

LOCAL PARTNERSHIP FORUM – AGENDA
Tuesday 23rd June 2026 at 2pm via Teams
Chair: Dawn Ward

Preliminaries		
1	Welcome and Introductions	<i>Chair</i>
2	Apologies for Absence	<i>Chair</i>
3	Declarations of Interest	<i>Chair</i>
4	Minutes of the meeting held on the 10.2.26	<i>Chair</i>
5	Action Log	<i>Chair</i>
For Communication:		
6	McKinsey Briefing	Executive Medical Director &Executive Director of Allied Health Professionals, Health Scientists and Community Services Development
7	Organisation Redesign	Executive Director of Finance
8	Trade Union involvement in Procurement Processes	<i>Executive Director of Finance / Deputy Director of Procurement</i>
9	Staff Survey Results	<i>Assistant Director of OD, Wellbeing and Culture</i>
10	Developing Values-Based Teams, Leadership and Organisational Insight	<i>Assistant Director of OD, Wellbeing and Culture</i>
For Consideration:		
For Appraisal:		
11	Integrated Performance Report • Population Health • Quality and Safety • People • Operational Performance • Finance	<i>ED of Public Health Executive Nurse Director ED of People and Culture Chief Operating Officer ED of Finance</i>
For Consultation/Negotiation:		
Items for Information (for noting only):		
12	Annual Equality Report	<i>Chair</i>
13	Local Partnership Forum Annual Report	<i>Chair</i>
14	Workforce Partnership Group Annual Report	<i>Chair</i>
15	Clinical Board LPF Annual Report	<i>Chair</i>
Closure:		
16	Review of meeting (items to be brought to the attention of the Board)	<i>Chair</i>
17	Any other business previously agreed with the Co-Chairs	<i>Chair</i>

19	Future Meeting Arrangements: Wednesday 19th August 2026 at 12pm via Teams, with a staff rep pre-meet at 10:45am	Chair
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LOCAL PARTNERSHIP FORUM MEETING
10th February 2026 at 1pm, via Teams

Present

Rachel Gidman
Dawn Ward
Peter Hewin
Rachel Pressley
Mathew Thomas
Philip Dore
Jonathan Strachan-Taylor
Lianne Morse
Cyrille Legras
Andrew Gough
Claire Beynon
Lorna McCourt
Matt Phillips
Natasha Goswell
Ceri Dolan
Paul Bostock
Karina MacKay
Madeleine Smith
Katrina Griffiths
Janice Aspinall
Katherine Davies
Emma Cooke

Executive Director of People and Culture (co-chair)
Chair of Staff Representatives – BAOT/UNISON (co-chair)
BAOT/UNISON
Head of People Assurance and Experience
UNISON
RCN
GMB
Deputy Director of People and Culture
UNISON
Deputy Director of Finance
Executive Director of Public Health
UNISON
Director of Corporate Governance
Deputy Executive Nurse Director
RCN
Chief Operating Officer
BDA
UNISON
Associate Director of People & Culture
UNISON
RCN
Executive Director of AHPs, Health Scientists & Community Services

In attendance

Dr Alex Lewis
Thandie Matambanadzo
Victoria Le Gry
Ceri Dixon
Nia Tate

36 Degrees
36 Degrees
Programme Director, Strategic Clinical Redesign
Senior Business Partner
NHS Wales Graduate Management Trainee - observing

Apologies

Suzanne Rankin
Bill Salter
Jonathan Pritchard
Janice Aspinall
Kirsty Williams
Julia Davies

Chief Executive Officer
UNISON
Assistant Director of People Resourcing
UNISON
Chair
UNISON

Secretariat

Louise Blunsdon
People Assurance and Experience Coordinator (Minutes)

LPF 26/001 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted. RG welcomed Nia Tate, a graduate trainee working in the Executive office who would be observing the meeting.

LPF 26/002 DECLARATIONS OF INTEREST

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

LPF 26/003 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 17th December 2025 were reviewed and approved as an accurate record of the meeting.

LPF 26/004 ACTION LOG

The action log was reviewed and approved. The following updates were provided:

- **LPF 25/073:** To coordinate a deep dive in collaboration with the RCN into disciplinarys / sickness and review at an LPF meeting.
A new meeting date has been arranged with People Services to discuss the specific concerns raised by the RCN. A paper will be brought to a future LPF meeting on the Case Management System
- **LPF 25/075:** To share the national NHS definitions of the staff groups with the Forum.
Katherine Davies (KD) requested a meeting is arranged between Staff side and Jonathan Pritchard and Carys Fox to discuss the identified disparity in bank pay across the University Health Board (UHB). RG referred to the new terms of engagement for Bank Staff and suggested that she and Jason Roberts are updated following the meeting.

Action: LB

LPF 26/005 ESTATE INFRASTRUCTURE – RISK RESPONSE & PLANNING

Geoff Walsh (GW) provided an overview of the current estates and infrastructure position. Key points included:

- Maintenance spend is around £17/m² which is below the All Wales average of £35/m².
- The estate relies heavily on reactive maintenance, restricting planned preventative work.
- There are significant high risk estate issues, including catastrophic risks, recorded on the Estates Risk Register and AMAT system.
- Around 235,000 assets have been identified across the UHB and all assets are now recorded with statutory and mandatory maintenance requirements.
- Backlog maintenance has increased from £176m to around £460m following updated surveys and the updated figures are being reported to Welsh Government.
- Capital funding consists of discretionary capital, the Targeted Estates Fund (which addresses backlog items instead of total system replacement), and the Integration and Rebalancing Capital Fund. Slippage funding has increased the capital envelope, but most is directed toward digital and medical equipment.
- Examples of current and recent schemes were explained to include Theatre recovery and upgrades, ITU resilience improvements, Soil stack replacement programme, Ward block re-roofing and Jubilee Gardens / Haematology Day Unit works.
- Future development ideas were shared regarding a phased redevelopment approach, rather than a single large-scale hospital rebuild with the Initial focus on areas of highest estate risk, including Emergency Department, Critical Care, theatres and inpatient wards.
- Initial discussions with Welsh Government regarding a phased approach have been constructive. A vision document is being developed to support further engagement, with completion targeted for July.



Mathew Thomas (MT) thanked GW for his presentation and queried if there are any contingency plans in place if the capital funding is delayed and whether the Welsh Government has provided any assurance that capital support will remain consistent across different administrations.

GW explained that tackling all necessary works at once is unrealistic due to operational pressures and funding constraints. Instead, the team prioritises the most significant risks, securing targeted funding for urgent projects like ward re-roofing and drainage. While backlog maintenance receives support, large-scale upgrades remain out of reach, so resources are directed based on a risk register and available funding. For critical care upgrades, Welsh Government is engaged and has already provided some financial support.

KD requested that staff working in new builds are consulted about the design and contents of wards and departments, emphasising the importance of involving those who work there to avoid issues. GW confirmed that for all projects under his management, the user groups are actively involved in reviewing and approving plans alongside architects, ensuring staff input in the design process.

Peter Hewin (PH) expressed a concern regarding the high level of risks highlighted in the report as feels uncomfortable to just note them without further action or information.

The Executive team recognised these concerns, with PB noting that there have been discussions regarding a more detailed identification of the top 10% of high-risk areas. He added that the plan is to assess where infrastructure failures could occur and determine what actions are necessary, which may include ceasing services in the most critical risk areas if required. Furthermore, the report will be submitted to the Welsh Government, accompanied by a covering letter, to seek their collaboration in addressing these risks. Staff are also being encouraged to communicate a message of hope and positive change regarding improvements and new initiatives.

LPF 26/006 CLINICAL SERVICES PLAN

Natasha Goswell (NG) and Victoria Le Gry (VLG) provided a presentation on the Clinical Services Plan. The main points included:

- The Clinical Services Plan (CSP) is a 10-year strategic plan to 2035, providing a high-level roadmap for how services will develop and align with the Health Board's overall strategy.
- Extensive public, staff and partner engagement has taken place since August, including community outreach, staff workshops, webinars, clinical board engagement and work with seldom-heard groups.
- Feedback highlighted common themes around access, communication, digital services, integration of care, estate condition, and workforce capacity, alongside a strong appetite for value-based and preventative care.
- The CSP proposes a shift to a single integrated model of care, moving away from traditional primary/secondary/tertiary silos and focusing instead on population need.
- Four emerging care domains were outlined: Starting Well, Enabling Health and Wellbeing, Scheduled Care, and High Acuity and Time Critical Care, with services working across domains rather than in isolation.
- Next steps include drafting the CSP, internal testing, progression through governance committees, and submission to Board, followed by further work on delivery roadmaps, workforce, estates and digital plans.

DW thanked NG and VLG for their presentation and queried if this is the definitive plan for the next decade, or whether it will be revisited and how quickly meaningful change is expected to happen.



Emma Cook (EC) explained that the Clinical Services Plan is a high level, 10 year strategic plan setting the direction for how services should look by 2035. She added that it is not a detailed delivery plan, but a framework focused on shifting towards prevention, integrated care, and modernised services, in line with national strategies like Healthier Wales.

Individual services will develop their own plans to deliver this vision over time and implementation will be incremental, recognising capacity constraints and the need to create headroom for change across estates, digital, and workforce planning. Work is already underway in areas such as mental health, community care, and acute services, but this plan is the first step—providing clarity of direction so detailed delivery and transformation can follow.

The discussion ensued and focused on how the Clinical Services Plan links to staff experience and delivery on the ground. DW explained that from a Trade Union perspective, the key priorities are job security, working conditions, staff morale, and retention. There is support for the overall vision, but frustration that the organisation often becomes stuck in strategy development rather than implementation. Staff want clearer timelines, practical delivery, and to understand when and how change will happen, not just what needs to change.

RG highlighted that while the Clinical Services Plan and People and Culture Plan provide a strong strategic direction, successful delivery depends on staff being actively involved in the change process. She emphasised that change must be done with staff rather than to them. RG agreed with the Trade Union feedback that without early and meaningful staff engagement, there is a risk of losing momentum and delaying implementation.

LPF 26/007 REMODELING OF MENTAL HEALTH – 36 DEGREES

Alex Lewis (AL) and Thandie Matambanadzo (TM) presented findings and recommendations from the Mental Health Clinical Board's transformation work.

- The presentation outlined findings from an independent review of Mental Health Services, commissioned to support delivery of the Welsh Mental Health and Wellbeing Strategy and to understand what “good” looks like in practice.
- Key challenges identified included silo working, inconsistent communication, fragmented pathways, increasing demand, workforce pressure, and rising out of area placements.
- Staff engagement highlighted a strong commitment to improvement, innovation and patient centred care, but a need for greater clarity, autonomy, data, and permission to implement change at frontline level.
- Six cross-cutting improvement themes were identified: *Safety, Governance, Culture, Data and Information, Leadership, and Clinical Operating Model*.
- Priority operational areas for improvement include flow and access, discharge and social care interface, strengthening community mental health teams and CAMHS, stabilising specialist pathways, and addressing neurodevelopmental demand.
- The next phase of work focuses on coproducing a clearer, consistent model of care, embedding multidisciplinary decision making, improving outcomes measurement, and supporting sustainable change through education and governance.

Clarification was sought on why the review had focused initially on Mental Health Services, and how this work would link with other Clinical Boards, particularly Primary Care and wider system transformation. It was confirmed that the work was commissioned in response to Welsh



Government expectations and increasing pressures within Mental Health and was intended to benchmark services and identify opportunities for improvement.

Questions were raised about coverage of Children and Young People's Mental Health Services (CAMHS), given these services sit outside the Mental Health Clinical Board. It was confirmed that CAMHS and other related services are within scope and will be part of future integration and pathway work.

The discussion highlighted the importance of integration across Clinical Boards, including services that currently sit within Children's, Women's, Primary Care and Prison Health, to ensure smoother pathways and transitions.

A question was asked about how the Mental Health review aligns with organisational redesign work currently taking place with the support of Tricordant and wider transformation activity. It was noted that the review focuses on models of care, while organisational redesign focuses on structures, and the two pieces of work are intended to align.

Clarification was requested on the stage and governance of the work, including whether the findings represented recommendations or implementation plans. It was confirmed that the current phase focused on diagnostic findings and recommendations, with future work supporting co-production and implementation by services. Emphasis was placed on the need for co-production with staff and service users, strong clinical leadership, and avoiding repeated cycles of strategy without delivery. Staff side representatives welcomed the focus on culture, governance and communication, and stressed the importance of ensuring frontline staff are supported, involved and empowered as changes progress.

LPF 26/008 CHIEF EXECUTIVE UPDATE

Paul Bostock (PB) delivered the CEO report. The key points included:

- The organisation remains under significant operational pressure, particularly through the Winter period. He thanked staff for their continued efforts in maintaining services.
- He highlighted the scale of the financial challenge, with the Health Board forecasting an overspend for the current year and a substantially larger deficit projected for the next financial year, emphasising that there is currently no single solution.
- PB stressed that multiple programmes of work are underway to address these pressures, including the Clinical Services Plan, Mental Health transformation work, community models of care, and organisational redesign, which are expected to align by the end of March.
- He acknowledged the impact of negative media coverage, particularly relating to HSDU, and the distress this has caused staff, noting a significant increase in patient concerns following recent media reports. Senior leaders continue to engage directly with affected teams and that work is underway with Communications to share positive staff stories and provide balance to external reporting.
- PB reassured LPF members that leadership remains focused on supporting staff, improving services, and maintaining transparency, despite the difficult financial, operational and reputational context.

DW asked PB to support and endorse holding safe space events at HSDU, aiming to collect and confirm staff feedback and enhance staff voice. While the earlier review and its recommendations were accepted, there is concern about a delay in implementing some actions, particularly around leadership stability. She asked to re-engage with senior leaders, share findings from the safe space

work, and build momentum to complete and embed the agreed recommendations, using robust evidence to bring this work to a sustainable conclusion.

PB explained that progress slowed due to staffing processes, departures, recruitment challenges, and operational disruption from a roof replacement. Cultural work was therefore delayed, and governance needed strengthening. To address this, HSDU has now been placed under the Theatres Together improvement programme as a defined workstream. Staff engagement has continued, including direct visits following media coverage, and feedback indicates clear improvement, though further work is needed. He welcomed the outcomes of the safe space work and confirms that feedback and intelligence gathered will be used to support continued improvement.

MT asked whether proactive engagement with the media is possible, including encouraging more balanced or positive reporting that reflects the good work staff do under pressure. He also requested greater effort to promote positive staff and patient experiences, to counteract damaging narratives and support recovery and confidence among staff. PB acknowledged that staff distress following media coverage is understandable but explains that directly responding publicly often worsens the situation. Attempts were made to engage constructively with the media, but this has not improved coverage. Alternative steps are being taken, including political engagement and proactive internal communications. He also added that the organisation is sharing Staff Stories (such as “day in the life” features) to regain some control of the narrative and reiterated that leaders are focused on reassuring staff, showing visible support, and maintaining confidence. PB requested support from staff and representatives to encourage concerns to be raised through internal routes, such as the Speak Up Safely process, rather than through the media.

LPF 26/009 INTEGRATED PERFORMANCE REPORT

The integrated performance report was taken as read. Further updates provided included:

PB and Andrew Gough (AG) provided an update on the health board’s financial position, the anticipated deficit for the coming year and the importance of ongoing transformation work—including the clinical services plan, mental health transformation, and organisational redesign—to address financial sustainability. AG added that the current year’s financial position reflects a significant collective effort across the organisation, thanking staff for achieving the £56.2m position.

Matt Phillips (MP) referred to the Senedd Election in Wales on 7 May and noted that if any advice is needed regarding our public body role around staff, locations, communications, visits, or media, to contact him. A SharePoint site, with all relevant information: Senedd Election 2026 is being developed.

Claire Beynon (CB) gave thanks for all the support provided with vaccination uptake which has led to a better position in both staff and community sickness. She explained that C&V are leading in Wales for staff vaccination uptake based on Vaccination Programme Wales (VPW) data. 64.0% staff have been vaccinated as of 9 February 2026, which is above the All-Wales average of 50.7%

Lianne Morse (LM) provided an update on the workforce KPI’s and noted that turnover is continuing to reduce. Sickness increased in October to November, but this has now reduced to the level achieved in September - 6.41% cumulative. HCSW VBA has improved from 74% to 83% aligned to validation meetings.

LPF 26/010 TRADE UNION STAFF SAFE SPACES-RULES OF ENGAGEMENT



DW presented a proposal on behalf of staff side seeking endorsement for the continued development of staff safe spaces facilitated by Trade Unions.

She explained that the safe spaces have evolved in response staff requests for confidential forums to raise concerns that they may not yet feel able to pursue through formal processes. It was emphasised that the initiative complements existing mechanisms such as Speaking Up Safely, which staff side fully supports.

DW added that the approach used will focus on identifying anonymised themes and emerging issues, supporting constructive dialogue, shared responsibility, and improvement, rather than blame. Feedback is intended to help triangulate intelligence from other sources, including staff surveys and cultural work, and to support leadership understanding and response. It was felt that the proposal will reassure staff that the initiative is known to and supported by Executive leadership, strengthening trust and credibility.

PB emphasised the importance of gathering staff feedback through safe spaces but requested that these sessions avoid focusing solely on negative issues. He suggested adopting a more balanced approach that also highlights positive experiences, enabling a fuller understanding of staff perspectives and promoting constructive improvements.

Ceri Dixon (CD) asked for clarification on how the insights gathered are shared with the Clinical Board so they can be acted on proactively. DW explained that safe spaces are run on a demand-led basis and the Clinical Board lead reps coordinate activity locally to address issues at source, with more strategic concerns escalated to Executives for shared ownership and support. RG added that involving Business Partners is key to cascading insights effectively, and suggests that when discussions take place with Executives, it would be helpful for RG and the workforce representative to be present so feedback can be clearly relayed. The discussion also explored whether insights from safe spaces could be shared with Clinical Boards before wider reporting to provide context and avoid repetition. DW explained that while sharing context is important, protecting psychological safety means being careful not to disclose who raised issues or create barriers to staff speaking up and that a balanced approach is needed. Clinical Board LPFs were noted as an additional forum for follow up.

Following discussion, no objections were raised, and the Local Partnership Forum endorsed the continuation and development of the staff safe spaces approach.

LPF 26/011 IMPROVING ATTENDANCE AT WORK

The paper submitted by Katrina Griffiths on attendance at work was noted but, due to time constraints, was not discussed at this meeting and will be brought forward to a future session.

LPF 26/012 EPSG MINUTES

The EPSG minutes from the 26.11.25 were noted.

LPF 26/013 REVIEW OF THE MEETING

No comments were raised.

LPF 26/014 ANY OTHER BUSINESS

No other business was raised.



LPF 26/015 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Wednesday 15th April 2026 from 12pm with a staff representatives pre-meeting at 10:45am.

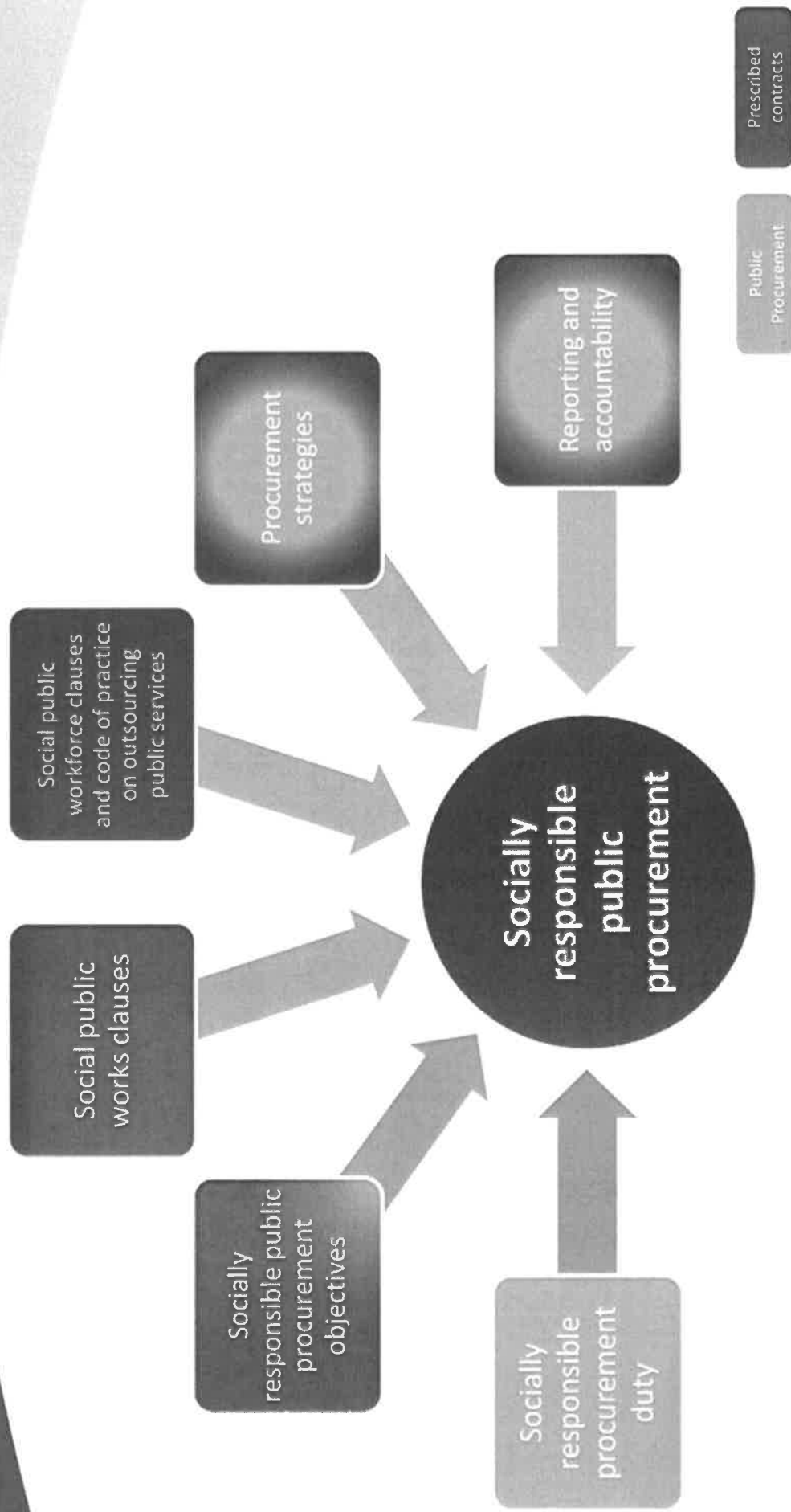
Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
ACTIONS IN PROGRESS					
COMPLETED ACTIONS					
LPF 25/075	10/02/2026	ACTION LOG	A meeting to be arranged between Staff Side and Jonathan Pritchard/ Carys Fox to discuss the identified disparity in bank pay across the UHB	Louise Blunsdon	Jonathan Pritchard met with Katherine Davies on the 17/3/26.

NWSSP Procurement Services

Implications of the Social Partnership and Public Procurement (Wales) Act 2025

23rd June 2026



Socially Responsible Procurement Duties

General Duties:

- To improve the economic, social, environmental and cultural wellbeing of its area by carrying out public procurement in a socially responsible way in accordance with the sustainable development principle.
- Prepare strategy and set and publish objectives
- Provisions must be proportional
- Requirements on “prescribed contracts” (major construction contracts and outsourcing services contracts)

Major Construction Contracts:

- Social Public Works Clauses
- Contract management to ensure implantation
- Exception reporting if clauses not used
- Ensure obligations are implemented throughout the supply chain

Outsourcing Services contracts:

- Revised workforce code
- Social public workforce clauses
- Contract management to ensure implementation
- Exception reporting if clauses not used
- Ensure obligations are implemented throughout the supply chain

Social public works clauses [s27 – 31]

Category	Improvement
Payments	Ensuring and enforcing prompt payments
Employment	Providing employment opportunities to younger people, older people, the long term unemployed, people with disabilities or people who may otherwise be disadvantaged (e.g because of their race, religion or belief, sex, gender identity or sexual orientation)
Compliance	Health and safety, and trade union representation
Training	Providing appropriate training for workers
Sub-contracting	Providing opportunities to small and medium sized enterprises and voluntary organisations to execute works, supply products or provide services
Environment	Requiring sustainable management of natural resources, use of sustainable materials, resilience to the impact of climate change, reduction of greenhouse gas emissions and enhancement of the natural environment and biodiversity.

Contract Examples



FE Spend Annual Report

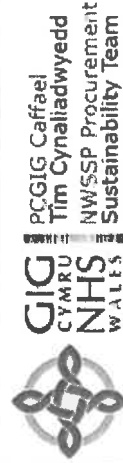
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Spend figures

Financial Year	Total spend	Welsh FE Spend	Welsh%
23/24	£4,870,447,657	£2,105,083,918	43.22%
24/25	£5,177,624,298	£2,265,195,796	43.75%
25/26	£5,377,372,389	£2,313,312,711	43.02%
Total	£15,425,444,345	£6,683,592,425	

Overall Welsh% across selected data

43.33%



Select FY

Select all

18/19

19/20

20/21

21/22

22/23

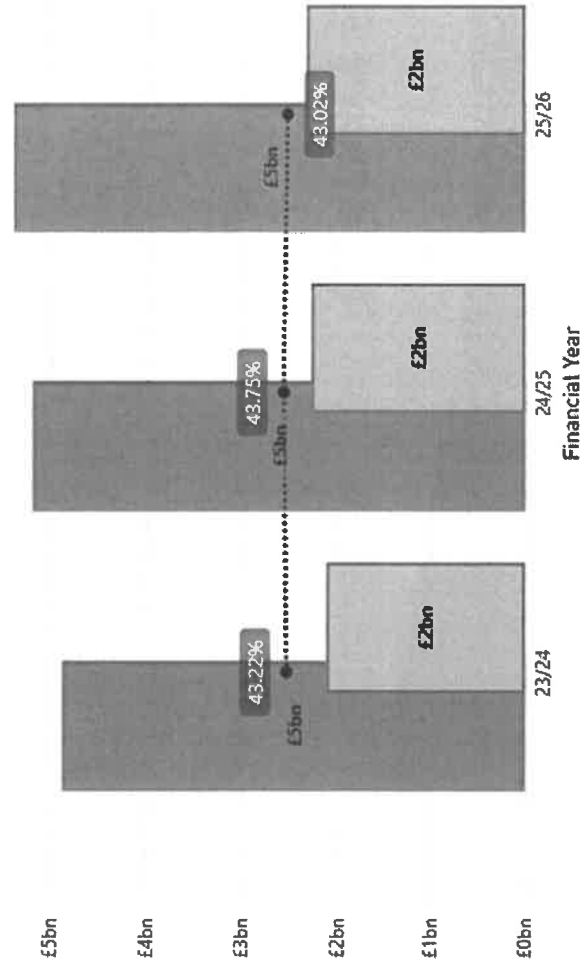
23/24

24/25

25/26

Total spend and Welsh FE spend % by financial year

Key ● Total spend ● Welsh FE Spend ● Av Welsh% cross org ● Av Welsh% org specific

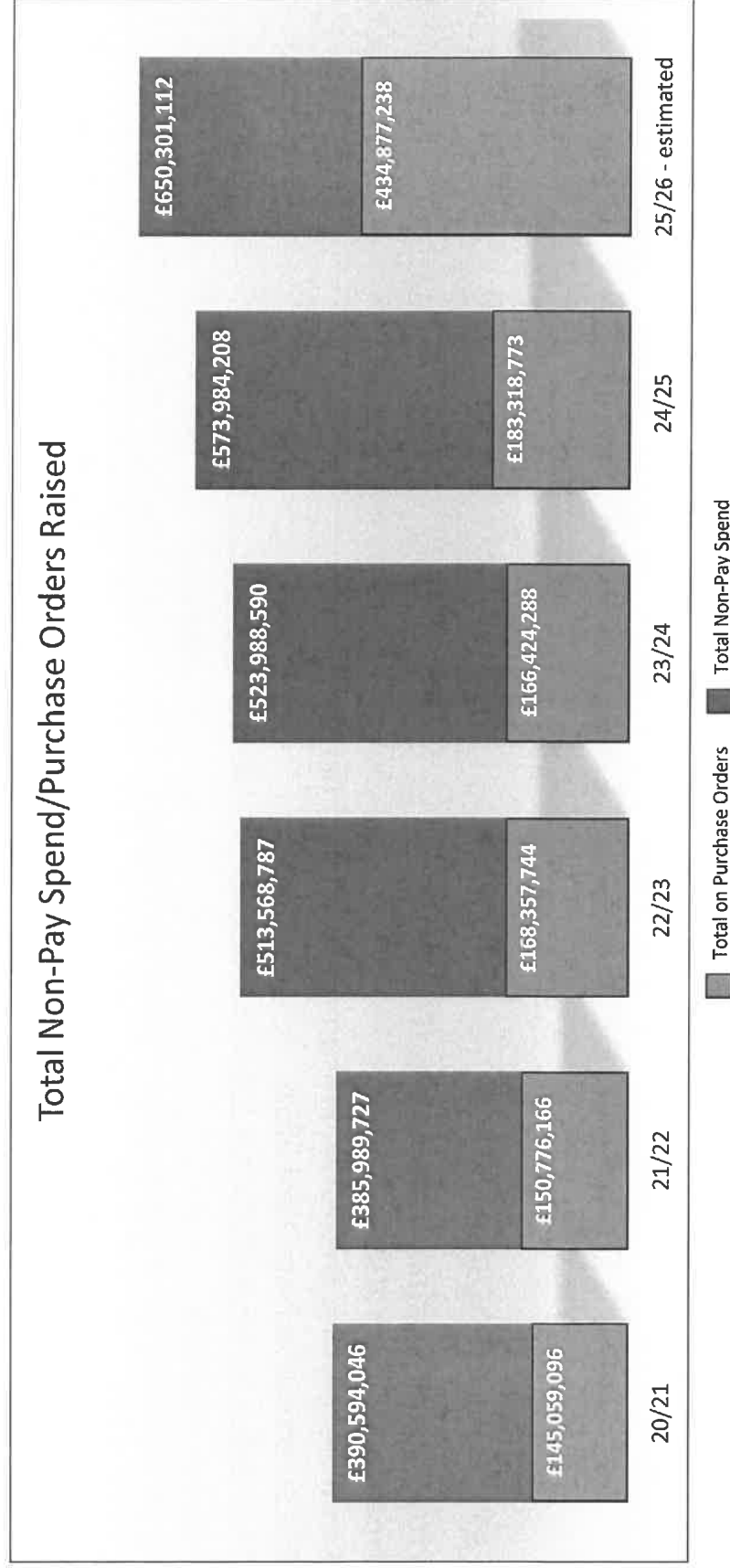


Individual Org position by financial year - Min/Max highlighted

Green = above average, orange = around average, red = below average

Org	23/24	24/25	25/26
AB	53.4%	54.0%	51.5%
BCU	38.6%	39.1%	41.0%
CTM	47.3%	47.0%	46.7%
CVB	37.5%	54.3%	54.6%
CVT	38.6%	41.1%	39.7%
DHCW	9.3%	4.8%	3.6%
HDT	51.5%	52.4%	50.3%
HEIW	92.2%	91.8%	92.2%
NHS P&I		64.2%	49.7%
NWSSP		24.8%	27.2%
PHW	28.3%	24.3%	26.7%
POW	56.6%	53.9%	55.8%
SBU	42.3%	42.7%	40.7%
VEL	12.9%	9.7%	9.0%
WAS	39.7%	41.1%	42.4%
WHSS	10.8%	12.5%	10.9%

Spend/ PO Analysis



141,539 purchase order raised

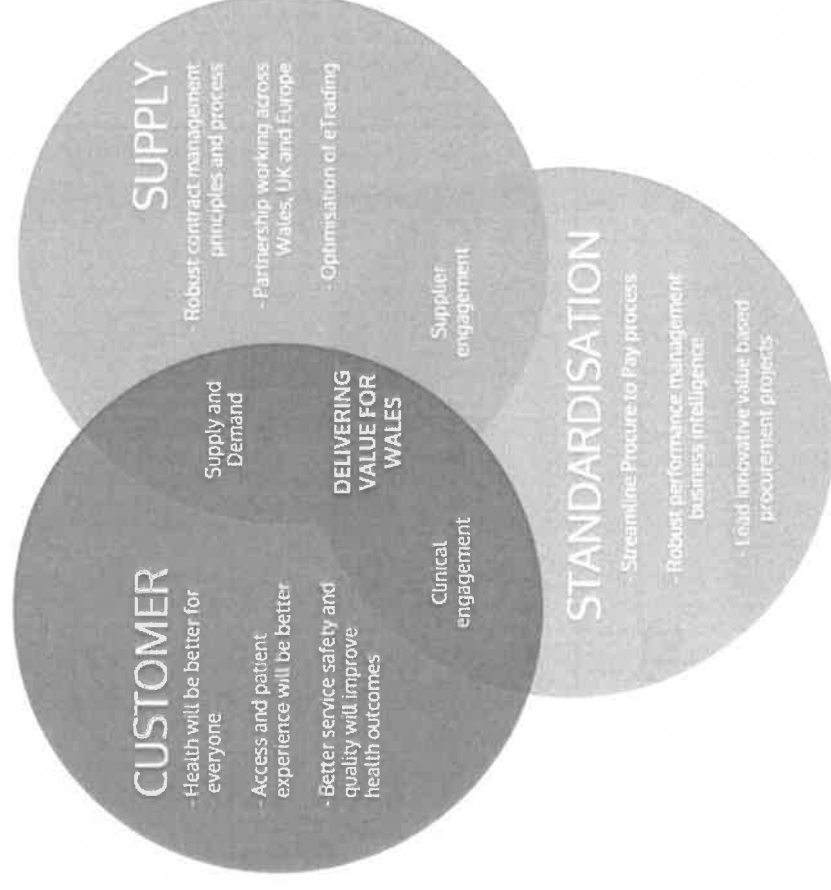
Procurement Objectives and Priorities

REGULATORY & GOVERNANCE

- Procurement Contract Regulations (PCR2015 / Procurement Act 2023)
- Social Partnership and Public Procurement (Wales) Act 2023 – effective from April 2026
- The Health Services (Provider Selection Regime) (Wales) Regulations 2025
- Application of best practice procurement principles
- SFI's
- Welsh Government
- Central Government
- Audit

CUSTOMER FOCUS

- Safe, quality and efficient service focused on patient outcomes



Procurement Services Governance

Standing Financial Instructions (SFIs)

REGULATIONS	VALUE EXCL VAT	PROCUREMENT ROUTES		
Standing Financial Instructions	Under £5,000.00	Single Supplier (quote in writing) - At discretion of appropriate Director/Budget Holder	Single Quotation Action Form in specific, exceptional circumstances	Mini Competition or Direct Award from National Framework
	£5,000.00 to £24,999.00	Quotation exercise via Multi-quote system	Single Tender Action in specific, exceptional circumstances	Mini Competition or Direct Award from National Framework
	£25,000.00 to the prevailing FTS threshold ¹	Competitive Non-FTS (previously Non OJEU) Tender	Transparency Notice (for single supplier justification)	Mini Competition or Direct Award from National Framework
UK Public Contracts Regulations 2015/Procurement Act 2023	Over the prevailing FTS threshold ¹	Competitive FTS (previously OJEU) Tender		

¹ Current FTS threshold amounts - Goods and Services - £135,018; Works £5,193,000; Light Tough Regime £663,540; Concession £5,193,000

Any Questions?

Report Title:	Staff Survey 2025 – Organisational Risk, Sustainability and Leadership Response			Agenda Item No:	9
Meeting:	LPF	Public		Meeting Date:	23/6/26
		Private			
Status (please only tick one)	Assurance		Approval		Information/Noting
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Assistant Director of People and Culture				

Main Report

Background and Current Situation:

Situation

The 2025 NHS Wales Staff Survey results for Cardiff and Vale University Health Board provide a credible and important insight into workforce experience, with over 6,100 colleagues responding.

The results confirm a consistent position:

- a strong and committed workforce, under increasing pressure
 - a sustained decline across all survey themes, not a single-year fluctuation
- performance below the NHS Wales average across all domains

The survey should be viewed as a key organisational risk and assurance indicator, providing insight into workforce sustainability, organisational resilience and the conditions in which care is being delivered.

Background

The NHS Wales Staff Survey provides a core organisational insight mechanism across morale, engagement, leadership, wellbeing and patient confidence.

For Cardiff and Vale UHB:

- response levels have increased over the past 3 years, indicating staff willingness to engage 2023: 21.4%, 2024: 26.8%, 2025: 34.8%
- results reflect sustained system pressure, rather than disengagement
- trends show continued decline across key workforce experience measures

This creates both an opportunity and an expectation:

- staff are actively providing feedback
- staff expect that feedback to lead to visible and meaningful change

Assessment

1. Strategic Interpretation

The survey reflects:

A strong workforce operating under sustained and increasing pressure, rather than a disengaged workforce.

A key message reinforced through People & Culture Committee discussion is the importance of creating space to openly discuss “shared realities”, including:

- staff reality – lived experience of workload, pressure and variability across services
- patient reality – expectations of safe, timely and compassionate care
- organisational reality – constraints relating to demand, capacity, performance and recovery

The survey provides a critical opportunity to bring these perspectives together, enabling a shared and honest understanding of the environment in which care is being delivered, rather than treating workforce experience in isolation.

This approach is being supported through locally facilitated conversations within Clinical Boards, helping teams to explore these realities and consider what can be improved at a local level.

2. Organisational Risk Position

The results represent leading indicators of organisational risk across:

- workforce sustainability (morale, engagement, perceived staffing sufficiency)
- patient safety and quality (confidence in care, speaking up)
- operational delivery (capacity, involvement, variability in experience)
- reputational confidence (advocacy and recommendation)

These risks arise from cumulative pressure, not from a lack of commitment, reinforcing the need for a response that is both locally meaningful and organisation-wide coherent. If unaddressed, these risks are likely to impact workforce retention, attendance, and the organisation’s ability to sustainably deliver safe and timely care.

3. Co-Production and Activation of Staff

A key learning from both the survey and Committee discussion is the need to move beyond consultation towards active co-production and activation of staff.

This represents a shift in how staff engagement is experienced, from providing feedback to actively shaping understanding and solutions.

In practice, this means:

- engaging staff not only in describing problems, but in interpreting what sits behind them
- creating space for open, structured conversations that explore the reality of work rather than focusing solely on survey metrics
- supporting teams and leaders to jointly identify what will make the greatest difference in their areas

Clinical Boards are also encouraged to involve Trade Union representatives and partnership structures as part of local conversations and improvement activity where appropriate.

This approach is enabling a deeper level of insight into workforce experience, grounded in lived reality rather than assumptions. It is also improving local ownership of both the

issues identified and the actions that follow. This moves the organisation from listening to staff, to working with staff to shape practical and deliverable change.

4. Shift in Organisational Approach

Building on the co-produced approach, the organisational response is being reframed as:

From:

- broad engagement activity
- extensive action planning
- centrally driven responses

To:

- outcome-focused improvement
- prioritised, deliverable actions
- locally informed decision making, supported by organisational alignment

This represents a deliberate shift from understanding feedback to demonstrating impact, aligned with wider organisational priorities for recovery, resilience and targeted intervention. This approach introduces greater clarity on priorities and ensures that improvement activity is focused where it will have the greatest impact on staff experience and services delivery.

5. Leadership Accountability and Delivery

A central component of the revised approach is strengthened leadership accountability, particularly at Clinical Board and team level. Clinical Boards are now leading locally owned responses, creating space for open dialogue with staff and prioritising a focused set of meaningful actions. Initial examples of this approach, including themes emerging and actions being taken at Clinical Board level, are set out in Appendix 1.

This is being delivered through:

- creating the conditions for open and honest dialogue about staff, patient and organisational realities
- leading co-produced conversations with staff
- prioritising a small number of high-impact local actions
- ensuring that change is visible at the point where work is experienced

This reinforces that staff experience is shaped locally and must therefore be led locally, with organisational support and oversight.

6. Communicating Action and Closing the Feedback Loop

A key message from People & Culture Committee discussion was the importance of clearly demonstrating to staff how their feedback is shaping change.

The organisational response will therefore place greater emphasis on:

- consistent and visible “you said – together we did” communication, reinforcing a shared approach to improvement
- communicating both progress and constraints openly, recognising where change is possible and where challenges remain

- making explicit the link between staff feedback, local priorities, and decisions taken

This is critical to:

- maintaining credibility and trust in the survey process
- reducing the risk of feedback fatigue
- reinforcing a culture of openness, transparency and continuous improvement.

The emphasis is on ensuring that communication reflects real change, with staff able to see and experience the impact of actions in their day-to-day work, rather than communication being seen as an update on plans.

In this context, success will be demonstrated through staff consistently reporting that they can see and experience tangible changes in their immediate work environment.

7. Alignment with wider organisational priorities

This work directly supports delivery of the Health Board's "Putting People First" strategic objective, ensuring that staff feel valued, supported and engaged through visible, locally driven improvement. It also aligns with emerging People and Culture priorities for 2026/27, including:

- strengthening leadership and management capability
- improving workforce planning and the use of workforce insight
- supporting workforce health and wellbeing
- enabling the workforce elements of organisational redesign

By focusing on how work is experienced and improved at team level, this approach contributes to the organisation's wider aim of reducing operational pressure and escalation, through earlier identification of risk, improved team functioning, and more sustainable ways of working.

This is further supported through alignment with key organisational programmes, including:

- **Values Based Teams (VBT)** – supporting teams to work through local challenges and strengthen behaviours and team functioning
- **Cultural Early Warning System (CEWS)** – enabling earlier identification of workforce and cultural risks through integrated insight
- **Organisational redesign and leadership development** – reinforcing consistent leadership practice and clarity of roles and responsibilities

Taken together, this ensures that the staff survey is not treated as a standalone exercise, but as a core component of a wider, integrated culture and performance system, delivered through locally owned improvement within Clinical Boards and supported by organisational alignment.

Executive Director Opinion & Key Issues to bring to the attention of the Board/Committee/SLT
(delete as appropriate)

The 2025 Staff Survey results provide a clear and credible indication of increasing organisational pressure, reflected in declining morale, workforce capacity, and confidence in care.

The data presented in Appendix 1 highlights a consistent organisational challenge, alongside significant variation in experience across Clinical Boards. The appendix presents staff survey positivity scores, providing a visual overview of areas of relative strength (green) and concern (red).

This reinforces that, while the overall direction of travel is clear, the drivers and impact of workforce pressure are not uniform and are experienced differently at a local level.

Importantly, areas of continued strength in team relationships and local line management indicate that staff commitment remains strong. The primary issue is therefore not one of engagement, but the sustainability and day-to-day experience of work within the current operating environment.

These findings should be viewed as significant organisational risk and assurance indicators, with implications for workforce sustainability, patient care, organisational resilience and confidence.

The strengthened organisational response reflects this context, with a focus on:

- locally informed, targeted improvement based on variation in experience
- co-production and meaningful involvement of staff in shaping solutions
- visible action that is grounded in the reality of team-level experience

Partnership working with staff and Trade Union representatives will remain an important part of supporting local conversations, understanding workforce experience and shaping improvement activity

This represents a more mature and credible approach, recognising that improvement must be locally relevant, while maintaining organisational consistency and oversight.

Sustained focus will be required to ensure that this approach delivers measurable and visible improvement across all Clinical Boards over time.

Appendices (please list any appendices that will accompany this report. Do not embed)

Appendix 1 – Clinical Board Position

Appendix 2 -Clinical Board Activity

Recommendations:

The Committee is asked to:

Note

- the scale, consistency and organisational implications of the risks identified through the 2025 Staff Survey

Recognise

- the importance of co-production, shared understanding of “lived realities”, and visible action in responding credibly to staff feedback

Endorse

- the shift towards locally owned, leadership-led improvement, informed by variation in staff experience across Clinical Boards

Support

- a strengthened and more transparent approach to communicating actions taken and closing the feedback loop with staff, ensuring this reflects real change

Receive

- further updates demonstrating evidence of local action, staff activation, and measurable organisational impact over time

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.	 Putting People First	x	2.	 Providing Outstanding Quality	x
3.	 Delivering in the Right Places	x	4.	 Acting for the Future	x

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	☒	Long Term	☒	Integration	☐	Collaboration	☒	Involvement	☒
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Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes (please include the complete QIA document)	☐	No (please provide reasoning e.g. not required)	☒
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Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: Yes/No (delete as appropriate)
<i>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)</i>
Safety: Yes/No
<i>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)</i>
Financial: Yes/No
<i>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)</i>
Workforce: Yes/No
<i>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)</i>
Legal: Yes/No

<i>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)</i>
Reputational: Yes/No
<i>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)</i>
Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance
<i>The Socio-Economic Duty is 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.</i>
Equality & Health: Yes/No
<i>Equality Health Impact Assessments (EHIA) are typically undertaken 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)</i>
Decarbonisation: Yes/No
<i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.</i> <i>These include:</i> <i>• A focus upon preventing ill health in our population</i> <i>• Saving energy or increasing throughput.</i> <i>• Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions</i> <i>• Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.</i> <i>• Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</i> <i>• Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</i> <i>Does the subject matter of your paper risk any of the above not being achieved?</i>
Welsh Language: Yes/No
<i>Consideration should be given to potential impact on the Welsh language, including the following key aspects:</i> <i>• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</i> <i>• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.</i> <i>• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?</i>

• **Staffing and resources:** Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?

Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:

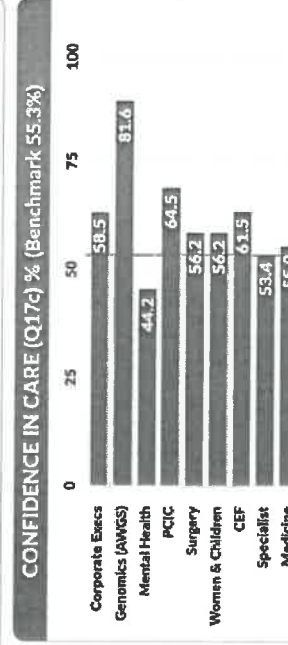
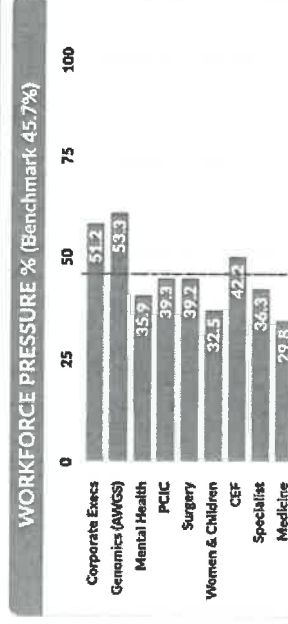
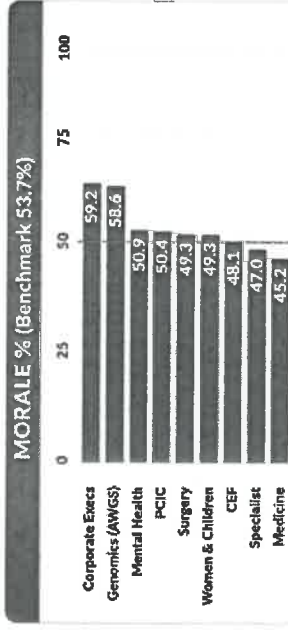
Appendix 1: Clinical Board Position

Morale, Workforce Pressure and Confidence in Care (Q17c) Cardiff & Vale UHB – NHS Wales Staff Survey 2025



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

Clinical Board	Morale % (Benchmark 53.7%)	Workforce Pressure % (Benchmark 45.7%)	Confidence in Care (Q17c) % (Benchmark 55.3%)
Corporate Execs	59.2 ●	51.2 ●	58.5 ●
Genomics (AWGS)	58.6 ●	53.3 ●	81.6 ●
Mental Health	50.9 ●	35.9 ●	44.2 ●
PCIC	50.4 ●	39.3 ●	64.5 ●
Surgery	49.3 ●	39.2 ●	56.2 ●
Women & Children	49.3 ●	32.5 ●	56.2 ●
CEF	48.1 ●	42.2 ●	61.5 ●
Specialist	47.0 ●	36.3 ●	53.4 ●
Medicine	45.2 ●	29.8 ●	55.0 ●



PATTERN OVERVIEW (COLOUR-BASED)

Metric	Above Average	Within -5% of Average	More than 5% below Average
Morale %	2	5	2
Workforce Pressure %	2	1	6
Confidence in Care (Q17c) %	4	4	1

COLOUR KEY

●	Above average (greater than benchmark)
●	Within -5% of average (±5 percentage points)
●	More than 5% below average (more than 5pp below benchmark)

**BENCHMARKS
(NHS WALES AVERAGE)**

	Morale %	53.7%
	Workforce Pressure %	45.7%
	Confidence in Care (Q17c) %	55.3%

Appendix 2

Clinical Board Activity

NHS Wales Staff Survey 2025 – From Insight to Action



Locally led and
Clinical Board-owned
responses



Focus on key themes:
Staff voice | Leadership |
Workload | Wellbeing | Culture



Shift to targeted,
team-level improvement



Co-production and
visible leadership
at all levels

CD&T

- Engagement/readiness plan developed ahead of results
- "Pick & Mix" model – Board ownership + Directorate flexibility
- Central SharePoint hub (reports, comms, toolkits)
- Manager toolkit (guides, templates, posters, presentations)
- Strong communications: newsletter updates and CD&T talks podcast with triumvirate narrative
- Staff-side engagement confirmed
- Free-text comments reviewed with guided use approach
- Formal Board spotlight session scheduled

Focus: Structured resources, strong comms, enabling meaningful local conversations

CEF

- The approach to the NHS Wales Staff Survey results is being driven locally, with a focus on involvement across all services.
- An initial workshop is being planned bringing together all services to review and discuss the overall results. Following this, each service will take forward their own findings using their paginated reports, exploring these in more detail through smaller, service-level workshops.
- A further CEF-wide workshop will then be held to bring services back together to share insights from these sessions, agree key priorities, and identify actions.
- Champions will also be identified across CEF to help maintain momentum and support the translation of results into meaningful action within teams.

Focus: Moving from insight to action through supported local leadership

Specialist

- Directorates were engaged through the Local Partnership Forum and have been asked to access and review their results.
- Free-text comments shared to support interpretation.
- Engagement champions identified to support the transition from insight to action.
- Teams focusing on areas with lower scores to target greatest impact.
- Next Partnership Forum will review initial themes and emerging priorities for each Directorate.
- Meetings with Directorate management teams to analyse data and develop locally owned action plans.
- Further analytical support required for meaningful interpretation and targeted, evidence-based actions.

Focus: Consistent, locally led improvement with leadership support

AWMGS

- Results reviewed at Senior Leadership Team level
- 25-person multidisciplinary focus group established
- Sub-groups formed for deep-dive analysis and action
- Clear Terms of Reference for all groups
- Structured cadence – main group bi-monthly, sub-groups monthly
- Key priorities: morale, flexible working and healthy working environments

Focus: Structured, staff-led, solution-focused improvement model

Children & Women

- Results reviewed at Clinical Board and Directorate level
- Ongoing staff feedback sessions (face-to-face & Teams)
- Sessions led by DoN, DoO and People Services
- Teams defining "what good looks like" for each theme
- Improvement Champions being identified per Directorate

Focus: Co-produced action with strong leadership visibility

Mental Health

- Responding to the 2025 NHS Wales Staff Survey through a focused approach aligned to five priority areas: staff voice, culture and belonging, leadership, wellbeing, and sustainable workloads.
- Clinical Board-led approach with bespoke directorate action plans tailored to local needs
- Progress and action plans reviewed through LPF, supporting partnership working and shared ownership
- Accessible engagement routes in place, including Teams channels, Sway, SharePoint, and MHBC-connect
- Ongoing review of free text comments to identify themes and inform actions
- Leadership visibility programme enabling senior leaders and Directors to engage directly with teams
- Development of a Clinical Board Leadership Charter
- Cultural Compass pilot across nine teams
- Delivery of bespoke Culture, Values and Behaviours training
- Action planning underway across all directorates with People Services and Staff Side support
- Progress regularly reviewed through LPF to maintain focus and continuous improvement

Focus: Targeted delivery with strong governance and leadership visibility



Emerging Good Practice Across Boards



Stronger Clinical
Board ownership
and visibility



Increased staff
involvement and
co-production



Use of structured
toolkits and
resources



Shift to proportionate,
team-level action



Focus on priority areas
for greatest impact



We are committed to using staff feedback to create meaningful change across NHS Wales.



Listening. Learning. Improving together.

Appendix 2 Clinical Board Activity

NHS Wales Staff Survey 2025 – From Insight to Action

Locally led and Clinical Board-owned responses

Focus on key themes: Staff voice | Leadership | Workload | Wellbeing | Culture

Shift to targeted, team-level improvement

Co-production and visible leadership at all levels

PCIC

- Clinical Board-led approach to understand the experience of staff.
- Initial Teams session held to share results and key themes.
- Results explored through a local lens with services and teams.
- Planned face-to-face co-production workshop to explore findings, identify priorities and shape actions.
- Engagement designed to be inclusive across roles, services and staff groups.

Medicine

- Workload and Staffing: Proactive attendance management (Sickness and Assurance Panels); Medical workforce and rota review (including AI exploration); Strengthening job planning processes; Service reconfiguration to improve flow and reduce workload
- Wellbeing and Burnout: Wellbeing drop-in sessions and facilitated support; "Moments that Matter" reflective rounds; Formal debriefs following traumatic events; Wellbeing embedded into Quality & Safety governance; Clinical Board Wellbeing Network established; Increased focus on recognising positive practice
- Staff Engagement: Regular Town Hall meetings; Senior leadership walkarounds; Resident Doctor forums; Study days and engagement opportunities to hear staff voice; Introduction of Stay Surveys; Focus groups to support survey insights and action planning
- Culture and Behaviour: Civility in Healthcare training programme; Development of Civility Toolkit; Promotion of Speaking Up processes; Enhanced leadership support for managing behaviours
- Leadership and Improvement: Compassionate Leadership training; Increased staff autonomy in quality improvement; Introduction of Principles of Care

Focus: Targeted actions across key workstreams to address workload, support wellbeing, strengthen engagement, improve culture and develop leadership for sustained improvement.

Surgery

- Directorate teams have been provided with access to the dashboard link and associated free-text comments to support local review of their results.
- Initial plans to discuss findings at the previous Local Partnership Forum were unfortunately deferred due to the meeting being stood down.
- A dedicated discussion at the next Local Partnership Forum will provide an opportunity to share insights, reflect collectively on the results, and agree next steps to support directorate-level action planning.

Corporate

- Directorates within the Corporate Services Clinical Board have been provided with access to their NHS Wales Staff Survey results via the central dashboard.
- An initial review of results is being undertaken at Directorate level, with a focus on understanding areas of strength and identifying opportunities for improvement. Directorates are being encouraged to prioritise areas of lower scores to ensure targeted action where it will have the greatest impact on colleague experience.
- Local action planning is being developed within each Directorate, with an emphasis on inclusive involvement across teams to support a shared understanding of the results and collective ownership of improvement actions.
- Directorate leadership teams are progressing this work at a local level, using the available insights to inform priorities and shape actions that reflect the needs and context of their individual services.

Focus: Information to be confirmed.

Emerging Good Practice Across Boards

Stronger Clinical Board ownership and visibility

Increased staff involvement and co-production

Use of structured toolkits and resources

Shift to proportionate, team-level action

Focus on priority areas for greatest impact

We are committed to using staff feedback to create meaningful change across NHS Wales.

Listening. Learning. Improving together.

Report Title:	Developing Values-Based Teams, Leadership and Organisational Insight (CEWS)		Agenda Item No:	10
Meeting:	Local Partnership Forum	Public	Meeting Date:	23/6/2026
		Private		
Status (please only tick one)	Assurance	Approval	Information/Noting	X
Lead Executive Title:	Executive Director of People and Culture			
Report Author Title:	Assistant Director of People and Culture			

Main Report

Background and Current Situation:

Situation

The Local Partnership Forum is asked to note the direction of travel for developing a Cultural Early Warning System (CEWS) as part of the wider Values-Based Teams, Leadership and Organisational Insight Programme (*Appendix 1*).

The purpose of this work is to strengthen organisational visibility of team functioning, staff experience and emerging workforce and cultural pressure, enabling earlier identification of risk and more coordinated support for teams and services.

The approach is intended to support healthier, more sustainable team cultures by improving how the organisation listens to, understands and responds to workforce experience and operational pressure.

This work supports delivery of the Health Board's Putting People First priority and People and Culture Plan by strengthening workforce experience, leadership and team functioning, recognising that these are critical enablers of safe, high-quality patient care and outcomes.

The work also supports a wider organisational reset, reinforcing consistent expectations for values, behaviours and leadership practice across the Health Board.

The approach will be developed internally, drawing on learning from Welsh Ambulance Services NHS Trust (WAST), alignment with Health Education and Improvement Wales (HEIW) and emerging All-Wales work, and will initially be tested and refined within Mental Health Clinical Board where work has already commenced.

Figure 1: What is CEWS (source: Welsh Ambulance Services Trust)

What is CEWS

- **Cultural Early Warning Score (CEWS)** is a practical tool that gives teams a snapshot of cultural health across three dimensions:
 - **Culture** – relationships, behaviours, inclusion.
 - **Capacity** – workload, wellbeing, resource pressures.
 - **Capability** – skills, compliance, turnover.
- It's not about blame or performance management - it's about **early detection** and **proactive improvement**.

Background

The Health Board currently holds multiple sources of intelligence relating to staff experience, workforce pressure and team functioning, including staff survey data, workforce indicators, Occupational Health and Employee Wellbeing Service data, speaking up intelligence, employee relations data, quality and safety indicators, incident reporting and performance information.

However, these sources are often considered separately, which can make it difficult to identify emerging pressures within teams early enough to provide timely support and intervention.

The 2025 NHS Wales Staff Survey, presented earlier on the agenda, provides a robust and credible insight into staff experience, highlighting strong team-based culture alongside increasing pressure on morale, workload and confidence in care. While the survey remains a key source of organisational insight, it provides a periodic snapshot rather than a continuous view.

This reinforces the need for more timely, integrated insight that supports earlier identification of pressure, psychologically safe conversations and more responsive local action.

These findings have direct implications for workforce wellbeing, patient safety, quality and experience, reinforcing the need for a more proactive and integrated organisational response.

Earlier scoping considered external digital options. Following this work, the preferred approach is to develop an internally led CEWS and dashboard model, supported by existing workforce, digital and analytical capability. This approach allows the organisation to build a proportionate and locally relevant solution aligned to existing governance and assurance arrangements.

Development of the approach has been informed by engagement with external partners. The Health Board has worked with WAST to understand how they have developed and begun implementing a CEWS, with learning, tools and approaches being shared to inform local development.

In addition, HEIW has been commissioned to scope a national culture and staff experience dashboard for Wales. The Health Board is maintaining close alignment with this work and contributing insight where appropriate, while progressing its own internal approach in response to organisational need.

Early engagement has also taken place with Trade Union partners, including participation in national learning through the Spread and Scale Academy. This has supported initial co-development of the approach and alignment with partnership working principles.

The CEWS approach is being aligned with the developing Values-Based Teams approach and wider staff survey response model, ensuring that insight leads to local action, psychologically safe team conversations and leadership support rather than measurement alone.

Assessment

The proposed approach is to develop a Cultural Early Warning System that combines organisational insight with local team-based conversations, support and action.

The initial phase will focus on developing a minimum viable workforce insight view, supported through Power BI, bringing together workforce, wellbeing and staff experience data.

Over time, this will be expanded to include quality and safety signals, incident reporting, operational performance and other relevant indicators, enabling a more integrated view of organisational pressure and risk.

The intention is not to create a surveillance or punitive monitoring approach. The purpose is to strengthen the organisation's ability to identify emerging pressure earlier and support teams more effectively before concerns escalate.

The dashboard and heatmap elements are therefore only one part of the wider approach. The emphasis is on how insight is used to support meaningful local conversations, leadership response, escalation where required and practical action.

Mental Health Clinical Board is proposed as the initial implementation and learning site. Work is already underway through the Cultural Compass approach, which brings together indicators across quality and safety, workforce, performance and finance to support structured ward and team-level conversations.

These conversations focus on understanding:

- what is happening within teams
- what support is required
- what action is being taken
- where barriers or escalation exist
- and how teams can be supported earlier

The initial work will focus on a small number of priority wards and teams, allowing the organisation to:

- test the practical application of team-level insight and conversations
- identify data quality and consistency issues
- understand how insight supports escalation and support
- refine the approach before wider organisational implementation

While the formal implementation is phased, the wider organisational principles underpinning the work, including psychologically safe conversations, earlier identification of pressure, values-based leadership and local ownership, apply across the organisation now.

Learning from Mental Health Clinical Board will directly inform the development of the CEWS model, dashboard design and wider organisational implementation.

The staff survey findings further reinforce the need for a more continuous and locally actionable approach to workforce insight. CEWS is intended to complement the survey by providing more regular, triangulated intelligence, enabling earlier identification of pressure and supporting targeted intervention.

Proposed Delivery Timeline

The development of CEWS and the associated Values-Based Teams approach will follow a phased delivery model:

- **By August 2026** – Workforce insight dashboard (Phase 1) and cultural heatmap in place, with initial use in implementation areas including Mental Health Clinical Board

- **By November 2026** – Expanded integration of workforce, staff experience and initial quality data, with approach refined and extended to additional priority services
- **By May 2027** – Integrated organisational insight model in use, with embedded governance, reporting and organisational assurance

This phased approach reflects the use of a minimum viable model initially, with progressive integration, organisational learning and scaling over time.

Executive Director Opinion & Key Issues to bring to the attention of the Board/Committee/SLT (delete as appropriate)

The Executive Director of People and Culture supports the development of an internally led Cultural Early Warning System as a proportionate and pragmatic approach to strengthening organisational insight, leadership response, workforce sustainability and staff experience.

This is not intended to be a standalone dashboard development, but part of a wider organisational approach to strengthen team functioning, leadership consistency and psychologically safe cultures, underpinned by values-based team working.

The approach directly supports delivery of the Putting People First priority and wider People and Culture Plan, recognising the strong relationship between workforce experience, team functioning, patient safety and quality of care.

Key issues for the Forum to note are:

- the need to move from periodic, retrospective insight to more continuous and actionable intelligence
- the importance of aligning data with psychologically safe local conversations, leadership action and practical support rather than measurement alone
- the decision to progress with an internally developed approach, informed by WAST and aligned with emerging national work through HEIW
- the intention to continue co-development and engagement with Trade Union partners as the work evolves
- the use of Mental Health Clinical Board as an initial implementation and learning site to safely test and refine the approach before wider rollout
- the importance of ensuring the approach remains supportive, improvement-focused and clearly distinct from punitive or surveillance-based monitoring
- the need to maintain a realistic and phased approach while ensuring the wider organisational principles begin to influence practice across the organisation

Delivery milestones are aligned to organisational escalation requirements, with Phase 1 workforce insight and cultural heatmap capability expected by August 2026. (Appendix 2)

Appendices (please list any appendices that will accompany this report. Do not embed)

- Appendix 1: Developing Values-Based Teams, Leadership and Organisational Insight
- Appendix 2: Timelines

Recommendations:

The Local Partnership Forum is asked to:

1. **Note** the direction of travel for developing an internally led Cultural Early Warning System (CEWS) as part of the wider Values-Based Teams, Leadership and Organisational Insight Programme.

2. **Note** the alignment with learning from Welsh Ambulance Services NHS Trust (WAST), emerging national work through HEIW, and wider organisational work relating to staff experience, leadership and workforce sustainability.
3. **Support** the continued co-development of the approach through partnership working, recognising the importance of psychologically safe cultures, staff voice and local team-based conversations.
4. **Support** the use of Mental Health Clinical Board as the initial implementation and learning site to test and refine the approach prior to wider organisational rollout.
5. **Note** that learning from the initial implementation site will inform future development of the CEWS model, dashboard design, local conversation approaches and wider organisational implementation.
6. **Receive** further updates on progress, emerging learning and future development of the approach through the Local Partnership Forum.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.  Putting People First	x	2.  Providing Outstanding Quality	x
3.  Delivering in the Right Places		4.  Acting for the Future	x

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	☒	Long Term	☒	Integration	☐	Collaboration	☒	Involvement	☒
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Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	☒	
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Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: Yes (delete as appropriate)

Risks associated with delivery, capacity and engagement are outlined in the main body of the report. These include potential capacity constraints, perception risks and the need for effective engagement across Clinical Boards. A phased, pilot-led approach and Executive sponsorship are in place to mitigate these.

Safety: No

There are no direct patient safety risks arising from this paper. The proposed approach is intended to strengthen early identification of workforce and cultural pressures, which supports safer care delivery.

Financial: No

There are no direct financial implications associated with this paper at this stage. The approach is based on utilising existing organisational capacity, with any future resource requirements to be considered as the programme develops.

Workforce: Yes

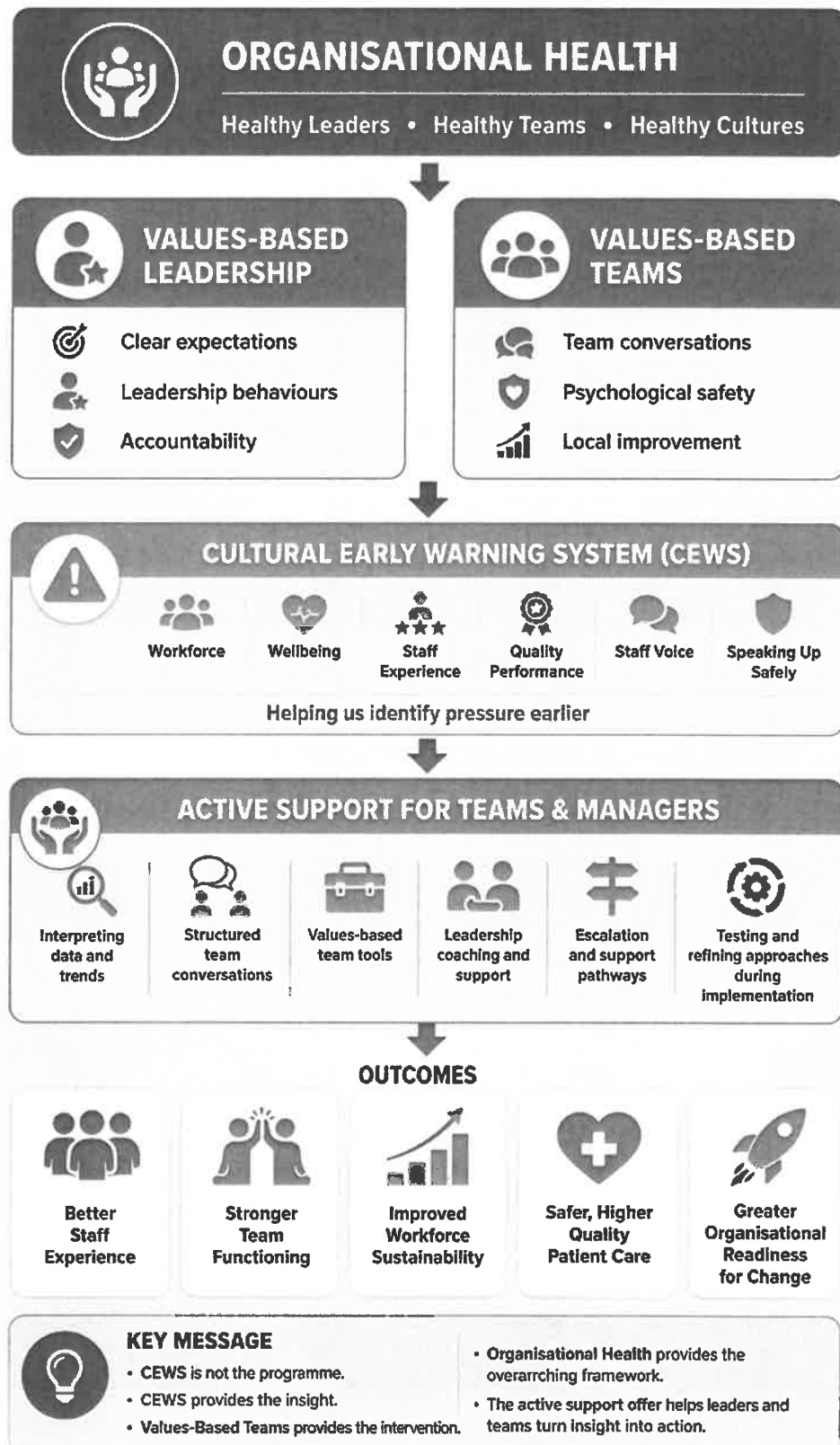
The proposals have workforce implications, including expectations on Clinical Boards and teams to engage in structured conversations and local action. These are being mitigated through a phased, prioritised approach aligned to existing work and organisational priorities.

Legal: No

There are no direct legal implications arising from this paper. The approach aligns with existing governance, employment and regulatory frameworks.

Reputational: Yes	
There is a reputational risk if workforce insight does not translate into visible improvement. This is mitigated through a clear focus on action, local ownership and alignment with the staff survey response and wider organisational priorities.	
Socio Economic: Yes - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance</i>	
The proposals do not constitute a strategic service change at this stage. However, the approach supports improved understanding of workforce and service pressures, which may contribute to more equitable outcomes over time.	
Equality & Health: No	
An Equality Health Impact Assessment is not required at this stage. Equality considerations will be incorporated as the approach develops, particularly in relation to workforce experience and access to support.	
Decarbonisation: No	
There are no direct implications for decarbonisation arising from this paper. The approach focuses on organisational insight and team functioning.	
Welsh Language: No	
There are no direct Welsh language implications arising from this paper. The approach will align with Welsh Language Standards as it develops, including consideration of bilingual communication and accessibility where required.	
Approval/Scrutiny Route (<i>please list all other Committees/Groups this report has been to</i>)	
Name of Committee/Group/Exec	Date:

Appendix 1: Developing Values-Based Teams, Leadership and Organisational Insight



Appendix 2: Programme Timelines



By August 2026	By November 2026	By May 2027
• Workforce insight dashboard (Phase 1) • Cultural heatmap in pilot areas • Initial use within Mental Health Clinical Board	• Expanded workforce and staff experience integration • Initial quality and safety indicators • Wider rollout to additional priority services	• Integrated organisational insight model • Embedded governance and reporting • Organisational assurance model in place

Proposed Delivery Timeline



Leadership & Culture - Delivery Milestones and Progress

Clear, time-bound delivery of organisational insight, team performance and leadership capability - Workforce insight dashboard and cultural heatmap in place by August 2026

Organisational Insight (CEWS / Dashboard)	Values-Based Teams	Leadership & Accountability	Oversight & Assurance
Foundations established (Dec 2025 – Apr 2026) • CEWS approach explored and aligned with national work (WAST, HEIW) • Decision to develop an internally-led dashboard approach In progress (May – Aug 2026) • Dashboard (Phase 1) and cultural heatmap in use in pilot areas • Workforce, wellbeing and staff experience data being integrated Next (Aug 2026 – May 2027) • Integrated workforce, quality and performance insight used in governance	Foundations established (Dec 2025 – Apr 2026) • Approach defined and aligned to staff survey and local team development In progress (May – Aug 2026) Pilot teams engaged and using Insight • Team ways of working being established locally Next (Aug 2026 – May 2027) • Expansion to priority services • Embedded as standard team practice	Foundations established (Dec 2025 – Apr 2026) • Leadership audit completed and TNA approach designed In progress (May – Aug 2026) • Leadership expectations communicated • TNA finalised Next (Aug 2026 – May 2027) • Targeted leadership support delivered • Embedded in appraisal and performance	Foundations established (Dec 2025 – Apr 2026) • Governance and assurance approach aligned to escalation requirements In progress (May – Aug 2026) • Clinical Board oversight and initial reporting established Next (Aug 2026 – May 2027) • Executive and Board reporting embedded • Integrated assurance model in place
By August 2026 → Dashboard (Phase 1) and cultural heatmap in place → Pilot teams active	By November 2026 → Expanded data integration → Approach scaled across services	By May 2027 → Integrated insight in use → Embedded governance and assurance	

CARDIFF & VALE UHB
INTEGRATED PERFORMANCE REPORT COVER PAPER
- May 2026



Finance

**Public
Health**

Operational

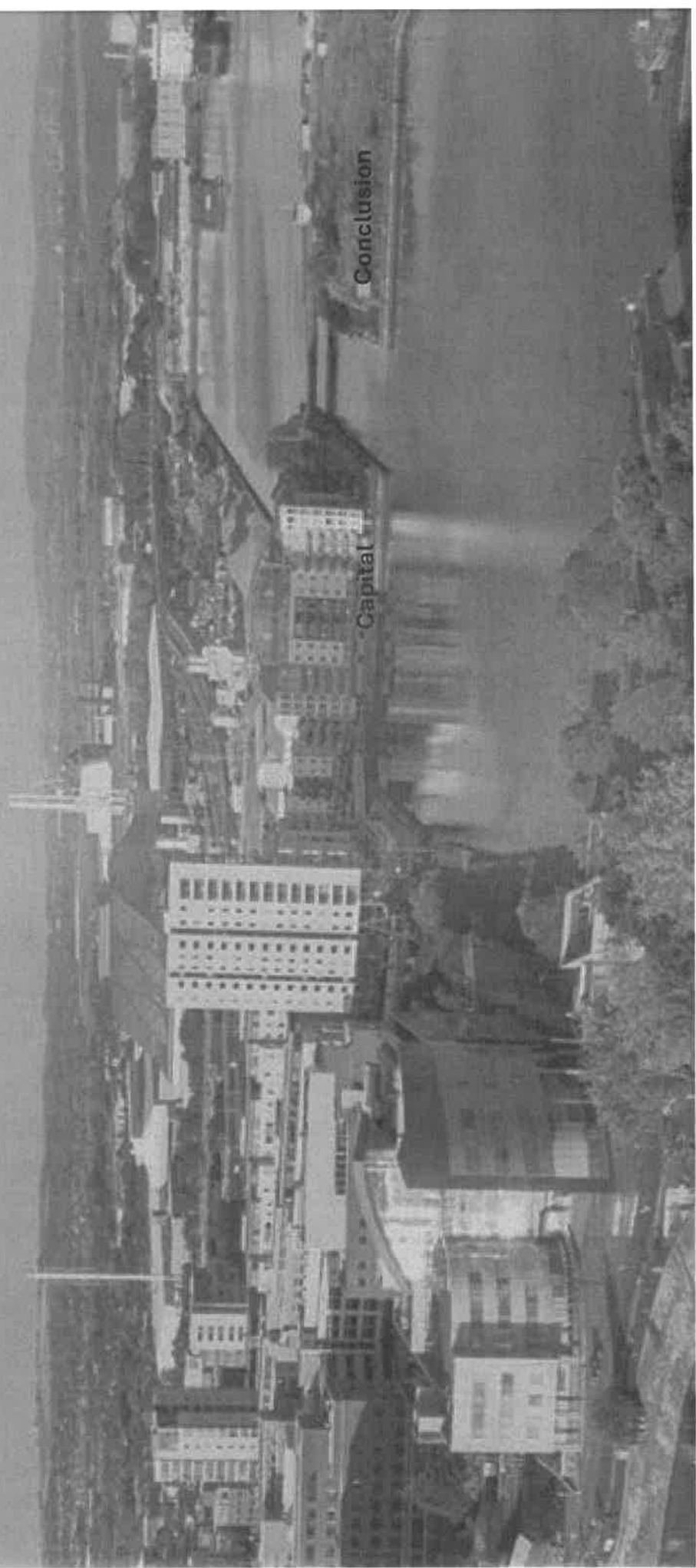
**Quality,
Safety &
Experience**

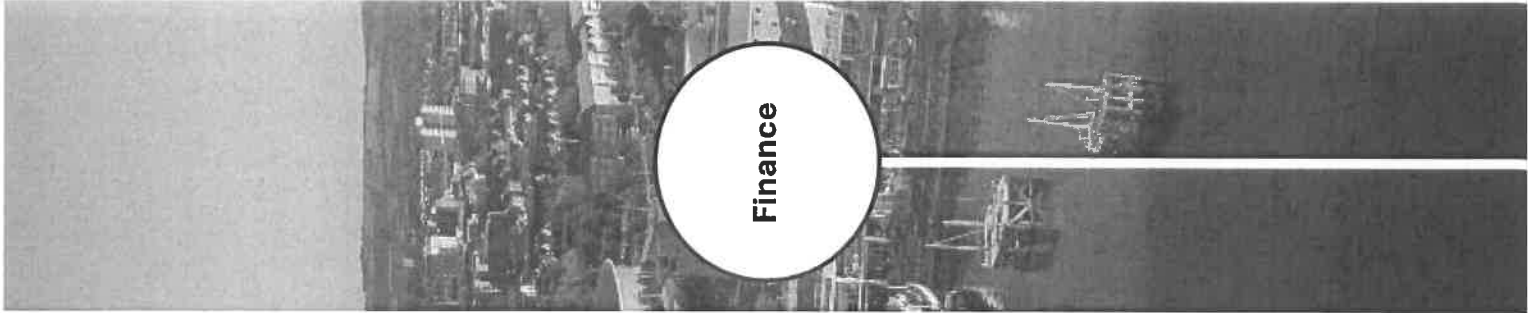
**People and
Culture**

Digital

Conclusion

Capital





The UHB’s Financial Plan in 2026/27 reflected the following key components:

Planning Assumptions		(£m)
Brought Forward Underlying Deficit		68,759
2026/27 Demand/Cost Growth/Improvement		54,690
2026/27 Increase in Contribution to Welsh Risk Pool		21,500
Deficit		144,949
Additional Allocations		(15,881)
Savings Plans		(42,521)
Initial Planned Deficit		86,547

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026.

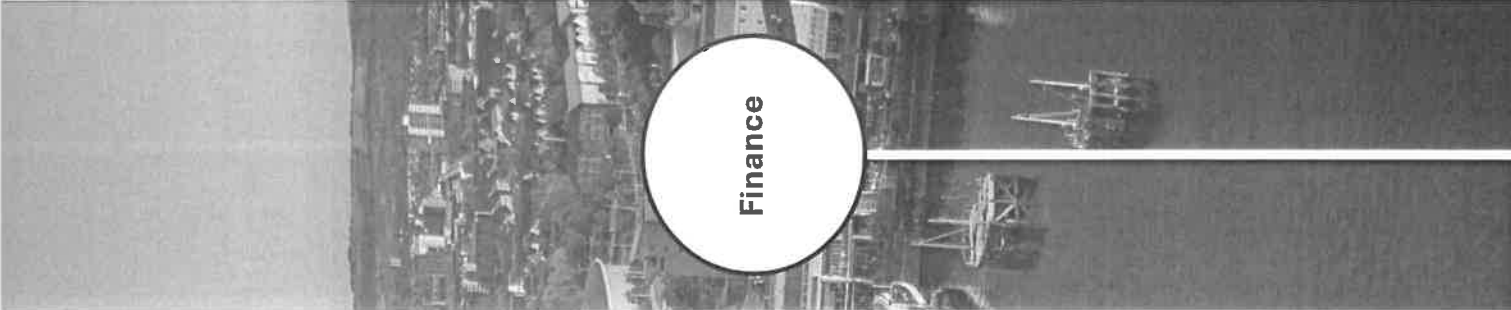
The submitted plan projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval.

At Month 1, the UHB is reporting a year to date overspend of £9.397m.

	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	10.814	10.814	0.000
Quality Efficiency Improvement Plans - Savings	(3.603)	(1.171)	2.431
Operational Variance	0.000	(0.246)	(0.246)
University Health Board Deficit	7.211	9.397	2.186

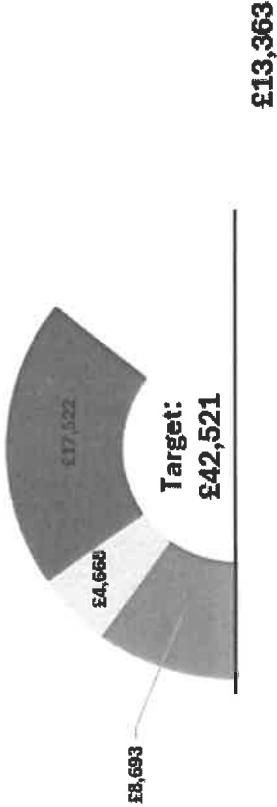
The overall £9.397m deficit at month 1 was made up as follows:

- Planning Deficit £7.211m
- Savings Programme deficit of £2.431m
- Operational Position surplus (£0.246m).



At Month 01, the UHB has identified £13.363m (31.4%) of green and amber savings to deliver against the revised £42.521m savings target. Red schemes of £17.522m were also identified and continue to be reviewed for progression to Green/Amber where possible.

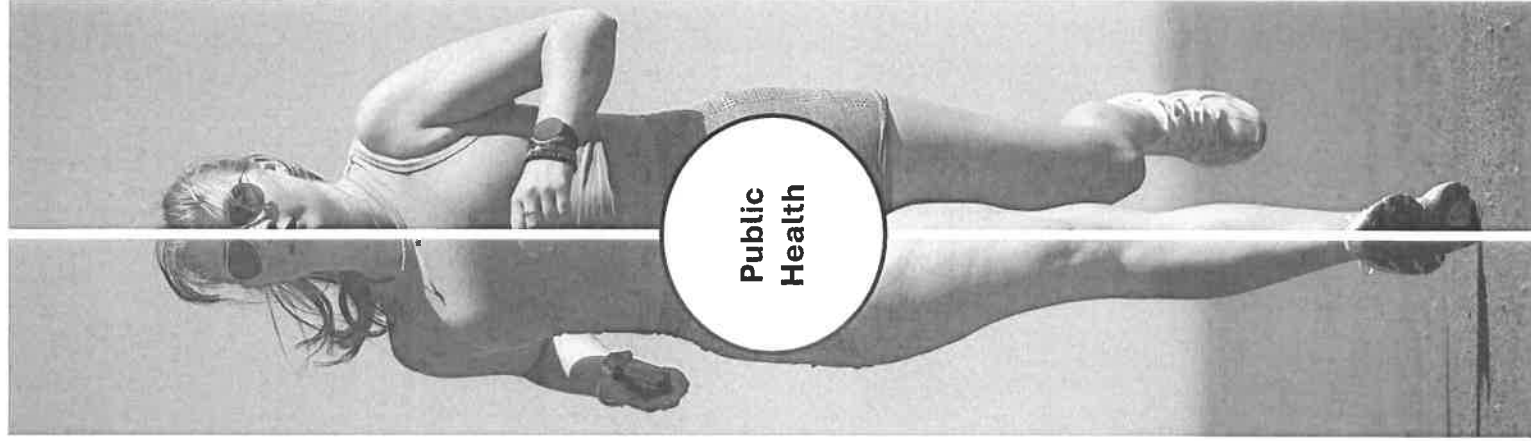
2026/27 UHB Savings Programme: Identified vs Requirement £'000s



£8.764m of recurrent savings were identified at month 1 leaving a gap of £33.757m against the £42.521m recurrent target.

The combined impact of this savings gap and the full-year effect of in-year operational pressures will increase the underlying deficit carried forward into 2026/27 unless additional savings schemes are identified.

The UHB continues to drive the development of additional recurrent savings schemes to enable delivery of the financial plan . Progress must now accelerate in both the identification and delivery of these savings plans to ensure the Health Board achieves its planning underlying deficit target of £86.547m.



Obesity and Diabetes

- The evidence base is clear that a Whole System Approach to tackling obesity is what makes a difference. We are making progress on this, but this is slow due to limited resources. A full business case to implement at scale and pace has not been funded due to the financial pressures on the organisation. This limits progress on this important public health agenda.
- The data shows a decrease in healthy weight children back towards the All-Wales average.
- Our joint **Good Food and Movement** Implementation Plan (2026-28) which describes the actions needed to keep our whole system approach to tackling obesity moving forward was discussed and agreed at Cardiff Leadership and Enabling Change Group on 28th April 2026. The plan will also go to the Vale of Glamorgan Senior Leadership Team and Quality Committee in June 2026.
- Cardiff Facilities Audit completed and shared with Leadership and Enabling Change Group.
- Lottery Grant to support community growing in the Vale, with a focus on food insecurity, successful.
- Improving uptake of the diabetes 8 care processes, including reducing inequality is a key workstreams. This is led by the Primary Care lead for diabetes and PCIC. With newly available uptake data at individual practice level, there will be more specific offer of support to practices with low uptake, and also promotion of best practice from those with the highest practice-level uptake and consideration of impact in terms of reducing inequality.

Vaccination – childhood vaccinations

Children up to date with vaccinations

- 85.3% of children are up-to-date with vaccinations by age 5 which is below the national target.

Measles

- We are working with five secondary schools across Cardiff and the Vale of Glamorgan to increase uptake of the **MMRV vaccine amongst pupils and teachers**. The work involves targeted, behaviourally informed communications and engagement and utilising pastoral teams to reach out to the families of under-vaccinated children. Community clinics and home visits have also taken place.

Tobacco

Smoking Prevention

- Our work was highlighted in the 'Voices that Matter: Young People Taking a Stand Against Smoking and Vaping' article published in magazine of Children in Wales, describing 3 successful initiatives to prevent smoking uptake. English Spring 2026: <https://isu.pub/3PxcECB> Welsh Spring 2026: <https://isu.pub/5TONFnH> (p42/43)

Smoking Cessation

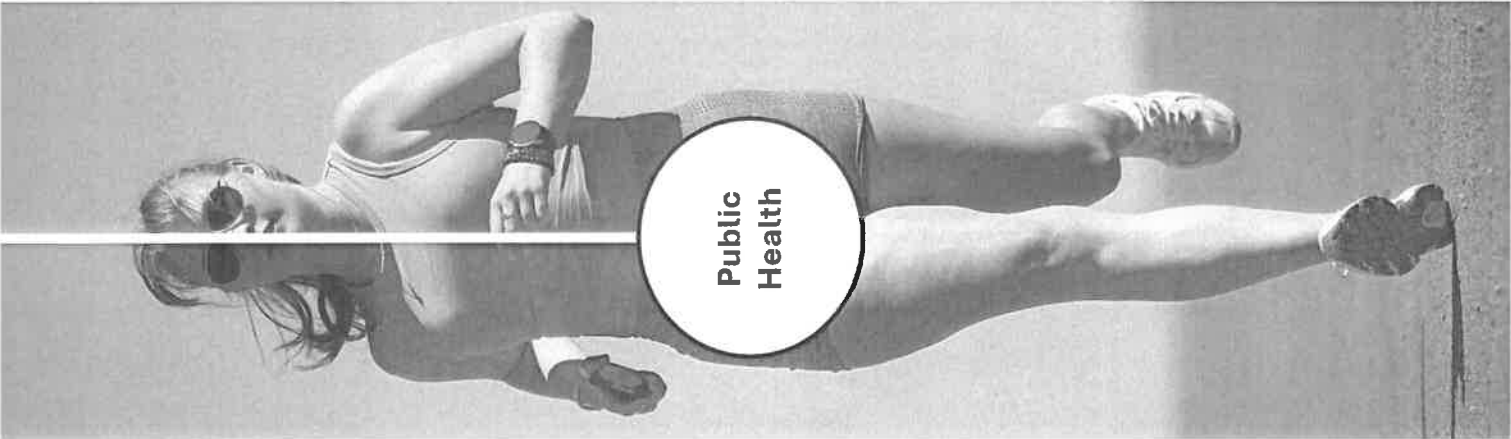
- In-app advertising for the 'Help Me Quit' service ran in deprived areas of Cardiff and the Vale of Glamorgan from 1 January to 19 March 2026. Engagement exceeded typical campaign levels, indicating this is an effective way to reach high-risk groups with smoking cessation messages.
- A pilot text initiative targeting GP practices in two high-deprivation, high-smoking clusters showed promising results: 9% of recipients of the messages from their GP practices clicked through to the Help Me Quit website, and 14% of those requested a call back.
- No Smoking Day – 11th March. A range of activity were delivered to prevent smoking, promote cessation services and promote smoke free environments. Communications delivered through social media platforms, information stands promoting services were held in high footfall areas including University Hospital Wales and University Hospital Llandough, County Hall, primary care settings. Resources and information made available to community partners too.
- Awareness raising activity around the effect of second-hand smoke on pets delivered through information campaign with partners in local parks.
- Allen Carr Easyway project commenced, this offers an alternative to regular sessions over many weeks by providing a one-off workshop with participants of a NICE recommended stop smoking service to Cardiff and Vale residents.

Smoke Free Environments

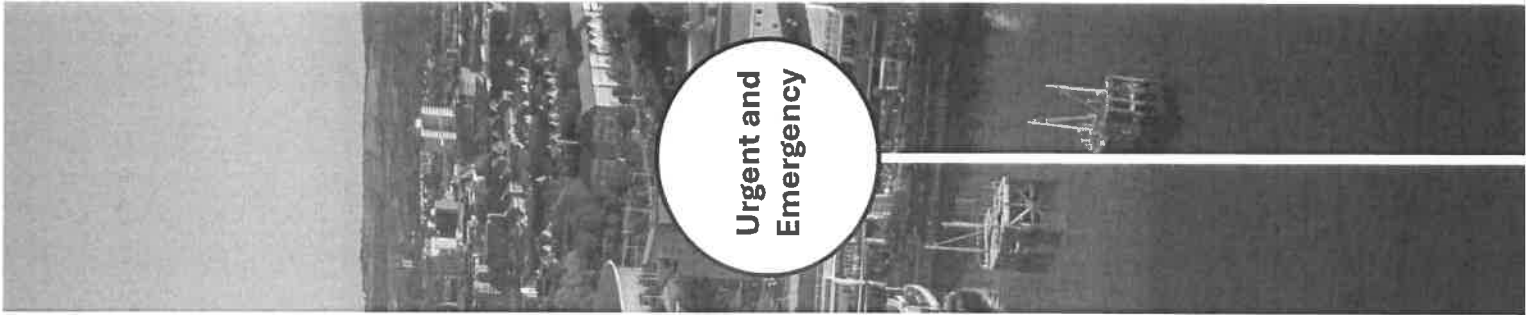
- Smoking enforcement officer has approached 1123 individuals smoking on hospital sites, from 19.11.25 to date.

Women's Health Hubs

- Two new **Clinical Leads** (one for primary care, one for secondary care) have been appointed
- A review of workstreams completed in 25/26 using pump-prime funding (waiting list review, primary care training, and healthcare pathway reviews) has been presented to inform planning for 26/27.

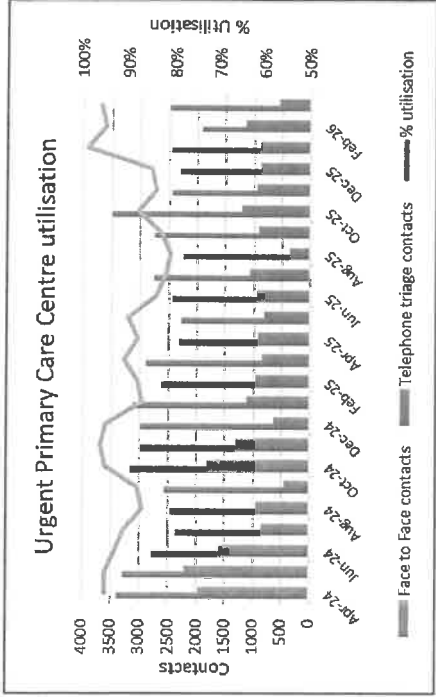


Public Health

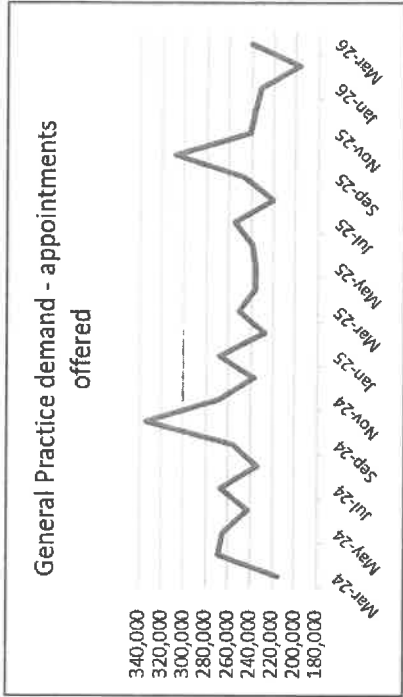


Urgent and Emergency Care – Out of Hospital and Front Door

- In March, 2,508 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 549 patients triaged by telephone. In March 96% of the available slots were utilised
- In 25/26 there were over 3.7 million calls to GP surgeries, with over 2.8 million appointments offered. This year has seen over 8.7 million items issued via prescription
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased, this has continued in 2026



GMS activity	March 2026	Full year 25/26
Calls to GP Surgeries	288,626	3,712,437
Digital requests to GP practices	77,053	984,673
GP appointments offered	240,160	2,886,008
Items issued via prescription	737,978	8,722,346



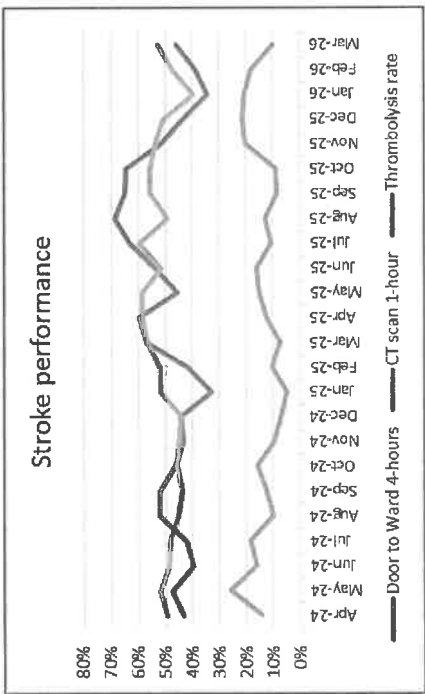
- The number of appointments offered in March increased from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required, the number of practices at the highest escalation levels forms part of our weekly hot reporting

Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

- The most recent data from March showed an increase in compliance with the Door to Ward standard for Stroke patients, although it remains lower than through last year, reflecting pressure on the emergency unit and patient flow. In March 52.5% of patients received their CT scan within 1-hour and 9.8% within 20 minutes. The median time to scan improved. The thrombolysis rate fell to 9.8% and no patients met the 30-minute standard. A business case is in

development for a second CT scanner in EU, to increase capacity and provide resilience

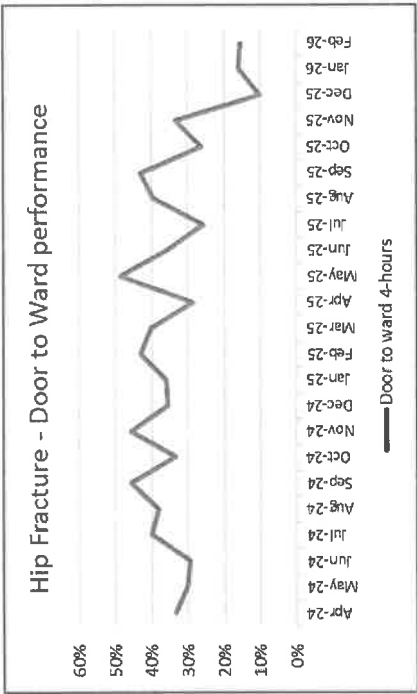


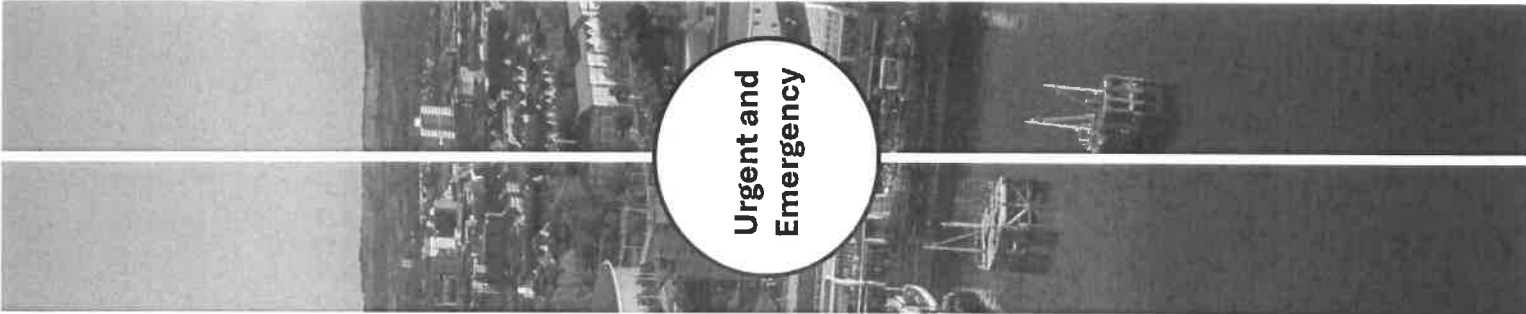
EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	34.4%	38.8%	45.8%	29.9%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	7.4%	14.5%	9.8%	21.8%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	39.7%	47.3%	52.5%	59.9%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	20.6%	18.2%	9.8%	9.6%
Thrombolysis <= 30 mins	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%
Thrombecomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	5.9%	5.5%	1.6%	2.8%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	76.9%	68.0%	75.9%	70.3%

- There was 1 thrombectomy in March

Hip fracture

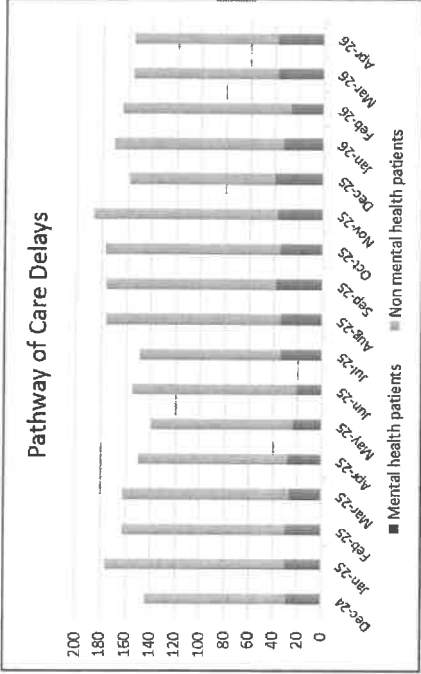
- In February, 15.4% of Hip Fracture patients were admitted directly to the ward within 4-hours. This represents a small reduction in performance from January, but our average of 26.9% remains significantly above the national average of 10.5%





Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays reduced in April to 155. Non-Mental Health delays reduced to 117 with an average length of stay since becoming clinically optimised of 35 days. Mental Health delays increased to 38, but with an average length of stay since becoming clinically optimised increased to 115 days. The total number of delays is above our de-escalation requirement of 128.
- We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 8,446 bed days were lost in April, increased from last month but reduced by c1,300 from the same month last year
- We continue to work in partnership with our Local Authority colleagues, including delivering the trusted assessor model, forensic reviews and check and challenge in community hospitals
- The top 20 longest staying patients are reviewed weekly in a COO or Director chaired meeting to ensure actions to enable discharge are progressed

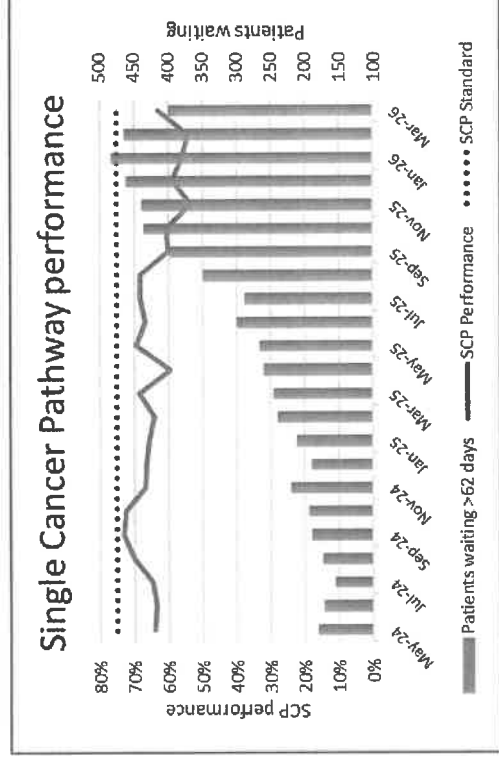


Top 6 reasons for non-MH delays	
Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	33
Awaiting completion of best interest decision	11
Home unsafe and requires attention	8
Awaiting joint assessment	7
Awaiting Nursing Home availability	7
Awaiting stratrt of new community care package funded by social care	6

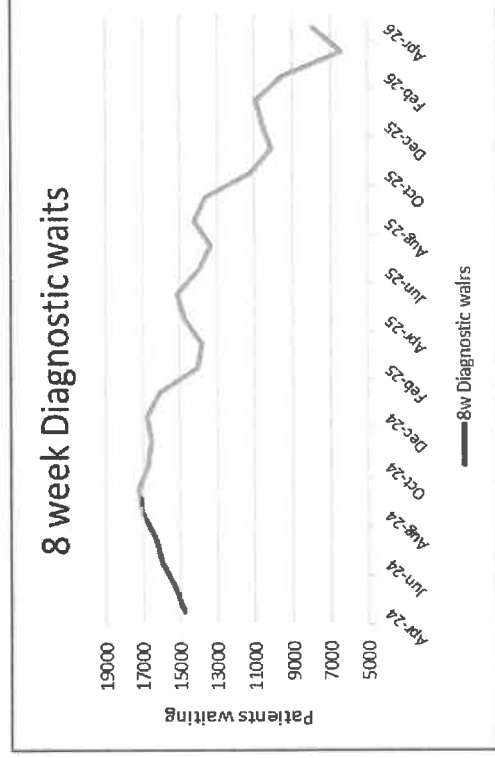
Top 6 reasons for MH delays	
Top 6 reasons for MH delays	Number of delays
Awaiting supported living availability	6
Identifying residential home	5
Awaiting funding decision CHC/FNC	4
Awaiting Dementia nurse availability	3
Awaiting completion of assessment by social care	2
Identifying specialist bed	2

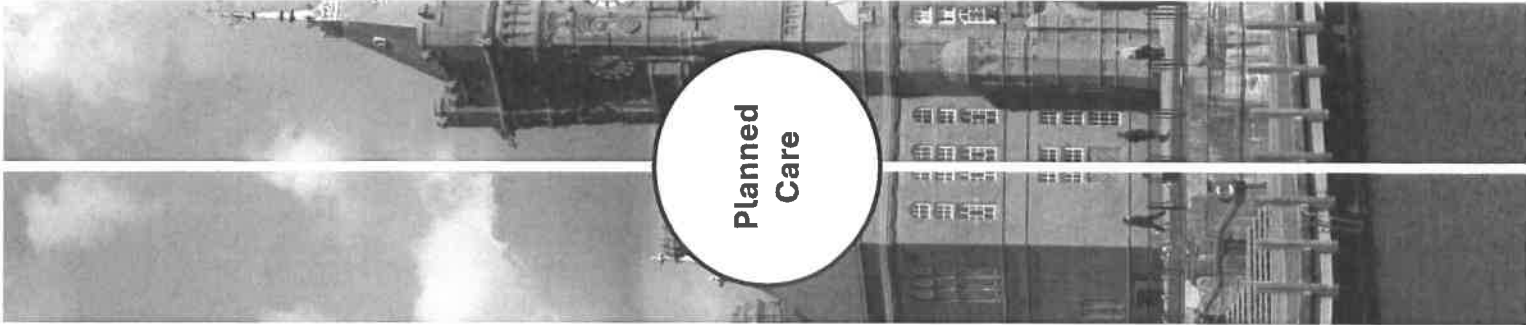
Planned Care, Cancer and Diagnostics

- As forecast, our Single Cancer Pathway compliance increased to at 63.2% in March, as we continue to treat patients from the increased backlog of 62 waits. In March we saw 5 tumour sites meet the SCP standard of 75%. We have seen the backlog of patients waiting 62 days reduce from over 500 in January to 399 in March



- Diagnostic 8-week waits increased in April 2026 to 7,913. We have seen continued reductions in non-obstetric ultrasound, but small increases in Endoscopy, CT and MRI. The greatest increase this month was from Echo waits, where we continue to see the impact of the additional outpatient activity in Q4 as part of the national programme. We are reviewing our booking and scheduling for Cardiology and are exploring non-recurrent solutions to clear the additional demand





Planned Care, Cancer and Diagnostics

Diagnostic Performance Challenges – Key Drivers

Demand Modelling Limitations

- Trajectories did not fully reflect diagnostic demand from HBS with limited historical data to accurately forecast outpatient conversion rates
- Higher diagnostic utilisation from external consultants not fully accounted for

Timing of Activity

- HBS outpatient activity largely concentrated in Q3–Q4 which resulted in insufficient time to mobilise additional capacity once demand was realised. Resulting pressure across **Endoscopy, Cardiology, and Radiology**

Operational & Process Issues

- Delays in referral batching within Cardiology impacted pathway flow
- Workforce constraints limited ability to contact patients and book appointments

Capacity & Infrastructure Constraints

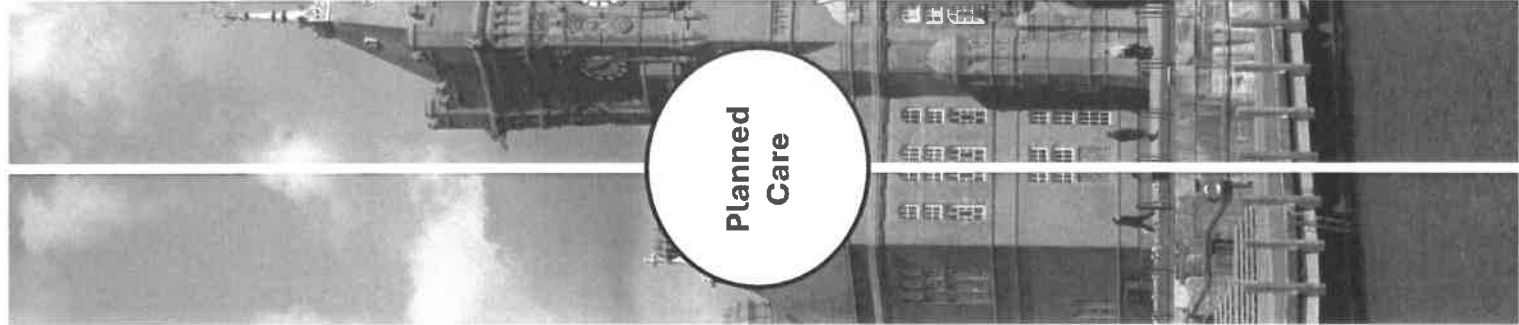
- Prolonged, unforeseen MRI and CT equipment outages in Radiology
- Mobile capacity deployed but insufficient to recover lost activity

External Delivery Shortfalls

- Delay in mobilisation of Independent Sector Provider (ISP) for NOUS which was compounded by activity delivered significantly below contracted volumes

Learning & Mitigation (2026/27)

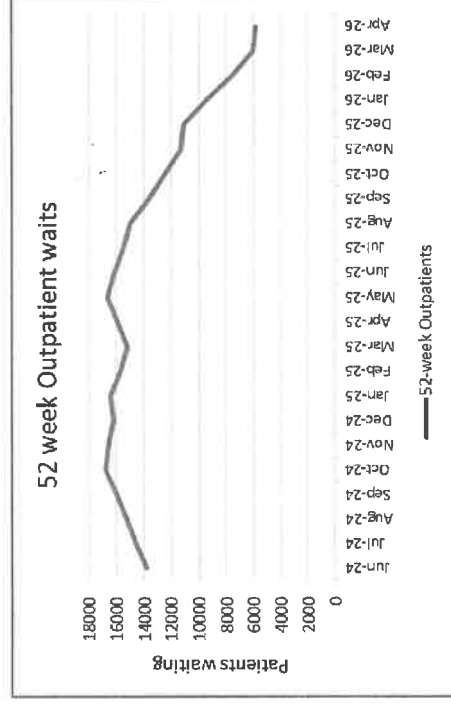
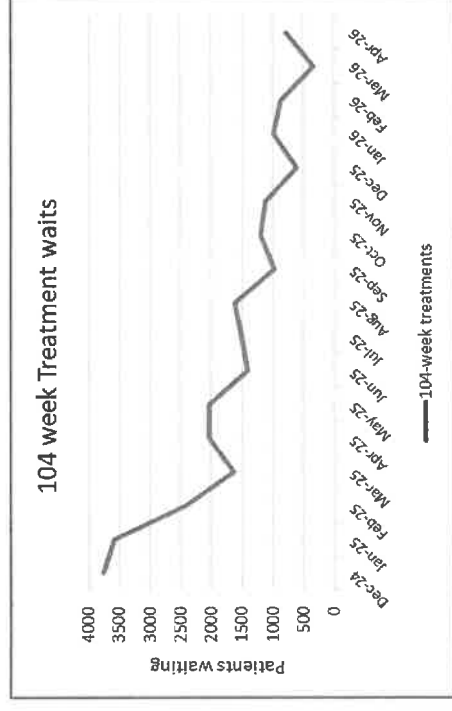
- Aim to strengthen demand forecasting and modelling assumptions
- Earlier identification and mobilisation of capacity
- Improvements to operational processes (e.g. referral management)

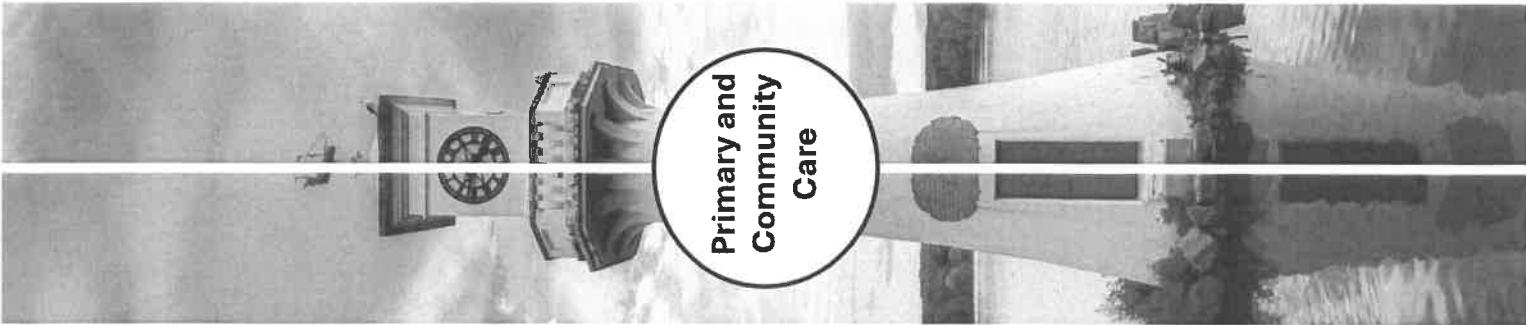


Planned Care

Planned Care, Cancer and Diagnostics

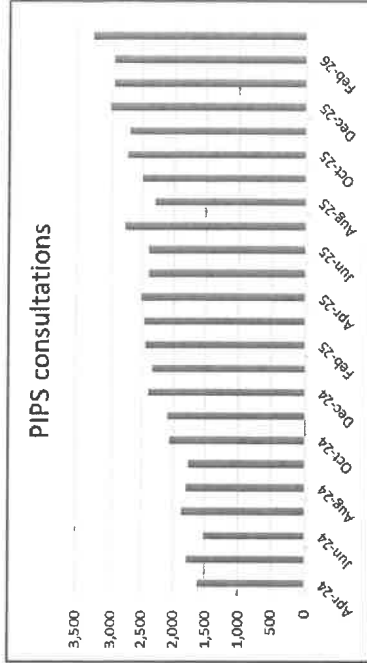
- Following delivery of our commitment to Welsh Government at the end of March, April saw an increase in 2-year waits in line with our forecast. The largest increases were seen in Dermatology, General Surgery and Orthopaedics. We are working through our delivery plan with colleagues from NHS P&I
- The number of patients waiting 3-years for treatment remained at zero.
- The UHB also delivered our commitments as part of the national outpatient insourcing work. An additional 22k outpatient appointments were delivered through the national contract, with an additional 9k through C&V schemes. Following the reduction in 52-week waits in March, April saw a further small reduction to <5800 patients, the lowest since September 2020



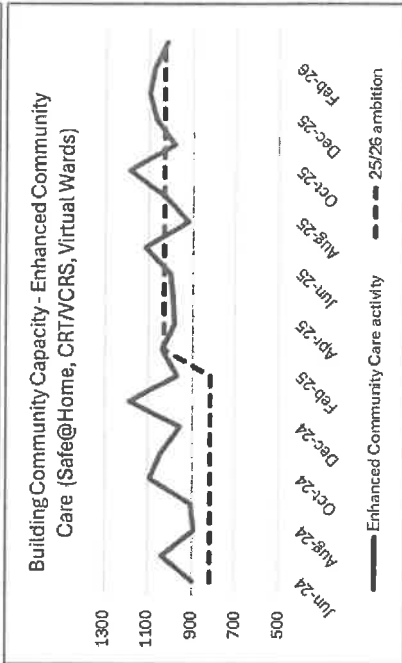
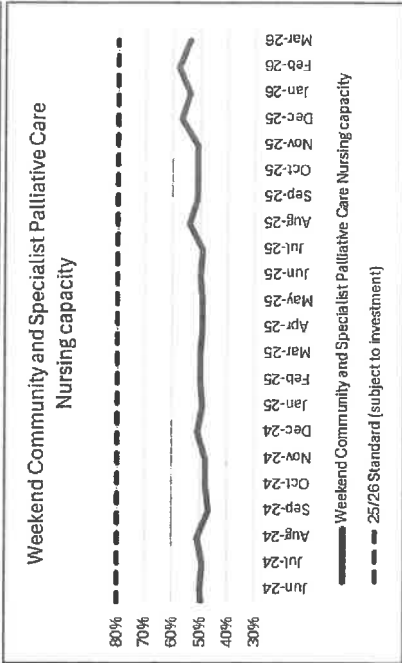


Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards in 24/25 and through 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 3,289 consultations delivered in March 2026, the highest to date in C&V
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. Including DNs, wound healing service, continence service, Safe@Home and CRT/VCRS. District Nursing contacts exceeds the number of visits to EU on a monthly basis, and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services, linking this with our emerging community by design agenda

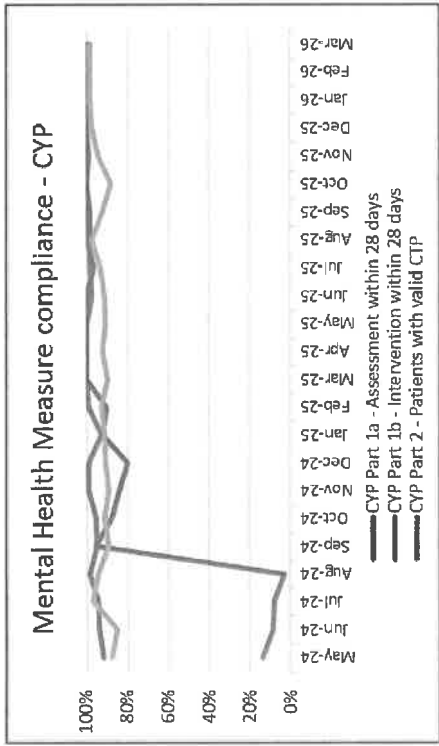


	Community activity	Mar-26	Full year 25/26
	District Nurse visits to patients	17,794	206,812
	Patients supported by Safe@Home	75	896
	Patients supported by CRT/VCRS to avoid admission	28	467
	Patients supported by CRT/VCRS with early discharge	108	1,287

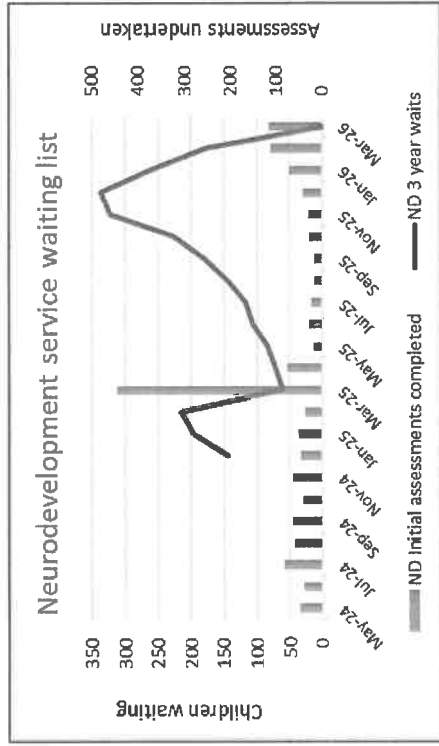


Mental Health – Children and Young People

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, 100% compliance reported since December 2025. Part 2 performance remains above standard



- In March we delivered on our commitment to eliminate 3-year waits for ND assessment. Despite 341 referrals, the overall waiting list also reduced. In total there were 4,758 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average



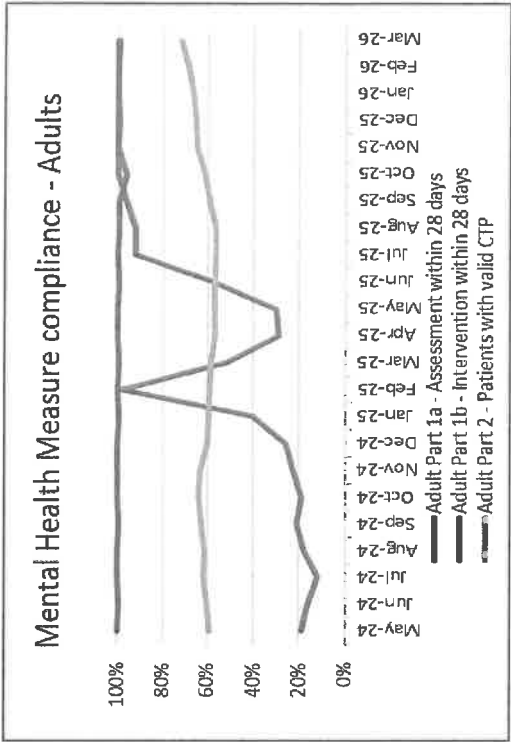
Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan

Mental Health – Adults and Older people

- For adult and older people's mental health services, March saw Part 1a compliance maintained over 99%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in March. Part 2 remains below standard but has improved in line with our trajectory, increasing to >70% in March. The health board has developed an improvement trajectory with the clinical teams, and we continue to work closely with colleagues from NHS P&I. We now have dedicated resource overseeing the management of CTPs

- Our Mental Health teams provide a wide range of services, beyond assessment/treatment and the inpatient services at Hafan y Coed and University Hospital Llandough. In 25/26, teams made over 14,200 direct client contacts on average per month, with an additional 11,500 indirect contacts. Our community services operate within over 40 teams across a wide range of areas, a brief selection of which are illustrated in the table

Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan



Community Mental Health services	Apr-26	26/27 year to date	25/26 Average
Direct Client Contact	12,978	12,978	14,266
Indirect Client Contact	10,597	10,597	11,553
Total Contacts	23,575	23,575	25,818

	Apr-26	26/27 year to date	25/26 Average
Crisis Service team	1,450	1,450	1,573
MH Headroom	504	504	519
Community Veterans Service	83	83	78
Young Onset Dementia Service	172	172	189

Operational performance metrics for TI

The full suite of metrics will be presented to routinely to the Public Board meeting

Targeted Intervention

	Criteria	Measure	Baseline Jul-25	De-escalation Recruitment	UHB Performance											
					Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Planned Care	1) 60% performance maintained against the SOP target	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	68.4%	60.0%	61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%
	2) 100% of open outpatient pathways to be waiting less than 52 weeks.	% of open pathways waiting less than 52 weeks for a new outpatient appointment	81.0%	100.0%	80.5%	79.6%	80.3%	81.0%	81.3%	83.9%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%
	3) 100% of open pathways to be waiting less than 104 weeks	% of open pathways waiting less than 104 weeks for referral to treatment	99.1%	100.0%	98.8%	99.8%	99.1%	99.1%	99.0%	99.4%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%
	4) 80% of open pathways to be waiting less than 52 weeks.	% of open pathways are waiting less than 52 weeks for referral to treatment	79.5%	80.0%	78.0%	77.3%	78.1%	78.5%	78.5%	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%
	5) 15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	23,473	14,415	21,758	22,853	22,503	23,473	24,346	24,869	25,248	26,146	28,065	28,267	28,268	29,862
	6) 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment.	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	66.2%	65.0%	61.9%	63.9%	63.5%	66.2%	65.4%	64.8%	67.4%	69.1%	68.0%	66.7%	69.6%	68.3%
	7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks.	% of patients waiting less than 8 weeks for diagnostic test	47.0%	80.0%	42.4%	39.9%	45.2%	47.0%	43.4%	43.6%	52.0%	54.5%	53.9%	51.9%	57.3%	68.1%
	8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	18.7%	80.0%	17.6%	13.3%	18.0%	18.7%	17.4%	20.3%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%
	9) 80% of patients waiting for a NIOUS and non-cardiac MRI to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - NIOUS	40.4%	80.0%	33.9%	34.3%	38.2%	40.4%	38.6%	38.8%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%
	10) 85% of patients waiting for therapies to be waiting less than 14 weeks.	% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	64.9%	80.0%	66.3%	56.2%	66.0%	64.9%	52.6%	47.7%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%
UEC	1) Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline).	% patients waiting less than 14 weeks for therapy	93.8%	85.0%	95.8%	94.9%	94.9%	93.8%	92.8%	91.8%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%
	2) Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	Ambulance handovers over 1 hour	317	223	462	390	363	317	36	39	147	149	166	181	273	73
	3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes.	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.2%	7.0%	7.7%	7.8%	7.8%	7.2%	6.8%	6.7%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%
	4) Continuous reduction in delayed pathways of 5% (based on agreed baseline)	% of patients waiting 12 hours or more in ED - UHW	7.7%	7.0%	8.1%	8.2%	8.3%	7.7%	7.2%	7.1%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%
Mental Health	3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes.	Median time from arrival at ED to assessment by a clinical decision maker (min)	65	60	63	64	68	65	71	73	82	76	73	64	71	65
	4) Continuous reduction in delayed pathways of 5% (based on agreed baseline)	Number of pathways of care delays	149	128	150	139	155	149	176	176	177	187	158	171	164	156
	1) 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	92.4%	80.0%	29.6%	30.4%	58.0%	92.4%	92.5%	95.9%	100.0%	99.9%	100.0%	100.0%	100.0%	99.5%
	2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	99.7%	65.0%	100.0%	100.0%	99.6%	98.7%	99.0%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%
	3) 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	56.6%	80.0%	57.2%	57.1%	56.8%	56.6%	56.6%	59.1%	61.4%	65.2%	65.4%	66.6%	69.0%	71.9%

Productivity and Efficiency

Measure		Standard	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Trend
Outpatients	% DNAs - New appointments	5%	9.0%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.0%	8.7%	9.4%	10.0%	8.9%	9.9%	
	% DNAs - Follow-up appointments	5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	8.7%	9.3%	8.5%	8.5%	
	% outpatients on See on Symptoms pathway	20%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	4.3%	4.4%	4.2%	4.2%	
	% outpatients on Patient Initiated FU pathway		0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	1.2%	1.6%	1.6%	1.6%	
Endoscopy	% room utilisation	90%	88%	78%	88%	81%	87%	71%	72%	66%	79%	66%	72%	75%	73%	
	% utilisation (activity points available)	95%	84%	87%	89%	87%	90%	89%	87%	87%	89%	87%	85%	86%	89%	
Theatres	Average turnaround time (minutes)	10	17.1	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3					
	% of theatre session utilisation	95%	87%	79%	83%	80%	81%	80%	83%	82%	78%					
	% in session utilisation	85%	77%	80%	79%	80%	78%	77%	79%	79%	78%					
	<24 hour elective cancellations	N/A	347	237	229	281	287	220	238	329	287	344	323	316	369	
Waiting list	Total RTT waiting list volume	N/A	151,226	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	146,215	142,532	135,990	131,710	
Inpatient	Delayed pathways of Care - Mental Health	217	27	28	24	21	34	34	39	35	37	40	33	27	37	
	Delayed Pathways of Care - non-Mental Health		136	122	115	134	115	142	137	142	150	118	138	137	119	
	7 day LOS on Acute Wards (snapshot)	<40%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	56.8%	56.1%	58.2%	58.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	27.9%	29.8%	33.5%	30.2%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	11.0	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	9.9	9.3	9.9	8.5	
Urgent and Emergency	Reportable attendances	N/A	12,193	11,659	11,517	11,823	12,304	11,898	11,880	12,942	12,267	11,681	11,397	10,701	12,109	
	Reportable Majors attendances	N/A	6,210	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	6,372	6,154	5,655	6,222	
	Reportable EU admissions	N/A	1,658	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	1,834	1,697	1,485	1,701	
	SDEC attendances	N/A	1,770	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	1,864	1,951	1,808	2,042	

*Theatre data is currently being validated following the move to a new booking and management system

Ministerial Advisory Group - UHB actions update

For 26/27, monitoring of progress will be facilitated through the implementation of the Productivity and Performance dashboard. This will provide an opportunity to include a breakdown of performance at Health Board and specialty levels

No	Area	Recommendation	Standard	Baseline (March 25 or 24/25)	March 2026 Position	Key points to note	26-27 Ambition
1		Develop a plan to reduce referrals to traditional outpatients in high volume specialties (advice and guidance)	Accepted referrals per month - General Surgery	1405 (24/25 av)	1404 (-0.1%) (25/26 av)	Referrals in key specialties remained largely static, against an increasing trend over past few years. The Health Board continues to lead on the use of Community Health Pathways and has engaged in the OWLS FA waiting list scheme, with Primary Care clinicians. We have focussed outpatient work on the high volume CIN specialties, with a view to reduce referrals and validate patients currently on an outpatient waiting list	Reduce demand for outpatient appointments, through continued use of Community Health Pathways and primary care engagement. Programme of systematic vetting of referrals in key specialties
			Accepted referrals per month - Urology	483 (24/25 av)	527 (+9.1%) (25/26 av)		
			Accepted referrals per month - Ophthalmology	1260 (24/25 av)	1208 (-4.1%) (25/26 av)		
			Accepted referrals per month - T&O	727 (24/25 av)	710 (-2.3%) (25/26 av)		
			Accepted referrals per month - Gynae	1319 (24/25 av)	1370 (+3.9%) (25/26 av)		
			Accepted referrals per month - ENT	1090 (24/25 av)	1063 (-2.5%) (25/26 av)		
			Accepted referrals per month - Dermatology	1618 (24/25 av)	1603 (-0.9%) (25/26 av)		
2		Reduce variation in outpatient waiting times by adopting best practices in outpatient service management (GIRFT / CIN)	SOS/PIFU 20%	4%	5.8% (UHB) 9% (CIN)	The Clinical Implementation Network Specialities have a higher SOS/PIFU rate (9%) than the organisational average - reflecting the work done in these specialties. A new Clinical Outcomes Form has gone live and will continue to support improvements in 2026/27.	There will be a retrospective application of SOS and PIFU. Work is ongoing with NHS P&I to confirm a stretch trajectory for 26/27.
Planned Care							
3		Better prioritisation of long waits (Treat in Turn) to be a pre-requisite before receipt of additional funding		As a UHB we monitor treat in cohort rather than treat in turn. Organisational priorities are urgent, and planned care, and our capacity is routinely flexed to meet this prioritisation. Current treat in cohort (104w cohort) is up to 50% - this varies by specialty, given differing urgency rates and subspecialty makeup			We are committed to achieving improvement in treat in turn where appropriate in 2026-27. From 1st April 2026 we will re-instate a process to update Directorates of their bookings in the future, highlighting opportunities for patient substitution where patients have been treated out of turn. Estimated opportunity of 300-500 patients
4		Welsh Government should set a target for all patients to be validated down to 36 weeks by the end of 2025/26, and introduce a new national dataset to track progress.	36 weeks	90 weeks	36 weeks	Central and local teams validating down to 36 weeks by Q4. Central team have been supported the HBS outpatient insourcing work in Q3 and Q4.	Clinical validation to 26 weeks. A test of change, replacing clinic activity with validation, is planned for 5 specialties in Q2 to evaluate potential benefit and wider roll out.
5		Reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management (establish Theatre Optimisation Boards).	86%	77%	77%	New Theatre Management system live in Q4 - operational and digital teams are working to update our dashboards therefore 77% is a provisional performance standard at this point.	85% Implementation of theatre delivery board and the executive productivity and performance board will be central to improvements.
6		Seek accreditation for all current Surgical Hubs				UHB has applied and been accepted into process for NHS Wales accreditation of Surgical Hubs for Planned Care Theatres in Llandough	Accepted onto cohort 1 - anticipated commencement of accreditation process in Q3

Ministerial Advisory Group - UHB actions update

No	Area	Recommendation	Standard	Baseline (March 25 or 24/25)	March 2026 Position	Key points to note	26-27 Ambition																									
7		Regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future	N/A	N/A	Regional Pathology Project	Regional pathology project, as part of the regional planning board. C+V are engaged in this project, lead organisation is CTM. C&V have clinical leadership.	Moving towards development of standardised processes, single management model and then full business case for new build with Cardiff Edge a potential site.																									
8	Diagnostics	Cardiff and Vale University Health Board should submit a clear plan detailing how it intends to clear its Non-Obstetric Ultrasound (NOU) backlog over the course of 2025/26	0	7371	2625	Reduction of backlog in 25/26 impacted by delays in the mobilisation/delivery of independent sector provider capacity and significant increase in demand for diagnostics arising from the National HBS outpatient insourcing programme. Insourcing remains in place for Q1 and Q2 26/27	800 (>80% less than 8-weeks)																									
9	Cancer	No additional cancer performance plans should be produced for 25/26 and 26/27. Instead, there should be an immediate focus on implementing a narrow but nationally mandated set of deliverables drawn from existing policy proposals	75%	69%	63.2%	SCP position recovered during Q4 with capacity focussed on reducing the backlog of patients waiting over 62 days	75% by Q4																									
14	Urgent and Emergency Care	Hospitals must ensure that all admitted patients are placed on D2RA pathways in line with the national Hospital Discharge Guidance, and delays by pathways should be published within 3 months		95% (Mar-25)	89.3%	% of patients assigned a D2RA pathway within 48h of admission was c90% through 25/26. The process for assigning pathways has been communicated to ward staff with amendments to pathways status confirmed at ward round. Supporting information is displayed on wards as we seek to improve the allocation and accuracy of the pathways assigned	99%																									
15		No ambulance handover will exceed 45 minutes, with a focus on achieving the 15 minute target wherever possible	0	648 (24/25 av)	162	W45 protocol active, including ringfenced majors capacity to facilitate timely handover	186 (90% <45 mins)																									
17	Operating Model & Accountability Framework	It is recommended that health boards commission the Welsh NHS Confederation to develop a standardised health board performance dashboard			National Working group established to develop standardised approach across NHS Wales and NHSP&I performance reporting. Internal work to continues to develop a revised dashboard by Q2 - this will be further developed by the national work to ensure consistency of reporting across Wales		Q2																									
18	Measuring Productivity	From the June health board meeting cycle of the 2025/26 annual year going forward workforce head count and productivity data should be reported to the monthly public meeting of the health board			(April 26)	<table><tr><th>Contractor</th><th>No of Provider submissions</th><th>Headcount</th><th>FTE</th><th>Patient Count</th></tr><tr><td>GHS</td><td>50</td><td>1629</td><td>1034.4</td><td>141847</td></tr><tr><td>Dartford</td><td>65</td><td>991</td><td>616.5</td><td></td></tr><tr><td>Optometry</td><td>65</td><td>448</td><td>190.6</td><td></td></tr><tr><td>Community Pharmacy</td><td>101</td><td>912</td><td>593.1</td><td></td></tr></table>	Contractor	No of Provider submissions	Headcount	FTE	Patient Count	GHS	50	1629	1034.4	141847	Dartford	65	991	616.5		Optometry	65	448	190.6		Community Pharmacy	101	912	593.1		Data will be provided as part of board meetings moving forwards.
Contractor	No of Provider submissions	Headcount	FTE	Patient Count																												
GHS	50	1629	1034.4	141847																												
Dartford	65	991	616.5																													
Optometry	65	448	190.6																													
Community Pharmacy	101	912	593.1																													
20	Regions and Capital	Health boards should work together as regions to identify two priority fragile services to be addressed in 2025/26 and thereafter a further two on an annual and ongoing basis	Objectives to progress a number of fragile services in the annual plan in partnership including: - Regional Stroke - Regional Pathology - Gynae Oncology		Fragile service assessments have been undertaken, work continues across key regional programmes in Orthopaedics, Stroke, Pathology and Gynaecology.	The Regional Joint Committee has agreed to develop a process to identify greatest opportunities for regional services to inform future areas of priority, this will include considerations of service fragility. The next meeting is in Q2 where the approach to this will be developed further.																										

Listening to People (LTP) – Snapshot Concerns received: 1–30 April 2026

During April 2026, **342 complaints** were received, representing a **72.7% increase** compared with the same period last year (**198 concerns**). In addition to formal concerns, the Patient Experience Team also managed a high volume of associated enquiries (388) during this period, reflecting increased public contact and demand.

How concerns are being triaged (as at 28th April)

The majority of concerns were managed through Early Resolution, accounting for **59%** of cases, with **41%** requiring a formal investigation. This demonstrates continued use of proportionate, early resolution where appropriate, while recognising that a significant proportion of concerns require full investigation due to complexity and seriousness.

Key point: Around 70% of all concerns sit within Surgical, Children & Women's, and Medicine services.

Correlation with feedback regarding waiting for appointments, surgery and test results tests us that 30% of people waited longer than expected

Time Waited

CVU UHB - Apr-25 to Mar-26 as of 31/03/2026

Alert scale response ● Much shorter than expected ● A bit shorter than expected ● About right ● A bit longer than expected ● Much longer than expected

Was the time you waited?

27.36% 11.68% 31.46% 14.43% 14.99%

0%

20%

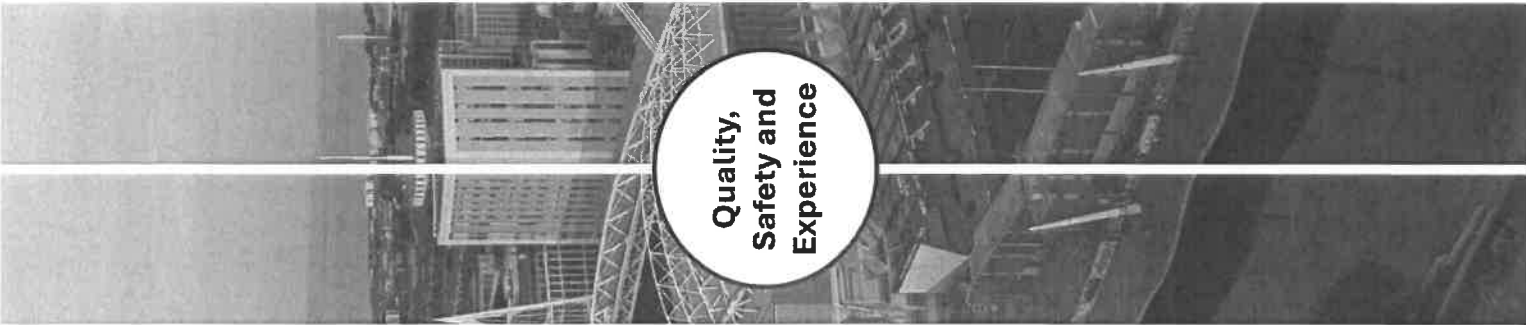
40%

60%

80%

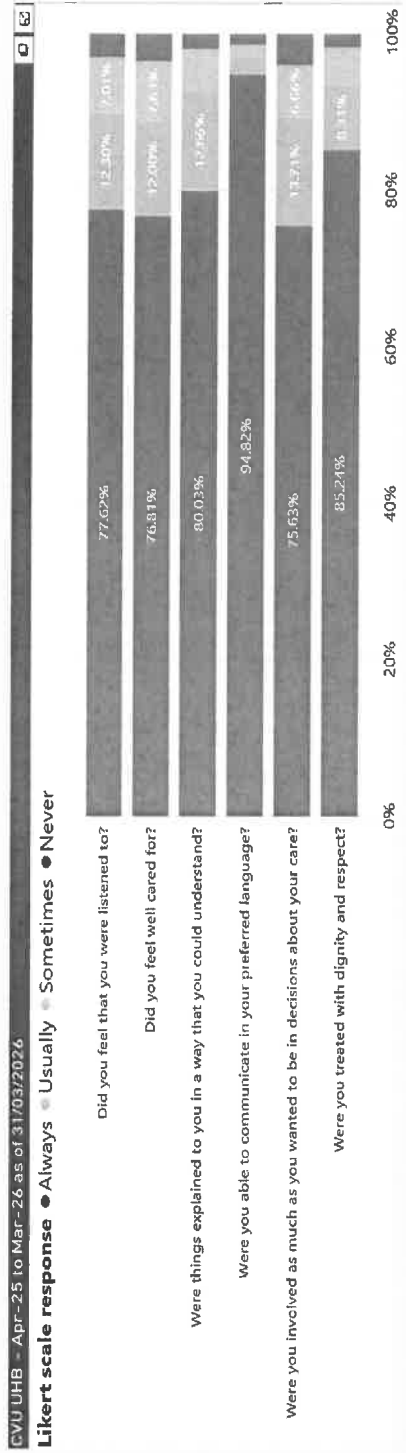
100%

Quality,
Safety and
Experience

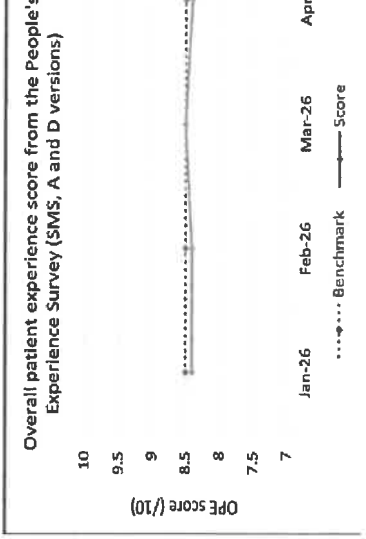
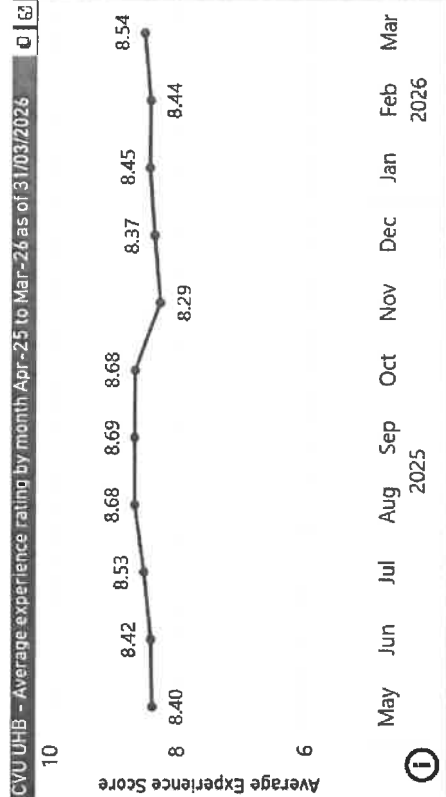


Patient Feedback

- Among March–April respondents answering the rating question:
• 85% satisfaction



	Patients discharged (Mmm 'YY)			
	Jan '26	Feb '26	Mar '26	Apr '26
Overall patient experience score (%)	84	84	85	84
Overall patient experience score (/10)	8.4	8.4	8.5	8.4





	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella spp. bacteraemia	P. aeruginosa bacteraemia
Cardiff and Vale UHB	39.91	7.04	21.13	61.04	21.13	9.39
Wales	43.83	3.84	29.99	68.44	22.68	4.61
Wales	43.83	3.84	29.99	68.44	22.68	4.61

Healthcare Associated Infections (HCAI)

The Health Board is currently performing better than the Wales average in four of six key indicators:

- C. difficile (39.91 vs 43.83)
- MSSA bacteraemia (21.13 vs 29.99)
- E. coli bacteraemia (61.04 vs 68.44)
- Klebsiella spp. bacteraemia (21.13 vs 22.68)

•This provides positive assurance that core IPC measures are effective across the majority of high-volume infection pathways.

•MRSA and Pseudomonas remain areas of focus, with:

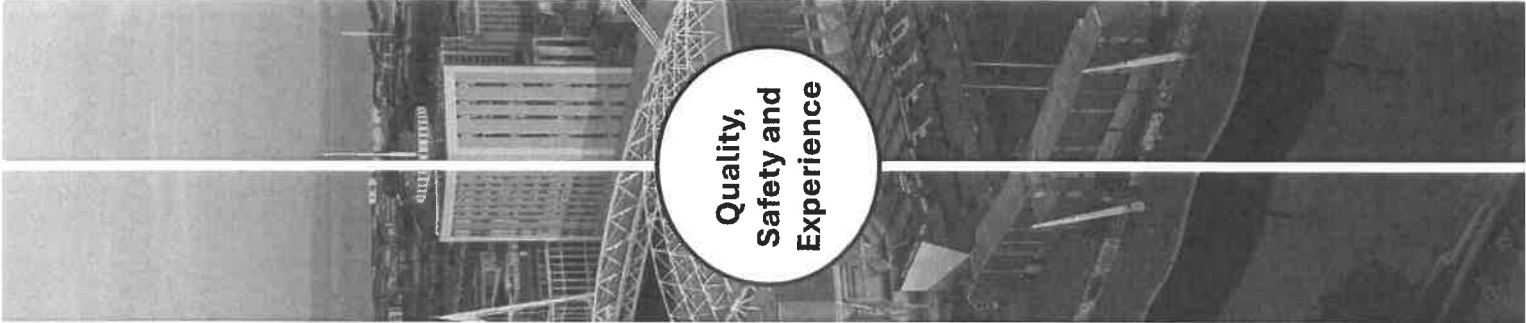
- Enhanced scrutiny through case review processes
- Targeted interventions being implemented and monitored
- Ongoing oversight through Infection Control Committee and Quality & Safety governance structures

•The overall position indicates:

- Sustained system strength in common HCAI pathways
- Targeted improvement required in specific high-risk infection categories

•Foundational infection prevention and control arrangements are effective, as evidenced by performance across most indicators

•Focused improvement activity is underway to address areas where performance is above the national average



In April 2026, Cardiff and Vale reported 14 NRIs and closed 19, resulting in 92 open NRIs.

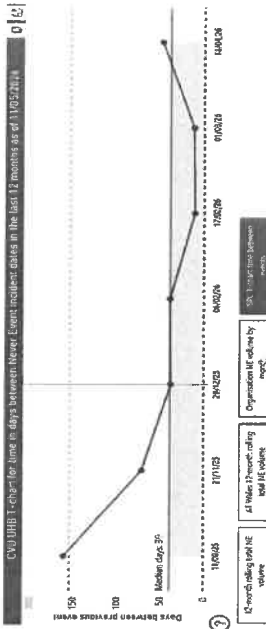
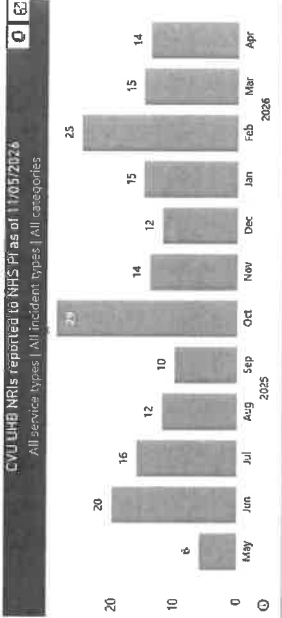
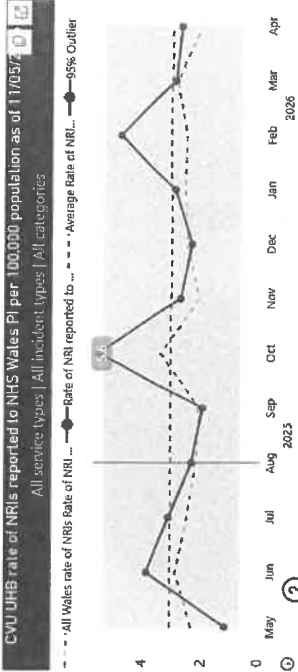
One Never Event was reported, relating to the administration of medication via the incorrect route. In response, the Patient Safety Team, in collaboration with Pharmacy, will undertake a focused programme of work on medication administration.

Progress has been made towards improving the timeliness of NRI investigation and the management of patient safety incidents.

The Quality Excellence Programme continues to deliver improvements associated with the most common themes emerging from NRIs.

The revised clinic outcome forms are now embedded and digital oversight and reporting has commenced to provide assurance of the effectiveness of this work .

Work continues to monitor compliance with NEWS2 and to further expand the Call for Concern and review the communication approach to this initiative



CVU UHB Never Events occurring by incident date, May 25 to Apr 28 as of 11/05/2026

Never Event	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Administration of medication by the wrong route	1	1	1	1	1	1	1	1	1	1	1	1
Overdose of insulin due to abbreviations or incorrect device	1	1	1	1	1	1	1	1	1	1	1	1
Reversed foreign object post procedure	1	1	1	1	1	1	1	1	1	1	1	1
Wrong implant/prosthesis	1	1	1	1	1	1	1	1	1	1	1	1
Total Never Events	4	4	4	4	4	4	4	4	4	4	4	4



Mortality

The UHB rolling annual mortality from April 2025 – March 2026 is 1.2% and has been constantly reducing for the past 12 months.

In the past 12 months to 30 April 2026 the Medical Examiner has reviewed 3,787 deaths in Cardiff and the Vale and has returned 1044 of these reviews back to the UHB for further consideration.

All cases are considered via a multi professional scrutiny process and are subject to further investigation through a patient safety route or through a mortality and morbidity route as required

Healthcare Inspectorate Wales

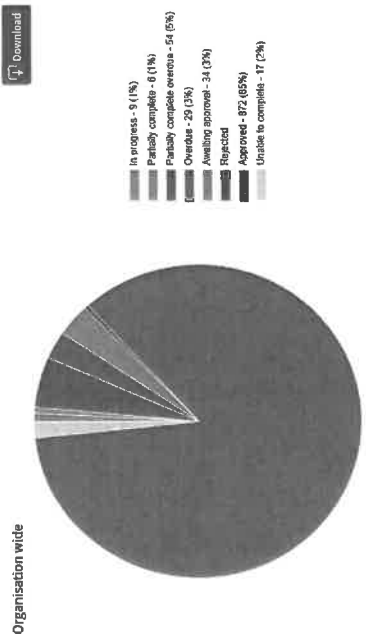
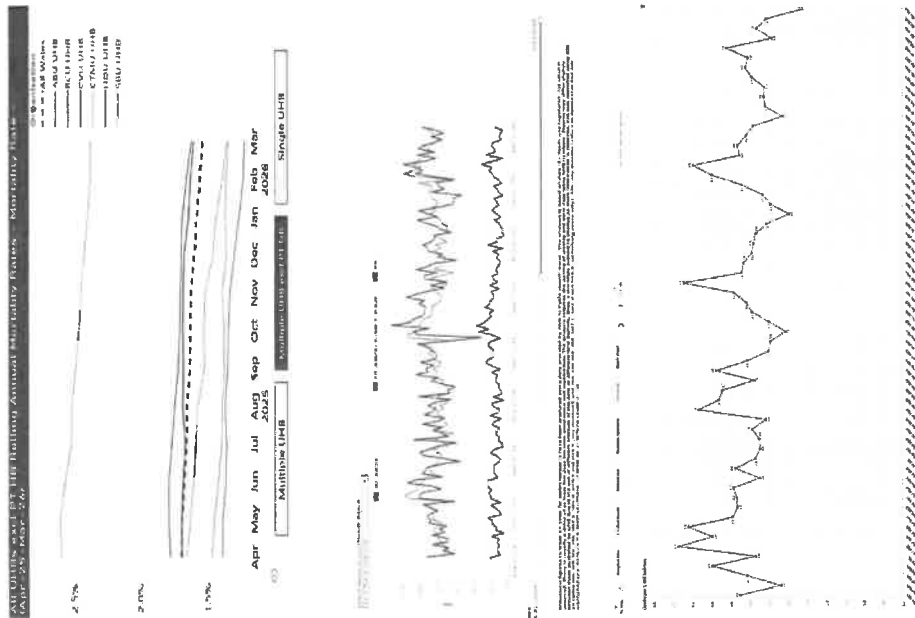
An Unannounced inspection was undertaken in the Short Stay Surgical Unit on 13 and 14 January 2026 and the report was published in April 2026. Patients told the inspection team that the staff were respectful, attentive and supportive. However, unplanned opening of the unit over weekend added pressures that resulted in environmental and stock control issues. Staff raised concerns around equitable processes. In response a programme of work supported by People and Culture has commenced to deliver the necessary improvements.

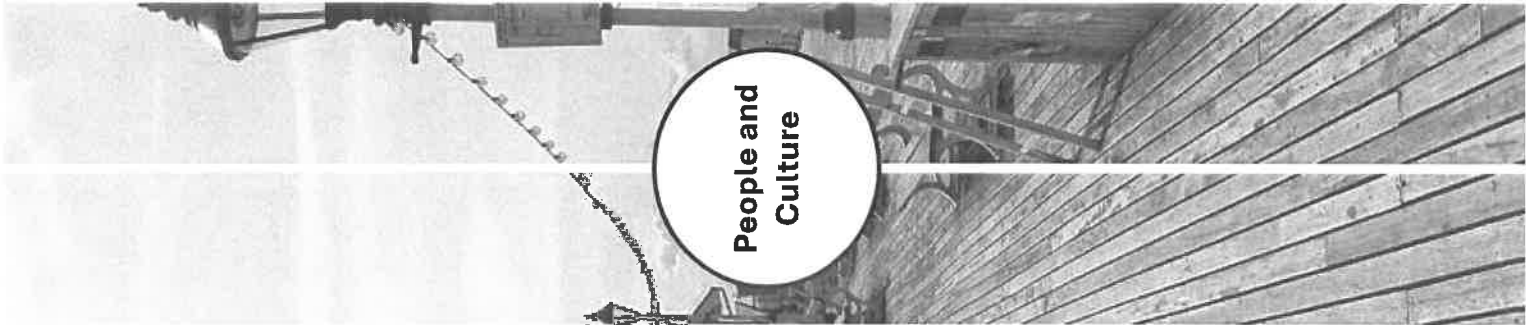
On 17 and 18 March HIW undertook an unannounced inspection on B2 Gynaecology . This report is due to be published on 21 May and is embargoed until this date.

On March HIW undertook an unannounced inspection of Barry Minor Injuries Unit . The report is due to be published 12 June 2026 and is embargoed until this date

On 23 24 25 April HIW undertook an unannounced inspection of wards East 10 14 and 16 and the report is due to be published on 25 June 2026 and is embargoed until this date.

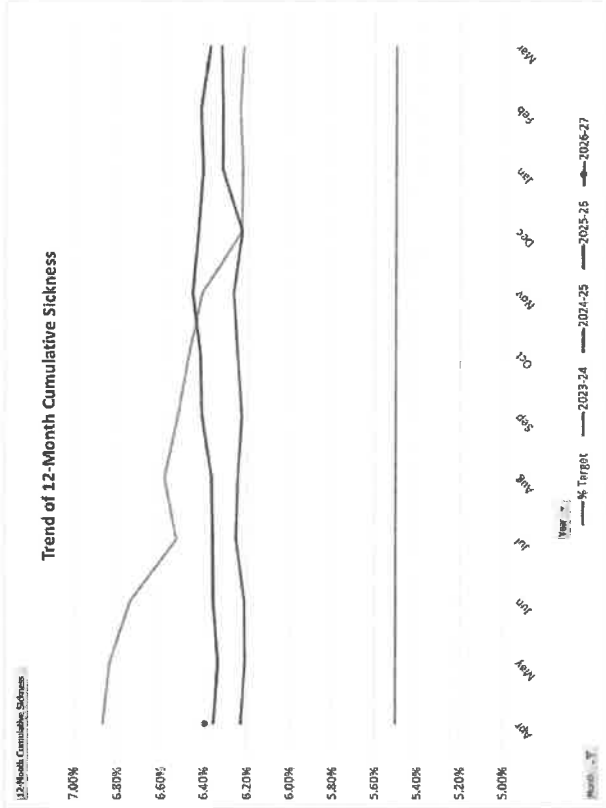
The PI Chart demonstrates ongoing progress in the oversight and delivery of improvements relating to HIW inspections across the organisation .





Sickness Absence

- Target <5.5%
- April 2026 in-month sickness: **5.77%**
- In-month sickness has improved since January 2026
- Anxiety, stress and depression remain the main sickness reasons

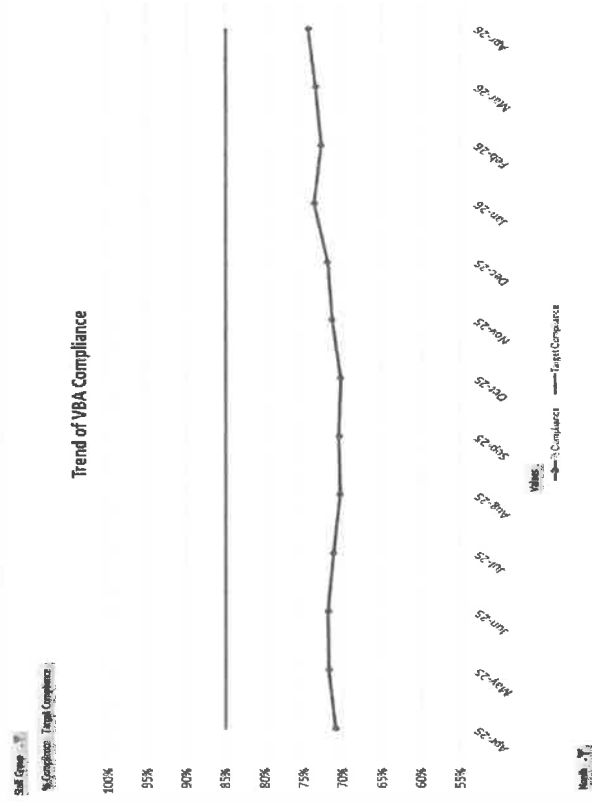


Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	5.84%	5.77%	5.86%	6.19%	6.28%	6.30%	6.57%	6.40%	6.80%	6.96%	6.45%	5.94%
2024-25	5.90%	5.83%	5.99%	6.52%	6.03%	6.18%	6.79%	6.68%	7.37%	7.05%	6.39%	6.34%
2025-26	5.81%	5.60%	6.25%	6.39%	6.23%	6.65%	6.99%	6.96%	7.09%	6.68%	6.24%	5.90%
2026-27	5.77%											



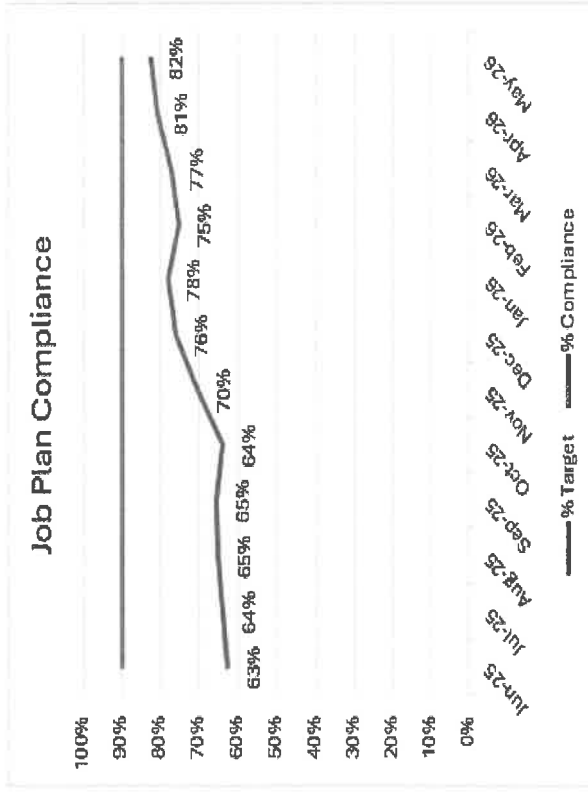
Value Based Appraisals

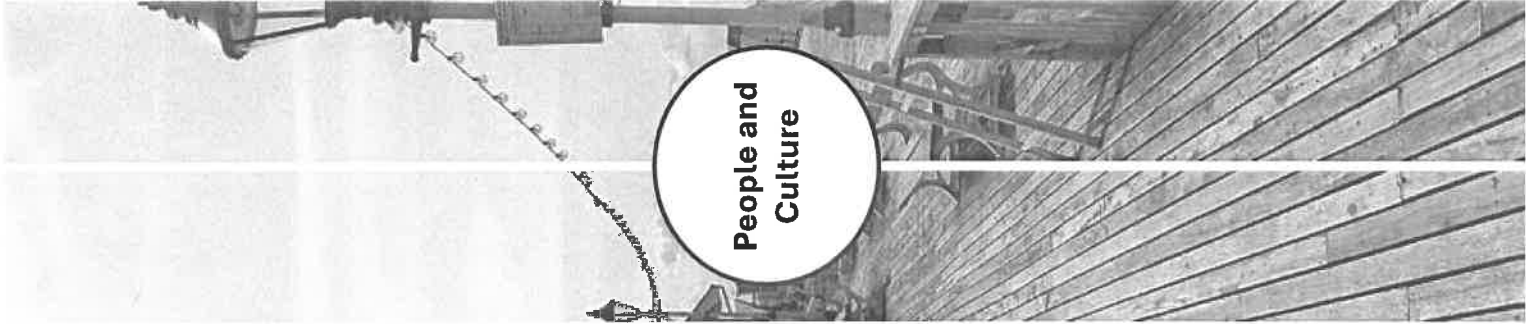
- Target: > **85%**
- April 2026 compliance: **74.38%**, improved from March (73.46%) and higher than April 2025 (70.87%)
- Weekly monitoring in place within Clinical Boards regarding non-compliance
- VBA template review underway to strengthen compliance and quality



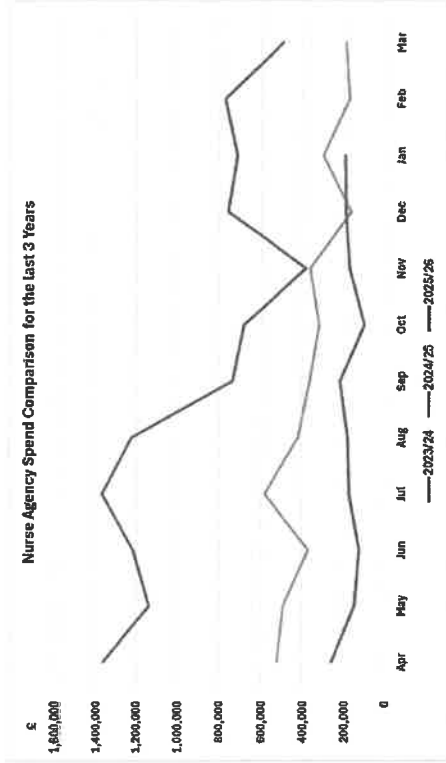
Job Planning

- Overall compliance : 83% (target >90%)





People and Culture

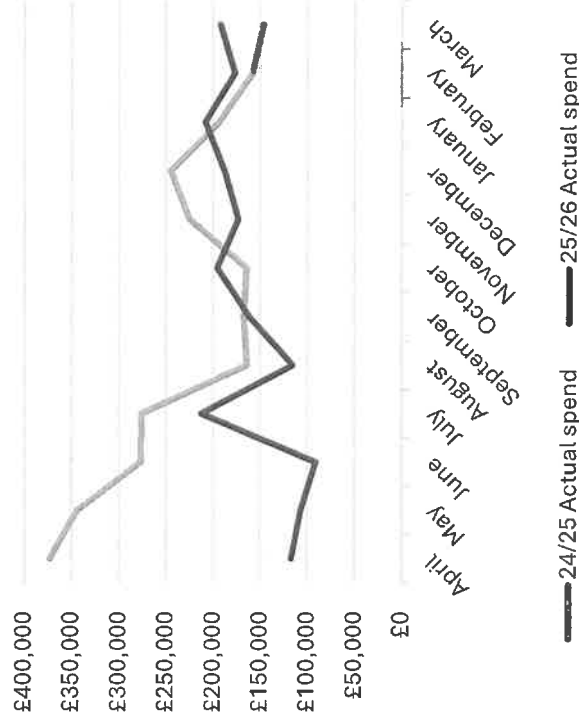


Agency Usage: Further 30% reduction target (all agency) for 2026/27

Nurse Agency

- Significant and sustained reduction in nurse agency spend continues. CAV use the least amount of agency staff compared to all other HBs in Wales. Lowest by >£1m in 3 months, Oct-Dec 2025
- Nursing agency spend reduced by almost £8m per annum compared to 2023/4
- Overall bank and agency spend reduced by approximately £1.3m per year

24/25 vs 25/26 Agency Spend Utilisation

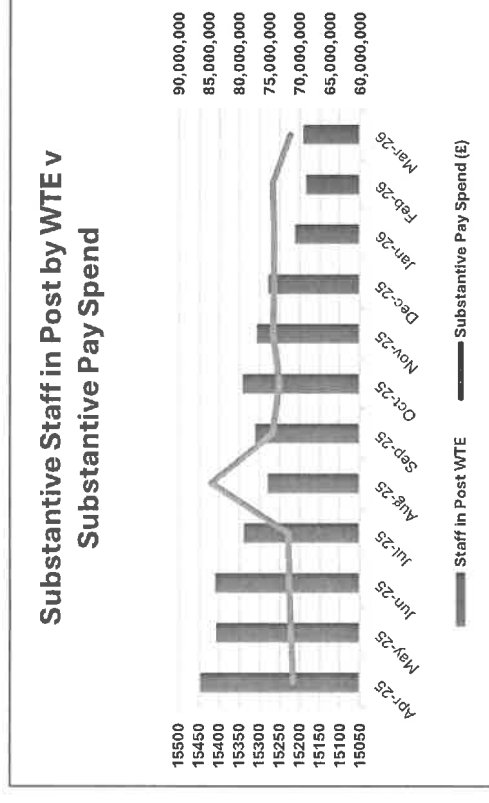
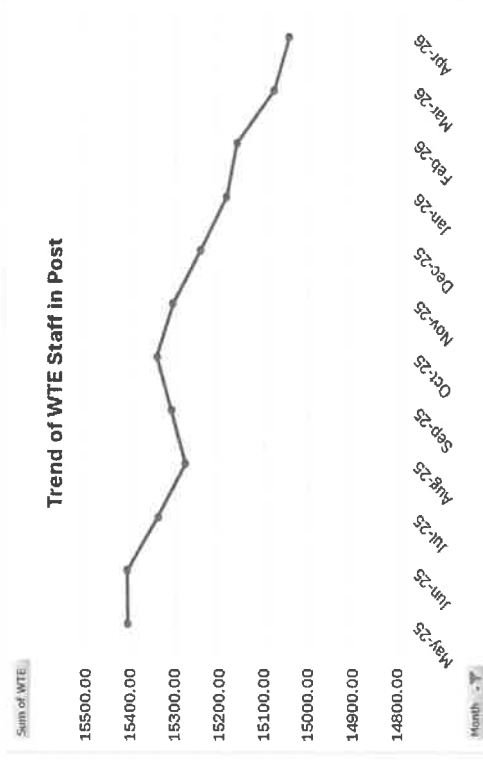


Medical & Dental Agency

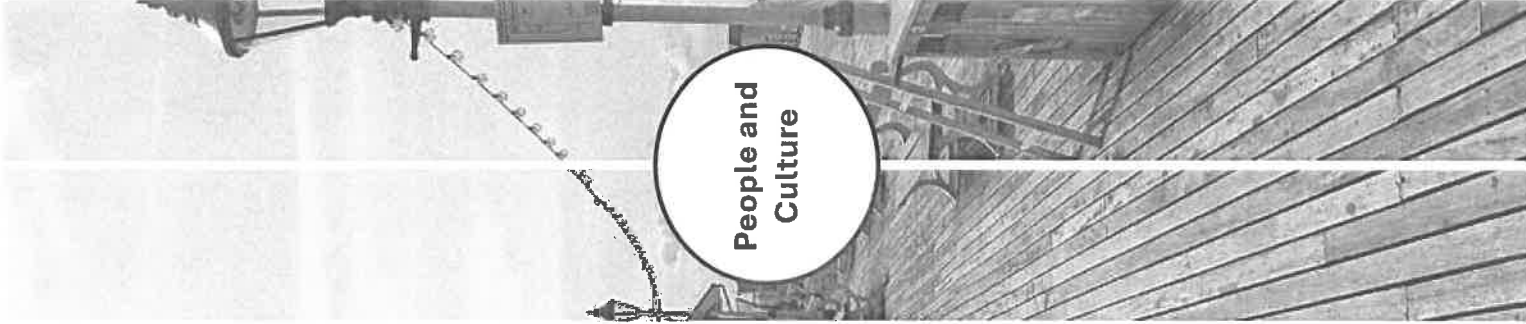
- Reduction remains a key priority
- 44% reduction in 2025/26 compared to 2024/25
- 30% Welsh Government 2025/26 target exceeded (35.68% reduction delivered)
- 8 agency staff in post, 4 with agreed exit plans

Staff in Post – Monthly Monitoring

Staff Group	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12-Month Change
Add Prof Scientific and Technic	598	598	600	601	597	605	605	604	602	603	603	598	1
Additional Clinical Services	3007	3007	2990	2969	2943	2918	2898	2875	2859	2842	2819	2809	-198
Administrative and Clerical	2639	2640	2663	2644	2643	2595	2582	2573	2581	2580	2557	2554	-85
Allied Health Professionals	1266	1267	1258	1268	1283	1301	1307	1302	1293	1292	1287	1281	15
Estates and Ancillary	1202	1203	1193	1184	1185	1215	1210	1198	1181	1181	1179	1190	-12
Healthcare Scientists	565	565	562	554	562	568	571	572	574	576	574	574	9
Medical and Dental	1159	1160	1150	1139	1152	1150	1150	1151	1150	1159	1157	1160	1
Nursing and Midwifery Registered	4945	4944	4901	4897	4929	4965	4959	4945	4927	4911	4886	4859	-86
Students	26	26	24	23	17	25	25	25	20	20	19	20	-6
Grand Total	15408	15410	15339	15279	15310	15342	15306	15244	15185	15162	15080	15046	-362



- WTE staff reduced from 15,408 (May-25) to 15,046 (Apr-26)
- 362 WTE reduction over the year



Targeted Intervention - Leadership & Management and Culture

Progress across Leadership & Management and Culture continues to support the organisation's de-escalation trajectory by strengthening governance maturity, leadership capability, staff engagement, workforce sustainability, and organisational oversight arrangements in line with the targeted intervention de-escalation criteria for Leadership and Governance.

Area	Current Position / Metric	Status / Timeline
Leadership	Internal Audit completed	Final report due May 2026
Training Needs Analysis	Whole organisational TNA live	TNA Closes July 2026 Analysis August 2026 Completion Sept 2026
Leadership Development	Operational Managers Programme	Optimising Ops Cohort 1 completion July 2026 Evaluation August 2026
Board Development	Board Self-Assessment underpinned by principles of the Well Led Framework	Completed May 2026

Culture

Area	Current Position / Metric	Status / Timeline
Staff Survey	Engagement Score 69.1% (Target 74%) Clinical Board (CB) Local Priority Identification taking place – May 2026	To be discussed at Exec Reviews May 2026
Culture Early Warning Score (CEWS)	Initiation phase commenced – data set identification Mental Health Clinical Board (MHCB) Pilot Area	May/June 2026 Phase 1 CEWS June 2026
Values Based Teams Programme	Mental Health CB Pilot Toolkit Development ready for launch June 2026	Initial rollout June 2026 Toolkit June 2026
Culture Oversight	Cardiff Business School collaboration on integrated dashboard development	Initial phase 1 dashboard June 2026

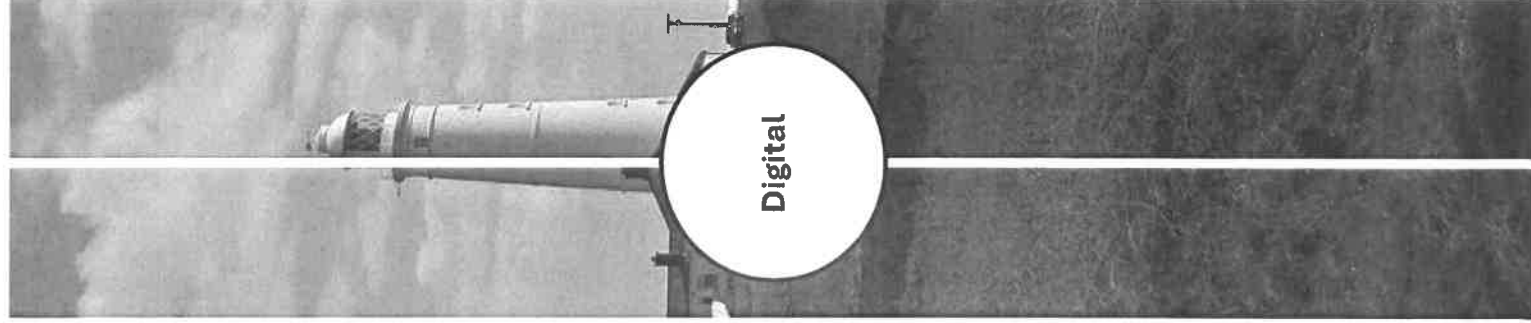
Key developments since the last Board meeting update include the finalisation of the Digital Foundations Programme Business Case, including the supporting Business Justification Cases for year 1, seeking funding from the All Wales major capital budget.

Work continues to support the national programmes of work including further implementations of the Electronic Prescriptions and Medicines Administration (EPMA) system, the radiology system (RISP) go live scheduled for 1 June and preparation for the next module of LIMS2 this Summer.

Progress on core infrastructure and device improvements are contained within the attached IPR report.

Digital Eyecare – Update

- Hosted by CAVUHB, most Health Boards in Wales have now deployed OpenEyes EPR system to some extent. CAVUHB and SBUHB are more advanced in use of the system. OpenEyes is being successfully used to support the Cataract List reduction activities that are being delivered through SE Wales Region.
- We are compiling data to contribute to a Deep Dive into OpenEyes usage across Wales, as requested by Welsh Government, which will be reviewed by the Digital, Data & Technology Leadership Board (DDAT) in June, the purpose of which is to identify and capture the benefits that are being realised.
- We are also developing our plans in respect of the deployment of the “Operal” Electronic Referral System to improve regional, primary care and secondary care workflows. This will be implemented in Qtr 1 26/27.



AWS Secure Landing Zone – Update

- AWS Information Governance and Cyber Security assessment has been successfully completed in respect of the AWMGS Genomic Sequencing workload. This is in preparation for this workload to migrate to a new sequencing platform.
- The CAVUHB AWS Steering Group has adopted a “Go / No-Go” decision matrix using agile delivery methodology to ensure live operations can be supported in a timely manner. With each iteration of the process, a list of outstanding actions will be recorded and addressed until all blockers are addressed and a “Go” decision can be secured, which is expected to be achieved by the end of May 2026.

Digital Service Management Team Update

- Undertaken a full review of Projects and LBAUs (i.e. major Digital works) to include scoring of initiatives and assessment of the departments resource to progress each.
- Connecting Care (i.e. PARIS replacement) - Business Analysis and Data Migration completed for end of financial year.
- 400 community access laptops rolled out under the 'Connecting Care' programme, with 500 more devices to issue to staff via the Win11 programme (completion due for July'26).
- Procurements managed for the WICIS (Wales intensive care information system) hardware, whilst that National programme determines next steps.
- Amazon Web Services (AWS) steering group and workshops established and underway to deliver a supported infrastructure to be in place by Qtr 2 26/27. This will deliver a new Landing Zone as part of our move to Cloud.
- Digital Care Region (Shared care record viewer across health and Social Care) - Adult and Childrens Safeguarding Services are now live and operational.

Digital Operations

Networks

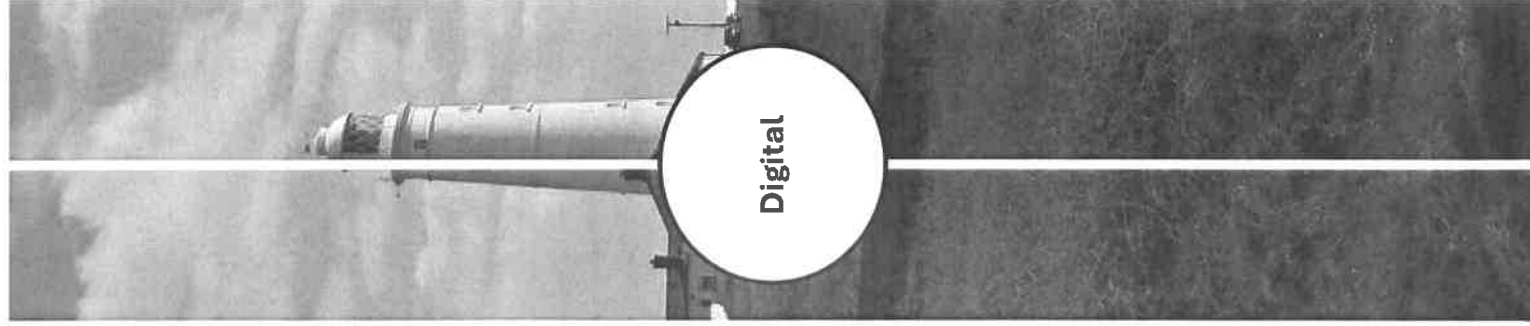
CAV Networks team have implemented new hardware for a range of network projects to further strengthen the resilience, capacity and performance of the Health Board's network across acute, community and corporate sites. Key changes have included upgrades to core network devices, deployment of improved next-generation firewalls, and completion of orders for a further 800 replacement Access Points for End of Life devices.

Server & Infrastructure

The Server & Infrastructure team continue to modernise the server and data centre estate, reducing reliance on ageing infrastructure, improving resilience, security and sustainability. This has been achieved through targeted investment in new server, storage and infrastructure hardware to replace end-of-life platforms and improve capacity and performance, funded by discretionary and capital slippage monies. Work in refreshing and consolidating server and storage platforms, improving the resilience of core infrastructure, delivering key platform upgrades, supporting cloud and hybrid services, and strengthening backup, resilience and disaster recovery arrangements.

Telecoms

The Telecoms team has made key improvements to the Health Board's telephony systems. This includes upgrading the CAV switchboard with new servers, updated software and individual user logins. The team is nearing completion of the national PSTN switch-off, with all main CAV sites now using the national SIP service for BT and Virgin Media. This has reduced costs and improved resilience through automatic failover. Contact centres have increased to 13, with more planned, and most public-facing auto attendants now meet Welsh Language Standards.



Business Intelligence (BI) Information – Update

- The BI Teams have been focused on essential upgrades to the data and reporting infrastructure. The Data Warehouse has been upgraded and IBM Cognos is now running the latest version. The Warehouse and BI teams have also worked together to successfully implement and test a data feed from the new Theatre system Aqua. The Length of Stay analysis dashboard has been released in Power BI. The guardrails document to support safe and effective use of Power BI has been completed and circulated to current users. A wider implementation plan to roll-out Power BI is being developed with a 3-6 month timeframe.

Digital Foundations

The D&HI team has been developing a strategic investment programme (Digital Foundations Programme Business case (PBC)) that seeks capital support from Welsh Government. The case has been revised since its first internal presentation in Q4 2025 in response to a revenue affordability challenge.

The programme has been re-scoped, and revised cost/benefit and resource models created to mitigate the revenue impacts. These models are subject to final technical finance advice.

Meantime the PBC is going through internal and public governance routes with a view to submission to Board May 2026 for approval, subject to that final expert finance advice.

At the point of approval, a formal submission will be made to Welsh Government for capital investment.

Recommendation:					
The Board/Committee (delete as appropriate) are requested to:					
a) NOTE the position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes. This concludes reporting against 25/26 indicators. From June 2026, reporting will be against 26/27 performance indicators					
Link to Strategic Objectives of Shaping our Future Wellbeing: https://shapingourfuturewellbeing.com/					
 Putting People First 1. Click the objective above to view more detail.	 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.		
	X		X		
Five Ways of Working (Sustainable Development Principles) considered					
Prevention	Long term	Integration	Collaboration	Involvement	
	X	X			
Quality Impact Assessment Completed?					
Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		X	Not required
Impact Assessment:					
Risk: No		Reputational: No			
Safety: No		Socio Economic: No			
Financial: No		Equality and Health: No			
Workforce: No		Decarbonisation: No			
Legal: No		Welsh Language: No			
Approval/Scrutiny Route (please note anywhere else this paper has been before):					
Committee/Group/Exec		Date:			

Cardiff and Vale Integrated Performance Report

2025/26

May 2026

Nb. This report is the conclusion of reporting against the 25/26 Performance Framework – from June we will report against the 26/27 framework



Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required



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



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
Building community Capacity	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	<160	Yes	Q4	155 Apr-26	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	3,289 Mar-26	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	54% Mar-26	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	1,028 20% increase from 24/25	Yes	Q1	1072 Feb-26	Hyperlink to section

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
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	43.8% Jan-26	Hyperlink to section
	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	100% Mar-26	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	99.5% Mar-26	Hyperlink to section
Mental health access	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% Mar-26	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% Mar-26	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% Mar-26	Hyperlink to section

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	91 Apr-26	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	945 Apr-26	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	782 Apr-26	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	63.2% Mar-26	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	7,913 Apr-26	Hyperlink to section

Performance Key: Meeting standard / trajectory off target/trajectory



Section 2: Cardiff and Vale Performance Report

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

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

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

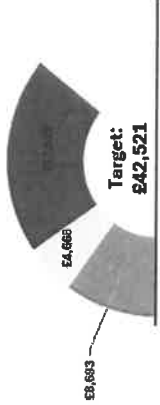
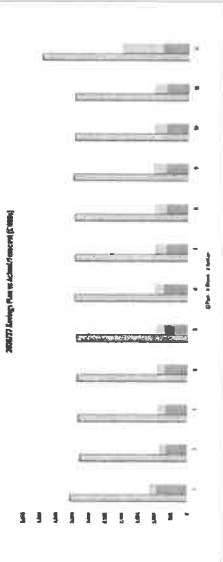
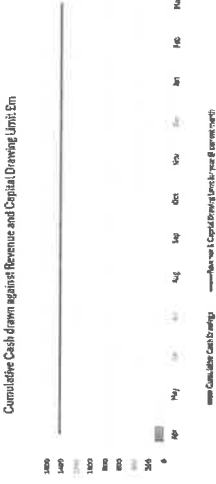
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

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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

Priority	Performance Summary	Reported Period	Data																															
Deliver 2026/27 Draft Financial Plan	The UHB's Financial Plan in 2026/27 reflected the following key components: <table><tr><th>Planning Assumptions</th><th>(£m)</th></tr><tr><td>Brought Forward Underlying Deficit</td><td>88,759</td></tr><tr><td>2026/27 Demand/Cost Growth/Improvement</td><td>54,690</td></tr><tr><td>2026/27 Increase in Contribution to Welsh Risk Pool</td><td>21,500</td></tr><tr><td>Deficit</td><td>144,949</td></tr><tr><td>Additional Allocations</td><td>(15,881)</td></tr><tr><td>Savings Plans</td><td>(42,521)</td></tr><tr><td>Initial Planned Deficit</td><td>86,547</td></tr></table> Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026. The submitted plan 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 1 was a £9.397m deficit as outlined in the table to the right.	Planning Assumptions	(£m)	Brought Forward Underlying Deficit	88,759	2026/27 Demand/Cost Growth/Improvement	54,690	2026/27 Increase in Contribution to Welsh Risk Pool	21,500	Deficit	144,949	Additional Allocations	(15,881)	Savings Plans	(42,521)	Initial Planned Deficit	86,547	April 2026	<table><tr><th></th><th>Plan YTD (£m)</th><th>YTD Variance to Plan (£m)</th></tr><tr><td>Draft Plan</td><td>10.814</td><td>0.000</td></tr><tr><td>Quality Efficiency/Improvement Plans - Savings</td><td>(3.603)</td><td>2.431</td></tr><tr><td>Operational Variance</td><td>0.000</td><td>(0.246)</td></tr><tr><td>University Health Board Deficit</td><td>7.211</td><td>2.188</td></tr></table>		Plan YTD (£m)	YTD Variance to Plan (£m)	Draft Plan	10.814	0.000	Quality Efficiency/Improvement Plans - Savings	(3.603)	2.431	Operational Variance	0.000	(0.246)	University Health Board Deficit	7.211	2.188
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Return to financial balance and approved IMTP status	£86.547m underlying deficit by end of 2026/27 financial year. At Month 1, the UHB is reporting a £29.160m shortfall against the £42.521m recurrent savings target. The combined impact of this savings gap and the full-year effect of in-year operational pressures will increase the underlying deficit carried forward into 2026/27 unless additional savings schemes are identified. The UHB continues to drive the development of additional recurrent savings schemes to enable delivery of the financial plan . Progress must now accelerate in both the identification and delivery of these savings plans to ensure the Health Board achieves its planning underlying deficit target of £86.547m.	April 2026	Planned Deficit vs 2026 Population - £900s <table><tr><th>Month</th><th>Planned Deficit (£900s)</th></tr><tr><td>Jan-26</td><td>29,160</td></tr><tr><td>Feb-26</td><td>30,000</td></tr><tr><td>Mar-26</td><td>31,000</td></tr><tr><td>Apr-26</td><td>32,000</td></tr><tr><td>May-26</td><td>33,000</td></tr><tr><td>Jun-26</td><td>34,000</td></tr><tr><td>Jul-26</td><td>35,000</td></tr><tr><td>Aug-26</td><td>36,000</td></tr><tr><td>Sep-26</td><td>37,000</td></tr><tr><td>Oct-26</td><td>38,000</td></tr><tr><td>Nov-26</td><td>39,000</td></tr><tr><td>Dec-26</td><td>42,521</td></tr></table>	Month	Planned Deficit (£900s)	Jan-26	29,160	Feb-26	30,000	Mar-26	31,000	Apr-26	32,000	May-26	33,000	Jun-26	34,000	Jul-26	35,000	Aug-26	36,000	Sep-26	37,000	Oct-26	38,000	Nov-26	39,000	Dec-26	42,521					
Month	Planned Deficit (£900s)																																	
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Dec-26	42,521																																	
Management of operational budget pressures	Failure to effectively manage budget pressures remains a key risk and is the responsibility of primary budget holders. At month 1, an operational surplus to plan of (£0.246m) was reported as detailed in the table to the right Urgent work is underway to find an offset for the endoscopy costs	April 2026	<table><tr><th>Operational Pressure</th><th>Operational Variance YTD</th><th>Operational Variance Forecast</th></tr><tr><td>Endoscopy/Insurance and Recruitment Outside of Plan</td><td>£'000's 145</td><td>£'000's 1,066</td></tr><tr><td>Pay/Understand</td><td>(391)</td><td>(205)</td></tr><tr><td>Sub-Total Surplus/Deficit</td><td></td><td>86.1</td></tr></table>	Operational Pressure	Operational Variance YTD	Operational Variance Forecast	Endoscopy/Insurance and Recruitment Outside of Plan	£'000's 145	£'000's 1,066	Pay/Understand	(391)	(205)	Sub-Total Surplus/Deficit		86.1																			
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Priority	Performance Summary	Reported Period	Data
Delivery of recurrent £42.521m savings target	At Month 01, the UHB has identified £13.363m (31.4%) of green and amber savings to deliver against the revised £42.521m savings target. Red schemes of £17.522m were also identified and continue to be reviewed for progression to Green/Amber where possible. Further action is required to meet the recurrent target and the UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk. £8.764m of recurrent savings were identified at month 1 leaving a gap of £33.757m against the £42.521m recurrent target. The second chart illustrates the profile of the UHB's 2026/27 savings programme, highlighting the monthly shortfall against target and an increase in forecast savings delivery in the final month of the year.	April 2026	2026/27 UHB Savings Programme: Identified vs Requirement £'000s  2026/27 Savings Programme: Identified vs Requirement (£'000s)  Cumulative Cash drawn against Revenue and Capital Drawing Limit £m 
Remain within Cash Limit	In due course, the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit. The closing cash balance at the end of April 2026 was £4.767m. The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.	April 2026	



Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	Seasonal respiratory infections Surveillance - Respiratory surveillance summary (All Wales) - Overall, influenza activity is now at baseline levels. - RSV incidence per 100,000 in children aged up to 5y is stable and at baseline intensity levels - Consultations with Sentinel GPs for COVID19 remained stable in recent weeks - Hospital incidents and outbreaks (C&V) - For the whole 2025/26 financial year: - In C&V UHB influenza and Covid-19 incidents and outbreaks led to the loss of 667 bed days, representing an estimated opportunity cost of £333,500 to the UHB - For the current 2026/27 financial year: - Since the start of the 2026/27 financial year, in C&V UHB there have been 3 influenza incidents or outbreaks, with 2 bed days lost. In the same period there have been 3 Covid-19 incidents or outbreaks, with 6 bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the loss of 8 bed days, representing an estimated opportunity cost of £4,000 to the UHB - There are currently 0 Covid-19 outbreaks and 0 incidents in hospitals in C&V UHB; and 1 influenza outbreak and 0 incidents. - Staff sickness absence (C&V) - For the whole 2025/26 financial year: 43,381 full time equivalent calendar days* were reported as sickness absence by C&V UHB staff due to respiratory conditions (S15), cough, cold or flu (S13) - The estimated loss in productivity due to this absence is £5.2m† * Because of the way absence is recorded on ESR these figures include weekends and non-working days † Salary costs for staff reporting sickness absence	Data to 11/5/26	n/a	Source: PHW weekly ARI summary Data current as of 29/05/2026



Priority	Performance Summary	Reported Period	On target?	Data																																																																																																																																																													
Health Protection	Seasonal respiratory infections Vaccination – COVID-19, influenza and Respiratory Syncytial Virus (RSV) The Spring COVID-19 campaign commenced 13 April 2026 - As of 30 April 2026, 8,526 out of 59,080 individuals in the eligible population were vaccinated. This is an uptake of 14.8%, below the all-Wales average of 18.3%. The COVID-19 spring programme will run until 30 June 2026 - 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 programme commenced on 1 October 2025 for all other eligible population groups and concluded on 31 March 2026. - As of 3 March 2026, 68,105 out of 95,078 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of 71.6%, in line with the All-Wales average of 71.7%. - As of 9 March 2026, 73% of individuals registered with a GP in CAVUHB aged 65 and over were immunised <i>The final report for 2025/26 is not yet available</i> 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. - As of January 2026, 2,466 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 59.7%, which is above the All-Wales average of 52.6%. This is below the national target of 70%. - For the RSV catch-up programme (resident population aged 75 to 79 as of 1 September 2024), 13,377 out of 18,801 individuals were vaccinated. This is an uptake of 71.3%, which is above the All-Wales average of 64.4% and the second highest figure across Health Boards in Wales. <i>The spring RSV programme commenced nationally on 1 April 2026 (locally on 13 April), but no data is yet available</i>	COVID-19: 1 April – 30 June 2026 Influenza: 1 October 2025 – 31 March 2026 RSV: 1 September 2024 – ongoing	COVID-19: Below target, but early in campaign period Influenza: Below local and national target. RSV: Below national target.	Table 2b. Coverage of the 2026 Spring COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 30/04/2026, by Local Health Board of residence. <table><tr><th>Local Health Board of Residence</th><th>Eligible population (n)</th><th>Vaccinated (n)</th><th>Coverage (%)</th><th>Of those vaccinated, number with no previous dose (n)</th></tr><tr><td>Anserin Bevan UHB</td><td>87,136</td><td>18,213</td><td>22.18</td><td>26</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>106,911</td><td>12,495</td><td>11.47</td><td>53</td></tr><tr><td>Cardiff and Vale UHB</td><td>59,080</td><td>8,739</td><td>14.79</td><td>23</td></tr><tr><td>Cwm Tŷ Morgannwg UHB</td><td>50,822</td><td>11,512</td><td>19.24</td><td>10</td></tr><tr><td>Hywel Dda UHB</td><td>63,879</td><td>11,215</td><td>17.67</td><td>42</td></tr><tr><td>Penrhydy Talgarth UHB</td><td>23,618</td><td>3,250</td><td>13.76</td><td>18</td></tr><tr><td>Swansea Bay UHB</td><td>52,660</td><td>16,646</td><td>31.60</td><td>16</td></tr><tr><td>All Wales</td><td>450,105</td><td>81,140</td><td>18.25</td><td>188</td></tr></table> Table 6: Uptake of Influenza Immunisation in people aged 65 years and older as at 03/03/2026 <table><tr><th>Health Board of Residence</th><th>Immunised(n)</th><th>Eligible Population (n)</th><th>Uptake(%)</th></tr><tr><td>Anserin Bevan UHB</td><td>96,684</td><td>132,581</td><td>72.9</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>129,587</td><td>175,746</td><td>73.7</td></tr><tr><td>Cardiff and Vale UHB</td><td>68,105</td><td>95,078</td><td>71.6</td></tr><tr><td>Cwm Tŷ Morgannwg UHB</td><td>70,295</td><td>97,034</td><td>72.4</td></tr><tr><td>Hywel Dda UHB</td><td>74,355</td><td>105,956</td><td>70.2</td></tr><tr><td>Penrhydy Talgarth UHB</td><td>27,627</td><td>40,047</td><td>69.0</td></tr><tr><td>Swansea Bay UHB</td><td>59,498</td><td>87,321</td><td>68.1</td></tr><tr><td>All Wales</td><td>526,151</td><td>733,763</td><td>71.7</td></tr></table> Table 5a: Uptake of Influenza Immunisation in people 16 years to 64 years in a clinical risk group as at 03/03/2026 <table><tr><th>Health Board of Residence</th><th>Immunised(n)</th><th>Eligible Population (n)</th><th>Uptake(%)</th></tr><tr><td>Anserin Bevan UHB</td><td>44,027</td><td>101,339</td><td>43.4</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>46,876</td><td>110,790</td><td>42.3</td></tr><tr><td>Cardiff and Vale UHB</td><td>33,167</td><td>74,846</td><td>44.3</td></tr><tr><td>Cwm Tŷ Morgannwg UHB</td><td>33,690</td><td>75,028</td><td>44.8</td></tr><tr><td>Hywel Dda UHB</td><td>23,427</td><td>57,133</td><td>40.4</td></tr><tr><td>Penrhydy Talgarth UHB</td><td>7,397</td><td>18,180</td><td>40.7</td></tr><tr><td>Swansea Bay UHB</td><td>21,691</td><td>59,558</td><td>36.4</td></tr><tr><td>All Wales</td><td>210,185</td><td>497,773</td><td>42.2</td></tr></table> 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. <table><tr><th>Local Health Board</th><th>Denominator</th><th>Vaccinated</th><th>Uptake (%)</th></tr><tr><td>Anserin Bevan UHB</td><td>6,101</td><td>3,366</td><td>55.5%</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>8,022</td><td>5,209</td><td>64.2%</td></tr><tr><td>Cardiff and Vale UHB</td><td>4,132</td><td>2,466</td><td>59.7%</td></tr><tr><td>Cwm Tŷ Morgannwg UHB</td><td>4,433</td><td>2,626</td><td>59.3%</td></tr><tr><td>Hywel Dda UHB</td><td>4,447</td><td>2,654</td><td>59.7%</td></tr><tr><td>Penrhydy Talgarth UHB</td><td>1,832</td><td>1,084</td><td>59.2%</td></tr><tr><td>Swansea Bay UHB</td><td>3,880</td><td>2,098</td><td>53.8%</td></tr><tr><td>Unknown</td><td>173</td><td>67</td><td>37.2%</td></tr><tr><td>Total</td><td>33,816</td><td>17,684</td><td>62.5%</td></tr></table>	Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of 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Source: PHW VPD

Source: PHW VPDP



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C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	Routine childhood immunisation - Up to date by age 4 - For 1 October to 31 December 2025, 80.8% of children are up to date with vaccination by age 4. - This is a decrease from the previous quarter (81.5%) and below the All-Wales average of 85.1%. - Up to date by age 5 - For 1 October to 31 December 2025, 85.3% of children are up to date with vaccinations by age 5. - This is an increase from the previous quarter (83.6%) and below the All-Wales average of 87.5%. - This is below the national target of 95%. - HPV by age 15 - For 1 October to 31 December 2025, uptake of HPV vaccine for children reaching 15 years of age was 74.9%. - This is below the All-Wales average of 75.6%. - This is below the national target of 90%.	Oct - Dec 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 Uptake (%) 95% 90% 85% 80% 75% 70% 65% 60% 55% 50% 2013Q2 2013Q4 2014Q2 2014Q4 2015Q2 2015Q4 2016Q2 2016Q4 2017Q2 2017Q4 2018Q2 2018Q4 2019Q2 2019Q4 2020Q2 2020Q4 2021Q2 2021Q4 2022Q2 2022Q4 2023Q2 2023Q4 2024Q2 2024Q4 2025Q2 2025Q4 Vaccines (age 5) Up to date* (4 years) Source quarterly COVER data



Priority	Performance Summary	Reported Period	On target?	Data																																																												
Health Improvement	Healthy weight: 2024/25 Child Measurement Programme data demonstrated a slight decrease in healthy weight to 75.3%, from 77.7% the previous year (for Cardiff and Vale UHB). The UHB maintained the highest level of healthy weight of all Welsh Health Boards for 2024/25. 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 29% in Wales (NSW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, compared to 56% in Wales (NSW, 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.	2024/25	Healthy weight: Not meeting target	Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children <table><caption>Estimated data from Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption><thead><tr><th>Year</th><th>Cardiff and Vale UHB (%)</th><th>Cardiff (%)</th><th>Wales (%)</th></tr></thead><tbody><tr><td>2012/12</td><td>78.0</td><td>65.0</td><td>62.0</td></tr><tr><td>2013/13</td><td>77.0</td><td>64.0</td><td>61.0</td></tr><tr><td>2014/14</td><td>76.0</td><td>63.0</td><td>60.0</td></tr><tr><td>2015/15</td><td>75.0</td><td>62.0</td><td>59.0</td></tr><tr><td>2016/16</td><td>74.0</td><td>61.0</td><td>58.0</td></tr><tr><td>2017/17</td><td>73.0</td><td>60.0</td><td>57.0</td></tr><tr><td>2018/18</td><td>72.0</td><td>59.0</td><td>56.0</td></tr><tr><td>2019/19</td><td>71.0</td><td>58.0</td><td>55.0</td></tr><tr><td>2020/20</td><td>70.0</td><td>57.0</td><td>54.0</td></tr><tr><td>2021/21</td><td>69.0</td><td>56.0</td><td>53.0</td></tr><tr><td>2022/22</td><td>68.0</td><td>55.0</td><td>52.0</td></tr><tr><td>2023/23</td><td>67.0</td><td>54.0</td><td>51.0</td></tr><tr><td>2024/24</td><td>66.0</td><td>53.0</td><td>50.0</td></tr><tr><td>2024/25</td><td>75.3</td><td>62.0</td><td>58.0</td></tr></tbody></table>	Year	Cardiff and Vale UHB (%)	Cardiff (%)	Wales (%)	2012/12	78.0	65.0	62.0	2013/13	77.0	64.0	61.0	2014/14	76.0	63.0	60.0	2015/15	75.0	62.0	59.0	2016/16	74.0	61.0	58.0	2017/17	73.0	60.0	57.0	2018/18	72.0	59.0	56.0	2019/19	71.0	58.0	55.0	2020/20	70.0	57.0	54.0	2021/21	69.0	56.0	53.0	2022/22	68.0	55.0	52.0	2023/23	67.0	54.0	51.0	2024/24	66.0	53.0	50.0	2024/25	75.3	62.0	58.0
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Priority	Performance Summary	Reported Period	On target?	Data
Health improvement	Diabetes Inequity in the uptake - No cluster level data update since December 2025, awaiting Q4 data Paediatric HbA1c - The Health Board PDU has moved in a positive direction from 'alarm' status to 'alert' status in most recent NPDA report (2024-25 data) Patients who have had foot surveillance and urine albumin recorded - Slow but sustained improvement since January 2026	March 26	Below target	Patients who have had foot surveillance/urine albumin recorded - see data tables No cluster level data update since December 2025, awaiting Q4 data



Priority	Performance Summary	Reported Period	On target?	Data																																			
Health Improvement	Smoking - Percentage of the estimated smoking population of Cardiff and Vale who made a quit attempt via smoking cessation services ('treated smokers') - A total of 341 adult smokers made a quit attempt via smoking cessation services this quarter. This represents 0.88% of the annual 5% target (Q3 2025/26). - This number improves on performance in Q1 and Q2 and is above any quarter in 2024/25. 2025/26 Q1 to Q3 cumulative = 2.51% - Percentage of Cardiff and Vale resident 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date - All smoking cessation services combined = 32% <i>Note the latest data above is for Q3 2025/26 when the target for treated smokers was 5%. From Apr 2026 the target increased to 7.5%</i>	Q3 2025/26 (latest at May 26)	Below target	Cumulative percentage of estimated smoking population of CAV who made a quit attempt via smoking cessation services ('treated smoker') <table><thead><tr><th>Quarter</th><th>2025/2026</th><th>2024/2025</th><th>Target</th></tr></thead><tbody><tr><td>Q1</td><td>0.88</td><td>0.51</td><td>1.25</td></tr><tr><td>Q2</td><td>2.50</td><td>1.63</td><td>2.50</td></tr><tr><td>Q3</td><td>2.51</td><td>1.94</td><td>2.51</td></tr><tr><td>Q4</td><td>5.00</td><td>1.94</td><td>5.00</td></tr></tbody></table> Percentage of CAV 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date <table><thead><tr><th>Quarter</th><th>2025/2026</th><th>Target</th></tr></thead><tbody><tr><td>Q1</td><td>32</td><td>45</td></tr><tr><td>Q2</td><td>32</td><td>45</td></tr><tr><td>Q3</td><td>32</td><td>45</td></tr><tr><td>Q4</td><td>32</td><td>45</td></tr></tbody></table>	Quarter	2025/2026	2024/2025	Target	Q1	0.88	0.51	1.25	Q2	2.50	1.63	2.50	Q3	2.51	1.94	2.51	Q4	5.00	1.94	5.00	Quarter	2025/2026	Target	Q1	32	45	Q2	32	45	Q3	32	45	Q4	32	45
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Q3	2.51	1.94	2.51																																				
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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 3 25/26 192 HMQ Community (incl. telephone service) 112 HMQ Community Pharmacy 37 Hospital Smoking Cessation Service	Q3 25/26	Annual Target (2025/26) is 5% of 38,800 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)	341 = 0.88% (Q3 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 3 25/26 39% HMQ Community 0% HMQ Telephone Service 21% Level 3 Community Pharmacy 62% Hospital Smoking Cessation Service	Q3 25/26	40%	32% (Q2 25/26) Below target	38% (Q1 25/26)	32% (Q2 25/26)	32% (Q3 25/26)	



Substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)* <i>This measure includes people who have been referred to 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.</i>	Q4 2025/26	80%	Q4 80.36%	Q1	Q2	Q3	Q4
					68.70%	78.73%	83.44%	80.36%

*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			
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).	Q4 2025/26	4 quarter improvement trend	Q4 80.18%	Q1	Q2	Q3	Q4
					80.47%	75.50%	88.44%	80.18%
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol).	Q4 2025/26	4 quarter improvement trend	Q4 93.55%	95.52%	87.76%	87.14%	93.55%



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)	Oct-Dec 25	95%	83.6%	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
					84.6%	85.6%	83.6%	85.3%
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	Oct-Dec 25	90%	72.6%	Q1	Q2	Q3	Q4
					68.8%	71.3%	72.6%	74.9%
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	71.6%	25/11/25	08/01/26	09/02/26	3/3/26
					63.6%	69.5%	70.5%	71.6%
7.	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old <i>Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort)</i>	1.9.24 - ongoing	70%	59.7%	Nov 25	Dec 25	Jan 25	Feb 26
					56%	56.7%	57.3%	59.7%



Diabetes

NHS Wales Performance Framework measure

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
9.	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months	March 26	80%	69.52%	Nov 25	Dec 25	Jan 26	Feb 26
					69.02%	69.05%	68.24%	68.98%
10.	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months	March 26	80%	64.68%	Nov 25	Dec 25	Jan 26	Feb 26
					63.64%	63.3%	62.9%	63.78%

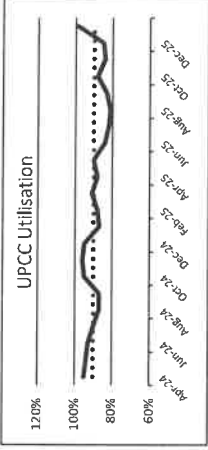
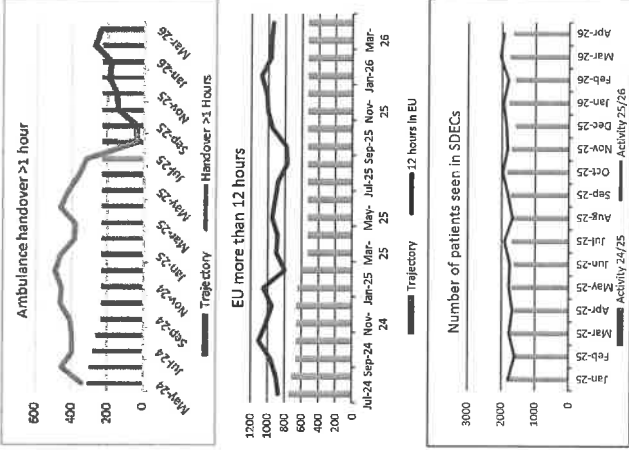
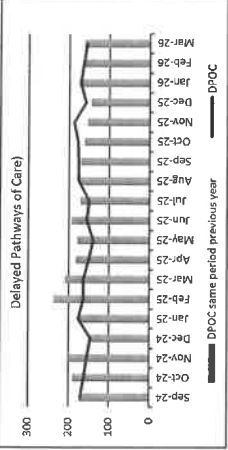


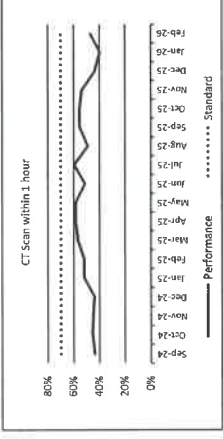
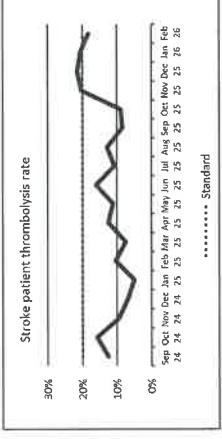
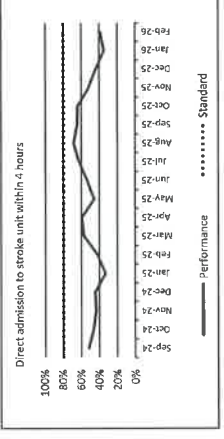
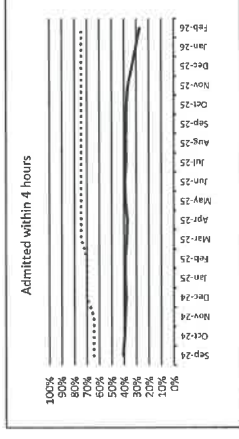
Screening

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	Dec-25	90%	44.70% Below standard	Sep-25 6.7%	Oct-25 8.3%	Nov-25 12.3%	Dec-25 44.7%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-25	90%	93.40% Above standard	Sep-25 96.8%	Oct-25 93.8%	Nov-25 99.2%	Dec-25 93.4%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jan-26	95%	97.60% Above standard	Oct-25 96.0%	Nov-25 100.0%	Dec-25 97.6%	Jan-26 97.6%



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 March utilisation was 96%, this is above our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting	Mar-26	96% utilisation Above 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 April we reported 5 2-hour ambulance delays, despite operation pressures in month. In April we reported 91 1-hour ambulance delays, an increase from March but below our commitment of <365 In April lost minutes per arrival increased to 12, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper	Apr-26	5 2-hour delays Above standard 91 1-hour delays Below standard 12 minutes lost/arrival Above standard	
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 February 58.9% of patients in acute beds had a LOS of >7 days, 32.0% >21 days – a deterioration in 7d LOS from January. See paper for POCD update Pathway of Care Delays – <160 delayed patients each month In March 2026 the number of POCDs was 156, a decrease from February	Mar-26	58.3% >7d Above standard 30.2% >21d Above standard 156 Below standard	

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 March 52.5% of patients were received their CT scan within 1 hour of arrival at EU, an increase from January Thrombolysis – 20% thrombolysis rate In March 9.8% of stroke patients were thrombolysed, a decrease from February and below the standard, but remains increased from historic performance. 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 March 45.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were 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 – we continue to bring multidisciplinary colleagues together for stroke summits to review the pathways across services	Mar-26	52.5% CT Below standard 9.8% Thrombolysis Below standard 45.8% Door-to-ward Below 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 February our annualised compliance showed 26.9% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.5%.	Feb-26	26.9% (Annualised) Below standard	



Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	GMS access – 100% of practices achieving core access standards In January 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 2026 104% of the contract value had been delivered Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In March 100% of practices were providing CCPS services, providing 3,289 PIPS consultations Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2	Mar-26	100% At standard 104% Above standard (Apr-25 – Mar-26) 3,289 Above standard	
Cancer	Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In March, 63.2% of patients received their first definitive treatment within 62 days. This is below our ambition, additional detail noted in accompanying paper	Mar-26	63.2% Below standard	



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 April there were 5,790 patients waiting 52 weeks for their first outpatient appointment. This is improved from March, additional actions are outlined in the cover paper Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In April there were 782 patients waiting 104 weeks for treatment. This is an increase from March, in line with our forecast.	Apr-26	5,790 patients Below standard 782 patients Below standard	
Diagnostics and Therapies	Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In April 7,913 patients were waiting over 8 weeks for a specified diagnostic, A increase from March. Improvement in the radiology position this month, with NOUS waits also notably reduced. Therapies – National standard of zero 14 week waits In April 782 patients were waiting over 14 weeks for therapies, An increase from March. 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	Apr-26	7,913 patients Diagnostics Above standard 782 patients Therapies Above standard	



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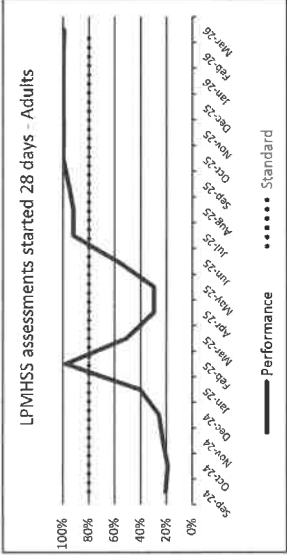
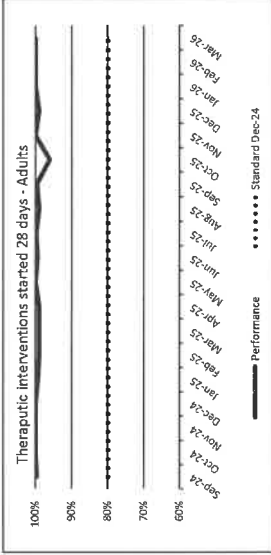
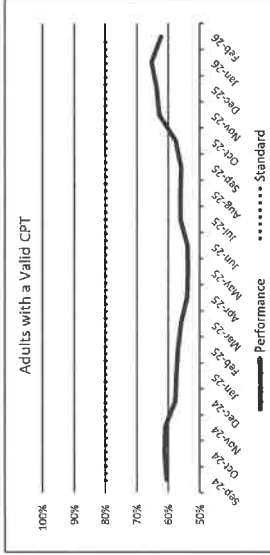
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In April there were 0 patients waiting over 52 weeks for a new outpatient appointment	Apr-26	0 Meeting standard	
Emotional 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 March 100% 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 March 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 March 98.7% of patients had a valid Care and Treatment Plan, above our ambition	Mar-26	100% Part 1a Above standard 100% Part 1b Above standard 98.7% Part 2 Above 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 March 99.5% of patients received their assessment within 28 days. Referrals to the service remain high.	Mar-26	99.5% Part 1a Above standard	
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 March 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Mar-26	100% Part 1b Above standard	
Mental Health Measures – Part 2	Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In March 71.9% 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	Mar-26	71.9% Part 2 Below standard	



Section 2: Performance Report

Quadruple Aim 2: Operational Performance

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100% At standard	<table><tr><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr><tr><td>93.4%</td><td>95.0%</td><td>96.5%</td><td>98.2%</td></tr></table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Feb-26	Improvement compared to the same month in the previous year	44.2% Above standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>45.0%</td><td>44.8%</td><td>43.8%</td><td>44.2%</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	45.0%	44.8%	43.8%	44.2%
Nov-25	Dec-25	Jan-26	Feb-26										
45.0%	44.8%	43.8%	44.2%										
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 - Mar-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	96.2% Above standard	<table><tr><td>Apr-25 to Dec-25</td><td>Apr-25 to Jan-26</td><td>Apr-25 to Feb-26</td><td>Apr-25 to Mar-26</td></tr><tr><td>73.0%</td><td>87.1%</td><td>96.2%</td><td>104.7%</td></tr></table>	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26	73.0%	87.1%	96.2%	104.7%
Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26										
73.0%	87.1%	96.2%	104.7%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Feb-26	Increase compared to the same month in the previous year	2967 Above standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>2723</td><td>3035</td><td>2982</td><td>2967</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	2723	3035	2982	2967
Nov-25	Dec-25	Jan-26	Feb-26										
2723	3035	2982	2967										
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	Mar-26	80%	100% Above standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	100.0%	100.0%	100.0%	100.0%
Dec-25	Jan-26	Feb-26	Mar-26										
100.0%	100.0%	100.0%	100.0%										
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	Mar-26	80%	100% Above standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	100.0%	100.0%	100.0%	100.0%
Dec-25	Jan-26	Feb-26	Mar-26										
100.0%	100.0%	100.0%	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	Mar-26	80%	99.5% Above standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>99.5%</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	100.0%	100.0%	100.0%	99.5%
Dec-25	Jan-26	Feb-26	Mar-26										
100.0%	100.0%	100.0%	99.5%										
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	Mar-26	80%	100% Above standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>99.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	99.0%	100.0%	100.0%	100.0%
Dec-25	Jan-26	Feb-26	Mar-26										
99.0%	100.0%	100.0%	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	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>50%</td><td>51%</td><td>50%</td><td>50%</td></tr></table>	Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25										
50%	51%	50%	50%										
20.	Median emergency response time to amber calls	Mar-26	12 month reduction trend	01:16:38 Above standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>01:55:43</td><td>02:07:24</td><td>01:06:59</td><td>01:16:38</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	01:55:43	02:07:24	01:06:59	01:16:38
Dec-25	Jan-26	Feb-26	Mar-26										
01:55:43	02:07:24	01:06:59	01:16:38										



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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	Feb-26	15 minutes or less	6 Below standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>5</td><td>5</td><td>4</td><td>6</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	5	5	4	6
Nov-25	Dec-25	Jan-26	Feb-26										
5	5	4	6										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Feb-26	60 minutes or less	71 Above standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>78</td><td>73</td><td>64</td><td>71</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	78	73	64	71
Nov-25	Dec-25	Jan-26	Feb-26										
78	73	64	71										
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Apr-26	Improvement compared to the same month in the previous year, towards the national target of 95%	61.8% Below standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>60.1%</td><td>59.2%</td><td>60.8%</td><td>61.8%</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	60.1%	59.2%	60.8%	61.8%
Jan-26	Feb-26	Mar-26	Apr-26										
60.1%	59.2%	60.8%	61.8%										
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	Apr-26	Reduction compared to the same month in the previous year, towards the national target of zero	945 Above standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>1083</td><td>972</td><td>967</td><td>945</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	1083	972	967	945
Jan-26	Feb-26	Mar-26	Apr-26										
1083	972	967	945										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Mar-26	12 month improvement trend towards a national target of 80% by 31 March 2026	63.2% Below standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>59.0%</td><td>56.1%</td><td>54.4%</td><td>63.2%</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	59.0%	56.1%	54.4%	63.2%
Dec-25	Jan-26	Feb-26	Mar-26										
59.0%	56.1%	54.4%	63.2%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Apr-26	0	7,913 Below standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>10925</td><td>9544</td><td>6432</td><td>7913</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	10925	9544	6432	7913
Jan-26	Feb-26	Mar-26	Apr-26										
10925	9544	6432	7913										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-26	100%	69.43% Below standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>59.02%</td><td>62.48%</td><td>67.11%</td><td>69.43%</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	59.02%	62.48%	67.11%	69.43%
Jan-26	Feb-26	Mar-26	Apr-26										
59.02%	62.48%	67.11%	69.43%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Apr-26	0	782 Above standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>910</td><td>942</td><td>830</td><td>782</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	910	942	830	782
Jan-26	Feb-26	Mar-26	Apr-26										
910	942	830	782										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Apr-26	0	1,812 Above standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>1677</td><td>1821</td><td>1823</td><td>1812</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	1677	1821	1823	1812
Jan-26	Feb-26	Mar-26	Apr-26										
1677	1821	1823	1812										



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NHS Wales Performance Framework Measures

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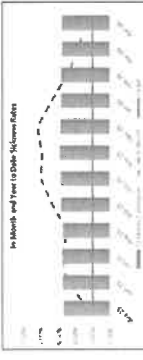
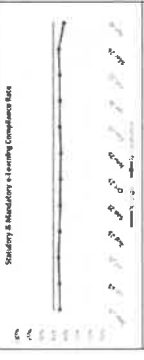
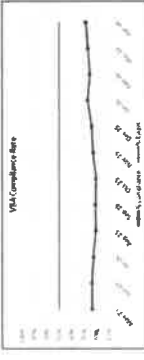
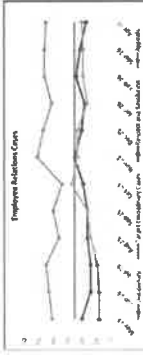
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Apr-26	0	5,790 Above standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>9435</td><td>7477</td><td>6064</td><td>5790</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	9435	7477	6064	5790
Jan-26	Feb-26	Mar-26	Apr-26										
9435	7477	6064	5790										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Mar-26	Reduction compared to the same month in the previous year	21,682 Below standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>28065</td><td>28267</td><td>28268</td><td>29682</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	28065	28267	28268	29682
Dec-25	Jan-26	Feb-26	Mar-26										
28065	28267	28268	29682										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Apr-26	0	782 Above standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>994</td><td>861</td><td>338</td><td>782</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	994	861	338	782
Jan-26	Feb-26	Mar-26	Apr-26										
994	861	338	782										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Apr-26	Month on month reduction towards the national target of zero by 30 June 2025	21,487 Above standard	<table><tr><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td><td>Apr-26</td></tr><tr><td>29060</td><td>24279</td><td>21865</td><td>21487</td></tr></table>	Jan-26	Feb-26	Mar-26	Apr-26	29060	24279	21865	21487
Jan-26	Feb-26	Mar-26	Apr-26										
29060	24279	21865	21487										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Feb-26	80%	17.3% Below standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>17.0%</td><td>15.9%</td><td>15.8%</td><td>17.3%</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	17.0%	15.9%	15.8%	17.3%
Nov-25	Dec-25	Jan-26	Feb-26										
17.0%	15.9%	15.8%	17.3%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-26	80%	70.4% Below standard	<table><tr><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td><td>Mar-26</td></tr><tr><td>75.6%</td><td>75.6%</td><td>73.8%</td><td>70.4%</td></tr></table>	Dec-25	Jan-26	Feb-26	Mar-26	75.6%	75.6%	73.8%	70.4%
Dec-25	Jan-26	Feb-26	Mar-26										
75.6%	75.6%	73.8%	70.4%										



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C&V Priorities and Annual Plan Commitments

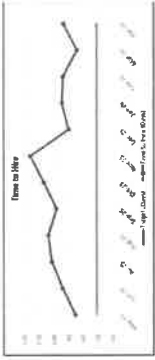
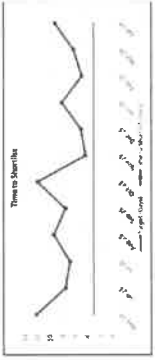
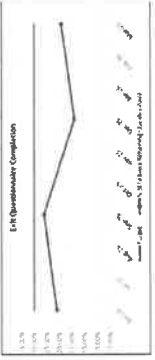
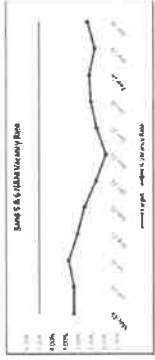
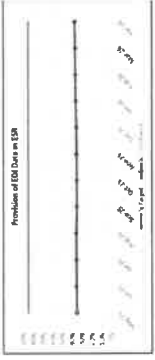
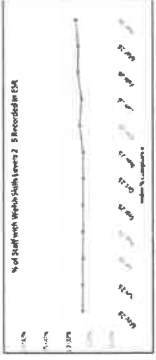
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Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since May-25; the rates have fallen from 8.76% at May-25 to 8.15% in Apr-26 UHB wide. There has been a net 0.62% decrease, which represents 87 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation - Relocation', 'Voluntary Resignation - Promotion' and 'Dismissal - Capability'.	April 2026	
Sickness Absence	The monthly sickness rate for May-26 was 5.77%. The 12-month cumulative sickness absence rate for Apr-26 is 6.40%, which a reduction from 6.46% in Nov-25 but an increase since May-25 from 6.34%. By comparison with 24/25 the in-month position has improved from Dec-25 (7.09%) through to Apr-26 (5.77%). Whilst the downward trend indicates a positive movement, it is too early to say whether this improvement will continue month on month - therefore impacting the cumulative rate positively. We will continue to monitor the monthly % with an aim to achieve the reduction month on month.	April 2026	
Statutory and Mandatory Training	The overall compliance rates fell for Apr-26 to 80.68%, 4.32% below the overall target. The addition of recording Welsh language skills as mandatory requirements has led to this drop; it is hoped that this will be a temporary issue as staff record their Welsh language skills. The compliance for All Wales Genomics Service, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are above the 85% target; and Corporate Executives, PCIC and Children & Women's are above 80% compliance. The compliance with Fire training has risen to 75.47% at Apr-26. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target. Weekly monitoring of compliance with statutory Fire training commenced during February, with the intention of significantly improving compliance rates.	April 2026	
Values Based Appraisal (VBA)	VBA compliance has risen for Apr-26, to 74.38%. Clinical Boards are currently below the 85% target rate. Weekly monitoring of compliance with VBA commenced during February, with the intention of significantly improving compliance rates.	April 2026	
Employee Relations	The graph opposite shows an increase in formal employee relations cases over the last 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. The UHB currently has nine staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. All cases are reviewed monthly to ensure that suspension/exclusion remains the appropriate course of action.	April 2026	



Section 2: Performance Report		Quadruple Aim 3: People and Culture		
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C&V Priorities and Annual Plan Commitments				
Priority	Performance Summary	Reported Period	Data	
Job Plans	Management teams continue to prioritise job planning, with targeted focus on services where compliance remains lower. Overall compliance continues to move steadily toward the Welsh Government target of 90% and at Mar-26 was 841.65%. From April 2026 the NHS Wales Medical Directors agreed a revised compliance methodology. This will take some time to implement, so an updated compliance chart will be included in the next report.	March 2026		
Medical Appraisals	The rate of compliance with Medical Appraisal fell to 84.02% for Apr-26, slightly below the 85% target.	April 2026		
Staff in Post	The overall Health Board Staffing Numbers have fallen in the last 12 months by 362 WTE, to 15,045 WTE at Apr-26.	April 2026		
Variable Pay (Bank, Agency, Overtime..)	The 12-month trend of proportion of pay bill spend on variable pay (Bank, Agency, overtime etc.) is rising slightly, to 6.57% of the total pay bill at Apr-26.	April 2026		
Staff Winter Vaccination Programme	The winter flu vaccination programme for 2025-26 commenced in Sep-25. At the close of the scheme, Mar-26, the vaccination rate was 44.20%, against a target of 75%.	March 2026		
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for May-25 was 0.39% of the total spend on pay and was 0.54% at Apr-26.	April 2026		



Section 2: Performance Report		Quadruple Aim 3: People and Culture	
Return to Main Menu	Return to Section Menu	C&V Priorities and Annual Plan Commitments	
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. At Apr-26 the average time to hire is 94 days, compared to an all-Wales average of 62 days.	April 2026	
Time to Shortlist	The All-Wales target for recruitment 'Time to Shortlist' (the time interval between vacancy closure and shortlisting completion) is 3 days. The position for Apr-26 was 9.2 days, compared with the NHS Wales average of 6.5 days.	April 2026	
Exit Questionnaire Completion	At Mar-25 the return rate of exit questionnaires was 19%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Jun-26. The Leaver Survey Improvement Plan focuses on clearer communication, better manager engagement, monthly invitations to leavers, and sharing insights more regularly. It includes all-manager emails, management programme updates, Business Partner engagement, and launching the Retention SharePoint page with quarterly themed insights.	March 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 Apr-26 the rate was 1.27%, by comparison with a nominal 5% target. ESR position data continues to be validated.	April 2026	
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 Apr-26, 37.14% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	April 2026	
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). 26.96% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this, including making the recording of skills a mandatory requirement in ESR. At Apr-26, 8.13% of staff have identified their Welsh Skills as between level 2 and level 5.	April 2026	



Section 2: Performance Report

Quadruple Aim 3

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend				
36.	Percentage of sickness absence rate of staff (12-month)	April 2026	5.50%	5.77%	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
					7.10%	6.68%	6.24%	5.90%	5.77%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	April 2026	5.50%	6.40%	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
					6.43%	6.41%	6.42%	6.38%	6.40%
38.	Staff turnover	April 2026	7%-9%	8.15%	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
					8.19%	8.06%	8.04%	8.15%	8.15%
39.	Agency spend as a percentage of the total pay bill.	April 2026	12-month reduction trend	0.54%	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
					0.54%	0.52%	0.50%	0.39%	0.54%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	April 2026	85%	74.98%	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26
					72.77%	74.28%	73.48%	74.12%	74.98%



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C&V Priorities and Annual Plan Commitments

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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 192,000 text messages have been distributed, yielding an overall response rate of 17% (figures based on PES) In April, a total of 15,057 messages were sent, resulting in 2,493 completed surveys, which corresponds to a response rate of 17%. Among respondents discharged in March and April who answered the rating question, 85% reported satisfaction with the service received. While our current overall response rate of 17% exceeds that of many comparable organisations, we remain committed to enhancing engagement and will prioritise improvements in this area over the coming year.	March and April 26		PES rating question satisfaction score for the three SMS cohorts: Random, EU and Mental Health Nov-25 Dec-25 Jan-26 Feb-26 Mar-26 Apr-26 — Benchmark — Random — EU — MH — All
Patient Safety	In April 2026, Cardiff and Vale reported 14 NRIs and closed 19, resulting in 92 open NRIs. One Never Event was reported, relating to the administration of medication via the incorrect route. In response, the Patient Safety Team, in collaboration with Pharmacy, will undertake a focused programme of work on medication administration. Progress has been made towards the target of zero overdue NRIs and no new incidents open beyond 30 days by January 2027, and this work will continue. Refreshed Datix support sessions are also underway to strengthen incident management practice.	May 26		CVU UHB rate of NRIs reported to NHS Wales (per 100,000 population as of 11/05/2026) All service types All incident types All categories May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr — All Wales rate of NRI — CVU UHB rate of NRI — Benchmark — 95% Outlier CVU UHB rate of NRIs reported to NHS Wales (per 100,000 population as of 11/05/2026) All service types All incident types All categories May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr — All Wales rate of NRI — CVU UHB rate of NRI — Benchmark — 95% Outlier



Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	The UHB rolling annual mortality from April 2025 – March 2026 is 1.2% and has been constantly reducing for the past 12 months. In the past 12 months to 30 April 2026 the Medical Examiner has reviewed 3,787 deaths in Cardiff and the Vale and has returned 1044 of these reviews back to the UHB for further consideration. All cases are considered via a multi professional scrutiny process and are subject to further investigation through a patient safety route or through a mortality and morbidity route as required.			
Infection Control	Clostridioides difficile – The total number of CDI cases for FY year 2025/2026 was 186, with 71 hospital onset. This number of hospital onset cases is 25 lower than this period in 2024/2025. CAV UHB had the second lowest rate of the 6 acute Health Boards in Wales. MRSA - The total number of MRSA cases for FY year 2025/2026 was 17, with 8 hospital onset. This number of cases is 2 higher than this period in 2024/2025. CAV UHB had the highest rate of the 6 acute Health Boards in Wales. MSSA - The total number of MSSA cases for FY year 2025/2026 was 131, with 51 hospital onset. This number of cases is 9 hospital onset cases fewer than this period in 2024/2025. CAV UHB had the 2nd lowest rate of the 6 acute Health Boards in Wales. E.coli - The total number of E.coli cases for FY year 2025/2026 was 271, with 64 hospital onset. This number of cases is 19 hospital onset cases lower than this period in 2024/2025. CAV UHB had the lowest rate of the 6 acute Health Boards in Wales. Klebsiella spp's - The total number of Klebs cases for FY year 2025/2026 was 122, with 56 hospital onset. This number of cases is 9 hospital onset cases higher than this period in 2024/2025. CAV UHB had the 3rd lowest rate of the 6 acute Health Boards in Wales. PAER - The total number of Pseud cases for FY year 2025/2026 was 27, with 13 hospital onset. This number of cases 14 hospital onset cases lower than this period in 2024/2025. CAV UHB had the highest rate of the 6 acute Health Boards in Wales.	April 26		



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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	Nov-25	12 month improvement trend	58.6% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>68.7%</td><td>73.4%</td><td>57.0%</td><td>58.6%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	68.7%	73.4%	57.0%	58.6%
Aug-25	Sep-25	Oct-25	Nov-25										
68.7%	73.4%	57.0%	58.6%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Nov-25	90%	78.6% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>88.2%</td><td>31.3%</td><td>92.6%</td><td>78.6%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	88.2%	31.3%	92.6%	78.6%
Aug-25	Sep-25	Oct-25	Nov-25										
88.2%	31.3%	92.6%	78.6%										
42.	Number of Pathways of Care delayed discharges	Feb-26	12 month reduction trend	164 Above standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>187</td><td>158</td><td>171</td><td>164</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	187	158	171	164
Nov-25	Dec-25	Jan-26	Feb-26										
187	158	171	164										
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	Feb-26	90%	98% Above standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>95.0%</td><td>96.7%</td><td>97.6%</td><td>98.0%</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	95.0%	96.7%	97.6%	98.0%
Nov-25	Dec-25	Jan-26	Feb-26										
95.0%	96.7%	97.6%	98.0%										
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	Feb-26	90%	62.3% Below standard	<table><tr><td>Nov-25</td><td>Dec-25</td><td>Jan-26</td><td>Feb-26</td></tr><tr><td>63.0%</td><td>63.8%</td><td>65.4%</td><td>62.3%</td></tr></table>	Nov-25	Dec-25	Jan-26	Feb-26	63.0%	63.8%	65.4%	62.3%
Nov-25	Dec-25	Jan-26	Feb-26										
63.0%	63.8%	65.4%	62.3%										
45.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Mar/Apr 26	(Some system issues)	6421	In March and April, we sent 33,746 texts								



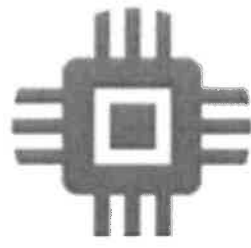
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No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
46.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Apr-26	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	122 27 Below standard	Did not meet the reduction expectation target Met the reduction expectation target
47.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Apr-26	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	52.29 cases per 100,000 population Below Standard 28.56 cases per 100,000 population Above standard	Met the reduction expectation target Did not meet the reduction expectation target
48.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Apr-26	25 cases per 100,000 population	35.89 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)	Jan-26	Reduction compared to the same month in the previous year	30.6% On standard	Oct-25 30.2% Nov-25 19.2% Dec-25 41.9% Jan-26 30.6%
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-25	12 month improvement trend towards national target of 95%	69.7% Below standard	Sep-25 64.58% Oct-25 67.13% Nov-25 70.20% Dec-25 69.70%
51.	Number of ambulance patient handovers over one hour	Apr-26	0	91 Under standard	Jan-26 181 Feb-26 273 Mar-26 244 Apr-26 91
52	Percentage of ambulance patient handovers within 15 minutes	Mar-26	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	15.46% Below standard	Dec-25 15.40% Jan-26 15.42% Feb-26 16.07% Mar-26 15.46%
53.	Number of National Reportable incidents that remain open 90 days or more	Feb-26	Reducing	49%	Improving position with decreasing proportion open over 90 days and 26% of all cases MIBRACE reportable and there are 120 day timescales





Shaping Our Future

Digital
Services

Digital & Health Intelligence



Executive Scorecard

May '26 to date				
2026				
Year 2025		Current Year		Current Month
Incidents	Requests	Incidents	Requests	Incidents
36944 Incidents Opened	60856 Requests Opened	13932 Incidents Opened	20437 Requests Opened	952 Incidents Opened
36461 Incidents Closed	54748 Closed Requests	12752 Incidents Closed	15834 Closed Requests	481 Closed Requests
483 Remaining Open	6108 Remaining Open	1180 Remaining Open	4603 Remaining Open	1091 Remaining Open
7.29 Avg Duration (Days)	6.14 Avg Duration (Days)	3.25 Avg Duration (Days)	3.81 Avg Duration (Days)	0.21 Avg Duration (Days)
				0.65 Avg Duration (Days)

Service Desk Trending



Summary of Activity



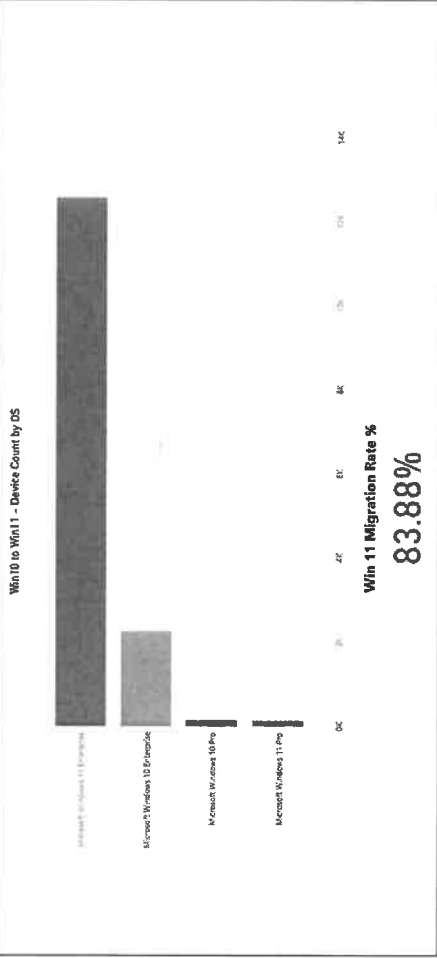


CAV Windows 11 Project

Key achievements / progress

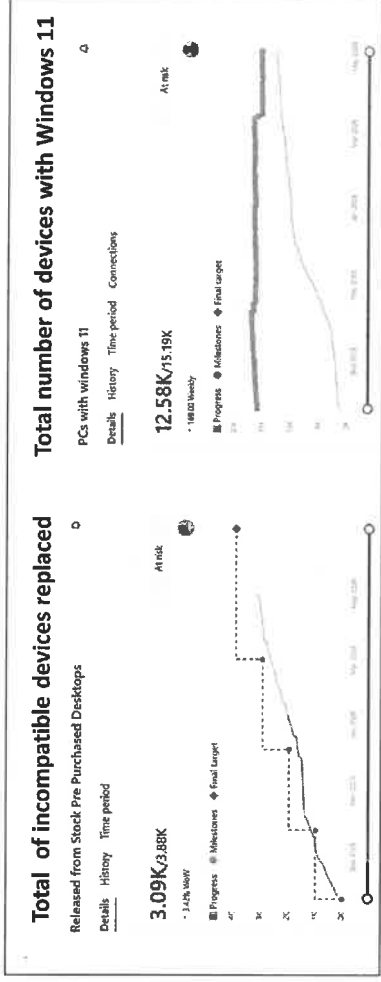
- 12,719 devices upgraded to Windows 11
- Over 3,000 incompatible devices replaced from WG funded stock
- Windows 10 one year extended support licenses deployed to active devices that are still running Windows 10
- Planned update of all devices in Cardiology, 24/7 service, Medicine, Mental Health to be completed in May

OS Device Count



Period	Data	Status / RAG / Date
Current Month	84%	
Previous Month	78%	↑
Predicted Level	86%	↑
Programme Target	100%	30/06/2026

Device Count



Risks

- Windows 11 project staff are contracted until 30.06.26. Only 6 of 12 person team will remain by end of March. This will affect the monthly targets.
- Replacing or updating CAV devices could result in some disruption to services.

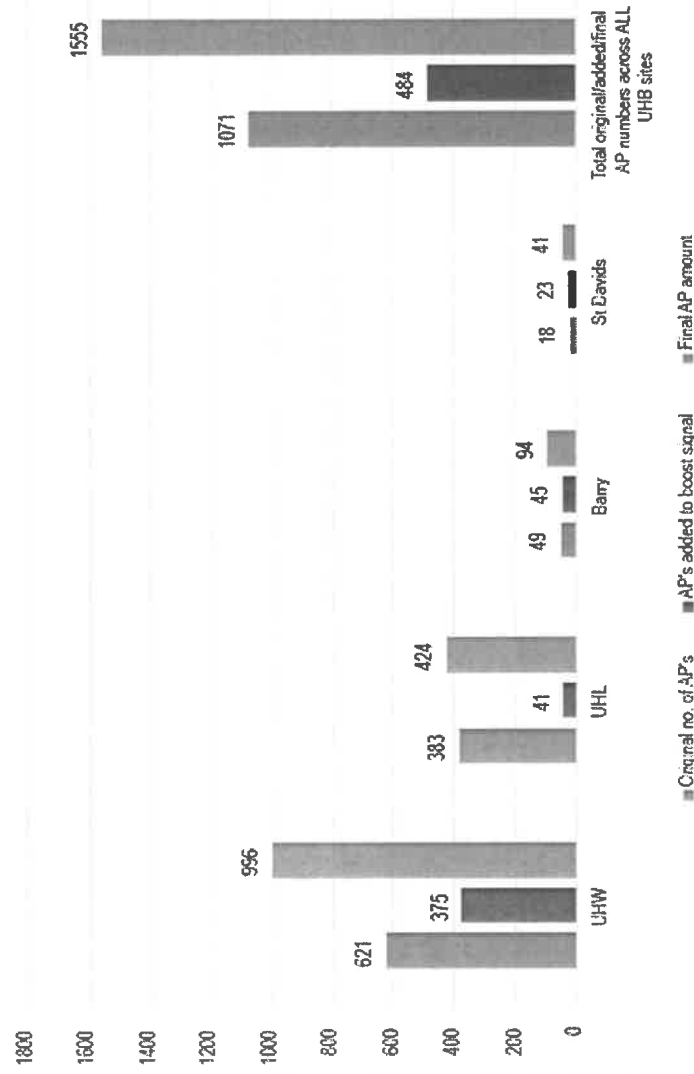
Issues

- 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.
- Arranging upgrade of lab based devices is proving difficult due to work demands of local IT team.

WiFi Project

Current metrics on AP's for Wi-Fi project as of 6th May 2026

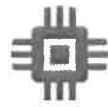
Metrics on original/added/post number of AP's added to boost signal across uHB sites since start of project



*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.

Wi-Fi project: overview of completed inpatient/outpatient areas

All sites (ePMA, CEF, wider Wi-Fi)	% of all inpatient areas complete	% of all outpatient areas complete
198 areas	95%	23%
ePMA sites	% of all ePMA inpatient areas complete	% of all outpatient areas complete
128 areas	94%	20%
Wider Wi-Fi and CEF sites	% of all wider Wi-Fi/CEF inpatient areas complete	% of all outpatient areas complete
70 areas	100%	27%



Shaping Our Future

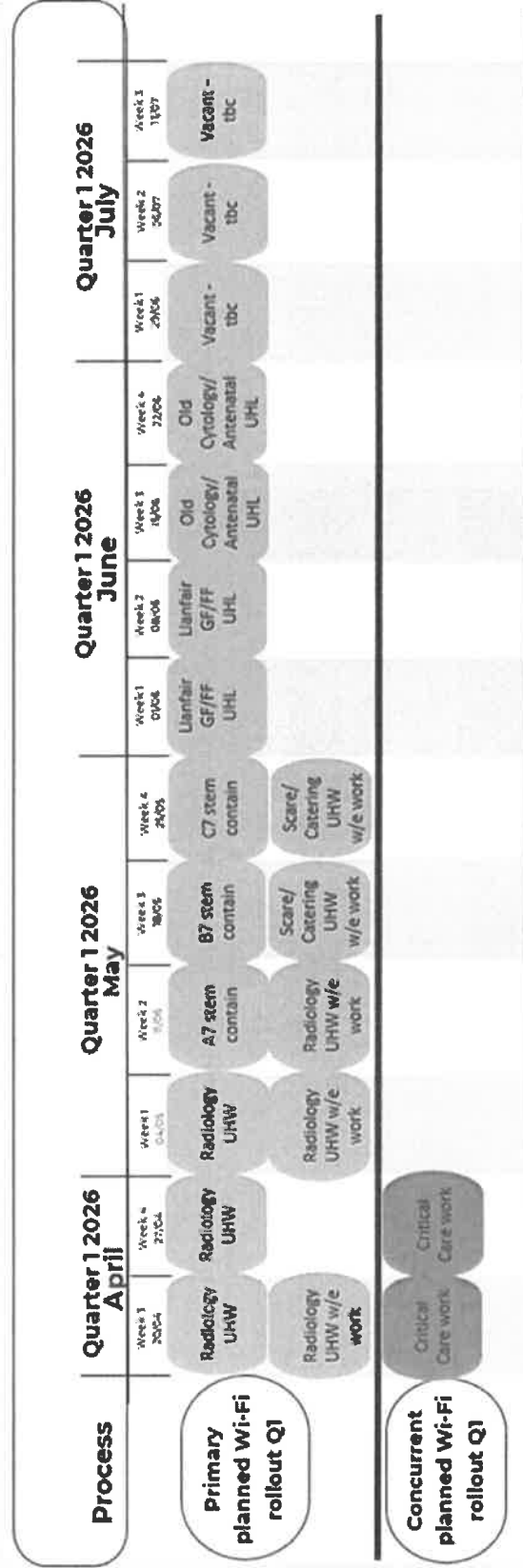
**Digital
Services**

Wi-Fi project: overview of completed inpatient/outpatient areas

All sites (ePMA, CEF, wider Wi-Fi)	% of all inpatient areas complete	% of all outpatient areas complete
198 areas	95%	23%
ePMA sites	% of all ePMA inpatient areas complete	% of all outpatient areas complete
128 areas	94%	20%
Wider Wi-Fi and CEF sites	% of all wider Wi-Fi/CEF inpatient areas complete	% of all outpatient areas complete
70 areas	100%	27%

20th April – 28th June 2026

Key
*Strikethrough means
ward completed





GIG
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NHS
WALES

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

Cardiff & Vale University Health Board Annual Equality Report 2024–2025 and Strategic Equality Plan (2024–2028) Annual Progress Report

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CF14 4TT

Mae'r ddogfen hon ar gael yn Gymraeg ac, ar gais, mewn amryw o fformatau a ieithoedd hygyrch. Anfonwch e-bost at: EquityAndInclusion@wales.nhs.uk

This document is available in Welsh and on request in a range of accessible formats and languages. Please email EquityAndInclusion@wales.nhs.uk

01. Foreword

At Cardiff and Vale University Health Board, our commitment to equity, diversity and inclusion (EDI) is central to who we are and how we serve our communities. As one of the largest and most diverse health boards in Wales, we have the privilege and responsibility of providing care to nearly half a million people. Their experiences, cultures, identities, languages and stories shape the fabric of our organisation — and they deserve a healthcare system that recognises, values and responds to that diversity with compassion, dignity and fairness.

This Annual Equality Report 2024–2025, integrated with our Strategic Equality Plan Progress Report, reflects our first full year of delivery against the [Strategic Equality Plan 2024–2028: Shaping Our Inclusive Culture](#). This new plan has set a refreshed direction for our organisation – one that elevates inclusion as a shared responsibility, strengthens our commitment to the Welsh language, promotes accessible and person-centred communication, and ensures that equity and respect underpin every decision we make.

During this reporting year, we have made meaningful strides. We have:

- Strengthened awareness and educational initiatives that help staff understand and practise inclusive behaviours.
- Enhanced our communication and engagement approaches, listening more actively to underserved communities and working collaboratively to understand and remove barriers.
- Continued to advance our Welsh language services and workforce skills, recognising the importance of the

Welsh language to identity, wellbeing and safe care.

- Improved the way we gather and use equality data to inform decision-making, strengthen accountability and highlight where more targeted action is needed.
- Expanded our partnerships – locally, regionally and nationally – ensuring that we contribute to and learn from all-Wales efforts to tackle systemic inequalities, including through the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan for Wales, and the development of the All-Wales Accessible Communication and Information Standards.

The evidence in this report demonstrates progress – but it also highlights the scale of the work ahead. We continue to see inequities in experience, representation and outcomes. Our staff survey tells us that colleagues still experience discrimination, harassment or barriers in career progression. Community voices remind us that for some, navigating healthcare services remains challenging due to disability, language, culture or socio-economic factors.

We are determined to change this.

The year ahead will see us strengthen the structures, tools and insights that allow us to act with intention and impact. This includes further embedding the Workforce Race Equality Standard (WRES), expanding Welsh language learning pathways, enhancing support for staff networks, and continuing to adopt a project-managed approach to implementing our Strategic Equality Objectives.

Most importantly, we will continue to listen – to our patients, our communities, our partners and our staff. Their lived experiences guide us toward a future

where care is equitable, workplaces are inclusive, and every individual feels they belong within our Health Board.

Thank you to all staff, networks, volunteers, community groups and organisational partners who have contributed to this work over the past year. Your passion and dedication continue to shape a more compassionate, inclusive and fair health system for everyone we serve.

Together, we are shaping our inclusive culture – one grounded in respect, strengthened by diversity, and driven by our shared purpose to put people first.

Signed,

Rachel Gidman

Executive Director of People & Culture
Cardiff and Vale University Health Board
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro



02. Executive Summary

This Annual Equality Report and Strategic Equality Plan (SEP) Progress Report outlines Cardiff and Vale University Health Board's first full year of delivery against the 2024–2028 plan, *Shaping Our Inclusive Culture*. Between April 2024 and March 2025, we advanced a wide programme of work to eliminate discrimination, advance equality, strengthen bilingual services, and embed inclusive, data-driven practice. Our progress reflects strong alignment to our four SEP objectives, Respect, Communication & Engagement, Accessibility, and Data, underpinned by our organisational values, the People & Culture Plan, the 3I Framework, and Welsh Language Standards.

Key achievements include:

- **Building a Culture of Respect:** Expanded leadership and education programmes, increased visibility of inclusion through the Inclusion Calendar, and strengthened compassionate leadership and local inclusive initiatives across Clinical Boards.
- **Improving Communication & Engagement:** Deeper engagement with underserved communities, strengthened Welsh language compliance, improved content governance, and enhanced staff engagement through Viva Engage.
- **Enhancing Accessibility:** Progress on Welsh Language Standards, wider access to training, bilingual service improvements, and local actions to ensure more accessible and flexible care.
- **Strengthening Data:** Improved equality and Welsh language

monitoring on the Electronic Staff Record (ESR), enhanced workforce data quality, and progress on WRES governance and analysis. Work continues to improve patient equality data through wider adoption of the 3I Framework.

- **Welsh Language Progress:** Notable developments include over 1.4 million words translated, growth of Rhwyd-laith, expanded language learning programmes, and improved governance of bilingual content—supporting safer, person-centred bilingual care.
- **Advancing Equity & Opportunity:** Continued delivery of widening access initiatives, partnerships with community organisations, and more inclusive recruitment practices have expanded opportunities for underrepresented groups.
- **National Alignment:** We contributed to Wales-wide priorities including the Anti-Racist Wales Action Plan, More Than Just Words, and the development of the All-Wales Accessible Communication and Information Standards.

Challenges remain, including staff capacity, data confidence, culture change in pressured environments, representation gaps, and inconsistent patient data systems. These are mitigated through strengthened governance, clearer accountability, and dedicated support roles.

Our Commitment: We remain steadfast in our ambition to create an organisation where everyone feels respected, valued and represented. Equity, diversity and inclusion are fundamental to safe, high-quality care—and will continue to shape our work in 2025–2026.

03. Introduction And Organisational Context

3.1 About Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (CAVUHB) is one of the largest and most complex healthcare organisations in the United Kingdom. Established in 2009, the Health Board serves a resident population of nearly 500,000 people across Cardiff and the Vale of Glamorgan, while also delivering a wide range of regional and tertiary services to communities across South Wales and beyond. We are proud to serve some of the most ethnically and culturally diverse communities in Wales, and our population continues to grow and evolve year on year.

We employ approximately 17,000 staff, representing a wide range of professions, skills, cultures, languages, identities and lived experiences. As a major public sector employer, we recognise our responsibility not only to deliver excellent healthcare, but to ensure our workplaces are inclusive, respectful, and representative of the population we serve.

Our services span primary care, community health, mental health, specialist services, acute and emergency care, maternal and child health, and multi-disciplinary clinical board structures that work collaboratively to improve patient outcomes, safety and experience. Detailed information about our services can be found on our website under [Our Services](#).

3.2 Our Organisational Values

Our work is rooted in four core values that guide how we deliver care and how we treat one another:

- Kind and caring
- Respectful
- Trust and integrity
- Personal responsibility

These values form the foundation of our culture and shape our commitment to equity, dignity and fairness. They reinforce our ambition to be a great place to train, work and live, and to provide outstanding care through meaningful relationships with patients, families, carers, partners and colleagues.

3.3 Strategic Context

Shaping Our Future Wellbeing (SOFW) Our Strategic Equality Plan aligns closely with our overarching strategic vision, Shaping Our Future Wellbeing, which places people and communities at the heart of our long-term ambitions. This vision emphasises:

- reducing inequalities in health outcomes
- improving access and experience
- enhancing prevention and early intervention
- strengthening local partnerships
- developing sustainable, value-based services

The SEP sits at the intersection of these priorities, ensuring fairness and inclusion shape every decision and every interaction.

People and Culture Plan

Equity, diversity and inclusion are central to our People and Culture Plan, which embeds staff wellbeing, leadership development, belonging, Welsh language, inclusion and compassionate culture across all workforce programmes. The

SEP's four objectives integrate directly with this plan, reinforcing the belief that an inclusive workplace is foundational to delivering high-quality care.

The 3I Framework

The Health Board's Equity, Equality, Experience and Patient Safety Action Plan – commonly referred to as the 3I Framework – guides our approach to identifying, understanding and addressing inequities across services and communities. This framework supports the systematic use of data to identify intersectional inequities in access, outcomes and experience.

3.4 Our Strategic Equality Plan (2024–2028)

Published in April 2024, our SEP sets out four strategic equality objectives that provide a clear direction for our work:

1. Respect
2. Communication and Engagement
3. Accessibility
4. Data

Rather than focusing on prescriptive actions, this SEP uses a workstream-based approach to create flexibility, enabling us to respond to emerging needs, Welsh Government priorities, community engagement findings and organisational pressures.

These workstreams are designed to:

- encourage collaboration
- enable local innovation
- strengthen accountability
- build a shared understanding of equity and inclusion
- reflect intersectional needs across protected and non-protected groups

This approach has been well received both internally and across the wider public sector equality network.

3.5 Governance and Accountability

Internal Governance

Delivery of our SEP is overseen through a whole-organisation approach, with clear lines of accountability:

- The Board holds ultimate responsibility for progress against our equality objectives.
- The People and Culture Committee receives regular updates and assurance.
- The Equity, Diversity and Inclusion Team provides leadership, coordination and subject-matter expertise.
- Clinical Boards and corporate directorates are required to lead and report on actions within their areas.
- Staff networks play a critical role in informing, shaping and challenging decisions.

3.6 Equality Health Impact Assessment (EHIA)

Our governance is strengthened by the use of Equality Health Impact Assessments (EHIAs), which ensure that policies, decisions and service changes consider potential impacts on:

- protected characteristic
- groups socio-economic status
- Welsh language
- human rights

EHIAs help us mitigate risk, identify unintended consequences and improve inclusivity.

3.7 Partnerships and External Context

Our work is informed by and contributes to Welsh Government policy, national frameworks and collaborative networks including:

- Anti-Racist Wales Action Plan (ARWAP)
- LGBTQ+ Action Plan for Wales
- More Than Just Words / Mwy Na Geiriau
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Workforce Race Equality Standard (WRES)
- Public Sector Equality Network (PSEN)
- Regional and local partnerships with local authorities, Llais, schools, voluntary organisations and community groups

These connections amplify our impact and help us align local action with national ambition.

3.8 Embedding Welsh Language and Cultural Identity

As required under the Welsh Language Measure (2011) and supporting Welsh Language Standards, we are committed to delivering services that respect language rights. We recognise the importance of bilingual care for safety, dignity and belonging, for our Welsh speaking communities within Cardiff and the Vale of Glamorgan.

Through structured learning pathways, translation capacity, Rhwyd-laith network engagement, and improvements to bilingual digital content, we continue strengthening our ability to deliver bilingual services.

3.9 Why Equity, Diversity and Inclusion Matter

Equity, diversity and inclusion are fundamental to:

- providing safe, person-centred and culturally competent care
- building trust with communities
- addressing health inequalities
- improving patient experience and outcomes
- supporting staff to thrive and be themselves at work
- strengthening the sustainability and resilience of our workforce

Our SEP commits every staff member — regardless of role — to be part of shaping an inclusive culture. Equity and inclusion are not the responsibility of a single team; they belong to us all.

04. Legislative & Policy Framework

4.1 Introduction

Cardiff and Vale University Health Board's commitment to advancing equality, eliminating discrimination, and promoting inclusive, person-centred healthcare is grounded in a strong legislative and policy foundation. This section outlines the statutory duties, Welsh Government regulations, and national strategic frameworks that shape and guide our work. These requirements inform every aspect of our Strategic Equality Plan (SEP) 2024–2028 and the activity delivered during the 2024–2025 reporting year.

4.2 Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 provides the overarching legal framework for equality in Wales. Under the Act, public bodies — including NHS Wales organisations — must have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation,
2. Advance equality of opportunity between people who share protected characteristics and those who do not, and
3. Foster good relations between groups.

The nine protected characteristics under the Act are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership, sex, and sexual orientation.

Our policies, service redesigns, workforce decisions, governance arrangements, and engagement activity must consistently evidence compliance with the PSED. This duty underpins all four of our SEP objectives.

4.3 Wales-Specific Equality Duties

In Wales, the PSED is strengthened through the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, which set out specific duties for devolved public bodies. These duties require us to:

- Publish a Strategic Equality Plan every four years
- Set and publish equality objectives
- Engage with people who share protected characteristics
- Assess the impact of policies and decisions
- Publish an Annual Equality Report
- Collect, analyse and publish equality data
- Promote staff awareness and training
- Ensure procurement and contracting promotes equality

These duties are central to the rationale and structure of this report. They also shape our governance processes, such as Equality Health Impact Assessments (EHIA) used across service and policy development.

4.4 Socio-economic Duty (Wales)

Since March 2021, the Socio-economic Duty requires public bodies in Wales to consider how decisions could help reduce inequalities experienced by people who are socio-economically disadvantaged. This is particularly relevant to Cardiff and Vale, given the diversity in levels of deprivation across our communities.

Our SEP integrates socio-economic considerations across its objectives, workstreams and EIAs, ensuring decisions promote fairness in outcomes, experience and access, particularly for communities facing the greatest barriers.

4.5 Welsh Language Legislation and Standards

Welsh Language (Wales) Measure 2011 This Measure established the legal right for individuals to receive services in Welsh and introduced the position of the Welsh Language Commissioner.

Welsh Language Standards (No. 8 Regulations)

Cardiff and Vale UHB must comply with a comprehensive set of statutory Welsh Language Standards. These standards require us to:

- Provide services in Welsh, including patient-facing services
- Ensure visibility and availability of the Welsh language across communications
- Promote Welsh within the workplace
- Support and develop staff Welsh language skills

- Ensure bilingual signage, documentation and public information
- Report annually on compliance and progress

Our Welsh Language Annual Report 2024–2025 provides detailed evidence of our compliance and the progress made this reporting year.

4.6 Human Rights Frameworks

The following human rights instruments provide additional statutory and ethical requirements for delivering services and creating inclusive environments:

- Human Rights Act 1998
- UN Convention on the Rights of the Child (UNCRC)
- UN Convention on the Rights of Persons with Disabilities (UNCPRD)
- UN Principles for Older Persons

These frameworks require us to ensure services are delivered with dignity, fairness and respect – reinforcing our organisational values and SEP ambitions.

4.7 Well-being of Future Generations (Wales) Act 2015

This landmark legislation places a legal duty on public bodies to act in service of long-term well-being. The Act requires us to work toward seven national well-being goals, including:

- A More Equal Wales
- A Wales of Cohesive Communities
- A Healthier Wales

Our work on equality, diversity and inclusion contributes directly to these goals through:

- more equitable outcomes
- reduced inequalities in access and experience
- inclusive community engagement
- stronger cultural and linguistic identity
- embedding sustainable, value-based approaches

4.8 Social Services and Well-being (Wales) Act 2014

This Act reinforces the need for:

- person-centred, strengths-based care
- safeguarding people's rights
- promoting well-being across all service areas
- ensuring accessible and inclusive communication

The Act intersects with the SEP through its focus on early intervention, holistic assessment and equality of access.

4.9 All Wales Standards for Accessible Communication and Information for People with Sensory Loss

These standards require NHS organisations to ensure that individuals with sensory loss:

- receive accessible, appropriate, and timely information
- can communicate effectively with healthcare teams
- experience equitable access to services

In 2024–2025, Cardiff and Vale UHB actively contributed to Welsh Government's work on the proposed All-Wales Accessible Communication and Information Standards



4.10 National Equality, Inclusion and Anti-Discrimination Action Plans

Cardiff and Vale UHB contributes to and is shaped by the following all-Wales strategies:

Anti-Racist Wales Action Plan (ARWAP)

We engaged with Welsh Government on WRES findings, strengthened senior alignment to the plan, and advanced anti-racism training.

LGBTQ+ Action Plan for Wales

We progressed the development the LGBTQ+ Action Plan through a task-and-finish group aligned to national themes.

More Than Just Words / Mwy Na Geiriau

We continued to deliver Welsh language service improvements and workforce development in line with this strategic framework.

All-Wales NHS Accessible Communication and Information Standards (in development)

We contributed to national development work, preparing for future implementation.

These plans work alongside our SEP to promote inclusion across local, regional and national systems.

4.11 Health Board Policies and Internal Frameworks

A number of internal policies support and operationalise equality duties, including:

- Equality, Diversity and Inclusion Policy
- Welsh Language Policy and guidance
- Dignity at Work, Respect and Resolution, and Raising Concerns procedures
- Recruitment and selection policies, embedding inclusive processes

- Annual training and statutory/mandatory modules

These policies reinforce our values and provide the structural support necessary for consistent, inclusive practice.

Procurement and contracting

Cardiff and Vale UHB integrates equality, Welsh language and accessibility requirements into procurement and contracting processes. Where relevant, tender specifications and evaluation criteria include expectations on inclusive communication, accessibility, workforce equality and non-discriminatory practice. Contract management arrangements support ongoing monitoring of compliance, including responding to concerns and ensuring services meet the needs of diverse communities and protected characteristic groups.

4.12 Summary

This legislative and policy framework provides the structure within which the Health Board delivers its SEP. It ensures that:

- equality and human rights are central to governance, decision-making and service delivery
- we consistently meet statutory requirements
- we contribute meaningfully to all-Wales equality ambitions
- we take a proactive, evidence-based approach to improving equity, access and experience

This framework forms the foundation of all progress described throughout this report.

Together, the teams ensured that messaging consistently reflected the organisation's values and strategic equality ambitions.

05. Progress Against Objective 1: Respect

Foster an inclusive culture of respect through awareness campaigns and education, ensuring all individuals, including staff, patients and service users, feel valued and dignified.

5.1 Introduction to Objective

We are committed to creating a culture where everyone – staff, patients and service users – is treated with dignity and respect. Through strengthened education and awareness, we aim to build understanding, promote compassionate leadership, and empower our communities to engage confidently in an inclusive environment. Our inclusion calendar, values and behaviours framework, staff networks and clear routes for raising concerns all work together to nurture a respectful, supportive culture across the Health Board.

5.2 Strengthening Knowledge, Skills and Inclusive Behaviours

Across 2024–2025, the Equity & Inclusion Team contributed directly to the Leadership and Management programmes and corporate induction, supporting modules designed to strengthen respectful behaviour, compassionate leadership and inclusive decision-making:

- First Steps to Management: 72 members of staff
- Essential Management Skills: 86 members of staff
- Corporate Induction Marketplace: 195 members of staff

By September 2024, 86.05% of staff had completed mandatory eLearning – above the 85% target – increasing slightly to 86.74% by March 2025. The Paul Ridd eLearning module reached 75.17% completion by March, demonstrating progress in disability and learning disability awareness.

A major development was the launch of the new Equity & Inclusion SharePoint resource hub, which has been viewed over 750 times across the year. Educational factsheets covered anti-racist practice, unconscious bias, micro-aggressions, and LGBTQ+ inclusion, helping build staff confidence in understanding discrimination and respectful behaviour.

5.3 Visibility of Inclusion through Awareness Campaigns

Awareness-raising was consistently strong and evidence-based. During 2024–2025, the Health Board marked:

- Autism Acceptance Week
- Ramadan
- Polish Heritage Day
- NHS Wales Equality Week
- International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT)
- LGBTQ+ Pride Month
- Disability History Month
- Learning Disability Week
- Black History Month
- South Asian Heritage Month
- Pride Cymru (as part of the NHS Wales contingent)

Campaigns highlighted diverse role models and promoted visibility of equity and inclusion issues across the workforce.

Clinical Boards reinforced this work locally. Primary, Community and Intermediate Care (PCIC) introduced flexible working support, prayer spaces, and raised equity and inclusion concerns



through local governance meetings. Clinical Diagnostics & Therapies (CD&T) ran regular equality and inclusion newsletter features, strengthened bilingual branding, and embedded equity and inclusion as a standing item at the Quality Safety and Experience Sub-Committee.

5.4 Respect through Welsh Language, Culture and Identity

Respect for Welsh language identity was further strengthened through visible advancements in Welsh language practice.

The Health Board delivered three Welsh learning pathways supported by Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh:

- Cwrs Croeso / Welcome Course
- Cwrs Codi Hyder / Building Confidence Course
- Cwrs Blasau / Taster Course

Welsh language skills recording increased significantly – by 14.76% during 2024–2025 –demonstrating growing engagement.

A turning point in embedding respect was the June 2024 Ask Suzanne session on the Welsh language, after which all Ask Suzanne sessions included simultaneous Welsh translation, demonstrating a clear cultural commitment across the organisation.

Clinical Boards mirrored this; CD&T monitored Welsh language skills fortnightly, incorporated bilingual branding, and promoted first-contact staff participation in greetings training.

5.5 Respect in Leadership, Governance and Workforce Experience

Leadership development increasingly aligned with respectful and inclusive practice. Managers engaged in compassionate leadership training, were supported to address discrimination, and benefitted from reinforced HR policies such as Respect & Resolution and Raising Concerns.

However, evidence also highlights concerning staff experiences. Staff Survey responses indicate:

- 7–10% of staff experienced discrimination (depending on survey cycle)
- 11% felt the organisation does not respect individual difference
- 19% did not believe career progression is fair
- Harassment from patients/public reached 16%, with 10–13% reporting harassment from managers or colleagues

This data confirms that although structural improvements have begun, some staff continue to face negative experiences. The CEO–chaired CAVUHB Staff Survey Open Forums were established to better understand the experiences of our staff and ensure they played an active role in shaping organisational culture.

5.6 Clinical Board Contributions

The Primary Community and Intermediate Care clinical board (PCIC) fostered compassionate leadership, EDI discussions in huddles, flexible working adjustments, and safer working environments for culturally diverse teams. CD&T sustained Inclusion Ambassador meetings, delivered EDI newsletter sections, strengthened bilingual signage, and embedded EDI into directorate governance structures.

Both Clinical Boards emphasised culturally sensitive service provision, such as:

- private spaces for religious or cultural needs,
- translation services,
- hearing loops,
- inclusive waiting areas,
- and tailored outreach for vulnerable groups.

5.7 Summary

Across 2024–2025, Cardiff and Vale UHB made demonstrable progress in building a culture of respect, supported by quantitative improvement in training uptake, increased visibility of inclusion, strengthened bilingual practice, and consistent engagement from Clinical Boards. Staff survey insights and discrimination data indicate that cultural change remains ongoing and requires continued focus.

However, structures implemented this year increased educational reach, enhanced translation provision, and strengthened leadership development – provide a strong platform for sustained progress.

Impact – These actions strengthened staff capability to practise inclusive behaviours, although staff survey findings confirm that discrimination, harassment and perceived unfairness in progression remain key areas requiring sustained focus.

06. Progress Against Objective 2: Communication & Engagement

Enhance communication channels and strategies to make information accessible to everyone, fostering inclusive engagement.

6.1 Introduction to Objective

We are committed to improving the way we communicate and engage with our staff, patients and communities by making information accessible, relevant and easy to understand. By strengthening feedback mechanisms and listening to diverse voices, we ensure our communication channels reflect the needs and experiences of the people we serve. Through collaboration and co-production with local communities and partners, our engagement approaches become more culturally sensitive, inclusive and aligned with our Shaping Our Future Wellbeing strategy. Together, these efforts help us build meaningful relationships, support equitable access to information, and foster a more engaged and empowered community.

6.2 Improving Communication Channels and Digital Accessibility

Across the year, the Health Board played a sustained role in supporting Welsh Government's development of the All-Wales NHS Accessible Communication and Information Standards.

Internally, the Health Board strengthened its communication systems:

- Viva Engage was embraced as a core staff engagement platform.
 - Membership on the LGBTQ+ Staff Network grew to 66 (March 2025).
 - Rhwyd-iaith had 48 staff as part of the Viva Engage Group.
- A new approval process was introduced for publishing digital content, ensuring accessibility standards were met.
- The Communications Team created a dedicated Viva Engage accessibility channel for website editors, promoting best practice and strengthening organisational capability.

These developments significantly improved the quality and consistency of internal and public-facing communication.

6.3 Collaborative Communication and Campaign Alignment

The Equity & Inclusion Team and Communications & Engagement Team continued to meet regularly throughout the year, coordinating key awareness campaigns, engagement events, and bilingual messaging.

This collaboration:

- strengthened accuracy and inclusivity of organisational messaging
- improved timely visibility of events linked to the Inclusion Calendar
- increased workforce awareness of equality and Welsh Language Standards
- aligned communication around national action plans (ARWAP, LGBTQ+ Action Plan, Accessible Communication and Information Standards)

Together, the teams ensured that messaging consistently reflected the organisation's values and strategic equality ambitions.

6.4 Engagement with Communities

Evidence of community engagement strengthened significantly across the reporting period.

The Health Board's participation in the Socio-Economic and Well-Being of the Somali Community Stakeholders Group marked an important milestone.

The Health Board committed to co-producing an action plan with the community, marking an important step in building respectful, meaningful engagement.

Membership in the Cardiff Public Sector Equality Network, refreshed in 2024, deepened cross-sector collaboration on community engagement and aligned communication approaches with local authorities and partner organisations.

Clinical Boards contributed heavily to community engagement:

- PCIC delivered outreach through Mass Immunisations, Sexual Health, and teams supporting asylum seekers and homeless communities
- CD&T engaged through Patient-Reported Experience Measures (PREMs) development, bilingual patient information design, and improved accessibility of specialist communication (e.g., radiology, therapies)

6.5 Strengthening Staff Communication and Engagement

Viva Engage proved to be a key enabler of internal communication and connection, particularly for staff networks and Welsh language communities. Staff used the platform to share resources, stories, and initiatives, increasing visibility of equality activity.

The Equity & Inclusion Team improved messaging around the “why” of equity and inclusion. This was reinforced through campaigns explaining the purpose of equality monitoring, data governance, and Welsh language skills recording.

Internal communication was further strengthened by Ask Suzanne sessions, which became bilingual from June 2024 onwards. These sessions modelled open, transparent communication and allowed staff across the workforce to raise concerns directly with the CEO.

6.6 Summary

Across 2024–2025, Cardiff and Vale UHB made substantial progress in strengthening communication and engagement. The organisation improved digital accessibility, expanded bilingual communication, deepened relationships with communities experiencing inequalities, and invested in staff engagement platforms. Clinical Boards contributed actively, helping ensure that communication improvements translated into better experiences on the front line.

While challenges remain – particularly around consistency, capacity and cultural sensitivity – the foundation laid this year positions the Health Board well for further progress next year.

Impact – These actions improved the consistency and accessibility of our communication and strengthened engagement with underserved communities through more structured partnership working.

07. Progress Against Objective 3: Accessibility

Improve accessibility of our health services and facilities, creating a more inclusive healthcare and working environment for everyone

7.1 Introduction to Objective

We are committed to improving the accessibility of our health services and workplaces so that everyone can receive care and support that meets their needs. By enhancing communication methods, embracing digital tools, and ensuring our sites and facilities are physically accessible, we aim to remove barriers for all patients, service users and staff. Our focus on delivering bilingual services in line with Welsh Language Standards – supported by the More than just words strategy and Cymraeg 2050 – strengthens inclusivity across our organisation. Alongside this, ongoing staff education ensures our workforce is equipped to provide culturally sensitive, language-appropriate care and to help people navigate our services with confidence. Together, these efforts help us build a more inclusive and responsive healthcare environment for everyone.

7.2 Advancing Accessible Communication Standards and Inclusive Information

A central strand of accessibility work has been the Health Board’s continued contribution to the development of the proposed All-Wales Accessible Communication and Information Standards. The Health Board provided support to the Welsh Government in

developing these standards. Efforts included offering feedback on practical implementation issues and ensuring that internal processes were aligned in preparation for future statutory obligations.

The Communications & Engagement Team introduced a formal approval process for all website content, ensuring that digitally published information meets the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss. This process improved the quality and clarity of patient-facing communication and ensured that accessibility considerations were embedded from the outset.

To further support implementation, the Communications Team established a dedicated Viva Engage accessibility channel for website editors, enabling colleagues to:

- ask questions about best practice
- share updates on accessibility improvements
- access guidance on inclusive content

This network-based approach strengthened internal capability to deliver the current standards.

Medical Illustration played a critical role in ensuring accessibility of patient information. Evidence from Clinical Boards shows the team delivered inclusive design services, including bilingual and multi-language materials and documents tailored for people with sensory impairments, cognitive needs or learning disabilities.

7.3 Strengthening Welsh Language Accessibility

The Health Board is dedicated to improving Welsh language accessibility throughout the organisation. Significant advancements are documented in the

Health Board's Welsh Language Annual Report 2024–2025. For an in-depth summary of these accomplishments and current projects, please consult the referenced report.

7.4 Digital and Information Accessibility

Accessibility was also strengthened through digital systems.

The Communications & Engagement Team's website governance system ensured that newly published materials are accessible, bilingual and compliant with evolving national standards.

Clinically, Cedar contributed to accessible communication through development of PREMs surveys incorporating questions on preferred language and communication needs. This supports system-wide monitoring of accessibility across Wales and strengthens the Health Board's understanding of patient experience.

7.5 Summary

Objective 3 saw significant, demonstrable progress during 2024–2025. The Health Board strengthened accessibility across linguistic, digital, sensory and cultural domains; contributed actively to the development of national standards; and enhanced bilingual capability across the workforce.

The Health Board is entering 2025–2026 with stronger language skills, clearer governance, improved accessibility practices, and a deeper organisational understanding of the barriers experienced by patients and communities.

Impact – These actions improved the accessibility and clarity of patient information and strengthened readiness to meet diverse communication, language and sensory needs.

O8. Progress Against Objective 4: Data

Enhance the accuracy of data collection and analysis to identify and address inequity in both health outcomes and staff experience.

8.1 Introduction to Objective

We are committed to strengthening the accuracy and use of data to better understand and address inequities in both health outcomes and staff experience. By improving how we collect, analyse and interpret data, we can identify gaps in representation, highlight disparities, and shape targeted actions that promote fairness across our organisation. Effective workforce planning, informed by reliable demographic and Welsh language skills data, ensures that our staff profile and skillset reflect the communities we serve. Transparent pay gap reporting further supports accountability and drives progress toward equitable employment practices.

By continuously refining data collection—guided by frameworks that consider inequality, intersectionality and inequity—we build a robust evidence base that informs decision-making and supports meaningful, lasting change.

8.2 A year focused on strengthening our evidence base

To make genuine, lasting progress on equity and inclusion, it remains essential to have a clear and accurate

understanding of our workforce, those we serve, and where inequalities continue. Over the last year, the Health Board made some modest improvements in the accuracy and usefulness of our equality data. While these changes have helped us to describe inequality a little more clearly and consider what contributes to it, there is still much work to do before we can fully understand or address the underlying causes.

2024–2025 was a year in which we began to move beyond simply “collecting data” and took initial steps towards using data as a tool for incremental improvement.

8.3 Strengthening the equality monitoring dataset

Enhancing the completeness of staff equality information continued to be a priority, and 2024/25 saw some improvements compared to previous reporting cycles.

As of 1 April 2024, 30.39% of staff had provided information for all equality monitoring fields. By 31 March 2025, this proportion had risen by 4.07% to 34.46%. These incremental gains are important. With each improvement in the equality monitoring dataset, we are able to identify patterns in recruitment, retention and progression with slightly greater accuracy. This in turn helps us to begin challenging assumptions, highlighting areas of under-representation at an earlier stage, and directing development and support where it is most needed.

Although there remains considerable work ahead to achieve a fully comprehensive dataset, the advances made this year suggest that careful communication and reassurance around data use can help address longstanding concerns about disclosure.

8.4 Welsh language data as a planning tool

The Health Board saw an improvement in the registering of Welsh Language Skills data. Nearly 15% more colleagues updated their Welsh language ability on ESR, supported by the expansion of Welsh learning programmes and clearer signposting of opportunities.

This isn't only a compliance measure – it is a significant operational tool. Accurate skills data enables teams to plan confidently for bilingual service provision, allocate Welsh-speaking staff where they are most needed, and strengthen pathways to providing safe, culturally sensitive care. This year's growth demonstrates a maturing appreciation across the workforce of the role Welsh language data plays in shaping patient experience and meeting national standards.

8.5 Gender Pay Gap insights:

understanding the structural picture
Our Gender Pay Gap (GPG) Report 2025 provided a detailed and transparent analysis of pay by gender across our workforce. The gender pay gap remains a structural challenge – with a mean pay gap of 16.73% – but the narrative behind the numbers is clearer than ever.

The report showed that:

- Women make up over 75% of our workforce, yet
- Men remain proportionally over-represented in senior Agenda for Change bands and in Medical & Dental roles, which attract higher salaries nationally.

This structural pattern – common across the NHS – explains why our median gap is close to zero, but the mean gap persists. It also helps pinpoint exactly where we need to focus efforts:

increasing progression opportunities for women at senior levels, supporting development pathways, and ensuring that recruitment and promotion processes are consistently equitable.

The analysis of bonus payments also highlighted gendered patterns in consultant awards, reinforcing the need for continued scrutiny and proportionate representation in recognition schemes.

Crucially, the report doesn't just describe the gap – it sets out a plan. Monitoring recruitment patterns, strengthening flexible working, improving the inclusivity of job adverts and interview processes, and reviewing progression pathways are all now embedded into our strategic agenda. The Gender Pay Gap is no longer an isolated statistical exercise; it is informing real organisational change.

8.6 Workforce Race Equality Standard: embedding governance and accountability

Alongside gender-disaggregated data, 2024/25 marked a step change in how we use race-related workforce data. The publication of the Workforce Race Equality Standard (WRES) report led to deeper organisational reflection, including discussions at senior leadership level about representation, progression and everyday working experiences for ethnically diverse colleagues.

By establishing a dedicated task and finish group and aligning this work with our Anti-Racist Wales commitments, we have moved WRES from a compliance requirement into a governed improvement programme.

8.7 Patient equality data: a long-term challenge

While our workforce datasets have become more complete, our patient equality data remains a more complex challenge. Multiple patient administration systems make it difficult to capture consistent information on ethnicity, disability, communication needs and Welsh language preference.

Despite this, progress has been made. The expansion of PREMs and Patient Reported Outcome Measures (PROMs) activity, including questions on language and communication needs, is helping us build a clearer picture of patient experience. Strengthening the 3I Framework across clinical teams will also help ensure that inequities in access, experience and outcomes are identified more systematically.

Improving patient equality data will continue to require sustained focus and system-level planning. However, the advances we have made in 2024/25 – particularly in experience-based data – mean we are better equipped to identify inequity even where structural barriers remain.

8.8 What our data tells us about culture and experience

Data alone is not enough – it needs to be interpreted alongside what staff tell us. The 2024 NHS Wales staff survey responses provided a sobering but essential insight into lived experience:

- Some staff still face discrimination and harassment.
- Not all colleagues feel respected or believe career progression is fair.
- Confidence to speak up remains inconsistent across teams.

These are powerful reminders that while our systems and datasets are improving, cultural change requires sustained, organisation-wide effort. By bringing together survey insights, workforce data, WRES findings and GPG analysis, we now have a fuller and more honest understanding of where inequities persist and what they look like.

8.9 A stronger data spine for the future

2024–2025 has been a foundational year for Objective 4. The improvements we have made in equality monitoring, Welsh language data, race equality analysis and GPG reporting have strengthened our ability to diagnose inequity and design interventions that are targeted, evidence-based and accountable.

As we move into 2025–2026, we will:

- continue improving data completeness and confidence;
- integrate GPG and WRES insights more deeply into workforce planning; and
- use data to connect everyday decision-making with the aims of our Strategic Equality Plan.

We now have a clearer, more reliable and more strategic evidence base – one capable of guiding meaningful improvement in equity, representation, experience and outcomes across Cardiff and Vale UHB.

Impact – These improvements strengthened our ability to identify and target inequities in workforce experience and progression, while patient equality data limitations remain a key system challenge.

09. Eliminating Discrimination And Promoting Equality Of Opportunity

9.1 Introduction

Cardiff and Vale University Health Board is committed to creating a workplace and healthcare environment where discrimination is actively challenged, diversity is valued, and all individuals – staff, patients and service users – are supported to thrive. This section outlines the progress made during 1 April 2024 – 31 March 2025 to eliminate discrimination, promote equality of opportunity, and foster good relations in line with the Public Sector Equality Duty, Wales Specific Equality Duties, and our Strategic Equality Plan 2024–2028.

9.2 Strengthening an Anti-Discriminatory Culture Leadership and Organisational Commitment

Throughout 2024–2025, senior leaders reinforced the importance of an anti-discriminatory culture through visible engagement, including:

- Integration of equality and inclusion messages in staff forums (e.g., Ask Suzanne), communications, and leadership briefings.
- Increased leadership focus on the lived experiences of staff with protected characteristics, and recognition of disparities highlighted in the NHS Wales Staff Survey.
- Continued endorsement of national equality priorities, including the

Anti-Racist Wales Action Plan, LGBTQ+ Action Plan for Wales, and wider WRES implementation.

These efforts helped improve organisational confidence and transparency around equity and inclusion issues.

9.3 Tackling Inequalities Through Inclusive Programmes

Widening Access Framework

The Health Board continued to deliver an ambitious and impactful Widening Access Framework, widening employment pathways for underrepresented, excluded, or vulnerable groups.

Achievements in 2024/25 include:

- Funding secured for the Care Leavers Project, enabling care-experienced young people to gain nursing placements and access long-term opportunities.
- Partnerships with Llamau and other homelessness-focused organisations, resulting in individuals securing both employment and temporary accommodation.
- Continued collaboration with Parc Prison, Cardiff Prison, and the Probation Service, providing ex-offenders with supported placements that promote rehabilitation and long-term employability.
- Engagement with ethnically diverse communities through career fairs, school outreach, and employability events – reaching over 15,000 students across Cardiff and the Vale.
- Recruitment of 71 apprentices through inclusive, accessible recruitment processes, including fast-tracked applications and simplified forms.

This programme meaningfully reduces employment barriers and advances opportunities for people facing disadvantage or under-representation.

9.4 Embedded EDI Education and Mandatory Training

The Health Board strengthened EDI education this year through: Continued rollout of statutory and mandatory training, including Equality, Diversity & Human Rights modules.

- High completion rates across Clinical Boards, with CD&T reporting 90.58% compliance.
- Integration of discussions on discrimination within leadership development and induction programmes.

These educational efforts reinforce values-based practice and improve staff understanding of the impacts of inequality on patient safety, staff experience and clinical outcomes.

9.5 Strengthening Staff Networks and Lived-Experience Voice

Staff networks continued to play a vital role in shaping inclusive practice and decision-making. Key developments include:

- Progress toward restructuring staff networks to enhance their governance, visibility, and ability to influence decisions.
- Exploration of protected time for network chairs and committee members to undertake network duties.
- Continued support for:
 - AccessAbility Staff Network
 - Rhwyd-laith (Welsh language network)
 - LGBTQ+ Staff Network
 - One Voice Staff Network

These networks strengthen the organisation's understanding of lived experience and help ensure inclusive decision-making.

9.6 Eliminating Discrimination in Patient Access and Experience

Clinical Boards contributed significantly to advancing equitable access to care by:

- Providing culturally sensitive communication within outreach services (e.g., sexual health triage, mass immunisation community engagement).
- Offering walk-in services for under-18s, accessible consultation spaces, and adjustments for religious, sensory and mobility needs.
- Ensuring bilingual or multilingual materials were available and implementing translation support where necessary.
- Developing inclusive patient information materials and ensuring EDI considerations form part of quality and safety governance structures.
- These examples demonstrate how equality is embedded in everyday service delivery.

9.7 Public Sector Collaboration and Community Engagement

To improve equality of opportunity, Cardiff and Vale UHB strengthened its partnerships with regional organisations, including:

- Cardiff's Public Sector Equality Network, working collaboratively on issues affecting multiple public bodies.
- Schools, youth organisations, and local authority services to promote health careers and Welsh language opportunities.
- Third sector organisations supporting people affected by homelessness, disability, inequality and social exclusion.

These partnerships amplify our impact and ensure our actions are informed by community need.

9.8 Summary

During 2024–2025, Cardiff and Vale UHB made significant progress in eliminating discrimination and promoting equality of opportunity. Through strengthened leadership commitment, inclusive recruitment practice, widening access initiatives, anti-racist action, expanded education, staff network development and community partnerships, we have laid strong foundations for continued progress.

Despite improvements, challenges remain – particularly in data quality, confidence in reporting discrimination, representation across leadership roles and ensuring consistent inclusive practice under operational pressures. These areas will continue to be prioritised in 2025–2026, with clear governance, staff engagement and accountability mechanisms in place.

10. Priorities for 2025–2026

As we move into the second year of delivering our Strategic Equality Plan 2024–2028, the Health Board will continue to focus on embedding inclusive practice, strengthening cultural competence, and ensuring equitable access and experience for all. Our priorities for 2025–2026 build on the foundations established in 2024/25 and respond to the needs and expectations of our staff, patients, communities and partners.

10.1 Our Key Priorities

1. Advance Anti-Racist and Inclusive Cultures

Deepen implementation of anti-racist practice, progress WRES actions, and build organisational confidence in recognising and addressing discrimination.

2. Strengthen Welsh Language Delivery

Develop a More than just words Action Plan, continue to expand workforce Welsh language skills, and enhance bilingual access across services.

3. Improve Equity Data Across the Workforce

Increase equality and Welsh language data completeness, improve data confidence, and use insights to inform targeted action.

4. Support and Grow Staff Networks

Enhance governance, visibility and sustainability of lived-experience networks, ensuring they continue to shape organisational decisions.

5. Enhance Accessible Communication

Prepare for the introduction of the All-Wales Accessible Communication and Information Standards and improve accessibility across all communication channels.

6. Broaden Inclusive Recruitment and Widening Access

Continue removing barriers to employment and expand opportunities for underrepresented groups through inclusive recruitment and outreach.

7. Strengthen Leadership Capability

Embed inclusive leadership behaviours and ensure managers are equipped to support fair, respectful and psychologically safe workplaces.

8. Deepen Community Partnerships

Strengthen engagement with communities experiencing inequalities and ensure their voices influence service design and improvement.

Vision for 2025–2026

In 2025–2026, our vision is to strengthen the Health Board as a place where every person — whether they work here or receive care here — feels respected, valued and represented.

We will work towards:

- A more equitable workforce, confident and capable in delivering inclusive, bilingual care.
- Accessible services shaped by lived experience and community voice.
- A workplace culture where diversity is embraced, discrimination is challenged, and staff can thrive authentically.
- A healthcare system that removes barriers, reduces inequalities and ensures that fairness, dignity and compassion are embedded in everything we do.

Together, we will continue shaping an inclusive culture that reflects the communities we serve and delivers outstanding care for all.





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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the Local Partnership Forum 2025-26

1.0 INTRODUCTION

In accordance with best practice and good governance, this Annual Report sets out how the Local Partnership Forum (LPF) has met its Terms of Reference during the financial year 2025-26.

2.0 MEMBERSHIP

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Membership comprises Staff Representatives from accredited Trade Unions recognised as part of the Partnership and Recognition Agreement, the Executive Team and Chief Executive, and senior members of the People and Culture team. The Independent Member for Trade Unions has a standing invitation to attend, as does the Chair of the Board.

3.0 MEETINGS AND ATTENDANCE

The Local Partnership Forum met six times during the period 1 April 2025 to 31 March 2026. This is in line with its Terms of Reference.

Attendance is fluid compared to Board and Committees as it is often dependant on the release of staff representatives from their substantive roles and while there are regular attendees from the staff side there is a degree of variation from meeting to meeting. Quoracy is determined by the number of management and staff representatives present, not specific individuals, as set out in the Terms of Reference.

Members of the Forum who are unable to attend a meeting may send a suitable deputy who will contribute to the meeting being quorate.

Current Executive / Management attendance is as follows (n.b.* denotes that a deputy attended in their place):

	12/04	18/06	06/08	08/10	17/12	10/02
Director of People and Culture (co-Chair)	Y	Y	Y	Y	Y	Y
Chief Executive	*	*	Y	Y	Y	*
ED of Finance	X	*	*	Y	*	*
Executive Nurse Director			Y		Y	

Medical Director						
ED of Strategy and Planning				Y		
ED of Therapies and Health Science	Y	Y		Y	Y	Y
Chief Operating Officer	Y	*				Y
ED of Public Health	*	*	Y	Y	X	Y
Director of Corporate Governance	X	X	Y	Y	X	Y
Director of Communications and Engagement	X	X	Y	*	X	X
Deputy Director of People and Culture	Y	Y	Y		Y	Y
AD of OD, Wellbeing and Culture	Y	Y	Y			
AD of People Resourcing				Y	Y	
Associate Director of People and Culture	Y	Y				Y
Head of People Assurance and Experience	Y	Y	Y	Y	Y	Y

Note:

* a deputy attended on their behalf

The Executive Director of Finance has also been the Interim Executive Director of Strategy and Planning for 2025/6

4.0 TERMS OF REFERENCE

The Terms of Reference are incorporated into the Partnership and Recognition Agreement which is currently under review in partnership with Trade Unions and will be updated in the context of the Social Partnership Duty. The Terms of Reference are under review, as part of the Partnership and Recognition Agreement, and will be updated in the context of the Social Partnership Duty.

5.0 WORK UNDERTAKEN

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

Key topics considered during the period April 2025 – March 2026 are set out below.

5.1 12 April 2025

The Forum received the high-level results of the 2024 Staff Survey, which showed an increase in participation to 26.8%, although the engagement index had reduced slightly. Key areas of concern included burnout, health and safety climate, morale and confidence in raising concerns. It was noted that the largest reduction related to staff feeling involved in changes affecting their work. The importance of local analysis, feedback loops and partnership working to address the findings was emphasised.

An update was also received on the People and Culture Plan priorities, with a focus on improving wellbeing and attendance, strengthening management and leadership development, and building workforce planning capability. A significant discussion took place regarding the redesign of Managing Attendance training. Trade Union representatives expressed concern about the perceived reduction in emphasis on compassionate leadership within the training..

The Forum noted the Local Partnership Forum Annual Report, Workforce Partnership Group Annual Report and the LPF Workplan for 2025–2026.

An update was also received on the implementation of the non-pay elements of the collective agreement, noting that the report had been reformatted in line with Welsh Government requirements.

5.2 18 June 2025

The Forum received the Director of Public Health Annual Report, which focused on children and early years, particularly vaccination, food and movement, oral health and breastfeeding. Concerns were noted regarding lower than target vaccination rates and the need to improve support for breastfeeding mothers, including suitable facilities for staff returning to work.

The Forum also received an update on the Culture and Leadership Programme, including its use in several areas across the organisation to assess and improve culture. Progress had been made in developing tools, learning from early implementation and refining the approach. Trade Union representatives stressed the importance of staff being able to see tangible outcomes from the work and of ensuring that staff felt heard through a clear “you said, we did” approach. It was agreed that a broader discussion on progress would be helpful at Workforce Partnership Group.

A further update was provided on the People and Culture Plan priority relating to wellbeing and staff availability, with a focus on reducing sickness absence. Progress included the relaunch of training, the use of sickness panels, improved monitoring and a reduction in long-term sickness. Trade Union representatives shared feedback that some staff felt the current approach was overly directive and risked undermining managerial discretion. The need to balance consistency, compassion and management accountability was discussed.

The Forum noted the Clinical Board Local Partnership Forum Annual Report.

5.3 6 August 2025

The Forum received the Nurse Staffing Levels Report, which outlined progress under the Nurse Staffing Act and the work taking place to monitor and maintain safe staffing levels. Improvements in SafeCare compliance and staffing establishment were noted, together with the role of the Nursing Workforce Hub in reviewing risks and supporting real-time redeployment. Discussion included the importance of

frontline professional judgement, supervisory ward sister status, and ongoing concerns regarding mental health nurse staffing levels.

An update was also provided on the Band 2 / Band 3 Healthcare Support Worker work, including the implementation of the All Wales job descriptions. It was noted that this work was intended to address long-standing inconsistencies where Band 2 staff have taken on additional duties without corresponding recognition. Progress had been made in planning, validation and partnership working, with retrospective corrective payments and recognition payments expected as part of the framework.

The Forum also received an update on cultural reviews in a number of services. It was noted that work in HSDU had moved into business as usual, that work in ALAS was progressing following interim arrangements, and that the Theatres Together programme was underway following the theatre review. An update was also provided on the forthcoming cardiology service review.

5.4 8 October 2025

The Forum received an update on development of the 2026/27 Annual Plan, which was being prepared as a one-year plan in line with Welsh Government requirements. It was noted that six organisational priorities had been identified and that the plan would align with the organisation's strategy while also responding to targeted intervention requirements. Significant attention was given to the challenging financial position and the need for Clinical Boards to plan within clear financial parameters. The importance of accountability, measuring outcomes and engaging local partnership structures in plan development was highlighted.

An update was also received on the organisational redesign work being undertaken with the support of an external company, Tricordant. It was noted that the discovery phase had begun and that the work would explore options for future organisational reform over the coming months. Trade Union representatives sought clarity on staff side engagement, the rationale for using external consultancy support, and how the

redesign would align with the wider clinical and strategic direction of the Health Board.

The Forum received an update on the Strategic Equality Plan, including progress made in workforce training, staff networks, inclusion work, Welsh language data capture and outreach. It was recognised that further work was needed to strengthen data, patient experience evidence and equality impact assessment quality.

The Forum also received updates on staff flu vaccination survey findings and on staff survey results and outcomes from 2024, with particular emphasis on improving dashboard access, embedding survey cycles locally and strengthening communication of outcomes and actions.

5.5 17 December 2025

The Forum received an update on the Trade Union Safe Space events, which provide staff with a confidential route to raise concerns. It was noted that the initiative had been developed in response to staff requests for neutral, confidential spaces and that clear rules of engagement had been established. Because the meeting was not quorate, the Forum was unable to formally approve the proposal and agreed that it should be brought back to a future meeting for recommendation.

A further update was provided by Tricordant on the organisational redesign, including the completion of the discovery phase and the identification of key themes for improvement, such as decision-making, leadership, commissioning, integration, corporate support and digital transformation. It was noted that co-design workshops would continue, and Trade Union representatives emphasised the importance of meaningful staff and trade union involvement throughout the process. Discussion also covered the need for more inclusion of Estates and Facilities perspectives and the importance of inclusive language around leadership models.

The Forum received an update on workforce growth, including analysis of changes in higher-banded administrative and clerical roles and the factors contributing to these changes, such as regradings, service transfers and externally funded posts. There

was considerable discussion about staff perceptions of workforce growth, mixed messaging regarding vacancy control, and the need for clearer communication and a more coherent workforce plan.

An update was also received on the Clinical Services Plan, which would support development of the future model of care and align with workforce, estates, digital and organisational redesign planning. It was noted that over 1,000 voices had contributed so far and that engagement would continue through workshops and other mechanisms.

5.6 10 February 2026

The Forum received a detailed update on estate infrastructure risks, response and future planning. It was noted that backlog maintenance had increased significantly following updated surveys and that the estate continues to rely heavily on reactive maintenance. Current and future schemes were outlined, together with the development of a phased redevelopment approach focused on areas of highest risk. Concerns were raised regarding the scale of the infrastructure risk and the need to identify and prioritise the most critical areas requiring action.

The Forum received an update on the developing Clinical Services Plan, described as a ten-year strategic plan to 2035. It was noted that extensive engagement had already taken place with staff, partners and the public, and that the Plan proposed a more integrated model of care focused on population need. The discussion highlighted the importance of linking the strategic direction to staff experience, implementation and delivery on the ground, with Trade Union representatives emphasising the need for clearer timescales and meaningful staff involvement in change.

The Forum also received a presentation from 36 Degrees on the remodelling of Mental Health services. The review identified challenges relating to silo working, fragmented pathways, communication, workforce pressures and increasing demand, alongside strong staff commitment to improvement. Key themes for development included safety, governance, culture, leadership, data and the clinical operating

model. The importance of alignment with wider organisational redesign, co-production with staff and service users, and practical implementation rather than repeated strategy development was emphasised.

The Forum returned to the issue of Trade Union Staff Safe Spaces, and following discussion formally endorsed the continuation and development of the approach as a complementary route for staff voice alongside existing organisational speaking up arrangements.

The paper on Improving Attendance at Work was noted but deferred to a future meeting due to time constraints.

6.0 STANDARD AGENDA ITEMS

6.1 Chief Executive's Report

At each meeting the Chief Executive, or a deputy, provided a verbal update to the Local Partnership Forum on key issues affecting the organisation. During the period covered by this report, the main themes included:

- the ongoing financial challenge, including delivery of savings plans, vacancy controls, workforce scrutiny and the wider sustainability position;
- the impact of targeted intervention / escalation arrangements and the organisation's response to Welsh Government expectations;
- the development of organisational redesign and the need to reshape services and structures to support a more sustainable model focused on community, primary care and mental health;
- continuing pressures relating to estate and infrastructure, including serious infrastructure risks and the need for major capital investment;
- progress in relation to staff survey engagement, winter planning, vaccination uptake, service reviews and cultural improvement work;
- recognition of positive developments and achievements, including service improvements, digital progress, sustainability initiatives and staff recognition;

6.2 Integrated Performance Report

The Forum received the Integrated Performance Report at each meeting. This continued to provide a summary of organisational performance across the key domains of:

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

During the year, the main recurring issues highlighted through these reports included:

- the challenging financial position and delivery of savings requirements;
- operational pressures across urgent and emergency care, planned care, cancer performance and diagnostics;
- continued focus on workforce indicators, particularly sickness absence, turnover, job planning, agency reduction, appraisal completion and workforce stability;
- public health priorities, particularly staff vaccination uptake, respiratory illness guidance and smoking enforcement;
- quality and safety issues, including nationally reported incidents, infection prevention and control, nurse staffing, and the importance of maintaining core standards;
- growing awareness of the links between performance, workforce wellbeing, culture and the organisation's longer-term transformation agenda.

The Integrated Performance Report remains an important standing item, enabling the Forum to maintain oversight of organisational performance and workforce-related implications throughout the year.

6.3 Reports from Sub Groups

The Local Partnership Forum has 2 sub-groups - the Workforce Partnership Group and the Employment Policies Sub Group.

The Workforce Partnership Group (WPG) is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture, who also chair LPF. The WPG generally meets 6 times a year and the items discussed tend to be more operational or detailed than those brought to the LPF. The LPF regularly refers matters to the WPG for follow up and further consideration. The Workforce Partnership Group reports to LPF annually, though matters can be escalated as required.

During 2025/26, the Workforce Partnership Group considered a range of workforce, organisational and cultural issues in more operational detail. Regular updates were received on key organisational developments, including wider organisational priorities, financial pressures, workforce implications of Clinical Board developments, organisational redesign and scrutiny processes.

The Group considered a number of priority workforce themes, including improving wellbeing and availability to work, actions to reduce sickness absence, continuous professional development, and updates on workforce issues arising within Mental Health services. Discussion also included the implications of All Wales guidance on professional accountability and progress in relation to staff terms and conditions issues such as Band 2 / 3 Healthcare Support Worker arrangements, EVSP, and VERS.

The WPG also gave attention to a number of important cultural and staff experience matters. These included the Culture and Leadership Programme, culture measurements and intentions, Working in Confidence / Speaking Up Safely, staff networks, and the Putting People First portfolio. Policy and operational issues considered included the anti-sexual harassment policy and plans for the enforcement of no smoking on hospital premises

At a more local level, each Clinical Board also has monthly or bi-monthly Local Partnership Forums which enable the Clinical Board leadership team to engage with

trade union representatives on local matters. The Clinical Board Partnership Forums also report annually to the UHB LPF.

The **Employment Policies Sub Group (EPSG)** is responsible for the development, review and approval of employment policies and procedures, ensuring they are aligned with legislation, All Wales frameworks and organisational priorities. The Group is co-chaired by the Head of People Assurance and Experience and a Staff Side representative.

EPSG operates as a key partnership forum, with Trade Union representatives actively involved in the development and review of policies. Minutes of EPSG meetings are routinely reported to the Local Partnership Forum to provide assurance and oversight.

During 2025/26, the Group continued to support the governance of employment policies, including the review and approval of a number of procedures. These included:

- **Values Based Appraisal Procedure**, updated to strengthen clarity of roles, succession planning and alignment with the Wales Job Evaluation Policy
- **Recognition of Prior Learning Procedure**, updated in line with accreditation requirements
- **Neonatal Care Leave and Pay Procedure**, developed in response to new legislation introduced in April 2025
- **Parental Leave Procedure**, reviewed in line with legislative requirements

The Group also received updates on All Wales policy developments, including the adoption of the All Wales Flexible Working Policy and the introduction of the All Wales Anti-Sexual Harassment Policy, replacing the previous interim arrangements. Updates were also noted on forthcoming national policies, including the new Disciplinary Policy and Improving Performance Policy.

In addition to formal EPSG meetings, a task and finish group was established to support the implementation of job description reviews as part of the Values Based Appraisal (VBA) process. This work aligned with the All Wales Job Evaluation Policy

and resulted in the development of supporting guidance for managers, including information on maintaining accurate job descriptions and considerations when reviewing roles.

The Group also maintained oversight of the policy workplan, including identifying procedures due for review and ensuring alignment with wider organisational and national developments.

6.0 REPORTING RESPONSIBILITIES

The Local Partnership Forum has reported to the Board after each meeting by presenting a summary report of the key discussion items. Copies of the approved minutes are also provided.

Report Title:	Workforce Partnership Group Annual Update			Agenda Item no.	14
Meeting:	Local Partnership Forum	Public	☒	Meeting Date:	23/6/2026
Status (please tick one only):	Assurance	☐	Approval	☐	Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				
Main Report					
Background and current situation:					

The UHB has a statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part through Advisory Groups to the Board, of which the Local Partnership Forum (LPF) is one. The LPF is supported by sub-group arrangements, including the Workforce Partnership Group (WPG).

The Workforce Partnership Group (WPG) is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Membership includes senior representatives from the People and Culture team, Lead Clinical Board Staff Representatives, the Lead Staff Representative for Health and Safety, Equality and Inclusion, Environment, Policy Implementation, and the Staff Side Secretary. The Independent Member – Trade Union has a standing invitation to attend, alongside Clinical Board and senior Nursing representatives.

The WPG generally meets six times a year, alternating with the LPF.

WPG provides a forum for the Health Board and Lead Trade Unions Representatives to work together on issues of service development, engagement, and communication as they affect the workforce. Its purpose, as set out in the Terms of Reference, falls into three overarching themes: to communicate, to consider and to discuss matters which affect the workforce. The items discussed tend to be more operational and detailed than those brought to the LPF, and the LPF sometimes refers matters to the WPG for follow up and further consideration.

During 2025–26, the WPG further strengthened its role in supporting partnership working through the introduction of two additional standing agenda items. These are:

- a **standing item on key organisational priorities**, providing an opportunity for open discussion on current “hot topics” and ensuring Trade Union representatives and the Health Board are kept informed of significant developments between LPF meetings.
- a **Clinical Board-focused agenda item**, where, on a rotational basis, senior People and Culture Business Partners attend to share case studies, highlight workforce issues, and support relationship building with Lead Staff Representatives across Clinical Boards.

The People Services Report is also presented at each meeting and includes data on disciplinary cases, sickness management, formal processes, and appeals. Information is broken down by Clinical Board and staff group, enabling Staff Side representatives to understand organisational trends and issues beyond their own areas. Additional information is provided where required to support discussion and assurance. The continued inclusion of the People Services Report as a core standing item, provides oversight of formal employee relations activity across the organisation.

In addition to these standing items, the WPG considered a range of workforce, organisational and cultural issues during the year. These included:

- Organisational updates and key priorities, including financial pressures and workforce implications.
- Workforce initiatives to improve wellbeing and attendance at work, including actions to reduce sickness absence.
- Updates on Band 2 / 3 Healthcare Support Worker arrangements, vacancy scrutiny, and VERS.
- The Culture and Leadership Programme and wider cultural development work.
- Working in Confidence / Speaking Up Safely and staff experience initiatives.
- Continuous professional development and professional accountability guidance.
- Updates on organisational redesign and the developing clinical services model.
- Policy and operational developments, including the anti-sexual harassment policy and plans for enforcement of no smoking on hospital premises.

The WPG has continued to provide an important forum for open discussion, early engagement and partnership working, supporting communication between the organisation and Trade Union representatives, and enabling more detailed consideration of workforce-related matters between LPF meetings.

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

Recommendation:

The Local Partnership Forum is asked to:

- **NOTE** the contents of this report and the high-level summary of items considered by WPG in 2025/26

Report Title:	Clinical Board Local Partnership Forums Annual Report			Agenda Item no.	15
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	23/06/2026
		Private			
Status (please tick one only):	Assurance		Approval		Information X
Lead Executive:	Chief Operating Officer / Chair of Staff Representatives				
Report Author (Title):	Head of People Assurance and Experience				

Main Report

Background and current situation:

INTRODUCTION

The University Health Board (UHB) has statutory duty to ‘take account of representations made by persons who represent the interests of the community it serves’. This is achieved in part by three advisory groups to the Board and the Local Partnership Forum (LPF) is one of these. This in turn has three sub-groups; the Workforce Partnership Group (WPG), the Employment Policies Sub Group and the Staff Benefits Group.

In addition, the UHB has established Clinical Board (CB) LPFs to enable ongoing dialogue, communication and consultation on service and operational management issues specific to CB areas. Each CB has a Lead Staff Representative who jointly chairs the CB LPF. Each CB LPF is required to report to the UHB LPF on at least an annual basis, but can escalate issues through the WPG if required.

This report provides a summary of activity for the year 2024/25.

PRINCIPLES

The CB LPFs provide a forum where key stakeholders can engage with each other to inform, debate and seek to agree local priorities on workforce and service issues. Each CB LPF aims to meet bi-monthly.

General principles:

- Trade Unions (TUs) and Management show joint commitment to the success of the organisation with a positive and constructive approach.
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect.
- They demonstrate commitment to security for workers and flexible ways of working.
- They share success – rewards must be felt to be fair.
- They practice open and transparent communication – sharing information widely with openness, honesty and transparency.
- They must demonstrate a commitment to work with and learn from each other.

All members of the CB LPF must:

- Be prepared to engage with and contribute fully to the CB LPF activities and in a manner that upholds the standards of good governance set for the NHS in Wales.
- Comply with their terms and conditions of appointment.

- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes.
- Promote the work of the CB LPF within the professional discipline they represent.

TERMS OF REFERENCE

The Terms of Reference (ToR) were reviewed in 2023 to create a standard set for all CBs and was approved by the UHB Local Partnership Forum. The main purpose and principles as set out in the Terms of Reference are:

- To establish a CB LPF that links into the main UHB LPF agenda.
- To establish a regular and formal dialogue between the CB Senior Management Teams (SMTs) and TUs on matters relating to workforce and service issues.
- To enable Employers and TUs to put forward issues affecting the workforce.
- To provide opportunities for TUs and Managers to input into service development plans at an early stage.
- To consider the implications on staff of service reviews and identify and seek to agree new ways of working.
- To consider the implications for staff of NHS reorganisations at a national or local level and to work in partnership to achieve the mutually successful implementation.
- To appraise and discuss in partnership the financial performance of the Clinical Board on a regular basis.
- To provide opportunities to identify and seek to agree quality issues, including clinical governance, particularly where such issues have implications for staff.
- To communicate to the partners the key decisions taken by the UHB and SMTs.
- To consider national developments in NHS Wales Workforce Strategy and the implications for the CB including matters of service re-profiling.
- To negotiate on matters subject to local determination.
- To ensure Staff Representatives are afforded reasonable paid time off to undertake TU duties.

CLINICAL/SERVICE BOARD LPF ACTIVITY 2023/4

Each CB LPF is co-chaired by a senior operational lead and a Lead Staff Representative, with membership reflecting the structure and services within each Clinical Board. This typically includes senior managers, service leads, People and Culture representatives, Finance colleagues and Trade Union representatives.

Most CB LPFs aim to meet bi-monthly; however, across 2025/26 there has been variation in meeting frequency and continuity. This has largely been due to a combination of operational pressures, service demands, leadership changes and organisational priorities. In some areas, meetings have been stood down, rescheduled or adapted to reflect business continuity requirements.

Despite these challenges, CB LPFs have continued to provide an important forum for engagement, communication and partnership working, with evidence of constructive dialogue and collaborative approaches across a range of workforce and service issues.

A Corporate LPF, established more recently, continues to develop and mature, providing a valuable forum for corporate service areas and strengthening understanding of partnership working in non-clinical settings.

KEY THEMES ACROSS CLINICAL BOARDS

A number of common themes have been consistently discussed across all or several CB LPFs during 2025/26:

Financial Pressures and Workforce Controls

The financial position of both the UHB and individual Clinical/Service Boards has been a central focus throughout the year. Discussions have included savings targets, vacancy management, recruitment controls, and the impact of financial constraints on staff, services and morale.

Service Change, Transformation and Organisational Redesign

Significant organisational change activity has been a consistent theme, including Organisational Change Processes (OCPs), service reconfiguration, and the organisational redesign work supported by Tricordant. CB LPFs have provided an important forum for early engagement, discussion of workforce implications and ongoing communication.

Staff Experience, Wellbeing and Engagement

Staff morale, workload pressures and wellbeing have been recurring themes. CB LPFs have considered local initiatives to support staff, alongside broader organisational approaches. The NHS Staff Survey has been a key focus, with efforts to increase participation, review results and develop local action plans.

Workforce Management and Development

Regular updates on workforce metrics have been a standard feature, including sickness absence, turnover, values-based appraisal (VBA) compliance and training. Additional focus has been placed on attendance management, workforce availability, job evaluation, career development and supporting staff to access training.

Estates, Working Environment and Health & Safety

Concerns relating to the physical working environment, infrastructure, and health and safety have been raised across several Clinical Boards. These include challenges within clinical and community settings, as well as broader estate-related issues impacting staff experience and service delivery.

Communication, Engagement and Partnership Working

CB LPFs have continued to play a key role in strengthening communication between management and Trade Unions. There is evidence of positive partnership working across many areas, with open and constructive dialogue. At the same time, there remains a continued focus on improving early engagement, consistency of communication and ensuring all service areas feel fully involved in organisational discussions.

CLINICAL BOARD SPECIFIC ACTIVITY

In addition to the shared themes outlined above, each Clinical Board has considered a range of issues specific to its services, workforce and operational context. These include service-specific transformation programmes, workforce development initiatives, local engagement activity, and operational challenges unique to each area.

Detailed reports for each Clinical Board LPF are attached as appendices to this report.

 LPFAnnualReportMedicine202.docx	 CEFLPFAnnualReport.docx	 LPFAnnualReportCDT.docx	 LPFAnnualReportMH CB.docx	 LPFAnnualReportPCIC.docx	 LPFAnnualReportSpecialist.ialist.	 LPFAnnualReportSurgery.doc
 LPFAnnualReportCorporate.doc						

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE UHB LOCAL PARTNERSHIP FORUM:

The Social Partnership Duty requires organisations, so far as is reasonably practicable, to seek consensus or compromise with recognised Trade Unions when making strategic decisions and setting well-being objectives.

During 2025/26, CB LPFs have demonstrated the value of local partnership working in supporting service delivery and workforce engagement during a period of significant organisational challenge.

Key areas for ongoing focus include:

- Strengthening consistency and sustainability of CB LPFs, recognising the impact of operational pressures on meeting frequency and engagement
- Ensuring early and meaningful staff-side involvement in service change, organisational redesign and transformation activity
- Continuing to improve communication and transparency, particularly in relation to organisational priorities, financial challenges and workforce implications
- Maintaining a strong focus on staff experience, wellbeing and engagement, and ensuring that feedback from staff surveys and other sources is translated into meaningful action
- Ensuring all service areas, including corporate and non-clinical functions, feel fully engaged and represented within partnership arrangements
- Partnership working remains critical to delivering organisational priorities, particularly in the context of financial pressures, service transformation and workforce challenges. Continued development of CB LPFs will be essential to support this.

Recommendation:

The Local Partnership Forum is asked to note the contents of this 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.	x	2.  Providing Outstanding Quality Click the objective above to view more detail.	x
3.  Delivering in the Right Places Click the objective above to view more detail.	x	4.  Acting for the Future Click the objective above to view more detail.	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Approval/Scrutiny Route:

Committee/Group/Exec

Date:

MEDICINE CLINICAL BOARD

The Medicine CB LPF is co-chaired by Jonathan Strachan-Taylor, Lead Staff Representative and Claire Main, Director of Operations for Medicine. Members are: the Director of Nursing and Deputy Director of Nursing, Deputy Director of Operations, Senior Finance Business Partner, Chair of Staff Side and Staff side Representatives, Head of People and Culture and the Clinical Board Director. General Managers, Lead/ Senior nurses also attend to ensure each area within medicine is represented

The Forum meets monthly but this is being reviewed as part of a wider piece of work to improve engagement with the forum and is now likely to run every 2 months.

The Medicine CB LPF provides a Forum to discuss a range of topics affecting staff within the board and is therefore flexible to reflect this. Recurrent themes include:

- Financial position of the clinical board and wider UHB
- Quality and Safety Update
- Staff Wellbeing Initiatives and Good news stories
- Job Matching training and Support
- Agile working, Annual Leave, Worklife Balance and decarbonisation
- Clinical board update on service changes and news to share and wider UHB changes to relocation of wards/ services
- Schwarz Rounds
- Workforce Metrics including VBA, medical appraisals, sickness, turnover, retire and return etc showing UHB targets and comparisons with averages and trends in local performance
- Apprentice schemes and opportunities
- Health and Safety walkarounds are encouraged and reported on
- and it's purpose as set out in the Terms of reference is agreed at the time of the report.

However we have agreed that we will review the purpose of these meetings to include frequency, style of meeting and key topics to discuss.

Medicine has had a change of management structure in the last 6 months and is recognised that this has seen an improvement in engagement with staff side and LPF meetings. The workshop arranged will now review how this improvement continues to develop a forum where open discussions can happen with staff, allowing people to raise concerns and issues in a "safe space" and embedding compassionate leadership.

Any modifications to terms of reference will be shared for approval.

The monthly meetings have been difficult to maintain and ensure a full attendance and engagement due to significant operational pressures and absences. It was also felt that because the meetings were every month it was felt that the impact of cancelling a monthly meeting was less but cumulatively this has had an impact.

SURGERY CLINICAL BOARD

The Surgery CB LPF is chaired by Rachel Thomas and Lead Staffside Representative for SCB.

Members are;

- Director of Operations
- Director of Nursing
- General Managers
- Directorate Managers
- Finance (as required)
- People Services (as required)

The Forum meets bimonthly:-

- February 2024 (didn't take place)
- April 2024
- June 2024
- September 2024
- December 2024 (didn't take place)

The Surgery CB LPF provides a Forum to Establish a regular and formal dialogue between the Surgery Management Team and the Trade Unions on matters relating to workforce and services issues as it's purpose as set out in the Terms of reference.

Significant issues which the Surgery CB Local Partnership Forum has considered during 2024 include:

- Implementation of the People and Culture Plan for 24/25 themes have been identified to help ensure people feel valued, support and engaged.
- Vanguard Theatres will leave at the end of August.
- The IMPT / workforce plan has been discussed many times throughout the year, there has been good partnership discussions and inclusion at LPF.
- Delays inputting Datix on the system.
- Now coroner can call any member of staff to Coroners Court. Staff attending coroner court or inquest to advise SCB so they can be offered right level of support.
- Respect and resolution training awareness sessions for staff implemented.
- Health and Safety has been discussed. Many of the working environments and conditions are areas of high concerns for trade unions and the wider Staff Side group.
- Need for a compassionate leadership approach frequently discussed with the aim to help support SCB in attracting and retaining staff by ensuring they are treated in the best way possible and to help keep Staff well in work.
- Staffing Levels have been a big concern for staff in light of the financial constraints
- Surgery Star Awards well received and plans in progress for hosting again this year.

MENTAL HEALTH CLINICAL BOARD

The MHCB LPF meets bi-monthly and is chaired by Dan Crossland, Director of Operations, Peter Hewin, Lead Staff Representative, and Cyrille Legras, Deputy Lead Staff Representative.

Members are composed of Staff Representatives from unions represented within the MHCB (primarily Unison RCN and BAOT) plus representatives from People Services (whom we are pleased to have now have join us regularly again) and Mental Health Service Managers (although representation from this group has not always been sufficient to reach quorum in recent months, which is an Action Point for the coming year).

The MHCB LPF provides a Forum for Trade Unions to meet with Managers and People Services to consult, debate and negotiate on matters of importance to staff in their working lives.

Significant issues which the MHCB Local Partnership Forum has considered during 2024 include:

- Appointment of Deputy Lead Staff Representative, Cyrille Legras

Staff Side is grateful to the UHB and Clinical Board for supporting and funding this role, and to Dawn Ward, Chair of Staff Side, for her detailed research which provided the evidence-base for this development.

- Getting to Know You

Trade Unions and Senior Managers working in partnership to listen to staff and raise awareness of management actions to respond to their concerns – it is planned for these monthly events to extend to the community in the coming year.

- Clarification of Annual Leave Principles

Developing guidelines for staff and managers when requesting and allocating annual leave, in support of the Annual Leave Principles (subsection of the Rostering Principles agreed between the Director of Nursing and Trade Unions) and the UHB Annual Leave Procedure, emphasising that every effort should be made by all parties to avoid a situation whereby a member of staff is at risk of losing leave – this is currently a work in progress which we hope to have completed by the end of this leave year.

- IR case rates

People Services have advised us of an increasing trend in disciplinary action which the Partnership Forum is keen to turn around in readiness for the new all-Wales Disciplinary Policy which emphasises the just and learning culture.

- Organisational Change Process

Trade Unions are supporting staff through the OCP, aware that this is the first step in a significant transformation in community MH services which is necessary for sustainability to counteract the mismatch between demand and capacity.

- Overpayments

Work to mitigate the impact of significant overpayments insofar as possible, and to limit the possibility of recurrence.

- Poor estate

Lack of heating during the coldest period of winter, and sewage overflow, in one of our community venues, being of particular concern, but symptomatic of widespread disrepair and underinvestment.

- Smoking enforcement

We are working together as a task group for the expected new enforcement rules – supporting Hafan Y Coed particularly in this matter.

PCIC CLINICAL BOARD

The Primary, Community and Intermediate Care (PCIC) Clinical Board Local Partnership Forum is chaired via rotation by the Staffside Lead Representative for PCIC, Lorna McCourt, and the Interim Directors of Operations, Clare Evans and Geraldine Johnston. Membership includes: representation from the Clinical Board Senior Management Team; Business Unit Leads or Deputies; wider Staffside representatives; and Planning and Delivery team representation. Other individuals may attend based on agenda items. The Forum meets bi-monthly but due to several meetings requiring rescheduling has met on 5 occasions in 24-25.

The PCIC LPF provides a Forum for key stakeholders to meet on a regular basis to discuss key priorities and progress of workforce and service considerations. The agenda is shaped by the central LPF Workplan 24-25 which was introduced to PCIC in September 2024, with a focus on: sharing updates from the Director of Operations and Lead Staffside Representative; considering the People and Culture action plan; considering equality and diversity implications; receiving updates from Business Units and their service areas; providing updates on Clinical Board progression against the IMTP and financial plans; reviewing formal engagement requests; receiving presentations; and engaging with wider partners.

Specific issues which the PCIC Local Partnership Forum considered during 2024-25 include:

- Financial sustainability focus, cost improvement programme schemes and impact on staff.
- Enhanced vacancy scrutiny and impact on service rates and staff wellbeing.
- Staffside representative site walk-around feedback.
- Business Unit restructuring under OCP process.
- Staff immunisation delivery model for 24-25.
- Staff survey results.
- CRI site safety and parking concerns. Ask Suzanne session was delivered live from CRI in November 2024.
- Welsh language competency recording improvements.
- Communications mechanisms in use across the Clinical Board.
- Overview of December 2024 rapid planning meetings provided.
- Sharing of messaging regarding staff overpayments, deadlines, and use of the SMA app.
- Job matching process and training.
- Sickness panel support and training.
- Planning for PCIC Celebratory Event and Staff Recognition Awards.

Examples of partnership working which have taken place in 2024/25 include:

- supporting areas with job matching queries.
- local policy support e.g hybrid working arrangements, agile working arrangements (in 2 areas, agreement signed off in partnership).
- Conducting safe space events throughout the clinical boards, (some events included People Services representatives), enabling open feedback to SMT.
- Advertising of staff survey, and importance of completion and submission.
- Organisational change, starting discussions with teams earlier than previous years.

PCIC LPF Terms of Reference were reviewed and agreed in the August 2024 meeting.

PCIC LPF TOR FINAL 05.08.2024.docx

CD&T CLINICAL BOARD

The CD&T Clinical Board LPF provides a forum to engage and communicate with TU representatives on matters relating to the workforce within the Clinical Board. It enables TUs to provide input on service plans at an early stage, appraise and discuss the financial performance and any issues related to quality and safety. In 2024 the work of the Group included a review of the Terms of Reference, the development of an annual work plan, standardising the agenda for the meeting and directorate presentations of their service plans.

Membership

The former Lead Staff Representative for CD&T Clinical Board, Steve Gauci retired in 2024 and Bill Salter was appointed as his replacement. The CD&T Clinical Board Local Partnership Forum is chaired jointly by Sarah Lloyd, Director of Operations and Bill Salter.

Members include:

- Adam Christian, Clinical Board Director
- Helen Luton, Director of Nursing
- Robert Gordon, Senior Finance Business Partner
- Louise Halliday- Jones, Head of People & Culture
- Menna Evans, People Services
- At least one representative from each Directorate at each meeting – e.g. Laboratory Medicine, AWTC, Radiology/Med Physics/Clinical Engineering & Cedar, Medical Illustration, Outpatients/ Patient Administration, Clinical Coding, Therapies, & Pharmacy.
- All CD&T staff side TU reps

Frequency of Meetings

The Forum meets bi-monthly.

Key Items of Discussion:

The Clinical Board acknowledged that agile working where viable, is an acceptable way of working and can also be used as a reasonable adjustment for providing support for staff with disabilities and long-term health conditions.

The Healthcare Support Worker Band 2/3 All Wales Agreement is still in progress and will particularly impact on Outpatient staff. When the All Wales Outpatient job descriptions are agreed, work will commence in Partnership around the framework for assessment. The Clinical Board held 4 Workforce Reshaping Sessions where each directorate presented their workforce plans and the appropriate staffing levels and skillsets they require for the foreseeable future. Positive discussions were held on how departments are skill mixing and introducing new roles and routes for succession planning that may not have previously existed. There was a clear message that staff wellbeing and resilience was highly important to enable services to run efficiently.

The Clinical Board has put its 'Safe Space' work on hold. The UHB subsequently introduced the Speaking Up Safely Initiative and it was decided to promote this instead so that there is one consistent approach across the UHB.

There was a drive in the Clinical Board this year to encourage staff to complete their level of Welsh Language Skills onto ESR. In January 2024, the Clinical Board was reporting 37% compliance and in January 2025 reported a significant improvement to 69% compliance.

A Workforce Metrics report is produced for oversight on compliance against targets. The UHB placed particular focus on compliance against the VBA target this year, and by January 2025 the Clinical Board had increased its VBA compliance to 81.26%.

The Clinical Board's financial position is also presented. This year budget setting exercises are being undertaken with directorates to align their budgets closer with their operation plans.

There were difficulties in implementing Health Roster within the Clinical Board in the non-nursing areas. The full functionality of the system in terms of analytics and dashboards was not available for this Clinical Board.

Sustainability is a regular agenda item. The KidzMedz Cymru Project in Pharmacy and the Walking Aids Refurbishment Scheme in Physiotherapy were winners in the first NHS Sustainability Awards.

Staff Engagement

Walk rounds were undertaken in a number of departments to introduce Bill Salter to staff. The walk round held in the Cellular Pathology department, resulted in a positive outcome where Bill Salter arranged for the Chief Executive to visit the department.

The Outpatient Nursing team embarked on a culture and leadership programme and service review supported by the ECOD team and Staff Side. This was a difficult process but there was good engagement with staff and sound advice was provided by Partnership colleagues and the ECOD team.

The Therapies services set up an AHP LPF to allow in-depth discussions on local issues.

The staff survey results from 2023 were received however the low response rate impacted on the ability to obtain meaningful data. For the 2024 survey, Bill Salter and the Clinical Board Director of Nursing, with support from People Services, visited departments to encourage staff to complete the survey, to try to improve uptake.

The Pharmacy department at UHW experienced significant flooding on numerous occasions due to spells of wet weather. There was good support from Partnership colleagues for the staff working in poor conditions.

Service Developments

There has been good engagement with Partnership colleagues on service developments and reviews including:

- The Outpatient Transformation Work
- Weekend working in Health Records
- TRAMs OCP. A visit was undertaken with Sarah Lloyd, Steve Gauci and Bill Salter to IP5, the proposed site for TRAMs and they were impressed with the scale and fabric of the premises.
- 7 day working in Cellular Pathology
- The Mortuary refurbishment was a significant estates project undertaken in 2024 and is due for completion.

Complex digital projects are being implemented in the Clinical Board:

- Pharmacy is rolling out EPMA to its first ward in March.
- The new Laboratory Information Management System (LIMS) is progressing towards implementation in 2025.
- Work is progressing on the Radiology Information System Programme (RISP) which is due to go live in 2026.

SPECIALIST SERVICES CLINICAL BOARD

The Specialist Services CB LPF is chaired by Jessica Castle, Director of Operations and Bill Salter, Lead TU Rep.

Members are:

- Cath Twamley, Director of Nursing
- James Leaves, Asst Dir of Finance
- Terrie Waites, Head of People & Culture
- Rachel Flay, People Services
- At least one representative from each Directorate at each meeting – e.g. DM, Lead Nurse, Senior Nurse, Service Manager (ALAS, Cardiac, Critical Care, Haematology, Major Trauma, Nephrology & Transplant, Neurosciences)
- All TU reps are also invited

The Forum meets bi-monthly.

The Specialist Services CB LPF provides a Forum to engage and communicate with TU reps on matters relating to the workforce within the Clinical Board, enable TUs to provide input on service plans at an early stage, appraise and discuss the financial performance and any issues related to quality and safety and its purpose as set out in the Terms of reference (attached).

Significant issues which the Specialist Services CB Local Partnership Forum has considered during 2024 include:

- Relocation of Cardiothoracic Services from UHL to UHW
- VBA compliance
- Staff Survey results
- People & Culture Plan
- Equality, Diversity & Inclusion
- IMTP
- Clinical Board Restructuring
- Job Matching
- Quality & Safety (inc Health & Safety) issues

Other significant matters discussed include a review of the Terms of Reference for the group, development of an annual work plan, standardising the agenda for the meeting and Directorate presentations of their service plans.



Partnership Forum
Terms of Reference.d



SSCB LPF Work Plan
2024-25.docx

CEF SERVICE BOARD

Membership:

Chairs Andrew Poole Head of Estates and Facilities

Mat Thomas Lead Staff Side Representatives

- Head of Estates and Facilities
- Head of People and Culture
- Head of Facilities
- Head of Estates
- Head of Retail services
- Head of Security & Portering
- Head of Ward Based Catering
- Finance Manager
- People Services Manager
- Staff Health and Safety Adviser
- Service Managers
- Service Sustainability & Efficiency Team Manager
- Trade Union Representatives

Key Topics Considered in 2024/25 include:

- A new “Terms of Reference” was agreed.
- An Action Log was formalised for meetings and rolled out.
- We have introduced a new LPF reporting method for Heads of Service
- We have discussed many Topics over the last 6 meeting which include:
 - Digitally Ready workforce
 - Attract, Recruit & Retain people with the right skills
 - Anti-racist action plan
 - More Than Just Words
 - Putting People first
- We have discussed the importance of Mandatory Training and the excellent performance of CEF teams in maintaining this
- We have discussed Training and Education
- The beginning of 2025 we have seen a rebranding of the Service Improvement Programme team to its new name (SSET) Service Sustainability & Efficiency Team.
- At every LPF we have discussed the importance of how we deliver information as it is key to having a healthy, engaged work force.
- Need for a compassionate leadership approach has been discussed at every LPF to help support CEF in attracting and retaining staff by ensuring they are treated in the best way possible and to help keep Staff well in work.
- Health and Safety has been discussed. Many of the working environments and conditions are areas of high concerns for trade unions and the wider Staff Side group.
- The impact on Staff without access to work emails have been discussed on many occasions. There is a commitment to roll this out but there are still many staff without access to the online resources and benefits from not having one to date.
- In addition to the non-pay elements of the pay deal, the management approach to Flexible working, Industrial Claims and other policy and procedures have been discussed many times. There is a commitment to support staff through using the right approach and implement each of the All Wales and local policies and procedures as intended to make sure staff are being treated fairly and equally.
- The new My Health Passport and how to implement it has been discussed and there is an agreement to monitor its uptake across CEF.

Chair opinion / issues to bring to the attention of the UHB LPF

Mat Thomas – Staff Side Representative.

While there is still work to be done to fully embed the principles of compassionate leadership within some areas of CEF, positive progress has been made over the last 12 months. Staff continue to need more support from managers to prevent workplace disputes and absences, this will remain a priority for 2025/26 to help build better trust and working relationships between staff and their managers, and to address the financial challenges we will face in 25/26.

Partnership working has improved overall through earlier engagement with the lead representative and inclusion in strategic planning and operational delivery, however, there is always room for improvement, as some issues have been raised by staff and other Clinical Boards with the Trade Unions regarding communication, pay and being kept informed about changes.

Overall, I believe this year has seen the most significant improvement within CEF, and I have had many opportunities to share this success with Senior Managers across the Health Board and Executives.

Andrew Poole - Head of Estates & Facilities

I feel that the last year has established a good working relationship with both Staff Side and the Head of People and Culture, which will inform and enhance future strategies around staff wellbeing in the workplace.

Discussions and collaboration within the LPF led to a number of key initiatives being launched and embedded relating to staff engagement through site walkabouts and meet & greets.

The importance of recognising the 2023 survey results despite the 2024 survey being launched was recognised within the LPF group and planning for the 2024 results has also taken place in conjunction with Staff Side. The LPF was clear on the importance of communicating out what actions CEF have or will take in relation to what feedback we have received from in-person discussions and survey results.

The LPF meetings has hosted guests to promote and endorse schemes such as Project Search and Widening Access, positively contributing to experiences and best practice in supporting these initiatives.

Issues to note:

One topic that has left staff feeling very disappointed is that some employees still do not have a work email, despite many promises that this issue would be resolved by the end of 2024, we have started 2025 with the same problem one we hope to rectify in the coming months.

It has been a full year since we lost our colleague Joe Monks, and it is important to note that Joe's contributions to CEF over the years are still being talked about today and many staff members continue to miss Joe deeply

CORPORATE AREAS LPF

The Corporate LPF is chaired by Dawn Ward Chair of Staff Side and Clive Morgan Managing Director of the All Wales Medical Genomics Service (AWMGS). The Forum had its inaugural meeting September 2024 and it has continued to meet bi-monthly.

Forum members are senior leaders within corporate functions and staff side lead representatives.

- AWMGS
- Strategy & Planning
- People & Culture
- Patient Safety & Quality/Corporate Nursing
- Health & Safety
- Finance & Performance
- IT/Digital
- Communications, Engagement and Health Charity
- Corporate Governance
- Staff Side Health and Safety Lead
- Staff Side Policy Lead
- Staff Side Vice Chair
- Staff Side Secretary
- Independent Member (Trade Unions)

Significant issues which the Corporate Local Partnership Forum has considered during 2024-25 include:

- Delivering the Shaping Our Future Well-Being strategy
- Local process for Organisational Change
- Intermediate Medium-Term Plan
- Delivery of the People & Culture Plan / Themes

- Health and Safety Update
- AWMGS Wellbeing Framework
- Staff Survey
- Equality Update
- Workforce Race Equality Standards
- Ambassador Roles
- Performance Reports (Workforce metrics, Quality & Safety, Health & Safety)

Round up:

AWMGS laboratory moved to Cardiff Edge before Christmas. Recognition that the staff engagement and planning stages were well managed and the move was successful.

The Finance team returned to streamlined practices to maximise efficiencies and were reporting an underspend.

The People & Culture Team have restructured to re-align with the Clinical Boards. There will be more support for targeted intervention to help managing attendance at work and with training on workforce planning.

The Corporate Governance team are using the co-pilot system to reduce workloads and modernise practices. The Speaking up Safely working in confidence platform is being launched before Christmas.

The Health & Safety Dept highlighted the work of the Case Management Team in addressing Violence Against Staff.

Maintaining staffs wellbeing was highlighted as a primary objective for all parties and the group would like to explore ways to highlight the work achieved within these areas. The Well-Being framework developed by AWMGS was highlighted and praised for its innovation.

Comments from Co-Chairs:

We are pleased to have the Corporate LPF up and running for staff working in these services. The forum is well attended, the membership is fully engaged and each area provides a short update prior to each meeting using the templates provided. A news bubble is produced which provides staff with a summary of the topical discussions and outcomes. Feedback suggests that staff in these areas value their representatives being engaged and consulted on local workforce issues ahead of change and this has opened up more opportunities for more constructive two-way dialogue which aligns with other areas within the Health Board.

