Local Partnership Forum

Tue 10 February 2026, 13:00 - 15:00

MS Teams

Chair: Rachel Gidman

Agenda

13:00 - 13:01 1 min
1. Welcome and Introductions
Rachel Gidman

13:01 - 13:02 1 min
2. Apologies for Absence
Rachel Gidman

13:02 - 13:03 1 min
3. Declarations of Interest
Rachel Gidman

13:03 - 13:07 4 min
4. Minutes of the Meeting held on the 17th December 2025
Rachel Gidman

4. LPF minutes 17.12.2025 - draft.pdf (10 pages)

13:07 - 13:10 3 min
5. Action Log
Rachel Gidman

5.LPF Action Log 17.12.2025.pdf (2 pages)

13:10 - 13:25 15 min
6. Estates Infrastructure - Risk Response & Planning
Geoff Walsh

6. Estate Infrastructure - Risk Response & Planning.pdf (32 pages)

13:25 - 13:40 15 min
7. Clinical Services Plan
Natasha Goswell & Vicky Le Grys

13:40 - 13:55 15 min
8. Remodelling of Mental Health - 36 Degrees
Alex Lewis

13:55 - 14:15 20 min
9. Chief Executive Update
Paul Bostock

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14:15 - 14:30 15 min
10. Improving Attendance at Work Update
Katrina Griffiths & Terrie Waites

10. Improving Attendance at Work Update - Stress Anxiety and Depression.pdf (7 pages)

14:30 - 14:40
10 min

11. Approval of Recommendation on Trade Union Staff Safe Spaces - Rules of Engagement (carried forward from previous meeting)

Dawn Ward

- 11. Safe Space 25 Board Committee Covering Report.pdf (3 pages)
- 11.1 Safe Space Rules of Engagement.pdf (2 pages)
- 11.2 Safe Space Poster 2025.pdf (1 pages)

14:40 - 14:43
3 min

12. Integrated Performance Report

ED of Public Health, Executive Nurse Director. ED of People & Culture, Chief Operating Officer, ED of Finance

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

- 12. Integrated Performance Report.pdf (47 pages)

14:43 - 14:44
1 min

13. EPSG Minutes

Rachel Gidman

- 13. EPSG Minutes.pdf (5 pages)

14:44 - 14:45
1 min

14. Review of Meeting (items to be brought to the attention of the Board)

Rachel Gidman

14:45 - 14:45
0 min

15. Any other business previously agreed with the Co-Chairs

Rachel Gidman

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LOCAL PARTNERSHIP FORUM MEETING
Wednesday 17th December 2025 at 9am, 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
Mike Jones	Independent Member
Lianne Morse	Deputy Director of People and Culture
Cyrille Legras	UNISON
Andrew Gough	Deputy Director of Finance
Suzanne Rankin	Chief Executive Officer
Lorna McCourt	UNISON
Bill Salter	UNISON
Jason Roberts	Executive Nurse Director
Ceri Dolan	RCN
Alexandria Porter	RCN
Karina MacKay	BDA
Jonathan Pritchard	Assistant Director of People Resourcing
Janice Aspinall	UNISON
Ceri Dolan	RCN
Katherine Davies	RCN
Jason Roberts	Executive Nurse Director
Emma Cooke	Executive Director of AHPs, Health Scientists & Community Services

In attendance	
Alaistair Mitchell-Baker	Director, Tricordant
Victoria Le Grys	Programme Director, Strategic Clinical Redesign

Apologies	
Jonathan Strachan-Taylor	GMB
Claire Beynon	Executive Director of Public Health
Matt Phillips	Director of Corporate Governance

Secretariat	
Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)

LPF 25/068 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed everyone to the meeting and apologies for absence were noted. DW gave thanks to Mike Jones (MJ) for his dedicated service to the LPF and wished him well in his retirement. Further appreciation was given for MJ's leadership of the staffside group over many years and his recent service on the Board as independent-Trade Union.

LPF 25/069 DECLARATIONS OF INTEREST

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

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LPF 25/070 MINUTES OF THE PREVIOUS MEETING

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

LPF 25/071 ACTION LOG

The action log was reviewed and approved.
Rachel Gidman (RG) informed the forum that the staff survey results are expected in January 2026 with dashboards available in February 2026.

LPF 25/072 STAFF SAFE SPACES – RULES OF ENGAGEMENT

DW provided an update on the Trade Union Safe Space Events.

- The Safe Space initiative provides staff with confidential channels to voice concerns, regardless of union membership.
- Safe Space events have been running for over 18 months in response to staff requests for confidential conversations. The approach includes neutral venues, various communication methods, and clear rules of engagement to set expectations and emphasise confidentiality.
- The forum was asked to note and support the Safe Space approach and its ongoing development.

RG noted that, although the Trade Union approach remains effective, the organisation is placing greater emphasis on culture. She added that future actions should be guided by staff experiences and insights from multiple data sources to ensure a well-rounded understanding of organisational development.
DW agreed with this approach adding that the safe space events would serve as an additional route for staff support, with ongoing promotion of the Speaking of Safety platform.
RG queried if there have been concerns about whether people feel safe in these forums and if so, have they been acknowledged and addressed.
DW stated that engagement rules are reviewed at each session to remind participants to listen respectfully and keep stories private. Absolute confidentiality is not guaranteed, so those with concerns should leave; staying implies acceptance of the guidelines.

The Local Partnership Forum was asked to approve the establishment of Trade Union Safe Space Events and support communication and engagement plans to promote participation. Rachel Pressley (RP) informed the Forum that as the meeting is not quorate, the group are unable to formally approve this recommendation or the rules for engagements, although the Terms of Reference did allow the Forum to continue discussing the matter for information and future consideration. It was agreed that in accordance with the terms of reference, the proposal will be put forward as a recommendation at a future meeting.
Action: LB

LPF 25/073 CHIEF EXECUTIVE UPDATE

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

Winter Respiratory Virus Programme: SR thanked the Local Partnership Forum for encouraging staff vaccinations as nearly 60% coverage had been reached. Flu cases are rising earlier than usual, likely indicating a tough season ahead. RSV cases in children are increasing, but the school nasal spray vaccination programme is ongoing to help reduce risk.

Staff Survey 2025: Staff survey engagement rose to 34.4% this year, an increase from 26.8% in 2024 and 21.9% in 2023. SR explained that this progress is notable given ongoing organisational

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challenges and concerns about staff engagement and well-being. SR gave thanks to the LPF for its support in encouraging participation.
SR sought guidance from LPF on the most effective ways to implement and respond to the staff survey results. She encouraged collaborative efforts throughout the Health Board to tackle the issues highlighted in the survey, stressing the need to review and act on the feedback provided.

Infection, Prevention & Control (IP&C): An IP&C programme has been launched to address seasonal respiratory virus challenges and protect patients, staff, and the wider community Mandatory mask wearing has been implemented in some areas of the organisation, and in areas where patients are vulnerable.

Organ Donation: A reminder was given that Wales operates an opt-out system for organ donation, encouraging everyone to ensure their wishes are recorded through this mechanism.

All Wales Prehabilitation Symposium 2025: This was held in October and brought together colleagues from across Wales to discuss improving patient fitness before treatment, mainly for cancer but applicable to all care pathways. Patients shared their experiences, and there was a strong call to implement these approaches more systematically across Wales. SR also referenced the Metastatic Cancer Patient Wellbeing Day which showcased innovative treatment for perineal cancer, with patients living longer than expected and highlighted the strong leadership from a dedicated consultant.

NHS App: The NHS app has been expanded to allow patients to view their booked appointments and referrals. Deployment of this new feature is planned for January. SR emphasised the importance of continuing to build strong digital foundations within the organisation.

Estate and Infrastructure: SR informed the group that the team has successfully secured national capital slippage funding for refurbishment and improvement projects.
SR referred to the infrastructure failures, the most serious being a UPS (uninterruptible power supply) failure in intensive care which necessitated the relocation of several patients and sadly one patient died. Remediation works to address the recent UPS failure in intensive care are underway and expected to complete in January. The team is working closely with critical care consultants, who remain concerned about power supply reliability. The organisation has responded to a Prevention of Future Deaths notice, outlining immediate continuity and escalation mechanisms for future infrastructure risks, and is taking steps to build greater resilience and safety in patient care environments. It was emphasised that infrastructure challenges can cause harm and these issues are being addressed transparently.
SR informed the group that a new acute and complex care building is being proposed for the University Hospital of Wales, with Welsh Government support for further development and if approved, could open in 7–10 years. She also noted that an estates survey is due to report in January, which will help prioritise critical infrastructure risks and inform future planning.

Cardiff Health Partners: This has been launched as a strategic partnership between the University, the Health Board, and Velindre, aiming to form an academic health alliance. The goal is to attract clinical research, investment, and create roles in health, technology, and science, while improving care quality and outcomes. The partnership has board approval for next steps, with a formal launch and business case development to follow.

Planning for 2026-2027: Annual planning for next year is underway, but there are significant financial challenges ahead. The organisation faces a large projected deficit due to increased costs,

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activity growth, and inflation, with no clear solution yet for delivering a balanced plan. Support from all is needed to address these pressures.
Mathew Thomas (MT) queried how the organisation will manage communications with staff during a period of restructuring and uncertainty. He highlighted the concern that messages regarding organisational changes are already causing staff anxiety about their jobs. MT requested clear, regular, and positive communication to keep staff informed and reassured throughout the year, as well as to provide hope and transparency about future developments.

SR agreed with the point made around communication and staff reassurance. She explained that the organisational redesign is not expected to result in a large-scale reduction of staff. She added that staff can be reassured that widespread job cuts are not anticipated, as such measures are costly and not seen as effective for the organisation's needs. SR commented that there is optimism for the future, with positive collaboration seen at the recent Clinical Services Plan Workshop and staff are encouraged to join upcoming workshops to help shape the organisation's future direction.

Katherine Davies (KD)expressed the concern of increasing staff absences due to work-related stress and queried what is being done to improve organisational psychological safety. She explained that Trade Union reps are not being involved proactively, feel that staff management lacks kindness, and there is a perceived culture of punishment rather than education, with too many disciplinaries. This ongoing issue is causing fear among staff and is seen as a significant, costly problem. SR queried where the perception of a punitive culture originates and Ceri Dolan (CN) explained that staff perceive that even minor mistakes, once dealt with, can be brought up again even when not directly relevant to new issues.

SR explained that the aggregated sick ness rate is about 6%, with detailed breakdowns available and proposed that the LPF should conduct a joint deep-dive into the sickness and disciplinary data. SR suggested collaboratively analysing the available data in detail, rather than relying solely on personal experiences, to gain a clear understanding of the situation. Based on this shared analysis, the group can then develop an informed plan to address any issues identified.
DW commented that the new disciplinary policy is expected to help improve current trends and should be implemented by February. SR added that this would be an appropriate time to carry out a detailed review once the policy is in place.
Action: Leanne Morris

Targeted Intervention & Public Accountability Meeting: SR informed the group that the Cabinet Secretary has announced that the organisation will remain in the targeted intervention status. The appointment of a Turnaround Director was also announced with SR explaining that this was unexpected as previous discussions with the Director General suggested support in the form of an Improvement Director for cultural work.

Senior Medical Staff Committee (SMSC) Correspondence:
A letter from the SMSC and the organisation's response were made public and discussed at the public accountability meeting. An offer has been made to meet with the SMSC to further address their concerns, and ongoing engagement is encouraged.

SR concluded by thanking colleagues for their hard work and support over the past year and wished everyone well for the festive season

LPF 25/074 ORGANISATIONAL REDESIGN

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Alastair Mitchell-Baker (AMB) from Tricordant, who are working with the UHB to support the redesign process, provided an update on the organisational redesign work. The main points included:

- A diagnostic discovery process has been completed, involving document review and extensive staff engagement, resulting in 7 key themes for organisational improvement. These include: resetting decision-making and accountability, strengthening leadership structures, building effective teams for commissioning and pathway management, supporting integration across services, enabling corporate teams to support the frontline, fostering external partnerships, and advancing data and digital transformation. These themes have been tested with senior leadership and are now being developed further through a co-design process, including workshops with a cross-functional design team.
- The most significant challenge identified is achieving sustainability, in the context of rising demand, constrained resources, and technological change.
- The first co-design workshop focused on empowering decision-making closer to service delivery with more workshops are planned after Christmas, including a "workshop in a box" concept to enable wider staff participation.
- The design process is ongoing and will continue to evolve as new insights emerge

Peter Hewin (PH) agreed that sustainability is recognised as the key issue, with staff expressing that change is necessary. He added that Staff and Trade Unions are integral to organisational change and expressed the importance of involving staff in the change process.
PH disagreed with Trade Unions being referred to as external stakeholders in the Discovery Paper expressing the view that they are embedded in the Clinical Boards. AMB apologised and acknowledged that Trade unions should be considered as internal, not external stakeholders and will correct this in the next version of the Discovery report. He explained that the team are open to various ways of gathering Trade Union input, including open conversations, written feedback, or co-design workshops, and are happy to support whichever method colleagues find most helpful. PH and DW agreed that a Co-design workshop would be preferable.
Action: AMB

MT queried what work has been done as part of the discovery process regarding Capital Estates and Facilities. AMB explained that the focus has been on clinical service delivery, with the understanding that support and corporate services (including Estates and Facilities) need to be aligned to enable this. Limited discovery work has been done on Estates and Facilities to date, but more is planned for the next phase, which will be led by Helen Blanchard.
MT also queried the pace of organisational change and asked whether a faster, more decisive approach to change would be more effective. He also asked if any experiences can be shared regarding the risks and benefits of prolonged versus rapid organisational change.
AMB explained that the Discovery report incorporates both staff and external feedback. Major structural changes can distract leaders from core priorities, so a balanced, accelerated approach to change is recommended over rapid overhauls. The design process should find the right balance between swift change, sustainability, and effectiveness, especially for prevention and primary care.

Lorna McCourt (LM) commented that positive feedback was noted in the Discovery report regarding the effectiveness of the Finance and HR business partners within Clinical Boards and suggested that these positive experiences be shared and built upon in future co-design workshops, to help others learn from what is working well. She noted a discrepancy in the reported staff numbers: the executive summary mentions around 17,000 staff, while elsewhere approximately 18,500 are quoted and requested clarification on this difference.
Action: AMB

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AMB responded and explained that most health and care organisations face financial and cultural challenges, and Cardiff is no exception. Some issues in Cardiff are more visible due to local politics and public profile. Compared to many English trusts, Cardiff is described as well-organised, with friendly and helpful staff. Despite many positives, Cardiff faces a significant £60 million financial problem that is expected to worsen, alongside ongoing concerns about health outcomes. He acknowledged the discrepancy in staff numbers and will seek clarification.

RG explained that the positive feedback regarding HR and Finance relates to the effectiveness of the business partner model within Clinical Boards and commented whether a similar model could be beneficial for digital services. She also reiterated that consistency in reporting staff numbers is important and suggested using whole time equivalent (WTE) figures in reports to avoid confusion of different numbers.

PH referred to the frequent reference to the "triumvirate" leadership model and expressed the opinion that this feels alienating to staff who are not doctors or nurses, such as occupational therapists and other allied health professionals (AHPs). This terminology is seen as excluding significant parts of the healthcare team who are crucial to service delivery. He suggested using more inclusive terminology that better reflects the diversity of roles within the organisation.
AMB explained that the term "triumvirate" refers to multidisciplinary, multi-professional leadership, not just a doctor, nurse, and manager. The composition can vary by setting and may include allied health professionals or scientists. The importance of using inclusive language was emphasised to ensure no one feels excluded.

Emma Cooke (EC) explained that there are currently some multi-professional leadership roles and there is openness to evolving these roles so that they are not limited to specific individuals or professions. She added that the redesign process is an opportunity to reflect on and broaden multi-professional leadership throughout the organisation.

LPF 25/075 WORKFORCE GROWTH

Jonathan Pritchard (JP)provided the update, the keys points included:

- Reviewed changes in admin and clerical staff bands 8A, 8B, 8C, 8D, and 9, over the past few years with Band 8As increasing by 17 and Band 8Cs by 15 since November 2022.
- Growth in higher bands is not solely due to new posts; it includes regradings (e.g., Band 7 to 8A), externally funded secondments (notably in digital/IT), and transfers such as the Medax team and posts from Public Health Wales.
- For nursing, Band 9 roles increased from 1 (Nov 2022) to 10 last year, then down to 9, mainly due to rebanding of directors of nursing.
- Minor changes noted in healthcare scientist bands.

RG informed the group that JP and his team have been closely analysing staff growth figures, which were initially quoted as 2,000. This number was refined, with 1,000 attributed to service developments and interventions, and a further reduction of 500 after accounting for factors like JCC and Welsh Government funding. The team continues to review and break down these figures in detail, with the aim of providing increasingly accurate information to all stakeholders.

PH requested clarification on workforce messaging and explained that staff have received mixed messages regarding workforce numbers. Last year, the rationale for the vacancy freeze was that there were too many staff and reductions were needed. However, recent discussions suggest that this approach may not have worked, raising questions about what the current message to staff should be regarding workforce levels. He also informed the group that there is confusion over the definition of "admin and clerical" staff. Trade unions typically refer to bands 2-3 as admin and

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clerical but the current classification includes roles up to band 9, which is surprising and potentially confusing. There is a suggestion to consider alternative terminology that better reflects the full range of work covered by these roles.
JP explained that the term "admin and clerical" is broad as it includes not just traditional admin roles, but also counsellors, senior management, clinical delivery posts in public health, and executives. This categorisation is based on a national NHS definition used across England and Wales, which divides roles into 7 staff groups. JP offered to share the official breakdown.
Action: JP

JP acknowledged the messaging to staff has been mixed especially regarding workforce numbers but explained that the Health Board's position is to keep reviewing all roles for potential savings, while also explaining that some staff increases are due to specific, necessary projects or service transfers. JP gave the example of the Medax transfer which resulted in a significant saving and allowed for Business Partners to be allocated to each Clinical Board. JP added that regular, clear communication about what roles are included in each group is needed to help staff understand the bigger picture.

DW explained that while efforts to reduce agency, temporary, and variable pay costs have been financially successful for the Health Board, these changes have also caused upset among staff—particularly due to restrictions on overtime and a preference for using bank staff. She agreed the decisions are logical for finances and job security, but noted staff feel confused and frustrated which is made worse by the lack of clarity over whether the organisation is overstaffed and despite some reductions in headcount, it is unclear what the true aspiration or direction is.
JP responded by explaining that staffing decisions within the organisation are complex and cannot be addressed with a one-size-fits-all approach. He gave the example of the migration of Windows 10 to Windows 11 as it is essential to recruit additional staff to ensure the transition is successful and systems remain operational. This type of recruitment is often centrally funded and necessary for the organisation's functioning. Similarly, bringing in staff through service transfers can sometimes save money compared to outsourcing to private companies. Overall, while the concerns about workforce numbers are understood, there are valid exceptions where increasing staff is justified due to operational needs or cost savings. Each situation must be considered on its own merits

DW added that staff and TU representatives struggle to understand the Health Board's approach to workforce management due to inconsistent recruitment practices and unclear risk mitigation strategies. This ongoing uncertainty makes it difficult to communicate a coherent message about workforce planning and organisational direction.
CD expressed the concern of the frontline clinical staff regarding the growth of senior roles, how they feel unsupported by higher bands, and are confused by the broad definition of admin roles. She explained that addressing these perceptions and improving support from senior staff is seen as crucial for staff morale and engagement with organisational changes.
JP explained that the number of nursing vacancies has reduced—from 489 vacancies a few years ago to none currently and this improvement should be felt positively at ward level. However, he recognised that negative perceptions about senior roles persist and may undermine their value. He suggested that these issues are likely to appear in the staff survey and emphasised the need for better communication and engagement to address such concerns, as it is not the intention for staff to feel unsupported.

RG explained that the overall workforce situation remains fluid, largely due to the absence of a well-established model for workforce planning. She highlighted the notable achievement in nursing recruitment, as there are currently no nursing vacancies – a success that ought to be communicated more broadly. However, she also pointed out persistent concerns regarding the high sickness rates

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among healthcare support workers and nurses, emphasising the need for better support both for those able to return to work in alternative roles and for those who cannot. RG noted that reducing staff numbers is challenging without a fundamental redesign of services, such as closing wards or beds, and that simply cutting posts is not an effective solution. She noted that the responsibility for scrutinising jobs and managing costs has been delegated to the Clinical Boards, who must ensure decisions remain within budget. This more devolved approach was recently evidenced when 235 jobs were advertised in a single week. Finally, RG stressed the importance of promoting and enhancing career pathways for administrative staff, making clear that there are significant opportunities for progression in both non-clinical and clinical roles.

PH requested clarification regarding the current status of recruitment, cost reduction and messaging given conflicting messaging from official reports and leadership statements.
RG explained that the Clinical Boards have worked hard and achieved successes towards the organisational targets. She noted that recently, responsibility for recruitment and vacancy decisions has been delegated back to the clinical boards and that there may be a delay in official reports reflecting this change, which is why some communications seem inconsistent. RG acknowledged the delay in reporting and apologies were given for any confusion caused by information being "hot off the press".
Andrew Gough (AG) explained that reactive decisions result from unclear planning at the start of the year and a lack of a coordinated strategy leads to disruptive staffing moves with little effect on overall numbers. He added that effective workforce management and a clear, shared plan are needed to ensure both financial sustainability and staff wellbeing
DW acknowledged that there is widespread agreement on the need for a robust, well-structured workforce plan and for staff and Trade Union representatives to be actively involved in developing this plan, ensuring it addresses both organisational needs and staff welfare.

Lianne Morse (LM) referred to the Integrated Performance Report and explained that it was written before the decision to return accountability for vacancies to the Clinical Boards. This will be updated in the next version of the report. LM explained that over the past two years, there have been ongoing efforts to reduce the workforce, with various target numbers discussed, but these reductions were not based on a clear service plan and has not been effective.
LM added that between February and August, the workforce was reduced by around 200 full-time equivalents, mainly due to the vacancy freeze. However, this reduction was expected to be temporary, influenced by the timing of graduate recruitment. Workforce numbers have since stabilised, and without a clear service plan, it remains difficult to develop a robust workforce plan—contributing to ongoing confusion over staffing levels

KD asked for confirmation that there are no nursing job vacancies.
JP explained that around 170 student nurses were recruited to fill vacancies this year across Clinical Boards and there were some initial concerns about having enough positions. However, staff turnover continues at about 25–30 nurses per month due to retirements and other reasons, and future intakes may again raise concerns about available posts. Turnover rates have dropped significantly since COVID-19, making workforce planning more challenging as the situation continues to change.
LM added that the decision was made to recruit nurses to 100% of establishment levels to reduce reliance on agency and temporary staff. As a result, overall nursing numbers are now above 100%, although some specialities still have vacancies due to hard-to-fill posts. At the Health Board level, there are currently no overall nursing vacancies, and work is ongoing to forecast whether future cohorts can be accommodated, in collaboration with HEIW.

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LPF 25/076 CLINICAL SERVICES ENGAGEMENT PLAN

Victoria Le Grys provided the update, the keys points included:

- Planning is centred on people, relationships, colleagues and partnerships which are critical to success.
- The current planning phase is the beginning of an ongoing process. Work will continue intensively over the next 12 months to develop detailed service, digital, estates, and people plans.
- The clinical services plan is a high-level blueprint for the organisation's future model of care and will guide long-term strategy, but it will not detail every service change.
- The plan will guide delivery of strategic objectives and enable collaborative, long-term thinking across the organisation and will inform and align with other strategic plans such as Population Health and People and Culture. Organisational redesign and transformation programmes are also key components.
- Engagement is a priority: over 1,000 voices have contributed so far, and staff, partners, and the wider population are being actively involved through workshops and blended engagement methods.
- The process is designed to be collaborative, transparent, and responsive to feedback, with ongoing opportunities for involvement up to and beyond the plan's launch in Spring.

RG informed the group that the refresh of the People and Culture plan has been delayed ensuring it aligns with the Clinical Services Plan. Workforce requirements and actions will be determined once service pathways and plans are established, with further developments expected in the new year.

EC asked whether there are any groups who feel they have not been engaged with as efforts are ongoing to attend meetings and ensure everyone has a chance to participate. The recent event was notably inclusive, bringing together a wide range of staff in a way not previously done, and was considered a great success.

PH queried how to balance the plan's emphasis on community resilience and self-management with the reality that most people want more services and faster access. EC explained that when engaging with people, it's clear they value both quick access to services and the ability to live well and independently. By focusing on optimising health and preventing emergencies, demand on urgent services can be reduced. The challenge is to balance access with supporting people to be as healthy as possible. This theme will be further explored in the next workshop on 16 January, which will look at aligning organisational redesign with the clinical services plan to create a more integrated approach.

LPF 25/077 INTEGRATED PERFORMANCE REPORT

The integrated performance report was taken as read, with several sections already referenced during the meeting.

LPF 25/078 REVIEW OF THE MEETING

No comments were raised.

LPF 25/079 ANY OTHER BUSINESS

No other business was raised.

LPF 25/080 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Thursday 12th February 2026 from 11am with a staff representatives pre-meeting at 9:45am.

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

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Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
ACTIONS IN PROGRESS					
LPF 25/073	17/12/2025	CHIEF EXECUTIVE UPDATE	To coordinate a deep dive in collaboration with the RCN into disciplinaries / sickness and review at an LPF meeting.	Leanne Morris	It was agreed by the Co Chairs for Leanne Morris, Head of People Services, to meet with the RCN to discuss specific concerns. A paper is to be brough to a future LPF meeting on the Case Management system.
COMPLETED ACTIONS					
LPF25/074	17/12/2025	ORGANISATIONAL REDESIGN	To request further information regarding the request from Staff Side for Co-design workshops	Alastair Mitchell-Baker (Tricordant)	Key information about design workshops is available on the Organisational Redesign SharePoint Page. Due to limited space, these workshops are not open-invite, but managers and staff colleagues are encouraged to organise local sessions using the provided resources on the SharePoint page.
LPF25/074	17/12/2025	ORGANISATIONAL REDESIGN	To provide clarification on the staff numbers reported.	Alastair Mitchell-Baker (Tricordant)	Clarification on staff numbers provided by AMB: According to ESR data, as at 30/11/2025, there are 17,742 employees, equating to 15,353.4 FTE, as reflected in the organisational design modelling. Please

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					note, these figures exclude resident doctors, who are employed centrally in Wales.
LPF 25/075	17/12/2025	WORKFORCE GROWTH	To share the national NHS definitions of the staff groups with the Forum.	Jonathan Pritchard	Document emailed to the group on the 19/1/26.
LPF 26/072	17/12/2025	STAFF SAFE SPACES – RULES OF ENGAGEMENT	To reschedule the approval of the recommendation proposed, at a future LPF Meeting.	Louise Blunsdon	Item scheduled for review at the LPF meeting on the 10/2/26.

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Estate & Infrastructure Risk, Response & Planning

Local Partnership Forum

Tuesday 10th February 2026

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Objective of the discussion

- Overview of the report which provides an overview an overview of the challenges facing the Health Board in relation to the management of its Estate & Infrastructure, including:
  - the risks identified on the corporate and Capital, Estates & Facilities (CEF) register
  - the development of the estate compliance programme
  - the level of funding available for 23/24 and 24/25 and the capital programme associated with the respective years
  - the funding available for 25/26, the current capital programme and the progress of each scheme
  - the details and progress of the Estate condition survey, which will provide detailed identification of the condition and remaining life expectancy of the infrastructure, together with anticipated costs
  - the option for future development at UHW and the development of a vision document

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Setting the Context

- The condition of the CAV Estate is well documented, and the frequent failures has an impact on our patients, staff & visitors

NHS Organisation	Total GIA (m2)	Total Building and Mainteance	Cost m2
Aneurin Bevan University Health Board	358174	£ 11,499,447.00	£ 32.11
Betsi Cadwaladr University Health Board	406141	£ 18,444,138.00	£ 45.41
Cardiff and Vale University Health Board	401326	£ 6,852,005.00	£ 17.07
Cwm Taf Morgannwg University Health Board	301019	£ 10,321,551.00	£ 34.29
Digital Health and Care Wales	18235	£ 669,628.00	£ 36.72
Health Education and Improvement Wales (HEIW)	3000	£ 85,480.00	£ 28.49
Hywel Dda University Health Board	191918	£ 9,071,567.00	£ 47.27
Powys Teaching Health Board	50191	£ 1,430,170.00	£ 28.49
Public Health Wales	12348	£ 150,283.00	£ 12.17
Swansea Bay University Health Board	259944	£ 9,483,352.00	£ 36.48
Velindre University NHS Trust	16658	£ 1,521,054.00	£ 91.31
Welsh Ambulance Services University NHS	50557	£ 2,007,366.00	£ 39.71
NHS Wales Shared Services Partnership (NWSSP)	38859	£ 609,645.00	£ 15.69
All Wales Average	162182	£ 5,549,668.15	£ 35.79

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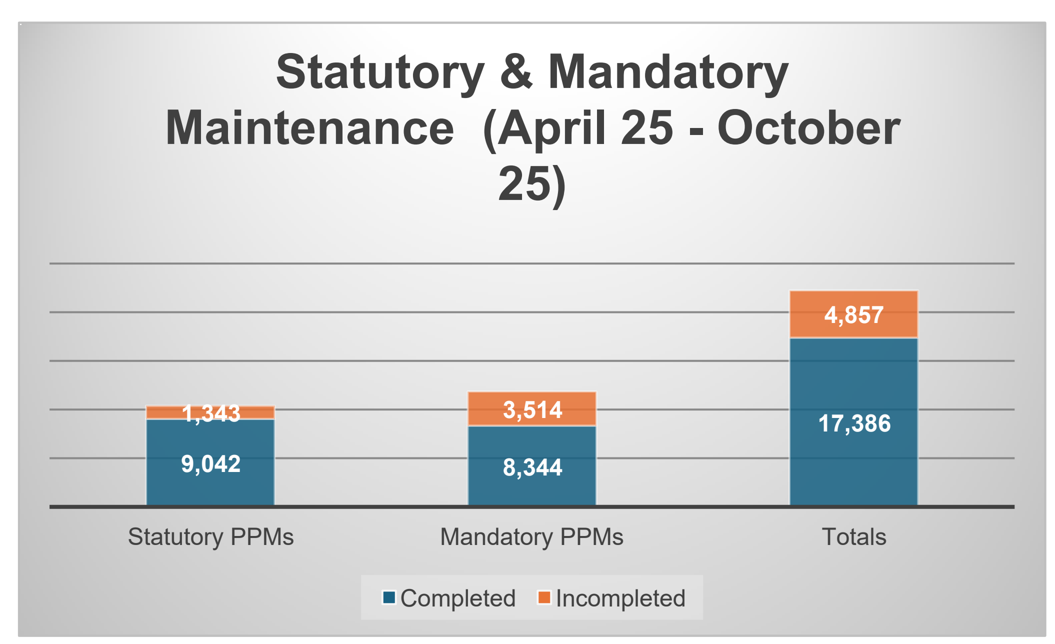
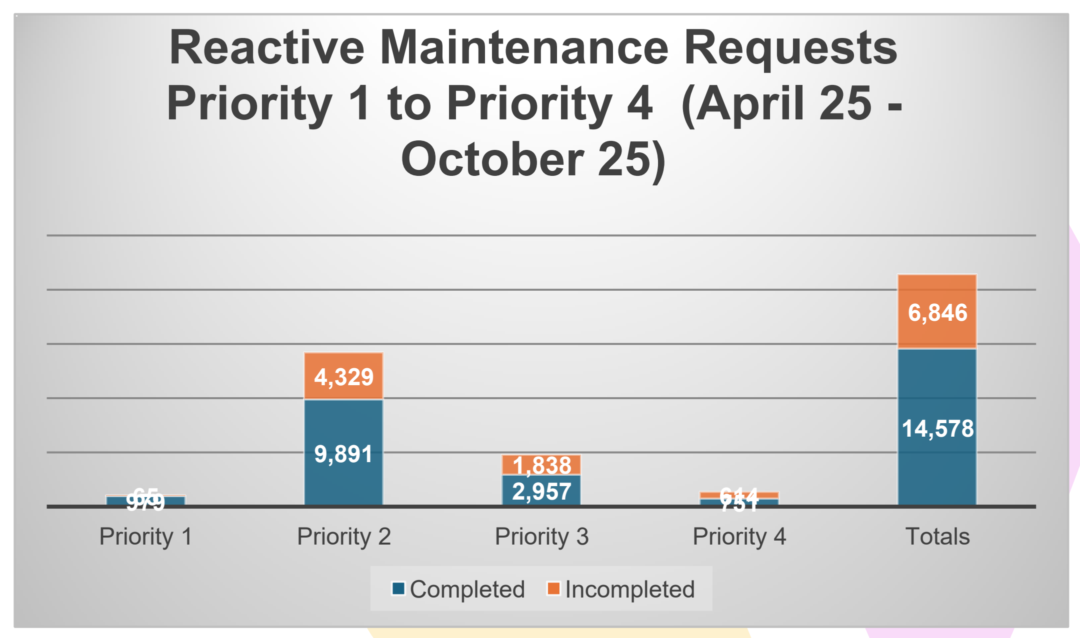
- The budget allocation for the estate maintenance programme is £6.4m, which equates to £16.57/m² and includes pay and non pay. The table above indicates the actual spend for each of the NHS Wales organisations.

Maintenance Requests





- For the first 7 months of the financial year
  - Number of incomplete statutory and mandatory PPM's equates to 22%
  - Percentage of incomplete reactive maintenance jobs reported is 32%
- The number of incomplete jobs on the system will continue to increase as a result of
  - The number of estate & infrastructure maintenance requests which impacts our ability to complete Statutory & Mandatory maintenance work
  - Historic budget set and no opportunity to increase to reflect the deteriorating estate and plant failures

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Sources of Capital Funding

- All Wales Capital
  - Major Capital Investment through Business Case Process
  - 'Slippage' Funding identified during the financial year
- Integration Rebalancing Capital Fund
  - Established in 2022 to facilitate the development of Health and Social Care Hubs within the community across Wales
  - Encouraging collaboration between Health Boards, Local Authorities and 3rd sector organisations to support the 'one public estate' agenda
- Discretionary Capital
  - An allocation provided by WG to each Health organisation which funds estate backlog maintenance, medical equipment replacement and Digital backlog
  - Also funds priority schemes including ward refurbishments, infrastructure compliance works e.g. fire safety.
  - Capital schemes included in CB annual plans
- Target Estates Fund (previously EFAB)
  - £40m allocated by WG to support bids from HB's to deliver high risk estate and compliance schemes including, Fire safety, infrastructure, decarbonisation, Mental health, IP&C and decontamination

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Capital Funding Allocation

- Please refer to Appendix 3 of the report for a detailed schedule of the Estate & Infrastructure capital spend for 2021/2026

Funding Source	2021/22	2022/23	2023/24	2024/25	2025/26	Total
	£m	£m	£m	£m	£m	£m
Major Capital Schemes (AWC)	23.162	30.959	5.989	12.783	17.452	90.345
Targeted Estates Fund (formally EFAB)	2.293	0.330	4.891	4.040	5.924	17.478
WG Slippage (AWC)	12.897	3.753	2.176	12.999	0.846	31.971
Estate Compliance (HB Discretionary)	2.800	2.800	2.800	2.800	2.800	14.000
Business Case Development (AWC)	3.244	1.718	0.708	1.459	0.000	7.129
Estate Backlog	3.058	0.957	2.350	0.698	0.416	7.479
Ward Upgrades incl kitchens etc	0.468	0.000	1.480	0.194	0.000	2.142
Total	47.922	40.517	20.394	34.273	27.438	170.544

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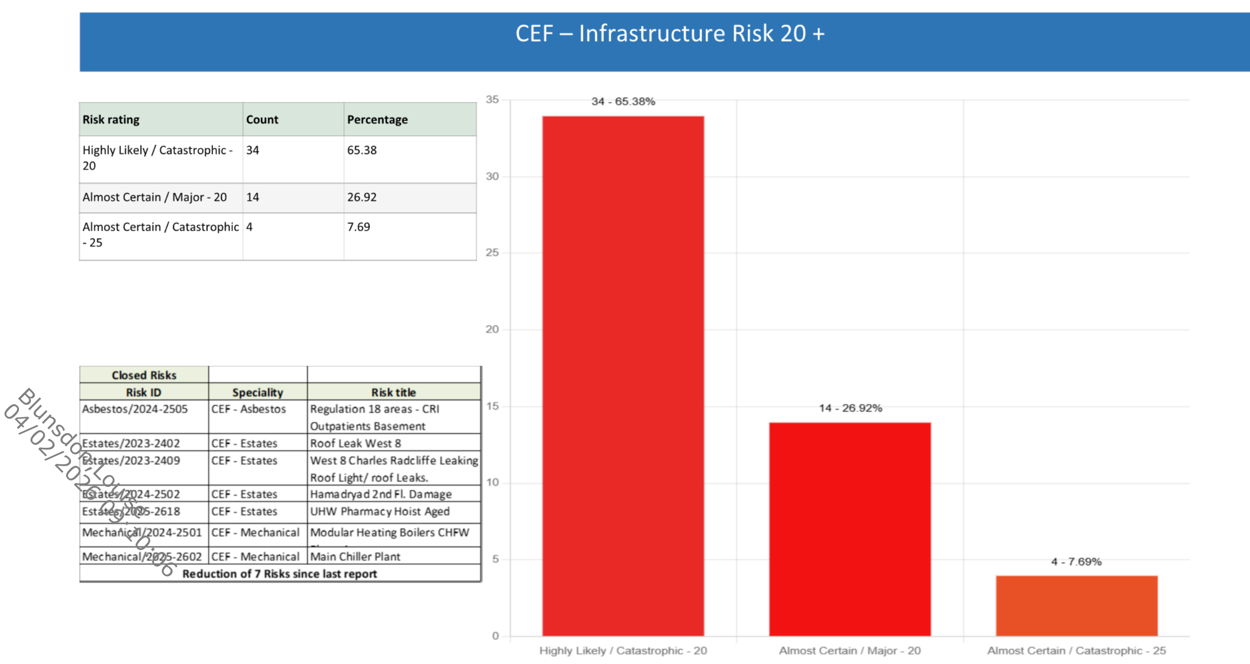
Risk, Assurance & Compliance

- The level of risk that the UHB manages is significant with an unusually high number of significant risks, resulting from a lack of investment in the infrastructure over a considerable time. Predecessor organisations contributed significantly to the current situation in which the UHB find themselves.



CEF – Infrastructure Risk 20 +

Risk rating	Count	Percentage
Highly Likely / Catastrophic - 20	34	65.38
Almost Certain / Major - 20	14	26.92
Almost Certain / Catastrophic - 25	4	7.69

Closed Risks		
Risk ID	**Speciality**	**Risk title**
Asbestos/2024-2505	CEF - Asbestos	Regulation 18 areas - CRI Outpatients Basement
Estates/2023-2402	CEF - Estates	Roof Leak West 8
Estates/2023-2409	CEF - Estates	West 8 Charles Radcliffe Leaking Roof Light/ roof Leaks.
Estates/2024-2502	CEF - Estates	Hamadryad 2nd Fl. Damage
Estates/2025-2618	CEF - Estates	UHW Pharmacy Hoist Aged
Mechanical/2024-2501	CEF - Mechanical	Modular Heating Boilers CHFW
Mechanical/2025-2602	CEF - Mechanical	Main Chiller Plant
Reduction of 7 Risks since last report		

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Estate & Infrastructure Risk Register including all risks >16 included in Appendix 2 of the report

Risk register informs:

- Discretionary Capital Programme: Backlog Maintenance allocation
- WG Targeted Investment Fund bids submitted
- 'Slippage' funding as and when WG invite bids

Estate Compliance & Assurance Programme

We now have a comprehensive Estate Compliance and Assurance Programme (Ecap)which has:

- Identified all critical plant and equipment including its age and condition
- Procured maintenance contracts for all assets to ensure that Statutory and mandatory compliance requirements are met and retained to ensure the Health & Safety of our patients, staff and visitors.
- Over 235,000 assets have been identified and recorded with maintenance and verification of critical plant undertaken
- The information informs our risk register and backlog maintenance investment

- As part of Ecap the testing 'on load' of the critical electrical infrastructure was identified as a priority and so Operation 'POET' was introduced which tests our Electrical resilience in the event of a complete power outage. This annual event has:

  - Improved CB and Department Business Continuity Plans
  - Identified single points of failure across a complex electrical network
  - Led to capital investment to upgrade electrical switchgear

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Estate Condition Survey

The HB estate backlog maintenance liability is currently reported in the WG Estate and Performance Management System (EFPMS) at £176m. This figure whilst adjusted annually for inflation does not truly reflect the position as it was based on a survey undertaken over 10 years ago.

Supported by WG the HB commissioned a comprehensive condition survey with the aim of:

- Informing the capital investment required to allow the HB to determine the priority areas over a, 10 year period
- Identifying any areas of immediate concern
- Ensuring that the existing risk registers have adequately identified all risks and allocated the appropriate rating to them
- Providing the level of detail required to support submissions for capital investment
- Supporting the detailed planning work to support the proposed master planning exercise for our sites and in particular UHW and UHL
- Identifying the extent of the problem with the community estate including the suitability of the facilities

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Estate Condition Survey

The initial feedback indicates a substantial increase in the backlog maintenance liability, which is demonstrated below for UHW . Consequently, the risk profile has increased, specifically as the plant and equipment has remained unchanged.

	10 Year Roll Up					
Building Name	1	2	3	4	5	6
02 - Maintenance department	£96,654	£1,061,058	£403,193	£26,805	£71,810	£0
03 - Former HQ & Sterile Services	£309,289		£879,717	£268,306	£173,421	£0
04 - Boiler house	£11,806,163		£877,301	£27,155		£0
05a - Dental hospital	£20,301,899		£14,262,480	£5,183		£0
05b - Dental Hosp- lecture theatre	£84,039		£348,091	£12,877	£107,810	£0
05c - Dental Annexe	£95,410		£83,950	£3,743	£19,710	
06 - Garages and works stores	£21,508		£198,397	£1,314	£77,474	£0
07 - Creche	£82,993		£34,386	£493	£69,802	£0
08a - Tower block 2a	£4,630,307	£2,994,168	£2,189,106	£6,894	£56,639	£0
08b - Tower block 2b	£2,444,987	£330,347	£13,210,425	£18,182		£0
08c - Tower block 2c	£1,749,984	£14,971	£14,858,418	£4,057	£957,554	£0
08d - Tower block 2d (lectures)	£39,596		£3,289,194	£1,141	£303,592	£0
09a - Tower block 1a	£794,231	£232,688	£5,189,283	£329	£269,309	£0
09b - Tower block 1b	£1,714,146	£922,303	£8,000,847	£6,072	£193,950	£0
09c - Tower Block 1c	£2,194,300	£547,500	£18,688,162	£2,250	£767,450	£0
09d - Tower block 1d (lectures)	£19,087		£673,169	£246		
10 - Ward block a	£2,890,217		£22,714,324	£16,622	£5,276,213	£0
101 - Grounds and Gardens	£5,546,828		£7,724,787			£0
102 - Car Parks	£1.350.287		£4.222.619			£0
Total	**£177,634,051**	**£10,804,184**	**£256,534,239**	**£22,983,505**	**£23,492,114**	**£6,252**

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- The table indicates the estimated backlog maintenance required in years 1 to 6 at UHW
- Years 1 and 3 are heavily loaded indicating that the remaining life of the plant and equipment in these areas is cause for concern and needs to be planned

Lost Time

- Being overly critical we have as an organisation not delivered on key developments over the last 14 years (I don't go back any further)
- As a HB we have made commitments and been unable to deliver for a number of reasons
  - Lack of WG support
  - Projects without UHB wide commitment – developing business cases which didn't align to strategic plans
  - Changes in key staff – differing views
  - Lack of space
- The most significant impact on the delivery of capital projects was the commitment made to deliver UHW2 in 7 years – this stopped all bar the most critical and less costly developments
- Lack of a clinical services plan

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Construction Planned 25/26

- UHW Main theatre recovery ventilation replacement, WG funding secured
- UHW Main theatre recovery refurbishment – part of theatres together programme – funding from slippage/VAT recovery
- UHW Theatres 3 & 4 minor refurbishment (not ventilation) – part of theatres together programme- funding from slippage/VAT recovery
- Installation of UPS systems across ITU to meeting the requirement of HTM N+1 – funding from slippage/VAT recovery
- Subject to funding and agreement by WG, commence infrastructure works required to support ITU essential refurbishment work
- Progress extension to Haematology Day Unit in Jubilee Gardens – funding approved by WG

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Questions

- Is progressing with the schemes below the right direction of travel or is there an alternative that provides a real opportunity to treat patients in appropriate fit for purpose facilities, reduce risk, improve our estate, reduce backlog maintenance, achieve better value for money :
  - Development along Academic Avenue up to £300m
  - Refurbish theatres £66m
- Neither of these schemes are a long term solution and certainly not value for money
- We need to progress with refurbishment work to ITU as the risks have become issues that need addressing
- We need to undertake the short/medium work to theatres
- We need to have a commitment to a long term solution for Haem/BMT

Blunsdon,Louise
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- Will WG ever have line of sight to funding a completely new Hospital to replace UHW
- Regardless of not having the completed Clinical Services Strategy and the outcome of the work on ICCS we could identify those tertiary and secondary care services that would remain on the main acute site and develop a solution which would:
  - Provide facilities fit for delivering a high quality service to our patients
  - Ensure services have appropriate adjacencies
  - Deliver the scheme on a phased basis
  - The clinical services plan and the ICCS work will follow
  - More affordable for WG
  - Better Vfm

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The vision

The opportunity exists to develop a major extension to the University Hospital of Wales.

The new building would enable the replacement of areas of existing estate which are functionally unsuitable.

The building would provide the most critical acute services including surgery, emergency department, critical care and diagnostics in a new, fit for purpose specialist building.

Blue Town House
04/02/2021 09:10:06

Site

The area to the front of the existing hospital is not developed to the same density as the rest of the site.

The opportunity exists to replace the existing 2 storey podium with a new multi-storey building linking to the existing ward tower.

This could create a new frontage to the hospital that would transform the image and function.

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Concept – no Decisions

- *All the information that follows is for illustrative purposes*
- *Departments included have had no clinical input at this point*
- *Areas are based on current facilities, and no activity data has been used at this point*
- *This is purely an option which may be considered*

Blunsdon,Louise
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Outline Clinical Brief

The new extension will replace the high-tech spaces that provide the most critical clinical services to include:

Department	Outline scope	Department area
Inpatient theatres	14	4,893 m^2
Daycase theatres	11	4,372 m^2
Emergency Department	9 resus, 56 treatment including RAT and fit to sit + CT and plain film emergency imaging	4,200 m^2
Children’s ED	12 treatment, 2 resus, 1 ENT and 1 plaster	1,285 m^2
Children’s Assessment Unit	12 beds	583 m^2
Imaging	1 SPECT, 4 MRI, 6 CT, 11 u/sound, 7 plain film,	4,335 m^2
Critical Care Unit	90 beds	10,957 m^2
Inpatient wards	112 beds, 100% single	5,104 m^2

Blunsdon Louise 04/02/2026

Concept diagram

The diagram opposite describes the potential services accommodated at each level.

The ground floor provides the emergency departments including children’s and imaging. This will link to the existing helipad and children’s hospital.

The new building will be constructed to modern standards with increased storey heights reflecting higher levels of engineering services. A level connection back to the existing tower would be provided at fourth floor.

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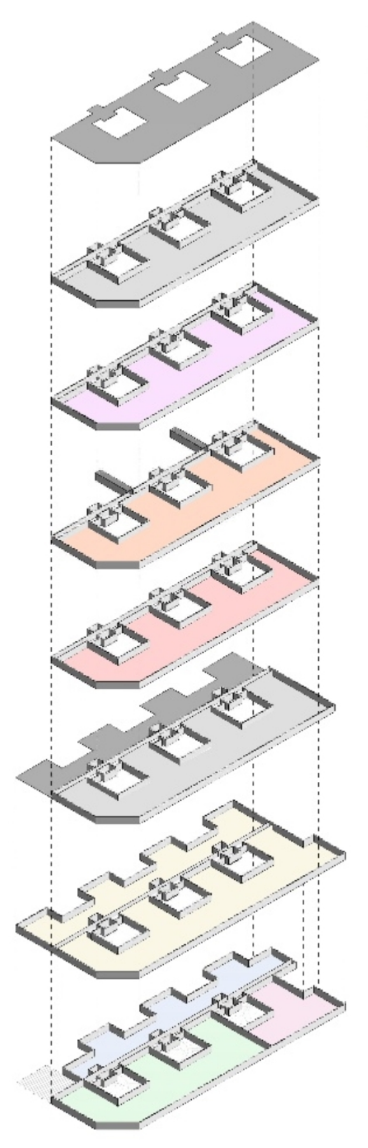

Sixth – Engineering plant

Fifth – Inpatients wards

Fourth – Inpatient theatres, connection to tower

Third – Daycase theatres

Second – Engineering plant

First – Critical Care

Ground – ED, Childrens ED, Childrens assessment and Diagnostics

Outline departmental plans - Ground

1	Emergency drop off	
2	Adult emergency department	4,200 m^2
3	Children's ED and CAU	1,868 m^2
4	Imaging*	3,150 m^2
5	Existing building	

* The area achieved is less than the outline brief which requires 4,335m^2, this could be achieved by infilling the courtyards at ground floor only. The alternative would be provide some imaging at the upper levels.

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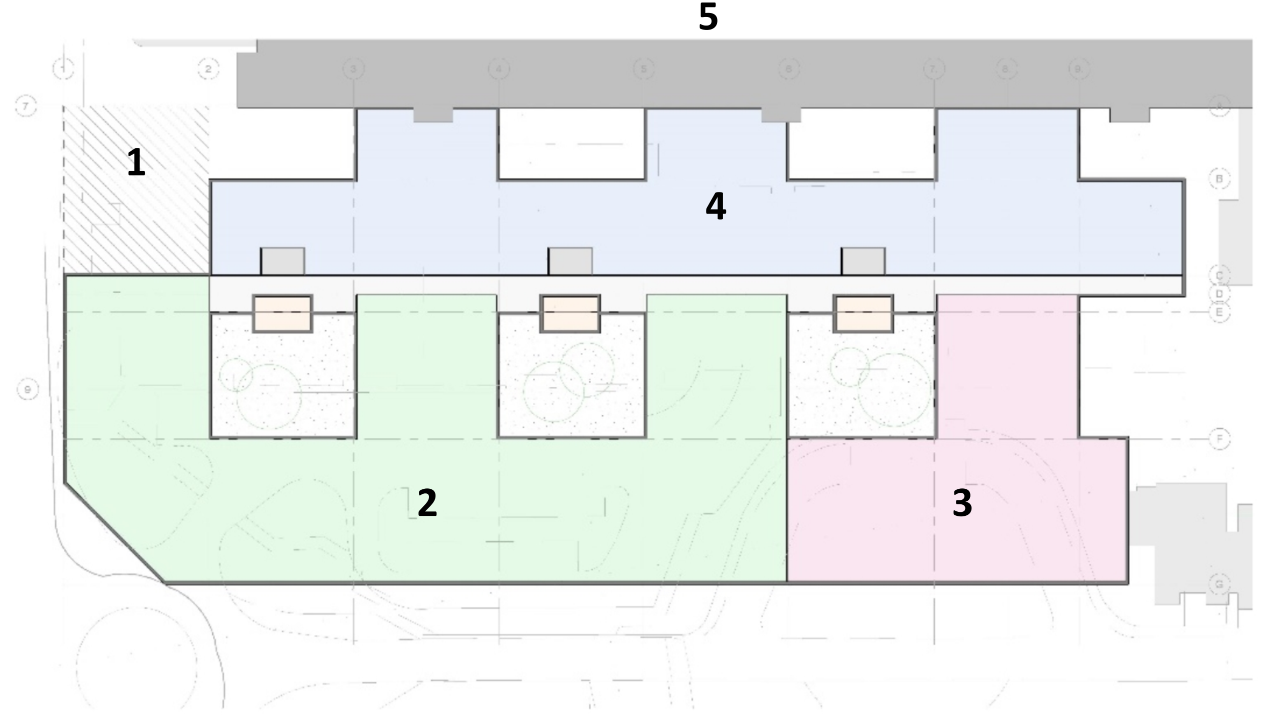
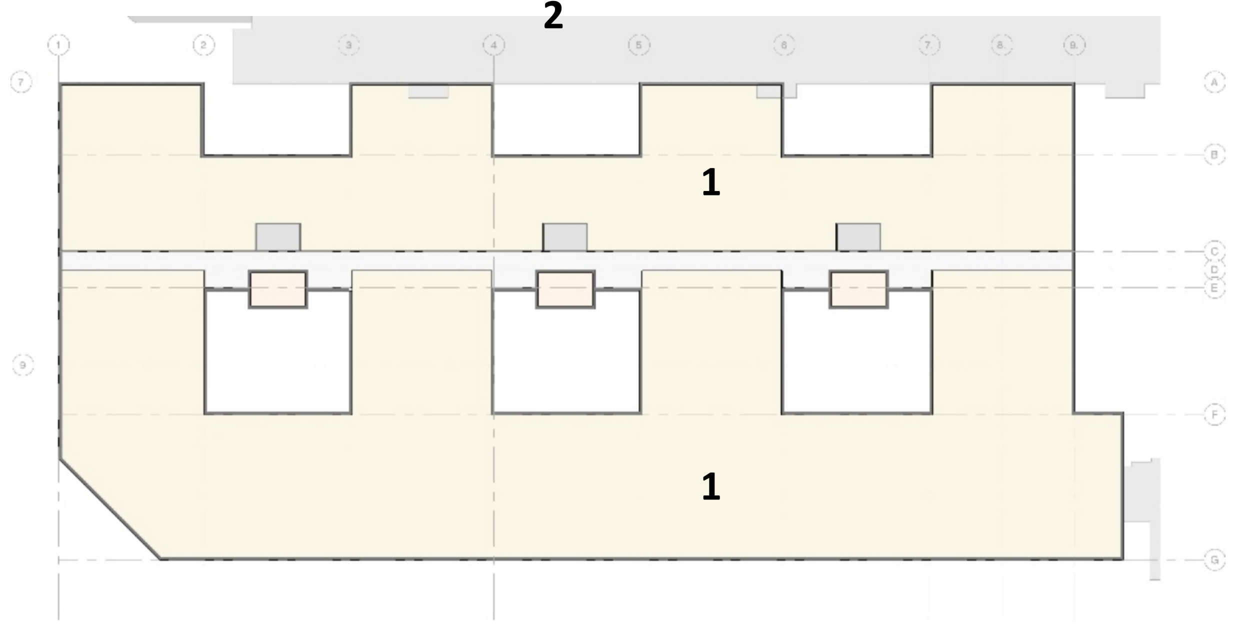


Outline departmental plans - First

1	Critical Care*	9,650 m^2
2	Existing building	

* The area achieved is less that required to achieve the full 90 bed spaces but greater than the 8,400m^2 required for 70 beds.



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Outline departmental plans – Third, Fourth and Fifth

Third	Daycase theatres*	5,100 m^2
Fourth	Inpatient theatres*	5,100 m^2
Fifth	Inpatient wards	5,100 m^2

* The area of the upper levels is dictated by the requirements for the inpatient wards creating additional space at theatre levels.

The second floor would provide engineering plant to serve the Critical Care and Emergency departments.

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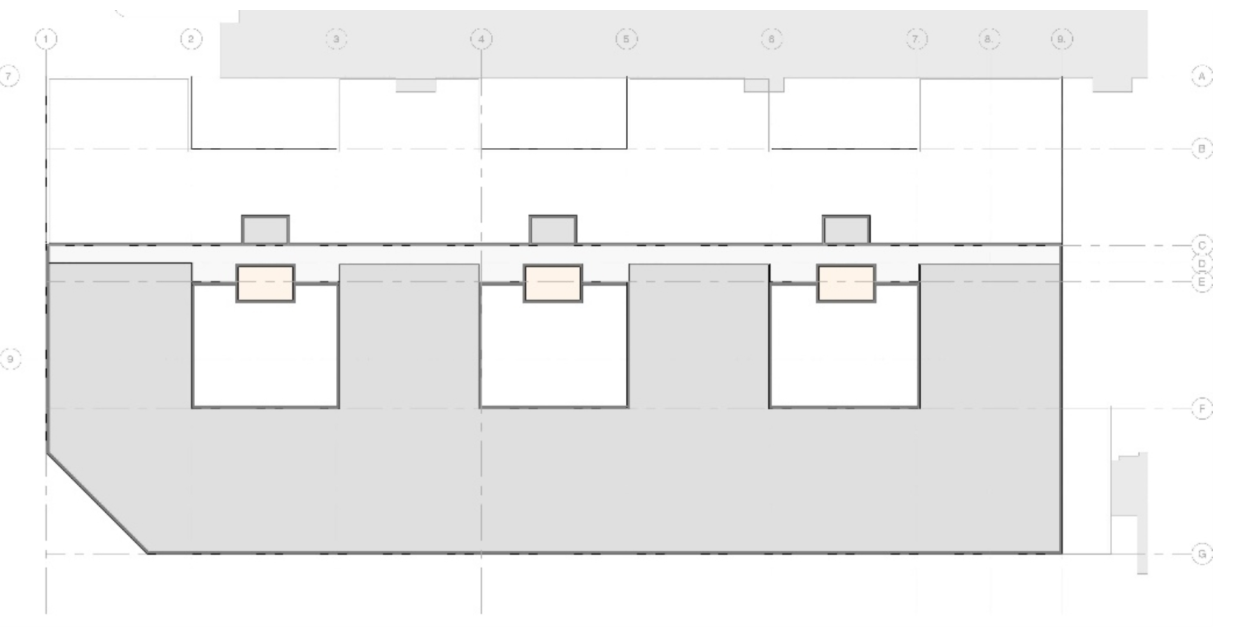


Initial 3D views

The new extension would create a bold new image for the hospital when approaching from the east.

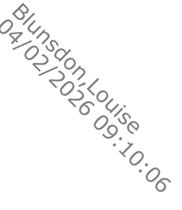
Integration with the Noah's Ark Children's Hospital for Wales is improved.

The construction of new critical care and theatre departments creates the opportunity to demolish the older western part of the existing enabling a new, more generous main entrance and transport hub to be developed.

Blunsdon, Louise

Initial 3D views

View from the Southeast



Buildings Constructed

1. Energy Centre
2. HCID
3. EU/ Theatres/ Wards
4. Major Refurbishment
5. Mortuary
6. New Main Entrance
7. Sustainable Transport Hub
8. Multi Storey Car Park

5
6
4
3
1
8
7
2

Phase 1

Demolish

1. Existing HCID
2. Main Entrance Concourse
3. Outpatients

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Phase 2

1. Construct New
- Emergency Unit
- Imaging
- Theatres
- Critical Care
- Inpatient Wards
- Helicopter Landing Pad

1

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Phase 3

1. Refurbish Existing Ward Tower A, B & C to include Medical wards, Outpatients etc
2. Decant existing EU in to New
3. Demolish EU
4. Demolish Helicopter landing Pad

Phase 4

1. Demolish Tower Block 2 & Bridge Links
2. Construct

a. New Main Entrance
b. Sustainable Transport Hub

1
2a
2b

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Phase 5

1. Demolish
a. Estates
b. Former Sterile Services
c. Ancillary Buildings
d. Medical Genetics
e. Bio Engineering

1d
1e
1c
1b
1a

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Phase 6

1. Construct
a. New Multi Storey Car Park
b. Surface Car Park

1a

1b

Going Forward

- Will WG ever have line of sight to fund a completely new Hospital
- Initial discussions with WG capital has been positive to the point of them requesting more detail and a document to take to the Minister if the UHB are supportive of the direction of travel
- The proposal meets WG sustainability agenda with the proposal to re-use part of the estate
- Opportunity to work up a more detailed feasibility £150k

Blunsdon,Louise
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Report Title:	Improving Attendance at Work Update – Stress, Anxiety, Depression, Other Psychiatric Illnesses			Agenda Item no.	10
Meeting:	Local Partnership Forum	Public	X	Meeting Date:	10/2/2026
		Private			
Status *(please tick one only)*:	Assurance X	Approval		Information	X
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Associate Director of People & Culture				

Main Report

Background and current situation:

In 2025/26 our emphasis will be on getting the *Brilliant Basics* right, ensuring a strong foundation with a focus around three key themes:

- **Improving Wellbeing and Attendance** - targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing
- **Management and Leadership Development** – support our managers to manage well
- **Build Workforce Planning Expertise** - ensuring that senior leaders are trained in workforce planning principles, enabling strategic decision-making across all departments.

In relation to Improving Wellbeing and Attendance, the UHB has set a sickness absence target of <5.5% for 2025-26, with measures being put in place to support the achievement of this goal. The cumulative position for December 2025 was 6.44%.

Sickness absence remains one of the most significant and complex workforce challenges across NHS organisations. Within Cardiff and Vale UHB, a multi-disciplinary team (MDT) approach has been adopted, bringing together People Services, Wellbeing, Organisational Development (OD) & Culture, Employee Wellbeing and Occupational Health to drive improvements in wellbeing and attendance. Each Clinical/Service Board have also developed an individual, detailed and targeted action plan to reduce sickness absence in their respective areas.

This report provides an overview of sickness related to Anxiety, Stress, Depression and Other Psychiatric Illnesses within the University Health Board (UHB), highlighting recent trends, underlying causes, and the actions taken to address this important issue. The well-being of our workforce is paramount, and managing stress and anxiety is crucial for sustaining staff morale, productivity, and the delivery of high-quality patient care.

Over the past 12 months, the UHB has observed a notable increase in sickness absence attributed to Anxiety/stress/depression/other psychiatric illnesses and it continues to be the top reason for sickness with a cumulative rate of 36.75% (December 2025). Contributing factors may include increased workloads, operational pressures, staffing shortages, and the ongoing impact of organisational change.

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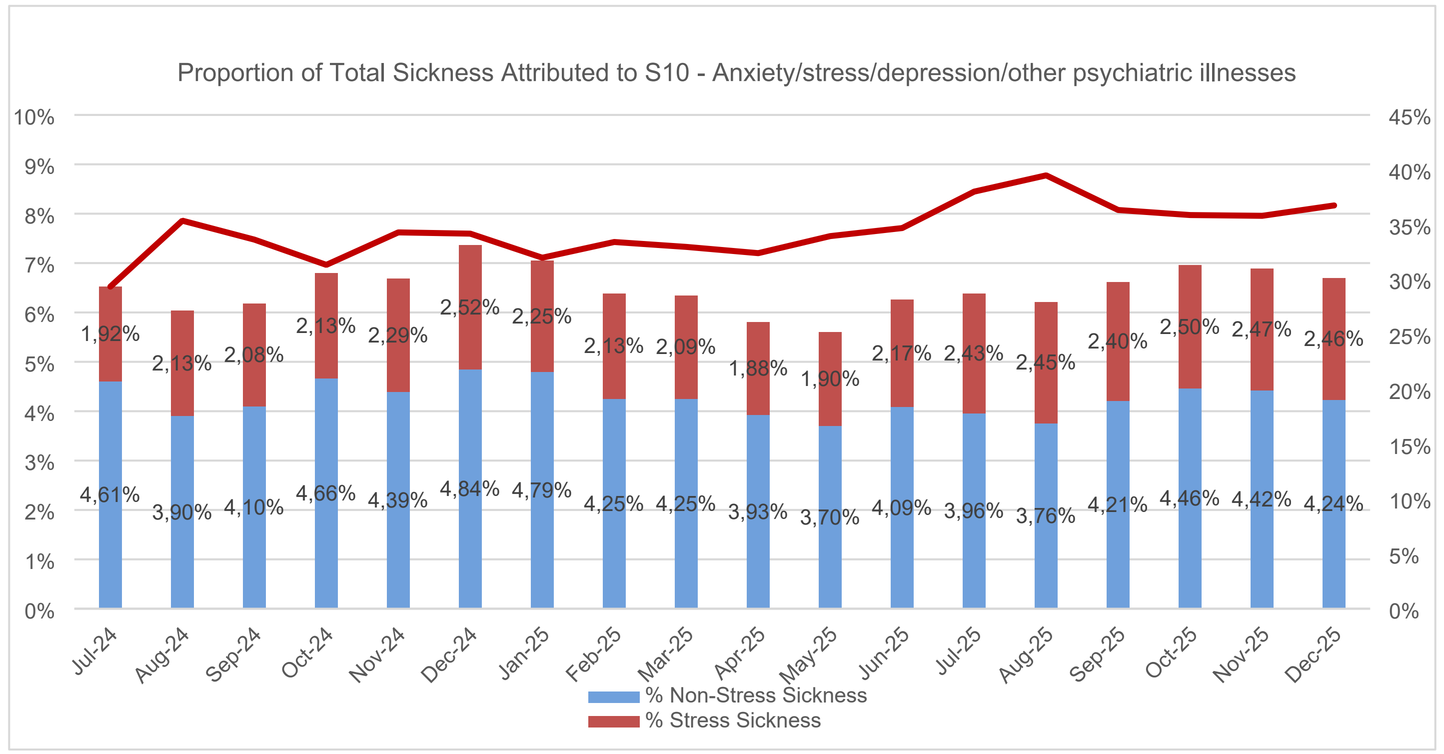
Recent engagement surveys and focus groups indicate that many staff members feel overwhelmed due to workload intensity, insufficient breaks, and a lack of perceived support. High rates of stress-related absence have contributed to increased pressure on remaining staff, potentially creating a cycle of further stress and burnout.

Proportion of total sickness attributed to Anxiety/Stress/Depression/Other Psychiatric Illnesses:



The stacked columns show the monthly trend in absence related to Anxiety/Stress/Depression/Other Psychiatric Illnesses compared to all other absence. The proportion trendline shows the monthly sickness rate for Anxiety/Stress/Depression/Other Psychiatric Illnesses compared to all other absence.

The proportion of stress-related sickness absence relative to total sickness absence has shown a gradual upward trend, indicating a growing share of stress-related health issues among staff.

The proportion of sickness attributed to Anxiety/Stress/Depression/Other Psychiatric Illnesses rose from 29.4% in July 2024 to a high of 39.4% in August 2025, before slightly declining to 35.8% in November. However, we have seen a slight increase to 36.7% in December 2025.

The table below shoes the cumulative percentage of absence attributed to (S10) Anxiety/stress/depression/other psychiatric illnesses for the period January 2025 to December 2025 broken down by Clinical Board, Corporate Executives and Capital Estates and Facilities:

Clinical Board	**Cumulative %**	**% of Absence Attributed to S10**
Mental Health	7.14%	43.64%
All Wales Genomics Service	4.08%	42.97%
Corporate Executives	4.23%	41.43%
Children & Women	6.88%	39.70%
Primary, Community Intermediate Care	8.60%	36.50%
Specialist Services	7.37%	34.17%
Medicine	6.53%	31.37%
Surgical Services	6.43%	31.15%
Capital, Estates & Facilities	9.87%	28.07%
Clinical Diagnostics & Therapeutics	5.16%	30.61%
Grand Total	**6.43%**	**34.44%**

The table below shoes the cumulative percentage of absence attributed to (S10) Anxiety/stress/depression/other psychiatric illnesses for the period January 2025 to December 2025 broken down by Staff Group:

Staff Group	Cumulative %	% of Absence Attributed to S10
Add Prof Scientific and Technic	4.19%	44.01%
Nursing and Midwifery Registered	7.36%	36.26%
Administrative and Clerical	5.64%	38.01%
Additional Clinical Services	8.40%	33.54%
Healthcare Scientists	4.55%	32.52%
Medical and Dental	1.48%	32.68%
Estates and Ancillary	10.18%	27.57%
Allied Health Professionals	5.40%	29.47%
Grand Total	**6.43%**	**34.44%**

The CIPD's 2025 Health and Wellbeing at work report has reported an increase in sickness absence across the UK. Average absence levels have increased to 9.4 days per employee per year, compared with 7.8 days in 2023 and 5.8 days in 2022.

The report stated that Mental ill health is the top cause of long-term absence (41% of respondents citing it within top three causes). Mental ill health is the second main cause of short-term absence (29%), with stress a major cause of both short- and long-term sickness absence (26% and 28%, respectively). Heavy workloads are the top cause of stress-related absence (41%) and non-work related factors such as relationships, family and financial concerns are also significant contributors to stress. The report also found that line manager confidence and competence in managing absence is one of the strongest predictors of effective outcomes and quicker returns to work.

Source: CIPD and Simplyhealth (2025) Health and Wellbeing at Work: Survey Report 2025. London: Chartered Institute of Personnel and Development. Available at: www.cipd.org

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

Actions Taken by the UHB to address absence related to Anxiety, Stress, Depression and Other Psychiatric Illnesses:

In March 2025, sickness panels were mandated across all Clinical Boards within Cardiff and Vale UHB as part of the organisational target to improve attendance management. The focus on these sickness panels are determined by 'hot spot' areas, either in relation to overall sickness rates or where specific targeted intervention is required, such as high levels of sickness absence attributed to one reason ie stress, anxiety, depression, other psychiatric illness. Other actions include:

- Enhanced Occupational Health Support: The UHB has expanded access to occupational health services, including fast-track referrals for staff experiencing stress and anxiety, and access to counselling and mental health support.
- Manager Training: Line managers have received additional training to recognise the signs of stress and to support staff appropriately, including guidance on reasonable adjustments and confidential conversations.
- Well-being Initiatives: A range of well-being programmes have been introduced, such as mindfulness sessions, resilience workshops, and online resources for self-care and stress management.

Blunsdon, Louise
04/02/2026 09:10:06

- Flexible Working: Flexible working arrangements have been promoted and, where possible, implemented to help staff manage work-life balance and reduce stressors.
- Regular Communication: The UHB has increased communication around available support services and encouraged an open culture where staff can discuss mental health without stigma.
- Monitoring and Review: Absence trends are tracked closely, and departments with higher rates of stress-related sickness are receiving targeted support from the People and Culture team.
- People Services Team identifying cases of stress and anxiety across the UHB and working closely with line managers to ensure appropriate support is offered. This initiative ensures staff are aware of and can easily access the support they need. As part of this approach, a tailored wellbeing letter is issued to affected staff, outlining the full range of support available, including:
    - A comprehensive guide for staff seeking mental health support.
    - Signposting to internal and external wellbeing resources.
    - Access to staff support networks, including those aligned with equality, diversity, and inclusion.

Targeted interventions have been implemented in hotspot areas across Clinical Boards to support the management of short-term sickness and prevent escalation into long-term absence. Focused support on stress and anxiety-related absence has been in place across some Clinical Boards, with a proactive approach led by the People Services Team. Since July, the People Services Team has delivered stress and anxiety-focused workshops in hotspot areas across the Clinical Board. These have led to notable reductions in sickness rates in several areas, including:

- East 8 (Medicine): Sickness absence reduced from 14.15% in April 2025 to 0.68% in November 2025.
- Oak Ward (Mental Health): Sickness absence reduced from 12.48% in April 2025 to 5.00% in November 2025.
- East 6 (Medicine Clinical Board) saw a decrease from 16.01% in July 2025 to 4.81% in November 25.
- SSSU Theatres (Surgery) saw a decrease from 9.58% in July compared to 4.38% in November 25.

Within the Mental Health Clinical Board, they have developed further psychological support. A lead Psychologist provides on-ward support sessions for staff following traumatic patient incidents, offering targeted interventions as needed. This is being explored within other clinical boards also. A focused review of Datix-reported incidents linked to staff sickness absence has been undertaken to ensure accurate coding and appropriate management. Focus work has been undertaken to ensure managers understand the importance of precise incident recording to:

- Enable the Health & Safety Department to identify patterns and implement preventative measures.
- Ensure compliance with RIDDOR reporting requirements where applicable.

Despite all interventions and improvements in some areas, unfortunately overall the figure for Anxiety/Stress/Depression/Other Psychiatric Illnesses is still increasing within the UHB.

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Next Steps:

- Continue to monitor stress and anxiety related absences and provide targeted interventions.
- Maintain sickness panels in hotspot areas and extend them to departments with emerging issues.
- Regularly review and adapt action plans for each Clinical/Service Board, focusing on stress-related absence.

- Further education and awareness across the UHB of mental health issues.
- Proactive completion of stress risk assessments.
- Evaluate the effectiveness of current interventions and adapt them based on staff feedback and absence data.
- Work with department leads to identify additional pressures and implement bespoke support where necessary.
- Promote a culture of well-being and open dialogue about mental health across the UHB.
- Provide ongoing guidance on reasonable adjustments, confidential conversations, and early intervention for stress-related issues.
- Further analysis on the cause of Anxiety, Stress, Depression, Other Psychiatric Illness related absences i.e work related, personal, family, financial, carers responsibilities to provide additional support in these areas.
- Continue to promote flexible working arrangements wherever possible to help staff manage work-life balance and reduce stressors.

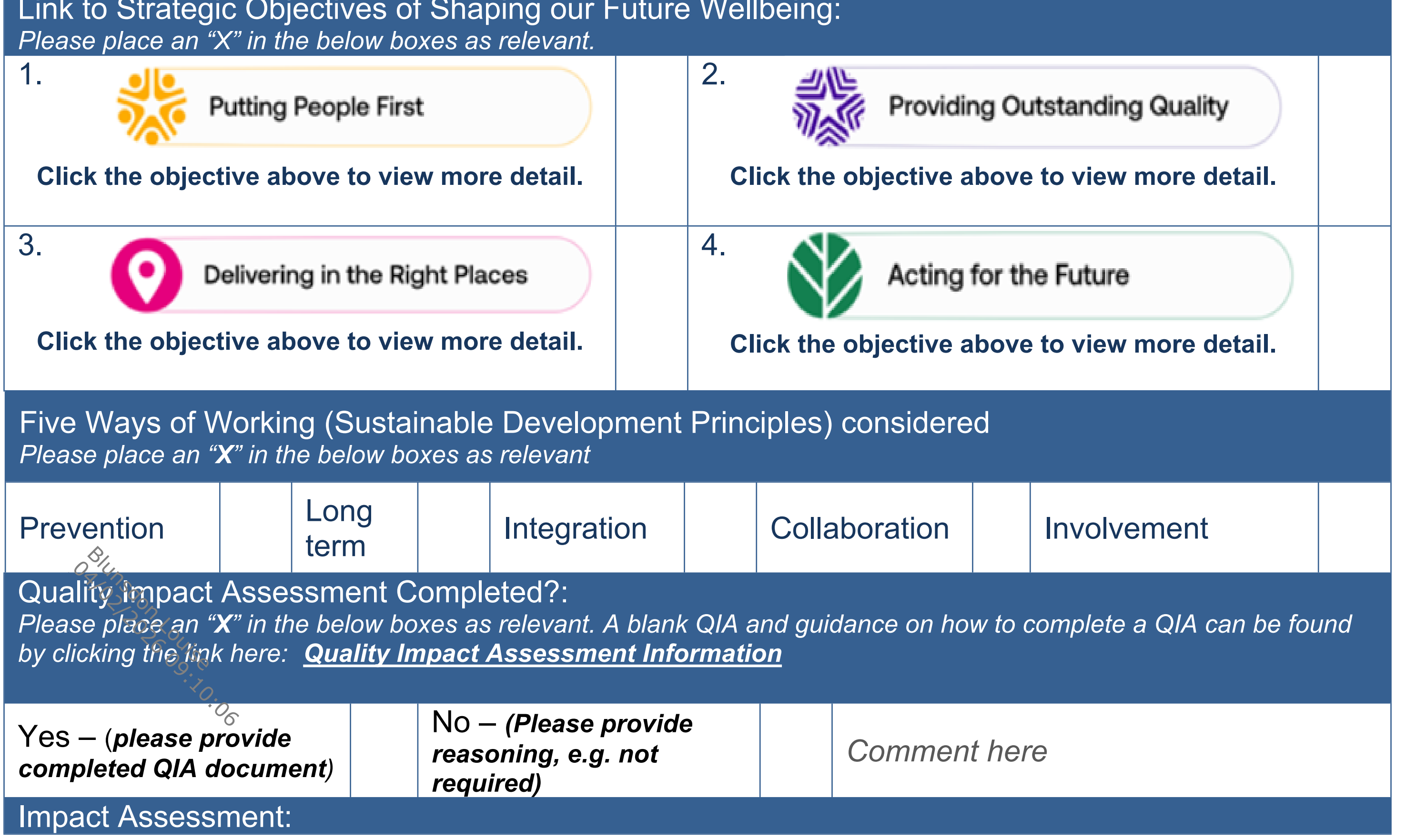
Addressing stress and anxiety related sickness remains a priority for the UHB. The actions taken to date have laid a foundation for supporting staff well-being, but continued vigilance and adaptation are required to reduce sickness rates and foster a supportive working environment.

The UHB is extending its focus beyond traditional workplace wellbeing to adopt a population health approach to staff health. This work, developed jointly with Public Health Wales, aims to understand the wider determinants of workforce health (including socio-economic and demographic factors), identify risk patterns, and co-design targeted interventions to improve long-term staff outcomes.

Recommendation:

The Local Partnership Forum is requested to:

- **Note** and **discuss** the contents of the report



Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant.*			
1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	
3. Delivering in the Right Places **Click the objective above to view more detail.**		4. Acting for the Future **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – (***Please provide reasoning, e.g. not required)***		*Comment here*

Impact Assessment:

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Please state ***yes*** *or* ***no*** *for each category.* ***If yes please provide further details.***
Risk: Yes/No
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/No
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Financial: Yes/No
Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Workforce: Yes/No
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Legal: Yes/No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes/No
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)
Socio Economic: Yes/No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. *(If this has been addressed in the main body of the report, please confirm)*
Equality and Health: Yes/No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. *(If this has been addressed in the main body of the report, please confirm)*
Decarbonisation: Yes/No
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include: • *A focus upon preventing ill health in our population* • *Saving energy or increasing throughput.* • *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.* • *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.*

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- *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.* - *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.* *Does the subject matter of your paper risk any of the above not being achieved?*
Welsh Language: Yes/No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Report Title:	Trade Union Safe Space Events				Agenda Item no.	9	
Meeting:	Executive Local Partnership Forum	Public		X	Meeting Date:	17th 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:

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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/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	x	Involvement	

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		

Impact Assessment:

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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

<table>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">Financial: No</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Workforce: Yes</td></tr>
<tr><td colspan="2">Staff need to be released to attend these events or there is a risk of feelings of being excluded.</td></tr>
<tr><td colspan="2">Legal: No</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Reputational: No</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Socio Economic: No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Equality and Health: No</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Decarbonisation: No</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Welsh Language: No</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Approval/Scrutiny Route (please note anywhere else this paper has been before):</td></tr>
<tr><td>Committee/Group/Exec</td><td>Date:</td></tr>
<tr><td></td><td></td></tr>
</table>

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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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.

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Cardiff and Vale Integrated Performance Report

2025/26

January 2026

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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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Return to Main Menu

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	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	<160	Yes	Q4	158 Dec-25	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception **National standard/ambition:** Increase **Reporting period:** Monthly	>2,185	Yes	Q2	2,723 Nov-25	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care **National standard/ambition:** 80% **Reporting period:** Monthly	>51% Increase from 24/25	No	Q4	51% Nov-25	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care **National standard/ambition:** Meet and exceed 24/25 requirement where possible (24/25 baseline) **Reporting period:** Monthly	1,038 20% increase from 24/25	Yes	Q1	984 Nov-25	Hyperlink to section

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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
Population health and prevention	**Measure:** Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes **National standard/ambition:** Increase **Reporting period:** Monthly	48%	Yes	Q4	44.8% Dec-25	Hyperlink to section
Mental health access	**Measure:** Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	99.0% Nov-25	Hyperlink to section
	Measure: 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 **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	99.9% Nov-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Nov-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% **Reporting period:** Monthly	80%	Yes	Q1	100% Nov-25	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

Section 1: Cabinet Secretary Priorities

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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
Timely access to care	**Measure:** Reduce the number of ambulance patient handovers over 1 hour **National standard/ambition:** Zero **Reporting period:** Monthly	<400	No	Q4	194 Dec-25	Hyperlink to section
	Measure: 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 **National standard/ambition:** Reduce compared to 24/25 towards zero **Reporting period:** Monthly	<750	Yes	Q4	1020 Dec-25	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment **National standard/ambition:** Zero **Reporting period:** 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	609 Dec-25	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) **National standard/ambition:** 12m improvement trend towards 80% by March 2026 **Reporting period:** Monthly	75%	No	Q4	53.3% Nov-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition:** Zero **Reporting period:** Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	10,138 Nov-25	Hyperlink to section

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Performance Key: Meeting standard / trajectory off target/trajectory

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.

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Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
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 Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
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.	Quality, Safety and Experience Financial Performance

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Financial Performance

Priority	Performance Summary	Reported Period	Data

Deliver 2025/26 Draft Financial Plan

Reported Period: Dec 2025

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
Draft Deficit	**111.000**
Additional Allocations	(22.768)
Savings Plans	(32.000)
Initial Planned Deficit	**56.233**

The UHB initially planned a deficit of £58.2m for submission to Welsh Government (WG), with the draft plan submitted at the end of March 2025. Following this submission, WG requested further actions to reduce the forecast deficit. In response, the UHB confirmed that progress in identifying savings provided sufficient assurance to increase planned savings delivery by £2m, reducing the forecast 2025/26 deficit to £56.2m.

The submitted plan still projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval.

The overall position at month 9 was a £43.250m deficit as outlined in the table.

	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	64,013	64,013	0
Quality Efficiency Improvement Plans - Savings	(21,838)	(22,420)	(582)
Operational Variance	0	1,657	1,657
Clinical/ Service Board Variance	**42,175**	**43,250**	**1,074**

Return to financial balance and approved IMTP status

Reported Period: Dec. 2025

£56.2m underlying deficit by end of 2025/26 financial year. In year, the UHB is reporting a surplus against the savings target of (£0.582m) and an operational deficit of £1.657m at Month 9.

A significant part of the savings identified in 2025/26 are deemed non recurrent and there is a gap of £4.903m against the £32m recurrent target. The combined impact of this savings gap and the full-year effect of in-year operational pressures is projected to increase the underlying deficit carried forward into 2026/27 by £11.800m, unless additional savings schemes are identified..

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

Planned Deficit vs M09 Position £'000s

	1	2	3	4	5	6	7	8	9	10	11	12
Planned Deficit £,000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233
Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	15,216	21,172	27,809	31,843	35,619	40,210	43,250	47,578	51,905	56,233
Actual/ Forecast Deficit above Plan £'000s	1,410	1,803	1,158	2,428	4,379	3,727	2,816	2,721	1,075	717	358	0
24/25 deficit outturn of £27.7m	6,096	11,899	15,216	20,149	20,149	20,993	22,117	23,241	24,365	25,489	26,613	27,737

Management of operational budget pressures

Reported Period: Dec. 2025

Failure to effectively manage budget pressures remains a key risk and is the responsibility of primary budget holders. At month 9, an overall variance to plan of £1.074m was reported. Year-to-date operational variances have been partly offset through vacancies across non-medical staff groups and non-recurrent underspends in non-pay areas. It is anticipated that these operational pressures will continue to be managed and mitigated as the year progresses, enabling the UHB to deliver its planned deficit position of £56.233m.

Following confirmation of the month 5 position, the UHB undertook detailed reviews ("deep dives") across all clinical boards to identify issues and risks and to gain assurance on the actions required to deliver within their agreed deficit control totals.

Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s
Mental Health Out Of Area Placements (OOA)	2,000	2,300
Specialist Services Activity Related Underperformance	1,700	2,050
NI	1,200	2,150
Other	(1,526)	(4,340)
Pay Underspend	(2,300)	(2,160)
Sub-Total Surplus/ Deficit	**1,074**	**0**

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Priorities and Annual Plan Commitments

	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £32.0m savings target	At Month 9, the UHB had identified £32.778m (102.4%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.117m were also identified and continue to be reviewed for progression to Green/Amber where possible. The reported surplus of £0.778m is expected to mitigate ongoing operational pressures. At month 9, £27.097m of recurrent savings have been identified, leaving a shortfall of £4.903m against the £32.0m recurrent target. The combined impact of this savings gap and the full-year effect of in-year operational pressures is projected to increase the underlying deficit carried forward into 2026/27 by £11.800m, unless additional savings schemes are implemented. The second chart illustrates that the profile of the UHB's 2025/26 savings programme is skewed towards the end of the year.	Dec. 2025	2025/26 UHB Savings Programme: Identified vs Requirement £31,291 Target: £32,000 £1,487 £1,177 £32,778 2025/26 Savings Plan vs Actual/Forecast (£'000s) Plan, Green, Amber
	Remain within Cash Limit	Welsh Government required the submission of 2025–26 Strategic Cash Requests by Monday, 8 December 2025. Following approval by the Finance Committee and the Board, the UHB submitted an Accountable Officer letter on 3 December 2025, requesting £56.2m in strategic cash support from Welsh Government to address the cash shortfall resulting from the forecast deficit. In addition, the UHB estimates that it requires £17m of working cash support to cover 2024/25 revenue and capital working balances which are expected to be paid in 2025/26. The closing cash balance at the end of December 2025 was £7.346m. The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right	Dec. 2025	Cumulative Cash drawn against Revenue and Capital Drawing Limit £m Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Cumulative Cash Drawings Revenue & Capital Drawing Limit for year @ current month

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Priority	Performance Summary	Reported Period	On target?
Health Protection	**Seasonal respiratory infections (COVID-19, influenza and RSV)** ***COVID-19*** The Autumn COVID-19 campaign commenced 1 October 2025 and will conclude 31 January 2026.[viii] As of 8 January 2026, 32,832 out of 58,029 individuals in the eligible population were vaccinated. This is an uptake of **56.58%**, in line with the All-Wales average of 56.47%. This uptake is above the local target of 45% but below the national target of 75%. ***Influenza*** The Autumn influenza campaign commenced 1 September 2025 for health and social care staff under the age of 65, infants, children, young people and pregnant women. The influenza immunisation programme commenced on 1 October 2025 for all other eligible population groups and will conclude 31 March 2026. As of 8 January 2026, 67,351 out of 96,928 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of **69.5%**, which is above the All-Wales average of 68.9%. This uptake is below the local target of 72% and the national target of 75%. As of 6 January 2026, 71.6% of individuals registered with a GP in CAVUHB aged 65 and over were immunised.	COVID-19: 1 October 2025 – 31 January 2026 Influenza: 1 October 2025 – 31 January 2026 RSV: 1 Sept 2024 - ongoing	COVID-19: Above local target, below national target. Influenza: Below local and national target. RSV: Below local and national target.

Data

Table 2b. Coverage of the 2025 Autumn COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 08/01/2026, by Local Health Board of residence.

Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)
Aneurin Bevan UHB	81,129	47,226	58.21	61
Betsi Cadwaladr UHB	107,959	64,017	59.30	204
Cardiff and Vale UHB	58,029	32,832	56.58	98
Cwm Taf Morgannwg UHB	58,779	31,435	53.48	46
Hywel Dda UHB	63,656	35,354	55.54	121
Powys THB	23,848	14,027	58.82	49
Swansea Bay UHB	51,942	26,613	51.24	51
All Wales	445,342	251,504	56.47	630

Source: Source: Wales COVID-19 Vaccination Weekly Surveillance Summary

Table 6: Uptake of influenza immunisation in people aged 65 years and older as at 06/01/2026

Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake(%)
Aneurin Bevan UHB	96,179	135,548	71.0
Betsi Cadwaladr UHB	127,896	179,981	71.1
Cardiff and Vale UHB	67,351	96,928	69.5
Cwm Taf Morgannwg UHB	67,533	98,645	68.5
Hywel Dda UHB	72,505	109,366	66.3
Powys Teaching HB	26,941	41,951	64.2
Swansea Bay UHB	58,945	88,981	66.2
All Wales	**517,350**	**751,400**	**68.9**

Source: National Influenza Immunisation Summary,Update 16 (08/01/2026)

Table 5a: Uptake of influenza immunisation in people 16 years to 64 years in a clinical risk group as at 06/01/2026

Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake(%)
Aneurin Bevan UHB	42,283	100,649	42.0
Betsi Cadwaladr UHB	39,884	104,519	38.2
Cardiff and Vale UHB	30,014	72,691	41.3
Cwm Taf Morgannwg UHB	25,242	71,407	35.3
Hywel Dda UHB	19,372	57,150	33.9
Powys Teaching HB	6,955	18,184	38.2
Swansea Bay UHB	19,380	58,812	33.0
All Wales	**183,130**	**483,412**	**37.9**

Source: National Influenza Immunisation Summary, Update 16 (08/01/2026)

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**RSV**			See tables below

RSV

The RSV vaccination programme was introduced 1 September 2024 for older adults as they turn 75 years old and pregnant women at 28 weeks' gestation.

A 12-month, one-off catch-up campaign was introduced 1 September 2024 to target individuals aged between 75 and 79 years old.[ix]

As of December 2025, 2,343 out of 4,132 individuals in the **first-year routine cohort** (those reaching their 75th birthday between 1st September 2024 and 31st August 2025) were vaccinated.

This is an uptake of **56.7%**, which is above the All-Wales average of 50.6%.

This is below the national target of 70%, no local target has been set.

For the RSV **catch-up programme** (resident population aged 75 to 79 as of 1 September 2024), 13,401 out of 19,528 individuals were vaccinated.

This is an uptake of **68.6%**, which is above the All-Wales average of 64.5% and the highest figure across Health Boards in Wales.

Table 1.1.3 Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort), by Health Board of residence.

Local Health Board	Denominator	Vaccinated	Uptake (%)
Aneurin Bevan UHB	6,098	3,292	54.0%
Betsi Cadwaladr UHB	7,997	3,101	38.8%
Cardiff and Vale UHB	4,132	2,343	56.7%
Cwm Taf Morgannwg UHB	4,429	2,600	58.7%
Hywel Dda UHB	4,853	2,510	51.7%
Powys THB	1,832	1,074	58.6%
Swansea Bay UHB	3,892	1,951	50.1%
Unknown	170	46	27.1%
Total	**33,403**	**16,917**	**50.6%**

Table 1.2.1. Uptake of RSV immunisation in resident population aged 75 to 79y as at 1st September 2024 by Health Board of residence.

Local Health Board	Denominator	Vaccinated	Uptake (%)
Aneurin Bevan UHB	28,613	18,446	64.5%
Betsi Cadwaladr UHB	39,142	26,382	67.4%
Cardiff and Vale UHB	19,528	13,401	68.6%
Cwm Taf Morgannwg UHB	21,234	14,112	66.5%
Hywel Dda UHB	23,304	13,425	57.6%
Powys THB	8,873	5,962	67.2%
Swansea Bay UHB	18,688	11,330	60.6%
Unknown	964	335	34.8%
Wales Total	**160,346**	**103,393**	**64.5%**

Source: RSV Vaccination Report: December 2025

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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** ***Up to date by age 4*** For July-September 2025, **81.5%** of children are up to date with vaccination by age 4. This is an increase from the previous quarter (77%) but below the All-Wales average of 84.3%. ***Up to date by age 5*** For July-September 2025, **83.6%** of children are up to date with vaccinations by age 5. This is a decrease from the previous quarter (85.6%) and below the All-Wales average of 88%. This is below the local target of 84.7% and the national target of 95%. ***HPV by age 15*** For July – September 2025, uptake of HPV vaccine for children reaching 15 years of age was **72.6%**. This is below the All-Wales average of 74.9%. This is above the local target of 67% but below the national target of 90%.	Up-to-date by age 4 and 5: July – Sept 2025 HPV by age 15: July – September 2025	Up to date by age 5: Below local and national target. HPV by age 15: Above local target, below national target.	Cardiff & Vale UHB quarterly COVER trends Cardiff and Vale UHB 95% Uptake (%) Data quality Improvements from 2018q4 Vaccine (age) Up to date* (4 years) **Source:** Cardiff & Vale UHB quarterly COVER trends, 12 January 2026

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Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Healthy weight:** • 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. • 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. • 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.	2023/24	**Healthy weight:** On target	Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children 90.0 80.0 70.0 60.0 50.0 40.0 30.0 20.0 10.0 0.0 2011/12 2012/13 2013/14 2014/15 2015/16 2016/17 2017/18 2018/19 2019/20 2020/21 2021/22 2022/23 2023/24 Cardiff and Vale UHB Cardiff Vale of Glamorgan Wales
	Weight management services • L2 – 510 new patients capacity • L3 – 46 new patients capacity	Q1 2025/26	**Weight management services:** Below target	

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Priority	Performance Summary	Reported Period	On target?	Data
Health improvement	**Diabetes** **Percentage of patients with diabetes with completed care processes** • Slow downward trend • 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.	Dec 2025	Below target	(see table below)

Care process	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Urine ACR	63.14%	62.91%	62.9%	63.14%	63.1%	63.07%	63.04%	63.64%	63.3%
Foot check	70.28%	69.62%	69.84%	69.7%	69.42%	69.45%	69.06%	69.02%	69.05%
Smoking status	73.98%	72.9%	73.03%	72.56%	72.41%	72.06%	71.62%	71.44%	71.5%
BMI	78.91%	78.37%	78.57%	78.33%	78.3%	78.04%	77.95%	77.92%	77.73%
Serum cholesterol	80.63%	80.29%	80.4%	80.47%	80.36%	80.15%	80.15%	80.31%	80.34%
Blood pressure	86.8%	86.32%	86.46%	86.75%	86.76%	86.77%	86.65%	86.69%	86.66%
HbA1c	88.91%	88.63%	88.58%	88.55%	88.62%	88.35%	88.24%	88.28%	88.31%
Serum creatinine	88.8%	88.58%	88.69%	88.63%	88.74%	88.44%	88.4%	88.43%	88.43%

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Measure	Quarter	Performance standard	Performance summary*	Trend
Percentage of the estimated smoking population of Cardiff and Vale who made a quit attempt via smoking cessation services ('treated smokers')	Q2 2025/26	Annual target is 5% of the estimated 38,800 Cardiff and Vale residents who smoke (n=1,940).	A total of **318** adult smokers made a quit attempt via smoking cessation services. This represents **0.82%** of the annual 5% target (Q2 2025/26). This number is consistent with Q1 performance, and is above any quarter in 2024/25. 2025/26 Q1 & Q2 cumulative = **1.63%** **Running below target** Breakdown for Q2: 191 HMQ Community (incl. telephone service) 89 HMQ Community Pharmacy 27 Hospital Smoking Cessation Service	**Cumulative percentage of estimated smoking population of CAV who made a quit attempt via smoking cessation services ('treated smoker')** 6.00 5.00 4.00 3.00 2.00 1.00 0.00 Q1 Q2 Q3 Q4 2025/2026 2024/2025 Target
Percentage of Cardiff and Vale resident 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date	Q2 2025/26	40%	All smoking cessation services combined = **32%** **Below target** Breakdown: 51% HMQ Community (service detail on next slide) 0% HMQ Telephone Service 20% Level 3 Community Pharmacy 45% Hospital Smoking Cessation Service	**Percentage of CAV 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date** 45 40 35 30 25 20 15 10 5 0 Q1 Q2 Q3 Q4 2025/2026 2024/2025 Target

NOTE. There is a time lag of around 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.

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Priority	Performance Summary	Reported Period	On target?	Data
Substance misuse	**Substance misuse** • 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. • 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. • 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.	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 Q1	Q2	Q3	Q4
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services *Quarter 1 25/26* • *182 treated smokers achieved by Community HMQ service* • *101 treated smokers achieved by Level 3 Pharmacy* • *27 treated smokers achieved by Hospital Smoking Cessation service* • *Total = 310*	Q2 25/26	Annual Target is 5% of 39,000 smokers n = **1940** Quarterly target is 1.25% of 39,000 smokers n = **475**	0.82% (Q2 25/26) Below national target Meets local target 0.8	310 = 0.8% (Q1 25/26)	318 = 0.82% (Q2 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. *Quarter 1 25/26* • *CO validated 4 week quit rates – Total 38%* • *HMQ Community – 37%* • *Level 3 – 21%* • *Hospital – 56%*	Q1 25/26	40%	32% (Q1 25/26) Below target	38% (Q1 25/26)	32% (Q2 25/26)		

Other measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend Q1	Q2	Q2	Q4
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q1 25/26	100%	97% Q1 25/26 Below target	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 Meeting target	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)* *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. The measure may also include other services outside Cardiff and Vale, but where the client resides in Cardiff and Vale.*	Q1 2025/26	4 quarter improvement trend		68.70%	78.48%		

**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 **health board and health board commissioned services** 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 health board services** 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			
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)	July-Sept 25	95%	83.6%	**Jan-Mar**	**Apr-Jun**	**Jul-Sept**	**Oct-Dec**
					84.6%	85.6%	83.6%	
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *Applicable during: 01.04.2025 - 30.06.2025 and 01.01.2026 - 31.03.2026*	July-Sept 25	90%	71.0%	**Q1**	**Q2**	**Q3**	**Q4**
					68.8%	71.3%	72.6	
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *Applicable during: 01.09.2025 - 31.03.2026*	1 Oct 25 – 31 Mar 26	75%	69.5%	**7/10/25**	**04/11/25**	**25/11/25**	**08/01/26**
					18.3%	54%	63.6%	69.5%
7.	Percentage uptake of the COVID-19 vaccination for those eligible *Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026*	1 Oct 25 – 31 Jan 26	75%	56.08%	**6/11/25**	**20/11/25**	**01/01/26**	
					29.85%	39.25%	56.58%	
	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old *Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort)*	1.9.24 - ongoing	70%	56.7%	**Sep 25**	**Nov 25**	**Dec 25**	
					53.4%	56%	56.7%	

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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	Oct-25	90%	**8.3%** Below standard	Jul-25: 8.3%	Aug-25: 6.3%	Sep-25: 6.7%	Oct-25: 8.3%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Oct-25	90%	**95.1%** Above standard	Jul-25: 96.1%	Aug-25: 98.2%	Sep-25: 96.8%	Oct-25: 95.1%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Nov-25	95%	**100%** Above standard	Aug-25: 97.1%	Sep-25: 96.2%	Oct-25: 96.0%	Nov-25: 100.0%

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In December utilisation was 85%, 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	Dec-25	85% utilisation Below standard	UPCC Utilisation
	Community visits – 95% of face-to-face visits within 8 hours Q1 to date 94% compliance with 8-hour standard	Aug-25	94% Below standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4** In December we reported 40 2-hour ambulance delays, through a period of intense operational pressure at the end of the month. In December we reported 194 1-hour ambulance delays, an increase from November but below our commitment of <365 In December lost minutes per arrival increased to 17, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper	Dec-25	40 2-hour delays Above standard 194 1-hour delays Below standard 17 minutes lost/arrival Above standard	Ambulance handover >1 hour EU more than 12 hours
	ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3 In December we reported an increase in patients waiting 12-hours in EU compared to November. This equates to 91.3% of attendances waiting less than 12-hours and below our ambition for Q4	Dec-25	91.28% patients <12h Below standard	
	SDEC units In November we reported an increase in activity compared to September, and increased from October 2024 activity.	Nov-25	1826 SDEC attends Below standard	Number of patients seen in SDECs
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of December 56.8% of patients in acute beds had a LOS of >7 days, 27.9% >21 days – a slight deterioration from November. See paper for POCD update	Dec-25	56.8% >7d Above standard 27.9% >21d Above standard	Delayed Pathways of Care)
	Pathway of Care Delays – <160 delayed patients each month In December 2025 the number of POCDs was 158 – this is lower than October and November – actions undertaken with local authority partners are detailed in the paper	Dec-25	158 Above standard	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In November 53.5.2% of patients were received their CT scan within 1 hour of arrival at EU, a small decrease from October **Thrombolysis – 20% thrombolysis rate** In November 20.3 % of stroke patients were thrombolysed, an increase from October. We are clinically reviewing internally and working with colleagues from NHS Executive **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In November 51.6.8% 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 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	Nov-25	53.6% CT Below standard 20.3% Thrombolysis Below standard 51.6% Door-to-ward Below standard	CT Scan within 1 hour 80%, 60%, 40%, 20%, 0% Sep-24, Oct-24, Nov-24, Dec-24, Jan-25, Feb-25, Mar-25, Apr-25, May-25, Jun-25, Jul-25, Aug-25, Sep-25, Oct-25, Nov-25 Performance, Standard Stroke patient thrombolysis rate 30%, 20%, 10%, 0% Sep 24, Oct 24, Nov 24, Dec 24, Jan 25, Feb 25, Mar 25, Apr 25, May 25, Jun 25, Jul 25, Aug 25, Sep 25, Oct 25, Nov 25 Standard Direct admission to stroke unit within 4 hours 100%, 80%, 60%, 40%, 20%, 0% Sep-24, Oct-24, Nov-24, Dec-24, Jan-25, Feb-25, Mar-25, Apr-25, May-25, Jun-25, Jul-25, Aug-25, Sep-25, Oct-25, Nov-25 Performance, Standard
High Impact pathways – Hip fracture	**Hip Fracture** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In November our annualised compliance showed 36.7% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9.9%.	Nov-25	36.7% (Annualised) Below standard	Admitted within 4 hours 100%, 90%, 80%, 70%, 60%, 50%, 40%, 30%, 20%, 10%, 0% Sep-24, Oct-24, Nov-24, Dec-24, Jan-25, Feb-25, Mar-25, Apr-25, May-25, Jun-25, Jul-25, Aug-25, Sep-25, Oct-25, Nov-25

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C&V Priorities and Annual Plan Commitments

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** 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 **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** 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 **Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service** In November 100% of practices were providing CCPS services, providing 2,797 consultations **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Sep-25 Nov-25	100% At standard 50.2% At standard (Apr-25 – Sep-25) 2,797 Above standard 100% Above standard	GDS contract value fulfillment Standard; % GDS contract
Cancer	**Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4** In November 53.3% 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 >62 days for treatment increase and performance is challenged as a result of treating the longest waiting patients in month. More detail is discussed in the accompanying paper	Nov-25	53.3% Below standard	% cancer patients starting treatment withing 62 days Trajectory; SCP performance

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In December there were 11,049 patients waiting 52 weeks for their first outpatient appointment. This is improved from November, additional actions are outlined in the cover paper	Dec-25	11,049 patients Above standard	RTT > 52 weeks New Outpatient (chart: Trajectory, >52 Weeks New OP, Standard Sep-24; Sep-24 to Dec-25)
	Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In December there were 609 patients waiting 104 weeks for treatment. This is reduced from November and delivers the trajectory shared with Welsh Government for Q3.		609 patients Below standard (Q3)	RTT > 104 weeks (chart: Trajectory, >104 Weeks, Standard Dec-24; Sep-24 to Dec-25)
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In November 10,138 patients were waiting over 8 weeks for a specified diagnostic, A reduction from October. Improvement in the radiology position this month, with NOUS waits also notably reduced.	Nov-25	10,138 patients Diagnostics Above standard	Patients waiting >8 weeks - Diagnostics (chart: Trajectory, Waiting over 8 Weeks; Aug-24 to Nov-25)
	Therapies – National standard of zero 14 week waits In November 896 patients were waiting over 14 weeks for therapies, An decrease from October. 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		896 patients Therapies Above standard	Patients waiting >14 weeks - Therapies (chart: Waiting over 14 Weeks, Standard Q3; Aug-24 to Nov-25)

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In December there were 0 patients waiting over 52 weeks for a new outpatient appointment	Dec-25	0 Meeting standard	
Emotional Health and Wellbeing	**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 <28 days** In November 98.6% of assessments were completed within 28 days **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** In November 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 **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In November 95% of patients had a valid Care and Treatment Plan, above our ambition	Nov-25	98.9% Part 1a Above standard 100% Part 1b Above standard 95% Part 2 Above standard	LPMHSS assessments started 28 days < 18 years 100.0% 90.0% 80.0% 70.0% 60.0% 50.0% Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Performance Standard Theraputic interventions started 28 days < 18 years 100% 80% 60% 40% 20% 0% Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Trajectory Performance Valid Treatment Plan < 18 Years 100% 80% 60% 40% 20% 0% Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Performance Standard

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**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 <28 days** In November 100% of patients received their assessment within 28 days. Referrals to the service remain high.	Nov-25	100% Part 1a Above standard	LPMHSS assessments started 28 days - Adults
Mental Health Measures – Part 1b	**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** In November 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Nov-25	100% Part 1b Above standard	Theraputic interventions started 28 days - Adults
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In November 63% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper	Nov-25	63% Part 2 Below standard	Adults with a Valid CPT

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NHS Wales Performance Framework Measures

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%	**100%** At standard	19/20: 93.4%; 20/21: 95.0%; 21/22: 96.5%; 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Dec-25	Improvement compared to the same month in the previous year	**44.8%** Above standard	Sep-25: 45.3%; Oct-25: 44.9%; Nov-25: 45.0%; Dec-25: 44.8%
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 - Oct-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**58.2%** Above standard	Apr-25 to Jul-25: 32.8%; Apr-25 to Aug-25: 40.8%; Apr-25 to Sep-25: 50.2%; Apr-25 to Oct-25: 58.2%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-25	Increase compared to the same month in the previous year	**2723** Above standard	Aug-25: 2299; Sep-25: 2508; Oct-25: 2755; Nov-25: 2723
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	Nov-25	80%	**98.9%** Above standard	Aug-25: 99.0%; Sep-25: 98.6%; Oct-25: 100.0%; Nov-25: 98.9%
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	Nov-25	80%	**100%** Above standard	Aug-25: 100.0%; Sep-25: 100.0%; Oct-25: 100.0%; Nov-25: 100.0%
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	Nov-25	80%	**99.8%** Above standard	Aug-25: 92.4%; Sep-25: 95.9%; Oct-25: 100.0%; Nov-25: 99.8%
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	Nov-25	80%	**100%** Above standard	Aug-25: 99.0%; Sep-25: 99.6%; Oct-25: 96.0%; Nov-25: 100.0%
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%	**50%** Below standard	Mar-25: 50%; Apr-25: 51%; May-25: 50%; Jun-25: 50%
20.	Median emergency response time to amber calls	Nov-25	12 month reduction trend	**01:44:47** Above standard	Aug-25: 01:26:17; Sep-25: 01:17:42; Oct-25: 01:23:34; Nov-25: 01:44:47

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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	Nov-25	15 minutes or less	**5** Below standard	Aug-25: 5; Sep-25: 5; Oct-25: 5; Nov-25: 5
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Nov-25	60 minutes or less	**78** Above standard	Aug-25: 71; Sep-25: 73; Oct-25: 82; Nov-25: 78
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	Dec-25	Improvement compared to the same month in the previous year, towards the national target of 95%	**57.3%** Below standard	Sep-25: 59.7%; Oct-25: 60.1%; Nov-25: 58.2%; Dec-25: 57.3%
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	Dec-25	Reduction compared to the same month in the previous year, towards the national target of zero	**1020** Above standard	Sep-25: 785; Oct-25: 949; Nov-25: 1006; Dec-25: 1019
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Nov-25	12 month improvement trend towards a national target of 80% by 31 March 2026	**53.3%** Below standard	Aug-25: 68.4%; Sep-25: 60.2%; Oct-25: 60.7%; Nov-25: 53.3%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-25	0	**10,138** Below standard	Aug-25: 14243; Sep-25: 13667; Oct-25: 11210; Nov-25: 10138
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Nov-25	100%	**57.40%** Below standard	Aug-25: 64.07%; Sep-25: 59.41%; Oct-25: 57.15%; Nov-25: 57.40%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-25	0	**896** Above standard	Aug-25: 797; Sep-25: 894; Oct-25: 948; Nov-25: 896
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Oct-25	0	**1,277** Above standard	Jul-25: 861; Aug-25: 999; Sep-25: 1079; Oct-25: 1277

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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	Dec-25	0	**11,049** Above standard	Sep-25: 13617; Oct-25: 12461; Nov-25: 11281; Dec-25: 11049
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-25	Reduction compared to the same month in the previous year	**26,146** Below standard	Aug-25: 24346; Sep-25: 24869; Oct-25: 26898; Nov-25: 26146
32.	Number of patients waiting more than 104 weeks for referral to treatment	Dec-25	0	**609** Above standard	Sep-25: 981; Oct-25: 1202; Nov-25: 1026; Dec-25: 609
33.	Number of patients waiting more than 52 weeks for referral to treatment	Dec-25	Month on month reduction towards the national target of zero by 30 June 2025	**30,286** Above standard	Sep-25: 31707; Oct-25: 31728; Nov-25: 30964; Dec-25: 30286
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Nov-25	80%	**17%** Below standard	Aug-25: 21.5%; Sep-25: 21.2%; Oct-25: 18.6%; Nov-25: 17.0%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Nov-25	80%	**78%** Below standard	Aug-25: 71.6%; Sep-25: 73.4%; Oct-25: 72.9%; Nov-25: 78.1%

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Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Jan-25; the rates have fallen from 9.40% at Jan-25 to 8.19% in Dec-25 UHB wide. There has been a net 1.21% decrease, which represents 174 WTE fewer leavers. 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'.	December 2025	
Sickness Absence	The monthly sickness rate for Dec-25 was 6.70%. The 12-month cumulative rate has risen slightly during the past year and is 6.43% at Dec-25 (an increase of 0.20% by comparison with the 12-month cumulative rate at Dec-24).	December 2025	
Statutory and Mandatory Training	The overall compliance rates rose for Dec-25 to 82.42%, 2.58% below the overall target. The compliance for All Wales Genomics Service, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are above the 85% target; and Corporate Executives, Children & Women's, PCIC, Specialist Services and Mental Health are above 80% compliance. The compliance with Fire training has risen to 73.24% at Dec-25 . Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.	December 2025	
Values Based Appraisal	VBA compliance has risen for Dec-25, to 71.93%. Capital, Estates & Facilities remains the only Clinical Board that has achieved the 85% target rate%.	December 2025 2025	
Employee Relations	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. **Suspensions** - Four members of staff have been suspended/excluded for three months: · Two cases remain subject to ongoing Criminal Investigations. · 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. · One case is under formal investigation in accordance with the Upholding Professional Standard in Wales procedure.	October 2025	

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Priority	Performance Summary	Reported Period	Data
Job Plans	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 Dec-25 82.54% of clinicians have a signed off job plan.	December 2025	Job Plan Compliance Rate
Medical Appraisals	The rate of compliance with Medical Appraisal fell to 85.73% for Dec-25, above the 85% target.	December 2025	Medical Appraisal Compliance Rate
Staff in Post	The overall Health Board Staffing Numbers have fallen in the last 12 months by 192 WTE, to 15,244 WTE at Dec-25. Since Feb-25 there had been a reduction of 245 WTE, which has been achieved through the implementation of a vacancy freeze from Jan-25. The increase during Sep-25 and Oct-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.	December 2025	WTE Permanent and Fixed-Term Staff in Post Numbers
Variable Pay (Bank, Agency, Overtime..)	The 12-month trend of proportion of pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jan-25 the percentage was 7.53% of the total spend on pay, but in Dec-25 had fallen to 6.24%. There is however a rising trend since Apr-25, and the total pay bill is increasing.	December 2025	Proportion of Total Pay Bill Attributable to Variable Pay
Staff Winter Vaccination Programme	The winter flu vaccination programme for 2025-26 commenced in Sep-25; the vaccination rate at Dec-25 was 43.70%, against a target of 75%.	December 2025	Staff Vaccination Rate
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for Jan-25 was 0.63% of the total spend on pay and was 0.54% at Dec-25. The percentage has risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	December 2025	Agency Spend as % of Total Pay Bill

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Priority	Performance Summary	Reported Period	Data
Time to Hire	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 62.3 days. The figure for Cardiff & Vale uHB for Dec-25 was 90 days. This change is due to the vacancy freeze implemented in Jan-25, which will continue until Mar-26.	December 2025	
Time to Shortlist	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 7.3 days. The figure for Cardiff & Vale uHB for Dec-25 was 5 days.	December 2025	
Exit Questionnaire Completion	At Dec-25 the return rate of exit questionnaires was 14%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Mar-26.	December 2025	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	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 Dec-25 the rate was 0.56%, by comparison with a nominal 5% target. ESR position data continues to be validated.	December 2025	
Provision of EDI Data in ESR	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. At Dec-25 35.73% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	December 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 39.02% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Dec-25 7.27% of staff have identified their Welsh Skills as between level 2 and level 5.	December 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff (In-month)	December 2025	5.50%	**6.70%**	Aug-25: 6.21%; Sep-25: 6.61%; Oct-25: 6.96%; Nov-25: 6.89%; Dec-25: 6.70%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	December 2025	5.50%	**6.43%**	Aug-25: 6.37%; Sep-25: 6.41%; Oct-25: 6.42%; Nov-25: 6.46%; Dec-25: 6.43%
38.	Staff turnover	December 2025	7%-9%	**8.19%**	Aug-25: 8.41%; Sep-25: 8.28%; Oct-25: 8.39%; Nov-25: 8.37%; Dec-25: 8.19%
39.	Agency spend as a percentage of the total pay bill.	December 2025	12-month reduction trend	**0.54%**	Aug-25: 0.39%; Sep-25: 0.54%; Oct-25: 0.33%; Nov-25: 0.54%; Dec-25: 0.54%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	December 2025	85%	**72.77%**	Aug-25: 71.26%; Sep-25: 71.33%; Oct-25: 71.15%; Nov-25: 72.22%; Dec-25: 72.77%

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30-day performance	**Welsh Government target for responding to concerns is 75% within 30 working days** **During November and December 25, the Health Board** Received 471 Concerns Closed 465 concerns 65 % closed within 30 working days (including Early Resolution) 14 % closed under Early Resolution (within 2 days including day of receipt) In addition Received 642 Enquiries Received 86 Compliments We currently have 306 active concerns **Top 3 themes and trends** Clinical Treatment and Assessment Concerns around appointments (waiting times/cancellations) Communication	Nov and Dec 25		% of Concerns closed within 30 working days including Early Resolution 80 70 60 50 40 30 20 10 0 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 Nov-25 Dec-25 33 30 30 30 28 28 28 28 23 20 All Wales Median: 28 30 20 10 0 ABU LHB CTMU LHB Velindre WAST HDU LHB PHW NT PT LHB SBU LHB BCU LHB CVU LHB
Duty of Candour	**Duty of Candour:** **Themes and trends:** Falls Pressure damage Lost to follow-up Delays / cancellations in diagnosis or treatment Missing/unclear documentation contributing to missed assessments and escalation	*Oct to Dec 25*		Duty of Candour 2500 2000 1500 1000 500 0 October: 2168, 10 November: 2012, 17 December: 1990, 16 Total Incidents Reported / Total Incidents Triggered DOC

Month	Total Incidents Reported	Total Incidents Triggered DOC
October	2168	10
November	2012	17
December	1990	16
	Total 6170	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Patient Feedback – Civica	The system became operational on **Friday, 28 October 2022**. We are currently administering surveys to up to **1,000 patients per day** via text message. Of these, **600 patients** are randomly selected from general hospital activity, **200** from Emergency Unit (EU) activity, and **200** from Mental Health services. Over the past 12 months, more than **185,000 text messages** have been distributed, yielding an overall **response rate of 16%**. (figures based on PES) In **December**, a total of **14,785 messages** were sent, resulting in **2,423 completed surveys**, which corresponds to a **response rate of 16%**. Among respondents discharged in **November and December** who answered the rating question, **83% reported satisfaction** with the service received. While our current overall response rate of **16%** exceeds that of many comparable organisations, we remain committed to enhancing engagement and will prioritise improvements in this area over the coming year.	Nov/Dec 2025		PES rating question satisfaction score for the three SMS cohorts: Random, EU and Mental Health Score (%): 95, 90, 85, 80, 75, 70, 65 Jul-25, Aug-25, Sep-25, Oct-25, Nov-25, Dec-25 Benchmark, Random, EU, MH, All
Patient Safety	The UHB reported an NRI rate of 2.32 per 100,000 population, (All-Wales rate of 2.50 per 100,000). Between 01 January 2025 and 31 December 2025, the UHB has reported 182 Nationally reportable Incidents in 2025 . Analysis of all incidents closed between September 2024 and September 2025 demonstrated that 73% had a post investigation harm level of No low or moderate harm. One never event was reported in November 2025 . 51% of all nationally reportable incidents remain open over 90 days although 26 % of these incidents are relating to perinatal and maternal outcomes which are reportable through the Mothers and Babies: reducing Risk through Auduts and Confidential Enquiries (MBRRACE) reportable cases with a timescale of 120 days allocated from the outset.	December 25		

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	The all-cause mortality rate across the Cardiff and Vale UHB area has remained below the five year average for the past 2 months and as yet there is no observed seasonal increase in deaths relating to respiratory infections. Crude inpatient mortality was 1.32% in November 2025 below under the all-Wales average and the lowest of all Health Boards in Wales. However, the UHB measurement of Risk Adjusted Mortality Index (RAMI) remains high, but it is likely that delays in clinical coding are impacting the reliability of this data. Work is underway to explore greater collaboration between coding and clinical teams in Stroke services to improve coding and opportunities to further expand this approach into orthopaedics.	December 25		
Infection Control	*Clostridiodes difficile* – The total number of CDI cases this year is currently 149, with 56 hospital onset. This number of hospital onset cases is 34 lower than this period in 2024/2025. CAV UHB have the second lowest rate of the 6 acute Health Boards in Wales. MRSA - The total number of MRSA cases this year is currently 14, with 7 hospital onset. This number of cases is 3 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. MSSA - The total number of MSSA cases this year is currently 97, with 39 hospital onset. This number of cases is 10 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 2nd lowest rate of the 6 acute Health Boards in Wales. E.coli - The total number of E.coli cases this year is currently 169, with 48 hospital onset. This number of cases is 9 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales. *Klebsiella spec's* - The total number of Klebs cases this year is currently 92, with 46 hospital onset. This number of cases is 9 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. PAER - The total number of Pseud cases this year is currently 16, with 12 hospital onset. This number of cases 10 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales.	December 25		Graph 2: C. difficile Cumulative Monthly Numbers & Reduction Expecations for Cardiff & Vale UHB Graph 2: MRSA Bacteraemia Cumulative Monthly Numbers & Reduction Expecations for Cardiff & Vale UHB Graph 2: MSSA Bacteraemia Cumulative Monthly Numbers & Reduction Expecations for Cardiff & Vale UHB Graph 2: E. coli Bacteraemia Cumulative Monthly Numbers & Reduction Expecations for Cardiff & Vale UHB Graph 2: P.Aeruginosa Bacteraemia Cumulative Monthly Numbers & Reduction Expecations for Cardiff & Vale UHB Graph 2: Klebsiella Spp Bacteraemia Cumulative Monthly Numbers & Reduction Expecations for Cardiff & Vale UHB

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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	Oct-25	12 month improvement trend	**57.0%** Below standard	Jul-25: 51.9%; Aug-25: 68.7%; Sep-25: 73.4%; Oct-25: 57.0%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Oct-25	90%	**92.6%** Below standard	Jul-25: 39.7%; Aug-25: 88.2%; Sep-25: 31.3%; Oct-25: 92.6%
42.	Number of Pathways of Care delayed discharges	Dec-25	12 month reduction trend	**158** Above standard	Sep-25: 176; Oct-25: 177; Nov-25: 187; Dec-25: 158
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	Nov-25	90%	**95%** Above standard	Aug-25: 97.7%; Sep-25: 97.7%; Oct-25: 88.0%; Nov-25: 95.0%
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	Nov-25	90%	**63%** Below standard	Aug-25: 56.2%; Sep-25: 56.0%; Oct-25: 57.7%; Nov-25: 63.0%
45.	Number of service user feedback experience responses completed and recorded on CIVICA,figures lower for this period due to system failure.	Nov/Dec 25	(Some system issues)	**6076**	In November and December we sent 31,765 texts

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No.Reducing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
46.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Dec-25	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**92** **24** 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: *E.coli* and; *S.aureus* (MRSA and MSSA)	Dec-25	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**54.29 cases per 100,000 population** Below Standard **29.53 cases per 100,000 population** 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 *C.difficile* cases per 100,000 population	Dec-25	25 cases per 100,000 population	**37.9 cases per 100,000 population** 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)	Nov-25	Reduction compared to the same month in the previous year	**19.2%** On standard	Aug-25: 39.3%; Sep-25: 34.7%; Oct-25: 30.2%; Nov-25: 19.2%
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-25	12 month improvement trend towards national target of 95%	**70.2%** Below standard	Aug-25: 65.23%; Sep-25: 64.58%; Oct-25: 67.13%; Nov-25: 70.20%
51.	Number of ambulance patient handovers over one hour	Dec-25	0	**194** Under standard	Sep-25: 39; Oct-25: 147; Nov-25: 150; Dec-25: 194
52	Percentage of ambulance patient handovers within 15 minutes	Dec-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**15.40%** Below standard	Sep-25: 25.20%; Oct-25: 17.64%; Nov-25: 17.85%; Dec-25: 15.40%
53.	Number of National Reportable incidents that remain open 90 days or more	Dec-25	Reducing	**51%**	Improving position with decreasing proportion open over 90 days and 26% of all cases MBBRACE reportable and there are 120 day timescales

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Digital & Health Intelligence

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Digital & Health Intelligence Scorecard

Year 2025		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
36944 Incidents Opened	60856 Requests Opened	688 Incidents Opened	1211 Requests Opened	688 Incidents Opened	1211 Requests Opened
35978 Incidents Closed	54090 Closed Requests	547 Incidents Closed	328 Closed Requests	547 Incidents Closed	328 Closed Requests
966 Remaining Open	6766 Remaining Open	141 Remaining Open	883 Remaining Open	141 Remaining Open	883 Remaining Open
5.96 Avg Duration (Days)	4.87 Avg Duration (Days)	0.16 Avg Duration (Days)	0.48 Avg Duration (Days)	0.16 Avg Duration (Days)	0.48 Avg Duration (Days)

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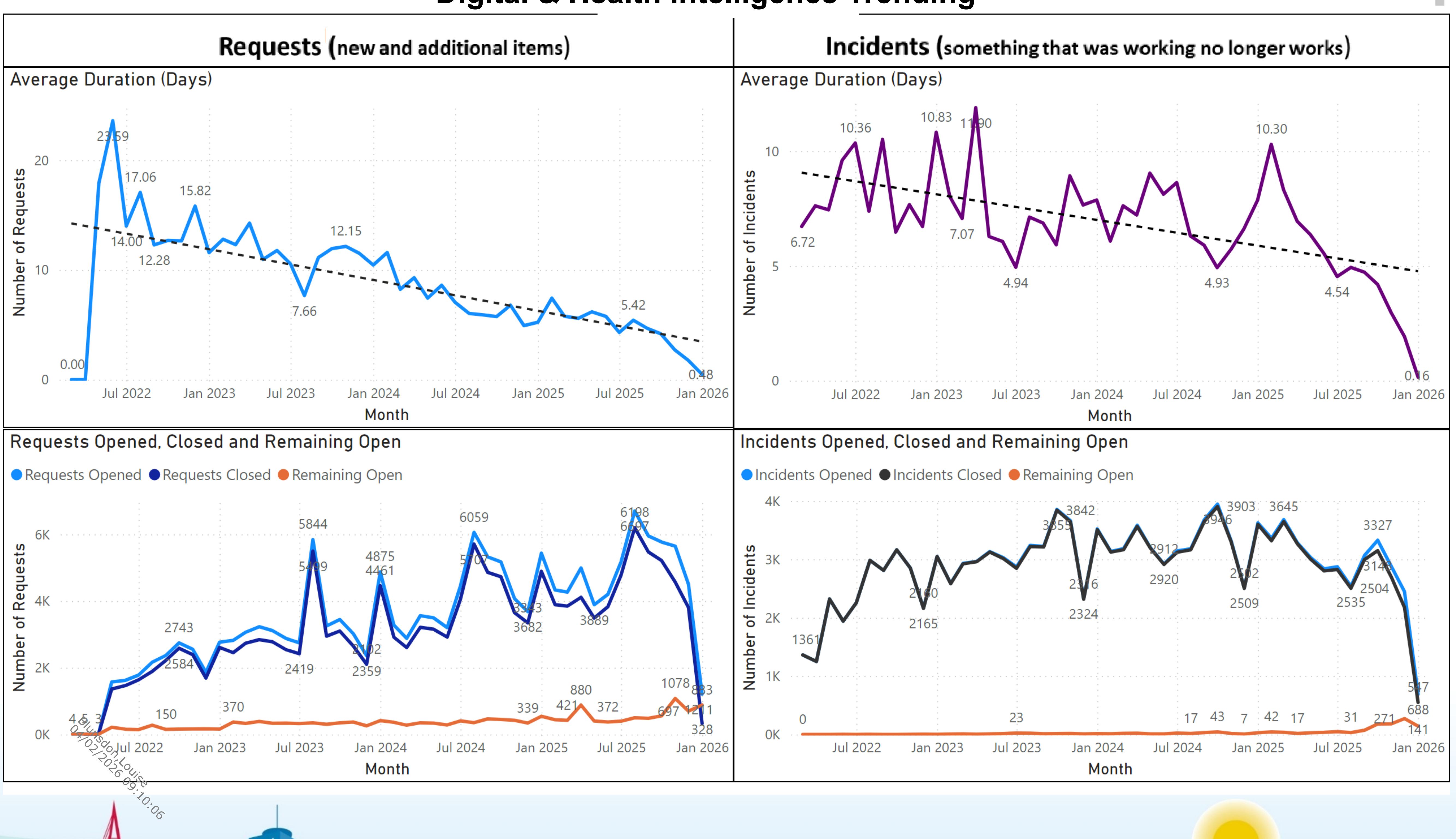
Digital & Health Intelligence Trending



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Service Desk Scorecard

Year 2025		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
14537 Incidents Opened	29749 Requests Opened	215 Incidents Opened	452 Requests Opened	215 Incidents Opened	452 Requests Opened
14196 Incidents Closed	26314 Closed Requests	138 Incidents Closed	150 Closed Requests	138 Incidents Closed	150 Closed Requests
341 Remaining Open	3435 Remaining Open	77 Remaining Open	302 Remaining Open	77 Remaining Open	302 Remaining Open
7.12 Avg Duration (Days)	4.57 Avg Duration (Days)	0.19 Avg Duration (Days)	0.41 Avg Duration (Days)	0.19 Avg Duration (Days)	0.41 Avg Duration (Days)

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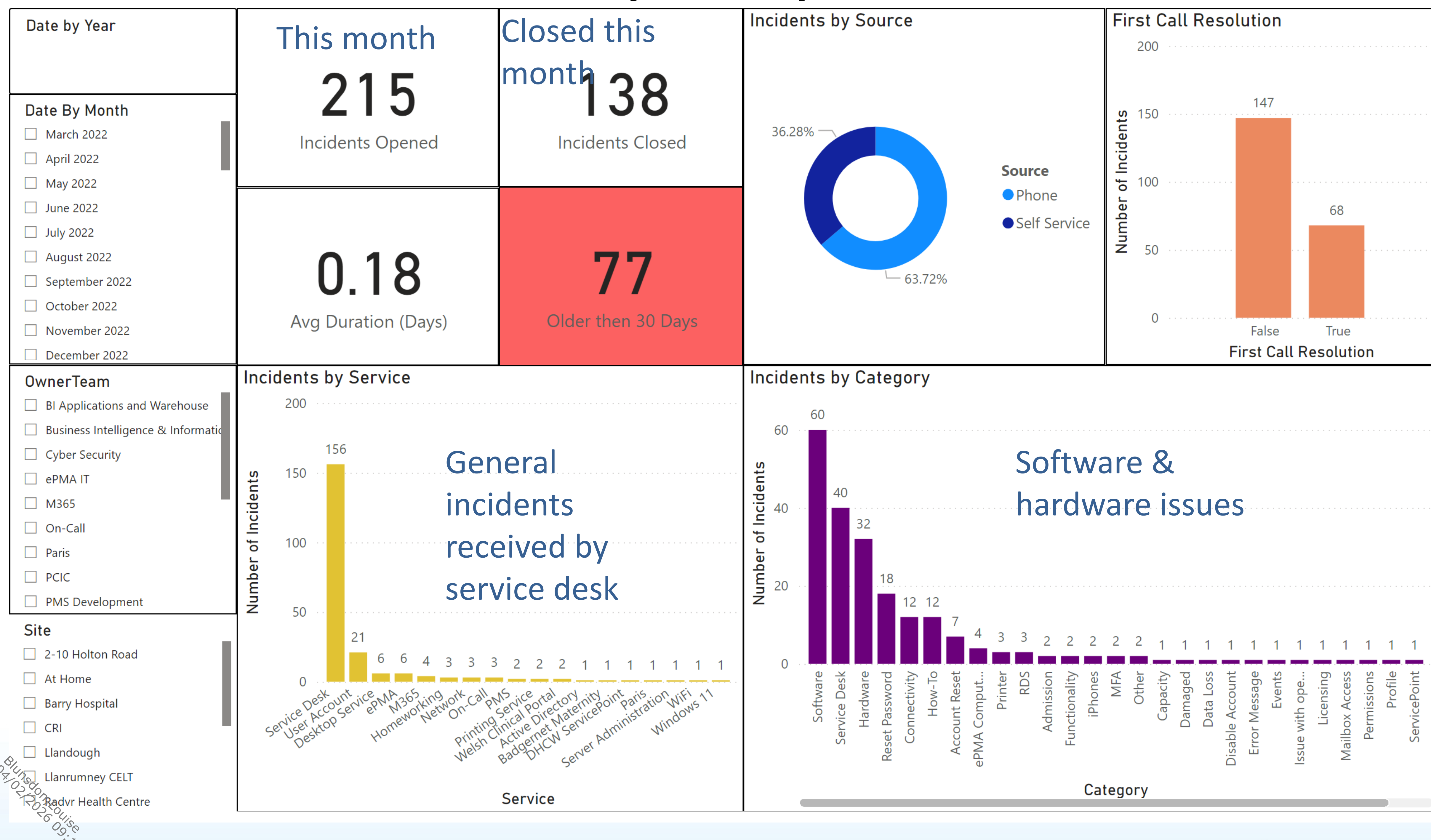
Summary of Activity



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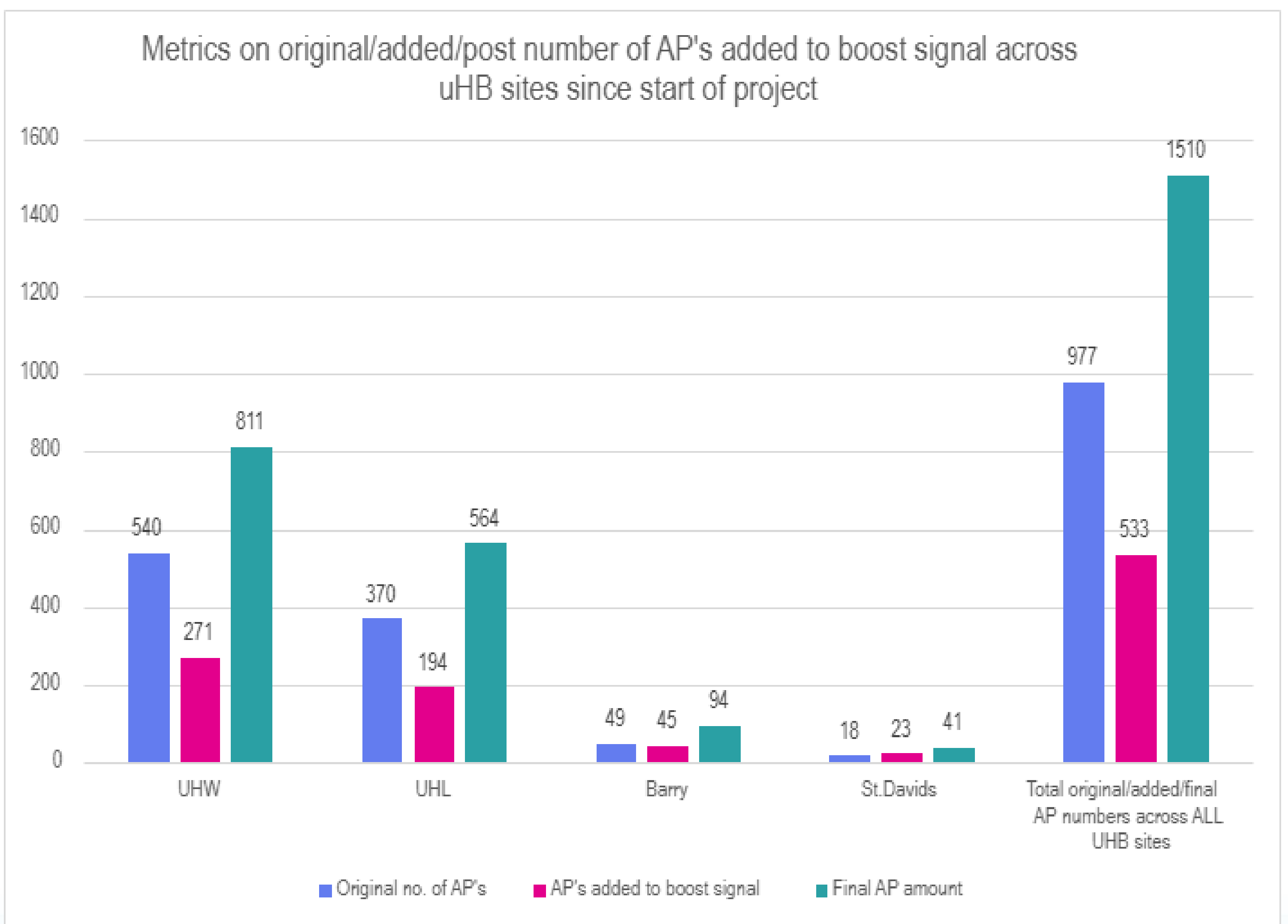
WiFi Implementation

Current metrics on AP's for Wi-Fi project as of 5th January 2026



Total areas (including ePMA, wider Wi-Fi & CEF:	Total areas complete	% total of areas complete
203	88	43%

Total ePMA areas (ePMA only)**	Total areas complete	% total of areas complete
*125	70	56%

Total wider Wi-Fi/CEF areas: (CEF & wider Wi-Fi only)	Total areas complete	% total of areas complete
*78	18	23%

*Please note that these figures can regularly change to some extent as some areas are moved or updated to either an ePMA priority area or categorized as a wider Wi-Fi area.

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Phase 6 Wi-Fi work schedule

CAVUHB Wi-Fi Project

Implementation plan

Key
*Strikethrough means ward completed

Gantt Chart
Q4 2026
5th January - 5th April 2026

Process	Quarter 4 2026 Jan				Quarter 4 2026 Feb				Quarter 4 2026 March/Apr				
	Week 1 05/01	Week 2 12/01	Week 3 19/01	Week 4 26/01	Week 1 02/02	Week 2 09/02	Week 3 16/02	Week 4 23/02	Week 1 02/03/	Week 2 09/03	Week 3 16/03	Week 4 23/03	Week 1 20/03
Primary planned Wi-Fi rollout Q4		Mat-ernity 2nd floor contain Paeds theatres w/e work	Mat-ernity 2nd floor beds Paeds theatres w/e work	Mat-ernity 2nd floor beds Paeds theatres w/e work	MH Day hospital UHL Paeds theatres w/e work	East 18 MHSOP UHL Maternit 2F theatres w/e work	East 16 MHSOP UHL UHW Pharm w/e work	East 14 MHSOP UHL UHW Pharm w/e work	East 10 MHSOP UHL	East 12 MHSOP UHL	Mat-ernity UGF UHW	Mat-ernity UGF UHW	Mat-ernity FF UHW
Concurrent planned Wi-Fi rollout Q4					Family room – OWL UHW	Paeds Renal							
		↑											

Current position in scheduling

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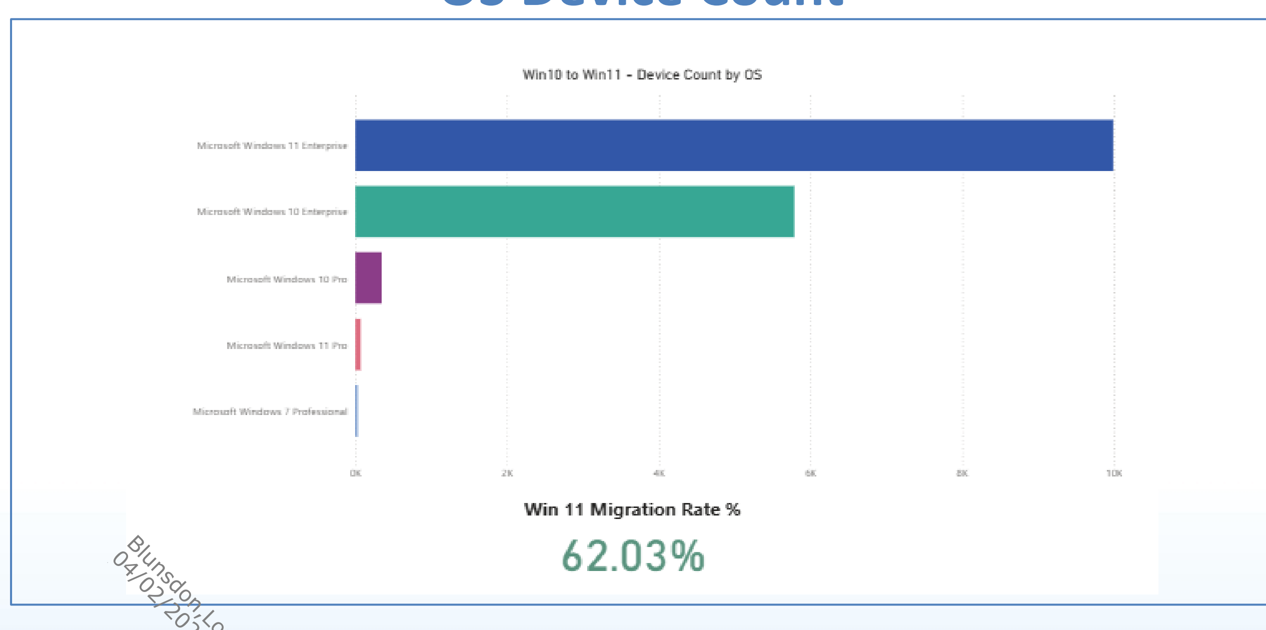
CAV Windows 11 Project

Key achievements / progress

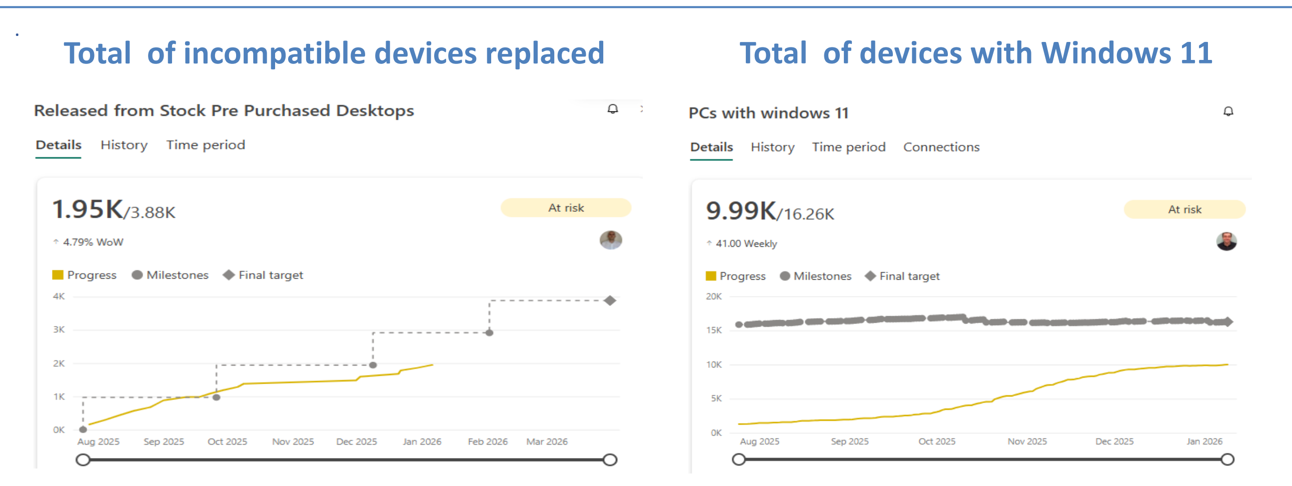
- Over 10,000 devices upgraded to Windows 11
- Over 2,000 incompatible devices replaced from WG funded stock
- Windows 10 one year extended support licenses deployed to active devices that are still running Windows 10
- Planned update of Dental devices, PCIC devices and community sites throughout January

Period	Win 11 %	Status / RAG / Date
Current Month	62%	⬆
Previous Month	55%	⬆
Predicted Level	60%	
Programme Target	100%	30/06/2026

OS Device Count



Device Count



Risks

- Windows 11 project staff are only contracted until 30_06_26.
- Replacing or updating CAV devices could result in some disruption to services.

Issues

- Laptops that are not connecting directly to CAV network are proving difficult to locate and update.
- There are 250 devices running software that is incompatible with Windows 11.

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MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 26 NOVEMBER 2025 VIA MICROSOFT TEAMS

Present:

Rachel Pressley	Head of People Assurance and Experience (Co-Chair)
Mathew Thomas	Trade Union Representative – Education and Training
Janice Aspinall	Trade Union Representative – Health and Safety
Helen Palmer	People Assurance and Experience Advisor (minutes)
Rachel Flay	People Services Manager
Elizabeth Rees	People Assurance and Experience Manager
Lisa Franklin	Head of Education, Culture and Organisational Development
Dawn Ward	Staff Side Chair
Rebecca Corbin	ECOD Manager
Mark Dunford	Head of Occupational Health and Employee Wellbeing Services
Abigail Bernard	Trade Union Representative – Equality and Inclusion
Ceri Dolan	Trade Union Representative – Employee Health and Wellbeing
Leanne Morris	Head of People Services
Jonathan Strachen-Taylor	Trade Union Representative - Corporate

In attendance:

Violet Thomas	HCSW Development Manager
Andrew Tucker	ECOD Manager

EPSG 25/011 WELCOME AND INTRODUCTIONS

Rachel Pressley (RP) welcomed the group.

EPSG 25/012 APOLOGIES FOR ABSENCE

Apologies for absence were received from Peter Hewin, Mike Jones, Mitchell Jones

EPSG 25/013 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 29 January 2025. There were no matters arising raised that were not on the Action Log. RP commented that the last meeting was quite a while ago, however the minutes were reviewed by RP and Peter Hewin not long after the meeting and were deemed to be accurate at the time.

Mathew Thomas (MT) asked whether a work plan would be available detailing the policies/procedures that are due for review in 2026. RP confirmed that this would be available at the next meeting scheduled for January.

ACTION: Helen Palmer

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EPSG 25/014 ACTION LOG

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The Group noted the Action log. RP commented that there are some gaps with regard to outcomes:

EPSG 25/004 – Action Log – Meeting to be arranged between PH, RP and LF to discuss governance around practice. What happens to documents that sit outside of the remit of EPSG, but would be good to engage in and how could we set up process for this e.g frameworks or guidelines. The conversation hasn't taken place as yet due to Lisa being off work, this will remain on the Action Log to be picked up in the New Year.
ACTION: Rachel Pressley, Peter Hewin and Lisa Franklin

EPSG 25/006 – Safeguarding Allegations/Concerns about Practitioners and those in Positions of Trust Procedure – Template Outcome letter to inform staff of outcome at the end of the process, Rachel Flay (RF) advised that there is a letter that can be shared with the group at the end of the meeting. RP commented that she was surprised that this said it would be published on share point, as it should be issued to managers with support from People Services and asked that this be amended to say that it exists and ask that it be shared with the group as a PDF version.
ACTION: Rachel Flay

EPSG 25/006 – Conversation on supportive measures for staff going through the Safeguarding Procedure to be taken to Avoidable Harm Group. Leanne Morris (LM) advised that they have revisited the group and that a revised Terms of Reference is currently being drawn up, therefore they will make sure that this is fed into the group going forward.

EPSG 25/015 VALUES BASED APPRAISAL PROCEDURE

Andrew Tucker presented the Values Based Appraisal Procedure. The following amendments had been made to the procedure:

- The introduction and objectives had been rewritten and updated, ensuring clarity of purpose, consistent terminology, and to ensure the tone is right
- Updated roles and responsibilities for managers and employee, ensuring clarity of what they should do and the order they should do it in.
- Strengthened job description review section, it now aligns with the Wales Job Evaluation Policy, acknowledging that it should be part of this discussion
- More emphasis on succession planning, framing it as a strategic imperative for moving forward
- Flow charts updated to make them clearer
- Hyperlinks updated

Jonathan Strachen Taylor (JST) asked if it was possible to provide an accompanying document as support for staff who needed help interpreting the language around the procedure, for both manager and employees.

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RP suggested an easy to read one page guide. AT advised that he could create a visual document, and would be happy to link in with any key people to design/develop this.
ACTION: Andrew Tucker

MT commented on Page 6, Roles and Responsibilities for Line Manager - bullet point 2 – stated 'encourage employees to review VBA guidance information available' and suggested that it would be useful to say 'encourage and support' so that those who are struggling can seek support.

He also suggested that on page 2, Bullet point 2 Highlight the key responsibilities of individual's and suggested it would be useful 'to highlight key responsibilities of both parties'; reiterating two way conversation between both parties.

RP commented that the task and finish group that has been working on supporting documentation to support the review of job descriptions as part of VBA process would be reconvened for one last meeting to check everything was correct with the documents the group had been working on and to publish on share point and the ensure that expectations are managed with regard to re-bandings requests.

The EPSG **APPROVED** the Values Based Appraisal Procedure subject to the changes agreed.

EPSG 25/016 RECOGNITION OF PRIOR LEARNING PROCEDURE

Violet Thomas presented the Recognition of Prior Learning Procedure. The main changes are as follows:

- Now a Procedure as opposed to policy in line with the UHB approach to People Policies and supporting documentation
- Changed the terminology – 'credit based' to 'accredited'
- Changed terminology - 'internal verifier' to 'internal quality assurers'
- Made it explicit that this procedure refers to Agored Cymru which is an accredited qualification approver that we use for in-house Agored qualifications

It was noted that this procedure is a requirement of the Agored Cymru accreditation process.

MT commented on the authors section of the procedure and advised that this should now say Trade Union Representative. As the Trader Union Representative is doing it on behalf of everyone and not one specific union.
ACTION: Helen Palmer

The EPSG **APPROVED** the Recognition of Prior Learning Procedure subject to the amendment agreed.

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EPSG 25/017 NEONATAL CARE LEAVE AND PAY PROCEDURE

Helen Palmer (HP) presented the Neonatal Care Leave and Pay Procedure.
This has been developed following new legislation that came out in April 2025 and sets out the process for Neonatal Care Leave. All employees qualify for this leave if their baby was born after 6 April 2025, and their baby has received Medical or palliative Neonatal care for at least 7 consecutive calendar days within 28 days of birth.

A few queries have been received to date and it has been used, but it is quite complicated and work is ongoing with Payroll with regard to the implementation.

Janice Aspinall (JA) queried whether the policy was applicable to either partner, or just the mother. HP advised that it was applicable to both parents. JA asked if this could be written into the procedure to make it clearer.
ACTION: Helen Palmer

Dawn Ward (DW) queried section 4 relating to Statutory Neonatal Care Pay eligibility and asked if this could be changed to say whichever is higher instead of whichever is lower. HP advised that this was government guidelines Statutory Pay and that it had been checked by payroll and should be whichever is lower.

The EPSG **APPROVED** the Neonatal Care Leave and Pay Procedure subject to the amendment agreed. As this is a new procedure it was agreed to review in 1 year to ensure it is working correctly.

EPSG 25/018 PARENTAL LEAVE PROCEDURE

Helen Palmer presented the Parental Leave Procedure. This Procedure was due for review as per the Policy Schedule, but as it is governed by legislation there are no changes to content.

RP suggested that the Neonatal Care Procedure be added to the documents to read alongside.
ACTION: Helen Palmer

The EPSG **APPROVED** the Parental Leave Procedure subject to the amendment agreed.

EPSG 25/019 ALL WALES POLICIES – UPDATE

RP advised that an Interim procedure for sexual misconduct was approved in January 2025. This has now been rescinded as the All Wales Anti-Sexual Harassment Policy has been approved and is now the correct one to use. RP also advised that Lianne Morse had attended a meeting with Welsh Government Workforce Safety Board who are discussing having a national approach to the safety of staff in general, it was agreed that rather than wait for Welsh Government work the People Network would take forward the building of a

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toolkit, risk assessment, training and development of communications linking into the staff survey.

RP also advised that the All Wales Flexible Working Policy was adopted at People and Culture Committee the previous day. There have been some slight revisions to timescales for appeals. It is now two months in entirety from lodging an appeal to releasing of the outcome to be compliant with legislation. Training packages and FAQ's would need to be updated according, LM advised that this is being undertaken as part of task and finish group.

DW asked whether there had been any updates on the new Wales Disciplinary Policy or the Improving Performance Policy that is due to replace the Capability Policy. RP advised that an email had been received to say that the Disciplinary Policy was ready subject to slight amendments so will be coming soon. She anticipated that it would go to People and Culture Committee in January, at which point we will look at what the implications are for implementation. LM advised that this will be incorporated in the Avoidable Harm Task and Finish Group raising awareness, training, communications etc.
DW also commented that the Improving Performance Policy was approved at Welsh Partnership Forum last week.

EPSG 25/020 ANY OTHER BUSINESS

Lisa Franklin commented that the Mandatory Training policy and Study leave policy were due to be updated. Work is ongoing with national discussions still taking place, therefore work was on hold until these discussions had been completed.

EPSG 25/021 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on Wednesday 28 January 2026 at 10am (staff pre-meet 9am).

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