

# Local Partnership Forum






Wed 06 August 2025, 10:00 - 12:00

MS Teams



Chair: Dawn Ward

## Agenda

- 10:00 - 10:02** **1. Welcome and Apologies**  
2 min  
*Dawn Ward*
- 10:02 - 10:04** **2. Apologies for Absence**  
2 min  
*Dawn Ward*
- 10:04 - 10:05** **3. Declarations of Interest**  
1 min  
*Dawn Ward*
- 10:05 - 10:10** **4. Minutes of the Meeting held on the 18th June 2025**  
5 min  
*Dawn Ward*  
 4. LPF minutes 18.06.2025 - draft.pdf (9 pages)
- 10:10 - 10:14** **5. Action Log**  
4 min  
*Dawn Ward*  
 5. LPF Action Log 18.06.2025.pdf (3 pages)
- 10:14 - 10:39** **6. Chief Executive's Report**  
25 min  
*Suzanne Rankin*
- 10:39 - 10:59** **7. Nurse Staffing Levels Report**  
20 min  
*Jason Roberts / Emma Davies*  
 7. Nurse Staffing Levels Cover Report.pdf (3 pages)  
 7.1 Nurse Staffing Report.pdf (22 pages)  
 7.2 Appendix 2025.pdf (1 pages)
- 10:59 - 11:14** **8. HCSW Band 2/3 Update**  
15 min  
*Lianne Morse / Carys Fox*
- 11:14 - 11:29** **9. Operational Update**  
15 min  
*Paul Bostock*
- 11:29 - 11:44** **10. An Overview of Cultural Reviews / Hotspots**  
15 min

Blyddyn Louise  
14/07/2025 12:19:09

**11:44 - 11:54 11. Integrated Performance Report**

10 min

*Claire Beynon, Jason Roberts, Rachel Gidman, Paul Bostock and Catherine Phillips*

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

 11. Integrated Performance Report Cover.pdf (27 pages)

 11.1 CV Integrated Performance Report.pdf (43 pages)

**11:54 - 11:56 12. Review of the Meeting (items to be brought to the attention of the Board)**

2 min

**11:56 - 11:58 13. Any other business previously agreed with the Co-Chairs**

2 min

**11:58 - 12:00 14. Future Meeting Arrangements**

2 min

Wednesday 8th October 2025 at 10am with a staff rep pre meet at 8:45am

**LOCAL PARTNERSHIP FORUM MEETING**  
**Wednesday 18th June 2025 at 12pm, via Teams**

**Present**

Rachel Gidman	Executive Director of People and Culture (co-chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-chair)
Peter Hewin	BAOT/UNISON
Rachel Gidman	Executive Director of People and Culture (co-chair)
Rachel Pressley	Head of People Assurance and Experience
Emma Cooke	Director of Therapies & Health Science
Bill Salter	UNISON
Claire Whiles	Assistant Director of OD, Wellbeing & Culture
Mathew Thomas	UNISON
Katrina Griffiths	Associate Director of People and Culture
Philip Dore	RCN
Julia Davies	RCN
Jonathan Strachan-Taylor	GMB
Annie Ashman	Deputy Director of Public Health
Matt Temby	Managing Director Planned Care
Andrew Gough	Deputy Director of Finance
Madeleine Smith	UNISON
Jennifer Griffiths	Communications & Engagement Manager
Lianne Morse	Deputy Director of People and Culture

**In attendance**

Rebecca Corbin	Head of OD & Culture
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**Apologies**

Suzanne Rankin	Chief Executive
Paul Bostock	Chief Operating Officer
Katherine Davies	RCN
Claire Beynon	Executive Director of Public Health
Cyrille Legras	UNISON
Mike Jones	Independent Member - Trade Union
Catherine Phillips	Executive Director of Finance
Lorna McCourt	UNISON
Matt Phillips	Director of Corporate Governance
Joanne Brandon	Director of Communications, Arts, Health Charity and Engagement

**Secretariat**

Louise Blunsdon	People Assurance and Experience Coordinator (Minutes)
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**LPF 25/029 WELCOME AND APOLOGIES**

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

**LPF 25/030 DECLARATIONS OF INTEREST**

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

### **LPF 25/031 MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting held on 10th April 2025 were reviewed and approved.

### **LPF 25/032 ACTION LOG**

The action log was noted and the following updates provided:

- **LPF 25/003 (Interpretation of the Annual Leave Principles):** Peter Hewin (PH) explained that although an initial meeting has taken place there has not been any further progress. It was suggested that a meeting is arranged with Jason Roberts, Rachel Gidman, Dawn Ward and Jane Carroll to move forward.

**Action:** Louise Blunsdon (LB)

- **LPF 25/016 (To clarify if all staff within CEF have received an email address):** Mathew Thomas (MT) informed the group that not all staff within CEF have received their email address. RG explained that there appears to be a sticking point as advised that all staff have email addresses available. RG suggested that a meeting is convened with Staff side and David Thomas to resolve the issue.

**Action:** LB

**LPF 25/016 (Plans regarding the visibility of Outlook calendars):** PH highlighted the issue with Outlook calendar visibility, noting that staff had not been informed about the plans. RG agreed to follow up with David Thomas.

**Action:** RG

Jonathan Strachan Taylor requested a copy of the communications regarding overtime. RG confirmed that it was shared in the communication news. The link to the item will be provided.

**Action:** LB

### **LPF 25/033 CHIEF EXECUTIVE UPDATE**

The CEO report was delivered by Emma Cooke (EC), the Director of Therapies & Health Science. The key points included:

- EC thanked staff for their contributions, during a busy and challenging period. The ongoing Estates issues was also acknowledged.
- The annual plan submitted to the Welsh Government was not supported on the grounds of our planning and financial situation. Efforts are focusing on financial planning and collaboration to identify opportunities for savings. Recent summits have focused on high-spend areas like planned care, mental health, and emergency care.
- The financial tracker currently shows £27.587 million in green /amber schemes, but £25 m of this is recurrent. There is a gap of just over £2 million to reach the £30 million target. Further efforts are needed to reach the £60.5 million goal. The measures with the Corporate Vacancy Scrutiny Panel will continue to maintain savings opportunities and ensure the operational position remains within forecast.
- The Voluntary Early Release Scheme (VERS) has recently launched with approximately 67 applications which will now be reviewed by Clinical Boards and a panel of Executives. Meetings are scheduled to review the applications in batches.

Blunsdon, Louise  
30/07/2025 12:19:08

- We are currently out to tender to seek external support to help with the redesign of the organisational structure and operating model. This includes a diagnostic report, financial modelling, cost-saving analysis, and implementation of a roadmap. External support is also required to help support the delivery of the community care system. This work aligns with the organisational reshaping efforts, aiming to deliver integrated care closer to home. EC highlighted the good work happening within communities.
- Since the theatre report was completed in April, all 67 recommendations within the report have been accepted. The Chief Operating Officer met with the theatre team at the All Nations Centre, leading to the initiation of cultural work at UHL, which has progressed well. Subsequently, focus shifted to UHW where a concerning staff survey prompted a theatre review. The review, discussed in the formal board and available in the minutes, was shared with the media to manage the response to negative press coverage. Despite the stress caused by historical issues being publicised, 6 meetings with theatre staff were held to address concerns. Immediate actions included addressing patient safety concerns, improving access to theatres, and refurbishing the staff room. The plan is to co-produce further recommendations with theatre staff, led by the Theatre Director Directorate, with support from the Chief Operating Officer and the operational team.
- Colleagues Meriel Jenny, Roger Morris, and Tara Reese, have been recognised in the King's Honours List for their contributions to healthcare and community work.

Mathew Thomas (MT) referred to the theatre review, expressing hope that valuable lessons have been learnt. He stated that theatre staff have felt unheard for nearly a decade and hope that no other departments will experience such prolonged issues. He also noted that the review process has been painful for staff.

EC acknowledged the difficulty of undergoing a review process in a clinical area, recognising the challenges faced by staff. She explained that while the review contained positive aspects, people tended to focus on the negative parts but emphasised the importance of moving forward with a positive improvement approach. EC informed the group that since the publication of the Theatre review, there has been an increase in staff speaking up safely, indicating that concerns are being listened to and actions are being taken.

PH referred to the redesign of the organisation, acknowledging the challenges and past difficulties with external consultancies. He acknowledged the need for the organisation to be fit for purpose and sustainable but added that the current drive to save money is affecting staff well-being. PH referred to the initial meeting with Paul Bostock at the beginning of the year, which outlined a six-month planning period for a formal change process. PH requested clarity on when the external consultants will arrive, when discussions can begin, and when a timeline for the organisational change can be established and communicated to staff, as there are frequent inquiries about the progress.

EC explained that for a large-scale organisational change, external support is needed to approach the task differently. The preference is for agile support with expertise from various individuals rather than a large corporate consultancy, acknowledging past difficulties with such firms. The aim is to co-produce the redesign of the organisation, focusing on engagement, structure, and linking to other necessary expertise. This change involves not just reducing the number of clinical boards but also examining corporate structures, support services, and care delivery to achieve an integrated care system.

RG emphasised the importance of engagement in the process and mention that the tender is out, with support requested from the Welsh Government. However, it is not known if financial support will be provided. RG noted that the redesign is not just about financial pressures but finding the right operating model. RG also highlighted the need for close partnership working and engagement with staff throughout the process.

Dawn Ward (DW) queried the cost of the external support. RG responded that it is not yet known until bids are received. RG added that the procurement process will consider various aspects of value, not just cost. Andrew Gough (AG) explained that the tender request will outline what the company is expected to do and support. Once the offers are received, they will be assessed based on the value they provide to the organisation. AG noted that they have asked the Welsh Government for financial support to fund this, but nothing has been confirmed yet. They will only know the market's response once the bids come back.

DW acknowledged the financial constraints and the possibility of having to compromise or handle some tasks internally. RG noted the importance of a more substantial discussion in the future, especially with Suzanne Rankin's input.

PH inquired about the timeline for tenders. He expressed concerns about gaps being created through layering and the VERS applications and emphasised the need to proceed quickly. EC explained it is hoped we will know in the next 3-4 weeks. PH suggested starting communication about the process to avoid panic over external consultants. RG agreed but noted it's too early to communicate specifics but explained they plan to act quickly once they have more information.

#### **LPF 25/034     DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

The presentation was provided by Annie Ashman. The main points presented included:

- The report theme is Children and Early years and it covers four key areas: vaccination, good food and movement, oral health, and breastfeeding.
- Vaccination rates in Cardiff and Vale are below targets, with efforts to improve accessibility and culturally appropriate information. 81% of 4-year-old children in Cardiff and the Vale are up to date with all vaccines. This is lower than the Welsh average (85%) and below the WHO target (95%)
- The good food and movement strategy addresses childhood obesity through a systems-based approach.
- Oral health highlights the importance of dental care, with programmes like Designed to Smile. 70% of settings in Cardiff and the Vale are involved in supervised toothbrushing via 'Designed to Smile' - many children still missing out on this important preventative programme.
- Breastfeeding benefits both mother and child, with efforts to support mothers facing barriers. The report includes case studies and recommendations, such as community-based vaccination opportunities and support for breastfeeding mothers.
- The Cardiff PSB action plan and Vale of Glamorgan strategy incorporate these recommendations. The report was shared at an event with 75 partners to discuss implementation.

Blunsdon, Louise  
30/07/2025 12:19:08

MT commented that there were discussions last year about improving breastfeeding facilities for expressing mums returning to work. He asked if these conversations can resume to ensure the Health Board can support all mums who want to continue breastfeeding. RG thanked MT for highlighting the issue and explained that discussions have been ongoing about improving infrastructure, including rooms for breastfeeding and faith. The focus is on raising the profile of these needs to executive colleagues and learning from past cases. The aim is to ensure rooms are fit for purpose and address various needs. Updates will be provided as the discussions progress internally.

DW asked for clarity around the definition of "relatively low income," as mentioned in the report, which states that 21% of Cardiff residents and 16% of Vale residents fall into this category. AA thanked DW for the question and explained she would investigate this and provide an update.

**Action:** AA

### **LPF 25/034 CULTURE AND LEADERSHIP PROGRAMME**

A presentation was provided by Rebecca Corbin. The main points included:

- The programme was introduced in 2022 to address the lack of a consistent approach to cultural assessment and the inability to temperature check the organisation. It is an evidence-based programme that supports cultural understanding and helps identify actions for positive change.
- The programme focuses on six cultural elements: teamwork, vision and values, goals and formats, learning and innovation, support and compassion, and equity and inclusion. The core themes are inclusion, compassion, and quality, with a sustained focus on these for all leaders and staff. The programme is evidence based and adaptable,
- It is based on a clear framework for cultural change, focusing on performance, people, vision and values, behaviours, and outcomes.
- Leadership is key for the programme to work and to ensure we are delivering high-quality care, value for money, and supporting a healthy and engaged workforce.
- The programme has been adapted to fit in with the organisation. There are 4 key phases to include Scoping, Discovery, Design and Delivery.
- The programme has been used in various areas of the organisation to include ALAS, Theatres (UHL) Outpatients, Theatres (UHW) and Paediatric Endocrinology. There has been positive engagement from staff. However, some programmes have been paused due to leadership changes or service reviews.
- Progress of the programme was outlined and included the development of a toolkit of documents and templates, the review of survey questions to measure improvements and the continued partnership working with the Trade Unions.
- A review of the lessons learnt to date was also discussed.

DW commented that although the information has been refreshed, it is not new and referred to the first ALAS survey where the cultural toolkit was used. DW explained that it takes a long time to see any significant changes which can disengage staff. DW expressed the staff side view of the importance of staff being heard and to know that something happens as a result. DW queried what is different about this programme and when they can expect to see significant change in the organisation. DW added that as culture and behaviour appear to be the root cause of issues in the organisation, queried whether the team has sufficient resources. DW added that staff side want to part of the work.

RG explained that the team has only recently been formed and there is now a head of OD and a small team supporting this role. There has been a lot of learning from past experiences, particularly the importance of senior leadership buy-in, which was lacking previously and caused delays. The restructuring is now addressing this issue.

RG added that the team has made progress but suggested that a detailed discussion on how it is progressing and adapting might be better suited for a broader discussion at a Workforce Partnership Group meeting.

**Action:** LB

Claire Whiles (CW) explained that the team has been on a learning curve, initially using the tool with almost no support. CW emphasised that the team is not there to change the culture but to help the leadership team and broader staff group understand the current culture and what can be done to influence it. CW added that the tool may not always be appropriate, and some areas have had to pause its use. The team is focused on effectively managing, monitoring, and measuring culture and defining the desired culture. The team is small but effective, with Trade Union partnership working being fundamental to achieving high participation rates in surveys. Progress has been quicker in smaller areas like such as Paediatric Endocrinology and Outpatients.

MT emphasised the importance of the "you said, we heard, we did" approach as staff need to feel that their feedback is heard and acted upon. The lengthy process can disengage staff as they don't see immediate results or understand the process. MT also noted the need for confidence in addressing inappropriate behaviour, as there is fear of retribution. He reiterated the need to keep the issues high on the agenda.

**LPF 25/035 PEOPLE & CULTURE PLAN PRIORITIES – WELLBEING & AVAILABILITY OF STAFF**

Katrina Griffiths provided the update; the key points are:

- The target for 2025/26 is set at <5.5%. As of February 2025, the cumulative rate was 6.32%. To address this, a multidisciplinary team approach has been adopted, and an action plan has been developed, focusing on themes such as training, monitoring and recording well-being and culture, and performance and review.
- Each Clinical Board has its own individual action plan based on targeted interventions.
- Training has been relaunched in April and is conducted monthly, with additional sessions for hotspot areas identified by Clinical Boards.
- A digitised module-based refresher training for managers has been developed.
- Emphasis on accurate monitoring and recording with specific work ongoing for medical and dental sickness recording, which may lead to a slight increase in sickness rates for that staff group.
- Clinical Boards are holding monthly sickness panels, which have been found useful for targeted intervention and support.
- Clear promotion of available resources is essential to support individuals in remaining at work or returning to work.
- There has been a significant reduction in long-term sick employees, from 615 in December to 427.
- The sickness rate reported in May was 4.98%, with a slight expected increase next month due to health officer data being added to ESR. Overall, there has been a gradual reduction in sickness rates since the implementation of these measures.

MT provided the group with feedback he has received from staff regarding the current approach to the managing sickness and attendance training. Key points are:

- Staff have expressed concerns that People Services are dictating actions to managers, which has led to a perception that People Services are managing their sickness cases rather than their direct managers resulting in a feeling of disempowerment among senior management,
- There have been reports of staff feeling pressured during long-term sick meetings, with some feeling they are being told to return to work or face consequences. This has led to a reluctance to take sick leave, even when necessary.

MT explained that the feedback indicates that the current approach has led to a step back in how staff feel supported by their managers, with People Services being blamed for the lack of discretion and support. This situation has created a negative perception among staff.

RG noted the feedback but commented that HR is often blamed and perceived as the "HR police," which is why the approach was changed. There is a belief that HR is giving advice, but it has become more directive, causing some discomfort. The goal is to empower managers to manage, but there was a lack of confidence in senior leadership's awareness of the situation. The long-term aim is to avoid disempowering managers and to build their capability. The team plans to have a session to clarify where HR advises and where they empower and coach managers.

KG commented that there is an acknowledgment that sickness management in some areas was not in line with the policy, and changes have been made to address this. KG highlighted the importance of having panels to ensure policy adherence. Before these changes, managers felt that People Services were not providing clear advice and wanted more direct guidance. The team is likely advising in a more directive manner now, but there is a need to help managers own their decision-making. Training is focused on decision-making and having difficult conversations with staff. There is also an effort to address any misconceptions and ensure clear communication. KG also added that the feedback will be noted and shared with the team.

DW agreed that there is a need to strike a balance between supporting and enabling management to take discretionary actions while maintaining consistency. DW highlighted the disparity in how things were reported in the Clinical Board updates within the report paper giving the example that there were no updates from PCIC or Corporate. DW explained that this raises questions about whether they are doing nothing, overperforming, or if there is something they are doing that could be replicated by others. The inconsistency in actions and reporting among Clinical Boards needs to be addressed to avoid a free-for-all approach and ensure a clear framework of expectations.

KG confirmed that all Clinical Boards are doing sickness panels and are being monitored with the Senior Business Partners. KG added there will be an element of different things happening depending on what the Clinical Boards have identified but reassured the forum that it is being done in a consistent way. KG added she would get an update on PCIC and Surgery.

PH commented on the complexity of the situation, highlighting the importance of discretion, adding that managers often seek clear guidance to avoid responsibility. He expressed the opinion that the role of Trade Unions and staff representatives is overlooked and stressed the need for a balanced approach that includes Trade Unions in the discussions and process.

RG responded with an invite to spend more time together at Woodland House to foster better communication and collaboration.

## **LPF 25/037    INTEGRATED PERFORMANCE REPORT**

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

### **Finance:**

Andrew Gough (AG) provided the update:

- Confident that the £30 million savings plan will be reached but noted that the Welsh Government has requested £60 million in savings this year to improve the deficit position. While progress has been made, significant advancements towards the new target are lacking. Efforts have focused on de-risking the current plan to assure the Welsh Government. It was noted there are not a wide range of opportunities to advance further. This will be discussed at the next Board meeting.

DW reflected on previous issues and acknowledged the positive start and asks if there is now confidence in having the necessary controls to prevent steering off course again. AG explained that last year, it was clear by month 2/3 that the plan was off track, and no revised plan was developed to correct it. This year, however, there is a robust plan in place, and by month 3, it will be reported, showing more confidence in delivering the savings despite ongoing pressures. The position is less risky compared to last year.

RG discussed workforce reshaping and the plan to reduce the headcount by 800 people over the next 3 years without large scale closures of beds and without redeploying staff. RG added that the plan or workforce reshaping will not be fully realised until an operational model or redesign is implemented. It was also highlighted that the organisation has made significant progress in reducing agency spend and temporary pay but noted that the challenge lies in reshaping the headcount without negatively impacting staff morale, causing redundancies, or other negative consequences. The goal is to find smarter ways to achieve this.

### **Operations:**

Matt Temby (MTem) provided the update:

- The operational position remains challenging, and thanks were extended to the clinical and operational teams for their support.
- In April, there were minor changes in metrics, with decreases in attendances and 12-hour waits in A&E, but an increase in two-hour ambulance holds. Improvements were seen in bed availability, but operational pressures continue, especially after bank holidays. Efforts are ongoing to stabilise the situation.
- Cancer metrics remain below the 70% mark, with a renewed focus on improvement.
- Planned care saw a deterioration in long waits, but additional finances from the Welsh Government aim to address this.

DW inquired about the pressures on GPs, expressing concern about their potential need for intervention and queried whether there is a plan to provide extra support. MTem explained that the level of escalation in GP practices is tracked weekly and reports from the Primary Care Clinical Board guide decisions on intervention and support. Although no specific interventions are needed currently, the situation is closely monitored. There was a slight improvement in the number of practices in escalation this week, but this varies. The focus is on the entire integrated care system, with the primary care team guiding necessary interventions.

### **People & Culture:**

Lianne Morse (LM) provided the update:

- Turnover has stabilised between 7-9% - this is the desired range.
- Job planning is improving, with a target of 90% by the end of September and currently close to 70%.
- Focus remains on reducing agency and variable pay, with a target of 30% reduction.
- Staff numbers have stabilised, with a slight boost since February.
- There has been a reduction of around 80 whole-time equivalents across various staff groups.
- Nurse graduates, approximately 180 whole-time equivalents, will join from July to December.

RG informed the group that the Scrutiny Panel has not declined any posts. Instead, they are focusing on streamlining and holding posts for current employees (such as IACU) rather than recruiting externally. Posts are categorised as Amber for redeployment or Blue for discussion with clinical

executive colleagues. This approach allows for a more mature and comprehensive view of the situation.

### Public Health

Annie Ashman (AA) provided the following updates:

- A new model for winter vaccinations has been developed, including piloting text messaging to remind staff and delivering vaccinations closer to their work.
- Insight work is being conducted to understand why staff weren't vaccinated last Winter, with a survey going out on 1st July and focus groups planned for September. This will help shape the vaccination offer for next winter. The progress and outputs will be shared in future meetings.

RG requested if the questions asked in the survey to staff and focus groups could be shared with the Trade Unions.

RG queried whether there have been any discussions about the future requirement of COVID vaccinations for all staff, and if these discussions are tentative or have reached a more mature stage. AA explained that there is an ongoing discussion among the Health Boards about targeting the vaccine for this winter. A Welsh health circular has left the interpretation open to Health Boards, and the local Public Health teams agree that a consistent approach would be beneficial. AA would provide the group with an update following discussions with the other Directors of Public Health.

MT referred to a newsletter from 11th June about respiratory illnesses and staff coming to work with such conditions, noting its impact on patients and staffing. He queried the blanket approach and emphasised the benefits of offering COVID vaccinations to all staff. RG explained that clarity will be provided on why it may not apply to everyone. Certain age groups in the population may still be recommended for vaccination adding that the choice of getting vaccinated for those within the recommended groups is uncertain. AA informed the group that there will be reminders about the guidance on respiratory illnesses, explaining that the guidance from the Welsh Government (which covers all respiratory illnesses) which can be shared again.

### Quality and Safety

A delegate for Q&S is to be discussed at a meeting with Jason Roberts.

## **LPF 25/038 CLINICAL BOARD LOCAL PARTNERSHIP FORUM ANNUAL REPORT**

The LPF noted the Local Partnership Forum Annual Report.

### **LPF 25/039 REVIEW OF THE MEETING**

No comments were raised.

### **LPF 25/040 ANY OTHER BUSINESS**

No other business was raised.

### **LPF 25/028 FUTURE MEETING ARRANGEMENTS**

The next meeting will be held remotely on Wednesday 6th August from 10am with a staff representatives pre-meeting at 8:30am.

Blunsdon, Louise  
30/07/2025 12:19:08

### Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
<b>ACTIONS IN PROGRESS</b>					
LPF 25/003	13.02.2025	Minutes of the Previous meeting	To provide clarification on the interpretation of the annual leave principles	Carys Fox	<p>LM sent an explanation email after speaking with the Nursing and E-Rostering team. Since sending the email LM has confirmed that what was sent was not accurate and has escalated the action to Carys Fox, to arrange to meet with TU colleagues to explain the process in more detail.</p> <p><b>19/5:</b> A meeting has taken place between Carys Fox, Emma Davies, Natasha Goswell and Peter Hewin. Suggestions for a way forward were considered and discussions will continue.</p> <p>A further meeting between RG/JR/DW/ PH and Jane Carroll has been scheduled for the 24/7/25.</p>
<b>COMPLETED ACTIONS</b>					
LPF 25/016	10.04.2025	Minutes of the Previous meeting	Discuss the concerns about Outlook calendar visibility with David Thomas and	Paul Bostock	PB reported that David Thomas has confirmed the plans for Outlook, and this information has been communicated to Staff side.

Blunsdon, Louise  
30/07/2025 12:19:08

			provide clarity on the next steps.		<b>Complete:</b> David Thomas emailed Dawn Ward and Peter Hewin on the 18/6/25 and provided an update on the plans regarding MS Outlook Open Calendars. The plans were also communicated to all staff through the usual channels on the 20/6/25.
LPF 25/032	18.06.2025	Action Log	To provide a copy of the Communication sent out to staff regarding overtime.		<b>Complete:</b> A link was provided to Jonathan Strachan Taylor of the information provided by the Comms team to include reference to overtime and agency working. The information was included in the Financial Position April 2025 update.
LPF 25/034	18.06.2025	Culture and Leadership Programme	To schedule time at a future WPG meeting to allow for further discussion around the Programme and how it is progressing.		<b>Complete:</b> The CLP was included as an agenda item on the WPG meeting on the 11/7/25.
LPF 25/034	18.06.2025	Director of Public Health Annual Report	To provide clarification around the definition of 'relatively low income' as described in the Annual Report	Annie Ashman	<b>Complete:</b> Claire Beynon provided a response which has been emailed to Dawn Ward 22/7/25.

Blunsdon Louise  
30/07/2025 12:19:08

Blunsdon, Louise  
30/07/2025 12:19:08

Report Title:	Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act		Agenda Item no.	7
Meeting:	Local Partnership Forum	Public		Meeting Date: 6 <sup>th</sup> August 2025
		Private		
Status:	Assurance	Approval	Information	X
Lead Executive:	Executive Nurse Director			
Report Author:	Nurse Staffing Levels Lead			

### Background and current situation:

The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) became law in March 2016. The 2016 Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively.

Section 25A of the 2016 Act relates to the Health Boards' overarching responsibility, requiring Health Boards to ensure they have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their organisation. The process of determining the nurse staffing levels on wards under section 25B of the 2016 Act across Cardiff and Vale UHB is well established. In addition, the Executive Director of Nursing requests clinical areas outside of section 25B to undertake a review of their nurse staffing levels in line with this timetable to provide assurance of compliance with section 25A of the 2016 Act.

Section 25B and 25C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels. The methodology and processes used across the Health Board are described within the body of the report.

Section 25E requires Health Boards to submit an Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016. The assurance report enclosed covers the reporting period from April 6<sup>th</sup> 2024 to April 5<sup>th</sup> 2025. This report is part of a three-yearly assurance cycle that will be presented to the Welsh Government in October 2027.

### Executive Director Opinion and Key Issues to bring to the attention of the Board

During this reporting period, Cardiff and Vale UHB have demonstrated a clear commitment to upholding the principles of the Nurse Staffing Levels (Wales) Act 2016. The Health Board has continued to focus on ensuring patient safety and quality of care through appropriate nurse staffing. Despite ongoing challenges in maintaining nurse staffing levels, both in the short and long term, the Health Board has made some progress. This is evidenced by an increase in the number of shifts assessed as having appropriate nurse staffing levels. Highlights of the reports include:

#### **Establishment Review Process**

The nurse staffing levels were reviewed for all section 25B areas, with one instance of recalculation occurring outside the bi-annual review process. The establishment review process was informed by professional judgment, patient acuity, and knowledge of quality indicators.

**Quality Indicators**

During the reporting period there has been a change to the reporting criteria to include moderate levels of harm. This has not resulted in a significant increase in the number of incidents reported.

Close monitoring of quality indicators is required as challenges surrounding the Datix management system and data extraction persist. The Health Board continues to evolve its processes in line with national guidance through the All-Wales Nurse Staffing Programme.

**Supernumerary Status of the Ward Sister and Charge Nurses**

Ward Sisters and Charge Nurses should remain supernumerary to enable effective clinical leadership. However, workforce challenges have sometimes required them to work within direct care staffing numbers, efforts are being taken to ensure the supernumerary status is maintained.

**Operational and Strategic Measures**

A wide range of operational, strategic, and escalation measures have been implemented to mitigate risks when staffing levels fall below the established standard. These include the daily use of SafeCare, effective escalation pathways through the nursing workforce hub, adaptive rostering, and long-term solutions to ensure the ongoing availability of nurses.

**Recommendation:**

The LPF is requested to:

- a) Receive the annual assurance report as per the requirements of the Nurse Staffing Levels (Wales) Act 2016.
- b) Note the nurse staffing establishments detailed in the appendix, undertaken as part of bi-annual recalculations.
- c) Note the reasonable steps taken to monitor and maintain nurse staffing levels at a time of significant organisational pressure.

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

<https://shapingourfuturewellbeing.com/>

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

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

Pr ev e		L o n		Integration		Collaboration		Involve ment	
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nti o n		g t e r m							
<b>Quality Impact Assessment Completed?</b>									
Yes – ( <i>pleas e provid e compl eted QIA docum ent</i> )		No – ( <i>Please provide reasoning, e.g. not required</i> )							
<b>Impact Assessment:</b>									
Risk: No									
Safety: Yes									
Yes-triangulated methodology used to determine nurse staffing levels, quality indicators are reviewed as part of this process. Further details can be found within the report.									
Financial: Yes									
Potential impact: Details included in the report regarding the proposed business case which will follow the organizational financial governance process.									
Workforce: Yes									
Yes significant- specific details included within the report.									
Legal: Yes									
The Nurse Staffing Levels (Wales) Act 2016 was enacted in March 2016. This report is part of the compliance requirements set forth by the 2016 Act.									
Reputational: No									
Socio Economic: No									
Equality and Health: No									
Decarbonisation: No									
Welsh Language: Yes									
<b>Approval/Scrutiny Route (<i>please note anywhere else this paper has been before</i>):</b>									
Committee/Group/ Exec			Date:						

Blunsdon, Louise  
30/07/2025 12:19:08

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
<b>Health board/trust</b>	Cardiff and Vale University Health Board		
<b>Date annual assurance report is presented to Board</b>	Reporting period April 6 <sup>th</sup> 2024 - April 5 <sup>th</sup> 2025  Date this report presented to Board: 29 <sup>th</sup> May 2025  <i>This annual report refers only to year 2024/2025 but this report forms part of the 3 yearly assurance report that will be presented to Welsh Government in October 2027 for the reporting period from April 2024- April 2027,</i>		
	<b>Adult acute medical inpatient wards</b>	<b>Adult acute surgical inpatient wards</b>	<b>Paediatric inpatient wards</b>
<b>During the last year the lowest and highest number of wards</b>	19-20	18	2
<b>During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods</b>	1 An out-of-cycle review of the nursing establishment for the Stroke Rehabilitation Unit was conducted in August 2024.	0	0
<b>The process and methodology used to calculate the nurse staffing level.</b>	<p><b><u>Nurse Staffing Levels Calculation Process at Cardiff and Vale UHB</u></b></p> <p>The process for calculating nurse staffing levels at Cardiff and Vale University Health Board (UHB) is well-established and follows the prescribed method outlined in Section 25C of the Nurse Staffing Levels (Wales) Act 2016. This triangulated approach is documented using the All-Wales recording template, which is reviewed and signed off through the nursing structure, from Ward Sister or Charge Nurse to the Executive Director of Nursing (designated person).</p> <p><b><u>Professional Judgement</u></b></p> <p>In line with the Nurse Staffing Levels (Wales) Act 2016, professional judgement exercised by the designated person when determining nurse staffing levels must take into account a comprehensive range of clinical and contextual factors. These include the qualifications, competencies, and ongoing professional development needs of nursing staff; the impact of temporary staff on continuity and scope of care; patient complexity and turnover; ward layout and environment; cultural and linguistic needs; and the contributions of the multi-professional team. This judgement is guided by evidence-based tools, national standards, and best practice. Ward Sisters/Charge Nurses, in collaboration with Lead Nurses, Senior Nurses, and the Clinical Board Director of Nursing, apply their detailed knowledge and expertise of the clinical area to</p>		

Blunsdon Louise  
30/07/2025 12:19:08

support these assessments. Their input is documented using the All-Wales recording template and reviewed during bi-annual establishment reviews, where further professional discussion informs final staffing decisions.

### **Patient Acuity**

Patient acuity is assessed using the Welsh Levels of Care acuity tool, with patients assigned an acuity score twice within a 24-hour period. The digital platform SafeCare facilitates live operational decisions regarding nurse staffing and patient acuity. This platform has significantly improved data capture and monitoring. Trends in patient acuity are closely monitored and reported using a Power BI dashboard, providing greater insights into patient needs. SafeCare is utilised in all Section 25B wards and additional areas, including the assessment unit, critical care unit, and mental health services.

### **Quality Indicators**

As part of the establishment review process and bi-annual calculations, the Ward Sister/Charge Nurse, through to the Director of Nursing, considers circumstances where patient well-being is sensitive to the care provided by nurses. This information is shared with the designated person. Quality indicators reviewed include:

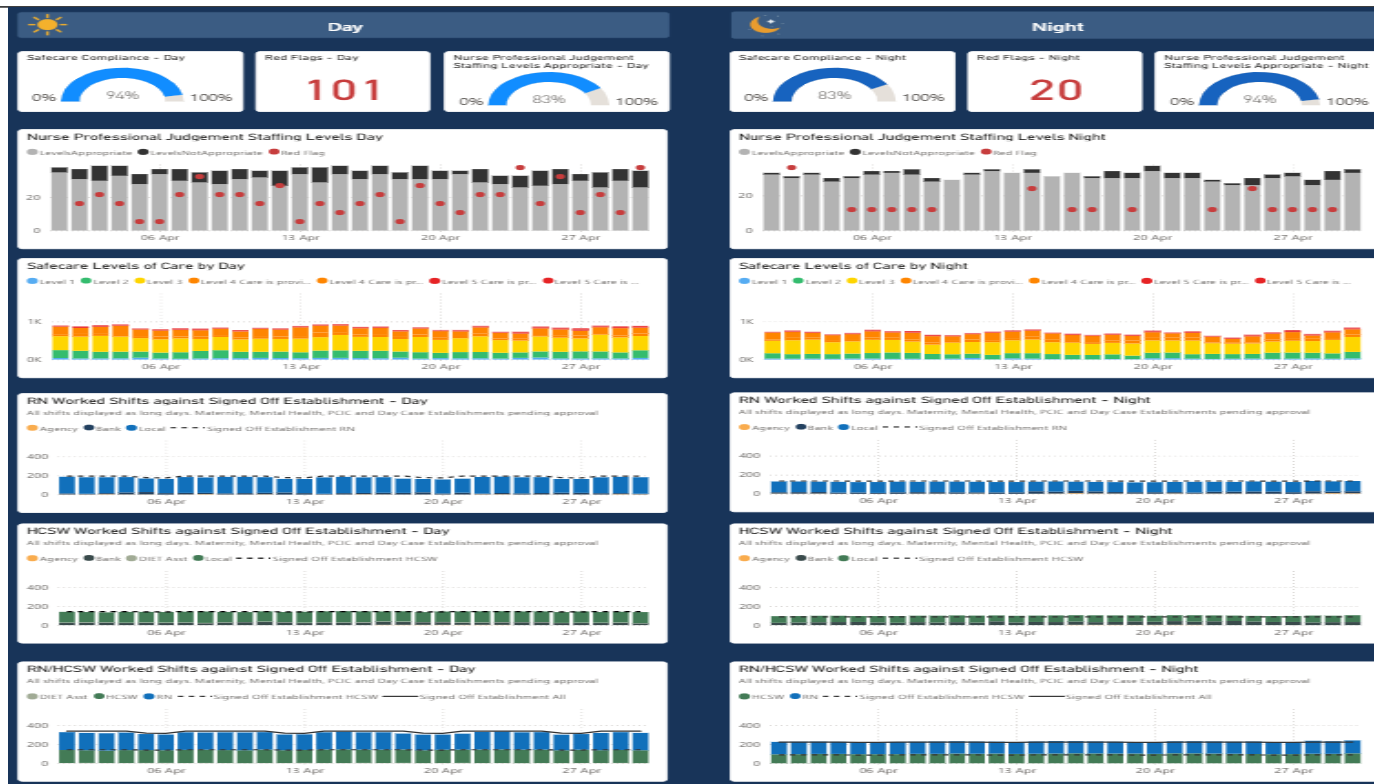
**Acute Medical/Surgical Inpatient Wards:** Patient falls, pressure ulcers, and medication errors.

**Paediatric Inpatient Wards:** Pressure ulcers, medication errors, and infiltration/extravasation injuries. Complaints about care provided by nurses are also considered.

### **Infographic and Dashboard Insights**

The infographic below is an example of the SafeCare Power BI dashboard, which consolidates data from all wards under Section 25B of the 2016 Act for the previous month. It presents key information such as SafeCare compliance during both day and night shifts, patient acuity levels, nurse staffing levels, and the professional judgement of the nurse in charge regarding staffing appropriateness. The dashboard is accessible to Ward Sisters, Charge Nurses, Directors of Nursing, and members of the Executive Team, supporting review at both directorate and individual ward levels. By providing close to real-time data, the dashboard offers valuable insights into emerging trends, enabling timely responses and informed discussions around nurse staffing.

Blunsdon, Louise  
30/07/2025 12:19:08



### Application of Uplift for Staff Absences

For wards designated under Section 25B the 2016 Act, a 26.9% uplift is applied to account for staff absences (e.g., sickness and annual leave) prior to triangulation. This figure, established in 2011 and endorsed by Nurse Directors, is based on evidence to ensure consistency across Wales.

During the recent establishment review, it was identified that the Cystic Fibrosis Unit had an uplift of 24% applied, which was not aligned with the agreed standard. This discrepancy was escalated to the Clinical Board and has since been addressed, with the uplift now corrected and funded at 26.9%.

Blunsdon Louise  
30/07/2025 12:19:08

Community wards continue to be uplifted at 24%, resulting in a variance from the standard applied to inpatient wards. This issue was highlighted during the review, and work is ongoing across the Medicine Clinical Board to assess service requirements in accordance with workforce planning principles and service delivery needs.

Further significant improvements have been achieved across nursing in the monitoring of staff unavailability, supported by the utilisation of HealthRoster data through Power BI dashboards. These dashboards are now fully automated and updated every 24 hours, providing nurse leaders with accurate, real-time data on annual leave utilisation and sickness absence. This enhanced access to reliable information is shaping strategic discussions within nursing and informing more effective and responsive deployment of the nursing workforce.

### **Supernumerary Status of Ward Sisters and Charge Nurses**

In line with the Statutory Guidance supporting the Nurse Staffing Levels (Wales) Act 2016, Ward Sisters and Charge Nurses should remain supernumerary to both the planned roster and the signed-off establishment. This is fundamental to enabling effective clinical leadership, oversight of patient care, and the provision of support to nursing teams in delivering safe, high-quality care. However, due to ongoing workforce challenges and short-notice staff absences, Ward Sisters and Charge Nurses have been required to work within the nurse staffing rosters. While necessary at times to mitigate immediate patient safety risks, this practice impacts their ability to fulfil their leadership responsibilities. It is important to emphasise that this only occurs on an exceptional, short-notice basis, following the consideration of all other mitigation measures. Robust mechanisms are in place to monitor and report the frequency of such redeployments. Over the past month, there has been a renewed focus on maintaining the supernumerary status of Ward Sisters and Charge Nurses to strengthen clinical leadership and ensure the delivery of consistently high-quality care by nursing teams.

The annual presentation of Nurse Staffing Levels was delivered to the Board on 28<sup>th</sup> November 2024. Establishments have been reviewed in line with the spring cycle, and the updated, signed-off establishments are provided in Appendix 1. Appendix 1 specifically details the establishments for wards designated under Section 25B of the Nurse Staffing Levels (Wales) Act 2016. A summary of the amendments to establishments is also presented in the table below for ease of reference. Please note that the table reflects changes to the establishments, rather than amendments to the underlying calculations.

Ward	Reason for Establishment Change
A2	No change to the establishment however Ward A2 is now included as a 25B ward during Spring 2025 due to the model of care provided on the ward.
Lakeside Ward 3 (Previously B2 Link)	Change in location and reduction in beds from 23 to 19.

Blunsdon, Louise  
30/07/2025 12:19:08



C4 Stroke	Uplift to the establishment required for the 24/7 thrombectomy service.
Lakeside Ward 1	The ward has undergone a change in skill mix, characterised by a reduction in dietetic assistant positions and an increase in registered nurse (RN) staffing levels. This adjustment reflects the rising acuity and complexity of patient care needs.
A7	Change in skill mix in Autumn 2024 to increase Band 6 establishment. Establishments recalculated and adjusted in Spring 2025 to include this uplift.
Cystic Fibrosis Unit	Previously calculation discrepancy when applying the headroom, 26.9% headroom applied.
East 4	Ward Closed in August 2024. Winter Ward located on East 4 based on IACU model of care and therefore not considered a 25B Ward.
Stroke Rehabilitation Centre	Changed in August 2024 to reflect an increase in the nursing establishment due to patient acuity and professional judgment of the nursing team.
C1	Increased in HCSW at night and slight increase in the shift length for the registered nurse on the short shift.
B4 Neurosurgery	Reduction in bed capacity during the reporting period from 34 beds to 29 beds.
Poly-Trauma Unit	Uplift required for ortho-plastic dressing clinic which is staffed by the ward nursing team.
B6 Surgical Ward	Reduction in 9 beds and therefore reduction in establishment required.
C5 (Prev. West 6)	Relocation from UHL to UHW, increase in bed numbers from 24 to 34 beds.
West 1	Reduction in Spring 2024 due to reduction in 6 beds.
West 4 (Previously West 3)	Change during the Autumn review 2024; Change in location and increase in 2 beds, change in skill mix required.
CAVOC	Change in Autumn 2024 review. Reduction in staffing over the weekend and at night due to theatre activity and same day discharges.

Across Cardiff and Vale University Health Board, the Executive Director of Nursing undertakes a review of the nursing establishments for areas not designated under Section 25B of the Nurse Staffing Levels (Wales) Act 2016. A summary of the key points arising from these discussions is provided below.

**Mental Health**

Blunsdon Louise  
30/07/2025 12:19:08

Mental Health services remain designated under Section 25A of the Nurse Staffing Levels (Wales) Act 2016. Previous Nurse Staffing Level reports to the Board have highlighted the ongoing challenges in aligning Mental Health nursing establishments with the available financial envelope.

Further engagement has taken place through the recent establishment reviews. The Executive Director of Nursing has professionally agreed the current rostered establishments, acknowledging that they are uplifted above the approved budgeted levels. This variance has, to date, been managed within the Clinical Board through the utilisation of underspends and existing vacancies across other services.

Future planning work has been undertaken to model proposed rosters for Mental Health services. Further professional review of the proposed workforce models is required to ensure they are robust, sustainable, and aligned with service needs. If professionally agreed by the Executive Director of Nursing, it is recognised that implementation of these proposals would result in additional financial requirements for the Health Board. To ensure Executive Board oversight, the Clinical Board is in the process of preparing a detailed paper outlining the proposed changes and the associated financial implications.

### **Primary Care**

The nursing establishments for Primary Care and Community services have undergone a review as part of the spring cycle establishment reviews. Key issues identified during the review included the evaluation of establishments for specific services, such as the Department of Sexual Health and nursing staff within Her Majesty's Prison (HMP), both of which necessitate a thorough assessment of their respective workforce models following updated needs assessments in each area. Furthermore, the All-Wales Community Nurse Specification was discussed, with particular emphasis on the strategic direction and Further Faster funding which focused on increasing capacity at weekends to support the growing complexity of patients and a shift to a robust 24 hour enhanced community care model. The Director of Nursing highlighted the importance of reviewing service needs to determine whether such adjustments would constitute the most efficient and effective use of resources within the current staffing and financial constraints.

### **Emergency and Assessment Unit**

As part of the strategic effort to review nurse staffing unavailability and areas of high reliance on temporary staffing, a comprehensive review will be undertaken in the Emergency and Assessment Unit. This review will focus on the nursing establishments to ensure they remain appropriate in light of recent organisational changes and relocations. The review will be conducted promptly, with the findings presented to the Executive Director of Nursing for professional agreement on the establishments.

Blunsdon, Louise  
30/07/2025 12:19:08

<b>Informing patients</b>	<p>The Nurse Staffing Levels (Wales) Act 2016 requires Local Health Boards and Trusts to make arrangements to inform patients of the nurse staffing levels. To support compliance, the Health Board has implemented the All-Wales Informing Patients templates, ensuring information is displayed bilingually and consistently across all wards. Frequently Asked Questions (FAQs) have also been provided to Ward Sisters and Charge Nurses. In addition, the nurse staffing levels are formally presented to the Board on a biannual basis, aligned with the All-Wales reporting cycle and these reports are publicly available on the Cardiff and Vale UHB website.</p> <p>Monitoring of compliance is undertaken through the digital audit platform, Tendable, where specific audit questions have been developed. In April 2025, 25 audits were completed, with an overall compliance rate of 87.3%. Key areas for improvement include improving the visibility of staffing information on wards and ensuring the bilingual FAQs are readily available.</p>
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**Section 25E (2a) Extent to which the nurse staffing level has been maintained**  
 As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

<b>Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u></b>				
		<b>Number of Wards:</b>	<b>RN (WTE)</b>	<b>HCSW (WTE)</b>
	<b>Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May 2024)</b>	<b>38</b>	<b>832.63</b>	<b>642.44</b>
	<b>WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May 2024) calculation cycle</b>	<b>38</b>	<b>832.63</b>	<b>642.44</b>
	<b>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</b>	<b>38</b>		
	<b>Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov 2024)</b>	<b>37</b>	<b>814.73</b>	<b>629.32</b>
	<b>WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov 2024) calculation cycle</b>	<b>37</b>	<b>814.73</b>	<b>629.32</b>

Blunsdon, Louise  
30/07/2025 12:19:08



	<b>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</b>	<b>WTE: 37</b>		
	<b>Required establishment (WTE) of adult acute medical and surgical wards calculated during first cycle (May 2025)</b>	<b>38</b>	<b>849.21</b>	<b>638.01</b>
	<b>WTE of required establishment of adult acute medical and surgical wards funded following first (May 2025) calculation cycle</b>	<b>38</b>	<b>849.21</b>	<b>638.01</b>
	<b>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</b>	<b>WTE: 38</b>		
<p><b><u>All Wales Paragraph</u></b></p> <p><i>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</i></p> <p><b><u>Cardiff and Vale UHB Update</u></b></p> <p>Cardiff and Vale UHB routinely includes both the previous reporting cycle and the most recently approved establishments in its annual assurance report. In line with the All-Wales assurance template, the report covers two previous reporting cycles (6 April 2024 – 5 April 2025) as well as the current establishments approved by the Executive Director of Nursing, ensuring the Executive Board is fully informed.</p> <p>Under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, only adult and paediatric acute medical and surgical inpatient wards are included. Areas such as the Emergency Unit, Critical Care, Rehabilitation Units, and Same Day Surgical Decision Units are excluded, as are emerging services like the Integrated Assessment Care Unit, which support patients not requiring acute care.</p> <p>This year's winter ward, operating as an integrated assessment unit, is not included under section 25B of the 2016 Act but has a professionally agreed establishment. Conversely, Ward A2 now meets the requirements under section 25B of the 2016 Act due to its patient profile and model of care. These changes - driven by evolving service models and</p>				

Blunsdon, Louise  
30/07/2025 12:19:08

	clinical need - help explain year-on-year variation in reported numbers of Registered Nurses and Healthcare Support Workers (HCSWs).			
<b>Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u></b>		<b>Number of Wards:</b>	<b>RN (WTE)</b>	<b>HCSW (WTE)</b>
	<b>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)</b>	2	106.24	25.02
	<b>WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle</b>	2	106.24	25.02
	<b>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</b>	WTE: 2		
	<b>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)</b>	2	106.24	25.02
	<b>WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle</b>	2	106.24	25.02
	<b>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</b>	WTE: 2		
	<b>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)</b>	2	106.24	25.84
	<b>WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle</b>	2	106.24	25.84
	<b>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</b>	WTE: 2		

Blunsdon, Louise  
30/07/2025 12:19:08



**All Wales Paragraph**

*In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.*

**Cardiff and Vale UHB Update**

The two paediatric wards covered under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 fully participate in establishment reviews. A 26.9% uplift is applied to the planned rosters to support staffing establishments. In addition, each ward has a supernumerary Ward Sister/Charge Nurse.

There has been a slight increase in HCSW WTE required on Gwdihw Ward otherwise no significant change to the establishments during the reporting period.

**Extent to which the planned roster has been maintained within adult acute medical and surgical wards**

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
<b>TOTAL</b>	22703	59.07%	7.2%	23.7%	10.1%	85%

**Data Entry and Compliance**

Staffing data is recorded in SafeCare by the Nurse in Charge at the start of each day and night shift. This data above covers the period from 1 April 2024 to 31 March 2025. During this period, data was submitted for 85% of all shifts. Day shift compliance remains consistently high at over 90%, while night shift compliance continues to require some improvement and remains a key area of focus.

**Staffing Appropriateness (Professional Judgement)**

The professional judgment of nursing teams is recognised as essential in assessing safe staffing levels. On 82.77% of shifts, the Nurse in Charge judged staffing levels to be appropriate for delivering safe and effective care. This marks an

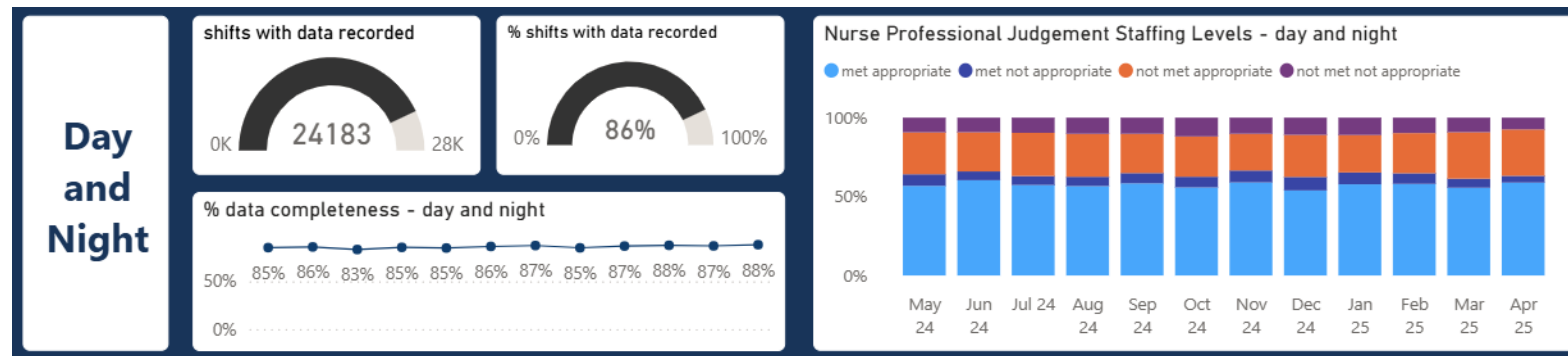
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30/07/2025 12:19:08

improvement from 77.3%, as reported in May 2024. In some cases, a roster may be unmet but still considered appropriate - examples include bed closures for infection prevention and control, lower patient acuity, or specialist service requirements.

In contrast, 17.3% of shifts were assessed as having inappropriate staffing levels, irrespective of whether the roster was met. While this represents a reduction from 22.7% reported in May 2024, the challenges faced by nursing teams during these shifts are fully acknowledged. These shifts are now under enhanced review, alongside any red flags raised in SafeCare, by the Nursing Workforce Hub. The Hub also monitors upcoming short-term rosters to proactively reduce the risk of unsafe staffing levels.

**Data Visibility and Quality Assurance**

Nursing dashboards continue to be available to teams via SharePoint, providing visibility of shift-level data. This supports local quality assurance and informs the establishment review process. An example of the dashboard is shown below.



Extent to which the planned roster has been maintained within paediatric inpatient wards

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30/07/2025 12:19:08*

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
<b>TOTAL</b>	1424	28.38%	1%	61.6%	9%	99%

	<p><b><u>Paediatric Staffing and Professional Judgement</u></b></p> <p>As in adult services, the professional judgment of paediatric nursing teams is essential in determining whether staffing levels are safe and appropriate. Across paediatric services, 89.98% of shifts were assessed as appropriate by the Nurse in Charge.</p> <p>A significant proportion of these shifts were recorded as appropriate despite the roster not being met. Reasons include those also seen in adult services- such as bed closures and changes in patient acuity but also reflect the fast-paced nature of paediatric care and the rapid changes in patient condition and complexity.</p> <p>The senior nursing team actively reviews the deployment of nurses across all areas of the Children’s Hospital for Wales, including specialist and high-acuity settings, to respond to the varied and complex needs of the patient population. In total, 10% of shifts were assessed as inappropriate, with 9% of these occurring when the roster was not met. Data completeness across paediatrics is excellent, with 99% of shifts recorded in SafeCare over the year, reflecting that the system is well embedded and consistently used in these clinical areas.</p>
<p><b>Process &amp; systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.</b></p> <p><i>Blunsdon Louise 30/07/2025 12:19:08</i></p>	<p><b><u>All Wales Paragraph</u></b></p> <p><i>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency. Each health board/trust committed to implementing RL Datix (formally Allocates) Safecare system, with each organisation having implemented this system to their section 25B wards.</i></p> <p><b><u>Cardiff and Vale UHB Update</u></b></p> <p>As outlined above, SafeCare is well embedded across Cardiff and Vale UHB, with strong compliance in system usage. The platform has now been rolled out to over 90 clinical areas, including Mental Health, Community Hospitals, Neonatal Intensive Care (NICU), and Critical Care. SafeCare plays a central role in daily operational decision-making, supporting the assessment of nurse staffing levels. Senior and lead nurses undertake daily reviews to monitor safe staffing and identify any areas of concern. SafeCare also underpins decision-making within the Nursing Workforce Hub, offering a comprehensive organisational overview of nurse staffing status and enabling timely interventions.</p>

	<p>Significant progress has also been made by the Corporate Nursing Team to establish a long-term reporting solution that aligns with the requirements of the Nurse Staffing Levels (Wales) Act 2016. Integration of HealthRoster data now allows for daily updates to nursing workforce dashboards, providing near real-time visibility of staffing levels across the organisation. These dashboards not only meet statutory reporting requirements but also facilitate informed and ongoing professional nursing dialogue.</p>
<p><b>Process for maintaining the Nurse staffing level</b></p>	<p>In recent months, there have been significant developments in the daily oversight of nurse staffing. At the start of this calendar year, a Nursing Workforce Hub was established. Led by a Director of Nursing, a Senior Nurse and supported by clinical board Senior or Lead Nurses, the hub operates Monday to Friday, providing central oversight of staffing levels across the organisation. It reviews all temporary staffing requests, 'red flags' raised in SafeCare and is empowered to make professional staffing decisions in response to critical staffing gaps. During weekends, a Senior or Lead Nurse on call undertakes this function to ensure continuity. While still in its early stages, the Nursing Workforce Hub is evolving and will continue to develop to support nurse staffing decisions.</p> <p>In parallel, there has been a significant organisational focus on recruitment, with available data indicating a reduction in nursing vacancies. When combined with daily staffing reviews, this has led to a notable decrease in agency nurse staffing usage in recent months. Where temporary staffing remains necessary, efforts have been made to convert shifts to bank staffing, promoting both cost-effectiveness and continuity of care.</p> <p>Detailed evidence has been presented to the Executive team on a weekly basis, outlining the breakdown of substantive and temporary staff usage in relation to signed-off establishments. This reporting highlights areas where establishments are not being met and ensures that trends are closely monitored throughout this period of transition.</p> <p>During the reporting period, there has also been a strong emphasis on the availability and optimisation of the substantive workforce, monitored through the Nursing Productivity Group. A series of rostering efficiency sessions have been developed and delivered to Senior Nurses, Lead Nurses, and Ward Managers. These sessions focus on achieving a balanced distribution of annual leave, effective management of sickness and study leave, and the utilisation of the allocated headroom of 26.9%. The availability of robust data from Health Roster has been integral to these discussions. A dashboard has been created to monitor rostering trends within each clinical area, enabling informed local management and continuous improvement.</p> <p>To further support this work, and in alignment with the Cardiff and Vale UHB Operating Framework, a Rostering Principles and Good Practice Guide has been developed and agreed by the Directors of Nursing. This guide offers practical information on SafeCare usage and a quick-reference summary of the operating framework, both in and out of hours.</p>
<p><b>Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards</b></p>	

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Incidents of patient harm with reference to quality indicators and complaints about nursing care	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL
<b>Number of incidents/complaints closed during the current reporting period . (Please note these may include incidents/complaints opened prior to this reporting period).</b>	21	6	2	1
<i>Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained</i>	3	1	1	1
<i>Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</i>	0	0	1	1
<i>Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</i>	18	5	1	0
<i>Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.</i>	0	0	0	0

**All-Wales Paragraph**

Based on a review of the Health Boards/Trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Nurse Directors and CNO in 2021, which included a series of recommendations to improve and refine the reporting process. Following this a sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process to standardise reporting and be in

*line with the Duty of Candour set out in the Quality & Engagement Act (2020), with the aim of broadening the scope of incidences of harm to provide more meaningful data, by including moderate risk falls and medication administration error incidents.*

*The work of the Reporting Sub-Group included a review of the measures for the adult medical and surgical inpatient wards and these were presented to the Executive Nurse Directors in August 2023. The changes to the adult wards measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.*

*Since EDoNs agreed the recommendations in August 2023 it became apparent that the way data is being captured on Datix to meet the reporting requirements of the Duty of Candour (DoC), which came into force in April 2023, may impact our data collection under the duties of the NSLWA.*

*Previously, we anticipated that the changes in the reporting criteria to include moderate levels of harm would increase overall reporting, however, following this clarification this anticipated increase may not be seen.*

*It must be noted that previous NSLWA reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. To align with patient safety incident reporting to Welsh Government all future NSLWA reports, as from April 2024, will report on closed patient safety incidents which have been validated with a level of harm moderate or above (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.*

*The quality indicators for the adults in-patient wards will be as follows:*

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).*
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).*
- Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).*
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))*

*The data to be reported for each of the above will be:*

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).*
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*

- *Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

### **Cardiff and Vale UHB Update**

The data in the above template is provided from incidents recorded within the Datix system. There are significant complexities in extracting the data from this system and it involves a manual process with a number of different field options. There is therefore some concern regarding the data, despite significant efforts to ensure all incidents are captured consistently across the UHB and in line with the All-Wales approach to reporting. This has been raised as part of the All-Wales Nurse Staffing Programme and discussions are taking place to explore opportunities to create an All-Wales dashboard within datix to report on these metrics. This would provide greater assurance and consistency on the data being reported. This was reported in the previous annual assurance report.

### **Pressure Damage**

The data presented on hospital-acquired pressure damage has been derived by filtering incidents that meet the following criteria: pressure ulcers that developed or worsened during care within this clinical area, categorised as Grade 3, Grade 4, or Unstageable, and assessed as avoidable.

As previously highlighted, there are concerns that some incidents may not have been fully captured. If key data fields were incomplete, the incident may have been excluded from the dataset. To support improved accuracy and monitoring, the data has been reviewed, and a dedicated dashboard has been recently developed in Datix in collaboration with the Patient Safety Team based on the updated All-Wales reporting criteria.

During the current reporting period, **21** avoidable hospital-acquired pressure ulcers at Grades 3, 4, or Unstageable have been reported. Of these, three occurred during periods when nurse staffing levels were not fully maintained. However, none of these incidents identified staffing levels as a contributing factor, regardless of whether the roster was adhered to. This is a reduction on the number reported in the previous annual assurance report which reported 30 incidents, three of which occurred when the nurse staffing levels was not maintained and in one of these cases the nurse staffing levels was believed to be a contributory factor.

Each incident meeting the above criteria undergoes a structured focus review and is presented at Clinical Board Scrutiny Panels, where learning and actions are identified and shared across the relevant clinical areas.

In two reported cases of hospital-acquired pressure damage, discrepancies were identified between the structured responses to the nurse staffing questions and the information in the associated focus reviews. These inconsistencies have been discussed with the Senior Nurse responsible for the relevant clinical area. The reported figures are based on the nurse staffing questions within Datix, with an acknowledgment of the limitations and potential risks of having multiple sources of data from the focus reviews and nurse staffing questions.

### **Falls**

The falls data presented is based on closed incidents of moderate harm, severe harm or death. Only those falls that have been reported as relating to nursing care has been recorded as advised by the All-Wales Nurse Staffing Programme. Despite moderate harm being included, an increase in the number of falls being reported has not been seen. During this reporting period 6 falls are recorded based on the above criteria and this is the same number recorded in the previous annual assurance report when moderate harm falls was not included. Explanations for this is likely due to some of the reporting criteria which is summarised in the All-Wales paragraph.

During the current reporting period there is one incident where a fall occurred resulting in harm on the above criteria when the nurse staffing levels was not maintained. It was not believed to have been a contributory factor.

### **Medication Errors**

In the two cases reported above, both incidents involved the omission of medication. Given the low number of such cases, each was individually reviewed. One of these incidents occurred in 2022 and was closed during the current reporting period. Although the question “Is this incident related to nursing care?” was answered as “No,” the investigation revealed concerns about nurse staffing levels during the shift in question. These concerns had been escalated to the Senior Nurse on Call and may have influenced decision-making at the time. Due to the timing of the incident, nurse staffing rosters could not be retrospectively reviewed; therefore, the investigation findings have been used to support its inclusion in this report. Several actions and learning points arose from this incident, which were monitored by both the Patient Safety Team and the Clinical Board.

### **Complaints**

One complaint met the reporting criteria and occurred on a ward to which Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies during the reporting period. While the complaint referred to aspects of nursing care, the Datix field asking whether it related to nursing care was marked as “No.” The information presented in the table above is based on the investigation findings and professional judgment regarding whether the complaint meets the reporting threshold.

Historically, there have been inconsistencies in how complaints are reported across health boards, due to the lack of a clear operational definition within the statutory and operational guidance. To address this, significant work has been undertaken by the Reporting Subgroup of the All-Wales Nurse Staffing Group, resulting in the development of new guidance. The Concerns Team in Cardiff and Vale UHB has actively contributed to these discussions, and efforts are ongoing to improve consistency and clarity in future reporting.

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30/07/2025 12:19:08

**Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards**

<b>Incidents of patient harm with reference to quality indicators and complaints about nursing care</b>	<b>Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).</b>	<b>Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).</b>	<b>Medication administration errors resulting in moderate harm, severe harm, death &amp; never events (i.e. level 3, 4, 5 and never events incidents).</b>	<b>infiltration and extravasation injuries</b>	<b>Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))</b>
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
<b>Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).</b>	0	0	0	0	0
<i>Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained</i>	0	0	0	0	0
<i>Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</i>	0	0	0	0	0
<i>Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</i>	0	0	0	0	0
<i>Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor,</i>	0	0	0	0	0

even when planned roster had been maintained.

**All-Wales Paragraph**

*The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.*

*The quality indicators for the paediatric inpatient wards will be as follows:*

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).*
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).*
- Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).*
- Infiltration and extravasation injuries*
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))*

*The data to be reported for each of the above will be:*

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).*
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained*
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor*
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained*
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.*

**Cardiff and Vale UHB Update**

During the review of incidents recorded in Datix, one incident was identified on a paediatric ward covered by Section 25B of the 2016 Act, relating to an extravasation injury. However, the incident was documented as not being related to nursing care. The focused review which was undertaken by the clinical team confirmed that there were no concerns regarding nursing care in this case. As a result, the incident has not been included in the table above. No other incidents meeting the reporting criteria were identified across the paediatric 25B wards.

**Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate \*)**

<p><b>Actions taken if the nurse staffing level <u>was not</u> maintained in wards where section 25B applies</b></p>	<p>During this reporting period, there has been an improvement in the number of shifts where nurse staffing levels were assessed as appropriate. However, despite this progress, over one-sixth of shifts were still deemed to have inappropriate nurse staffing levels.</p> <p><b>Actions Taken in Response to Not Maintaining Established Nurse Staffing Levels</b></p> <p>Actions taken to address nurse staffing level issues are varied and comprehensive. Within clinical boards, these actions are reviewed during daily staffing 'huddles,' and efforts to mitigate short staffing are communicated across directorate teams. SafeCare provides staff with the opportunity to raise 'Red Flags' when there are concerns about nurse staffing in clinical areas. These Red Flags are reviewed by the Nursing Workforce Hub, which offers an organisational overview and considers the use of temporary staff or the redeployment of nursing staff as needed.</p> <p><b>Actions taken when nurse staffing levels are not maintained include:</b></p> <ul style="list-style-type: none"> <li>• <b>Escalation Process:</b> Clear escalation from ward-based clinical staff to the Senior Nurse, Nursing Workforce Hub, and Director of Nursing.</li> <li>• <b>Risk Mitigation:</b> Redeployment of staff across clinical areas to mitigate risks.</li> <li>• <b>Enhanced Supervision Review:</b> Enhanced supervision requirements are reviewed, and opportunities to cohort appropriate patients are considered to maintain patient safety. Senior and Lead Nurses regularly review all patients requiring enhanced supervision.</li> <li>• <b>Bed Management:</b> The number of beds is reviewed, by Senior and Lead Nurses and bed closures are considered if appropriate, particularly in paediatrics. Nurse staffing concerns are shared with the operational site team along with the Director of Nursing for the Clinical Board.</li> <li>• <b>Leadership Integration:</b> The Ward Sister/Charge Nurse is integrated into the planned roster if there is unmitigated risk in a clinical area.</li> <li>• <b>Communication Channels:</b> Open communication channels have been developed, including a monthly Senior Leadership Nurse forum to ensure ongoing strategic concerns can be quickly escalated. The introduction of the 'work in confidence' platform ensures staff can raise concerns anonymously.</li> <li>• <b>Roster Review:</b> Rosters are initially reviewed by the ward manager and subsequently approved by a senior nurse. Bank shifts are made available at the time of roster publication to ensure optimal fill time. In the event of short-term staffing gaps, the roster is re-evaluated, and opportunities to adjust staffing are explored to maintain adequate coverage.</li> </ul>
<p><b>Requirements of Section 25A</b></p>	<p style="text-align: center;"><b>Section 25A: Duty to have regard to provide sufficient nurses</b></p> <p>Section 25A of the Nurse Staffing Levels (Wales) Act 2016 places a duty on Local Health Boards and NHS Trusts in Wales to: <i>“Have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively.”</i></p>

Blunsdon, Louise  
30/07/2025 11:19:08

(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)

**Evidence of the nursing workforce planning undertaken to maintain nurse staffing levels includes:**

- **Focused Recruitment Events:** Recruitment events held across various settings, including participation in student streamlining events.
- **HealthCare Support Worker Recruitment:** Specific recruitment events targeting HealthCare Support Workers.
- **Strategic Nursing Workforce Planning:** A Director of Nursing is responsible for overseeing strategic nursing workforce planning, working with key stakeholders such as Health Education Improvement Wales and ensuring robust processes for appropriate student allocation to areas with vacancies.
- **Assistant Practitioner Role:** Introduction of the Assistant Practitioner role, supported by an educational programme. Many assistant practitioners have gained registration with the Nursing and Midwifery Council to become registered nurses.
- **Additional Roles:** Consideration of additional roles to support patient care, such as pharmacy technicians and diet assistants.
- **Rostering Practices Review:** Monthly reports to clinical boards reviewing rostering practices.
- **Restorative Clinical Supervision:** Implementation of a restorative clinical supervision programme and strategy for the health board, initially focusing on newly qualified nurses.
- **Internal Career Development Scheme:** Introduction of an internal career development scheme providing opportunities for Band 2 and Band 5 staff to advance their careers through internal transfers, enhancing clinical skills, knowledge, and professional goals.
- **Strategic Direction:** Guidance provided through key groups such as the Nursing Productivity Group and Nursing Midwifery Board.

Across Cardiff and Vale UHB, the process to review and monitor nurse staffing levels is well established. The Executive Director of Nursing oversees a comprehensive review of all nursing establishments, not limited to those in 25B areas. The methodology for this review is detailed in the "Process and Methodology Used to Calculate the Nurse Staffing Level" section of this template.

**Conclusion & Recommendations**

During this reporting period, Cardiff and Vale UHB has demonstrated a clear commitment to upholding the principles of the Nurse Staffing Levels (Wales) Act 2016, particularly in ensuring patient safety and quality of care through appropriate nurse staffing. While challenges in maintaining nurse staffing levels persist, both in the short and long term, the Health Board has made measurable progress, evidenced by an increase in the number of shifts assessed as having appropriate nurse staffing levels.

A wide range of operational, strategic, and escalation measures have been implemented to mitigate risks when staffing levels fall below the established standard. These include the daily use of SafeCare, effective escalation pathways

Blunsdon, Louise  
30/07/2025 12:19:08

through the nursing workforce hub and adaptive rostering. In parallel, the organisation has strengthened its long-term workforce planning through targeted recruitment, the introduction of new roles, and career development initiatives, alongside starting new support mechanisms such as restorative clinical supervision.

Lessons learned from incident investigations and learning events have further informed improvements in practice. Close monitoring of quality indicators are required as the challenges surrounding the datix management system and how data is extracted is an ongoing challenge. The Health Board continues to evolve its processes in line with national guidance, through the All-Wales Nurse Staffing Programme.

Across Cardiff and Vale UHB nursing establishments are supported by robust, evidence-based processes that are regularly reviewed and refined. These processes enable the organisation to respond dynamically to service pressures, acuity changes, and workforce challenges, ensuring safe and effective care delivery.

**The Board is asked to:**

Receive the report as assurance that the statutory requirements relating the Nurse Staff Levels (Wales) Act 2016 have been fulfilled.

Note the funded nurse staffing establishments detailed in appendix 1, undertaken as part of bi-annual recalculations.

Blunsdon, Louise  
30/07/2025 12:19:08

Appendix: Annual Assurance Report

Health board/trust:	Cardiff and Vale UHB	In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report.
Period of the report	6th April 2024 - 5th April 2025	
adult acute surgical wards	18	

Adult Acute Surgical Inpatient wards

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring 2024 calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn 2024 calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (Spring 2025 calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made				Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale	
C1 (Women's and Children Clinical Board)	1	22.27	15.4	1	22.26	15.4	1	22.44	18.32	Yes	Yes	Increase in HCSW at night and slight increase in the shift length for the registered nurse on the short shift.	No	NA	NA	NA	
C6	1	30.46	17.06	1	30.46	17.06	1	30.46	17.06	Yes	No	NA	No	NA	NA	NA	
B2 Vascular	1	33.3	19.9	1	33.3	19.9	1	33.3	19.9	Yes	No	NA	No	NA	NA	NA	
A6 North	1	16.24	11.37	1	16.24	11.37	1	16.24	11.37	Yes	No	NA	No	NA	NA	NA	
A6 South	1	16.26	11.37	1	16.24	11.37	1	16.24	11.37	Yes	No	NA	No	NA	NA	NA	
B6	1	30.46	19.09	1	30.46	19.09	1	27.61	16.24	Yes	Yes	Reduction in 9 beds and therefore reduction in establishment required.	No	NA	NA	NA	
A4 North (Previously A5 North Spinal Unit)	1	18.32	14.21	1	19.09	14.21	1	19.09	14.21	Yes	Yes	No change to planned roster, calculation adjustment made.	No	NA	NA	NA	
A5 South	1	14.21	11.37	1	14.21	11.37	1	14.21	11.37	Yes	No	NA	No	NA	NA	NA	
West 1	1	19.9	19.9	1	14.21	17.06	1	14.21	17.06	Yes	Yes	Reduction in Spring 2024 due to reduction in 6 beds.	No	NA	NA	NA	
West 4 (Previously West 3)	1	11.37	14.21	1	14.21	11.37	1	14.21	11.37	Yes	Yes	Change during the Autumn review 2024; Change in location and increase in 2 beds, change in skill mix required.	No	NA	NA	NA	
West 5	1	14.21	17.07	1	14.21	17.06	1	14.21	17.06	Yes	No	NA	No	NA	NA	NA	
CAVOC	1	25.99	19.09	1	22.74	13.4	1	22.74	13.4	Yes	Yes	Change in Autumn 2024 review. Reduction in staffing over the weekend and at night due to theatre activity and same day discharges.	No	NA	NA	NA	
B5 Nephrology (Specialist Clinical Board)	1	31.53	16.48	1	30.86	17.06	1	30.86	17.06	Yes	Yes	During the review process, highlighted that ward manager included within planned roster numbers whilst SPN. Calculations reviewed and updated.	No	NA	NA	NA	
T5 (Specialist Clinical Board)	1	29.7	13.64	1	29.7	13.64	1	29.24	11.37	Yes	Yes	During the review process, highlighted that ward manager included within planned roster numbers whilst SPN. Calculations reviewed and updated.					
C5 (Previously West 6)	1	22.72	8.53	1	31.27	13.4	1	31.27	13.4	Yes	Yes	Relocation from UHL to UHW, increase in bed numbers from 24 to 34 beds					
B4 Neuro (Specialist Clinical Board)	1	35.35	25.18	1	36.14	25.58	1	32.49	24.77	Yes	Yes	Reduction in bed capacity during the reporting period from 34 beds to 29 beds.					
Poly-Trauma Unit (Specialist Clinical Board)	1	24.2	19.9	1	24.2	19.9	1	25.58	19.9	Yes	Yes	Uplift required for ortho-plastic dressing clinic which is staffed by the ward nursing team.					
T4 Neuro (Specialist Clinical Board)	1	37.37	8.53	1	38.17	8.53	1	38.18	8.53	Yes	No	No change to the planned roster, calculations reviewed in Spring 2024 establishment reviews and updated.	No	NA	NA	NA	
<b>Totals Required WTE:</b>	<b>18</b>	<b>433.86</b>	<b>282.3</b>	<b>18</b>	<b>437.97</b>	<b>276.77</b>	<b>18</b>	<b>432.58</b>	<b>273.76</b>								

Blunsdon, Louise  
30/07/2025 12:19:08

# CARDIFF & VALE UHB INTEGRATED PERFORMANCE REPORT COVER PAPER – July 2025



**Finance**

**Public Health**

**Operational**

**Quality, Safety & Experience**

**People and Culture**

**Digital**



**Capital**

**Conclusion**

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

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
<b>Draft Deficit</b>	<b>111.000</b>
Additional Allocations	(22.768)
Savings Plans	(32.000)
<b>Initial Planned Deficit</b>	<b>56.233</b>

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

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

**At Month 3, the UHB is reporting a year to date overspend of £15.216m.**

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	5,372	5,372	0	19,349	19,349	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(2,394)	(2,135)	259	(5,291)	(4,447)	844	(32,000)	(28,623)	3,377
Operational Variance	0	79	79	0	314	314	0	0	0
<b>Clinical/Service Board Variance</b>	<b>2,979</b>	<b>3,317</b>	<b>338</b>	<b>14,058</b>	<b>15,216</b>	<b>1,158</b>	<b>56,233</b>	<b>59,610</b>	<b>3,377</b>

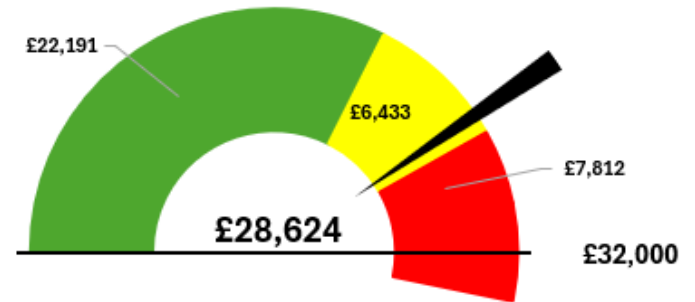
The overall £15.216m deficit at month 3 was made up as follows:

- Planning Deficit **£14.058m**
- Savings Programme deficit of **£0.844m**
- Operational Position deficit **£0.314m**.

At month 3, there was a shortfall of £3.377m against the revised £32.0m savings programme target. This will lead to a further £3.377m overspend against the planned £56.2m deficit if further schemes are not identified and delivered.

At Month 03, the UHB had identified £28.624m (89.5%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £7.812m are also identified and continue to be reviewed for progression to Green/Amber where possible.

2025/26 UHB Savings Programme: Identified vs Requirement



Finance

The reported in year gap of £3.376m in identified savings incorporates red schemes and the unidentified balance. The recurrent gap was higher at £6.666m . If further recurrent savings are not identified and delivered following month 3 there is a risk of further deterioration to the UHB’s underlying deficit as illustrated below:

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(32.000)
Additional Recurrent Allocations	(22.767)
<b>Planned Underlying Deficit (ULD) at end of 2025/26</b>	<b>56.233</b>
<b>Shortfall against Recurrent Savings Target at month 3</b>	<b>6.666</b>
<b>Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings &amp; Actions</b>	<b>62.899</b>

Further recurrent schemes are being developed to close the gap.

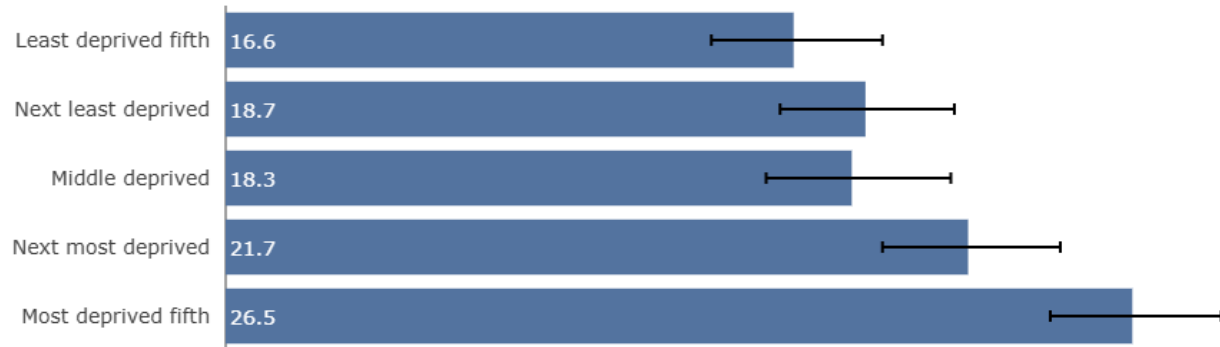
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- The Child Measurement Programme dashboard has been released for 2023/24, which shows that **the difference between most and least deprived quintile for overweight and obesity of reception year children is 9.9%** in Cardiff and Vale of Glamorgan:

**Figure: Percentage of children aged 4 to 5 years with overweight or obesity, Cardiff and Vale UHB, local deprivation fifths, 2023/24**

Produced by Public Health Wales, using CMP (DHCW) and WIMD 2019 (Welsh Government)

— 95% confidence interval



- Comprehensive facility audit** of all spaces available for physical activity and sport within Cardiff underway to establish a shared understanding of the wide range of facilities available such as indoor and outdoor sports venues, commercial and private gyms, educational facilities including schools, colleges and universities and community spaces that support and enable physical activity. Vale of Glamorgan equivalent also planned with key stakeholders on board.
- Programme management support has been identified and allocated from the Shaping Change team to support the **Diabetes Strategic Partnership Board**. The **inpatient diabetes patient and data pathway mapping** work has commenced, with support from Shaping Change team.
- A working group is being established in partnership with PCIC to improve the **8 care processes compliance rates**. This will have pan-cluster membership and will provide an opportunity to assess the data and share best practice between practices and clusters to improve uptake in an equitable manner.
- Diabetes 'deep dive' session for Regional Partnership Board (RPB)** held on 10th June 2025. This session explored the role of the local system in addressing and preventing the increasing prevalence of type 2 diabetes, focussing on the role and opportunity for RPB partners to collaboratively shift prevention upstream for those communities and individuals at greatest risk of developing diabetes and its complications. This generated a significant amount of discussion and interest with many follow up meetings.

## Vaccination

- **COVID-19 vaccination** in Cardiff and the Vale has improved with 56.66% uptake (above the Welsh average of 53.18%). We have seen significant progress in all eligible groups with over 80% of residents in care homes being vaccinated and 62.12% of over 75 years old, which is the **above the Welsh average**. Among the immunosuppressed population we have just below 40% uptake which is a notable improvement and is now **above the Welsh average**.
- To address inequalities in access and uptake of childhood **influenza vaccination**, work is underway to finalise delivery plans to offer gelatine free influenza vaccination this winter in schools alongside the nasal formulation.
- Measles is a vaccine preventable disease. Measles is a major concern at present due to the number of children and teenagers who have not been fully vaccinated. We are focussing efforts in schools to try to address this.

## Tobacco

- New approaches are being explored to improve outcomes for smokers, e.g. **text messaging service** through primary care to patients who smoke.

## Women's Health Hubs

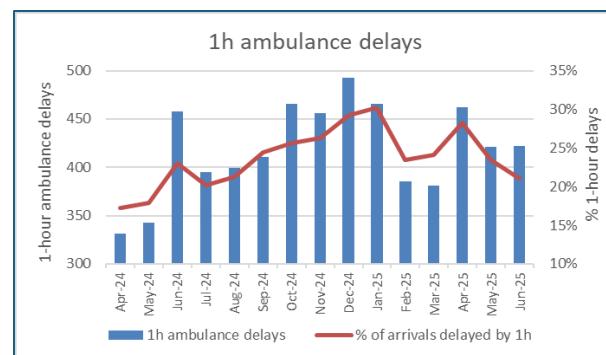
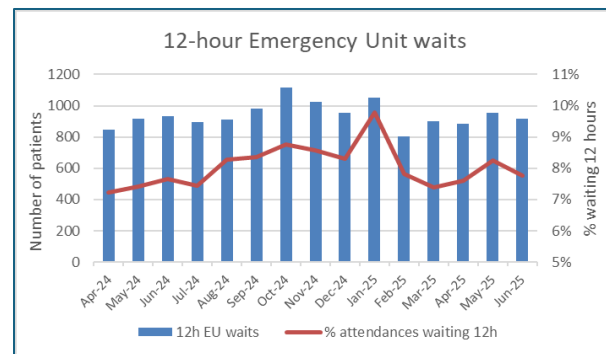
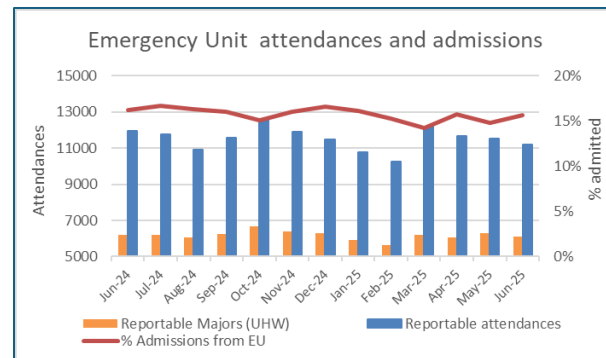
- **CVUHB Women's Health Steering Group** has been established, with pan-Clinical Board representation and third sector representation. Monthly meetings are in place.
- CVUHB bid for **national pump-prime funding** for a 'pathfinder' Women's Health Hub has been submitted and has been funded this will support analysis of waiting lists and a women's health needs assessment.
- The **rapid population scoping assessment** has been completed, and a preferred 'pathfinder' first Women's Health Hub option is in development in preparation for the second round of national pump-prime funding in August.

## Health protection

- During June 2025, the outbreak control team responding to an outbreak of **Cryptosporidium** linked to a farm in the Vale of Glamorgan was stood down. There were a total of 89 confirmed cases. The local system worked in partnership to protect the health of the local population.
- A communications plan to reduce stigma associated with HIV is planned.

# Urgent and Emergency Care – Out of Hospital and Front Door

- In June attendances at the Emergency Unit reduced slightly from those in May, a slight increase compared to June '24. The number of Majors reduced from May '25. The proportion of patients admitted via EU increased to 15.6% and is reduced when compared to June '24
- June has seen periods of significant operational pressure, impacting flow through the hospital and waits in the EU. We have a planned 'reset' week in July to allow teams to review how we are managing prolonged periods of pressure and improve the timeliness and safety of care across the system
- The number of patients waiting 12 hours or more in EU reduced in June and represented 7.8% of attendances. The number of patients waiting 24 hours in the EU footprint increased to 34, highlighting the impact of intense periods of operational pressure
- The number of 1-hour ambulance holds was unchanged from May to June – 21% of conveyances waited >1h at UHW. We saw an increase in conveyances in June and while total lost hours increased, lost minutes per arrival remained the same as in May



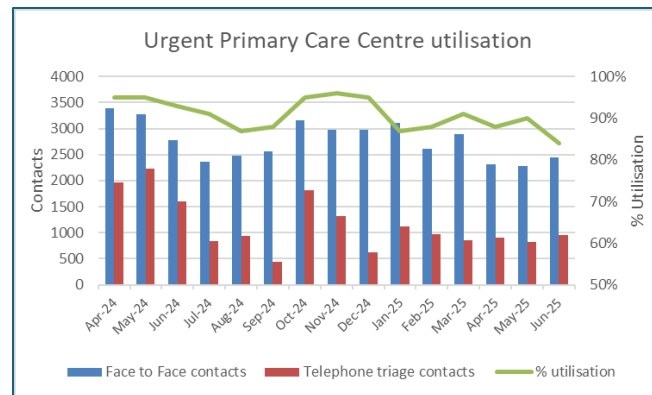
Urgent and Emergency

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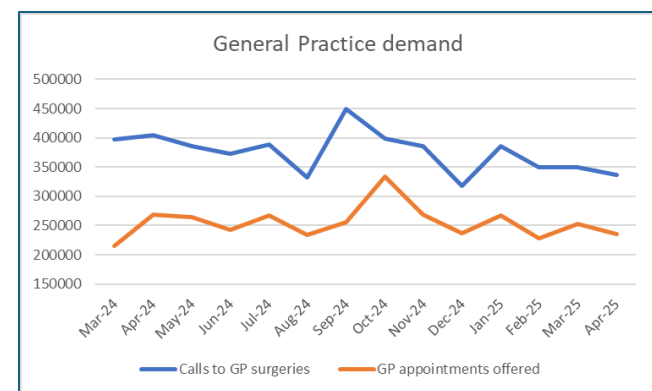
## Urgent and Emergency Care – Out of Hospital and Front Door

- In June, over 2,400 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 950 patients triaged by telephone. In June 84% of the available slots were utilised
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in April fell slightly from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

### Urgent and Emergency



GMS activity		April 2025	Year to date 24/25
	Calls to GP practices	336,622	336,622
	Digital requests to GP practices	73,447	73,447
	GP appointments offered	235,618	235,618
	Items issued via prescription	701,751	701,751



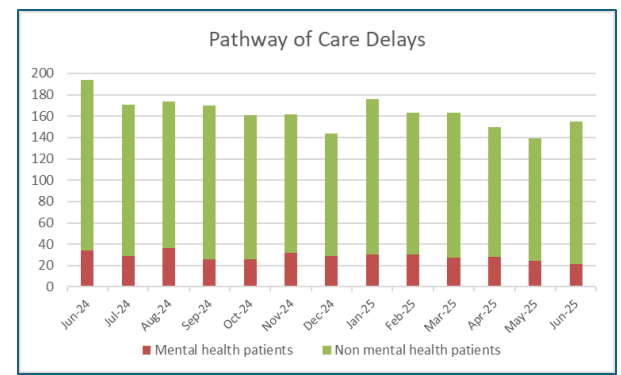
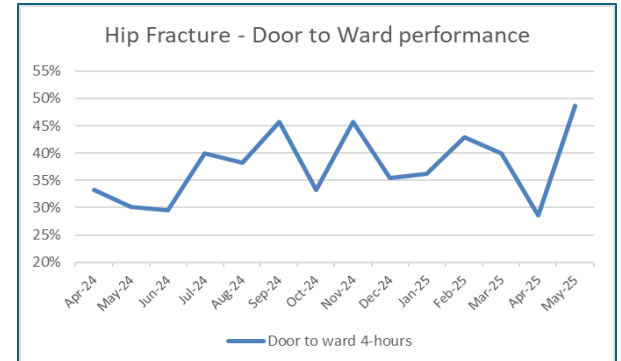
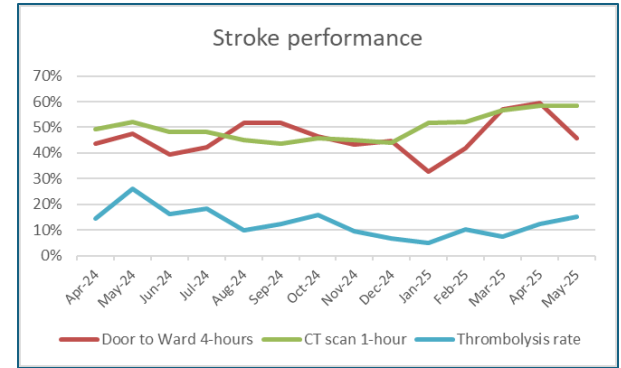
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# Urgent and Emergency Care – Hospital Flow and Discharge

- The most recent data from May showed a deterioration in compliance with the Door to Ward standard for Stroke patients. Compliance fell from 59.6% to 45.7% with operational pressures in EU impacting flow. 58.5% of patients receiving their CT scan within 1-hour
- In April, 49% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an improvement from April and remains significantly above the national average of 9%
- Pathway of Care Delays increased in June 2025 to 155, although the number of mental health delays marginally reduced. We continue to focus on reducing delays and the length of inpatient stays.

Urgent and Emergency

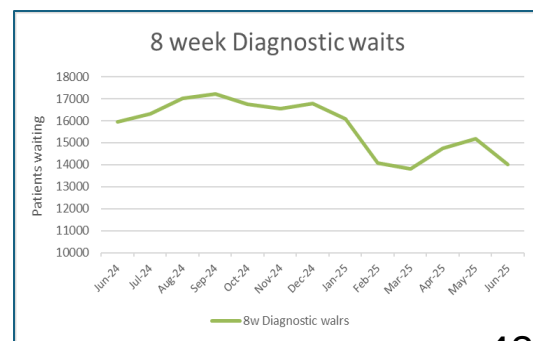
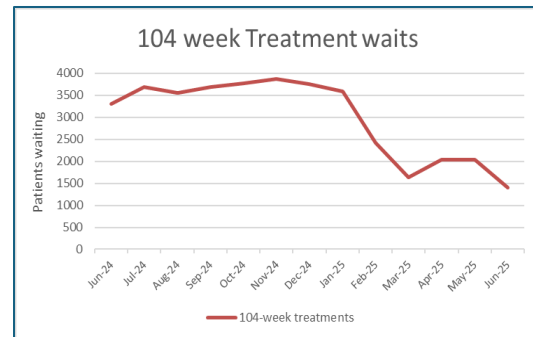
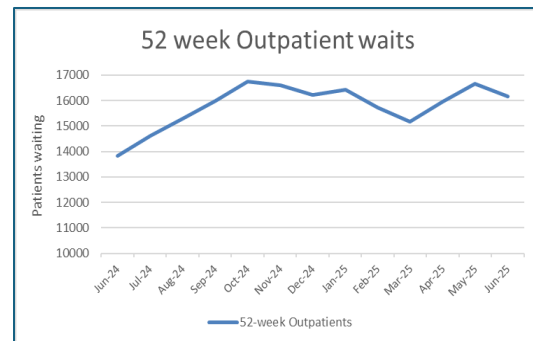
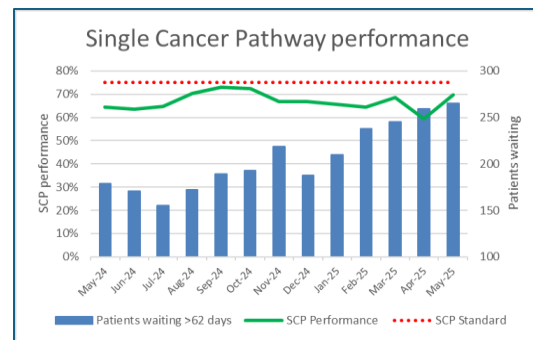
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## Planned Care, Cancer and Diagnostics

- The number of patients waiting >62 days for Cancer treatment has risen since last summer, however, in May compliance with the Single Cancer Pathway standard improved to 69.6%
- The number of patients waiting 52-weeks for an outpatient appointment reduced in June 2025. We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- The number of patients waiting 2-years for treatment was reduced in June to 1,401 – we bettered our commitment to reducing to c1,595 patients by the end of Q1. We have committed to a further reduction in Q2, with our end of quarter position to be 996. The Health Board has flagged a risk to this position to Welsh Government in relation to £228k of non-recurrent funding, we await feedback.
- Diagnostic 8-week waits reduced in June 2025 to 14,007, mainly driven by reductions in Radiology waits. The Non-Obstetric Ultrasound position improved by >700, with waits in CT and MRI also improving. The 8-week position in Endoscopy improved by c100

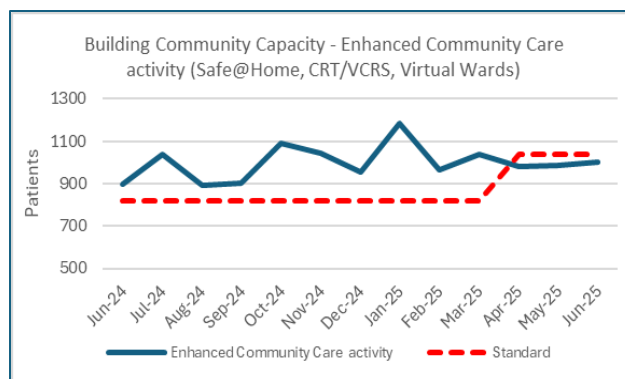
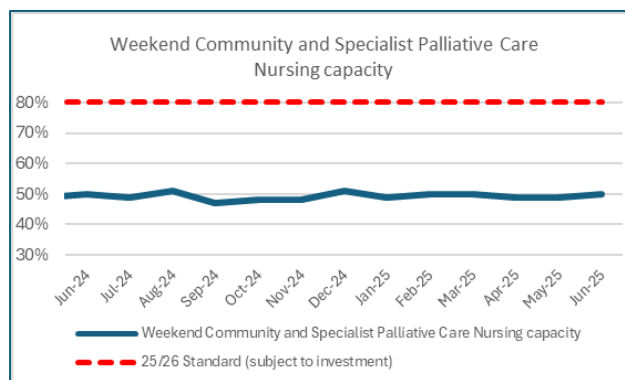
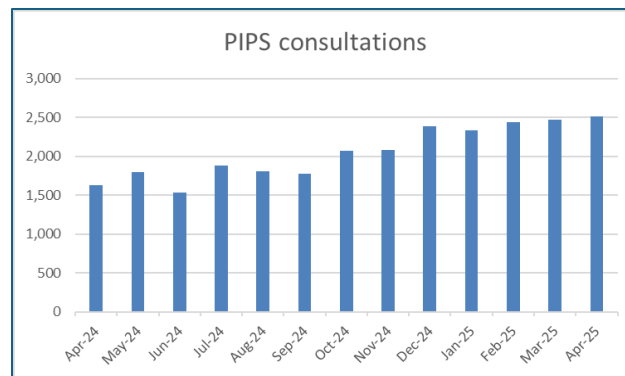
Planned Care



## 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 through 24/25 and into April 2025
- The General Dental Service delivered 98.5% of the contract value in 24/25. So far 15% has been delivered in 25/26
- Community Pharmacy continues to increase the offer of the Pharmacist Independent Prescribing Service, with 2,516 consultations delivered in April 2025
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. 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 to meet our ambition this year of a 20% increase

### Primary and Community Care

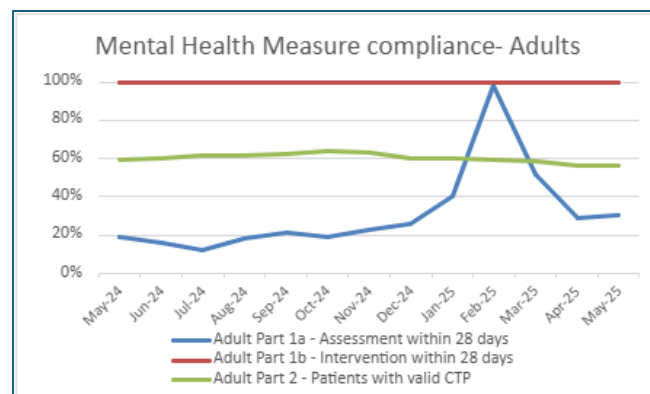
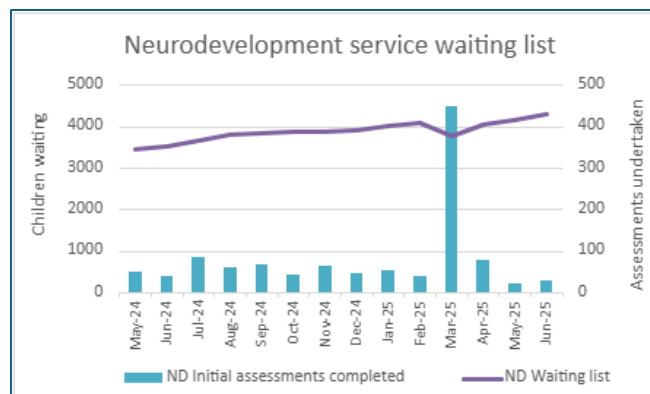
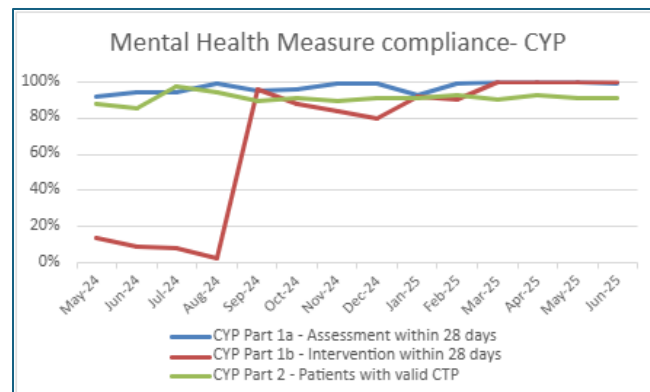


## Mental Health

- Demand for adult, children and young people's mental health services remains high
- For Children and Young People, Part 1a and 1b remain compliant, with 99% and 100% compliance reported respectively for June 2025. Part 2 performance also remains compliant, with over 90% compliance maintained throughout 2025
- The Neurodevelopment service waiting list continues to grow with >250 referrals in June. The service anticipate the number of children waiting 3 years for assessment will grow throughout 2025 with the current capacity. Currently there are 107 children who have waited 3-years for assessment, trending added from next month
- For Adult and older people's mental health services, March saw a 30% increase in referrals, with a subsequent drop in Part 1a performance in April to 29.6% and 30.4% in May. Part 1b remains compliant with 100% reported in May. Part 2 compliance remained low despite ongoing actions

### 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

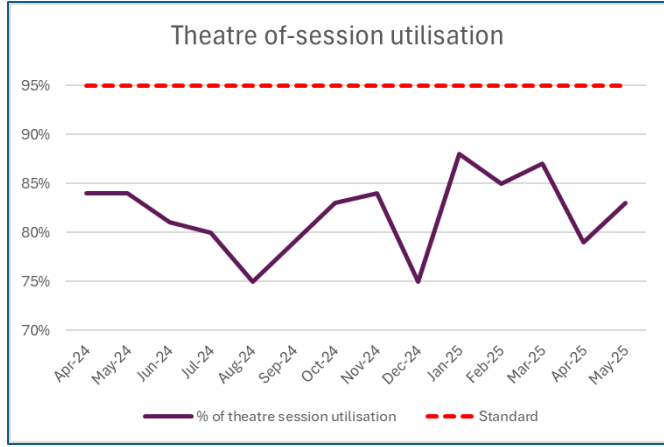
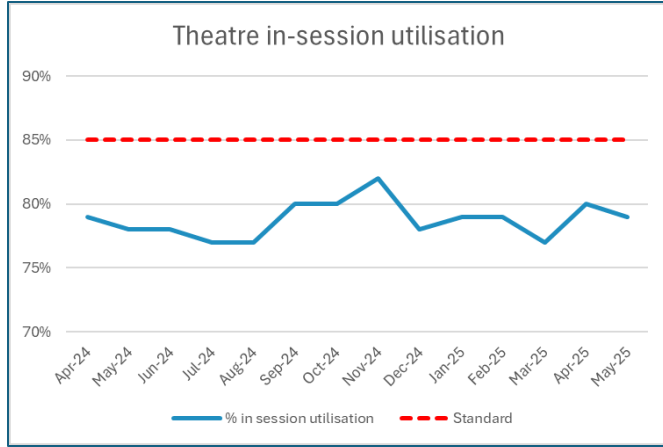
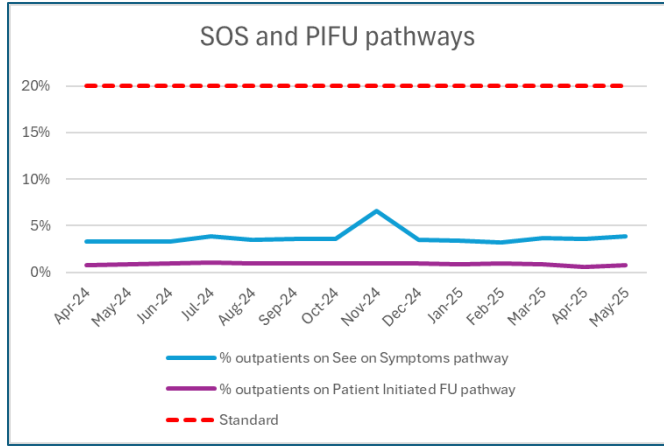
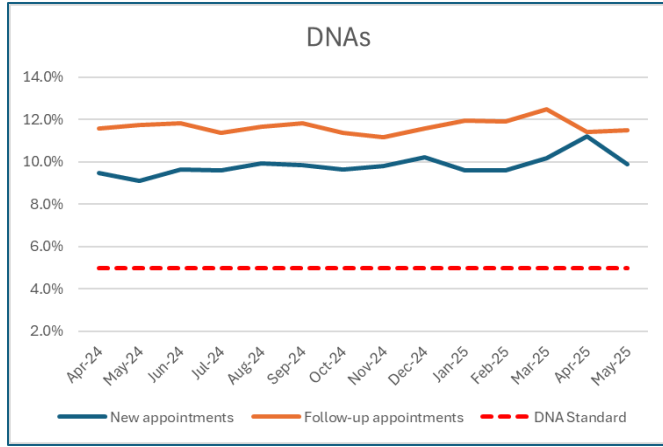


Mental Health

**Productivity and Efficiency**

Measure		Standard	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Trend	
Outpatients	% DNAs - New appointments	5%	9.5%	9.1%	9.6%	9.6%	9.9%	9.8%	9.7%	9.8%	10.2%	9.6%	9.6%	10.2%	11.2%	9.9%		
	% DNAs - Follow-up appointments	5%	11.6%	11.8%	11.8%	11.4%	11.7%	11.8%	11.4%	11.2%	11.6%	12.0%	11.9%	12.5%	11.4%	11.5%		
	% outpatients on See on Symptoms pathway	20%	3.3%	3.3%	3.3%	3.9%	3.5%	3.6%	3.6%	6.6%	3.5%	3.4%	3.2%	3.7%	3.6%	3.9%		
	% outpatients on Patient Initiated FU pathway		0.8%	0.9%	1.0%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%		
Endoscopy	% room utilisation	90%	78%	79%	89%	81%	74%	74%	68%	78%	75%	83%	82%	88%	78%	88%		
	% utilisation (activity points available)	95%			84%	81%	80%	83%	85%	87%	85%	84%	81%	84%	87%	89%		
Theatres	Average turnaround time (minutes)	10	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	16.2	15.9	18.2	17.1	16.6	15.9		
	% of theatre session utilisation	95%	84%	84%	81%	80%	75%	79%	83%	84%	75%	88%	85%	87%	79%	83%		
	% in session utilisation	85%	79%	78%	78%	77%	77%	80%	80%	82%	78%	79%	79%	77%	80%	79%		
	<24 hour elective cancellations	N/A	243	289	247	309	249	190	363	198	217	315	295	347	237	229		
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset																
'High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset																	
Waiting list	Total RTT waiting list volume	N/A	149,805	150,199	151,888	153,560	153,673	155,063	156,194	154,994	154,605	153,519	151,069	151,226	152,150	152,901		
Inpatient	Delayed pathways of Care - Mental Health	217	38	39	34	29	36	26	26	32	29	30	30	27	28	24		
	Delayed Pathways of Care - non-Mental Health		145	140	160	142	138	144	135	130	115	146	133	136	122	115		
	7 day LOS on Acute Wards (snapshot)	<40%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%		
	21 day LOS on Acute Wards (snapshot)	<20%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%		
	Medicine (all services) non-elective LOS (on discharge)	N/A	9.9	11.4	9.7	10.9	11.3	11.9	10.7	10.4	10.5	9.8	12.4	11	10.3	11.9		
Urgent and Emergency	Reportable attendances	N/A	11,484	12,102	11,930	11,773	10,926	11,567	12,628	11,922	11,468	10,756	10,237	12,193	11,659	11,517		
	Reportable Majors attendances	N/A	6,186	6,477	6,179	6,182	6,053	6,235	6,691	6,398	6,272	5,924	5,628	6,210	6,041	6,297		
	Reportable EU admissions	N/A	1,922	1,833	1,847	1,865	1,778	1,768	1,823	1,831	1,829	1,676	1,502	1,658	1,754	1,708		
	SDEC attendances	N/A	1,625	1,700	1,638	1,699	1,736	1,730	1,847	1,716	1,601	1,786	1,609	1,770	1,678	1,779		
Mental Health	TBC	TBC - will be added from August																

**Productivity and Efficiency**



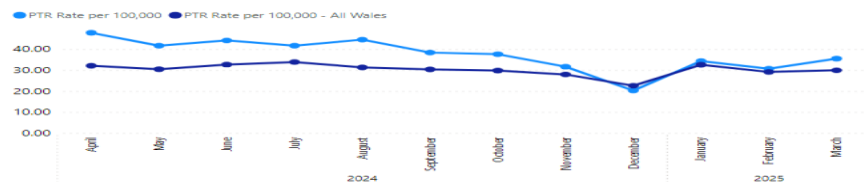
## Quality and Patient Experience

- **Concerns Handling:** Delays in response times monitored over each month
  - **Action :** We have Piloted an enquiries line to address any issues at the earliest opportunity and to date approximately 30 concerns are being processed daily
  - Difficulty to book or change an Outpatient appointment
  - Dental portal access issues
  - Waiting times
  - Wanting to expedite appointment/referrals
- We are discussing with these areas their accessibility and the need for multiple ways for contact to be made, acknowledged and actioned.

Quality,  
Safety and  
Experience

- The graph presents a comparative analysis of the **Putting Things Right (PTR) concerns rate per 100,000 population** for **Cardiff and Vale University Health Board (CVU UHB)** against the **all-Wales average** over a 12-month period. **January to March 2025:** The new year saw a resurgence in concern rates. Both CVU UHB and the Welsh average experienced an upward trend, with a notable spike in **January** where the rates nearly intersected in the **mid-30s**. This was followed by a slight decline and stabilisation through **March**.

CVU UHB - PTR Concerns per 100,000 population



# Quality and Patient Experience

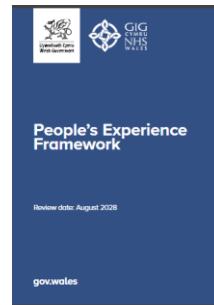
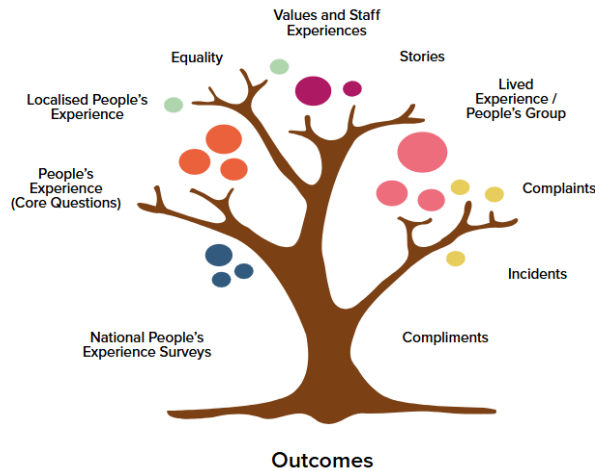
## •Patient Feedback (Civica):

- 178,000+ texts sent since Oct 2022; 15% response rate.
- June 2025: 84% satisfaction among respondents.
- **Action:** Focus on increasing response rates and leveraging insights for service improvement through you said we did and sentiment analysis

The focus is upon what do we do with the feedback and triangulation of the feedback in line with People's Experience Framework and the Duties of Quality and Candour

Quality, Safety and Experience

Listening, Learning and Improving Tree



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Quality,  
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Experience

**Duty of Candour: The** Duty of Candour requires all NHS organisations in Wales to:

- **Be open and transparent** with patients when something goes wrong during their care that causes **moderate or severe harm or** has the potential to do so.
- **Apologise** to the patient or service user.
- **Explain** what happened and why.
- **Support** the individual through the process.
- **Investigate** the incident thoroughly.
- **Learn and improve** to prevent recurrence.

This duty builds upon the existing *Putting Things Right* framework, which has been in place since 2011

- 87 incidents triggered between Jan–June 2025.
- Common causes: avoidable harm (falls, pressure damage, medication errors).
- There is a focussed training being implemented across the UHB focussing upon Fall preventions, risk assessment and the appropriate use and on-going assessment of enhanced supervision

## Infection Control:

Cardiff and Vale University Health Board (CAV UHB) has several performance metrics and initiatives that can be compared to other health boards in Wales. **Infection Control:**

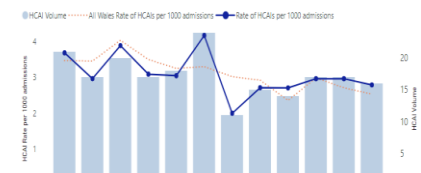
- Clostridioides difficile:** CAV UHB has the 2nd lowest rate of Clostridioides difficile among the 6 acute Health Boards in Wales. The number of cases is 33 lower than the same period in 2024/2025.
- MRSA:** CAV UHB has the highest rate per 100,000 population among the 6 acute Health Boards, with the current number of cases being 2 over the reduction expectation.
- MSSA:** CAV UHB is performing better than the previous year, with 21 cases compared to 32 cases last year, and currently has the second lowest rate per 100,000 population.
- E.coli:** CAV UHB has the lowest rate per 100,000 population, with the current number of cases being 43, lower than the same period last year.
- Klebsiella spec's:** CAV UHB has the lowest rate per 100,000 population, with the current number of cases being 15, lower than the same period last year.
- PAER:** CAV UHB has the lowest rate per 100,000 population, with the current number of cases being 1, the same as the same period last year

**Fluctuations:** The rate of C. difficile infections fluctuates over time, with notable peaks in August and November 2024.

**Significant Drop:** There is a significant drop in December 2024, followed by an increase in January and February 2025.

This chart provides an overview of how C. difficile infection rates and volumes have changed over the year across all sites within CVU LHB

CVU LHB rate of C. difficile per 1,000 admissions - all sites



Quality,  
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Experience

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# Infection Control:

**Brilliant Basics** promotes shared responsibility for infection prevention and patient safety, aiming to embed these fundamentals into daily practice across the organisation.

## 1. Your Hands – CLEAN

- Follow the **Five Moments of Hand Hygiene**.
- Gloves are not a substitute for handwashing.
- Maintain a **bare below the elbows** policy.

## 2. Your Uniform – SMART

- Adhere to the updated **Dress Code Policy**.
- Wear clean uniforms; avoid wearing scrubs outside clinical areas.
- Theatre scrubs must remain within theatre environments.

## 3. Your Technique – SAFE

- Use **Aseptic Non-Touch Technique (ANTT)** consistently.
- Treat every patient interaction as a potential infection risk.
- Follow correct procedures and seek help when unsure.

## 4. Your Standards – SURE

- Maintain high standards at all times, even under pressure.
- Be vigilant and report concerns.
- Empower staff to challenge lapses in quality constructively.

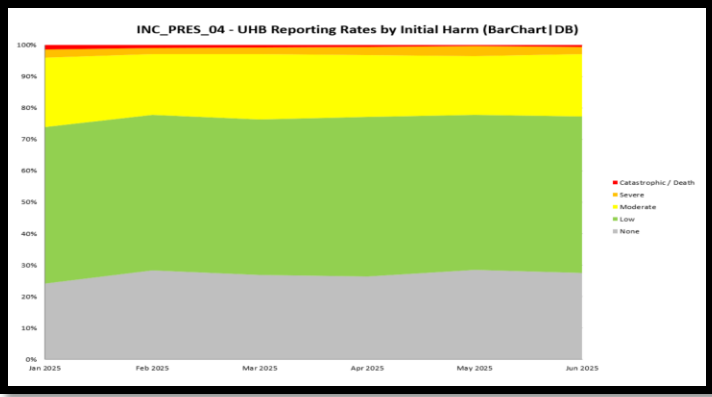
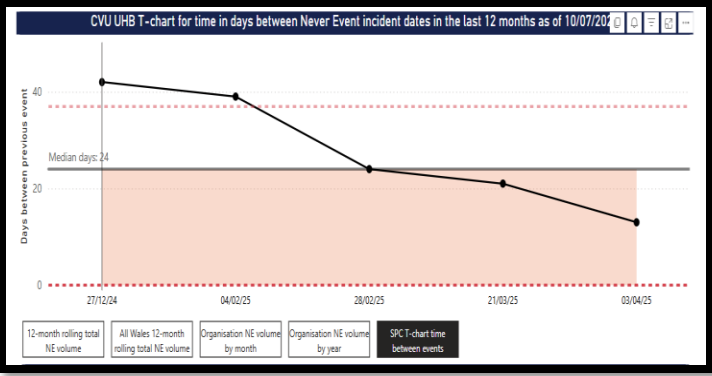
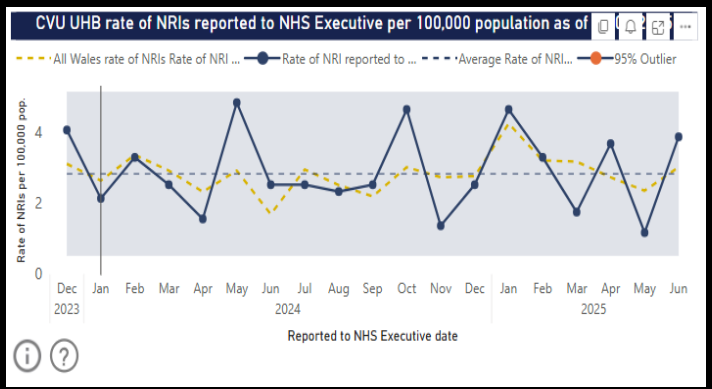
Quality,  
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**Quality,  
Safety and  
Experience**

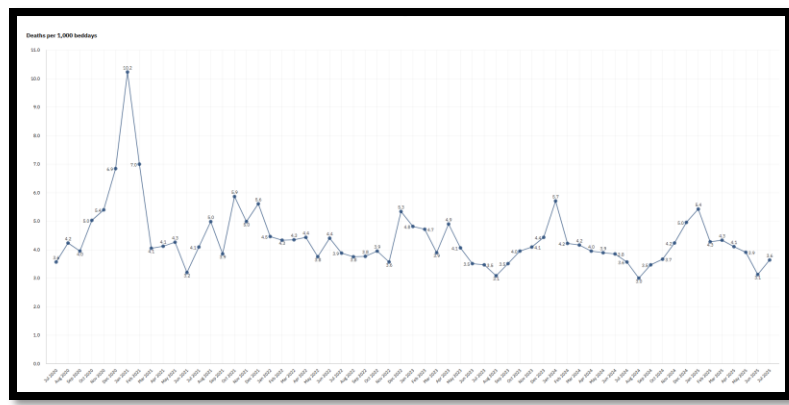
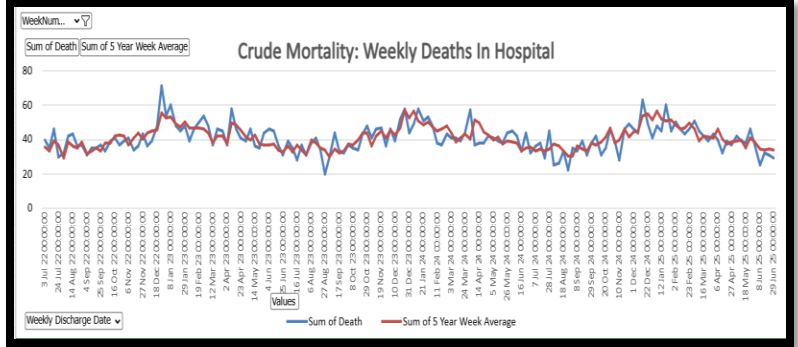
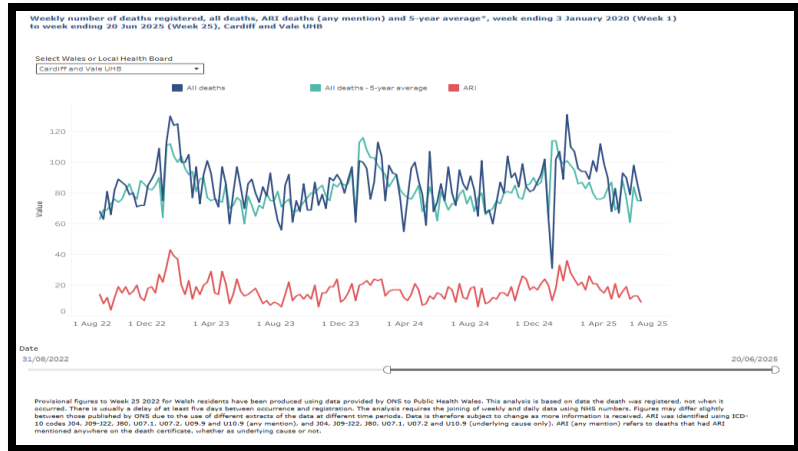
- We continue to report Nationally Reportable Incidents at a rate in line with the national average. In April 2025 we reported 3.67 per 100,000 population compared with 2.69 per 100,000 across Wales. Ten NRIs were reported in total during April.
- The Shaping our Future Quality Excellence Programme has four programme boards that are addressing the most commonly reported themes emerging from NRIS. Care of the deteriorating patient, lost to follow up, Infection prevention and control and medication safety. The July programme board meeting noted significant progress against the deteriorating patient workstream Plans for the implementation of NEWS by the end of the July 2025 on track. The UHB approach to implementing a quality Management System is being presented to the UHB senior leadership Team this month.
- The Theatres Together improvement work is progressing the first tranche of improvements, focusing on redesign and standardisation of the anaesthetic rooms, securing the female changing areas, standardising deep cleaning protocols and refurbishing the staff room.
- The WHO collaborative met again on 17 July to work with colleagues in the peri operative directorate and other clinical areas undertaking invasive procedures to commence work to develop WHO checklist whiteboards.
- On the last day of June 2025, there were 2725 incidents that had not been reviewed within 30 days. From August 2025, one day a month will be dedicated to providing in person support to manage patient safety incidents in an effective and timely way.





**Quality,  
Safety and  
Experience**

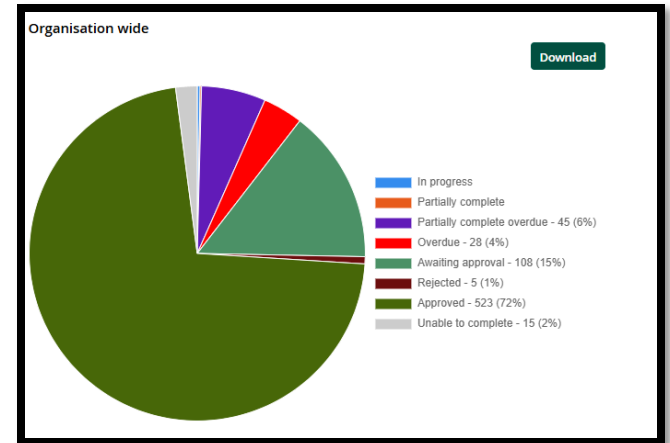
- The all-cause mortality rate across Cardiff and the Vale remains inline with the five-year average with a reduction in deaths from acute respiratory infections observed since February 2025.
- Medical Examiner reviews have identified a recurring theme round the application of mental capacity. The MCA team have undertaken reviews of 59 cases over a 12 month period, contributed to four mortality and morbidity review, contributed to two adult practice reviews and lead on the development of a further review. Through their involvement they have revised the documentation and associated supporting for mental capacity assessments and have delivered associated training. The team also deliver half day training programmes of the practical application of the Mental Capacity Act and have developed two Seven Minute Briefing sessions that are being delivered to clinical teams and forums across the UHB.
- The development of a standardised Mortality and Morbidity tool hosted on the UHB governance system AMaT is complete and plans are being made to trial in endoscopy and Vascular surgery.
- Work is underway to standardise mortality and morbidity reviews across the UHB. An M&M module is being implemented on the UHB AMaT system with work being undertaken with clinical teams to develop a review proforma.



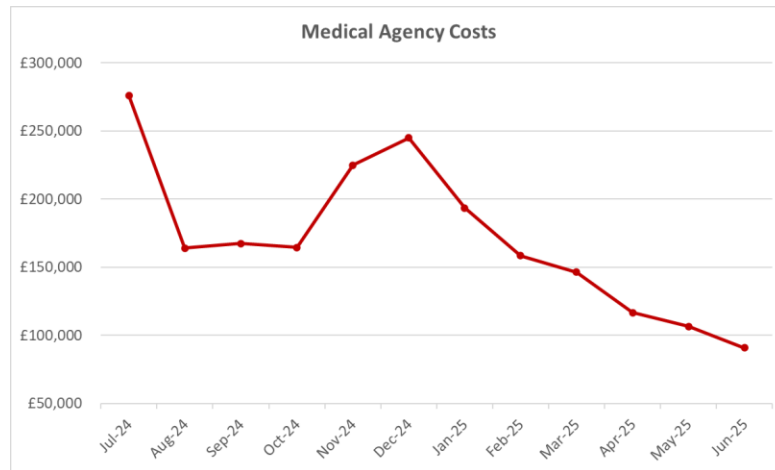
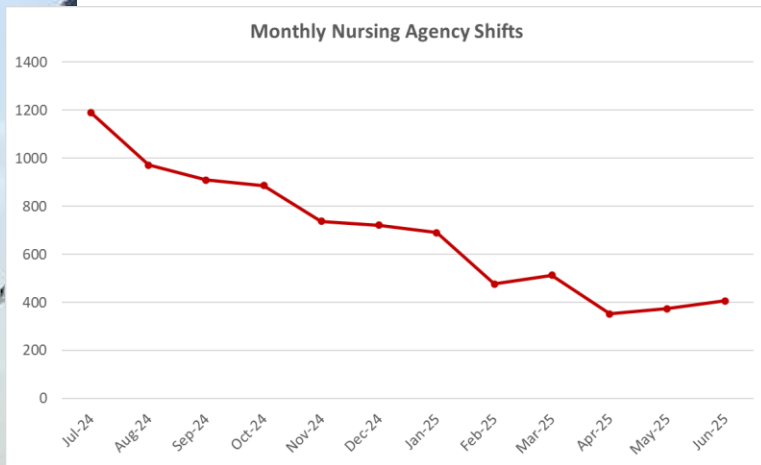


**Quality,  
Safety and  
Experience**

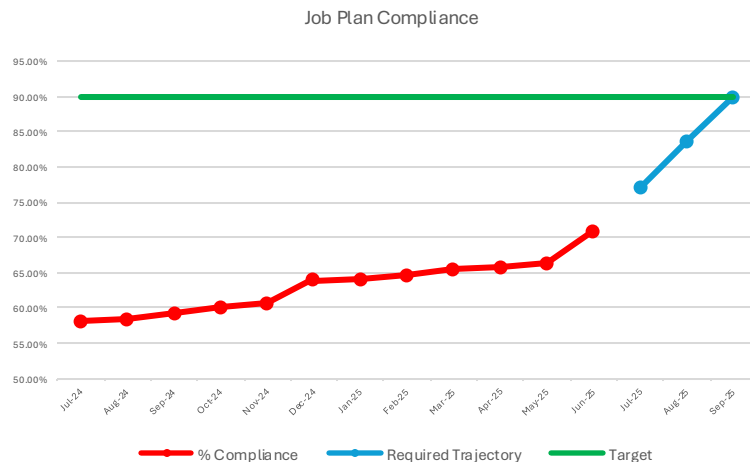
- Improvement plans associated with Health Care Inspectorate Wales Inspections and reviews are hosted on the UHB quality management System AMaT.
- A planned mental review was undertaken in the Hamadryad Community Mental health Service on 26 and 27 March 2025, and the report was published on 27 June 2025. The reported noted that the Hamadryad Community Mental Health Team supported a high number of service users who self-presented. The inspecting team observed positive and caring conversations between staff and service users. An improvement has been developed to address the recommendations resulting from the review and includes improvements in documentation provision of information about advocacy and recruitment and retention of staff.
- An unannounced inspection of Maple ward was undertaken on 14 15 and 16 April 2025. The report will be published on 17 July 2025.
- An unannounced inspection of Elizabeth Ward , St David's Hospital was undertaken on 30 April and 01 May 2025. The report will be published on 1 August 2025.



**Agency Reduction** continues to be a key focus, aligned to the WG Enabling action for 25/26. The graphs below show the shift reduction for the Nursing workforce and the reduction in expenditure for the Medical workforce



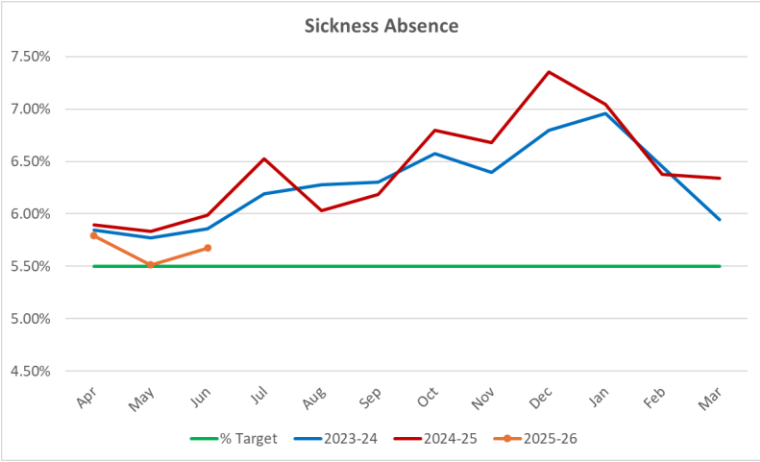
**People and Culture**



Improving job planning compliance is a key priority, WG enabling action is to **ensure > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025**. The plan to improve the position is monitored on a fortnightly basis as part of the agreed Medical & Dental workplan. Compliance has increased from 65.88% in March 25 to 70.93% in June 25.



**People and Culture**



**Improving Wellbeing and Attendance is a key priority for 2025/26. Actions taken include:**

- Sickness absence rates are following the normal yearly absence trend but are below the rates for previous years from 5.83% in May 24 to 5.51% in May 25.
- The Managing Attendance at Work (sickness) training has been revised and relaunched. A digitalised module-based refresher training is being developed.
- Each Clinical/Service Board are running monthly sickness panels to monitor attendance at work.
- Primary reason for absence is Anxiety, Stress and Depression – Targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.

*(n.b. the absence rate for the most recent month is subject to revision. Due to the enhancement date cutoff for nursing staff whose absence is managed using HealthRoster the absence for the first 2 weeks only of the previous month has been imported into ESR. It is common to see an increase of circa 0.50%-0.75% when the data is refreshed)*

**Leadership and Management:**

In line with our Brilliant Basics approach, we have focused on strengthening leadership capability as a foundation for delivering safe, effective care — even in the face of significant operational and financial pressures. Key achievements this year include:

- Designed a 12-month development programme for Band 8B and 8C operational leaders, delivered in collaboration with ABUHB and CTMUHB, to build regional resilience and leadership capability.
- Co-developed Elev8 — a multidisciplinary programme to support Band 7 clinical leaders in leading compassionate, accountable, and improvement-focused teams.
- Created an OD, Wellbeing and Culture Framework and Toolkit to help leaders foster healthy, high-performing teams.

## Digital Health Intelligence

Work continues improving our digital infrastructure and providing access to appropriate tools and devices. Our digital roadmap is being developed as part of our Digital Foundations Programme.

### Digital Foundations – Update

- Over 40 workshops completed which inform a 5 year roadmap to support the programme business case and business justification cases. This includes a number of deep dives into specific areas with a range of clinical colleagues.
- The roadmap is being mapped to HIMSS EMRAM Digital maturity Levels 2 and 3 as a measure of improvement.
- The Programme business case and associated business justification templates are now being populated.
- Demos completed to inform Clinical Notes functionality requirements.
- Benefits presentation templates being created.
- Director of Capital Estates & Facilities is arranging a scoping meeting with WG capital representative
- Director of Digital & Health Intelligence, discussed with WG digital colleagues, to ensure they are sighted on and aware of the plans to seek All Wales major capital funds, for the 2026/27 via a number of business justification cases.

Digital

## Digital Operations – Update





- The consolidation of Cardiff and Vale UHB’s Digital Operations teams into a single site at UHW is complete and will enhance operational efficiency, collaboration, and service delivery. This enables better access to shared resources, improved communication between teams, and reduced travel between locations. Security enhancements, including TDSI-controlled access, have been implemented to safeguard sensitive equipment and data.
- The Telecoms team has been progressing the implementation of Microsoft Teams Voice, upgrades to the InAttend switchboard and a ward audit to support the BCS directory replacement. They are also trialling Vocera Messaging and its mobile app.
- The Server team has focused on expanding storage and beginning data migrations from legacy servers, progressing the Network Attached Storage (NAS) solution rollout, and preparing the UHL disaster recovery site. They’ve also been actively managing server inventory and asset data, refining documentation and SOPs. The team is working to decommission older infrastructure and ensuring alignment with the Digital Foundations programme.
- The Windows 11 upgrade project continues to gain momentum, with over 1,072 devices now deployed and a full project team, including 12 additional temporary staff commencing this month.

Digital

## Digital Service Management – Update

- Connecting Care - this is the replacement of our 20yr old PARIS electronic patient record system used by Community and Mental Health and Integrated services. Access to funding is via DHCW to WG. This programme continues to be a High risk to CaV, given the absence of a clear funding route.
- Digital Care Region – This programme orchestrates digital integration across RPB organisations. A summary care viewer is live and delivering value to multiple front-line services, reducing their need to login to multiple care record systems, and improving their holistic awareness of the patient/client. Shared Care Viewer is being reset onto the Amazon cloud.

Blunsdon Louise  
30/07/2025 12:19:08

Recommendations:			
<b>The Board is requested to:</b>			
a) <b>NOTE</b> the year-to-date position against key operational performance indicators for 2025-26 and the update against the operational plan programmes.			
<b>Link to Strategic Objectives of Shaping our Future Wellbeing:</b>			
Please place an “x” in the below boxes where relevant – <i>Please visit: <a href="https://shapingourfuturewellbeing.com">https://shapingourfuturewellbeing.com</a> for more information</i>			
1.	 Putting People First		2.  Providing Outstanding Quality
			X
3.	 Delivering in the Right Places	X	4.  Acting for the Future
<b>Five Waves of Working (Sustainable Development Principles) considered:</b>			
Please place an “x” in the below boxes where relevant			
Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>
Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>
Involvement	<input type="checkbox"/>		<input type="checkbox"/>
<b>Quality Impact Assessment Completed?</b>			
Please place an “x” in the below boxes where relevant			
Yes (please include the complete QIA document)	<input type="checkbox"/>	No (please provide reasoning e.g. not required)	X
			Not Needed
<b>Impact Assessment:</b>			
Risk: No		Reputational: No	
Safety: No		Socio Economic: No	
Financial: No		Equality and Health: No	
Workforce: No		Decarbonisation: No	
Legal: No		Welsh Language: No	
<b>Approval/Scrutiny Route (please note anywhere else this paper has been before):</b>			
Committee/Group/Exec	Date:		

# Cardiff and Vale Integrated Performance Report

2025/26

July 2025

Blunsdon Louise  
30/07/2025 12:19:08



# Report Contents

1. [Cabinet Secretary Priorities](#)

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

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

Blunsdon Louise  
30/07/2025 12:19:08

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.

Blunsdon-Louise  
30/07/2025 12:19:08

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	<b>Measure:</b> Number of delayed transfers of care. <b>National standard/ambition:</b> 12 month reduction trend <b>Reporting period:</b> Monthly	<160	Yes	Q4	155 Jun-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> General Medical Services – Number of GP practices achieving core access standards <b>National standard/ambition:</b> 100% <b>Reporting period:</b> Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception <b>National standard/ambition:</b> Increase <b>Reporting period:</b> Monthly	>2,565	Yes	Q2	2,516 Apr-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Increase in capacity at the weekend of community nursing and specialist palliate care <b>National standard/ambition:</b> 80% <b>Reporting period:</b> Monthly	>51% Increase from 24/25	No	Q4	50% Jun-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Increase capacity of Enhanced Community Care <b>National standard/ambition:</b> Meet and exceed 24/25 requirement where possible (24/25 baseline) <b>Reporting period:</b> Monthly	1,038 20% increase from 24/25	Yes	Q1	1,001 Jun-25	<a href="#">Hyperlink to section</a>

Blunsdon-Louise  
30/07/2025 12:19:08



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	<p><b>Measure:</b> Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes</p> <p><b>National standard/ambition:</b> Increase</p> <p><b>Reporting period:</b> Monthly</p>	48%	Yes	Q4	46.1% Jun-25	<a href="#">Hyperlink to section</a>
Mental health access	<p><b>Measure:</b> Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	100% May-25	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	100% May-25	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	100% May-25	<a href="#">Hyperlink to section</a>
	<p><b>Measure:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	80%	Yes	Q1	30% May-25	<a href="#">Hyperlink to section</a>

Blunsdon-Louise  
30/07/2025 12:19:08

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	<b>Measure:</b> Reduce the number of ambulance patient handovers over 1 hour <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly	<400	No	Q4	373 Jun-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge <b>National standard/ambition:</b> Reduce compared to 24/25 towards zero <b>Reporting period:</b> Monthly	<750	Yes	Q4	919 Jun-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Number of patients waiting more than 104 weeks for treatment <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	1,401 Jun-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) <b>National standard/ambition:</b> 12m improvement trend towards 80% by March 2026 <b>Reporting period:</b> Monthly	75%	No	Q4	69.6% May-25	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Number of patients waiting more than 8 weeks for a specified diagnostic <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	14,007 Jun-25	<a href="#">Hyperlink to section</a>

Blunsdon-Louise  
30/07/2025 12:19:08



Performance Key: Meeting standard / trajectory      off target/trajjectory

## Section 2: Cardiff and Vale Performance Report

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

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

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

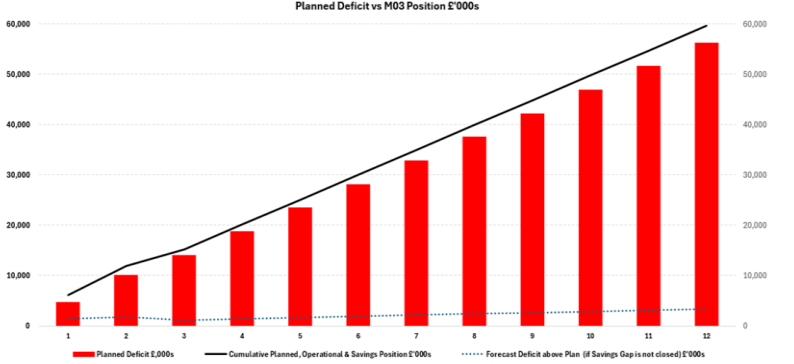
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

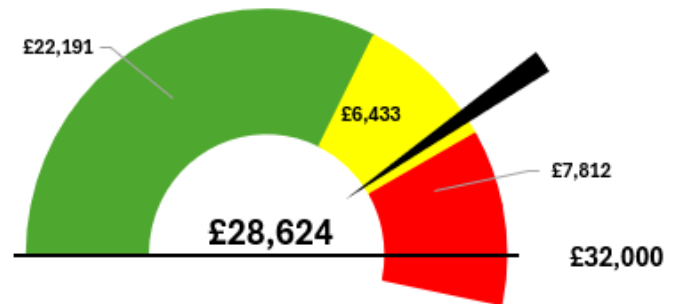

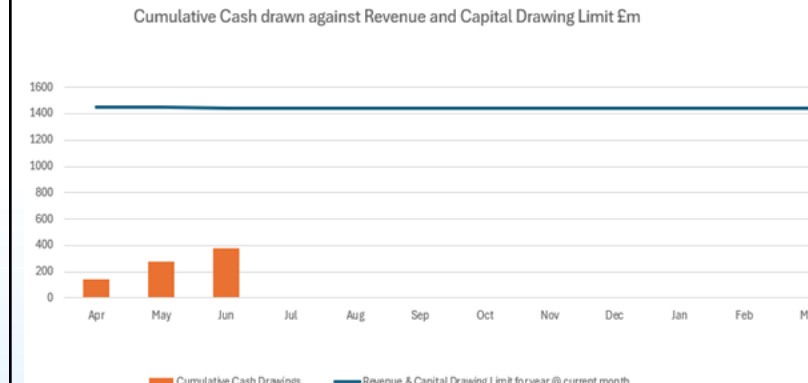
### [Return to Main Menu](#)

Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	<a href="#">Public Health</a>
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care <a href="#">Inpatient Flow, Discharge and Front Door</a> <a href="#">Alternatives to Admission</a> <a href="#">Community and Urgent Primary Care</a> <a href="#">Priority Services</a> <a href="#">RTT Waiting Times</a> Planned Care <a href="#">Cancer, Diagnostics and Therapies</a> <a href="#">Primary and Community Care</a> <a href="#">Whole System Evaluation and Supporting Patients Whilst Waiting</a> <a href="#">Mental Health</a>
Aim 3	The health and social care workforce in Wales is motivated and sustainable	<a href="#">People and Culture</a>
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	<a href="#">Quality, Safety and Experience</a> <a href="#">Financial Performance</a>

Blunsdon Louise  
30/07/2025 12:19:08

Financial Performance

Priority	Performance Summary	Reported Period	Data																																																				
<p><b>Deliver 2025/26 Draft Financial Plan</b></p>	<p><b>The UHB's Financial Plan in 2025/26 reflected the following key components:</b></p> <table border="1" data-bbox="510 362 1612 624"> <thead> <tr> <th>Planning Assumptions</th> <th>(£m)</th> </tr> </thead> <tbody> <tr> <td>Brought Forward Underlying Deficit</td> <td>59,900</td> </tr> <tr> <td>2025/26 Demand/Cost Growth/Improvement</td> <td>51,100</td> </tr> <tr> <td><b>Draft Deficit</b></td> <td><b>111,000</b></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Additional Allocations</td> <td>(22,768)</td> </tr> <tr> <td>Savings Plans</td> <td>(32,000)</td> </tr> <tr> <td><b>Initial Planned Deficit</b></td> <td><b>56,233</b></td> </tr> </tbody> </table> <p>The initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government (WG) and the draft plan was submitted at the end of March 2025. Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided sufficient assurance to increase planned savings delivery by £2m and reduce the forecast 2025/26 deficit position to £56.2m.</p> <p>The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.</p> <p>The overall position at month 3 was a £15.216m deficit as outlined in the table to the right.</p>	Planning Assumptions	(£m)	Brought Forward Underlying Deficit	59,900	2025/26 Demand/Cost Growth/Improvement	51,100	<b>Draft Deficit</b>	<b>111,000</b>			Additional Allocations	(22,768)	Savings Plans	(32,000)	<b>Initial Planned Deficit</b>	<b>56,233</b>	<p>June 2026</p>	<table border="1"> <thead> <tr> <th></th> <th>Plan YTD (£m)</th> <th>YTD (£m)</th> <th>YTD Variance to Plan (£m)</th> </tr> </thead> <tbody> <tr> <td>Draft Plan</td> <td>19,349</td> <td>19,349</td> <td>0</td> </tr> <tr> <td>Quality Efficiency Improvement Plans - Savings</td> <td>(5,291)</td> <td>(4,447)</td> <td>844</td> </tr> <tr> <td>Operational Variance</td> <td>0</td> <td>314</td> <td>314</td> </tr> <tr> <td><b>Clinical/Service Board Variance</b></td> <td><b>14,058</b></td> <td><b>15,216</b></td> <td><b>1,158</b></td> </tr> </tbody> </table>		Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Draft Plan	19,349	19,349	0	Quality Efficiency Improvement Plans - Savings	(5,291)	(4,447)	844	Operational Variance	0	314	314	<b>Clinical/Service Board Variance</b>	<b>14,058</b>	<b>15,216</b>	<b>1,158</b>																
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<p><b>Return to financial balance and approved IMTP status</b></p>	<p>£56.2m underlying deficit by end of 2025/26 financial year. The UHB is reporting savings gap of £0.844m and an operational deficit of £0.314m at Month 3. The savings gap and operational pressures would lead to an increase in the underlying deficit in 2025/26 if further savings or mitigating actions are not identified as the year progresses.</p>	<p>June 2025</p>	 <table border="1" data-bbox="1814 1491 2620 1562"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> </tr> </thead> <tbody> <tr> <td>Planned Deficit £'000s</td> <td>4,686</td> <td>10,096</td> <td>14,058</td> <td>18,744</td> <td>23,430</td> <td>28,117</td> <td>32,803</td> <td>37,489</td> <td>42,175</td> <td>46,861</td> <td>51,547</td> <td>56,233</td> </tr> <tr> <td>Cumulative Planned, Operational &amp; Savings Position £'000s</td> <td>6,096</td> <td>11,899</td> <td>15,216</td> <td>20,149</td> <td>25,081</td> <td>30,014</td> <td>34,947</td> <td>39,879</td> <td>44,812</td> <td>49,745</td> <td>54,677</td> <td>59,610</td> </tr> <tr> <td>Forecast Deficit above Plan (if Savings Gap is not closed) £'000s</td> <td>1,410</td> <td>1,803</td> <td>1,158</td> <td>1,405</td> <td>1,651</td> <td>1,897</td> <td>2,144</td> <td>2,391</td> <td>2,637</td> <td>2,884</td> <td>3,130</td> <td>3,377</td> </tr> </tbody> </table>		1	2	3	4	5	6	7	8	9	10	11	12	Planned Deficit £'000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233	Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	15,216	20,149	25,081	30,014	34,947	39,879	44,812	49,745	54,677	59,610	Forecast Deficit above Plan (if Savings Gap is not closed) £'000s	1,410	1,803	1,158	1,405	1,651	1,897	2,144	2,391	2,637	2,884	3,130	3,377
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<p><b>Management of operational budget pressures</b></p>	<p>Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at month 3.</p> <p>A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure.</p>	<p>June 2025</p>	<table border="1"> <thead> <tr> <th>Measure</th> <th>Measure</th> <th>RAG</th> <th>Trend</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Management of operational budget pressures</td> <td>Management of operational budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at Month 3.</td> <td>A</td> <td>→</td> <td>Operational Spend to be maintained within Budgets</td> </tr> </tbody> </table>	Measure	Measure	RAG	Trend	Target	Management of operational budget pressures	Management of operational budget pressures. This is the responsibility of the primary budget holders. £0.314m operational deficit reported at Month 3.	A	→	Operational Spend to be maintained within Budgets																																										
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	Priority	Performance Summary	Reported Period	Data
	<p><b>Delivery of recurrent £32.0m savings target</b></p>	<p>At Month 03, the UHB had identified £28.624m (89.5%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £7.812m are also identified and continue to be reviewed for progression to Green/Amber where possible.</p> <p>The reported in year gap of £3.376m in identified savings incorporates red schemes and the unidentified balance. Some of the savings identified in 2025/26 are non recurrent. The gap against the recurrent savings target was £4.666m at month 3.</p> <p>The second chart illustrates that the profile of the UHB’s 2025/26 savings programme is skewed towards the end of the year.</p>	<p>June 2025</p>	<p><b>2025/26 UHB Savings Programme: Identified vs Requirement</b></p>  <p><b>2025/26 Savings Plan vs Actual/Forecast (£'000s)</b></p> 
	<p><b>Remain within Cash Limit</b></p>	<p>The UHB will require cash support from WG for the 2025/26 revised planned deficit of £56.2m along with likely movements in working capital from the 2024/25 balance sheet.</p> <p>The closing cash balance at the end of June 2025 was £4.196m.</p> <p>The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right</p>	<p>June 2025</p>	<p><b>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</b></p> 

Blunsdon, Louise  
30/07/2025 12:19:08

Priority	Performance Summary	Reported Period	On target?	Data																																													
Health Protection	<p><b>Seasonal respiratory infections</b></p> <p><b>Vaccination</b> – COVID-19 and influenza</p> <ul style="list-style-type: none"> <li>The Covid-19 Spring booster campaign runs from the beginning of April to the end of June. As of the 10th of July it has delivered 31,904 vaccines to a total eligible population of 56,321 in Cardiff and the Vale for an uptake of 56.66% which is above the Welsh average of 53.18%.</li> </ul> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>Influenza activity is at baseline levels and case numbers remain broadly stable</li> <li>The overall proportion of samples testing positive for Covid-19 increased to 7.4% in hospital and non-sentinel GP practices across Wales</li> <li>LP.8 remains the most prevalent variant of Covid-19 in Wales.</li> <li>RSV incidence in children aged up to 5y is currently at baseline levels.</li> <li>Hospital incidents and outbreaks                             <ul style="list-style-type: none"> <li>There is currently <b>1</b> Covid-19 outbreak and <b>1</b> incident in hospitals in C&amp;V UHB; and <b>0</b> influenza outbreaks and incidents.</li> <li>Since the start of the 2025/26 financial year, in C&amp;V UHB there have been <b>7</b> influenza incidents or outbreaks, with <b>37</b> bed days lost. In the same period there have been <b>26</b> Covid-19 incidents or outbreaks, with <b>139</b> bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the <b>loss of 176 bed days</b>, representing an estimated opportunity cost of <b>£88,000</b> to the UHB</li> </ul> </li> <li>Staff sickness absence                             <ul style="list-style-type: none"> <li>Month of May 2025:                                     <ul style="list-style-type: none"> <li><b>2,094 full time equivalent calendar days*</b> were reported as sickness absence by C&amp;V UHB staff due to respiratory conditions (S15), cough, cold or flu (S13)</li> <li>The estimated loss in productivity due to this absence is <b>£222,332†</b></li> </ul> </li> </ul> </li> </ul> <p>* Because of the way absence is recorded on ESR these figures include weekends and non-working days                      † Salary costs for staff reporting sickness absence</p>	10/7/25	<b>Below target,</b> but campaign underway	<p><b>Table 2b.</b> Coverage of the 2025 Spring COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 10/07/2025, by Local Health Board of residence.</p> <table border="1"> <thead> <tr> <th>Local Health Board of Residence</th> <th>Eligible population (n)</th> <th>Vaccinated (n)</th> <th>Coverage (%)</th> <th>Of those vaccinated, number with no previous doses (n)</th> </tr> </thead> <tbody> <tr> <td>Aneurin Bevan UHB</td> <td>78,706</td> <td>44,432</td> <td>56.45</td> <td>17</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>104,824</td> <td>58,115</td> <td>55.44</td> <td>34</td> </tr> <tr> <td>Cardiff and Vale UHB</td> <td>56,312</td> <td>31,904</td> <td><b>56.66</b></td> <td>21</td> </tr> <tr> <td>Cwm Taf Morgannwg UHB</td> <td>57,004</td> <td>31,171</td> <td>54.68</td> <td>11</td> </tr> <tr> <td>Hywel Dda UHB</td> <td>61,491</td> <td>24,108</td> <td>39.21</td> <td>27</td> </tr> <tr> <td>Powys THB</td> <td>23,259</td> <td>13,183</td> <td>56.68</td> <td>17</td> </tr> <tr> <td>Swansea Bay UHB</td> <td>50,493</td> <td>26,888</td> <td>53.25</td> <td>7</td> </tr> <tr> <td>All Wales</td> <td>432,089</td> <td>229,801</td> <td>53.18</td> <td>134</td> </tr> </tbody> </table> <p>Source: Source: Wales COVID-19 Vaccination Weekly Surveillance Summary</p> <p>Source: <a href="#">PHW weekly ARI summary</a></p>	Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)	Aneurin Bevan UHB	78,706	44,432	56.45	17	Betsi Cadwaladr UHB	104,824	58,115	55.44	34	Cardiff and Vale UHB	56,312	31,904	<b>56.66</b>	21	Cwm Taf Morgannwg UHB	57,004	31,171	54.68	11	Hywel Dda UHB	61,491	24,108	39.21	27	Powys THB	23,259	13,183	56.68	17	Swansea Bay UHB	50,493	26,888	53.25	7	All Wales	432,089	229,801	53.18	134
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Blunsdon Louise  
30/07/2025 12:19:08

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p><b>Routine childhood immunisation</b></p> <ul style="list-style-type: none"> <li>At 4 years of age, 82.1% of children are up to date with vaccination, which is an improvement year on year, below the target of 95% and a Welsh average of 85.3%</li> <li>At 5 years of age, 84.6% of children are up to date with vaccinations, a level which is still below the Welsh average of 87.5%.</li> </ul>	01/01/25 - 31/03/25	In line with local targets, <b>below national targets.</b>	<p><b>Cardiff &amp; Vale UHB quarterly COVER trends</b></p> <p>Uptake (%)</p> <p>Vaccine (age)</p> <ul style="list-style-type: none"> <li>Up to date* (4 years)</li> </ul> <p>Source quarterly <a href="#">COVER</a> data</p>

Blunsdon Louise  
30/07/2025 12:19:08

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data																																																																						
Health Improvement	<p><b>Healthy weight:</b></p> <ul style="list-style-type: none"> <li>2023/24 Child Measurement Programme data demonstrated a slight increase in healthy weight to 77.7%, from 77.5% the previous year (for Cardiff and Vale UHB). The UHB had the highest level of healthy weight of all Welsh Health Boards for 2023/24. This is in line with the English average.</li> <li>40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 29% in Wales (NSfW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 56% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used.</li> <li>Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale.</li> </ul> <p><b>Weight management services:</b></p> <ul style="list-style-type: none"> <li>L2 – 510 new patients capacity</li> <li>L3 – 46 new patients capacity</li> </ul>	2023/24	<p><b>Healthy weight:</b></p> <p>On target</p> <p><b>Weight management services:</b></p> <p>Below target</p>	<table border="1"> <caption>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>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>75.0</td><td>74.0</td><td>74.0</td><td>71.0</td></tr> <tr><td>2012/13</td><td>76.0</td><td>75.0</td><td>75.0</td><td>72.0</td></tr> <tr><td>2013/14</td><td>76.5</td><td>75.5</td><td>75.5</td><td>72.5</td></tr> <tr><td>2014/15</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2015/16</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2016/17</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2017/18</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2018/19</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2019/20</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2020/21</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2021/22</td><td>77.0</td><td>76.0</td><td>76.0</td><td>73.0</td></tr> <tr><td>2022/23</td><td>77.5</td><td>76.5</td><td>76.5</td><td>73.5</td></tr> <tr><td>2023/24</td><td>77.7</td><td>76.7</td><td>76.7</td><td>73.7</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	75.0	74.0	74.0	71.0	2012/13	76.0	75.0	75.0	72.0	2013/14	76.5	75.5	75.5	72.5	2014/15	77.0	76.0	76.0	73.0	2015/16	77.0	76.0	76.0	73.0	2016/17	77.0	76.0	76.0	73.0	2017/18	77.0	76.0	76.0	73.0	2018/19	77.0	76.0	76.0	73.0	2019/20	77.0	76.0	76.0	73.0	2020/21	77.0	76.0	76.0	73.0	2021/22	77.0	76.0	76.0	73.0	2022/23	77.5	76.5	76.5	73.5	2023/24	77.7	76.7	76.7	73.7
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Blunsdon, Louise  
30/07/2025 12:19:08

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data						
Health improvement	<p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes                             <ul style="list-style-type: none"> <li>Static trend</li> <li>Whilst overall completion rates is c. 46%, some processes (e.g. HbA1c check) are substantially higher percentage uptake compared to others (e.g. urine albumin) - some of this may be the way the data are collected rather than actual lack of care process completion. Working group being established with pan-cluster membership to review processes and share best practice on improving rates.</li> </ul> </li> </ul>	Jun 2025	Below target	<table border="1"> <thead> <tr> <th>April 2025</th> <th>May 2025</th> <th>Jun 2025</th> </tr> </thead> <tbody> <tr> <td>46.53%</td> <td>45.93%</td> <td>46.04%</td> </tr> </tbody> </table>	April 2025	May 2025	Jun 2025	46.53%	45.93%	46.04%
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Blunsdon Louise  
30/07/2025 12:19:08



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data																																																																	
Health Improvement	<p><b>Tobacco</b></p> <ul style="list-style-type: none"> <li>• <b>Latest data Q4 24/25</b> - 0.5% of smoking population made a quit attempt via smoking cessation service to become treated smokers. This is below the 0.8% local target.</li> <li>• The <b>Help Me Quit (HMQ) team</b> are delivering clinics across C&amp;V with a focus on deprived communities where smoking rates are higher. Once clients are engaged with HMQ community services over 40% go on to become 4 week quitters. Links made with Pre op assessment team, Waiting Well service and Optometry to boost referrals. Ongoing work with maternity colleagues to increase % of pregnant smokers becoming treated smokers.</li> <li>• <b>Level 3 pharmacy</b> – the % of treated smokers that become 4 week quitters is 25%. This is below the target 40%. Awaiting a new all Wales SLA – this will inform future plans to boost activity.</li> <li>• <b>Hospital service</b> – linked to work to introduce enforcement of no smoking legislation on hospital premises. An online staff training module is now available and being promoted to staff to try to boost referrals.</li> </ul>	Q4 24/25	Below target	<p>Graph showing 4 week quit rates by service, in %'s</p> <table border="1"> <caption>Approximate data from the 4-week quit rates graph</caption> <thead> <tr> <th>Quarter</th> <th>HMQ (%)</th> <th>L3 (%)</th> <th>Hosp (%)</th> <th>QTR total (%)</th> </tr> </thead> <tbody> <tr><td>Q1 22/23</td><td>78</td><td>30</td><td>78</td><td>65</td></tr> <tr><td>Q2 22/23</td><td>78</td><td>90</td><td>78</td><td>78</td></tr> <tr><td>Q3 22/23</td><td>72</td><td>35</td><td>82</td><td>65</td></tr> <tr><td>Q4 22/23</td><td>78</td><td>35</td><td>82</td><td>65</td></tr> <tr><td>Q1 23/24</td><td>70</td><td>25</td><td>45</td><td>60</td></tr> <tr><td>Q2 23/24</td><td>75</td><td>25</td><td>82</td><td>68</td></tr> <tr><td>Q3 23/24</td><td>78</td><td>40</td><td>75</td><td>70</td></tr> <tr><td>Q4 23/24</td><td>78</td><td>52</td><td>45</td><td>70</td></tr> <tr><td>Q1 24/25</td><td>42</td><td>10</td><td>60</td><td>35</td></tr> <tr><td>Q2 24/25</td><td>42</td><td>18</td><td>48</td><td>38</td></tr> <tr><td>Q3 24/25</td><td>42</td><td>10</td><td>25</td><td>25</td></tr> <tr><td>Q4 24/25</td><td>42</td><td>15</td><td>48</td><td>35</td></tr> </tbody> </table>	Quarter	HMQ (%)	L3 (%)	Hosp (%)	QTR total (%)	Q1 22/23	78	30	78	65	Q2 22/23	78	90	78	78	Q3 22/23	72	35	82	65	Q4 22/23	78	35	82	65	Q1 23/24	70	25	45	60	Q2 23/24	75	25	82	68	Q3 23/24	78	40	75	70	Q4 23/24	78	52	45	70	Q1 24/25	42	10	60	35	Q2 24/25	42	18	48	38	Q3 24/25	42	10	25	25	Q4 24/25	42	15	48	35
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Blunsdon Louise  
30/07/2025 12:19:08

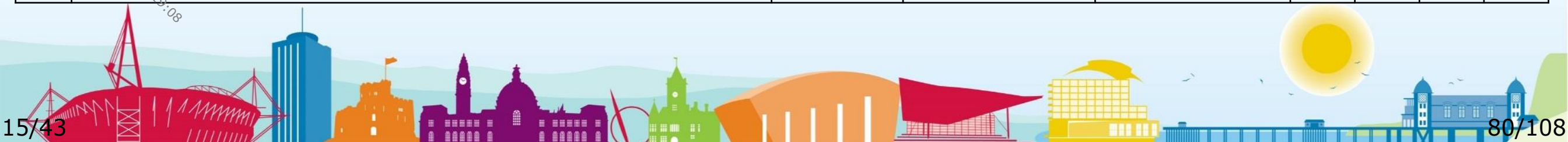
## Smoking and substance misuse

### 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	Q4 24/25	National target is 1.25% per quarter, 5% per year Local target 0.8% per quarter	0.5% (Q4 24/25) <b>Below target</b>	0.5% (Q4 24/25)			
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. <b>CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.</b>	Q4 2024/25	40%	38% (Q4 24/25) <b>Below target</b>	38%			
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	2024/25	4 quarter improvement	32.8% <b>Below Target</b>	32.8% (Q4 24/25)			

### Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q4 2024/25	100%	94% Q4 24/25 <b>Below target</b>				94%
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	Q4 2024/25	100%	100% <b>Meeting target</b>				100%



## Immunisation and vaccination

### NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Jan-Mar 25	95%	84.6% Below target	84.6%			
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2025 - 30.06.2025 and 01.01.2026 - 31.03.2026</i>	1 Jan 25 – 30 Apr 25	90%	68.8% Below target	68.8%			
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	n/a	75%					
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026</i>	At 29 May 25	75%	56.66% Below target	47.86%	56.66%		

Blunsdon-Louise  
30/07/2025 12:19:08

## Weight Management Services

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

## Diabetes

*NHS Wales Performance Framework measure*

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

Blunsdon-Louise  
20/07/2025 12:19:08



## 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	Mar-25	90%	<b>1.6%</b> Below standard	<table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>7.40%</td> <td>3.00%</td> <td>10.00%</td> <td>1.60%</td> </tr> </table>	Dec-24	Jan-25	Feb-25	Mar-25	7.40%	3.00%	10.00%	1.60%
Dec-24	Jan-25	Feb-25	Mar-25										
7.40%	3.00%	10.00%	1.60%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Mar-25	90%	<b>98.7%</b> Above standard	<table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>77.10%</td> <td>92.20%</td> <td>98.00%</td> <td>98.70%</td> </tr> </table>	Dec-24	Jan-25	Feb-25	Mar-25	77.10%	92.20%	98.00%	98.70%
Dec-24	Jan-25	Feb-25	Mar-25										
77.10%	92.20%	98.00%	98.70%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Apr-25	95%	<b>96.1%</b> Above standard	<table border="1"> <tr> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> </tr> <tr> <td>96.20%</td> <td>95.10%</td> <td>96.40%</td> <td>96.10%</td> </tr> </table>	Jan-25	Feb-25	Mar-25	Apr-25	96.20%	95.10%	96.40%	96.10%
Jan-25	Feb-25	Mar-25	Apr-25										
96.20%	95.10%	96.40%	96.10%										

Blunsdon-Louise  
30/07/2025 12:19:08

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Primary, Community and Out of Hospital Care</b></p>	<p><b>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation</b> In May utilisation was 90%, this is in line with our commitment</p> <p><b>Safe@home referrals – Increase to 6 accepted referrals per week in Q1 to 30 per week in Q4</b> Q4 - 231 referrals were accepted by S@H – average of 18 per week. Work ongoing to increase referrals into the system</p> <p><b>Community visits – 95% of face-to-face visits within 8 hours</b> Q4 to date 97% compliance with 8-hour standard</p>	<p>May-25</p> <p>Q1</p> <p>Jun-25</p>	<p>90% utilisation <b>At standard</b></p> <p>231 accepted referrals Q4 <b>Below standard</b></p> <p>97% <b>Above standard</b></p>	<p>UPCC Utilisation</p>
<p><b>Emergency Department and Same Day Emergency Care</b></p>	<p><b>Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to &lt;20. National Commitment to reduce 1-hour delays by 30% by December</b> Periods of significant operational pressure in June led to an increase in longer ambulance waits. In June we reported 32 2-hour ambulance delays, an increase from May, above our ambition of 0. In June we reported 373 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In June lost minutes per arrival remained at 26</p> <p><b>ED waits - No patients waiting &gt;24 hours in ED, 93% of patients waiting &lt;12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4)</b> In June we reported a decrease in patients waiting 12-hours in EU compared to May. This equates to 92.2% of attendances waiting less than 12-hours and below our ambition for Q4</p> <p><b>SDEC units – Increase attendances compared to the same period 23/24</b> In June we reported a decrease in activity compared to May, and above June 2024 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase</p>	<p>Jun-25</p> <p>Jun-25</p> <p>Jun-25</p>	<p>32 2-hour delays <b>Above standard</b></p> <p>373 1-hour delays <b>Above standard</b></p> <p>26 minutes lost/arrival <b>Above standard</b></p> <p>92.2% patients &lt;12h <b>Below standard</b></p> <p>1753 SDEC attends <b>Below standard</b></p>	<p>Ambulance handover &gt;1 hour</p> <p>EU more than 12 hours</p> <p>Number of patients seen in SDECs</p>
<p><b>Reducing time in hospital and Continuity of Care</b></p>	<p><b>Length of stay - &lt;20% patients in acute beds to have a LOS &gt;21 days, &lt;40% patients in acute beds to have a LOS &gt;7 days</b> This data is a monthly snapshot taken at on the final Friday of each month. At the end of June 59.6% of patients in acute beds had a LOS of &gt;7 days, 32.3% &gt;21 days – reduced from May</p> <p><b>Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24</b> In June 2025 the number of POCDs was 155 – this is above the number of delays reported in May 2025</p>	<p>Apr-25</p> <p>Jun-25</p>	<p>59.6% &gt;7d <b>Above standard</b></p> <p>32.3% &gt;21d <b>Above standard</b></p> <p>155 <b>Below standard</b></p>	<p>Delayed Pathways of Care</p>

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>High Impact Pathways - Stroke</b></p>	<p><b>CT scan – 70% of patients scanned within 1 hour of arrival at EU</b> In May 58.5% of patients were received their CT scan within 1 hour of arrival at EU, unchanged from April but below our ambition.</p> <p><b>Thrombolysis – 20% thrombolysis rate</b> In May 11.5% of stroke patients were thrombolysed, this remains increased from previous months but below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p><b>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours</b> In May 45.7% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales</p>	<p>May-25</p>	<p>58.5% CT Below standard</p> <p>11.1% Thrombolysis Below standard</p> <p>45.7% Door-to-ward Below standard</p>	<p>The data section for the Stroke pathway includes three line charts comparing monthly performance (blue line) against a standard (orange line) from March 2024 to May 2025. The first chart, 'CT Scan within 1 hour', shows performance fluctuating between approximately 45% and 60%, consistently below the 70% standard. The second chart, 'Stroke patient thrombolysis rate', shows performance between 5% and 30%, well below the 20% standard. The third chart, 'Direct admission to stroke unit within 4 hours', shows performance between 30% and 60%, below the 80% standard.</p>
<p><b>High Impact pathways – Hip fracture</b></p>	<p><b>Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4</b> Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In May our annualised compliance showed 38.6% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9%.</p>	<p>May-25</p>	<p>38.6% (Annualised) Below standard</p>	<p>The data section for Hip Fracture includes a line chart titled 'Admitted within 4 hours' comparing monthly performance (blue line) against a standard (orange line) from May 2024 to May 2025. Performance remains consistently below the standard, fluctuating between approximately 35% and 45%, with the annualised value of 38.6% noted for May 2025.</p>

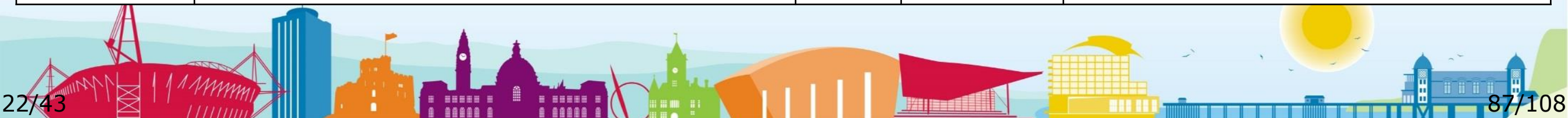
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30/07/2025 12:19:08

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p><b>GMS access – 100% of practices achieving core access standards</b> In April 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information</p> <p><b>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4</b> At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to June) 23.5% of the contract value has been delivered</p> <p><b>Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter</b> In June 100% of practices were providing CCPS services</p> <p><b>Optometry – 95% of practices providing WGOS1+2</b> All practices are currently providing WGOS 1&amp;2</p>	Apr-25	100% At standard	<p>GDS contract value fulfillment</p>
		Jun-25	98.5% Below standard (Apr-24 - Mar-25)  100% Above standard  100% Above standard	
Cancer	<p><b>Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory</b> In May 69.6% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting &gt;62 days for treatment increase and performance has dropped as a result of treating the longest waiting patients in month.</p>	May-25	69.6% Below standard	<p>% cancer patients starting treatment within 62 days</p>

Blunsdon-Louise  
30/07/2025 12:19:08

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Outpatient and Treatment waiting times</b></p>	<p><b>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment</b> In June there were 16,172 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper</p> <p><b>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment</b> In June there were 1,401 patients waiting 104 weeks for treatment. This represents a large reduction from May as we delivered our commitment to reduce below c1595 by the end of June. We are currently working with colleagues from Welsh Government and NHS Wales to develop plans for Q2 and beyond to further reduce long waits</p>	<p>Jun-25</p>	<p>16,172 patients <b>Above standard</b></p> <p>1,401 patients <b>Below standard</b></p>	
<p><b>Diagnostics and Therapies</b></p>	<p><b>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic</b> In June 14,007 patients were waiting over 8 weeks for a specified diagnostic, A decrease from May, Improvement in the radiology position this month, with NOUS, MRI and CT all reducing their 8w waits.</p> <p><b>Therapies – No patients waiting over 14 weeks for Therapy – Q3</b> In June 566 patients were waiting over 14 weeks for therapies, A decrease from May. 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</p>	<p>Jun-25</p>	<p>14,007 patients <b>Diagnostics</b> <b>Above standard</b></p> <p>566 patients <b>Therapies</b> <b>Above standard</b></p>	

Blunsdon-Louise  
30/07/2025 12:19:08



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Waiting times</b></p>	<p><b>Cardiothoracic Surgery – Reduce wait for outpatients to &lt;16 weeks Q2, reduce wait to treatment to &lt;52 weeks Q2</b>                      In May there were 65 patients waiting over 16 weeks for a new outpatient appointment and 19 patients waiting over 52 weeks for surgery.</p> <p><b>Neurosurgery – Reduce wait for treatment to &lt;40 weeks Q3, reduce wait for outpatients to &lt;18 weeks Q4</b>                      In April there were 25 patients waiting over 18 weeks for a new outpatient appointment and 8 patients waiting over 40 weeks for surgery.</p>	<p>May-25</p>	<p>65 Outpatients <b>Above standard</b></p> <p>20 patients Treatment <b>Above standard</b></p> <p>8 patients Treatment <b>Above standard</b></p>	
<p><b>Intensive Care Unit</b></p>	<p><b>Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24</b>                      October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month. Data for Q4 is currently unavailable, the service are working to provide this dataset</p>	<p>Oct-24</p>	<p>12.0% <b>Above standard</b></p>	

Blunsdon-Louise  
30/07/2025 12:19:08

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	<p><b>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1</b> In March there were 0 patients waiting over 52 weeks for a new outpatient appointment</p> <p><b>Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3</b> In June there were 444 paediatric patients waiting over 14 weeks for Therapies (293 in Dietetics and 151 in Occupational Therapy)</p>	Jun-25	<p>0 Meeting standard</p> <p>444 Above standard</p>	
Emotional Health and Wellbeing	<p><b>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of &lt;28 days in Q1</b> In May 100% of assessments were completed within 28 days</p> <p><b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3</b> In May 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p><b>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</b> In May 95% of patients had a valid Care and Treatment Plan, above our ambition</p>	May-25	<p>100% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>95% Part 2 Above standard</p>	
Neurodevelopment	<p><b>Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4</b> In June the longest wait for a neurodevelopment assessment was 225 weeks, this is above our ambition for delivery in Q4</p>	Jun-25	<p>225 Above standard</p>	

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30/07/2025 12:19:08

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<b>Mental Health Measures – Part 1a</b>	<p><b>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of &lt;28 days in Q2</b></p> <p>In May 30% of patients received their assessment within 28 days – this is below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.</p>	May-25	30% Part 1a Below standard (Q2)	
<b>Mental Health Measures – Part 1b</b>	<p><b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1</b></p> <p>In May 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	May-25	100% Part 1b Above standard	
<b>Mental Health Measures – Part 2</b>	<p><b>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3</b></p> <p>In May 54% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance</p>	May-25	54% Part 2 Below standard (Q3)	

Blunson-Louise  
30/07/2025 12:19:08



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	<b>100%</b> At standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Jun-25	Improvement compared to the same month in the previous year	<b>46.1%</b> Above standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>46.30%</td> <td>46.50%</td> <td>45.90%</td> <td>46.10%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	46.30%	46.50%	45.90%	46.10%
Mar-25	Apr-25	May-25	Jun-25										
46.30%	46.50%	45.90%	46.10%										
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 to Jun-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	<b>23.4%</b> Above standard	<table border="1"> <tr> <td>Apr-25</td> <td>Apr25 - May-25</td> <td>Apr-25 - Jun-25</td> <td></td> </tr> <tr> <td>5.50%</td> <td>15.10%</td> <td>23.40%</td> <td></td> </tr> </table>	Apr-25	Apr25 - May-25	Apr-25 - Jun-25		5.50%	15.10%	23.40%	
Apr-25	Apr25 - May-25	Apr-25 - Jun-25											
5.50%	15.10%	23.40%											
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-25	Increase compared to the same month in the previous year	<b>2,516</b> Above standard	<table border="1"> <tr> <td>Jan-25</td> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> </tr> <tr> <td>2329</td> <td>2440</td> <td>2465</td> <td>2516</td> </tr> </table>	Jan-25	Feb-25	Mar-25	Apr-25	2329	2440	2465	2516
Jan-25	Feb-25	Mar-25	Apr-25										
2329	2440	2465	2516										
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	May-25	80%	<b>100%</b> Above standard	<table border="1"> <tr> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> </tr> <tr> <td>99%</td> <td>99%</td> <td>99%</td> <td>100%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	99%	99%	99%	100%
Feb-25	Mar-25	Apr-25	May-25										
99%	99%	99%	100%										
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	May-25	80%	<b>100%</b> Above standard	<table border="1"> <tr> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> </tr> <tr> <td>90%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	90%	100%	100%	100%
Feb-25	Mar-25	Apr-25	May-25										
90%	100%	100%	100%										
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	May-25	80%	<b>30.0%</b> Below standard	<table border="1"> <tr> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> </tr> <tr> <td>97.9%</td> <td>51.3%</td> <td>30.0%</td> <td>30.0%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	97.9%	51.3%	30.0%	30.0%
Feb-25	Mar-25	Apr-25	May-25										
97.9%	51.3%	30.0%	30.0%										
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	May-25	80%	<b>100%</b> Above standard	<table border="1"> <tr> <td>Feb-25</td> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> </tr> <tr> <td>100.0%</td> <td>99.4%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	100.0%	99.4%	100.0%	100.0%
Feb-25	Mar-25	Apr-25	May-25										
100.0%	99.4%	100.0%	100.0%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-25	65%	<b>50%</b> Below standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>50%</td> <td>51%</td> <td>50%</td> <td>50%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25										
50%	51%	50%	50%										
20.	Median emergency response time to amber calls	Jun-25	12 month reduction trend	<b>01:34:20</b> Above standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>01:46:41</td> <td>01:58:55</td> <td>01:19:34</td> <td>01:34:20</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	01:46:41	01:58:55	01:19:34	01:34:20
Mar-25	Apr-25	May-25	Jun-25										
01:46:41	01:58:55	01:19:34	01:34:20										

Blunsdon-Louise  
30/07/2025 12:19:08



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	Jun-25	15 minutes or less	<b>6</b> Below standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>8</td> <td>8</td> <td>6</td> <td>6</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	8	8	6	6
Mar-25	Apr-25	May-25	Jun-25										
8	8	6	6										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Jun-25	60 minutes or less	<b>68</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>64</td> <td>63</td> <td>64</td> <td>68</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	64	63	64	68
Mar-25	Apr-25	May-25	Jun-25										
64	63	64	68										
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	Jun-25	Improvement compared to the same month in the previous year, towards the national target of 95%	<b>61.3%</b> Below standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>66.2%</td> <td>62.7%</td> <td>63.9%</td> <td>61.3%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	66.2%	62.7%	63.9%	61.3%
Mar-25	Apr-25	May-25	Jun-25										
66.2%	62.7%	63.9%	61.3%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jun-25	Reduction compared to the same month in the previous year, towards the national target of zero	<b>919</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>901</td> <td>887</td> <td>952</td> <td>919</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	901	887	952	919
Mar-25	Apr-25	May-25	Jun-25										
901	887	952	919										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	May-25	12 month improvement trend towards a national target of 80% by 31 March 2026	<b>69.6%</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>64.2%</td> <td>68.7%</td> <td>59.5%</td> <td>69.6%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	64.2%	68.7%	59.5%	69.6%
Feb-25	Mar-25	Apr-25	May-25										
64.2%	68.7%	59.5%	69.6%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jun-25	0	<b>14,007</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>13825</td> <td>14750</td> <td>15177</td> <td>14007</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	13825	14750	15177	14007
Mar-25	Apr-25	May-25	Jun-25										
13825	14750	15177	14007										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Mar-25	100%	<b>72%</b> Below standard	<table border="1"> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> <tr> <td>86.24%</td> <td>82.00%</td> <td>76.66%</td> <td>71.58%</td> </tr> </table>	Dec-24	Jan-25	Feb-25	Mar-25	86.24%	82.00%	76.66%	71.58%
Dec-24	Jan-25	Feb-25	Mar-25										
86.24%	82.00%	76.66%	71.58%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jun-25	0	<b>566</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>384</td> <td>475</td> <td>571</td> <td>566</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	384	475	571	566
Mar-25	Apr-25	May-25	Jun-25										
384	475	571	566										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jun-25	0	<b>679</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>308</td> <td>294</td> <td>456</td> <td>679</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	308	294	456	679
Mar-25	Apr-25	May-25	Jun-25										
308	294	456	679										

Blunsdon-Louise  
20/07/2025 12:19:08



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

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	Jun-25	0	<b>16,172</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>15185</td> <td>15949</td> <td>16663</td> <td>16172</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	15185	15949	16663	16172
Mar-25	Apr-25	May-25	Jun-25										
15185	15949	16663	16172										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-25	Reduction compared to the same month in the previous year	<b>22,853</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>19694</td> <td>22227</td> <td>21758</td> <td>22853</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	19694	22227	21758	22853
Feb-25	Mar-25	Apr-25	May-25										
19694	22227	21758	22853										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jun-25	0	<b>1,401</b> Below standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>1632</td> <td>2037</td> <td>2030</td> <td>1401</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	1632	2037	2030	1401
Mar-25	Apr-25	May-25	Jun-25										
1632	2037	2030	1401										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jun-25	Month on month reduction towards the national target of zero by 30 June 2025	<b>34,374</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>32763</td> <td>34632</td> <td>35620</td> <td>34374</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	32763	34632	35620	34374
Mar-25	Apr-25	May-25	Jun-25										
32763	34632	35620	34374										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	May-25	80%	<b>13%</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>10%</td> <td>10%</td> <td>14%</td> <td>13%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	10%	10%	14%	13%
Feb-25	Mar-25	Apr-25	May-25										
10%	10%	14%	13%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	May-25	80%	<b>77%</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>73%</td> <td>75%</td> <td>77%</td> <td>77%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	73%	75%	77%	77%
Feb-25	Mar-25	Apr-25	May-25										
73%	75%	77%	77%										

Blunsdon-Louise  
30/07/2025 12:19:08



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
<b>Turnover</b>	<p>The overall trend is downwards since Jul-24; the rates have fallen from 10.97% at Jul-24 to 8.45% in Jun-25 UHB wide. This is a net 2.51% decrease, which represents 370 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Work Life Balance'.</p>	June 2025	
<b>Sickness Absence</b>	<p>The monthly sickness rate for Jun-25 was 5.67%. The 12-month cumulative rate has settled over the past year, and is 6.36% at Jun-25 (an increase of 0.14% by comparison with the rate at Jun-24).</p>	June 2025	
<b>Statutory and Mandatory Training</b>	<p>The overall compliance rates rose marginally for Jun-25 to 82.56%, 2.44% below the overall target. The compliance for All Wales Genomics Service, Capital, Estates &amp; Facilities, Clinical Diagnostics &amp; Therapeutics and Corporate Executives are above the 85% target; and PCIC, Children &amp; Women's and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has risen, to 72.25% Jun-25. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p>	June 2025	
<b>Values Based Appraisal</b>	<p>VBA compliance has risen slightly for Jun-25 to 71.88%. None of the Clinical Boards have reached the 85% target rate%.</p>	June 2025	
<b>Employee Relations</b>	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases remains above the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	June 2025	

Blunsdon Louise  
30/07/2025 12:19:08



Priority	Performance Summary	Reported Period	Data
<b>Job Plans</b>	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 70.93% have a signed off job plan, against a target of 90% to be achieved by Sep-25.	June 2025	
<b>Medical Appraisals</b>	The rate of compliance with Medical Appraisal rose slightly to 85.06% for Jun-25, and is now just above the 85% target.	June 2025	
<b>Staff in Post</b>	The overall Health Board Staffing Numbers have increased in the last 12 months by 448 WTE, to 15,409.64 WTE at Jun-25.	June 2025	
<b>Variable Pay (Bank, Agency, Overtime..)</b>	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jul-24 the percentage was 8.04% of the total spend on pay, but in Jun-25 had fallen to 6.09%. It must however be borne in mind that the total pay bill is increasing.  There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	June 2025	
<b>Staff Winter Vaccination Programme</b>	By the end of Mar-25 35.28% of staff have received the flu vaccine, and 28.29% of staff have received the COVID-19 vaccine.  The winter vaccination programme for 2025-26 will commenced in the autumn.		
<b>Agency Spend as % of Total Pay Bill</b>	The proportion of the total pay bill attributed to Agency for Jul-24 was 0.82% of the total spend on pay and has fallen to 0.41% at Jun-25. The percentage has however risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	June 2025	

Blunsdon Louise  
30/07/2025 12:19:08

Priority	Performance Summary	Reported Period	Data
<b>Time to Hire</b>	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales monthly average is 62.4 days. The figure for Cardiff & Vale uHB for Jun-25 was 94.2 days.	June 25	
<b>Time to Shortlist</b>	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7.2 days. The figure for Cardiff & Vale uHB for Jun-25 was 7.5 days.	June 2025	
<b>Exit Questionnaire Completion</b>	At Jun-25 the return rate of exit questionnaires was 21%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Sep-25.	June 2025	
<b>Nursing &amp; Midwifery Band 5 &amp; 6 Vacancy Rates</b>	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 Jun-25 the rate was 2.33%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	Jun 2025	
<b>Provision of EDI Data in ESR</b>	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 Jun-25 35.52% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	June 2025	
<b>Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR</b>	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 46.55% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.  At Jun-25 6.65% of staff have identified their Welsh Skills as between level 2 and level 5.	June 2025	

Blunsdon-Louise  
30/07/2025 12:19:08

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
36.	Percentage of sickness absence rate of staff	Jun-25	12 month reduction trend (6%)	<b>5.67%</b> Below standard	Mar-25	Apr-25	May-25	Jun-25
					6.34%	5.79%	5.51%	5.67%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jun-25	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	<b>8.45%</b> Above standard	Mar-25	Apr-25	May-25	Jun-25
					8.96%	8.76%	8.76%	8.45%
38.	Agency spend as a percentage of the total pay bill	Jun-25	12 month reduction trend	<b>0.41%</b> Below standard	Mar-25	Apr-25	May-25	Jun-25
					0.17%	0.39%	0.39%	0.41%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Jun-25	85%	<b>72.68%</b> Below standard	Mar-25	Apr-25	May-25	Jun-25
					71.19%	71.71%	72.59%	72.68%

Blunsdon Louise  
30/07/2025 12:19:08



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Concerns</b> 30-day performance</p>	<p><b>Welsh Government target for responding to concerns is 75% within 30 working days</b></p> <p><b>During May and June 25, the Health Board:</b></p> <ul style="list-style-type: none"> <li>•Received 470 Concerns</li> <li>•Closed 450 concerns</li> <li>• 69 % closed within 30 working days (including Early Resolution)</li> <li>• 17% closed under Early Resolution (within 2 days including day of receipt)</li> <li>•Received 600 Enquiries</li> <li>•Received 78 Compliments</li> <li>•We currently have 295 active concerns</li> </ul> <p>•Graph opposite shows median response time to formal concerns across Wales</p> <p><b>Top 3 themes and trends</b></p> <ul style="list-style-type: none"> <li>• Clinical Treatment and Assessment</li> <li>• Concerns around appointments (waiting times/cancellations)</li> <li>• Communication</li> </ul>	<p>May and June 25</p>	<p>60 %</p>	<p><b>% of concerns closed within 30 working days including Early Resolution</b></p> <p>All Wales - Median working days for a response (includes still open co...)</p>
<p><b>Duty of Candour</b></p> <p><i>Blunsdon Louise 30/07/2025 12:19:08</i></p>	<p><b>Key Updates:</b></p> <p><b>From 1st January 2025 to 30th June 2025, a total of 12,751 incidents have been reported. Of these incidents, 87 have triggered the duty of candour.</b></p> <p><b>Themes and Trends for Triggered Duty of Candour:</b></p> <ul style="list-style-type: none"> <li>• Avoidable pressure damage.</li> <li>• Avoidable falls.</li> <li>• Patients lost to follow-up.</li> <li>• Failure to prescribe or administer appropriate medication.</li> <li>• Administration of incorrect medication.</li> <li>• Missed opportunities to diagnose</li> </ul>			<p><b>Duty of Candour</b></p>

Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																			
<p><b>Patient Feedback – Civica</b></p>	<p>The system became operational on Friday, 28th October 2022. We are currently conducting surveys with up to 1,000 patients daily via text message: 600 patients are randomly selected from general hospital activity, 200 from Emergency Unit (EU) activity, and 200 from Mental Health activity. Over the past 12 months, we have dispatched over 178,000 text messages and have observed a response rate of 15%</p> <p>In June, we sent 15,139 text messages and received 2,523 completions, resulting in a response rate of 17%. Among respondents discharged in May and June who answered the rating question, 84% expressed satisfaction with our service (please refer to the chart opposite).</p> <p>Our overall response rate currently stands at 15%. While we understand that this rate is higher than that of many organisations, we will focus on improving it over the next year.</p>	<p>May/June 2025</p>		<p>Score: 84%</p> <table border="1"> <caption>Patient Feedback Distribution</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Very good</td> <td>63.73%</td> </tr> <tr> <td>Good</td> <td>22.13%</td> </tr> <tr> <td>Neither good nor poor</td> <td>5.87%</td> </tr> <tr> <td>Poor</td> <td>4.18%</td> </tr> <tr> <td>Very poor</td> <td>4.09%</td> </tr> </tbody> </table> <p>All Wales Question 9: Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experience? - % Rati...</p> <table border="1"> <caption>Total Submissions and Average Rating</caption> <thead> <tr> <th>Month</th> <th>Total Submissions</th> <th>Average Rating</th> </tr> </thead> <tbody> <tr><td>April</td><td>1801</td><td>7.44</td></tr> <tr><td>May</td><td>1911</td><td>7.39</td></tr> <tr><td>June</td><td>1841</td><td>7.23</td></tr> <tr><td>July</td><td>2145</td><td>7.42</td></tr> <tr><td>August 2024</td><td>1927</td><td>7.49</td></tr> <tr><td>September</td><td>1939</td><td>6.94</td></tr> <tr><td>October</td><td>2591</td><td>7.41</td></tr> <tr><td>November</td><td>3002</td><td>7.21</td></tr> <tr><td>December</td><td>2919</td><td>7.17</td></tr> <tr><td>January</td><td>2297</td><td>7.56</td></tr> <tr><td>February 2025</td><td>2812</td><td>7.33</td></tr> <tr><td>March</td><td>3546</td><td>7.03</td></tr> </tbody> </table>	Category	Percentage	Very good	63.73%	Good	22.13%	Neither good nor poor	5.87%	Poor	4.18%	Very poor	4.09%	Month	Total Submissions	Average Rating	April	1801	7.44	May	1911	7.39	June	1841	7.23	July	2145	7.42	August 2024	1927	7.49	September	1939	6.94	October	2591	7.41	November	3002	7.21	December	2919	7.17	January	2297	7.56	February 2025	2812	7.33	March	3546	7.03
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<p><b>Patient Safety</b></p>	<p>We continue to report Nationally Reportable Incidents at a rate in line with the national average. In April 2025 we reported 3.67 per 100,000 population compared with 2.69 per 100,000 across Wales. Ten NRIs were reported in total during April.</p> <p>On the last day of June 2025, there were 2725 incidents that had not been reviewed within 30 days. From August 2025, one day a month will be dedicated to providing in person support to manage patient safety incidents in an effective and timely way.</p>	<p>June 2025</p>		<p>CVU UHB rate of NRIs reported to NHS Executive per 100,000 population as of 10/07/25</p> <p>CVU UHB T-chart for time in days between Never Event incident dates in the last 12 months as of 10/07/25</p>																																																			

Blunsdon, Louise  
30/07/2025 12:19:08

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p><b>Tier 1 Mortality</b></p>	<p><b>Inpatient Mortality</b>                      Inpatient mortality remains in line with the five-year average. May inpatient mortality was 3.5 deaths per 1000 bed days with the highest rate recorded in medicine (4.6) and then specialist clinical board (4.3) .</p> <p><b>Inpatient Mortality</b>                      The all- cause mortality rate across Cardiff and the Vale remains inline with the five-year average with a reduction in deaths form acute respiratory infections observed since February 2025.</p>	<p>May 2025</p>		
<p><b>Infection Control</b></p>	<p><i>Clostridiodes difficile</i> – The total number of CDI cases this year is currently 48, with 17 hospital onset. This number of cases is 21 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>MRSA - The total number of MRSA cases this year is currently 5, with 2 hospital onset. This number of cases is 1 hospital onset case higher than this period in 2024/2025. CAV UHB have the 2<sup>nd</sup> rate of the 6 acute Health Boards in Wales.</p> <p>MSSA - The total number of MSSA cases this year is currently 37, with 15 hospital onset. This number of cases is 6 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales.</p> <p>E.coli - The total number of E.coli cases this year is currently 67, with 17 hospital onset. This number of cases is 3 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales.</p> <p><i>Klebsiella spec's</i> - The total number of Klebs cases this year is currently 26, with 14 hospital onset. This number of cases is 3 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>PAER - The The total number of Pseud cases this year is currently 6, with 3 hospital onset. This number of cases is the same as this period in 2024/2025. CAV UHB have the 3<sup>rd</sup> lowest rate of the 6 acute Health Boards in Wales.</p>	<p>June 25</p>		

Blunsdon, Louise  
 30/07/2025 12:15:02

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	Apr-25	12 month improvement trend	<b>49.8%</b> Below standard	<table border="1"> <tr> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> </tr> <tr> <td>56.00%</td> <td>42.30%</td> <td>43.50%</td> <td>49.80%</td> </tr> </table>	Jan-25	Feb-25	Mar-25	Apr-25	56.00%	42.30%	43.50%	49.80%
Jan-25	Feb-25	Mar-25	Apr-25										
56.00%	42.30%	43.50%	49.80%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	May-25	90%	<b>28.4%</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>40.20%</td> <td>34.70%</td> <td>51.40%</td> <td>28.40%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	40.20%	34.70%	51.40%	28.40%
Feb-25	Mar-25	Apr-25	May-25										
40.20%	34.70%	51.40%	28.40%										
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	<b>16.1%</b> Below standard	<table border="1"> <tr> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> <th>Apr-24</th> </tr> <tr> <td>17.00%</td> <td>15.30%</td> <td>15.00%</td> <td>16.10%</td> </tr> </table>	Jan-24	Feb-24	Mar-24	Apr-24	17.00%	15.30%	15.00%	16.10%
Jan-24	Feb-24	Mar-24	Apr-24										
17.00%	15.30%	15.00%	16.10%										
43.	Number of Pathways of Care delayed discharges	Jun-25	12 month reduction trend	<b>155</b> Above standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>163</td> <td>150</td> <td>139</td> <td>155</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	163	150	139	155
Mar-25	Apr-25	May-25	Jun-25										
163	150	139	155										
44.	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	May-25	90%	<b>94.8%</b> Above standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>92.9%</td> <td>90.2%</td> <td>92.7%</td> <td>94.8%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	92.9%	90.2%	92.7%	94.8%
Feb-25	Mar-25	Apr-25	May-25										
92.9%	90.2%	92.7%	94.8%										
45.	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	May-25	90%	<b>53.8%</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>56.7%</td> <td>55.7%</td> <td>53.5%</td> <td>53.8%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	56.7%	55.7%	53.5%	53.8%
Feb-25	Mar-25	Apr-25	May-25										
56.7%	55.7%	53.5%	53.8%										
46.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	May/Jun 25	(Some system issues)	<b>↑ 5939</b>	In May and June we sent 27,286 texts								

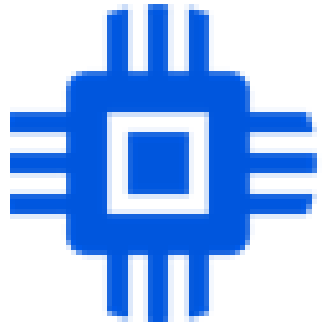
Blunsdon Louise  
30/07/2025 12:19:08



No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
47.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella sp</i> and; <i>Pseudomonas aeruginosa</i>	Jun-25	<i>Klebsiella sp</i> - 100 <i>P. aeruginosa</i> – 31	<b>26 6</b> Below standard	Not on trajectory to achieve the reduction expectation number  On trajectory to achieve the reduction expectation number								
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Jun-25	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	<b>51.85 cases per 100,000 population</b> Below Standard <b>32.50 cases per 100,000 population</b> Above standard	On trajectory to achieve the reduction expectation rate  Not on trajectory to achieve the reduction expectation rate								
49.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Jun-25	25 cases per 100,000 population	<b>37.15 cases per 100,000 population</b> Above standard	Not on trajectory to achieve the reduction expectation rate								
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	May-25	Reduction compared to the same month in the previous year	<b>22.0%</b> On standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>44.80%</td> <td>43.50%</td> <td>52.50%</td> <td>22.00%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	44.80%	43.50%	52.50%	22.00%
Feb-25	Mar-25	Apr-25	May-25										
44.80%	43.50%	52.50%	22.00%										
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	May-25	12 month improvement trend towards national target of 95%	<b>71.90%</b> Below standard	<table border="1"> <tr> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> <tr> <td>65.90%</td> <td>67.50%</td> <td>71.50%</td> <td>71.90%</td> </tr> </table>	Feb-25	Mar-25	Apr-25	May-25	65.90%	67.50%	71.50%	71.90%
Feb-25	Mar-25	Apr-25	May-25										
65.90%	67.50%	71.50%	71.90%										
52.	Number of ambulance patient handovers over one hour	Jun-25	0	<b>363</b> Over standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>381</td> <td>462</td> <td>421</td> <td>363</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	381	462	421	363
Mar-25	Apr-25	May-25	Jun-25										
381	462	421	363										
53.	Percentage of ambulance patient handovers within 15 minutes	Jun-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	<b>12.14%</b> Below standard	<table border="1"> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> </tr> <tr> <td>11.38%</td> <td>11.24%</td> <td>11.38%</td> <td>12.14%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	11.38%	11.24%	11.38%	12.14%
Mar-25	Apr-25	May-25	Jun-25										
11.38%	11.24%	11.38%	12.14%										
54.	Number of National Reportable incidents that remain open 90 days or more	16 July 25	12 month reduction trend	<b>57%</b>	Improving trajectory but not on target to meet improvement target								

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Shaping Our Future

**Digital  
Services**

# Digital & Health Intelligence

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## Executive Scorecard

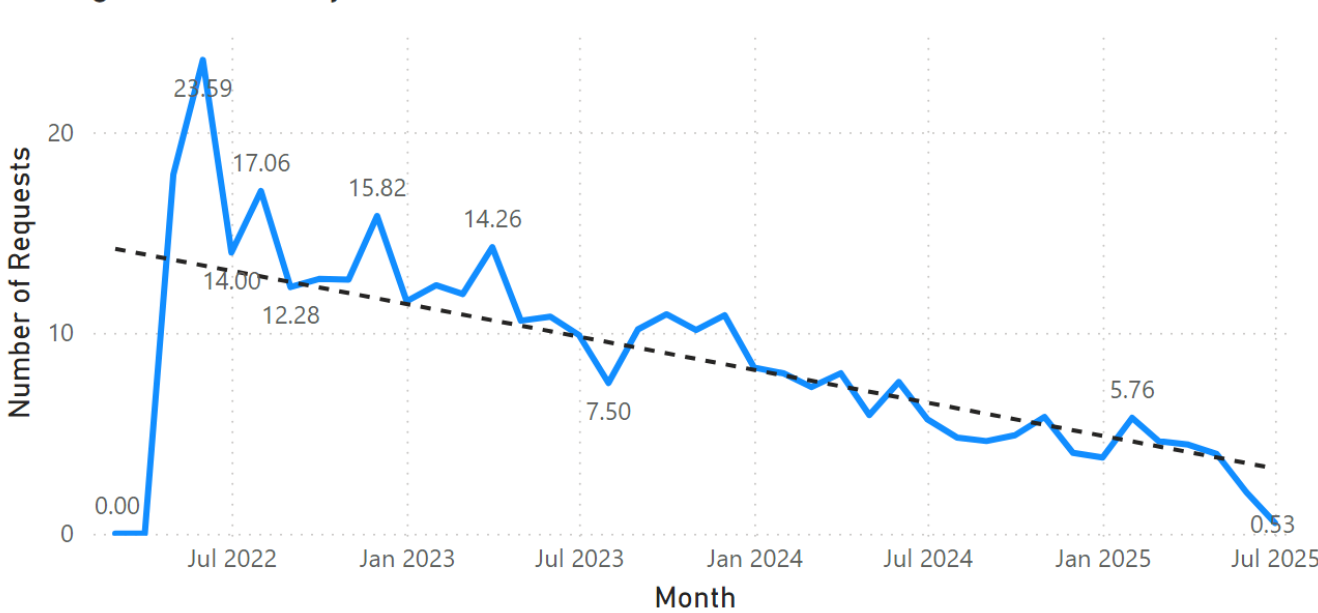
Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
<b>39321</b> Incidents Opened	<b>50046</b> Requests Opened	<b>20783</b> Incidents Opened	<b>28557</b> Requests Opened	<b>966</b> Incidents Opened	<b>1446</b> Requests Opened
<b>38855</b> Incidents Closed	<b>45460</b> Closed Requests	<b>19880</b> Incidents Closed	<b>24119</b> Closed Requests	<b>786</b> Incidents Closed	<b>580</b> Closed Requests
<b>466</b> Remaining Open	<b>4586</b> Remaining Open	<b>903</b> Remaining Open	<b>4438</b> Remaining Open	<b>180</b> Remaining Open	<b>866</b> Remaining Open
<b>4.06</b> Avg Duration (Days)	<b>6.04</b> Avg Duration (Days)	<b>3.75</b> Avg Duration (Days)	<b>3.94</b> Avg Duration (Days)	<b>0.39</b> Avg Duration (Days)	<b>0.53</b> Avg Duration (Days)

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# Executive Trending

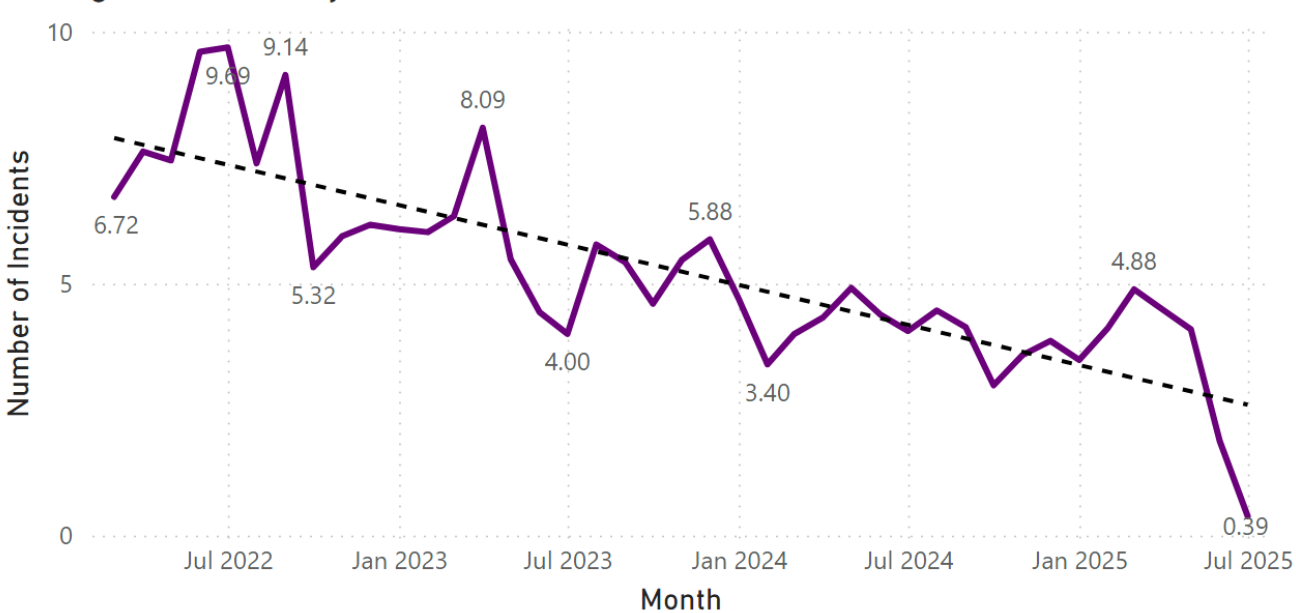
## Requests (new and additional items)

### Average Duration (Days)



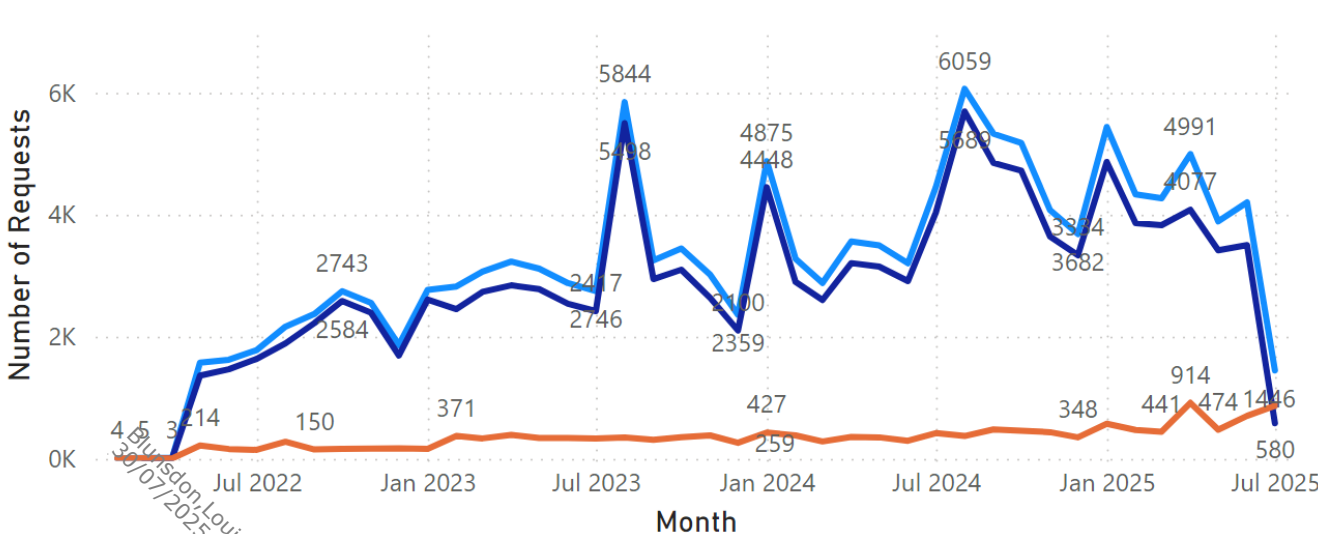
## Incidents (something that was working no longer works)

### Average Duration (Days)



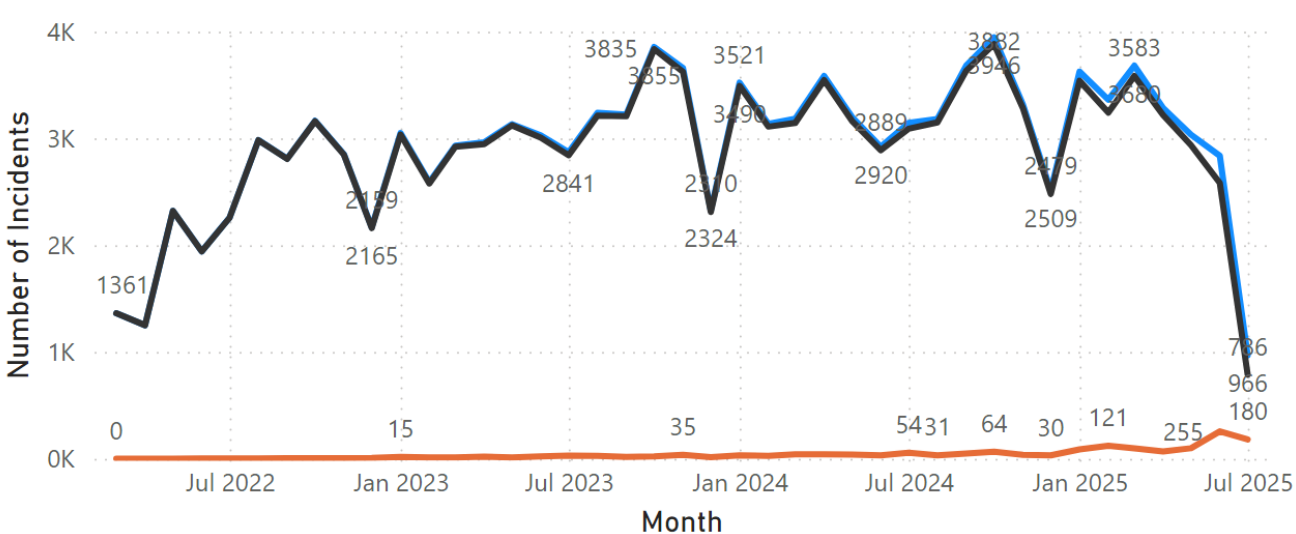
## Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



## Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



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# Service Desk Scorecard

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
18245 <small>Incidents Opened</small>	26787 <small>Requests Opened</small>	8825 <small>Incidents Opened</small>	14560 <small>Requests Opened</small>	413 <small>Incidents Opened</small>	737 <small>Requests Opened</small>
18233 <small>Incidents Closed</small>	25050 <small>Closed Requests</small>	8528 <small>Incidents Closed</small>	12346 <small>Closed Requests</small>	322 <small>Incidents Closed</small>	332 <small>Closed Requests</small>
12 <small>Remaining Open</small>	1737 <small>Remaining Open</small>	297 <small>Remaining Open</small>	2214 <small>Remaining Open</small>	91 <small>Remaining Open</small>	405 <small>Remaining Open</small>
4.26 <small>Avg Duration (Days)</small>	3.57 <small>Avg Duration (Days)</small>	5.63 <small>Avg Duration (Days)</small>	3.46 <small>Avg Duration (Days)</small>	0.54 <small>Avg Duration (Days)</small>	0.37 <small>Avg Duration (Days)</small>

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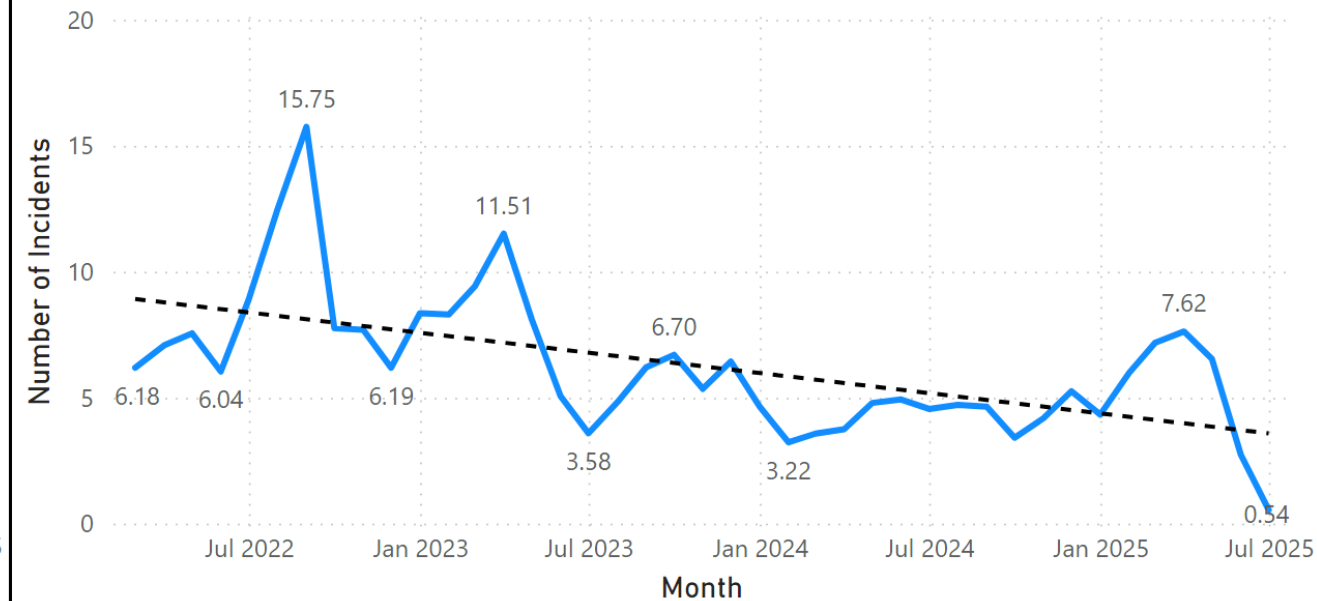
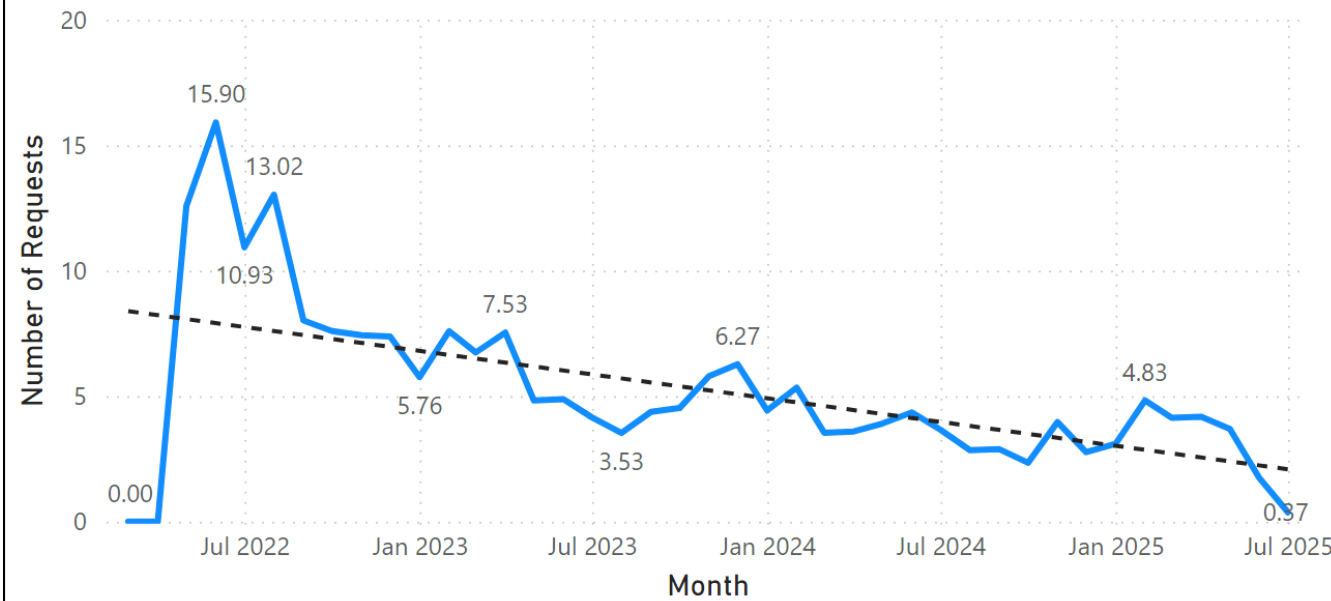
# Service Desk Trending

## Requests (new and additional items)

## Incidents (something that was working no longer works)

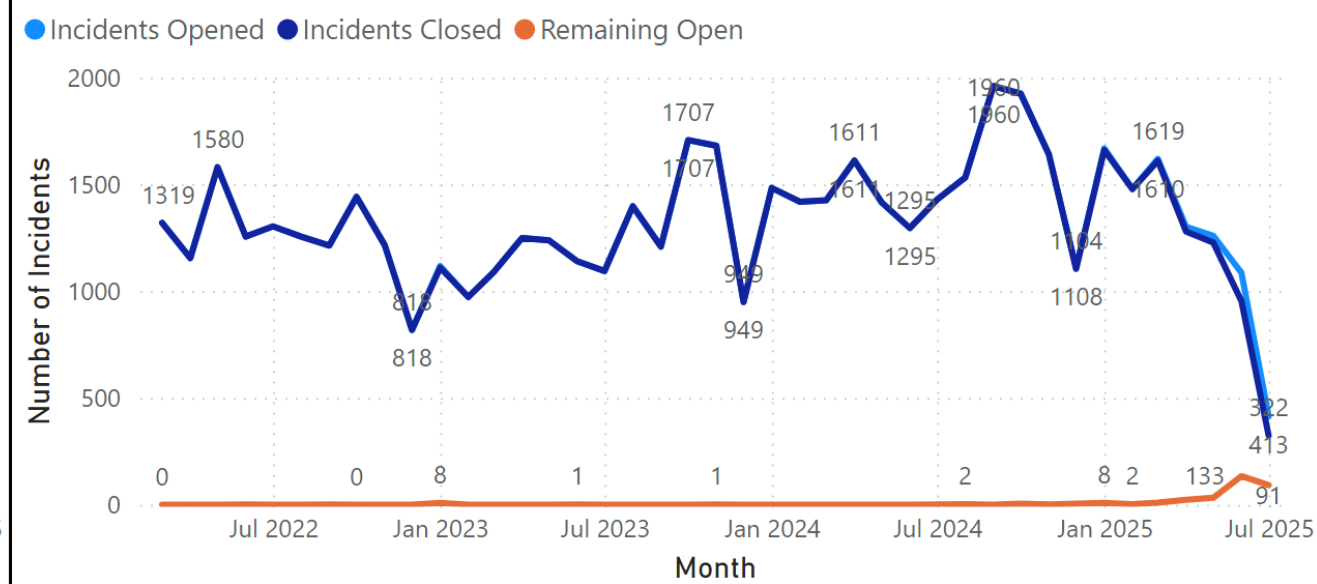
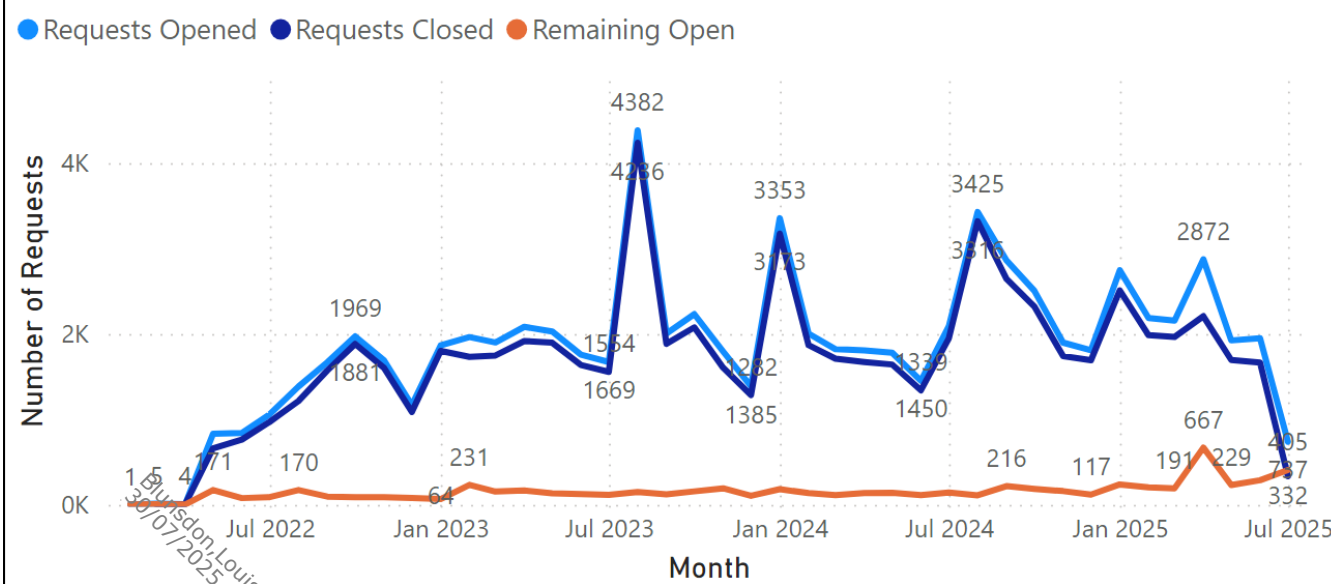
### Average Duration (Days)

### Average Duration (Days)



### Requests Opened, Closed and Remaining Open

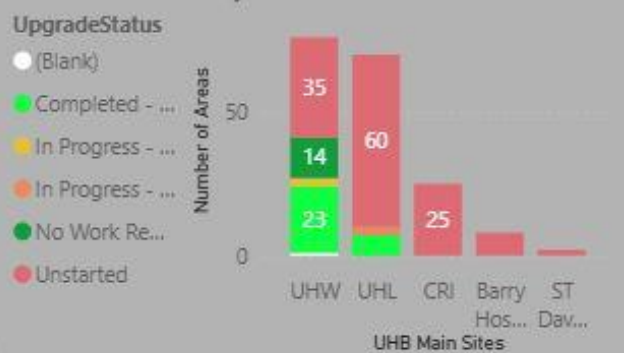
### Incidents Opened, Closed and Remaining Open



30/07/2025 12:19:08

# Wi-fi Project Statistical Analysis

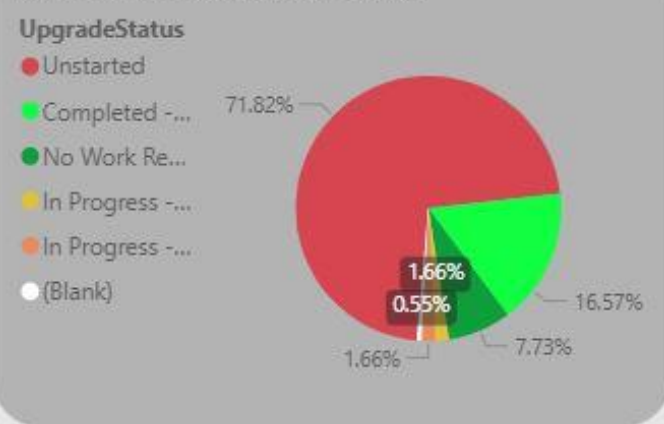
Current Status by UHB Main Site



Number of Areas Complete Out of Grand Total



Chart of Works Current Status

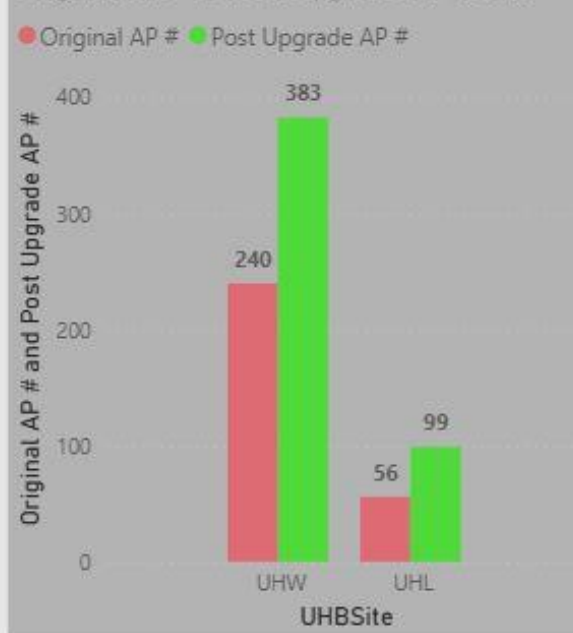


Number of access points currently listed is incomplete both original and post upgrade. The work to analyse these amounts is ongoing, and requires additional time to complete the data for this report.



UHBSite	Title	UpgradeStatus	Original access points	Post Upgrade Access Points
UHL	Stroke Rehab Centre	Completed - All Works	18	31
	West 2 Medicine	In Progress - Containment Scheduled	9	20
	West 10	Completed - All Works	14	18
	West 6 Surgery	Unstarted	4	17
	West 5 Surgery/Trauma	Unstarted	5	15
	East 2 Medicine	Unstarted	4	14
	East 4 Medicine	Completed - All Works	4	14
	East 8 Medicine	In Progress - Containment Scheduled	3	14

Original APs vs Post Upgrade AP Totals



Number of ePMA Areas



Number of Wider Wifi Project Areas



Number of CEF Areas



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