance of encouraging staff to update the Equality and Diversity details on ESR.

#### **LPF 25/062 FEEDBACK FROM THE STAFF FLU VACCINATION SURVEY**

Emma Davies-McIntosh provided the update, the keys points included:

- The flu vaccine survey received over 900 responses (5% of workforce). The responses were well distributed across staff groups but noted that CEF were underrepresented.
- 65% of respondents had received the vaccine last year, compared to 36% recorded uptake.
- The main motivations for and against vaccination were discussed.
- The team plan to continue to work through data, learn from other Health Boards and co-produce communications/interventions for 2026–27 with staff input.

DW welcomed the invitation to work closely with the team and help make further improvements.

#### **LPF 25/063 STAFF SURVEY RESULTS AND OUTCOMES 2024**

Angela Voyle-Smith provided the update, the keys points included:

- Since 2023, the staff survey has been conducted annually and is now a standard item in Clinical Board executive reviews and the People and Culture Committee.
- Timelines for sharing survey data have improved allowing Clinical Boards to receive and act on results more promptly.
- The dashboard now offers paginated, bespoke reports for each Clinical Board.
- Focus groups were introduced in 2024 to support ongoing engagement. The latest group was well attended and showcased achievements and good practice.
- Further improvements in 2025 were outlined and will enable the Clinical Boards to embed the survey cycle year on year, helping to drive meaningful change.

MT referred to the paper and noted that it included sections for all the Clinical Boards but not for Capital Estates and Facilities (CEF) Service Board. He expressed the concern that CEF are often overlooked and viewed negatively by those who work there. MT requested the inclusion of CEF in future reports. RG acknowledged this and added that the outcomes from the Staff survey and other related work should also cover corporate areas not just Clinical Boards in future communications and reporting. RG informed the group that a Sway newsletter is being developed to help staff understand the impact (“so what”) of these outcomes, making the results and actions more visible to everyone.

DW requested if the lead representatives could have access to the staff survey dashboard. She explained that access to dashboards at the local level is essential for effective staff engagement and for guiding where efforts should be focused.

**Action: Angela Voyle-Smith**

RG reported that as of the 7<sup>th</sup> October, 3.5% of the organisation (614 staff members) completed the staff survey, which is higher than the all-Wales average of 2.5%. The team plans to report these figures to the Senior Leadership Team (SLT) and share breakdowns with service boards, Clinical Boards, and corporate areas to encourage further participation.

DW highlighted the importance of also providing the paper copies of the survey following concerns around anonymity. RG confirmed that this is still available.

## **LPF 25/064 INTEGRATED PERFORMANCE REPORT**

The Integrated Performance Report was received by the LPF and taken as read, with the following additional information provided:

### **Operational Update:**

DW queried the expected impact of changing the ambulance handover standard to a 45-minute wait. PB explained that since the 45-minute standard was introduced in September, ambulance handover performance has improved across Wales, benefiting patients. The process has shifted away from dropping patients at A&E without a proper handover. The Health Board already has a strong track record in this area, so the main focus is on maintaining attention and scrutiny. The overall goal is to keep ambulances available for patients in the community, and while Winter may bring more challenges, the approach has been effective so far.

### **Finance:**

AG reiterated the importance of achieving the £56.2 million deficit target. He added that it is recognised that reaching this target is challenging, and significant efforts are being made across the organisation to reduce the deficit.

### **People & Culture:**

Jonathan Pritchard (JP) provided the update:

- Staff turnover improved (to 8.41% in August) but noted the variation across Clinical Boards.
- Sickness absence improved in August and is at 5.62%, which is 0.12% above the annual target of 5.5%. It is hoped that this will not rise during the Winter but it was noted that this is a common trend.
- The completion rate for values-based appraisals is currently 70.35%, 9% lower than last year and below the target of 85%. This decline is significant and needs to be addressed to meet organisational goals.

RG highlighted the importance of value based appraisals and regular check-ins with staff are encouraged to ensure ongoing support and development. The approach should be more continuous, focusing on assisting staff throughout the year rather than relying solely on annual appraisals.

DW referred to the target to reduce the workforce by 350 posts (equivalent to £4 million in savings) by March and queried whether the reduction is being achieved through natural wastage. She added that a workforce of around 18,000 appears appropriate for the expected workload and asked how the figures are calculated and whether the reduction aligns with organisational needs.

JP explained that the workforce numbers are decreasing, with 135 fewer staff compared to this time last year but noted that the numbers may rise again due to seasonal recruitment, such as the intake of around 169 graduate nurses and other health professionals in the Autumn. The reduction in workforce is mainly due to natural wastage and Clinical Boards are reviewing their own areas and are redesigning services or choosing not to replace every vacancy like-for-like. JP also noted that some Clinical Boards are holding vacancies where they feel they can manage without immediate replacements, and vacancy scrutiny processes have contributed to this trend.

### **Public Health**

Claire Beynon (CB) reiterated the focus is on vaccinations during the Winter season. She also noted the significant efforts being made to address obesity using a whole-system approach, involving collaboration with voluntary, third sector, and statutory organisations.

### **Quality & Safety**

Jason Roberts (JR) noted concern regarding the volume of Nationally Reported Incidents (NRIS). While August saw a lower number of incidents, with 13 NRIS recorded, each incident continues to be investigated and reviewed in line with established procedures.

There have been No Never events in the past five months, and infection rates for most categories are at or below levels seen in previous years. However, an increase in MRSA cases was highlighted. To address this, a dedicated MRSA oversight group will be set up to thoroughly review and manage each case. The importance of maintaining “brilliant basics” in infection prevention was emphasised, with staff encouraged to consistently follow best practices.

RG suggest to the forum that members of the group are welcome to proactively engage with their teams about these subjects raised at LPF such as any people related matters, rather than wait for the next meeting.

### **LPF 25/065      REVIEW OF THE MEETING**

No comments were raised.

### **LPF 25/066      ANY OTHER BUSINESS**

No other business was raised.

### **LPF 25/067      FUTURE MEETING ARRANGEMENTS**

The next meeting will be held remotely on Thursday 11<sup>th</sup> December 2025 from 10am with a staff representatives pre-meeting at 8:30am.

### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
<b>ACTIONS IN PROGRESS</b>					
LPF 25/058	08/10/2025	ANNUAL PLAN UPDATE	To tailor communications about the Annual Plan to better suit different staff audiences.	Jennifer Griffiths (Comms Team)	The Annual Plan is scheduled to be submitted to Welsh Government by 31 March 2026. Consideration will be given to how best to keep colleagues informed about the delivery of the plan at a later stage. Further updates will be provided once additional plans are in place.
<b>COMPLETED ACTIONS</b>					
LPF 25/063	08/10/2025	STAFF SURVEY RESULTS AND OUTCOMES 2024	To provide the TU lead representatives with access to the Staff Survey Dashboard	Angela Voyle Smith	<p>Email addresses have been provided, and Angela Voyle-Smith will now liaise directly with HEIW to arrange access.</p> <p>HEIW is currently developing the 2025 dashboard and is working towards implementing an automated process to streamline access for the upcoming year.</p>

Blunsdon Louise  
11/12/2025 09:50:53

Report Title:	Trade Union Safe Space Events		Agenda Item no.	9	
Meeting:	Executive Local Partnership Forum	Public	X	Meeting Date:	17 <sup>th</sup> December 2025
		Private			
Status:	Assurance	Approval	X	Information	
Lead Executive:	Rachel Gidman				
Report Author:	Dawn Ward				

### Background and current situation:

Trade unions play a vital role in representing staff interests and promoting positive working relationships. Recent feedback indicates a need for structured opportunities where staff and union representatives can engage in constructive conversations in a safe, neutral environment. Trade Union lead Safe Space Events within Cardiff and Vale UHB are aimed at fostering open dialogue, collaboration, and improved staff engagement.

A Safe Space is defined as a supportive and non-judgmental environment where individuals feel respected, accepted, and free to express themselves without fear of discrimination, ridicule, or harm. In high-pressure healthcare settings, such spaces are essential for promoting wellbeing, inclusion, and collaborative problem-solving.

The Safe Space sessions were designed to:

- Empower staff voices and encourage open dialogue on workplace challenges.
- Reinforce solidarity and collective support through union advocacy.
- Facilitate constructive conversations to inform service improvement.
- Strengthen partnership working between management and trade unions.
- Promote transparency and trust across the organisation.
- Early intervention to avoid employee harm.
- Encourages staff empowerment and involvement in decision-making.
- Reduce stress and improve morale by addressing issues early.
- Promotes psychological safety, which is essential for wellbeing and resilience.

Sessions include guided discussions, anonymous feedback opportunities, and signposting to further support services.

Key Features:

Neutral venues for face-to-face meetings or other communication platforms e.g. telephone or email. Group or one-to-one attendance by trade union representatives and staff members. Clear ground rules to ensure respectful and solution-focused dialogue. Feedback mechanism to capture themes and actions without breaching confidentiality.

Benefits:

- Enhance staff morale and engagement.
- Reduces workplace conflict through early resolution.
- Enhances staff engagement and retention.
- Demonstrates commitment to openness, transparency, and wellbeing.
- Supports a positive and psychologically safe culture aligned with NHS values.

**Reporting:**

A summary report may be developed by union representatives to capture key themes, concerns, and ideas raised during the event. No names, roles, or identifiable details will be included. With the expectation of improvement actions in response. The report will be shared with the Executive Team two days in advance of being shared wider to inform decision-making, highlight systemic issues, and support positive changes.

**Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:**

**Recommendation:**

The Local Partnership Forum are requested to:

- a) Approve the establishment of Trade Union Safe Space Events and support communication and engagement plans to promote participation.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

<https://shapingourfuturewellbeing.com/>

 <p><b>Putting People First</b></p> <p>1.</p> <p>Click the objective above to view more detail.</p>	x	 <p><b>Providing Outstanding Quality</b></p> <p>2.</p> <p>Click the objective above to view more detail.</p>	
 <p><b>Delivering in the Right Places</b></p> <p>3.</p> <p>Click the objective above to view more detail.</p>		 <p><b>Acting for the Future</b></p> <p>4.</p> <p>Click the objective above to view more detail.</p>	

**Five Ways of Working (Sustainable Development Principles) considered**

Prevention		Long term		Integration		Collaboration	x	Involvement	
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**Quality Impact Assessment Completed?**

<p><b>Yes – (please provide completed QIA document)</b></p>	<p><b>No – (Please provide reasoning, e.g. not required)</b></p>	
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**Impact Assessment:**

Risk: Yes/No (delete as appropriate)

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes

<i>This work will provide a safe psychological space to support staff wellbeing and avoid employee harm. Risk of confidential breaches will be addressed appropriately with line managers.</i>	
Financial: No	
Workforce: Yes	
<i>Staff need to be released to attend these events or there is a risk of feelings of being excluded.</i>	
Legal: No	
Reputational: No	
Socio Economic: No - <b><i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="#">The Socio-economic Duty: guidance   GOV.WALES</a></i></b>	
Equality and Health: No	
Decarbonisation: No	
Welsh Language: No	
<b>Approval/Scrutiny Route</b> <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

Blunsdon, Louise  
11/12/2025 09:50:53

## Rules of Engagement: Staff Side Safe Space Events

### **CONFIDENTIALITY – Upholding Trust and Safety**

Chatham House Rules Apply: Participants must not reveal the identity or affiliation of speakers or other participants outside the space.

No Recording: Audio, video, or written recording of discussions is not permitted unless explicitly agreed by all participants.

Respect Privacy: Personal stories and experiences shared in the space stay in the space. Do not share or discuss them elsewhere without consent.

Union Solidarity: Confidentiality is a cornerstone of trust. Breaches undermine collective safety and the Values and Behaviours of the organisations.

### **DIFFICULT EMOTIONS – Acknowledging Injustice and Emotion**

Safe Expression: Participants are encouraged to express anger, frustration, and pain without fear of judgment or retaliation. These emotions are valid and often rooted in lived experience.

Respectful Listening: When someone shares their anger, others listen actively and respectfully. No interruptions, dismissals, or attempts to “fix” emotions.

No Personal Attacks: Critique systems, not individuals. This space is for challenging injustice, not for targeting fellow participants.

### **HOPE – Building Solidarity and Possibility**

Shared Humanity: We recognise each other’s dignity and value. Everyone’s voice matters, regardless of role, background, or experience.

Constructive Dialogue: We seek understanding, not agreement. Disagreement is welcome when expressed respectfully and with curiosity.

Vision-Oriented: We focus on imagining better futures—what justice, equity, and dignity could look like in our workplaces and communities.

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## **ACTION – Moving Toward Change**

**Commitment to Change:** Participants are encouraged to leave with at least one personal or collective action they will take.

**Supportive Accountability:** We hold each other accountable with compassion. Follow-up and solidarity are key to sustaining momentum.

**Union Values First:** All actions and discussions should align with union principles—fairness, equity, collective power, and worker-led change.

## **SAFE SPACE REPORTING – Transparency with Purpose**

**Union-Led Reporting:** A summary report may be developed by union representatives to capture key themes, concerns, and ideas raised during the event.

**No Attribution:** The report will follow Chatham House principles—no names, roles, or identifiable details will be included.

**Purposeful Sharing:** On the understanding that the information shared will be accepted as authentic and given in good faith, with the expectation of improvement actions in response. The report will be shared with the Executive Team to inform decision-making, highlight systemic issues, and support positive change.

**Participant Review:** Where possible, participants will be given the opportunity to review or contribute to the report before it is shared externally.

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# Hope

## Our shared Values, Attitudes & Beliefs

Love and Compassion for the NHS. Everyone Doing their Best.

# FREE for All Staff

# A SAFE SPACE

Get in touch or come along to one of our drop-in sessions to speak to an experienced and trusted staff representative to have an open, confidential conversation with no judgement or recourse; just an open, honest opportunity to discuss any worries or concerns you may have and seek advice and information on what to do next.

Blunsdon, Louise  
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# Cardiff and Vale Integrated Performance Report

2025/26

November 2025

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# Report Contents

1. [Cabinet Secretary Priorities](#)

2. [Cardiff and Vale Performance Report](#)

*Click on a hyperlink to navigate directly to the section required*

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Timely access to care
- Population health and prevention
- Building community Capacity
- Mental health access
- Women's health

Further to these priority areas the Welsh Government and NHS Wales have identified Key Delivery Expectations across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

Performance ambition for 25/26 are in line with our annual plan, which has not been agreed with Welsh Government

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	<b>Measure:</b> Number of delayed transfers of care. <b>National standard/ambition:</b> 12 month reduction trend <b>Reporting period:</b> Monthly	<160	Yes	Q4	177 Oct-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> General Medical Services – Number of GP practices achieving core access standards <b>National standard/ambition:</b> 100% <b>Reporting period:</b> Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception <b>National standard/ambition:</b> Increase <b>Reporting period:</b> Monthly	>2,185	Yes	Q2	2,299 Aug-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Increase in capacity at the weekend of community nursing and specialist palliate care <b>National standard/ambition:</b> 80% <b>Reporting period:</b> Monthly	>51% Increase from 24/25	No	Q4	51% Sept-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Increase capacity of Enhanced Community Care <b>National standard/ambition:</b> Meet and exceed 24/25 requirement where possible (24/25 baseline) <b>Reporting period:</b> Monthly	1,038 20% increase from 24/25	Yes	Q1	988 Sept-25	<a href="#">Hyperlink to section</a>

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Performance Key: Meeting standard / trajectory      off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental health access	<p><b>Measure:</b> Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	98.6% Sep-25	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	95.9% Sep-25	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	100% Sep-25	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	99.6% Sep-25	<a href="#">Hyperlink to section</a>
Population health and prevention	<p><b>Measure:</b> Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes</p> <p><b>National standard/ambition:</b> Increase</p> <p><b>Reporting period:</b> Monthly</p>	48%	Yes	Q4	45.6% Aug-25	<a href="#">Hyperlink to section</a>

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Performance Key: Meeting standard / trajectory off target/trajectory

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	<b>Measure:</b> Reduce the number of ambulance patient handovers over 1 hour <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly	<400	No	Q4	146 Oct-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge <b>National standard/ambition:</b> Reduce compared to 24/25 towards zero <b>Reporting period:</b> Monthly	<750	Yes	Q4	949 Oct-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Number of patients waiting more than 104 weeks for treatment <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	981 Sep-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) <b>National standard/ambition:</b> 12m improvement trend towards 80% by March 2026 <b>Reporting period:</b> Monthly	75%	No	Q4	60.2% Sept-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Number of patients waiting more than 8 weeks for a specified diagnostic <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	13,667 Sept-25	<a href="#">Hyperlink to section</a>

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Performance Key: Meeting standard / trajectory      off target/trajjectory

## Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

### [Return to Main Menu](#)

Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	<a href="#">Public Health</a>
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care <a href="#">Inpatient Flow, Discharge and Front Door</a> <a href="#">Alternatives to Admission</a> <a href="#">Community and Urgent Primary Care</a> <a href="#">Priority Services</a> <a href="#">RTT Waiting Times</a> Planned Care <a href="#">Cancer, Diagnostics and Therapies</a> <a href="#">Primary and Community Care</a> <a href="#">Whole System Evaluation and Supporting Patients Whilst Waiting</a> <a href="#">Mental Health</a>
Aim 3	The health and social care workforce in Wales is motivated and sustainable	<a href="#">People and Culture</a>
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.	<a href="#">Quality, Safety and Experience</a> <a href="#">Financial Performance</a>

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Financial Performance

Priority	Performance Summary	Reported Period	Data
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**Deliver 2025/26 Draft Financial Plan**

**The UHB's Financial Plan in 2025/26 reflected the following key components:**

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59,900
2025/26 Demand/Cost Growth/Improvement	51,100
<b>Draft Deficit</b>	<b>111,000</b>
Additional Allocations	(22,768)
Savings Plans	(32,000)
<b>Initial Planned Deficit</b>	<b>56,233</b>

The initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government at the end of March 2025. Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided sufficient assurance to increase planned savings delivery by £2m and reduce the forecast 2025/26 deficit position to £56.2m.

The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

The overall position at month 7 was a £35.619m deficit as outlined in the table.

Oct. 2026

	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	49,253	49,253	0
Quality Efficiency Improvement Plans - Savings	(16,450)	(16,795)	(345)
Operational Variance	0	3,161	3,161
<b>Clinical/Service Board Variance</b>	<b>32,803</b>	<b>35,619</b>	<b>2,816</b>

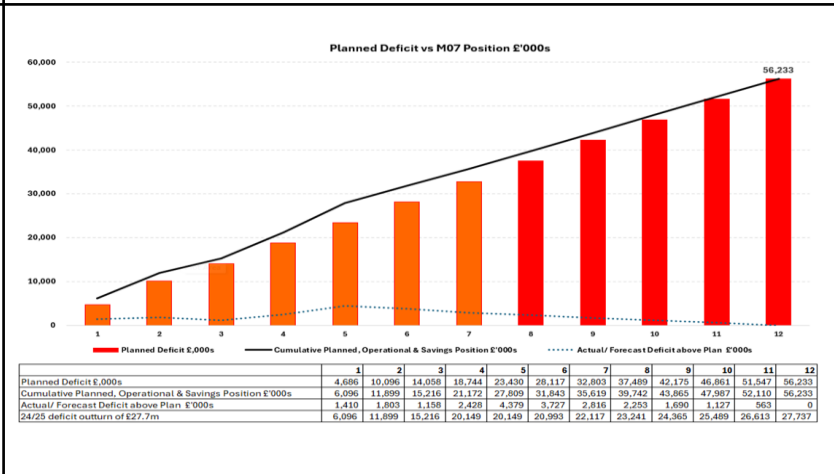
**Return to financial balance and approved IMTP status**

£56.2m underlying deficit by end of 2025/26 financial year. In year, the UHB is reporting a surplus against the savings target of (£0.345m) and an operational deficit of £3.161m at Month 7.

A significant part of the savings identified in 2025/26 are deemed non recurrent and there is a gap of £5.300m against the £32m recurrent target. The combined recurrent savings shortfall and recurrent in year operational pressures of £8.000m will increase the underlying deficit being carried into 2026/27 if further savings schemes are not identified.

The UHB is pressing for further recurrent schemes to be developed to close the gap.

Oct. 2025




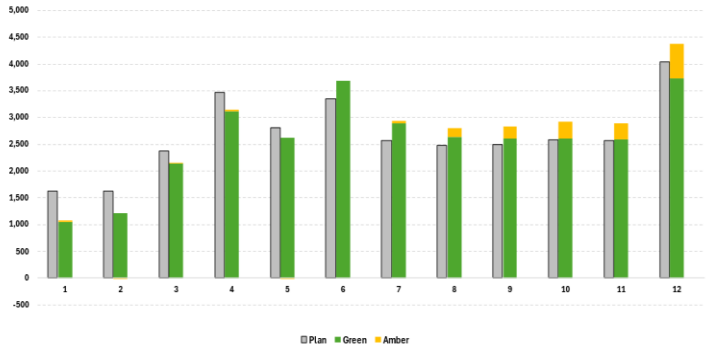
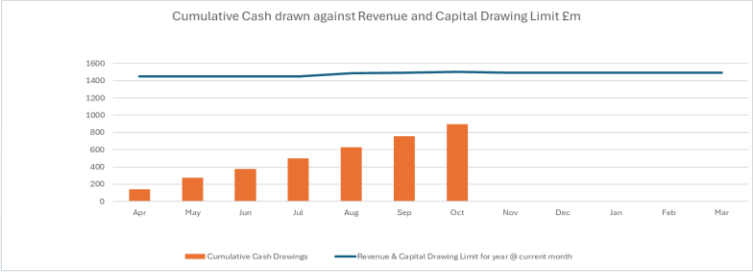
**Management of operational budget pressures**

Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £3.161m operational deficit reported at month 7. Year to date operational variances are partly abated and managed by vacancies across non-medical staff groups and non recurrent underspends in non pay areas. It is anticipated that the operational pressures at month 7 will be managed and mitigated as the year progresses and that the UHB will deliver its planned deficit position of £56.200m.

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals

Oct. 2025

Operational Pressure	Operational Variance YTD (£'000s)	Operational Variance Forecast (£'000s)
Mental Health Out Of Area Placements (OOA)	2,000	2,000
Specialist Services Activity Related Underperformance	1,900	0
Employers NI (ENIC) Funding Gap	1,251	2,145
JCC Forecast Outturn Growth	600	600
Pay Vacancies & other mitigating actions to be agreed	(2,590)	(4,745)
<b>Sub-Total Surplus/Deficit</b>	<b>3,161</b>	<b>0</b>

	Priority	Performance Summary	Reported Period	Data
	<p><b>Delivery of recurrent £32.0m savings target</b></p>	<p>At Month 7, the UHB had identified £32.592m (101.9%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.338m were also identified and continue to be reviewed for progression to Green/Amber where possible.</p> <p>There is a reported surplus of £0.592m against the £32.0m savings target and this is expected to mitigate ongoing operational pressures.</p> <p>£26.700m of recurrent savings schemes were identified leaving a gap of £5.300m against the £32m recurrent target. The combined £8.000m recurrent savings shortfall and recurrent in year operational pressures will increase the underlying deficit being carried into 2026/27 if further savings schemes are not identified.</p> <p>The second chart illustrates that the profile of the UHB's 2025/26 savings programme is skewed towards the end of the year.</p>	<p>Oct. 2025</p>	<p><b>2025/26 UHB Savings Programme: Identified vs Requirement</b></p>  <p><b>2025/26 Savings Plan vs Actual/Forecast (£'000s)</b></p> 
<p>Blunsdon-Louise 11/12/2025 09:50:53</p>	<p><b>Remain within Cash Limit</b></p>	<p>The UHB will require cash support from Welsh Government for the 2025/26 revised planned deficit of £56.2m along with an estimated £17m in working capital for movements from the 2024/25 balance sheet.</p> <p>The closing cash balance at the end of October 2025 was £4.773m.</p> <p>The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right</p>	<p>Oct. 2025</p>	<p><b>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</b></p> 

Priority	Performance Summary	Reported Period	On target?	Data																																													
Health Protection	<p><b>Seasonal respiratory infections</b></p> <p><b>Vaccination</b> – COVID-19, influenza and Respiratory Syncytial Virus (RSV)</p> <ul style="list-style-type: none"> <li>The Covid-19 and Influenza Autumn Winter campaign has been running since the beginning of October. As of the 4th of November, it has delivered 52,612 vaccines to a total eligible population of 97,417 over 65 years old in Cardiff and the Vale for an uptake of 54% which is in line with the Welsh average of 54.2%.</li> <li>With regards to COVID-19, as of the 6th of November, out of 58,819 eligible people, 17,556 were vaccinated, for an uptake of 29.9% which is below the Welsh average of 37.4%.</li> <li>The Autumn Winter vaccination campaign has started for health and social care staff from the 1st of September, and for all eligible population groups from the 1st of October.</li> <li>With regards to RSV vaccination, the latest reported figures in September show 53.4% of people reaching their 75th birthday in the year to 31.8.25 received vaccine in C&amp;V, above the Welsh average of 47.3%</li> </ul> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>Respiratory surveillance summary (All Wales)                             <ul style="list-style-type: none"> <li>Evidence from surveillance suggests that <b>influenza is now circulating</b> in the community in Wales.</li> <li>Incidence of confirmed cases of Respiratory Syncytial Virus (RSV) in young children is now at <b>medium intensity</b> levels</li> <li>COVID-19 case numbers remain elevated, but have decreased in recent weeks.</li> </ul> </li> <li>Hospital incidents and outbreaks (C&amp;V)                             <ul style="list-style-type: none"> <li>There are currently <b>4</b> Covid-19 outbreaks and <b>0</b> incidents in hospitals in C&amp;V UHB; and <b>2</b> influenza outbreaks and <b>0</b> incidents.</li> <li>Since the start of the 2025/26 financial year, in C&amp;V UHB there have been <b>16</b> influenza incidents or outbreaks, with <b>49</b> bed days lost. In the same period there have been <b>97</b> Covid-19 incidents or outbreaks, with <b>376</b> bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the <b>loss of 425 bed days</b>, representing an estimated opportunity cost of <b>£212,500</b> to the UHB</li> </ul> </li> <li>Staff sickness absence (C&amp;V)                             <ul style="list-style-type: none"> <li>Financial year to date (Apr-Oct 2025 inclusive):                                     <ul style="list-style-type: none"> <li><b>20,377 full time equivalent calendar days*</b> were reported as sickness absence by C&amp;V UHB staff due to respiratory conditions (S15), cough, cold or flu (S13)</li> <li>The estimated loss in productivity due to this absence is <b>£2.32m†</b></li> </ul> </li> </ul> </li> </ul> <p>* Because of the way absence is recorded on ESR these figures include weekends and non-working days                      † Salary costs for staff reporting sickness absence</p>	Data to 4/11/25	<b>Below target,</b> but above Wales average	<p><b>Table 2b.</b> Coverage of the 2025 Autumn COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 06/11/2025, by Local Health Board of residence.</p> <table border="1"> <thead> <tr> <th>Local Health Board of Residence</th> <th>Eligible population (n)</th> <th>Vaccinated (n)</th> <th>Coverage (%)</th> <th>Of those vaccinated, number with no previous doses (n)</th> </tr> </thead> <tbody> <tr> <td>Aneurin Bevan UHB</td> <td>82,008</td> <td>31,726</td> <td>38.69</td> <td>51</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>109,146</td> <td>47,398</td> <td>43.43</td> <td>170</td> </tr> <tr> <td>Cardiff and Vale UHB</td> <td>58,819</td> <td>17,556</td> <td>29.85</td> <td>46</td> </tr> <tr> <td>Cwm Taf Morgannwg UHB</td> <td>59,343</td> <td>16,697</td> <td>28.14</td> <td>18</td> </tr> <tr> <td>Hywel Dda UHB</td> <td>64,384</td> <td>25,770</td> <td>40.03</td> <td>112</td> </tr> <tr> <td>Powys THB</td> <td>24,212</td> <td>6,483</td> <td>26.78</td> <td>29</td> </tr> <tr> <td>Swansea Bay UHB</td> <td>52,478</td> <td>22,239</td> <td>42.38</td> <td>49</td> </tr> <tr> <td>All Wales</td> <td>450,390</td> <td>167,869</td> <td>37.27</td> <td>475</td> </tr> </tbody> </table> <p>Source: Source: Wales COVID-19 Vaccination Weekly Surveillance Summary</p> <p>Source: <a href="#">PHW weekly ARI summary</a></p> <p>RSV data: <a href="#">PHW VPDP surveillance data</a></p>	Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)	Aneurin Bevan UHB	82,008	31,726	38.69	51	Betsi Cadwaladr UHB	109,146	47,398	43.43	170	Cardiff and Vale UHB	58,819	17,556	29.85	46	Cwm Taf Morgannwg UHB	59,343	16,697	28.14	18	Hywel Dda UHB	64,384	25,770	40.03	112	Powys THB	24,212	6,483	26.78	29	Swansea Bay UHB	52,478	22,239	42.38	49	All Wales	450,390	167,869	37.27	475
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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p><b>Routine childhood immunisation</b></p> <ul style="list-style-type: none"> <li>At 4 years of age, 77.7% of children are up to date with vaccination, a decline on the previous quarter and below the target of 95% and a Welsh average of 84.5%</li> <li>At 5 years of age, 85.6% of children are up to date with vaccinations, an increase over the previous quarter, but still below the Welsh average of 87.7%</li> </ul>	01/04/25 - 30/06/25	Above local targets for age 5, but <b>below national targets.</b>	<p><b>Cardiff &amp; Vale UHB quarterly COVER trends</b></p> <p>Source quarterly <a href="#">COVER</a> data</p>

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	<p><b>Healthy weight:</b></p> <ul style="list-style-type: none"> <li>2023/24 Child Measurement Programme data demonstrated a slight increase in healthy weight to 77.7%, from 77.5% the previous year (for Cardiff and Vale UHB). The UHB had the highest level of healthy weight of all Welsh Health Boards for 2023/24. This is in line with the English average.</li> <li>40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 29% in Wales (NSfW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 56% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used.</li> <li>Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale.</li> </ul>	2023/24	<p><b>Healthy weight:</b></p> <p>On target</p>	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p>
	<p><b>Weight management services:</b></p> <ul style="list-style-type: none"> <li>L2 – 510 new patients capacity</li> <li>L3 – 46 new patients capacity</li> </ul>	Q1 2025/26	<p><b>Weight management services:</b></p> <p>Below target</p>	

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Priority	Performance Summary	Reported Period	On target?	Data																																																																																						
Health improvement	<p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>Percentage of patients with diabetes with completed care processes                             <ul style="list-style-type: none"> <li>Slow but consistent downward trend</li> </ul> </li> <li>Percentage of patients with diabetes with completed care processes – by each care process                             <ul style="list-style-type: none"> <li>Static/very slight downward trend</li> <li>Whilst overall completion rates is c. 45%, some processes (e.g. HbA1c check) are substantially higher percentage uptake compared to others (e.g. urine albumin) - some of this may be the way the data are collected rather than actual lack of care process completion. Working group has been established with pan-cluster membership to review processes and share best practice on improving rates.</li> </ul> </li> </ul>	Sep 2025	Below target	<table border="1"> <thead> <tr> <th>April 2025</th> <th>May 2025</th> <th>Jun 2025</th> <th>Jul 2025</th> <th>Aug 2025</th> <th>Sep 2025</th> <th>Oct 2025</th> </tr> </thead> <tbody> <tr> <td>46.53%</td> <td>45.93%</td> <td>46.04%</td> <td>46.06%</td> <td>45.67%</td> <td>45.26%</td> <td>44.92%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Care process</th> <th>April 2025</th> <th>May 2025</th> <th>June 2025</th> <th>July 2025</th> <th>Aug 2025</th> <th>Sep 2025</th> <th>Oct 2025</th> </tr> </thead> <tbody> <tr> <td>Urine ACR</td> <td>63.14 %</td> <td>62.91%</td> <td>62.9%</td> <td>63.14%</td> <td>63.1%</td> <td>63.07%</td> <td>63.04%</td> </tr> <tr> <td>Foot check</td> <td>70.28 %</td> <td>69.62%</td> <td>69.84%</td> <td>69.7%</td> <td>69.42%</td> <td>69.45%</td> <td>69.06%</td> </tr> <tr> <td>Smoking status</td> <td>73.98 %</td> <td>72.9%</td> <td>73.03%</td> <td>72.56%</td> <td>72.41%</td> <td>72.06%</td> <td>71.62%</td> </tr> <tr> <td>BMI</td> <td>78.91 %</td> <td>78.37%</td> <td>78.57%</td> <td>78.33%</td> <td>78.3%</td> <td>78.04%</td> <td>77.95%</td> </tr> <tr> <td>Serum cholesterol</td> <td>80.63 %</td> <td>80.29%</td> <td>80.4%</td> <td>80.47%</td> <td>80.36%</td> <td>80.15%</td> <td>80.15%</td> </tr> <tr> <td>Blood pressure</td> <td>86.8%</td> <td>86.32%</td> <td>86.46%</td> <td>86.75%</td> <td>86.76%</td> <td>86.77%</td> <td>86.65%</td> </tr> <tr> <td>HbA1c</td> <td>88.91 %</td> <td>88.63%</td> <td>88.58%</td> <td>88.55%</td> <td>88.62%</td> <td>88.35%</td> <td>88.24%</td> </tr> <tr> <td>Serum creatinine</td> <td>88.8%</td> <td>88.58%</td> <td>88.69%</td> <td>88.63%</td> <td>88.74%</td> <td>88.44%</td> <td>88.4%</td> </tr> </tbody> </table>	April 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	46.53%	45.93%	46.04%	46.06%	45.67%	45.26%	44.92%	Care process	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Urine ACR	63.14 %	62.91%	62.9%	63.14%	63.1%	63.07%	63.04%	Foot check	70.28 %	69.62%	69.84%	69.7%	69.42%	69.45%	69.06%	Smoking status	73.98 %	72.9%	73.03%	72.56%	72.41%	72.06%	71.62%	BMI	78.91 %	78.37%	78.57%	78.33%	78.3%	78.04%	77.95%	Serum cholesterol	80.63 %	80.29%	80.4%	80.47%	80.36%	80.15%	80.15%	Blood pressure	86.8%	86.32%	86.46%	86.75%	86.76%	86.77%	86.65%	HbA1c	88.91 %	88.63%	88.58%	88.55%	88.62%	88.35%	88.24%	Serum creatinine	88.8%	88.58%	88.69%	88.63%	88.74%	88.44%	88.4%
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Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	<p><b>Tobacco</b></p> <ul style="list-style-type: none"> <li>Overall there is an improvement in quit rates since the previous quarter.</li> <li>In 2024/25 the highest number of treated smokers for all services combined in any quarter was 288. For Q1 2025/26 this figure was 310.</li> <li>Smoking prevalence in Wales has reduced from 13% to 10%. It is 9.1% in Cardiff and the Vale of Glamorgan which equates to an estimated population of people who smoke of 39,000.</li> </ul> <p><i>There is a time lag of around 6/8 weeks between a client's first interaction with a Smoking Cessation Adviser, and their progress showing in the data. This is due to the length of time between clients having an assessment session, setting a quit date, then progressing through their treatment plan, and reporting as having quit smoking for 4 weeks and this being validated by CO monitoring. Additional time is needed for data to be processed and presented.</i></p>	Q1 2025/26	<p>0.8% (Q1 25/26)  <span style="color: green;">Meets local target 0.8</span>  <span style="color: red;">Below national target 1.25</span></p>	<p>Graph showing 4 week quit rates by service, in %'s</p>

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	On target?	Data
Substance misuse	<p><b>Substance misuse</b></p> <ul style="list-style-type: none"> <li>• There has been a quarterly improvement in the percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol). This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area.</li> <li>• There have been decreases in the percentages of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol), when including both health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service), and for health board services alone. However, these percentages remain above the Welsh Government baseline of 80% (a separate indicator) for health board services.</li> <li>• Given the small numbers of patients that are included as part of this performance measure, it is likely that there may be some variation in these percentages from quarter to quarter. However, we will continue to closely review any change in this performance measure to understand if there is any evidence of a decrease in performance over time.</li> </ul>	Q2 2025/26	On target	See table below

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## Smoking

### NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services  <i>Quarter 1 25/26</i> <ul style="list-style-type: none"> <li>182 treated smokers achieved by Community HMQ service</li> <li>101 treated smokers achieved by Level 3 Pharmacy</li> <li>27 treated smokers achieved by Hospital Smoking Cessation service</li> <li>Total = 310</li> </ul>	Q1 25/26	Annual Target is 5% of 39,000 smokers n = 1900  Quarterly target is 1.25% of 39,000 smokers n = 475	0.8% (Q1 25/26) <b>Below national target</b> Meets local target 0.8	Q1	Q2	Q3	Q4
				310 = 0.8% (Q1 25/26)				
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks.  <i>Quarter 1 25/26</i> <ul style="list-style-type: none"> <li>CO validated 4 week quit rates – Total 38%</li> <li>HMQ Community – 37%</li> <li>Level 3 – 21%</li> <li>Hospital – 56%</li> </ul>	Q1 25/26	40%	38% (Q1 25/26) <b>Below target</b>	Q1	Q2	Q3	Q4
				38% (Q1 25/26)				

### Other measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q1 25/26	100%	97% Q1 25/26 <b>Below target</b>	Q1	Q2	Q2	Q4
				97%				
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	Q1 25/26	100%	100% Q1 25/26 <b>Meeting target</b>	Q1	Q2	Q2	Q4
				100%				

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## Substance misuse

### NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)*  <i>This measure includes people who have been referred to <b>health board services, health board commissioned services</b> (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and <b>Dyfodol</b> (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. The measure may also include other services outside Cardiff and Vale, but where the client resides in Cardiff and Vale.</i>	Q1 2025/26	4 quarter improvement trend		68.70%	78.80%		

*\*Note: As of August 2025, the methodology for this measure has changed and all previous data has been revised. This data now excludes neutral closures, such as: referred elsewhere, moved on, moved to GP prescribing and prison, as it is deemed that these individuals will still continue their treatment elsewhere.*

### Other measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2		
n/a	Percentage of people who have been referred to <b>health board and health board commissioned services</b> who have completed treatment for substance misuse (drugs or alcohol).  This measure includes health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service).	Q1 2025/26	See performance measure 3, above		80.47%	75.33%		
	Percentage of people who have been referred to <b>health board services</b> who have completed treatment for substance misuse (drugs or alcohol).	Q1 2025/26	See performance measure 3, above		95.52%	87.50%		

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## Immunisation and vaccination

### NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
4.	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)	Apr-Jun 25	95%	85.6% Below target	84.6%	85.6%		
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2025 - 30.06.2025 and 01.01.2026 - 31.03.2026</i>	1 Jan 25 – 30 Apr 25	90%	71.3% Below target	68.8%	71.3%		
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	54%	7/10/25	04/11/25		
					18.3%	54%		
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	56.8% Below target	6/11/25			
					29.85%			
	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	1.9.24 - 31.8.25	n/a	53.4%	Sep 25			
					53.4%			

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## Weight Management Services

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Increase L2 service capacity	Q1 25/26	n/a	Q1 – 510 new patients capacity	Q1	Q2	Q3	Q4
					510			
n/a	Increase L3 service capacity	Q1 25/26	n/a	Q1 – 46 new patients capacity	Q1	Q2	Q3	Q4
					46			

## Diabetes

*NHS Wales Performance Framework measure*

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes				
See Quadruple Aim 2, measure no. 12					

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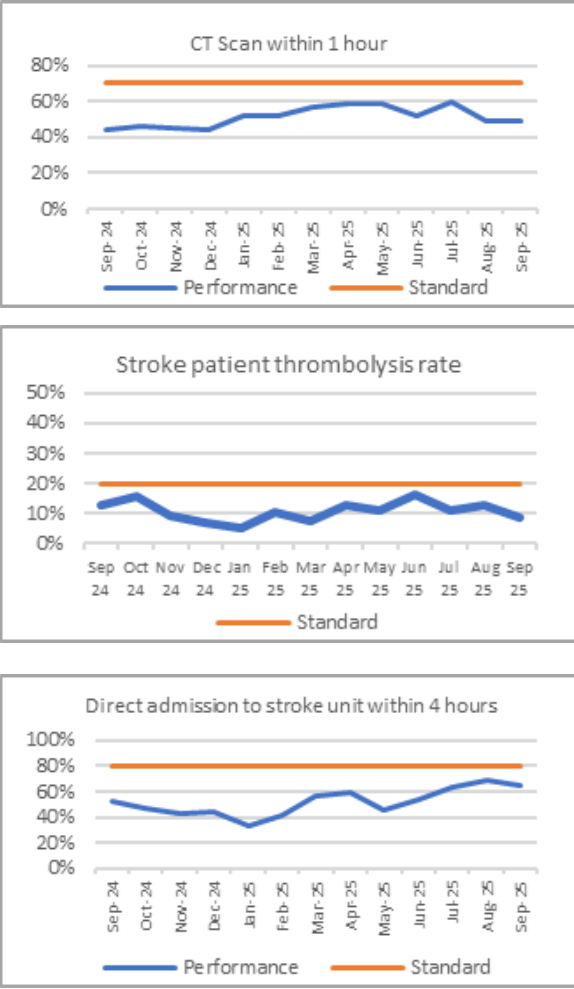
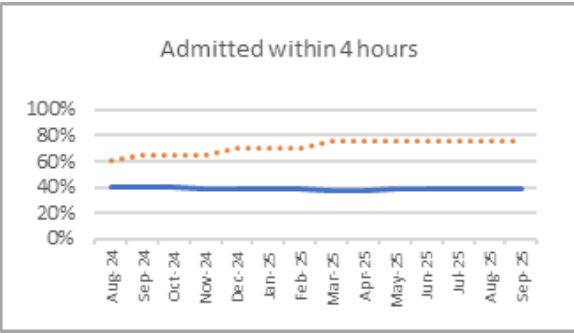
## Screening

### *NHS Wales Performance Framework measures*

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-25	90%	<b>8.3%</b> Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>0.00%</td> <td>3.20%</td> <td>8.30%</td> <td>6.30%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	0.00%	3.20%	8.30%	6.30%
May-25	Jun-25	Jul-25	Aug-25										
0.00%	3.20%	8.30%	6.30%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Aug-25	90%	<b>98.2%</b> Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>98.70%</td> <td>94.40%</td> <td>96.10%</td> <td>98.20%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	98.70%	94.40%	96.10%	98.20%
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98.70%	94.40%	96.10%	98.20%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Aug-25	95%	<b>97.1%</b> Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>96.50%</td> <td>95.10%</td> <td>98.30%</td> <td>97.10%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	96.50%	95.10%	98.30%	97.10%
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Primary, Community and Out of Hospital Care</b></p>	<p><b>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation</b> In October utilisation was 88%, this is below our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting</p> <p><b>Community visits – 95% of face-to-face visits within 8 hours</b> Q1 to date 94% compliance with 8-hour standard</p>	<p>Oct-25</p> <p>Aug-25</p>	<p>88% utilisation <b>Below standard</b></p> <p>94% <b>Below standard</b></p>	<p>UPCC Utilisation</p>
<p><b>Emergency Department and Same Day Emergency Care</b></p>	<p><b>Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to &lt;365 per month from Q1, &lt; 400 per month in Q4</b> In October we reported 46 2-hour ambulance delays, through a period of intense operational pressure at the end of the month. In October we reported 146 1-hour ambulance delays, an increase from August but below our commitment of &lt;365</p> <p>In October lost minutes per arrival increased to 13, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper</p> <p><b>ED waits - No patients waiting &gt;24 hours in ED, &lt;700 patients waiting &lt;12 hours in ED per month in Q1 and Q4, &lt;650 in Q2 and Q3</b> In October we reported an increase in patients waiting 12-hours in EU compared to September. This equates to 92.7% of attendances waiting less than 12-hours and below our ambition for Q4, but an improvement from the previous month</p> <p><b>SDEC units</b> In October we reported an increase in activity compared to September, and increased from October 2024 activity.</p>	<p>Oct-25</p> <p>Oct-25</p> <p>Oct-25</p>	<p>46 2-hour delays <b>Above standard</b></p> <p>146 1-hour delays <b>Below standard</b></p> <p>13 minutes lost/arrival <b>Above standard</b></p> <p>92.7% patients &lt;12h <b>Below standard</b></p> <p>1966 SDEC attends <b>Below standard</b></p>	<p>Ambulance handover &gt;1 hour</p> <p>EU more than 12 hours</p> <p>Number of patients seen in SDECs</p>
<p><b>Reducing time in hospital and Continuity of Care</b></p>	<p><b>Length of stay - &lt;20% patients in acute beds to have a LOS &gt;21 days, &lt;40% patients in acute beds to have a LOS &gt;7 days</b> This data is a monthly snapshot taken at on the final Friday of each month. At the end of October 56.7% of patients in acute beds had a LOS of &gt;7 days, 29.5% &gt;21 days – a deterioration from September. See paper for POCD update</p> <p><b>Pathway of Care Delays – &lt;160 delayed patients each month</b> In October 2025 the number of POCDs was 177 – this is similar to August and September – actions undertaken with local authority partners are detailed in the paper</p>	<p>Sept-25</p> <p>Oct-25</p>	<p>54.4% &gt;7d <b>Above standard</b></p> <p>29.4% &gt;21d <b>Above standard</b></p> <p>177 <b>Above standard</b></p>	<p>Number of patients seen in SDECs</p>

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>High Impact Pathways - Stroke</b></p>	<p><b>CT scan – 70% of patients scanned within 1 hour of arrival at EU</b> In September 49.2% of patients were received their CT scan within 1 hour of arrival at EU, the same as August</p> <p><b>Thrombolysis – 20% thrombolysis rate</b> In September 8.5 % of stroke patients were thrombolysed, reduced from August. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p><b>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours</b> In September 64.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance has improved despite pathways continuing to be impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and recruitment has taken place to embed changes to the acute pathway</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales</p>	<p>Sep-25</p>	<p>49.2% CT <b>Below standard</b></p> <p>8.5% Thrombolysis <b>Below standard</b></p> <p>64.8% Door-to-ward <b>Below standard</b></p>	 <p>The data section for the High Impact Pathways - Stroke contains three line charts. Each chart plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from September 2024 to September 2025. The first chart, 'CT Scan within 1 hour', shows a performance of 49.2% in Sep-25 against a standard of 70%. The second chart, 'Stroke patient thrombolysis rate', shows a performance of 8.5% in Sep-25 against a standard of 20%. The third chart, 'Direct admission to stroke unit within 4 hours', shows a performance of 64.8% in Sep-25 against a standard of 80%.</p>
<p><b>High Impact pathways – Hip fracture</b></p>	<p><b>Hip Fracture</b> Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In September our annualised compliance showed 38.0% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9.6%.</p>	<p>Sep-25</p>	<p>38.0% (Annualised) <b>Below standard</b></p>	 <p>The data section for High Impact pathways – Hip fracture contains one line chart titled 'Admitted within 4 hours'. It plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from August 2024 to September 2025. The performance in Sep-25 is 38.0% against a standard of 80%.</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p><b>GMS access – 100% of practices achieving core access standards</b> In June 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information</p> <p><b>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4</b> At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to September) 50.2% of the contract value has been delivered</p> <p><b>Pharmacy access – &gt;2185 accessing Pharmacy Independent Prescriber service</b> In July 100% of practices were providing CCPS services, providing 2,797 consultations</p> <p><b>Optometry – 95% of practices providing WGOS1+2</b> All practices are currently providing WGOS 1&amp;2</p>	Sep-25	100% At standard	
		Jul-25	50.2% At standard (Apr-25 – Sep-25)  2,299 Above standard	
Cancer	<p><b>Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4</b> In September 60.2% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting &gt;62 days for treatment increase and performance is challenged as a result of treating the longest waiting patients in month.</p> <p>More detail is discussed in the accompanying paper</p>	Sep-25	60.2% Below standard	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Outpatient and Treatment waiting times</b></p>	<p><b>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment</b> In September there were 13,617 patients waiting 52 weeks for their first outpatient appointment. This is improved from August, additional actions are outlined in the cover paper</p> <p><b>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment</b> In September there were 981 patients waiting 104 weeks for treatment. This is reduced from August and delivers the trajectory shared with Welsh Government.</p> <p>Our October data has not been released at the time of producing this report – a verbal update will be provided at the meeting</p>	<p>Sep-25</p>	<p>13,617 patients <b>Above standard</b></p> <p>981 patients <b>Below standard (Q2)</b></p>	
<p><b>Diagnostics and Therapies</b></p>	<p><b>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic</b> In September 13,667 patients were waiting over 8 weeks for a specified diagnostic, A reduction from August. Improvement in the radiology position this month, with NOUS waits also notably reduced.</p> <p><b>Therapies – National standard of zero 14 week waits</b> In September 894 patients were waiting over 14 weeks for therapies, An increase from August. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services</p>	<p>Sep-25</p>	<p>13,667 patients Diagnostics <b>Above standard</b></p> <p>894 patients Therapies <b>Above standard</b></p>	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Paediatric waiting times</b></p>	<p><b>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1</b>                      In September there were 0 patients waiting over 52 weeks for a new outpatient appointment</p>	<p>Sep-25</p>	<p>0                      Meeting standard</p>	
<p><b>Emotional Health and Wellbeing</b></p>	<p><b>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 under 18s – 80% compliance with the Standard of &lt;28 days</b>                      In September 98.6% of assessments were completed within 28 days</p> <p><b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard</b>                      In September 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p><b>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</b>                      In September 92.5% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Sep-25</p>	<p>98.6% Part 1a                      Above standard</p> <p>100% Part 1b                      Above standard</p> <p>92.5% Part 2                      Above standard</p>	<p>The data section contains three line charts. The first chart, 'LPMHSS assessments started 28 days &lt; 18 years', shows performance fluctuating around 98.6% against an 80% standard. The second chart, 'Therapeutic interventions started 28 days &lt; 18 years', shows performance at 100% against an 80% standard. The third chart, 'Valid Treatment Plan &lt; 18 Years', shows performance at 92.5% against an 80% standard. All charts show performance consistently above the standard line.</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																													
<b>Mental Health Measures – Part 1a</b>	<p><b>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% compliance with the Standard of &lt;28 days</b></p> <p>In September 95.9% of patients received their assessment within 28 days. Referrals to the service remain high.</p>	Sep-25	95.9% Part 1a Above standard	<table border="1"> <caption>LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>20</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>30</td><td>80</td></tr> <tr><td>Jan-25</td><td>40</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>50</td><td>80</td></tr> <tr><td>Apr-25</td><td>30</td><td>80</td></tr> <tr><td>May-25</td><td>30</td><td>80</td></tr> <tr><td>Jun-25</td><td>60</td><td>80</td></tr> <tr><td>Jul-25</td><td>90</td><td>80</td></tr> <tr><td>Aug-25</td><td>90</td><td>80</td></tr> <tr><td>Sep-25</td><td>95.9</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Sep-24	20	80	Oct-24	20	80	Nov-24	25	80	Dec-24	30	80	Jan-25	40	80	Feb-25	100	80	Mar-25	50	80	Apr-25	30	80	May-25	30	80	Jun-25	60	80	Jul-25	90	80	Aug-25	90	80	Sep-25	95.9	80			
Month	Performance (%)	Standard Q2 (%)																																															
Sep-24	20	80																																															
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Nov-24	25	80																																															
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Jul-25	90	80																																															
Aug-25	90	80																																															
Sep-25	95.9	80																																															
<b>Mental Health Measures – Part 1b</b>	<p><b>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 – 80% compliance with standard</b></p> <p>In September 99.6% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Sep-25	99.6% Part 1b Above standard	<table border="1"> <caption>LPMHSS interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Dec-24 (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>99.6</td><td>80</td></tr> <tr><td>Oct-24</td><td>99.6</td><td>80</td></tr> <tr><td>Nov-24</td><td>99.6</td><td>80</td></tr> <tr><td>Dec-24</td><td>99.6</td><td>80</td></tr> <tr><td>Jan-25</td><td>99.6</td><td>80</td></tr> <tr><td>Feb-25</td><td>99.6</td><td>80</td></tr> <tr><td>Mar-25</td><td>99.6</td><td>80</td></tr> <tr><td>Apr-25</td><td>99.6</td><td>80</td></tr> <tr><td>May-25</td><td>99.6</td><td>80</td></tr> <tr><td>Jun-25</td><td>99.6</td><td>80</td></tr> <tr><td>Jul-25</td><td>99.6</td><td>80</td></tr> <tr><td>Aug-25</td><td>99.6</td><td>80</td></tr> <tr><td>Sep-25</td><td>99.6</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Dec-24 (%)	Sep-24	99.6	80	Oct-24	99.6	80	Nov-24	99.6	80	Dec-24	99.6	80	Jan-25	99.6	80	Feb-25	99.6	80	Mar-25	99.6	80	Apr-25	99.6	80	May-25	99.6	80	Jun-25	99.6	80	Jul-25	99.6	80	Aug-25	99.6	80	Sep-25	99.6	80			
Month	Performance (%)	Standard Dec-24 (%)																																															
Sep-24	99.6	80																																															
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Sep-25	99.6	80																																															
<b>Mental Health Measures – Part 2</b>	<p><b>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</b></p> <p>In September 58.6% of patients had a valid Care and Treatment plan, a small decrease from July. Performance remains below the standard– the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance. Additional information is provided in the paper</p>	Aug-25	58.6% Part 2 Below standard	<table border="1"> <caption>Valid Treatment Plan - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Jul-24</td><td>60</td><td>80</td></tr> <tr><td>Aug-24</td><td>60</td><td>80</td></tr> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>60</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> <tr><td>Jan-25</td><td>58</td><td>80</td></tr> <tr><td>Feb-25</td><td>58</td><td>80</td></tr> <tr><td>Mar-25</td><td>58</td><td>80</td></tr> <tr><td>Apr-25</td><td>58</td><td>80</td></tr> <tr><td>May-25</td><td>58</td><td>80</td></tr> <tr><td>Jun-25</td><td>58</td><td>80</td></tr> <tr><td>Jul-25</td><td>58</td><td>80</td></tr> <tr><td>Aug-25</td><td>58.6</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Jul-24	60	80	Aug-24	60	80	Sep-24	60	80	Oct-24	60	80	Nov-24	60	80	Dec-24	58	80	Jan-25	58	80	Feb-25	58	80	Mar-25	58	80	Apr-25	58	80	May-25	58	80	Jun-25	58	80	Jul-25	58	80	Aug-25	58.6	80
Month	Performance (%)	Standard (%)																																															
Jul-24	60	80																																															
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	<b>100%</b> At standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Sep-25	Improvement compared to the same month in the previous year	<b>45.3%</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>46.1%</td> <td>46.0%</td> <td>45.6%</td> <td>45.3%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	46.1%	46.0%	45.6%	45.3%
Jun-25	Jul-25	Aug-25	Sep-25										
46.1%	46.0%	45.6%	45.3%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Sep-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	<b>50.2%</b> Above standard	<table border="1"> <tr> <td>Apr-25 - Jun-25</td> <td>Apr-25 - Jul-25</td> <td>Apr-25 - Aug-25</td> <td>Apr-25 - Sep-25</td> </tr> <tr> <td>23.4%</td> <td>32.8%</td> <td>40.8%</td> <td>50.2%</td> </tr> </table>	Apr-25 - Jun-25	Apr-25 - Jul-25	Apr-25 - Aug-25	Apr-25 - Sep-25	23.4%	32.8%	40.8%	50.2%
Apr-25 - Jun-25	Apr-25 - Jul-25	Apr-25 - Aug-25	Apr-25 - Sep-25										
23.4%	32.8%	40.8%	50.2%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Aug-25	Increase compared to the same month in the previous year	<b>2299</b> Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>2388</td> <td>2398</td> <td>2797</td> <td>2299</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	2388	2398	2797	2299
May-25	Jun-25	Jul-25	Aug-25										
2388	2398	2797	2299										
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Sep-25	80%	<b>98.6%</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>97.8%</td> <td>99.0%</td> <td>99.0%</td> <td>98.6%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	97.8%	99.0%	99.0%	98.6%
Jun-25	Jul-25	Aug-25	Sep-25										
97.8%	99.0%	99.0%	98.6%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Sep-25	80%	<b>100%</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>100%</td> <td>96%</td> <td>100%</td> <td>100%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	100%	96%	100%	100%
Jun-25	Jul-25	Aug-25	Sep-25										
100%	96%	100%	100%										
17.	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	Sep-25	80%	<b>95.9%</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>57.9%</td> <td>92.0%</td> <td>92.5%</td> <td>95.9%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	57.9%	92.0%	92.5%	95.9%
Jun-25	Jul-25	Aug-25	Sep-25										
57.9%	92.0%	92.5%	95.9%										
18.	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	Sep-25	80%	<b>99.6%</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>99.5%</td> <td>99.6%</td> <td>99.0%</td> <td>99.6%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	99.5%	99.6%	99.0%	99.6%
Jun-25	Jul-25	Aug-25	Sep-25										
99.5%	99.6%	99.0%	99.6%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	<b>50%</b> Below standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>50%</td> <td>51%</td> <td>50%</td> <td>50%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25										
50%	51%	50%	50%										
20.	Median emergency response time to amber calls	Aug-25	12 month reduction trend	<b>01:26:17</b> Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>01:19:34</td> <td>01:34:20</td> <td>01:27:34</td> <td>01:26:17</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	01:19:34	01:34:20	01:27:34	01:26:17
May-25	Jun-25	Jul-25	Aug-25										
01:19:34	01:34:20	01:27:34	01:26:17										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Aug-25	15 minutes or less	<b>5</b> Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>6</td> <td>6</td> <td>5</td> <td>5</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	6	6	5	5
May-25	Jun-25	Jul-25	Aug-25										
6	6	5	5										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Aug-25	60 minutes or less	<b>71</b> Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>64</td> <td>68</td> <td>65</td> <td>71</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	64	68	65	71
May-25	Jun-25	Jul-25	Aug-25										
64	68	65	71										
23.	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	Oct-25	Improvement compared to the same month in the previous year, towards the national target of 95%	<b>60.1%</b> Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>65.5%</td> <td>61.5%</td> <td>59.7%</td> <td>60.1%</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	65.5%	61.5%	59.7%	60.1%
Jul-25	Aug-25	Sep-25	Oct-25										
65.5%	61.5%	59.7%	60.1%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Oct-25	Reduction compared to the same month in the previous year, towards the national target of zero	<b>949</b> Above standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>883</td> <td>774</td> <td>785</td> <td>949</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	883	774	785	949
Jul-25	Aug-25	Sep-25	Oct-25										
883	774	785	949										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sep-25	12 month improvement trend towards a national target of 80% by 31 March 2026	<b>60.2%</b> Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>67.0%</td> <td>68.4%</td> <td>68.4%</td> <td>60.2%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	67.0%	68.4%	68.4%	60.2%
Jun-25	Jul-25	Aug-25	Sep-25										
67.0%	68.4%	68.4%	60.2%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Sep-25	0	<b>13,667</b> Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>1007</td> <td>13344</td> <td>14243</td> <td>13667</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	1007	13344	14243	13667
Jun-25	Jul-25	Aug-25	Sep-25										
1007	13344	14243	13667										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Sep-25	100%	<b>61.13%</b> Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>..83%</td> <td>68.37%</td> <td>65.20%</td> <td>61.13%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	..83%	68.37%	65.20%	61.13%
Jun-25	Jul-25	Aug-25	Sep-25										
..83%	68.37%	65.20%	61.13%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sep-25	0	<b>894</b> Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>156</td> <td>681</td> <td>797</td> <td>894</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	156	681	797	894
Jun-25	Jul-25	Aug-25	Sep-25										
156	681	797	894										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Sep-25	0	<b>1,079</b> Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>579</td> <td>861</td> <td>999</td> <td>1079</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	579	861	999	1079
Jun-25	Jul-25	Aug-25	Sep-25										
579	861	999	1079										

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Sep-25	0	<b>13,617</b> Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>16172</td> <td>15505</td> <td>14990</td> <td>13617</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	16172	15505	14990	13617
Jun-25	Jul-25	Aug-25	Sep-25										
16172	15505	14990	13617										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Oct-25	Reduction compared to the same month in the previous year	<b>26,898</b> Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>23,473</td> <td>24,346</td> <td>24,869</td> <td>26,898</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	23,473	24,346	24,869	26,898
Jul-25	Aug-25	Sep-25	Oct-25										
23,473	24,346	24,869	26,898										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Sep-25	0	<b>981</b> Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>1401</td> <td>1498</td> <td>1623</td> <td>981</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	1401	1498	1623	981
Jun-25	Jul-25	Aug-25	Sep-25										
1401	1498	1623	981										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Sep-25	Month on month reduction towards the national target of zero by 30 June 2025	<b>31,707</b> Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>34374</td> <td>33323</td> <td>32990</td> <td>31707</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	34374	33323	32990	31707
Jun-25	Jul-25	Aug-25	Sep-25										
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34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Sep-25	80%	<b>21%</b> Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>16%</td> <td>19%</td> <td>21%</td> <td>21%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	16%	19%	21%	21%
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35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-25	80%	<b>73%</b> Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>68%</td> <td>68%</td> <td>72%</td> <td>73%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	68%	68%	72%	73%
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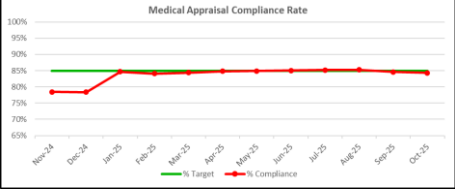
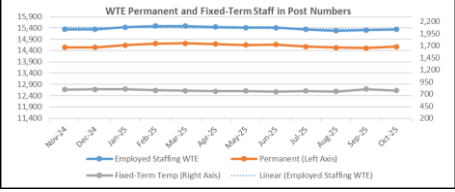
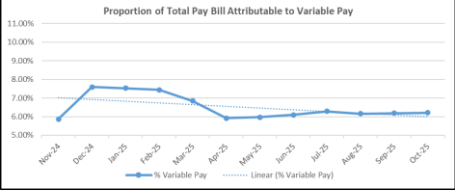
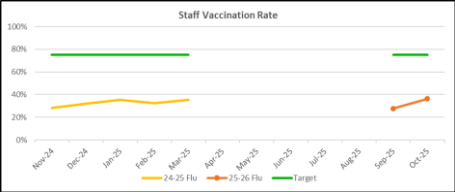
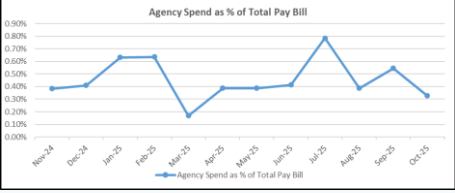
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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data																																																																														
<b>Turnover</b>	<p>The overall trend is downwards since Nov-24; the rates have fallen from 9.50% at Nov-24 to 8.39% in Oct-25 UHB wide. The turnover rate for Oct-25 rose by comparison with Sep-25. Despite this there has been a net 1.11% decrease, which represents 159 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Work Life Balance'.</p>	October 2025	<table border="1"> <caption>Turnover Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Turnover</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>9.50%</td></tr> <tr><td>Dec-24</td><td>9.40%</td></tr> <tr><td>Jan-25</td><td>9.30%</td></tr> <tr><td>Feb-25</td><td>9.10%</td></tr> <tr><td>Mar-25</td><td>9.00%</td></tr> <tr><td>Apr-25</td><td>8.90%</td></tr> <tr><td>May-25</td><td>8.80%</td></tr> <tr><td>Jun-25</td><td>8.70%</td></tr> <tr><td>Jul-25</td><td>8.60%</td></tr> <tr><td>Aug-25</td><td>8.50%</td></tr> <tr><td>Sep-25</td><td>8.40%</td></tr> <tr><td>Oct-25</td><td>8.39%</td></tr> </tbody> </table>	Month	% Turnover	Nov-24	9.50%	Dec-24	9.40%	Jan-25	9.30%	Feb-25	9.10%	Mar-25	9.00%	Apr-25	8.90%	May-25	8.80%	Jun-25	8.70%	Jul-25	8.60%	Aug-25	8.50%	Sep-25	8.40%	Oct-25	8.39%																																																				
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<b>Sickness Absence</b>	<p>The monthly sickness rate for Oct-25 was 6.49%. The 12-month cumulative rate has risen slightly during the past year and is 6.42% at Oct-25 (an increase of 0.17% by comparison with the 12-month cumulative rate at Oct-24).</p>	October 2025	<table border="1"> <caption>In-Month and Year to Date Sickness Rates Data</caption> <thead> <tr> <th>Month</th> <th>12-Month Cumulative</th> <th>In-Month</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Dec-24</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Jan-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Feb-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Mar-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Apr-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>May-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Jun-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Jul-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Aug-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Sep-25</td><td>6.00%</td><td>6.00%</td><td>6.00%</td></tr> <tr><td>Oct-25</td><td>6.42%</td><td>6.49%</td><td>6.00%</td></tr> </tbody> </table>	Month	12-Month Cumulative	In-Month	Target	Nov-24	6.00%	6.00%	6.00%	Dec-24	6.00%	6.00%	6.00%	Jan-25	6.00%	6.00%	6.00%	Feb-25	6.00%	6.00%	6.00%	Mar-25	6.00%	6.00%	6.00%	Apr-25	6.00%	6.00%	6.00%	May-25	6.00%	6.00%	6.00%	Jun-25	6.00%	6.00%	6.00%	Jul-25	6.00%	6.00%	6.00%	Aug-25	6.00%	6.00%	6.00%	Sep-25	6.00%	6.00%	6.00%	Oct-25	6.42%	6.49%	6.00%																										
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<b>Statutory and Mandatory Training</b>	<p>The overall compliance rates fell for Oct-25 to 82.24%, 2.76% below the overall target. The compliance for All Wales Genomics Service and Capital, Estates &amp; Facilities are above the 85% target; and Clinical Diagnostics &amp; Therapeutics, Corporate Executives, Children &amp; Women's, PCIC and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has risen to 72.60% at Aug-25. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p>	October 2025	<table border="1"> <caption>Statutory &amp; Mandatory e-Learning Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>80%</td><td>85%</td></tr> <tr><td>Dec-24</td><td>80%</td><td>85%</td></tr> <tr><td>Jan-25</td><td>80%</td><td>85%</td></tr> <tr><td>Feb-25</td><td>80%</td><td>85%</td></tr> <tr><td>Mar-25</td><td>80%</td><td>85%</td></tr> <tr><td>Apr-25</td><td>80%</td><td>85%</td></tr> <tr><td>May-25</td><td>80%</td><td>85%</td></tr> <tr><td>Jun-25</td><td>80%</td><td>85%</td></tr> <tr><td>Jul-25</td><td>80%</td><td>85%</td></tr> <tr><td>Aug-25</td><td>80%</td><td>85%</td></tr> <tr><td>Sep-25</td><td>80%</td><td>85%</td></tr> <tr><td>Oct-25</td><td>82.24%</td><td>85%</td></tr> </tbody> </table> <table border="1"> <caption>Fire e-Learning Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>70%</td><td>85%</td></tr> <tr><td>Dec-24</td><td>70%</td><td>85%</td></tr> <tr><td>Jan-25</td><td>70%</td><td>85%</td></tr> <tr><td>Feb-25</td><td>70%</td><td>85%</td></tr> <tr><td>Mar-25</td><td>70%</td><td>85%</td></tr> <tr><td>Apr-25</td><td>70%</td><td>85%</td></tr> <tr><td>May-25</td><td>70%</td><td>85%</td></tr> <tr><td>Jun-25</td><td>70%</td><td>85%</td></tr> <tr><td>Jul-25</td><td>70%</td><td>85%</td></tr> <tr><td>Aug-25</td><td>72.60%</td><td>85%</td></tr> <tr><td>Sep-25</td><td>70%</td><td>85%</td></tr> <tr><td>Oct-25</td><td>70%</td><td>85%</td></tr> </tbody> </table>	Month	% Compliance	% Target	Nov-24	80%	85%	Dec-24	80%	85%	Jan-25	80%	85%	Feb-25	80%	85%	Mar-25	80%	85%	Apr-25	80%	85%	May-25	80%	85%	Jun-25	80%	85%	Jul-25	80%	85%	Aug-25	80%	85%	Sep-25	80%	85%	Oct-25	82.24%	85%	Month	% Compliance	% Target	Nov-24	70%	85%	Dec-24	70%	85%	Jan-25	70%	85%	Feb-25	70%	85%	Mar-25	70%	85%	Apr-25	70%	85%	May-25	70%	85%	Jun-25	70%	85%	Jul-25	70%	85%	Aug-25	72.60%	85%	Sep-25	70%	85%	Oct-25	70%	85%
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<b>Values Based Appraisal</b>	<p>VBA compliance has fallen marginally for Oct-25, to 70.28%. Capital, Estates &amp; Facilities remains the only Clinical Board that has achieved the 85% target rate%.</p>	October 2025	<table border="1"> <caption>VBA Compliance Rate Data</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>80%</td><td>85%</td></tr> <tr><td>Dec-24</td><td>80%</td><td>85%</td></tr> <tr><td>Jan-25</td><td>80%</td><td>85%</td></tr> <tr><td>Feb-25</td><td>80%</td><td>85%</td></tr> <tr><td>Mar-25</td><td>80%</td><td>85%</td></tr> <tr><td>Apr-25</td><td>80%</td><td>85%</td></tr> <tr><td>May-25</td><td>80%</td><td>85%</td></tr> <tr><td>Jun-25</td><td>80%</td><td>85%</td></tr> <tr><td>Jul-25</td><td>80%</td><td>85%</td></tr> <tr><td>Aug-25</td><td>80%</td><td>85%</td></tr> <tr><td>Sep-25</td><td>80%</td><td>85%</td></tr> <tr><td>Oct-25</td><td>70.28%</td><td>85%</td></tr> </tbody> </table>	Month	% Compliance	% Target	Nov-24	80%	85%	Dec-24	80%	85%	Jan-25	80%	85%	Feb-25	80%	85%	Mar-25	80%	85%	Apr-25	80%	85%	May-25	80%	85%	Jun-25	80%	85%	Jul-25	80%	85%	Aug-25	80%	85%	Sep-25	80%	85%	Oct-25	70.28%	85%																																							
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<b>Employee Relations</b>	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases remains above the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p> <p><b>Suspensions</b> - Four members of staff have been suspended/excluded for three months:</p> <ul style="list-style-type: none"> <li>· Two cases remain subject to ongoing Criminal Investigations.</li> <li>· One case was subject to a Criminal Investigation which has now concluded; an internal investigation is currently being undertaken in accordance with the All Wales Disciplinary Policy and Procedure and is nearing completion.</li> <li>· One case is under formal investigation in accordance with the Upholding Professional Standard in Wales procedure.</li> </ul>	October 2025	<table border="1"> <caption>Employee Relations Cases Data</caption> <thead> <tr> <th>Month</th> <th>Disciplinary</th> <th>Target Disciplinary Cases</th> <th>Request and Resolution</th> <th>Appeals</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>30</td><td>25</td><td>15</td><td>10</td></tr> <tr><td>Dec-24</td><td>35</td><td>25</td><td>20</td><td>15</td></tr> <tr><td>Jan-25</td><td>30</td><td>25</td><td>20</td><td>15</td></tr> <tr><td>Feb-25</td><td>35</td><td>25</td><td>20</td><td>15</td></tr> <tr><td>Mar-25</td><td>35</td><td>25</td><td>20</td><td>15</td></tr> <tr><td>Apr-25</td><td>30</td><td>25</td><td>15</td><td>10</td></tr> <tr><td>May-25</td><td>40</td><td>25</td><td>20</td><td>15</td></tr> <tr><td>Jun-25</td><td>40</td><td>25</td><td>15</td><td>10</td></tr> <tr><td>Jul-25</td><td>45</td><td>25</td><td>15</td><td>10</td></tr> <tr><td>Aug-25</td><td>35</td><td>25</td><td>15</td><td>10</td></tr> <tr><td>Sep-25</td><td>40</td><td>25</td><td>15</td><td>10</td></tr> <tr><td>Oct-25</td><td>35</td><td>25</td><td>15</td><td>10</td></tr> </tbody> </table>	Month	Disciplinary	Target Disciplinary Cases	Request and Resolution	Appeals	Nov-24	30	25	15	10	Dec-24	35	25	20	15	Jan-25	30	25	20	15	Feb-25	35	25	20	15	Mar-25	35	25	20	15	Apr-25	30	25	15	10	May-25	40	25	20	15	Jun-25	40	25	15	10	Jul-25	45	25	15	10	Aug-25	35	25	15	10	Sep-25	40	25	15	10	Oct-25	35	25	15	10													
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<b>Job Plans</b>	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. A target of 90% was set for completion of a job plan, to have been achieved by Sep-25. At Oct-25 77.13% of clinicians have a signed off job plan.	October 2025	 <table border="1"> <caption>Job Plan Compliance Rate</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>60</td><td>90</td></tr> <tr><td>Dec-24</td><td>65</td><td>90</td></tr> <tr><td>Jan-25</td><td>65</td><td>90</td></tr> <tr><td>Feb-25</td><td>65</td><td>90</td></tr> <tr><td>Mar-25</td><td>65</td><td>90</td></tr> <tr><td>Apr-25</td><td>65</td><td>90</td></tr> <tr><td>May-25</td><td>65</td><td>90</td></tr> <tr><td>Jun-25</td><td>70</td><td>90</td></tr> <tr><td>Jul-25</td><td>75</td><td>90</td></tr> <tr><td>Aug-25</td><td>75</td><td>90</td></tr> <tr><td>Sep-25</td><td>75</td><td>90</td></tr> <tr><td>Oct-25</td><td>77.13</td><td>90</td></tr> </tbody> </table>	Month	% Compliance	% Target	Nov-24	60	90	Dec-24	65	90	Jan-25	65	90	Feb-25	65	90	Mar-25	65	90	Apr-25	65	90	May-25	65	90	Jun-25	70	90	Jul-25	75	90	Aug-25	75	90	Sep-25	75	90	Oct-25	77.13	90													
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<b>Medical Appraisals</b>	The rate of compliance with Medical Appraisal fell slightly to 84.32% for Oct-25, below the 85% target.	October 2025	 <table border="1"> <caption>Medical Appraisal Compliance Rate</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>78</td><td>85</td></tr> <tr><td>Dec-24</td><td>78</td><td>85</td></tr> <tr><td>Jan-25</td><td>85</td><td>85</td></tr> <tr><td>Feb-25</td><td>85</td><td>85</td></tr> <tr><td>Mar-25</td><td>85</td><td>85</td></tr> <tr><td>Apr-25</td><td>85</td><td>85</td></tr> <tr><td>May-25</td><td>85</td><td>85</td></tr> <tr><td>Jun-25</td><td>85</td><td>85</td></tr> <tr><td>Jul-25</td><td>85</td><td>85</td></tr> <tr><td>Aug-25</td><td>85</td><td>85</td></tr> <tr><td>Sep-25</td><td>85</td><td>85</td></tr> <tr><td>Oct-25</td><td>84.32</td><td>85</td></tr> </tbody> </table>	Month	% Compliance	% Target	Nov-24	78	85	Dec-24	78	85	Jan-25	85	85	Feb-25	85	85	Mar-25	85	85	Apr-25	85	85	May-25	85	85	Jun-25	85	85	Jul-25	85	85	Aug-25	85	85	Sep-25	85	85	Oct-25	84.32	85													
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<b>Staff in Post</b>	The overall Health Board Staffing Numbers have increased in the last 12 months by 5 WTE, to 15,341.99 WTE at Oct-25. Between Feb-25 and Aug-25 there had been a reduction of 211 WTE, which has been achieved through the implementation of a vacancy freeze from Jan-25. The increase since Sep-25 reflects the commitment to take new graduate nurses and therapists. The vacancy freeze will continue until Mar-26, with the intention to further reduce staffing levels.	October 2025	 <table border="1"> <caption>WTE Permanent and Fixed-Term Staff in Post Numbers</caption> <thead> <tr> <th>Month</th> <th>Employed Staffing WTE</th> <th>Permanent (Left Axis)</th> <th>Fixed-Term Temp (Right Axis)</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Dec-24</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Jan-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Feb-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Mar-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Apr-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>May-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Jun-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Jul-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Aug-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Sep-25</td><td>13400</td><td>1450</td><td>500</td></tr> <tr><td>Oct-25</td><td>15342</td><td>1450</td><td>500</td></tr> </tbody> </table>	Month	Employed Staffing WTE	Permanent (Left Axis)	Fixed-Term Temp (Right Axis)	Nov-24	13400	1450	500	Dec-24	13400	1450	500	Jan-25	13400	1450	500	Feb-25	13400	1450	500	Mar-25	13400	1450	500	Apr-25	13400	1450	500	May-25	13400	1450	500	Jun-25	13400	1450	500	Jul-25	13400	1450	500	Aug-25	13400	1450	500	Sep-25	13400	1450	500	Oct-25	15342	1450	500
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<b>Variable Pay (Bank, Agency, Overtime..)</b>	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Dec-24 the percentage was 7.60% of the total spend on pay, but in Oct-25 had fallen to 6.21%. It must however be borne in mind that the total pay bill is increasing.  There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	October 2025	 <table border="1"> <caption>Proportion of Total Pay Bill Attributable to Variable Pay</caption> <thead> <tr> <th>Month</th> <th>% Variable Pay</th> <th>Linear (% Variable Pay)</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>6.00</td><td>6.50</td></tr> <tr><td>Dec-24</td><td>7.60</td><td>6.50</td></tr> <tr><td>Jan-25</td><td>7.50</td><td>6.50</td></tr> <tr><td>Feb-25</td><td>7.50</td><td>6.50</td></tr> <tr><td>Mar-25</td><td>7.00</td><td>6.50</td></tr> <tr><td>Apr-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>May-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Jun-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Jul-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Aug-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Sep-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Oct-25</td><td>6.21</td><td>6.50</td></tr> </tbody> </table>	Month	% Variable Pay	Linear (% Variable Pay)	Nov-24	6.00	6.50	Dec-24	7.60	6.50	Jan-25	7.50	6.50	Feb-25	7.50	6.50	Mar-25	7.00	6.50	Apr-25	6.00	6.50	May-25	6.00	6.50	Jun-25	6.00	6.50	Jul-25	6.00	6.50	Aug-25	6.00	6.50	Sep-25	6.00	6.50	Oct-25	6.21	6.50													
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<b>Staff Winter Vaccination Programme</b>	The winter flu vaccination programme for 2025-26 commenced in Sep-25; the vaccination rate at Oct-25 was 36.40%, against a target of 75%.	October 2025	 <table border="1"> <caption>Staff Vaccination Rate</caption> <thead> <tr> <th>Month</th> <th>24-25 Flu</th> <th>25-26 Flu</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>30</td><td>-</td><td>75</td></tr> <tr><td>Dec-24</td><td>30</td><td>-</td><td>75</td></tr> <tr><td>Jan-25</td><td>40</td><td>-</td><td>75</td></tr> <tr><td>Feb-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>Mar-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>Apr-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>May-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>Jun-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>Jul-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>Aug-25</td><td>35</td><td>-</td><td>75</td></tr> <tr><td>Sep-25</td><td>35</td><td>36.40</td><td>75</td></tr> <tr><td>Oct-25</td><td>35</td><td>36.40</td><td>75</td></tr> </tbody> </table>	Month	24-25 Flu	25-26 Flu	Target	Nov-24	30	-	75	Dec-24	30	-	75	Jan-25	40	-	75	Feb-25	35	-	75	Mar-25	35	-	75	Apr-25	35	-	75	May-25	35	-	75	Jun-25	35	-	75	Jul-25	35	-	75	Aug-25	35	-	75	Sep-25	35	36.40	75	Oct-25	35	36.40	75
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<b>Agency Spend as % of Total Pay Bill</b>	The proportion of the total pay bill attributed to Agency for Nov-24 was 0.38% of the total spend on pay and was 0.33% at Oct-25. The percentage has however risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	October 2025	 <table border="1"> <caption>Agency Spend as % of Total Pay Bill</caption> <thead> <tr> <th>Month</th> <th>Agency Spend as % of Total Pay Bill</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>0.38</td></tr> <tr><td>Dec-24</td><td>0.40</td></tr> <tr><td>Jan-25</td><td>0.60</td></tr> <tr><td>Feb-25</td><td>0.60</td></tr> <tr><td>Mar-25</td><td>0.20</td></tr> <tr><td>Apr-25</td><td>0.40</td></tr> <tr><td>May-25</td><td>0.40</td></tr> <tr><td>Jun-25</td><td>0.40</td></tr> <tr><td>Jul-25</td><td>0.70</td></tr> <tr><td>Aug-25</td><td>0.40</td></tr> <tr><td>Sep-25</td><td>0.50</td></tr> <tr><td>Oct-25</td><td>0.33</td></tr> </tbody> </table>	Month	Agency Spend as % of Total Pay Bill	Nov-24	0.38	Dec-24	0.40	Jan-25	0.60	Feb-25	0.60	Mar-25	0.20	Apr-25	0.40	May-25	0.40	Jun-25	0.40	Jul-25	0.70	Aug-25	0.40	Sep-25	0.50	Oct-25	0.33																										
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Priority	Performance Summary	Reported Period	Data
<b>Time to Hire</b>	<p>The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales monthly average is 64.0 days. The figure for Cardiff &amp; Vale uHB for Sep-25 was 107 days.</p> <p>This change is due to the vacancy freeze implemented in Jan-25, which will continue until Mar-26.</p>	October 2025	
<b>Time to Shortlist</b>	<p>The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7.4 days. The figure for Cardiff &amp; Vale uHB for Aug-25 was 12 days.</p>	October 2025	
<b>Exit Questionnaire Completion</b>	<p>At Sep-25 the return rate of exit questionnaires was 26%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Dec-25.</p>	September 2025	
<b>Nursing &amp; Midwifery Band 5 &amp; 6 Vacancy Rates</b>	<p>The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Oct-25 the rate was 0.60%, by comparison with a nominal 5% target. ESR position data continues to be validated.</p>	October 2025	
<b>Provision of EDI Data in ESR</b>	<p>This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR.</p> <p>At Oct-25 35.19% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.</p>	October 2025	
<b>Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR</b>	<p>This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 46.62% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.</p> <p>At Oct-25 6.52% of staff have identified their Welsh Skills as between level 2 and level 5.</p>	October 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend					
					May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
36.	Percentage of sickness absence rate of staff (In-month)	October 2025	5.50%	<b>6.49%</b>	5.60%	6.25%	6.37%	6.20%	6.55%	6.49%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	October 2025	5.50%	<b>6.42%</b>	6.34%	6.36%	6.36%	6.37%	6.41%	6.42%
38.	Staff turnover	October 2025	7%-9%	<b>8.39%</b>	8.76%	8.45%	8.41%	8.41%	8.28%	8.39%
39.	Agency spend as a percentage of the total pay bill.	October 2025	12-month reduction trend	<b>0.33%</b>	0.39%	0.41%	0.79%	0.39%	0.54%	0.33%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	October 2025	85%	<b>71.15%</b>	72.59%	72.68%	72.04%	71.26%	71.33%	71.15%

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Concerns</b> 30-day performance</p>	<p><b>Welsh Government target for responding to concerns is 75% within 30 working days</b></p> <p><b>During Sep and Oct 25, the Health Board:</b></p> <ul style="list-style-type: none"> <li>•Received 611 Concerns</li> <li>•Closed 580 concerns</li> <li>• 68 % closed within 30 working days (including Early Resolution)</li> <li>• 11 % closed under Early Resolution (within 2 days including day of receipt)</li> <li>•In addition</li> <li>•Received 726 Enquiries</li> <li>•Received 123 Compliments</li> <li>•We currently have 327 active concerns</li> </ul> <p>•Graph opposite shows median response time to formal concerns across Wales</p> <p><b>Top 3 themes and trends</b></p> <ul style="list-style-type: none"> <li>• Clinical Treatment and Assessment</li> <li>• Concerns around appointments (waiting times/cancellations)</li> <li>• Communication</li> </ul>	<p>Sep and Oct 25</p>		<p><b>% of concerns closed within 30 working days including Early Resolution</b></p> <p><b>All Wales - Median working days for a response (includes still open co...)</b></p>
<p><b>Duty of Candour</b></p>	<p><b>Key Updates:</b> <b>From 1st March 2025 to 31st October 2025, a total of 16,895 incidents have been reported. Of these incidents, 74 have triggered the duty of candour.</b></p> <p><b>Themes and Trends for Triggered Duty of Candour:</b></p> <ul style="list-style-type: none"> <li>• Avoidable pressure damage.</li> <li>• Avoidable falls.</li> <li>• Patients lost to follow-up (particularly in AMD)</li> <li>• Failure to prescribe or administer appropriate medication.</li> <li>• Administration of incorrect medication.</li> <li>• Missed opportunities to diagnose</li> <li>• Procedural Issues-Incorrect implementation of protocols and procedures.</li> <li>• Escalation and monitoring failures- delays in responding to deteriorating patients. Failure to act on clinical findings</li> <li>• Unexpected admissions to neonatal</li> <li>• Unexpected deaths of patients under mental health services</li> <li>• Surgical and procedural complications</li> </ul>	<p>To September 30th 2025</p>		<p><b>Duty of Candour</b></p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Patient Feedback – Civica</b></p>	<p>The system became operational on <b>Friday, 28 October 2022</b>. We are currently administering surveys to up to <b>1,000 patients per day</b> via text message. Of these, <b>600 patients</b> are randomly selected from general hospital activity, <b>200</b> from Emergency Unit (EU) activity, and <b>200</b> from Mental Health services. Over the past 12 months, more than <b>183,000 text messages</b> have been distributed, yielding an overall <b>response rate of 16%</b>.</p> <p>In <b>October</b>, a total of <b>17,147 messages</b> were sent, resulting in <b>2,905 completed surveys</b>, which corresponds to a <b>response rate of 17%</b>. Among respondents discharged in <b>September and October</b> who answered the rating question, <b>84% reported satisfaction</b> with the service received.</p> <p>While our current overall response rate of <b>16%</b> exceeds that of many comparable organisations, we remain committed to enhancing engagement and will prioritise improvements in this area over the coming year.</p>	<p>Sep/Oct 2025</p>		
<p><b>Patient Safety</b></p>	<p>The UHB reported 29 NRIs in October, a rate of 5.6 per 100 000 population. This significant increase is as a result of a reconciliation exercise that resulted in retrospective reporting of nine historic avoidable cases of pressure damage.</p> <p>2306 patient safety incidents were reported in October 2026; 76% (1748) were reported as causing no or low harm, 21%(476) moderate harm and 4% (82) severe or catastrophic harm. Of those reported as causing severe and</p>	<p>October 25</p>		

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Tier 1 Mortality</b></p>	<p>The all-cause mortality rate across the Cardiff and Vale UHB area continues a similar seasonal pattern to the five-year average. Numbers of deaths are similar to the same period in the previous year. During week 43 of 2024/2025, 74 deaths were registered in the CAV area, compared with a five year average of 98 deaths for the same period.</p> <p>The national quality outcomes framework has been published and includes a crude measure of inpatient mortality measured against All Wales crude mortality rate. This will supersede the previous UHB crude mortality indicator.</p> <p>The crude annual rolling mortality rate for the UHB was 1.4% in September 2025, compared with an All Wales average of 1.6%.</p>	<p>October 2025</p>		
<p><b>Infection Control</b></p>	<p><i>Clostridioides difficile</i> – The total number of CDI cases this year is currently 119, with 39 hospital onset. This number of hospital onset cases is 32 lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales.</p> <p>MRSA - The total number of MRSA cases this year is currently 12, with 5 hospital onset. This number of cases is 2 hospital onset case higher than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales.</p> <p>MSSA - The total number of MSSA cases this year is currently 76, with 30 hospital onset. This number of cases is 10 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>E.coli - The total number of E.coli cases this year is currently 169, with 41 hospital onset. This number of cases is 8 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales.</p> <p><i>Klebsiella spec's</i> - The total number of Klebs cases this year is currently 72, with 35 hospital onset. This number of cases is 6 hospital onset cases higher than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>PAER - The total number of Pseud cases this year is currently 16, with 10 hospital onset. This number of cases 6 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3<sup>rd</sup> lowest rate of the 6 acute Health Boards in Wales.</p>	<p>October 25</p>		

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jul-25	12 month improvement trend	<b>51.9%</b> Below standard	<table border="1"> <tr> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> </tr> <tr> <td>67.30%</td> <td>68.10%</td> <td>53.30%</td> <td>51.90%</td> </tr> </table>	Apr-25	May-25	Jun-25	Jul-25	67.30%	68.10%	53.30%	51.90%
Apr-25	May-25	Jun-25	Jul-25										
67.30%	68.10%	53.30%	51.90%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Aug-25	90%	<b>88.2%</b> Below standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>52.00%</td> <td>59.50%</td> <td>39.70%</td> <td>88.20%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	52.00%	59.50%	39.70%	88.20%
May-25	Jun-25	Jul-25	Aug-25										
52.00%	59.50%	39.70%	88.20%										
42.	Number of Pathways of Care delayed discharges	Sep-25	12 month reduction trend	<b>176</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>155</td> <td>149</td> <td>176</td> <td>176</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	155	149	176	176
Jun-25	Jul-25	Aug-25	Sep-25										
155	149	176	176										
43.	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	Sep-25	90%	<b>92.5%</b> Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>92.2%</td> <td>94.1%</td> <td>97.7%</td> <td>92.5%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	92.2%	94.1%	97.7%	92.5%
Jun-25	Jul-25	Aug-25	Sep-25										
92.2%	94.1%	97.7%	92.5%										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Sep-25	90%	<b>58.6%</b> Below standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>53.9%</td> <td>53.8%</td> <td>53.9%</td> <td>58.6%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	53.9%	53.8%	53.9%	58.6%
Jun-25	Jul-25	Aug-25	Sep-25										
53.9%	53.8%	53.9%	58.6%										
45.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Jul/Aug 25	(Some system issues)	<b>6733</b>	In July and August we sent 31,442 texts								

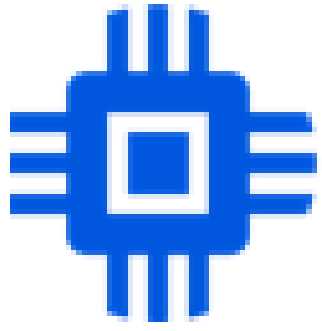
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No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
46.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Oct-25	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	<b>72 16</b> Below standard	Not on trajectory to achieve the reduction expectation number  On trajectory to achieve the reduction expectation number								
47.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Oct-25	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	<b>55.62 cases per 100,000 population</b> Below Standard <b>27.16 cases per 100,000 population</b> Above standard	On trajectory to achieve the reduction expectation rate  Not on trajectory to achieve the reduction expectation rate								
48.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Oct-25	25 cases per 100,000 population	<b>38.83 cases per 100,000 population</b> Above standard	Not on trajectory to achieve the reduction expectation rate								
49.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Sep-25	Reduction compared to the same month in the previous year	<b>34.7%</b> On standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>30.60%</td> <td>39.70%</td> <td>39.30%</td> <td>34.70%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	30.60%	39.70%	39.30%	34.70%
Jun-25	Jul-25	Aug-25	Sep-25										
30.60%	39.70%	39.30%	34.70%										
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Oct-25	12 month improvement trend towards national target of 95%	<b>67.13%</b> Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>65.96%</td> <td>65.23%</td> <td>64.58%</td> <td>67.13%</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	65.96%	65.23%	64.58%	67.13%
Jul-25	Aug-25	Sep-25	Oct-25										
65.96%	65.23%	64.58%	67.13%										
51.	Number of ambulance patient handovers over one hour	Oct-25	0	<b>147</b> Under standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>318</td> <td>36</td> <td>39</td> <td>147</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	318	36	39	147
Jul-25	Aug-25	Sep-25	Oct-25										
318	36	39	147										
52.	Percentage of ambulance patient handovers within 15 minutes	Oct-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	<b>17.64%</b> Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>11.78%</td> <td>18.08%</td> <td>25.20%</td> <td>17.64%</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	11.78%	18.08%	25.20%	17.64%
Jul-25	Aug-25	Sep-25	Oct-25										
11.78%	18.08%	25.20%	17.64%										
53.	Number of National Reportable incidents that remain open 90 days or more				No longer reported by NHS P&I								

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Shaping Our Future

**Digital  
Services**

# Digital & Health Intelligence

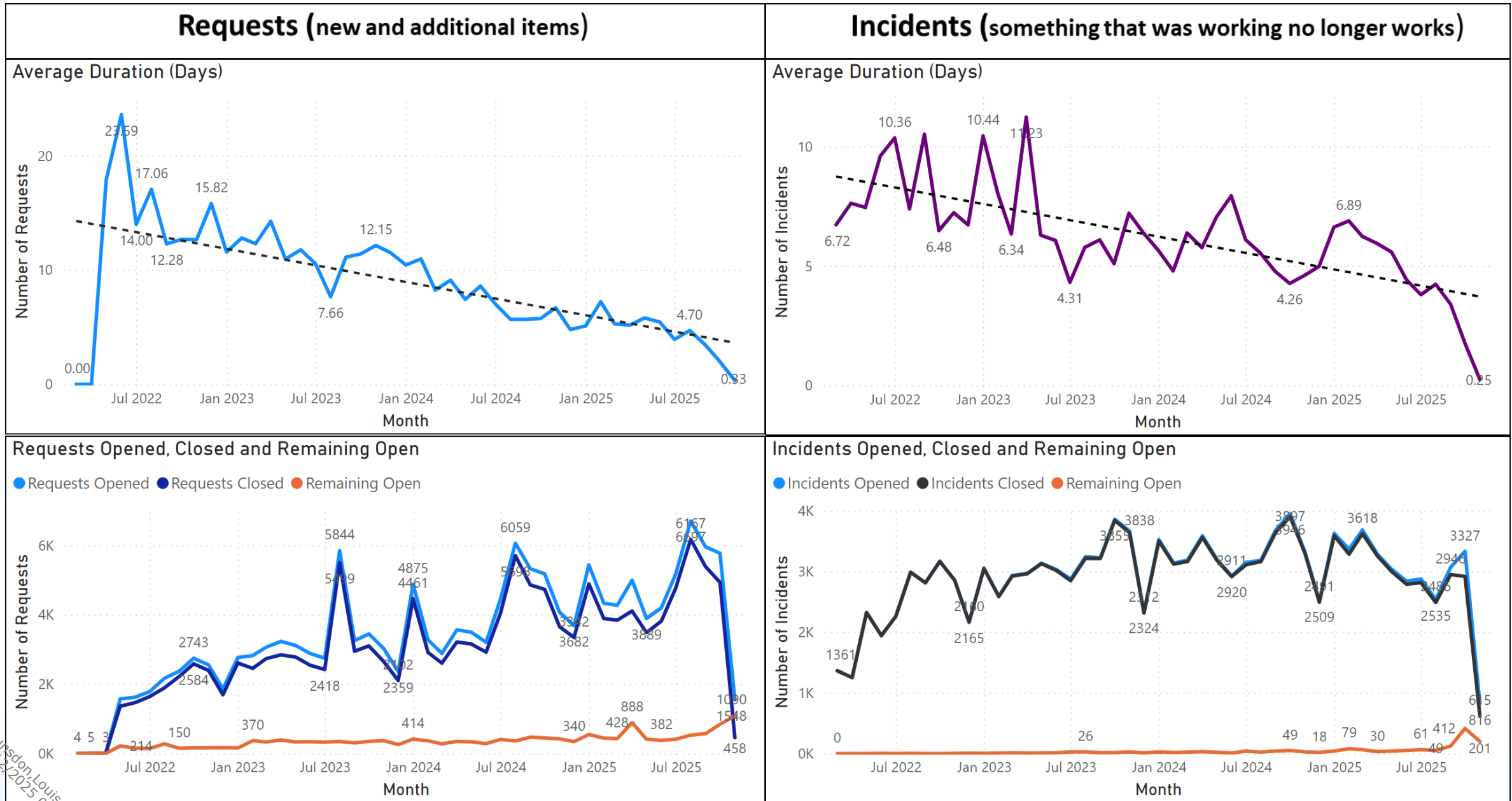
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## Executive Scorecard (Includes Service Desk)

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
<b>39321</b> Incidents Opened	<b>50046</b> Requests Opened	<b>32435</b> Incidents Opened	<b>52254</b> Requests Opened	<b>816</b> Incidents Opened	<b>1548</b> Requests Opened
<b>39004</b> Incidents Closed	<b>45578</b> Closed Requests	<b>31289</b> Incidents Closed	<b>45719</b> Closed Requests	<b>615</b> Incidents Closed	<b>458</b> Closed Requests
<b>317</b> Remaining Open	<b>4468</b> Remaining Open	<b>1146</b> Remaining Open	<b>6535</b> Remaining Open	<b>201</b> Remaining Open	<b>1090</b> Remaining Open
<b>5.61</b> Avg Duration (Days)	<b>7.30</b> Avg Duration (Days)	<b>4.90</b> Avg Duration (Days)	<b>4.58</b> Avg Duration (Days)	<b>0.25</b> Avg Duration (Days)	<b>0.33</b> Avg Duration (Days)

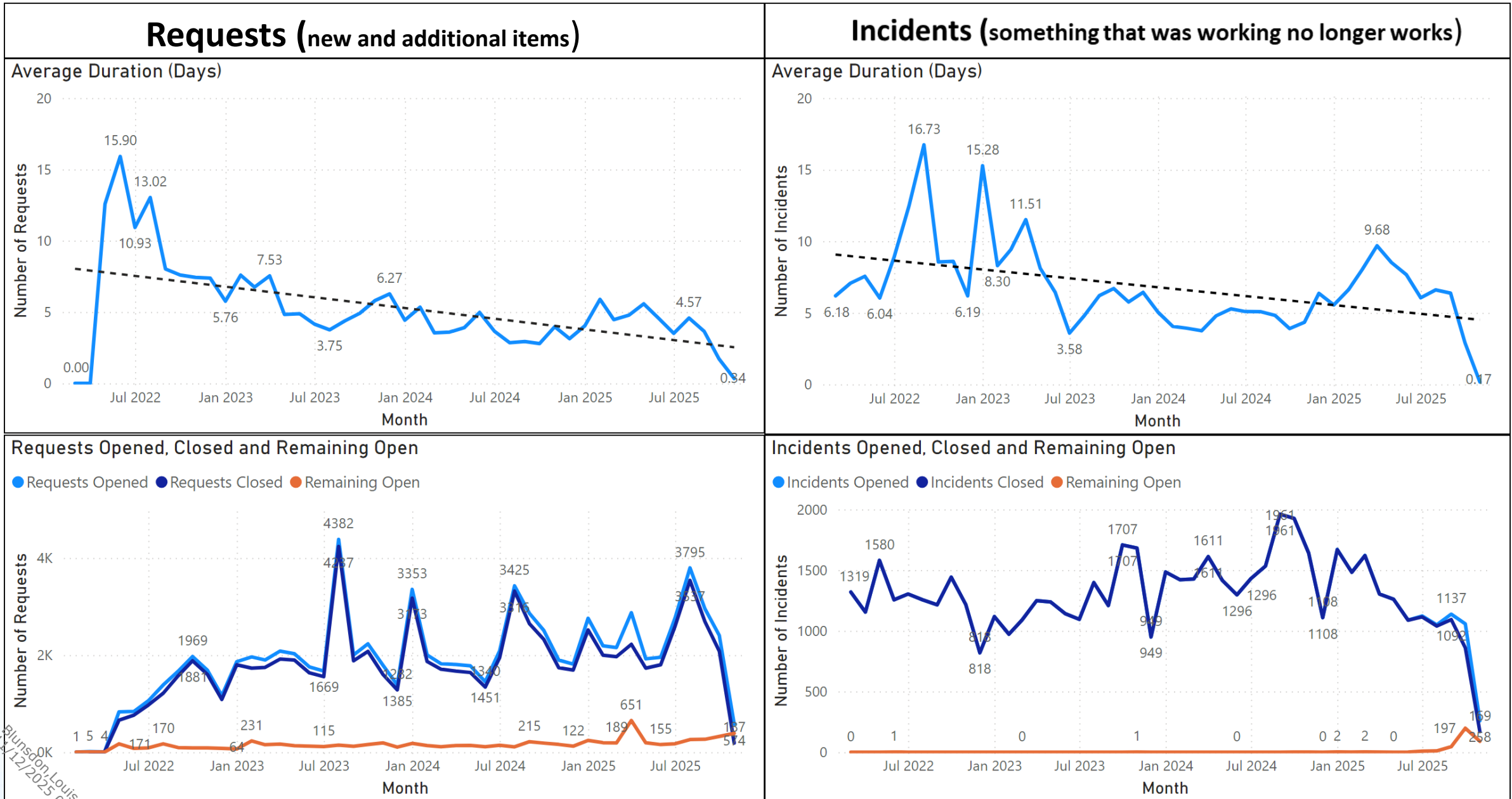


### Executive Trending

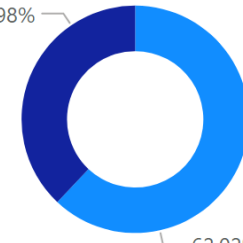
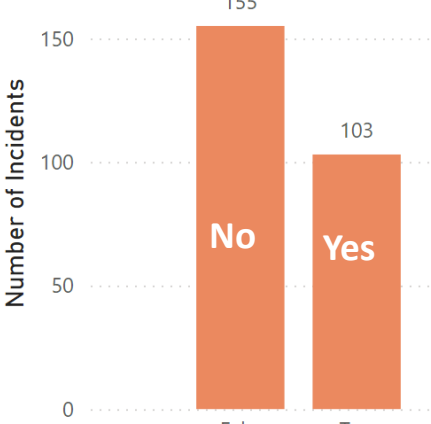
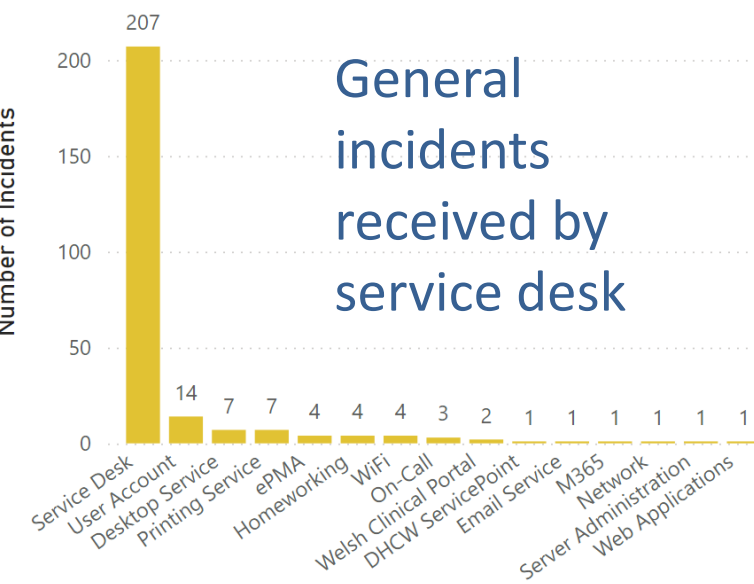
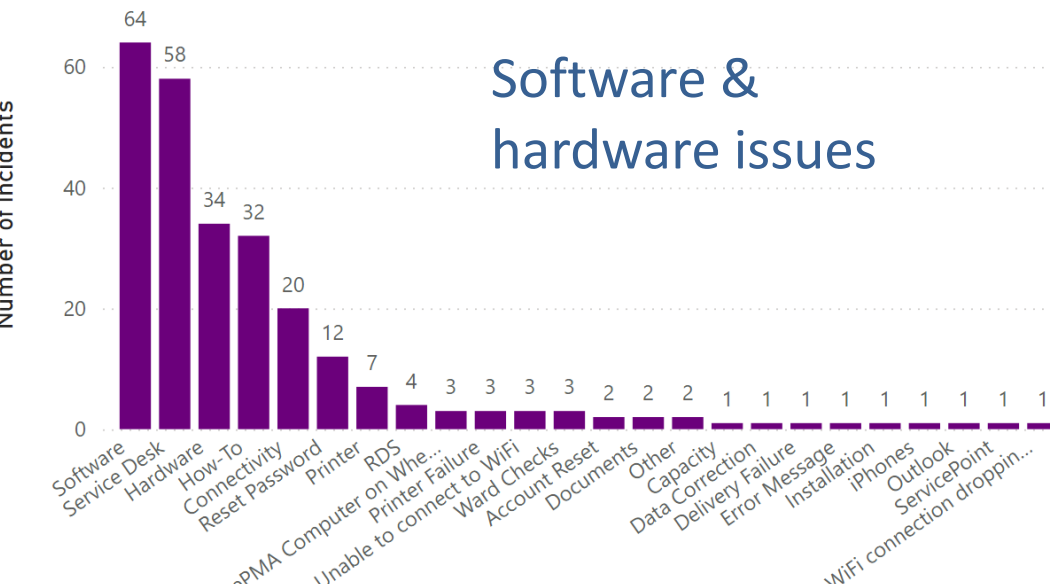


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## Service Desk Trending



# SUMMARY

<p>Date by Year</p>	<p>This month</p> <h2>258</h2> <p>Incidents Opened</p>	<p>Closed this month (Oct '25)</p> <h2>169</h2> <p>Incidents Closed</p>	<p>Incidents by Source</p>  <p>Source</p> <ul style="list-style-type: none"> <li>Phone</li> <li>Self Service</li> </ul>	<p>First Call Resolution</p>  <p>Number of Incidents</p> <p>First Call Resolution</p>
<p>Date By Month</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> March 2022</li> <li><input type="checkbox"/> April 2022</li> <li><input type="checkbox"/> May 2022</li> <li><input type="checkbox"/> June 2022</li> <li><input type="checkbox"/> July 2022</li> <li><input type="checkbox"/> August 2022</li> <li><input type="checkbox"/> September 2022</li> <li><input type="checkbox"/> October 2022</li> <li><input type="checkbox"/> November 2022</li> <li><input type="checkbox"/> December 2022</li> </ul>	<h2>0.17</h2> <p>Avg Duration (Days)</p>	<h2>89</h2> <p>Older then 30 Days</p>		
<p>OwnerTeam</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Badgernet</li> <li><input type="checkbox"/> BI Applications and Warehouse</li> <li><input type="checkbox"/> Cyber Security</li> <li><input type="checkbox"/> Digital Integration Development</li> <li><input type="checkbox"/> ePMA IT</li> <li><input type="checkbox"/> ISM Admin</li> <li><input type="checkbox"/> Network</li> <li><input type="checkbox"/> Paris</li> <li><input type="checkbox"/> PCIC</li> </ul> <p>Site</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At Home</li> <li><input type="checkbox"/> CRI</li> <li><input type="checkbox"/> Dental Hospital</li> <li><input type="checkbox"/> Llandough</li> <li><input type="checkbox"/> Parc Ty Glas</li> <li><input type="checkbox"/> Riverside Health Centre</li> <li><input type="checkbox"/> Treforest Industrial Estate</li> </ul>	<p>Incidents by Service</p>  <p>Number of Incidents</p> <p>Service</p> <p>General incidents received by service desk</p>	<p>Incidents by Category</p>  <p>Number of Incidents</p> <p>Category</p> <p>Software &amp; hardware issues</p>		

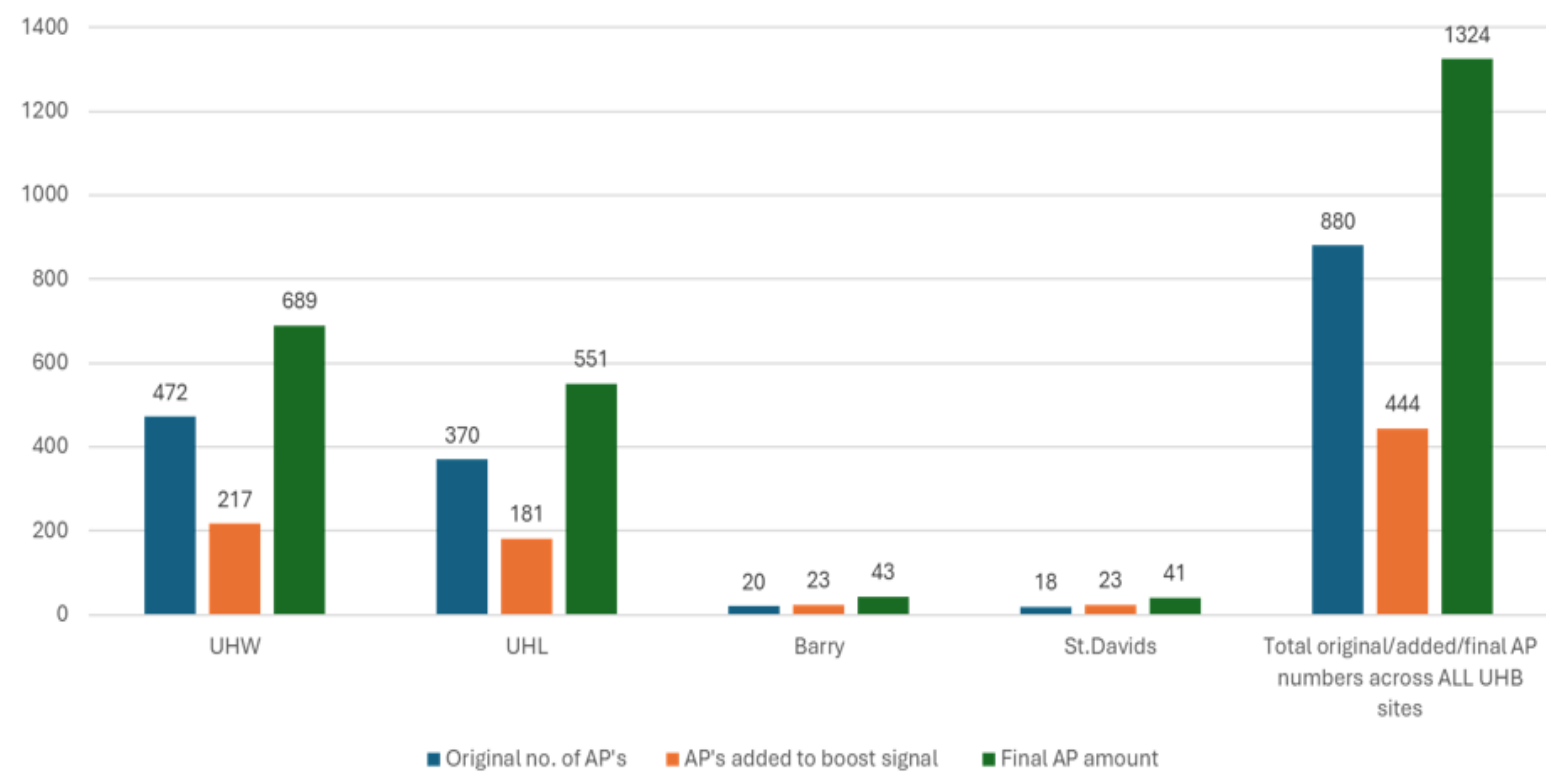
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# WiFi Project

## Current metrics on completed AP's (access points as of 10/11/2025)

Metrics on AP amounts added to boost signal across uHB site since start of project



\*Please note that a request was made by the ePMA team to add **circa 40 new locations** and swap existing locations from wider Wi-Fi categorisation on the database to ePMA areas – mainly under Mental Health CB and Outpatient locations which are due for completion before Summer 2026.

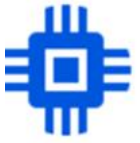
This has led to a change in the percentage amount of completed areas for ePMA. ePMA have also indicated that as lists of these areas are still being collated, there may be future additions and subtractions to these areas, which may continue to affect the total percentage amount represented above.

Total areas (including ePMA, wider Wi-Fi & CEF)	Total areas complete	% total of areas complete
198	82	41%

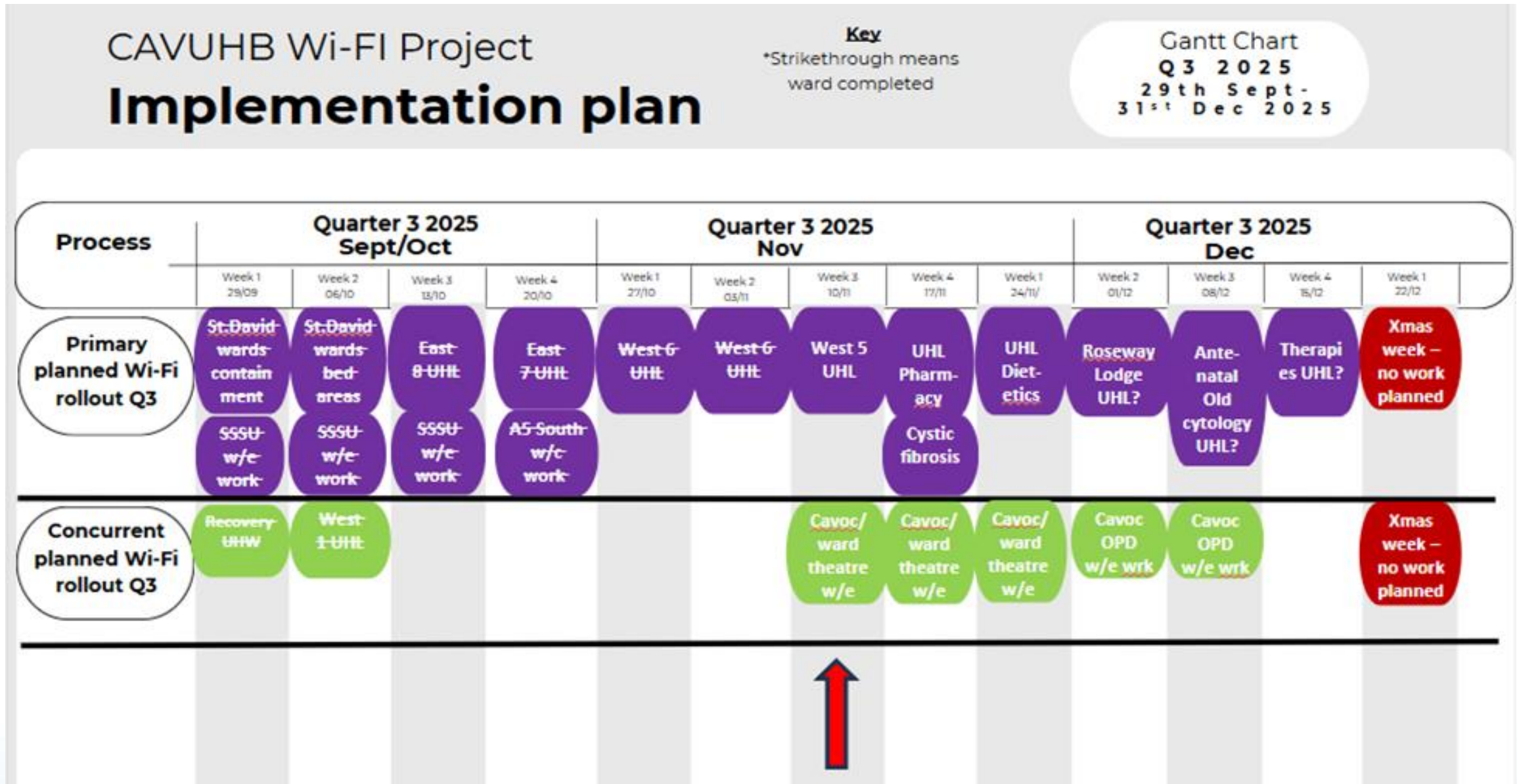
Total ePMA areas (ePMA only)**	Total areas complete	% total of areas complete
*130	69	53%

Total wider Wi-Fi/CEF areas: (CEF & wider Wi-Fi only)	Total areas complete	% total of areas complete
*68	13	19%





# Phase 5 Wi-Fi work schedule

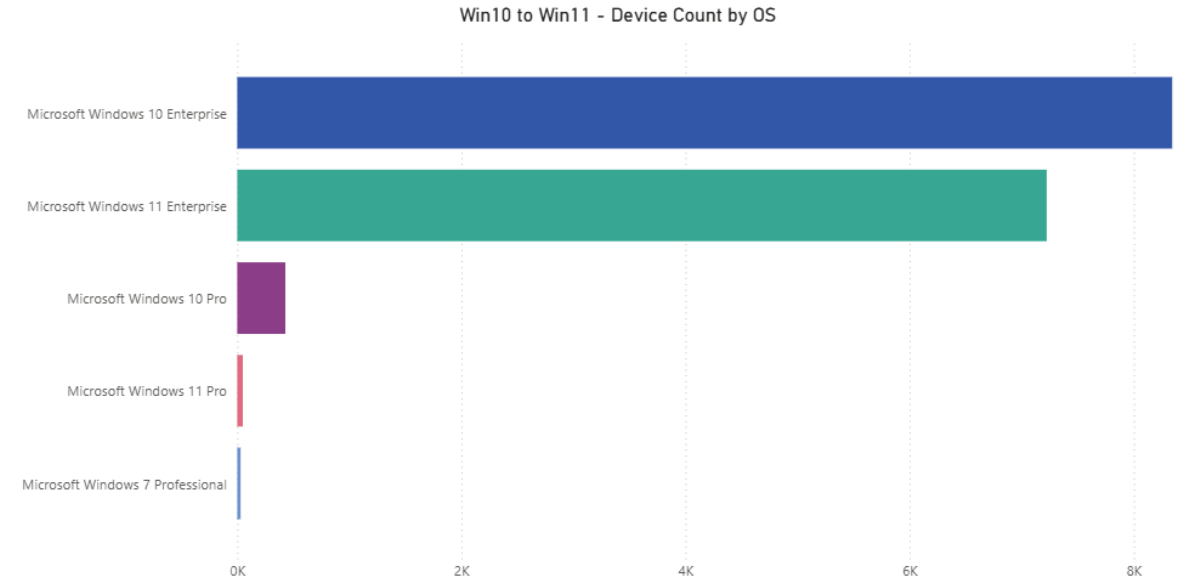


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## Windows 11 Project

Progress continues with the UHB device upgrades to Windows 11. Over 7,200 devices are now running Windows 11 which is over 45% of CAV networked devices.

The team have been focusing on upgrading the existing compatible devices and this has resulted in a sharp increase in upgrades. Over 3,500 devices were upgraded in October.



Win 11 Migration Rate %

**45.27%**

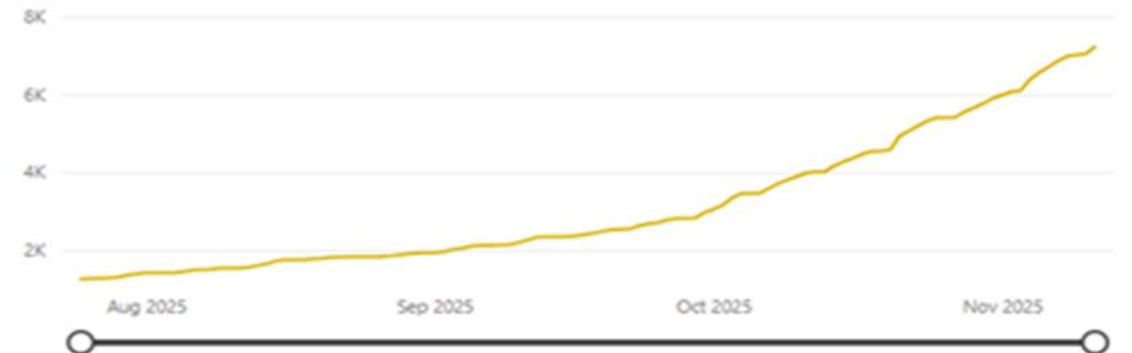
### PCs with windows 11

Details History Time period Connections

7.22K/16.11K

At risk

+ 941.00 Weekly



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