

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 19th August 2026 at 12 noon via Teams
Chair: Rachel Gidman

Preliminaries		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
4	Minutes of the meeting held on the 10.2.26 and 21.07.26	Chair
5	Action Log	Chair
For Communication:		
6	Chief Executive Update	Chief Executive
7	Operational Update	Chief Operating Officer
8	Finance Update	Executive Director of Finance
9	Workforce Equality Standards (WES) – Welsh Government	Head of Equity and Inclusion / Sara Whittam
10	Nurse Staffing Levels Report	Deputy Executive Nurse Director / Nurse Staffing Levels Lead
For Consideration:		
11	Partnership & Recognition Agreement	Head of People Assurance and Experience/Chair of Staff Representatives
12	Workforce Partnership Group Terms of Reference	Head of People Assurance and Experience/Chair of Staff Representatives
For Appraisal:		
13	Integrated Performance Report - Population Health - Quality and Safety - People - Operational Performance - Finance	ED of Public Health Executive Nurse Director ED of People and Culture Chief Operating Officer ED of Finance
For Consultation/Negotiation:		
Items for Information (for noting only):		
14	Annual Equality Report	Chair
15	Local Partnership Forum Annual Report	Chair
16	Workforce Partnership Group Annual Report	Chair
17	Clinical Board LPF Annual Report	Chair
Closure:		
18	Review of meeting (items to be brought to the attention of the Board)	Chair
20	Any other business previously agreed with the Co-Chairs	Chair

21	Future Meeting Arrangements: Thursday 22nd October 2026 at 10am via Teams, with a staff rep pre-meet at 8:45am	
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LOCAL PARTNERSHIP FORUM MEETING
10th February 2026 at 1pm, via Teams

Present

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

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

In attendance

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

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

Apologies

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

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

Secretariat

Louise Blunsdon

People Assurance and Experience Coordinator (Minutes)

LPF 26/001 WELCOME AND APOLOGIES

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



LPF 26/002 DECLARATIONS OF INTEREST

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

LPF 26/003 MINUTES OF THE PREVIOUS MEETING

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

LPF 26/004 ACTION LOG

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

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

Action: LB

LPF 26/005 ESTATE INFRASTRUCTURE – RISK RESPONSE & PLANNING

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

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



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

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

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

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

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

LPF 26/006 CLINICAL SERVICES PLAN

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

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

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



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

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

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

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

LPF 26/007 REMODELING OF MENTAL HEALTH – 36 DEGREES

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

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

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



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

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

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

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

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

LPF 26/008 CHIEF EXECUTIVE UPDATE

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

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

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

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

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

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

LPF 26/009 INTEGRATED PERFORMANCE REPORT

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

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

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

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

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

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



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

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

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

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

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

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

LPF 26/011 IMPROVING ATTENDANCE AT WORK

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

LPF 26/012 EPSG MINUTES

The EPSG minutes from the 26.11.25 were noted.

LPF 26/013 REVIEW OF THE MEETING

No comments were raised.

LPF 26/014 ANY OTHER BUSINESS

No other business was raised.

LPF 26/015 FUTURE MEETING ARRANGEMENTS

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

DRAFT



Local Partnership Forum – Action Log

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



LOCAL PARTNERSHIP FORUM REARRANGED SESSION
22nd July 2026 at 3pm, via Teams

Present

Rachel Gidman
Dawn Ward
Peter Hewin
Rachel Pressley
Mathew Thomas
Philip Dore
Jonathan Strachan-Taylor
Lianne Morse
Cyrille Legras
Catherine Phillips
Claire Beynon
Lorna McCourt
Matt Phillips
Jason Roberts
Ceri Dolan
Paul Bostock
Karina MacKay
Madeleine Smith
Katrina Griffiths
Janice Aspinall
Sarah Barnett
Katherine Casban-Rose
David Fluck
Luke Tobin
Bill Salter
Claire Whiles

Joanne Brandon
Emma Cooke

Apologies

Suzanne Rankin
Kirsty Williams

Secretariat

Louise Blunsdon

Executive Director of People and Culture (co-chair)
Chair of Staff Representatives – BAOT/UNISON (co-chair)
BAOT/UNISON
Head of People Assurance and Experience
UNISON
RCN
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Deputy Director of People and Culture
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Executive Director of Finance
Executive Director of Public Health
UNISON
Director of Corporate Governance
Executive Nurse Director
RCN
Chief Operating Officer
BDA
UNISON
Associate Director of People & Culture
UNISON
Society of Chiropodists and Podiatrists
RCN
Executive Medical Director
CSP
UNISON
Assistant Director of Organisation Development, Wellbeing and Culture
Director of Communication and Engagement
Executive Director of AHPs, Health Scientists & Community Services

Chief Executive Officer
Chair

People Assurance and Experience Coordinator (Minutes)

LPF 26/016 WELCOME AND APOLOGIES

Dawn Ward (DW) welcomed attendees and noted that the items had been rearranged following its postponement at the previous Executive LPF meeting. The purpose of the session was to receive an update on the wider organisational transformation programme, including financial sustainability, the Clinical Services Plan and organisational redesign work.

LPF 26/017 ORGANISATIONAL TRANSFORMATION UPDATE

David Fluck (DF) and Emma Cooke (EC) provided an organisational update to the group. The key points included:

- Significant operational pressures arising from sustained demand, workforce capacity constraints, infrastructure issues, and digital limitations.
- It was noted that staff feedback and survey findings indicated increasing pressures and a deterioration in staff experience.
- Patient feedback identified delays across care pathways, communication issues and difficulties accessing services, although patient ratings of care remain largely positive.
- Financial challenges facing the Health Board, including a growing deficit and expenditure continuing to outpace funding growth.
- Workforce growth over recent years without a corresponding improvement in performance measures, indicating system inefficiencies rather than lack of staff effort.
- Future demographic pressures including population growth, increasing demand, and widening health inequalities.
- The requirement to improve productivity and shift care from hospital settings into community-based services to achieve a sustainable model of care.

EC referred to the Clinical Services Plan and highlighted the 3 transformational priorities as:

1. Creating capacity for change through improved productivity and operational efficiency.
2. Changing demand through preventative and community-based care models.
3. Designing the organisation to support the future model of care through leadership, workforce, digital and organisational development.

EC noted that the presentation was intended to set out the case for change and help colleagues understand the challenges. She added that that further discussion on the detailed delivery plans would be beneficial, including productivity, creating capacity, Community by Design, and Mental Health Transformation. EC also emphasised the importance of staff representative involvement in the programme boards to ensure representatives remain engaged as the detail develops.

Action: EC

The group welcomed the overall vision and direction of travel but emphasised that successful delivery would depend on meaningful staff engagement throughout the process.

Mat Thomas (MT) asked how the Health Board intends to engage staff meaningfully from the outset, communicate the changes positively, and define clear milestones and measures of success over the next 3, 6 and 12 months.

DF and EC advised that extensive engagement had already been undertaken through the Clinical Services Plan process and they remain committed to ongoing engagement throughout implementation. Staff-side representation was also invited onto relevant programme governance arrangements, including Community by Design programme boards.

They also added that future measures of success would include:

- Improvements in preventative health indicators.
- Improved access to care.
- Reduced reliance on crisis services.
- Improvements in staff experience.
- Improvements in patient experience and outcomes.

It was noted that many of these measures would be developed through the Community by Design Programme and associated transformation workstreams. Trade Union Members sought assurance that the Transformation Programme would not increase staff burnout.



The response emphasised that co-design, staff involvement, clear communication and clinically led transformation would help staff feel part of the change process rather than having change imposed upon them. It was acknowledged that different staff groups would require varying levels of support throughout the transition.

DF clarified that references to productivity were not intended as a criticism of staff effort but reflected the impact of inefficient systems and processes which were making it harder for staff to deliver the same level of care. Members noted the importance of presenting this message carefully to avoid staff perceiving the transformation programme as criticism of their work.

Questions were raised regarding the digital readiness of both staff and patients, particularly in relation to increasing digitalisation and future use of AI.

It was confirmed that digital literacy would be a key focus within the refreshed People and Culture Plan, supported by training, behavioural development and wider digital foundations work. Further updates would be brought to LPF.

Action: RG

LPF 26/018 ORGANISATIONAL REDESIGN

Catherine Phillips (CP) gave an update on the organisational redesign work, outlining the proposal for three care groups, the alignment with the Clinical Services Plan, and the upcoming board decision on implementation options.

CP explained that the redesign work needed to align with the Clinical Services Plan, Community by Design, Mental Health Transformation and the McKinsey work, with all programmes contributing to sustainable services for the population, workforce and finances.

CP noted that implementation would require key enablers, including leadership capacity, organisational development, digital capability, partnership working, and effective governance. There was broad consensus to move to three care groups aligned to the Clinical Services Plan, although no final decision had been made. The proposals had been shared with relevant stakeholders and were due to be considered by Board in July. Three implementation options were outlined: pause the programme, implement in phases, or proceed at pace. The Board would determine the preferred approach.

Dawn Ward (DW) acknowledged that the need for change was accepted from a Trade Union perspective and that the issues presented by EC and DF were not unexpected. However, she expressed concern about the timing of the proposed Board decision on organisational redesign, noting the forthcoming change in Chief Executive leadership. DW suggested that consideration should be given to pausing the decision until the incoming Chief Executive was in post and able to support and take ownership of the direction of travel.

Paul Bostock (PB) explained that, while there would be an interim Chief Executive ahead of a substantive appointment, any decision agreed by the Board in July would provide the direction of travel for the interim Chief Executive to take forward. He advised that the current proposal was to seek Board approval to further develop the model, confirm the move to three care groups, and establish the implementation plan, including what would be required and the likely timescales. He felt the discussion was not about whether to proceed, but how the change should be taken forward.

DW requested information on alternative models considered alongside the proposed three care groups. While supporting the need for change, she highlighted the importance of learning from



previous organisational decisions and expressed concern about the impact of transformation on workforce costs. She sought clarity on whether the Board was aiming for compromise or consensus regarding implementation options and raised concerns about senior leadership ownership of the change during the Chief Executive transition

CP acknowledged the concerns raised regarding the timing of the organisational redesign decision in the context of Suzanne Rankin's departure. She advised that this had been a significant part of the debate to date and that the Board paper would include pausing as an option. However, she noted that the Chair was keen for the Board to make a clear, Board-owned decision to provide a direction of travel for the interim Chief Executive and future substantive Chief Executive to take forward. CP agreed that the change would need senior organisational ownership and should be led by the Chief Executive. She confirmed that the programme had been led under Suzanne Rankin's tenure through Catherine's SRO role and was expected to continue under Adam following the Board decision. DW thanked CP for the additional context provided regarding the timing of the Board decision and requested that Staff Side be informed of the Board's decision once it had been made, to support appropriate planning and response. CP agreed to work with RG to provide feedback in the most appropriate way.

Action: CP

LPF 26/019 FUTURE MEETING ARRANGEMENTS

The next meeting will be held remotely on Wednesday 19th August 2026 from 12pm with a staff representatives pre-meeting at 10:45am.

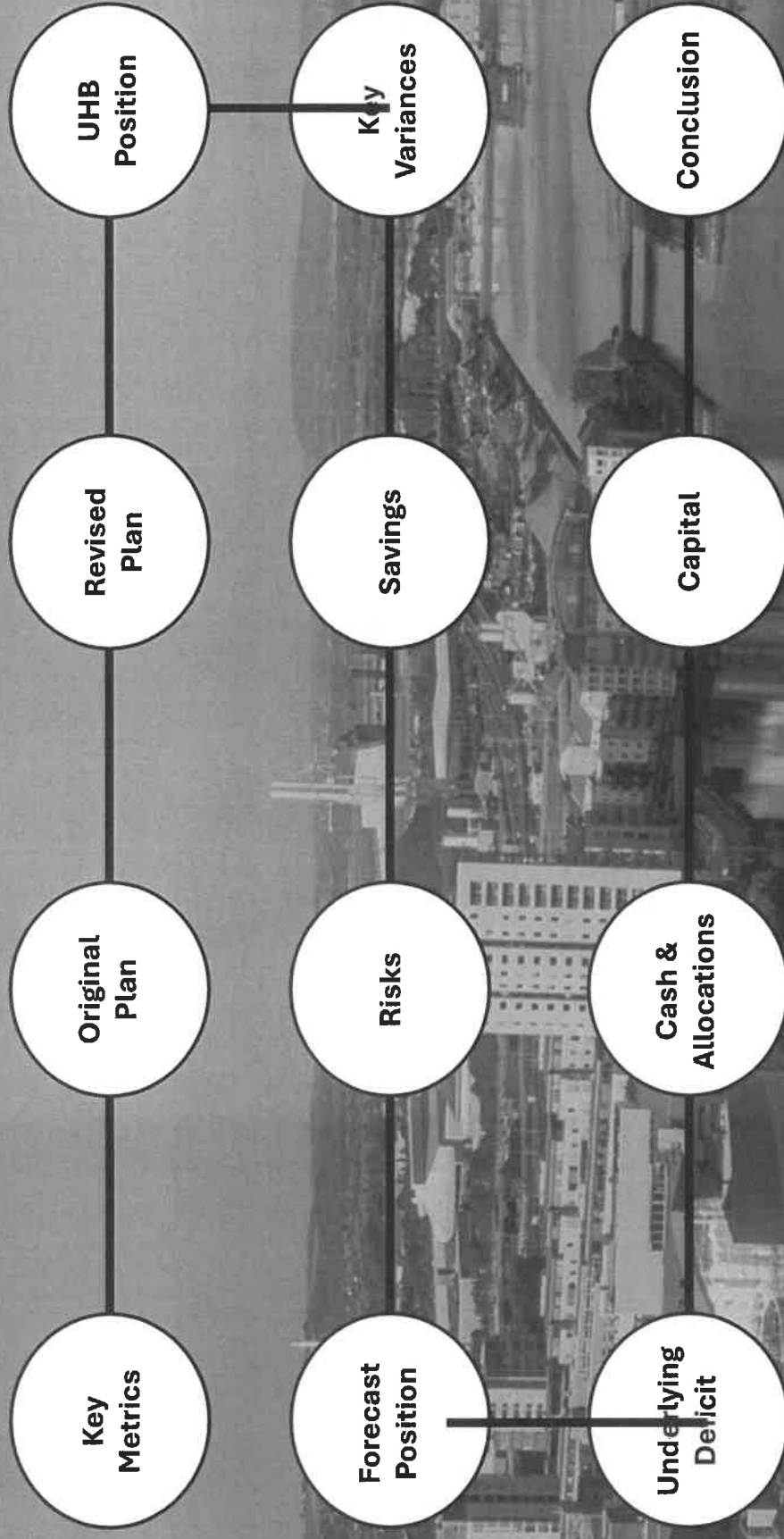


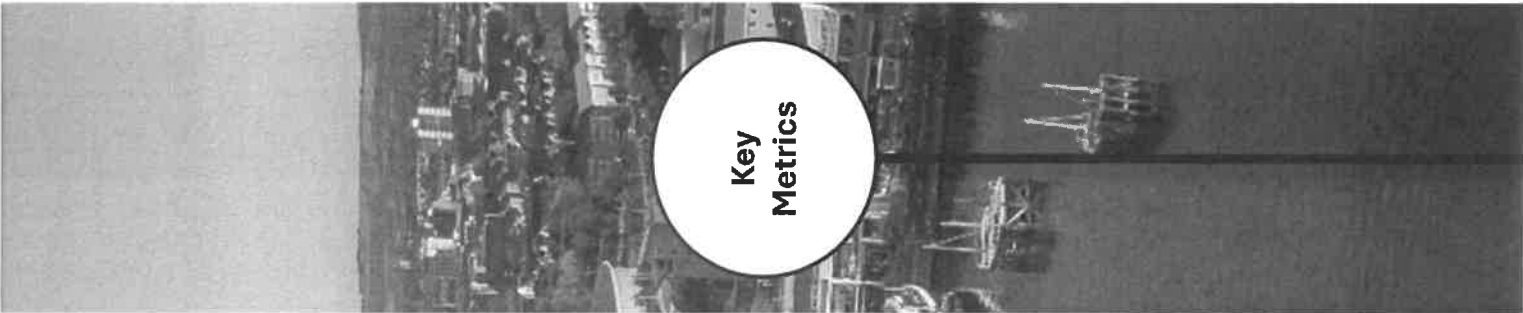
Local Partnership Forum Additional Session– Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
ACTIONS IN PROGRESS					
LPF 26/017	21.07.2026	ORGANISATIONAL TRANSFORMATION UPDATE	To ensure staff side representatives are involved in the Community by Design Programme Board.	Emma Cooke	
LPF 26/018	21.07.2026	ORGANISATIONAL REDESIGN	To share additional information on the organisational redesign options considered, including the rationale for the recommended three-care-group model, and provide LPF/Staff Side with an update on the Board decision and agreed direction of travel for the organisational redesign programme.	Catherine Phillips	Follow up discussion added to WPG agenda for September.
COMPLETED ACTIONS					
LPF 26/017	21.07.2026	ORGANISATIONAL TRANSFORMATION UPDATE	To bring the digital literacy and training programme to LPF for review and input.	Rachel Gidman	Item has been scheduled for the LPF Development session in October.

CARDIFF & VALE UHB FINANCE REPORT – MONTH 04

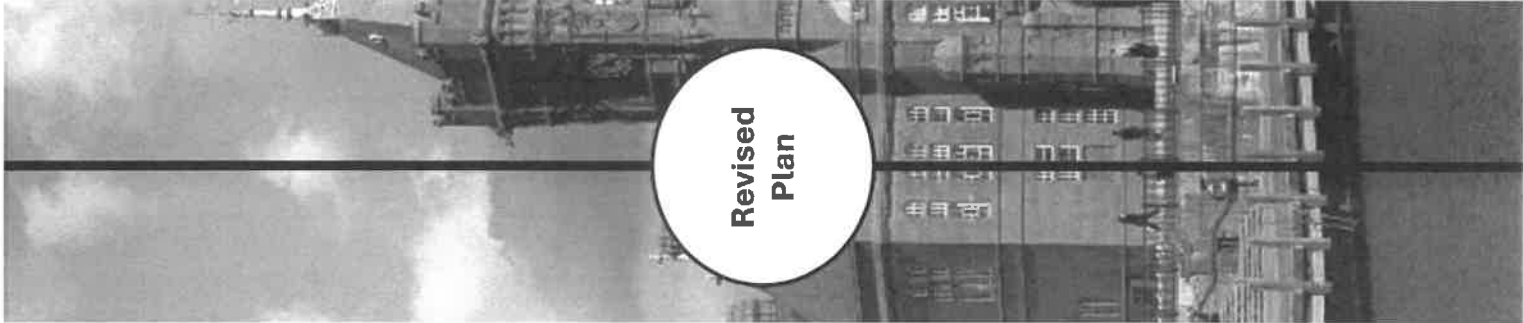






The table below highlights the UHB’s key financial metrics and performance against these :

Measure	Description	RAG	Trend	Target	Time Period
Deliver 2026/27 Deficit Target Control Total	The annual plan deficit of £86.547m needs to be derisked urgently with a clear cash releasing plan. There is currently a significant gap to delivery.	R	↓	£86.547m	M04 2026/7
Return to financial balance and approved IMTP status	A £86.547m underlying deficit is forecast by the end of 2026/27 financial year. Currently reporting a recurrent savings gap of £28.542m after Month 04.	R	↓	£86.547m	M04 2026/7
Management of operational budget pressures	Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £1.380m operational surplus reported at Month 04.	A	→	Operational Spend to be maintained within Budgets	M04 2026/7
Delivery of revised recurrent £47.608m savings target	£23.378m of Green and Amber-rated schemes had been identified by Month 4, of which £19.066m were classified as recurrent.	R	↑	£47.608m	M04 2026/7
Remain within Cash Limit	The UHB will require cash support from Welsh Government (WG) for the 26/27 planned deficit of £86.547m along with likely movements in working capital from the 2025/26 balance sheet.	A	→	To remain within Cash Limit	M04 2026/7



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

Planning Assumptions		(£m)
Brought Forward Underlying Deficit		68.759
2026/27 Demand/Cost Growth/Improvement		54.690
2026/27 Increase in Contribution to Welsh Risk Pool		21.500
Deficit		144.949

Additional Allocations		(15.881)
Savings Plans		(42.521)
Initial Planned Deficit		86.547

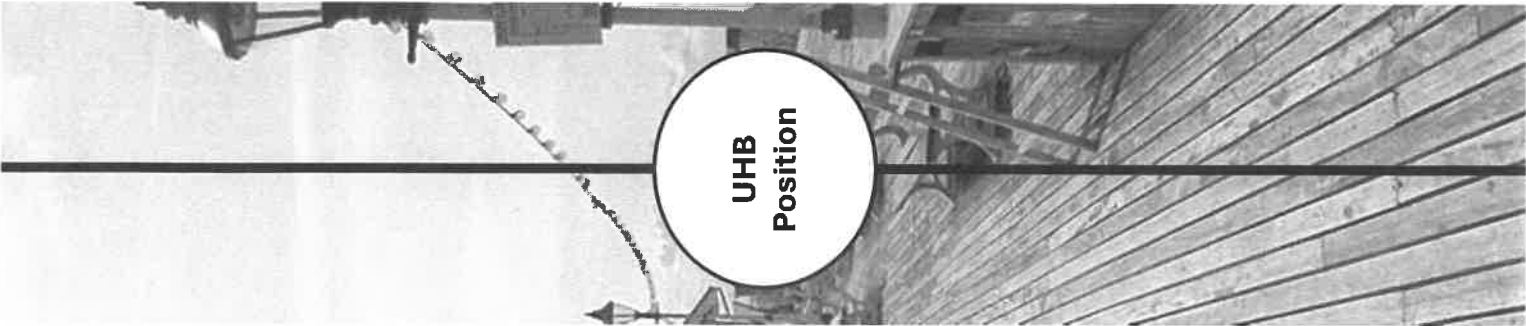
Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026. In response to feedback from the Welsh Government, the Health Board wrote on 29 May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

The plan recognises the combined £5.4m recurrent savings shortfall and £7.1m recurrent operational pressures totalling £12.5m that arose during 2025/26, resulting in a brought forward underlying deficit of £68.759m. Recurrent operational benefits delivered during the year are either reflected within the savings plan or offset against other recurrent operational pressures in arriving at the brought-forward underlying deficit.

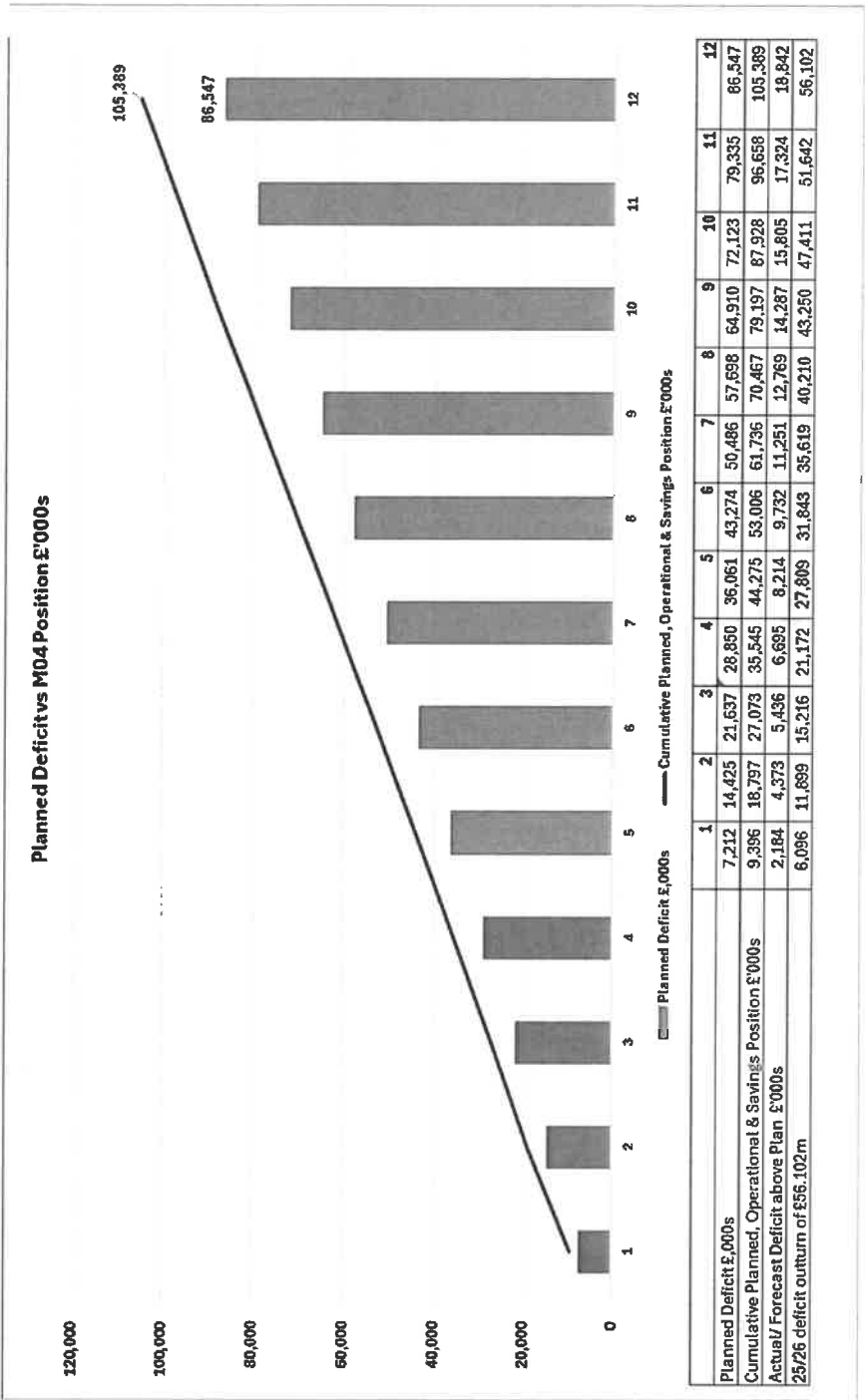
Material recurrent operational pressures recognised in addition to the 2026/27 plan include:

- £2.3m – Band 2-3 HCSW Implementation
- £2.1m – Increase in Employer’s National Insurance
- £0.9m – Mental Health Out of Area patients
- £0.8m – GP OOHs Contract
- £0.7m – Common Ailment Scheme
- £0.6m – Midwifery Streamliners

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

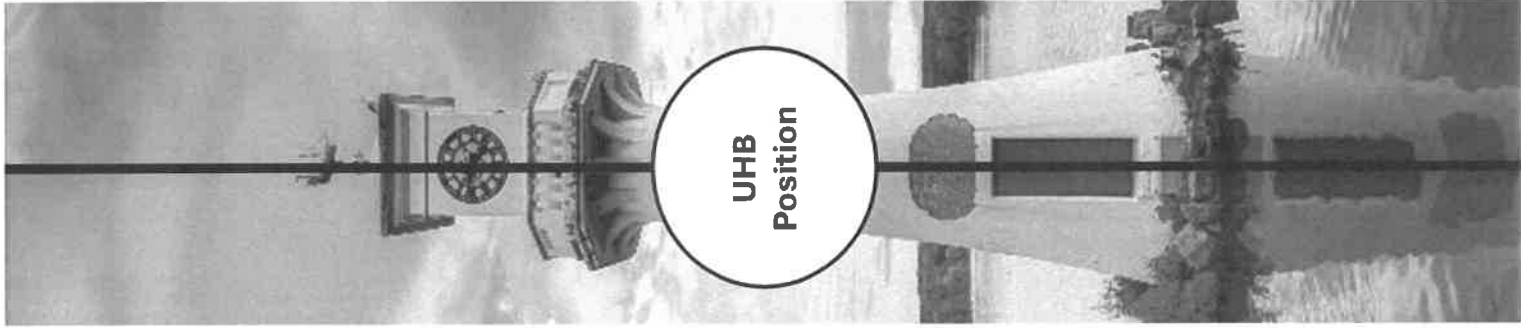


The graph below shows the reported Month 04 position against the UHB’s planned deficit of £86.547m



The monthly planned deficit is evenly phased through the year in line with Welsh Government Monthly Monitoring Return Guidance.

Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.



The UHB is reporting a year to date overspend of £35.545m at month 04, which includes a Planning Deficit of £28.850m, a Savings Programme shortfall of £8.075m and an Operational Position surplus (£1.380m)

	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	10.703	10.703	0.000	42.865	42.865	0.000	134.154	134.154	0.000
Quality/Efficiency/Improvement Plans - Savings	(3.492)	(2.342)	1.150	(14.015)	(5.941)	8.075	(47.606)	(23.380)	24.226
Operational Variance	0.000	0.108	0.108	0.000	(1.380)	(1.380)	0.000	(5.384)	(5.384)
Clinical/Service Board Variance	7.211	8.469	1.258	28.850	35.545	6.695	86.547	105.389	18.842

The reported overspend of £35.545m comprises a £28.850m planned deficit (representing four twelfths of the £86.547m outlined in the UHB’s Financial Plan), an £8.075m shortfall against the savings plan, partially offset by a (£1.380m) operational surplus.

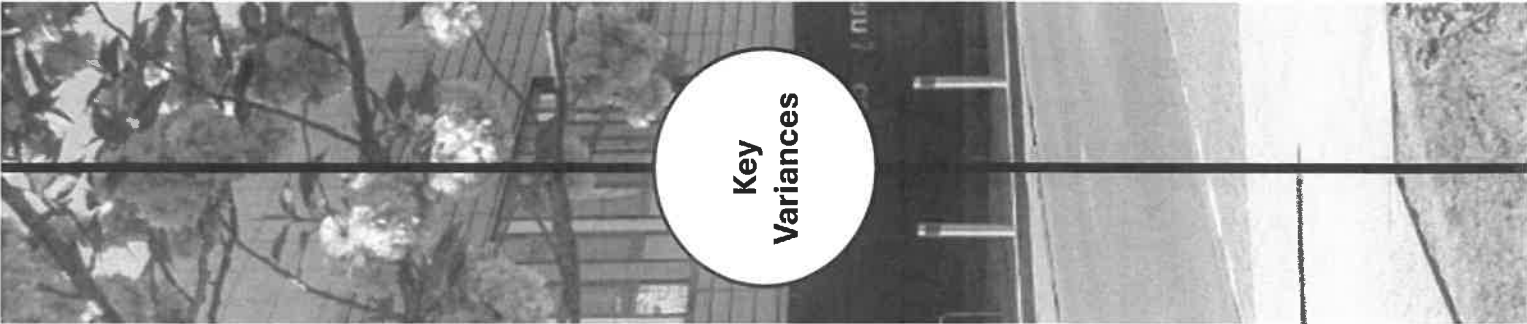
The previously advised £5.1m JCC risk crystallised in month following the Welsh Government arbitration ruling in JCC’s favour. To maintain the planned deficit at £86.547m, the financial plan includes an additional £5.087m savings requirement, increasing the total savings target from £42.521m to £47.608m and consequently increasing the savings delivery risk.

The £86.547m planning deficit needs to be derisked at pace. There are currently:

1. Year to date operational pressures in medical endoscopy, mental health Out of Area (OoA) patients, specialist medical locums offset by pay vacancies and medicines management savings.
2. A £24.226m in year shortfall against the £47.608m savings target.

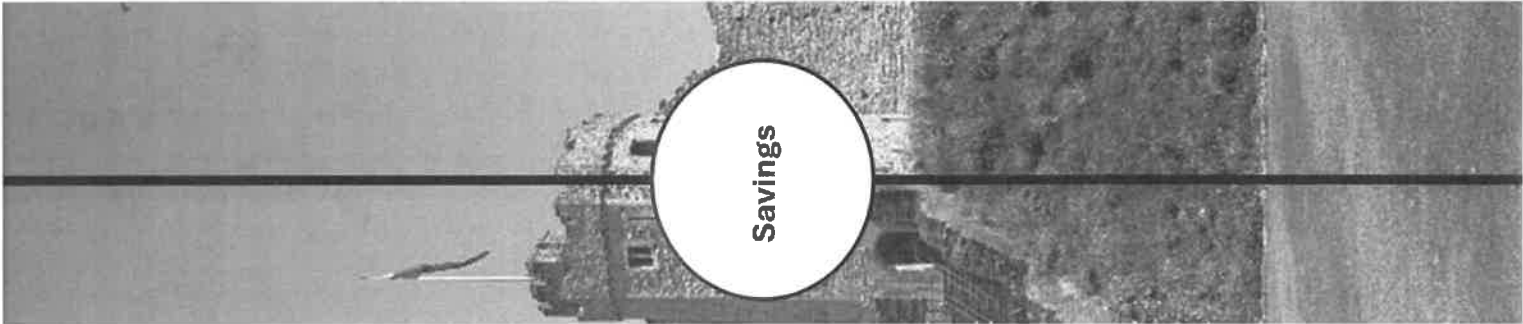
- The red pipeline totals £19.1m
- If 100% of this pipeline converted to cash-releasing schemes, the core £42.5m savings plan would be delivered. There is a significant risk that all pipeline schemes do not convert and therefore further schemes need to be identified.
- There are not yet schemes in place to deliver the JCC £5.1m 2% efficiency target. Discussions and work are ongoing with the JCC in order to drive savings identification and delivery.

Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.547m



The tables below summarise the cumulative position of the UHB by business unit:

Business Unit	Deficit Control Total/Plan (£k)	Savings (£k)	Operational (£k)	Total (£k)	Variance to Plan (£k)
Clinical Diagnostics & Therapeutics	830	864	(496)	1,197	367
Children & Women	2,181	2,249	(413)	4,018	1,837
Capital, Estates & Facilities	(656)	680	(537)	(513)	143
Executives	(415)	466	(229)	(178)	237
Genomics	0	190	(0)	190	190
Medicine	4,853	(1)	472	5,325	472
Mental Health	3,376	747	1,533	5,655	2,280
Primary, Community & Intermediate Care	2,838	(50)	(2,226)	561	(2,277)
Specialist	1,790	2,764	487	5,040	3,251
Surgery	661	833	(216)	1,277	617
Sub-Total (Delegated Position)	15,457	8,741	(1,625)	22,573	7,117
Central Budgets	4,833	0	217	5,049	216
Commissioning	8,559	(667)	29	7,921	(638)
Sub Total (Non-Delegated Position)	13,392	(667)	246	12,971	(421)
Sub-Total Surplus/Deficit	28,850	8,075		35,545	6,695



At Month 04, the UHB has identified £23.4m of green and amber savings towards the core £42.5m savings requirement. In addition, £19.1m of red-rated schemes have been identified, meaning that the core savings target is currently covered. However, reliance on these red-rated schemes increases the level of delivery risk associated with achieving the target.

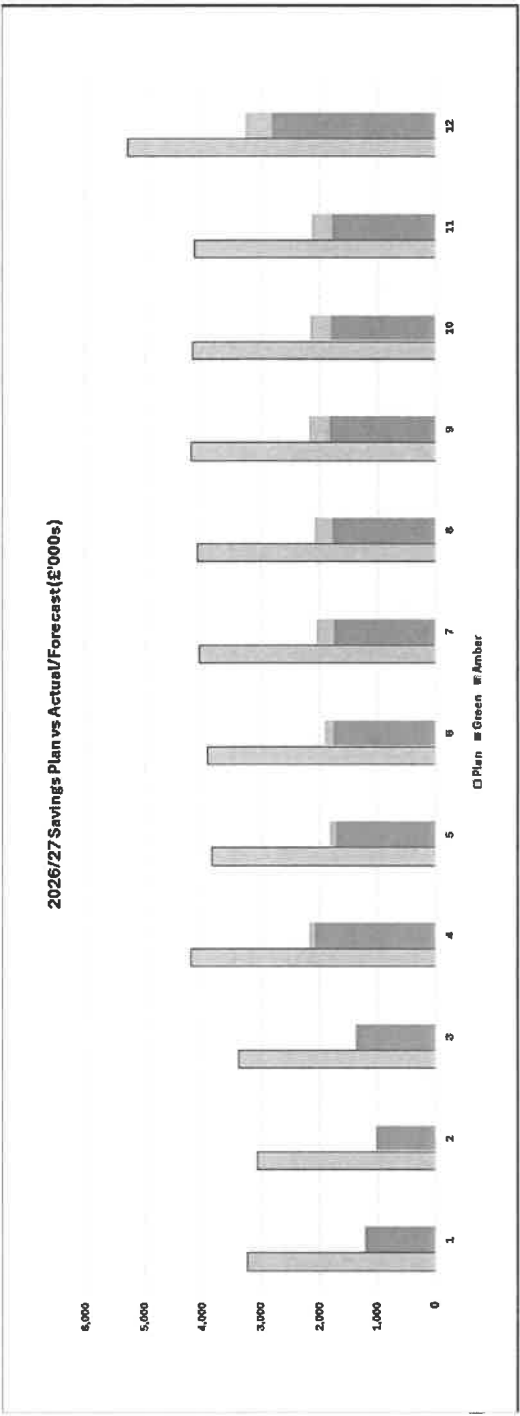
There are not yet schemes in place to deliver the JCC £5.1m 2% efficiency target.

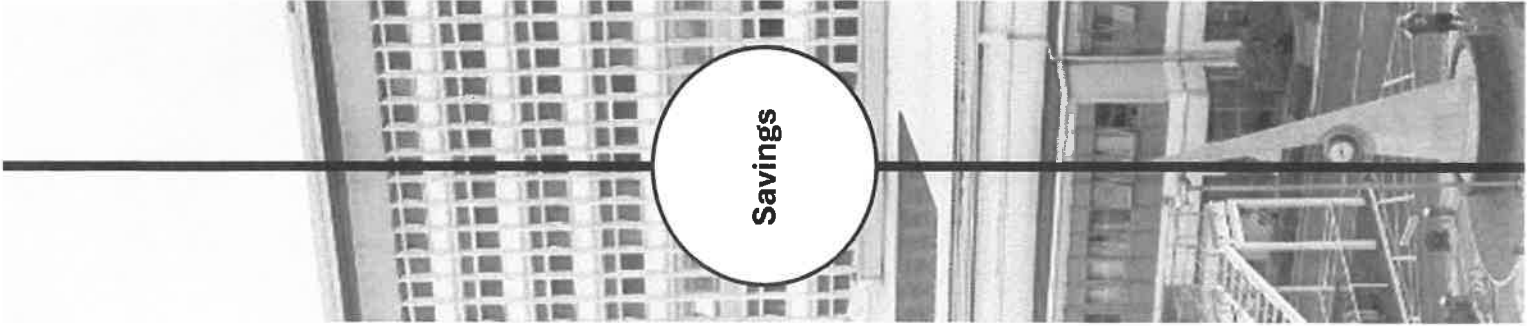
Further action is required to meet the recurrent targets and the UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk. £19.066m of recurrent savings were identified at month 04 leaving a gap of £28.542m against the £47.608m recurrent target.

The organisation has committed to having a full savings plan in place by the end of Q2 with green and amber schemes.

The chart below illustrates the profile of the UHB's 2026/27 savings programme.

Area of Cost Improvement	Total Savings & Opportunity £m	2026/27 Ambition £m	Green £m	Amber £m	Red £m	Scheme development & progress required £m
Workforce/Productivity Deployment	11.7	10.3	3.1	0.4	10.7	-3.9
CHC	7.8	7.8	2.4	0.1	1.1	4.2
Length of Stay - Non Elective	39.6	1.6	0	0	1.7	-0.1
Grip & Control	8	8.9	3.4	0.8	2.7	2.0
Medicines Management	8.7	5.8	6.9	0.3	0.1	-1.5
Planned Care Productivity	7	0	0	0	0	0.0
Procurement	4	4	2.6	0.2	1.2	0.0
Other	9.4	4.1	2.5	0.7	1.6	-0.7
Total	96.2	42.5	20.9	2.5	19.1	0





Further details of the progress by Clinical Boards is provided below:

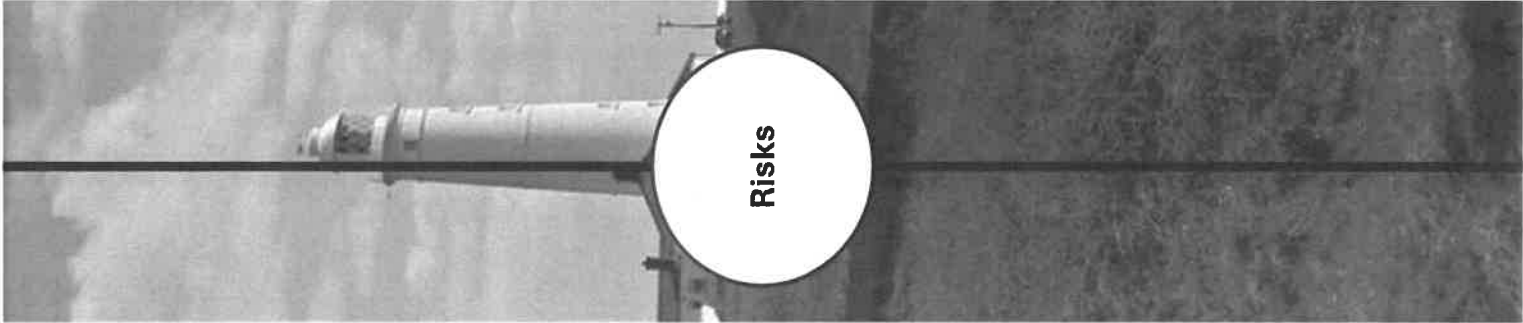
Business Unit	Target (£'000)	Green (£'000)	Amber (£'000)	Total (£'000)
CD&T	5,178	2,082	500	2,582
Children & Women	8,799	1,900	150	2,050
Capital, Estates & Facilities	2,889	849	0	849
Executives	1,038	1,538	102	1,640
Genomics	569	0	0	0
Medicine	3,530	3,292	239	3,531
Mental Health	4,054	1,673	141	1,814
PCIC	3,011	2,129	1,031	3,160
Specialist	12,257	3,967	0	3,967
Surgery	6,283	3,419	366	3,785
Total Surplus/Deficit	47,608	20,849	2,529	23,378

In addition to the above green and amber confirmed schemes, the latest position now identifies sufficient schemes and pipeline opportunities to cover the core £42.5m savings requirement in full, although a material proportion (£19.1m) remains at red status and is therefore a significant delivery risk. The immediate priority is therefore to move these opportunities through the pipeline, establish clear ownership and implementation milestones, and ensure that the financial impact is evidenced through the monthly position.

The £19.1m red pipeline includes the additional measures agreed by the Executive Team, principally:

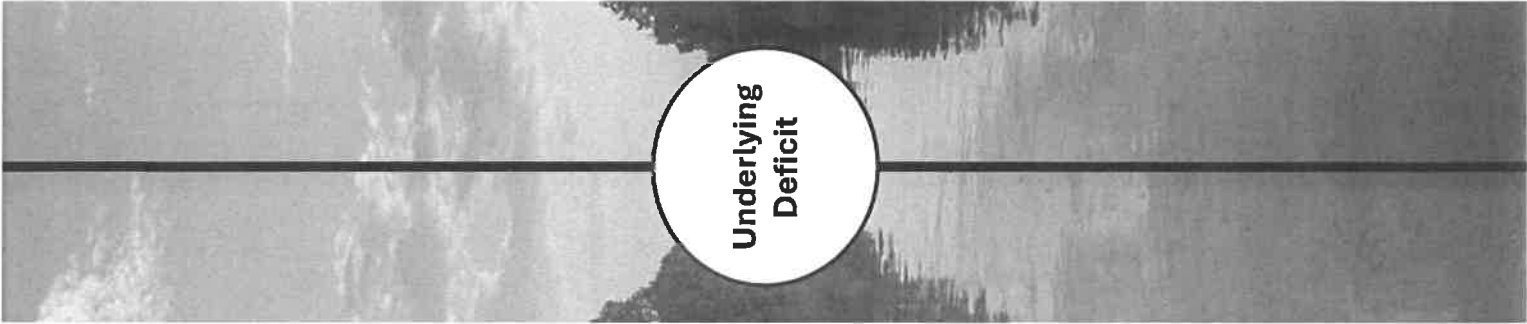
- a 370 WTE vacancy hold, based on retaining 50% of turnover arising between 1 August 2026 and 31 March 2027; and
- a 10% reduction in bank expenditure.
- a 30% agency reduction in line with the national target
- acute bed capacity reduction and remodelling

The organisation has committed to having a full savings plan in place by the end of Q2 with green and amber schemes.



Below is a summary of UHB Corporate Risk Register at July 2026. Further information on the risks can be found in the risk register:

Finance Risk Title	Rating
Risk to delivering £86.547m planned deficit. The UHB must deliver the agreed savings programme target alongside managing operational pressures.	15
Failure to manage recurrent operational/CIP pressures. Deterioration in the recurrent position would result in an increasingly financially unsustainable organisation	20
Achievement of statutory capital breakeven duty. The Health Board should not exceed its capital allocation on a three year rolling basis.	8
Remain within Cash limit. There is a risk that the UHB will require cash support from Welsh Government as a result of the £86.547m planned deficit and movements in working capital.	20
Welsh Risk Pool - Increased Risks Apportionment. There is a risk that the UHBs risk share apportionment will be higher than plan.	15
Welsh Government allocations awaiting confirmation at anticipated values. Material differences to the UHBs current assessment of anticipated allocations could significantly impact the UHBs ability to deliver the £86.547m planned deficit.	12
Financial impact of implementation of new Resident Doctor contract from August 2026. There is a risk of financial implications from the new Resident Doctor contract not currently recognised within the financial plan.	12
LTA Performance JCC & Health Boards. Variance from assumed level of performance presents a risk of lost income due to under performance or inability of commissioners to settle for over performance.	9
Following arbitration, a 2% cost savings programme was mandated by the JCC, resulting in a £5m savings requirement for the Provider (net of the associated Commissioner benefit). There is a risk that failure to deliver these savings could lead to a £5m deterioration in the overall financial position.	15



Underlying Deficit

The UHB’s underlying deficit (ULD) has deteriorated in recent years due to a combination of; underlying deficit brought forward; recurrent cost pressures (including inflation); under delivery of recurrent savings and demand-driven pressures in 2025/26.

The UHB re-assessed its planning assumptions for the 2026/27 financial plan. The tables below summarise the projected underlying deficit of £86.547m.

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.758
Demand and cost growth and unavoidable investments	54.729
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Quality Improvement Programme - savings	(42.540)
Additional Allocations	(15.900)
Planned Underlying Deficit (ULD) at end of 2026/27	86.547

The underlying deficit projected for 2026/27 is assessed at £86.547m. The drivers of the underlying deficit were outlined to Welsh Government as part of the 2026/27 Financial Plan submission.

If the gap against the recurrent savings plan is not closed and operational pressures are not managed in year, the ULD will increase as follows unless mitigating actions are identified and implemented:

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	68.758
Demand and cost growth and unavoidable investments	54.729
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Quality Improvement Programme - savings	(47.608)
Additional Allocations	(15.900)
Planned Underlying Deficit (ULD) at end of 2026/27	81.479

Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 04	28.542
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Forecast Underlying Deficit (ULD) at end of 2026/27 without further identification of Savings & Actions	110.021
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The UHB's financial plan of a £86.547m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations.

In response to feedback from the Welsh Government, the Health Board wrote on 29 May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

At Month 04 the Committee is requested to:

- **NOTE** the reported year to date position is an overspend of £35.545m with a planning deficit of £86.547m.
- **NOTE** There is an urgent need to de-risk the £86.547m deficit plan.
- **NOTE** that at Month 04 there is an adverse variance against plan of £6.695m, driven by a £8.075m savings deficit, partially offset by an operational surplus against plan of (£1.380m).
- **NOTE** The core savings target of £42.5m is fully covered, although there is an associated delivery risk linked to the £19.1m of red-rated schemes. Further work is being progressed with JCC to identify opportunities to address the additional £5.1m JCC 2% efficiency target.
- **NOTE** that delivery of the deficit plan is contingent on delivery of a full savings programme and confirmation of all expected income streams.

Conclusion

Report Title:	Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act			Agenda Item no.		10	
Meeting:	Local Partnership Forum (LPF)	Public	X		Meeting Date:	19/08/2026	
		Private					
Status:	Assurance	X	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 came into force in March 2016 and places a statutory duty on health service bodies to make provision for appropriate nurse staffing levels. The Act requires organisations to ensure that sufficient registered nurses are available to enable high-quality, safe and compassionate care to be delivered.

Section 25A of the 2016 Act sets out the overarching responsibility of Health Boards to have effective arrangements in place to secure appropriate nurse staffing levels across their organisations. This includes the requirement for robust workforce plans, recruitment strategies, governance structures, and operational processes to support compliance.

Within Cardiff and Vale University Health Board, the processes for determining and reviewing nurse staffing levels on wards designated under Section 25B are well established and embedded. In addition, at the request of the Executive Director of Nursing, clinical areas outside the scope of Section 25B undertake a review of their nurse staffing levels in line with the same timetable. This approach provides assurance of organisational compliance with the Health Board's duties under Section 25A of the 2016 Act.

Sections 25B and 25C of the Act identify those wards and clinical areas where there is a statutory duty to calculate nurse staffing levels using a prescribed methodology and to maintain those levels. The methodology and associated processes applied across the Health Board are outlined in detail within this report.

Section 25E of the 2016 Act requires Health Boards to produce and submit an Annual Assurance Report to demonstrate compliance with the Act. The enclosed report covers the reporting period from 6 April 2025 to 5 April 2026. This submission forms part of the three yearly assurance cycle, with the next consolidated assurance report due to be presented to Welsh Government in October 2027.

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

During the reporting period, Cardiff and Vale University Health Board has demonstrated a continued and clear commitment to upholding the principles and statutory requirements of the Nurse Staffing Levels (Wales) Act 2016. The Health Board has maintained a strong focus on patient safety and the quality of care through the provision of appropriate nurse staffing levels.

Notwithstanding the ongoing short- and long-term challenges associated with sustaining safe nurse staffing levels, the Health Board has made measurable progress during the year. This is

evidenced by a further increase in the proportion of shifts assessed as having appropriate nurse staffing levels when compared with the previous reporting period.

Progress has been supported by successful recruitment to Registered Nurse vacancies and a reduction in overall nursing attrition rates across the organisation. However, a persistently high vacancy rate within the Health Care Support Worker (HCSW) workforce has continued to present challenges in meeting service demand in some clinical areas. This was mainly due to the organisational decision to hold vacancies while the band 2-band 3 review was being undertaken. Targeted mitigation actions have been undertaken, including a recent recruitment event, which will result in successful appointments to a number of HCSW vacancies when processes are completed.

Improvements in the Registered Nurse vacancy position have had an impact on the Health Board's capacity to accommodate nursing student graduates, resulting in fewer placements being available than commissioned. Ongoing work is underway to maximise the availability of Registered Nurse posts as students approach qualification, in order to support future workforce supply and retention.

The establishment review process remains well embedded across the Health Board and is underpinned by a triangulated approach. This incorporates professional judgement, patient acuity and dependency, and the consideration of relevant quality and safety indicators to ensure staffing establishments remain appropriate and responsive to service needs.

Robust escalation and mitigation arrangements are also well established. Operational pressures related to nurse staffing are managed through appropriate oversight, supported by the SafeCare system and the application of professional judgement, enabling timely action to mitigate risks and maintain patient safety.

Work will continue to address the persistently high sickness absence rates within the nursing workforce. This will be progressed in close partnership with the People and Culture Team, with a focus on staff well-being, retention, and the sustainability of the nursing workforce.

Recommendation:

The LPF is asked to:

- Receive and note the Annual Assurance Report, submitted in accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016.
- Note the nurse staffing establishments set out in the appendix, which reflect the outcomes of the bi-annual nurse staffing level recalculation process.
- Note the reasonable and proportionate steps taken by the Health Board to monitor, manage, and maintain safe nurse staffing levels during a period of significant organisational pressure.

Link to Strategic Objectives of Shaping our Future Wellbeing:
<https://shapingourfuturewellbeing.com/>

 Putting People First		X	 Providing Outstanding Quality		X
1. Click the objective above to view more detail.			2. Click the objective above to view more detail.		
 Delivering in the Right Places			 Acting for the Future		
3. Click the objective above to view more detail.			4. Click the objective above to view more detail.		
Five Ways of Working (Sustainable Development Principles) considered					
Prevention		Long term		Integration	
				Collaboration	
					Involvement
Quality Impact Assessment Completed?					
Yes – (please provide completed QIA document)		Not required			
Impact Assessment:					
Risk: No					
Safety: Yes					
Nurse staffing levels are determined using a triangulated methodology, with quality indicators reviewed as part of the process. Further detail is provided within the report.					
Financial: Yes					
The financial impact of maintaining compliance with the Nurse Staffing Levels (Wales) Act 2016 is managed through existing workforce budgets in line with organisation governance process.					
Workforce: Yes					
This is considered significant, with detailed evidence set out within the report.					
Legal: Yes					
The Nurse Staffing Levels (Wales) Act 2016 came into force in March 2016. This report is submitted in line with the compliance and assurance requirements of the Act.					
Reputational: No					
Socio Economic: No					
Equality and Health: No					
Decarbonisation: No					
Welsh Language: Yes					

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

Committee/Group/
Exec

Date:

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Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Cardiff and Vale University Health Board		
Date annual assurance report is presented to Board	Reporting period April 6th 2025 - April 5th 2026 Date this report presented to Board: 28th May 2026 Agenda item: 5.11 <i>This annual report refers only to year 2025/2026 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>		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	21-22	18	2
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	0	0	0

The process and methodology used to calculate the nurse staffing level.	Calculation Process of Nurse Staffing Levels at Cardiff and Vale UHB The process for calculating nurse staffing levels at Cardiff and Vale University Health Board (UHB) is well established and operates in full compliance with the requirements set out in Section 25C of the Nurse Staffing Levels (Wales) Act 2016. The Health Board applies the prescribed triangulated methodology, incorporating patient acuity and dependency data, relevant quality indicators, and the application of professional nursing judgement to determine safe and effective nurse staffing establishments. All nurse staffing level calculations are documented using the nationally agreed All-Wales recording template, ensuring consistency, transparency, and assurance across clinical areas. Calculations are undertaken at ward level by the Ward Sister or Charge Nurse and are subject to review through the nursing management structure, including Senior Nurses, Lead Nurses, and the Clinical Board Director of Nursing. A strengthened triangulation approach has been adopted, combining quality indicators, patient acuity across 25B areas, and analysis of leave and absence trends. This data is presented to the Director of Nursing and Executive Director of Nursing providing assurance in relation to nurse staffing calculations and enables establishment requirements to be confirmed in readiness for sign-off. Final review and formal sign-off is provided by the Executive Director of Nursing, acting as the designated person under the Act. This process provides assurance to the Board that nurse staffing levels have been calculated in line with statutory requirements, are informed by appropriate professional inputs, and reflect patient need, service context, and clinical risk. Professional Judgement In accordance with the Nurse Staffing Levels (Wales) Act 2016, professional judgement is a core component of the process used to determine nurse staffing levels at the UHB. The designated person applies professional judgement alongside patient acuity data and quality indicators to ensure that nurse staffing establishments are safe, appropriate, and responsive to the clinical environment. Professional judgement is exercised through consideration of key clinical and contextual factors, including workforce capability and development needs; the impact of temporary staffing on continuity and supervision; patient acuity, dependency, and turnover; ward layout and environment; patients' cultural and communication needs; and input from the wider multi-professional
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team.

Judgement is informed by evidence-based tools, national guidance, and best practice standards. Ward Sisters and Charge Nurses apply their ward level knowledge to assess risk, workload, and patient need, working with Senior Nurses, Lead Nurses, with the Clinical Board Director of Nursing to provide professional oversight and challenge.

Decisions and their rationale are documented using the All-Wales nurse staffing levels recording template and reviewed through the bi-annual establishment review process. This provides structured professional scrutiny and assurance that staffing levels remain appropriate and responsive. Final assurance is provided by the Executive Director of Nursing, acting as the designated person under the Act.

Patient Acuity

Patient acuity is assessed using the nationally agreed Welsh Levels of Care acuity tool. All patients are assigned an acuity score on two occasions within a 24-hour period.

The Health Board uses the SafeCare digital platform to support the recording, monitoring, and operational use of patient acuity data. SafeCare enables real time visibility of acuity levels and supports informed decision making in relation to nurse deployment and staffing requirements at ward level. Use of this digital system has significantly improved the quality, completeness, and timeliness of acuity data capture.

Patient acuity data is used to identify emerging trends and changes in patient needs. These trends are reported via a Power BI dashboard, providing enhanced oversight and assurance at ward, Clinical Board, and organisational level. The system supports ongoing monitoring and informs both operational staffing decisions and bi-annual establishment reviews.

SafeCare is implemented across all wards designated under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, and its use has been extended to additional clinical areas where acuity and dependency significantly influence nurse staffing requirements, including the assessment unit, critical care services, and mental health services.

Quality Indicators

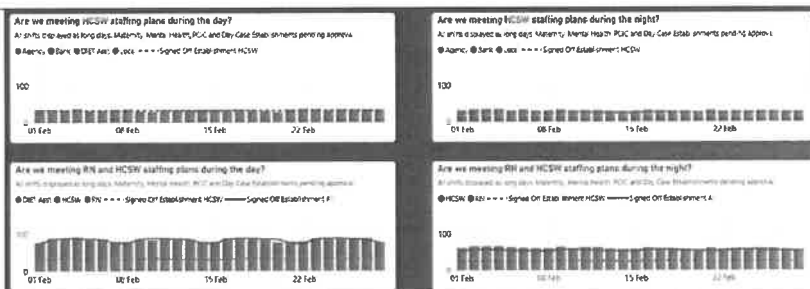
As part of the bi-annual nurse staffing establishment review process, quality indicators are systematically reviewed to identify circumstances where patient safety, experience, and wellbeing are particularly sensitive to the nursing care provided. This review

	is undertaken at ward level by the Ward Sister or Charge Nurse and is subject to review and challenge through the nursing management structure, up to and including the Director of Nursing. Relevant findings are formally shared with and considered by the Executive Director of Nursing, acting as the designated person under the Nurse Staffing Levels (Wales) Act 2016. For Acute Medical and Surgical inpatient wards, the quality indicators reviewed include patient falls, pressure ulcers, and medication errors. For Paediatric inpatient wards, the indicators reviewed include pressure ulcers, medication errors, and infiltration or extravasation injuries. These indicators are examined alongside trend data and contextual information to assess their potential relationship to nurse staffing levels, skill mix, and workload. In addition, complaints relating to care provided by nurses are reviewed as part of the triangulated approach. Themes arising from complaints are considered to understand any impact on patient experience, continuity of care, or clinical outcomes, and to inform professional judgement regarding staffing establishments. The consideration of quality indicators forms a key element of the triangulated methodology, alongside patient acuity and professional judgement, ensuring that nurse staffing level decisions are informed by evidence of patient outcomes and quality of care. Nursing Dashboards As previously reported, the SafeCare Power BI dashboard continues to be used across the organisation to support oversight of nurse staffing in areas where application of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 is designated. The dashboard brings together monthly ward level data, providing a clear overview of SafeCare compliance across day and night shifts, alongside patient acuity, nurse staffing levels with skill mix as a consideration, and the Nurse in Charge's professional judgement on the appropriateness of staffing. The data presented is underpinned by the nurse staffing establishments during the Autumn and Winter cycle, with on occasion, an out of cycle review. The dashboard is available to Ward Sisters, Charge Nurses, Lead and Senior Nurses, Directors of Nursing, and the Executive Team, enabling review at ward, directorate, and organisational level. Access to near-real-time data supports early identification of
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trends, enabling timely action and informed professional discussion regarding nurse staffing.

The infographic below illustrates the data presented to the user of the dashboard.





Headroom

For wards designated under Section 25B of the 2016 Act, a standard 26.9% headroom is applied prior to triangulation to allow for staff absence, including sickness and annual leave. This headroom, agreed in 2011 and endorsed by the Chief Nursing Officer for Wales and Executive Nurse Directors, is evidence based and applied consistently across Wales.

Community wards continue to apply a 24% uplift, rather than the 26.9% headroom used for other inpatient wards. In January 2026, responsibility for community hospitals transferred from the Medicine Clinical Board to the Primary, Community, and Intermediate Care (PCIC) Clinical Board. A review of the staffing model for community hospitals will be undertaken over the next 12 months to determine the appropriate requirements for these settings.

Management of annual leave has improved over the last 12 months, reducing unplanned staffing pressures and reliance on temporary staffing. However, sickness absence remains high. Further work is required to address sickness absence within the workforce, this will be a key focus for improvement across the UHB over the next 12 months.

The use of Power BI dashboards provides improved visibility of leave and sickness trends, supporting safer roster planning and ongoing mitigation of workforce risk.

Ward Sister and Charge Nurse Supernumerary Status

Statutory Guidance under the Nurse Staffing Levels (Wales) Act 2016 requires Ward Sisters and Charge Nurses to be supernumerary to the rostered establishment in order to provide visible clinical leadership and effective oversight of care.

During the reporting period, staffing pressures and short-term absences have on occasion required Ward Sisters and Charge Nurses to work clinically to mitigate immediate patient safety risks. These circumstances are exceptional, time limited, and occur only after all other mitigation measures have been exhausted. Appropriate monitoring arrangements are in place to review frequency, cause, and impact through using the red flag functionality within the SafeCare system.

During this reporting period, 102 SafeCare red flags were recorded where supernumerary status was not maintained; 43 related to Section 25B wards, largely due to short-term sickness or unfilled shifts. In addition, increases in ward bed capacity have not always been matched by additional management time, reducing the availability of protected leadership days and contributing to further red flags.

Establishment review updates

It should be noted that while the Emergency Department and Assessment Units do not fall within the scope of Section 25B ward areas, the establishment review process in Cardiff and Vale UHB also includes clinical areas outside of Section 25B. During the Spring 2026 review cycle, these establishments were not submitted for Executive Director of Nursing sign-off, as the emergency and acute model of care is currently under review, and an Organisational Change Process is anticipated following the proposed closure of a clinical area. While full details are not yet confirmed, a comprehensive review of staffing levels in these areas will be undertaken outside of the standard review cycle.

Mental Health

Although Mental Health services remain under Section 25A of the Nurse Staffing Levels (Wales) Act 2016, significant progress has been made in addressing workforce vacancies. The Director of Nursing and Deputy Director of Nursing within the Mental Health Clinical Board have undertaken a comprehensive review of staffing, with findings presented to the Executive Director of

Nursing. Key developments include proposals to increase Registered Nurse provision on night shifts in some Mental Health Services for Older People (MHSOP) wards from one to two, strengthening patient safety and continuity of care.

Adult mental health inpatient areas are also undergoing review, with proposals to introduce a twilight shift where appropriate. This supports a more proportionate staffing model and avoids the routine deployment of two Registered Mental Health Nurses on night shifts where this level of cover is not clinically required. An additional requirement has been identified for Registered Nurses to provide cover on some day shifts in Adult Mental Health wards, to ensure staffing levels reflect patient acuity, admission numbers, and the need to support close observations and risk assessments.

While the nurse staffing establishments have been professionally signed off, there remains no formal agreement in place to identify long-term substantive resourcing, resulting in continued reliance on temporary staffing spend to achieve and maintain the required establishments¹.

Healthcare Support Worker Validation of roles

To support safe, effective care delivery and ensure consistency with national role expectations, a structured validation process was implemented to review the progression of Healthcare Support Workers (HCSWs) from Band 2 to Band 3 in Cardiff and Vale UHB and the rest of Wales. This was required in response to service growth, increasing complexity of patient need, and variation in the scope of duties being undertaken by HCSWs across clinical areas in Wales.

The validation process provided assurance that Band 3 roles were aligned to the All-Wales HCSW role descriptors, that required competencies were being demonstrated in practice, and that staff had completed the appropriate training and development. Validation was undertaken in line with a standardised governance framework, incorporating local review of competency evidence and assessment of role requirements against service needs. Where gaps were identified, additional tasks and development needs were clearly highlighted to support targeted upskilling to fully meet Band 3 requirements.

This approach ensured equity, transparency, and consistency in banding decisions, while supporting workforce sustainability, career development, and the safe delegation of care.

It is also important to note that during the validation of HCSWs, recruitment was on hold until the whole picture was complete and the Clinical Boards matched their required skill mix to the new Band 2 and Band 3 roles. This led to over 200 Healthcare Support

	Worker (HCSW) vacancies placing significant pressure on the ability to fill temporary staffing shifts to backfill substantive vacancies. As a result, a high number of temporary shifts continue to remain unfilled each month, creating operational challenges, particularly in the context of fluctuating bed capacity and enhanced supervision needs. These pressures are reflected in the increased number of red flags being reported. The number of red flags raised during this reporting period for unfilled HCSW shifts for 25B and non 25B areas was 1533, in comparison with 1280 the previous year. This position has now been resolved, with the robust organisational wide recruitment into HCSW posts. Student streamlining Due to financial constraints, the organisation has made a Board approved decision to recruit to 95% of professionally agreed substantive posts within each clinical board, with the remaining 5% to be covered through temporary staffing. The rationale for this approach is to reduce the additional 'on-costs' associated with substantive employment. However, this decision has had implications for student nurse recruitment. At present, the organisation is only able to accommodate 79 of the 210 student nurses commissioned places, meaning that Registered Nurse posts cannot be offered to all students due to qualify. This is the same position across all Health Boards in Wales. This remains an evolving situation, and work is underway to maximise opportunities to offer as many student nurses as possible substantive posts upon qualification as Registered Nurses.
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Informing patients

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016, Cardiff and Vale University Health Board has arrangements in place to ensure that patients are informed about the nurse staffing levels on the ward where they receive care. This requirement is met through the display of nurse staffing information at ward level, including the planned and actual nurse staffing for each shift. Ward teams are responsible for ensuring that information is visible and up to date, and that patients are supported to understand the information where required.

An internal audit carried out by the Audit and Assurance team at Shared Services Partnership between February and April 2026 identified an action that is required by the UHB to improve on the effective process in place to inform patients of the nurse staffing levels in accordance with the act in some areas. The issues related to this action are highlighted in the table below, along with an action that will be put into place by the end of June 2026.

Compliance with the requirement to inform patients about nurse staffing levels is audited twice yearly following nurse staffing establishment reviews. In response to internal audit findings, an additional independent audit process will be introduced on the Tendable audit platform to enable monitoring outside the six-monthly cycle and support ongoing improvement in compliance with statutory requirements.

Issue	Finding	Wards	Required Action
1	Staffing levels not displayed	A7, A5, B4	Display approved nurse staffing levels on all wards
2	Outdated information displayed	B7	Update display to current agreed Establishment
3	Board approval date missing	A6, A4	Complete all template fields before display
4	Not Bilingual	B7, A6, A4	Ensure all displays are bilingual (Welsh/English)

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	5	Required staffing numbers absent	B7, A6, A4	Use current template and display required staff numbers	
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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

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u> .		Number of Wards:	RN (WTE)	HCSW (WTE)
	Required establishment (WTE) of adult acute medical and surgical wards calculated during first cycle (May 2025)	38	849.18	638.01
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May 2025) calculation cycle	38	849.21	638.01
	Required establishment (WTE) of adult acute medical and surgical	39	875.82	658.13



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	<u>wards calculated during second calculation cycle (Nov 2025)</u>			
	<u>WTE of required establishment of adult acute medical and surgical wards funded following second (Nov 2025) calculation cycle</u>	39	872.92	652.45
	<u>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)</u>	WTE: 39		
Accompanying narrative: Cardiff and Vale University Health Board's annual assurance report incorporates both the most recent and preceding nurse staffing establishment cycles. In accordance with the All-Wales assurance template, this report presents information from the two most recent reporting cycles (6 April 2025 to 5 April 2026), together with the current establishments approved by the Executive Director of Nursing, to provide the Board with comprehensive oversight and assurance. Under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, the statutory requirements apply only to adult and paediatric acute medical and surgical inpatient wards. Several clinical areas, including the Emergency Unit, Critical Care, Rehabilitation Units and Same Day Surgical Decision Units, are therefore excluded from the scope of Section 25B. Although this year's winter ward operated as a medical ward, it is not designated under Section 25B of the Act and, as such,				

did not undergo a statutory nurse staffing calculation or receive a professionally agreed establishment under the Act.

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

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>		Number of Wards:	RN (WTE)	HCSW (WTE)
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	2	106.8	26.8
	WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle	2	106.8	26.8
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)	2	106.8	26.8
	WTE of required establishment of paediatric inpatient wards funded following second (Nov) calculation cycle	2	106.8	26.8
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 2		
	<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> Paediatric 25B inpatient wards The two paediatric wards designated under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 fully participate in establishment review processes. A 26.9% headroom is applied to planned rosters to support staffing establishments, and each ward is additionally supported by a supernumerary Ward Sister/Charge Nurse.			

Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		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
	TOTAL	24317	65.58%	6.9%	19%	8.5%	87%
Accompanying narrative: In line with the Nurse Staffing Levels (Wales) Act 2016, an assessment of whether nurse staffing levels were sufficient to meet patient care needs is made for each shift using the professional judgement of the nurse in charge. This judgement considers patient acuity and dependency, patient flow, enhanced observation requirements, skill mix, experience of staff on duty, and any unplanned operational pressures. The compliance of data entry is 87%, a slight improvement from last year's Board paper. This indicates that professional judgement assessments were recorded for the majority of shifts, though some shifts were missing data. Most shifts were staffed appropriately, either by meeting the planned roster or through effective mitigation. There has been a marked improvement of 6.51% in rosters being met and deemed appropriate compared with last year. A relatively small proportion of shifts represent both a roster shortfall and an appropriateness concern (8.5%), which should be the focus for review and improvement in the next twelve months. The data supports the triangulation approach required for nurse staffing assurance, while also highlighting areas where planning, roster resilience or data capture can be strengthened.							

Extent to which the planned roster has been maintained within paediatric inpatient 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
			appropriate	appropriate	appropriate	appropriate	
		TOTAL	1405	10.1%	0.1%	81.2%	8.6%
	Paediatric Staffing and Professional Judgement: Analysis of paediatric inpatient ward shifts shows a high level of reliance on mitigation and professional judgement to maintain safe staffing when the planned roster is not achieved. This reflects the inherent flexibility within paediatric services to adjust staffing in response to fluctuating bed capacity and patient demand. Despite frequent roster variance, staffing was assessed as appropriate in the majority of shifts (91.3%), demonstrating effective operational flexibility. However, 8.6% of shifts were identified where staffing was both below the planned roster and assessed as not appropriate, representing a clear risk requiring ongoing oversight. A small number of shifts (0.1%) where the roster was met but staffing was not appropriate highlights that planned numbers alone do not always reflect acuity and skill mix pressures.						
Process & systems for capturing data on the extent to which the planned roster has been	A	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					



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maintained on wards where section 25B applies.	<i>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>
Process for maintaining the Nurse staffing level	At the beginning of 2025, a Nursing Workforce Hub was established to strengthen daily oversight of nurse staffing. Led by a Director of Nursing and Senior Nurse, it provided weekday coordination of staffing pressures, including the review of SafeCare red flags and temporary staffing requests, with weekend cover provided through the on-call nursing structure. Following improved recruitment to registered nurse vacancies, the Hub was stood down, contributing to a reduced reliance on temporary staffing. A robust escalation framework remains in place and continues to provide daily oversight of staffing levels. During periods of increased winter bed occupancy, the embedded escalation process enables the rapid introduction of twice daily, site-wide staffing calls, chaired by a Director of Nursing, to prioritise support and ensure timely mitigation to maintain patient safety. As part of routine arrangements, all areas hold daily morning meetings with their Senior and Lead Nursing teams to review nurse staffing levels and any SafeCare red flags. This provides professional oversight within each Clinical Board and enables the timely identification of pressures, with appropriate mitigation actions implemented to address critical gaps and maintain safe staffing levels. Short-term actions include the redeployment of staff between areas, supported by medium- and long-term actions focused on workforce planning and targeted recruitment. During the reporting period, nursing attrition rates reduced from 12% to 6% per month, which has contributed to the positive position in filling registered nurse vacancies. In support of this work, and in line with the Cardiff and Vale UHB Operating Framework, Directors of Nursing have previously agreed to a Rostering Principles and Good Practice Guide. The guide provides practical guidance on the use of SafeCare and a clear summary of the operating framework applicable during both standard and out-of-hours periods and has been in place since the last annual Nurse Staffing report in May 2025. The recently approved All-Wales Rostering Principles for Nursing and Midwifery (March 2026) have been introduced in response to variation in rostering practices across Wales, with the aim of achieving a standardised approach. A gap analysis has been undertaken to assess alignment between the Health Board's current practices and the All-Wales principles. Where gaps have been identified, action plans are being developed and implemented to ensure full alignment and compliance.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, please only include incidents that have been closed)	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
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	27	42 (see narrative below) 2 avoidable harm	2	1
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained	1	1	0	0
Number of those closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	1	1	0	0
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	26	35	2	1
Number of those closed incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.	0	1	0	0

Additional narrative

The data underpinning this report is derived from incidents recorded on the Datix system. The extraction of the required information is inherently complex and relies on a largely manual process across multiple data fields, which presents challenges in achieving complete consistency. Although significant local effort is made to align reporting across Wales, a residual level of data assurance risk remains. In addition, data quality can vary due to incomplete completion of certain fields within the Datix reporting form resulting in some Datix incidents not being captured within the search.

This issue has previously been escalated through the All-Wales Nurse Staffing Programme. In response, an All-Wales Datix dashboard is currently being actively tested to improve the identification and capture of relevant incidents and to strengthen consistency and assurance in reporting across organisations. Subject to successful completion of the testing phase and confirmation that it meets reporting requirements; the dashboard will be made available for use by the All-Wales Nurse Staffing Programme.

While there has been a notable increase in reported falls and a more modest rise in avoidable pressure damage compared with the previous year, analysis indicates that these increases are not primarily attributable to shortcomings in nurse staffing levels. The majority of incidents occurred at times when planned rosters were achieved, suggesting that contributory factors including patient acuity, frailty, clinical complexity and increased exposure associated with longer lengths of stay were sources of the incident.

In previous Board reports, falls data has been limited to incidents resulting in avoidable harm, in line with earlier reporting agreements. However, it is important in the interests of transparency, to acknowledge the total number of falls reported. The current falls reporting table does not distinguish between avoidable and unavoidable harm, which contrasts with the pressure damage criteria, where reporting is restricted to avoidable harm only. Incidents meeting the criteria are reviewed through a structured focus review and considered at Clinical Board Scrutiny Panels to support learning and action sharing.

Pressure damage

The data on hospital-acquired pressure damage has been generated by filtering Datix incidents relating to pressure ulcers that developed or deteriorated within the clinical area, were classified as Grade 3, Grade 4 or Unstageable, and assessed as avoidable.

As previously reported, there remains a risk that some incidents may not have been fully captured where key data fields were incomplete. To strengthen accuracy and monitoring, the data has been reviewed and a dedicated Datix dashboard has recently been developed in collaboration with the Patient Safety Team, using the updated All-Wales reporting criteria.

During this reporting period, 27 avoidable hospital acquired pressure ulcers at Grade 3, 4 or unstageable have been reported. Of these 27, one occurred where nurse staffing levels were not maintained. During the focused review of the incident, it was not identified that staffing levels were a contributing factor of

the hospital acquired pressure damage.

Falls

The data presented relates to incidents that were closed during the reporting period and resulted in moderate harm, serious harm or death.

During this period, 42 incidents were closed and reviewed, comprising both avoidable and unavoidable harm. Of these, seven incidents were originally reported in 2024 but closed during this reporting period, with one deemed avoidable and nurse staffing being a contributing factor. There has been a reduction in falls resulting in avoidable harm compared with the previous year; however, this finding should be interpreted with some caution due to known data quality limitations and the reliance on a manual data extraction process.

Of the remaining 35 incidents reported and closed within the period, one incident was assessed as avoidable but was not related to nurse staffing levels. This incident involved a patient who sustained a shoulder fracture following a fall, which occurred because only one brake was applied to the Sara Steady mobility aid while staff were assisting the patient to the toilet.

Medication Administration Errors

Two medication-related incidents were reviewed during this period. One involved an incorrect intravenous infusion rate; the nurse was reassessed for safe use of infusion devices, and the infusion pump was checked with no faults identified. The second incident, opened in 2023 and closed this reporting period, related to a patient being discharged with ward stock-controlled drugs. An investigation was completed, and controls strengthened, including enhanced discharge medication checks and daily controlled drug register reviews.

The phased introduction of an electronic prescribing and medicines administration (ePMA) system during the autumn and winter has supported safer prescribing and medicines administration through built-in clinical decision support. Roll-out will continue into paediatric, maternity and critical care areas in May 2026. The ePMA system will enhance visibility of prescribing and administration practice, supporting safer medicine use and improved patient outcomes.

Complaints

One complaint met the reporting criteria for a section 25B ward under the Nurse Staffing Levels (Wales) Act 2016. The complaint was closed during this reporting period; however, the incident occurred in 2022 and took an extended period to resolve. A review of the complaint found that there were missed opportunities to mitigate the patient's risk of falling. While the complaint related to nursing care was determined that it was not attributable to a failure to

maintain required nurse staffing levels.



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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*

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(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.

In late 2024, it became apparent that there is significant variation in the types of complaints that are being reported within each organisation's nurse staffing report due to local interpretation of the Operational Guidance. As a result, the Reporting Group presented an SBAR that outlined a proposed criteria for standardised complaint reporting to the DDoN Forum in February 2025. This criteria was agreed by the DDoN Forum on the basis that reports are reviewed later in 2025 to establish if the criteria is adequately sensitive and produces the right level of practically useful context as a quality indicator.

The agreed criteria is as follows:

Complaints received by 25B areas that:

- Have been closed within this reporting period;
- Are being managed through PTR;
- Have identified a breach in the duty of care;
- Are relevant to nursing care (using the guidance document to support).



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Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, please only include incidents that have been closed)	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 (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	0	0	0	3	0
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had not been maintained	0	0	0	0	0

Number of those closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0	0
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	0	0	0	3	0
Number of those closed incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.	0	0	0	0	0

Paediatric reported incidents

Three extravasation incidents were reported within the paediatric inpatient Section 25B wards during this reporting period, compared with none in the previous 12 months. All incidents occurred with appropriate staffing levels in place, and none were identified as being related to nursing care and prompt action was taken when extravasation was identified.

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.*

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)
Actions taken if the nurse staffing level <u>was not</u> maintained in wards where section 25B applies	As demonstrated in this Board report, the proportion of rosters met, and shifts assessed as appropriate has increased by 6.51% compared with the previous year. This suggests that recent recruitment efforts are having a positive impact on maintaining safe rosters. A corresponding reduction has been observed in rosters assessed as not met or not appropriate. Actions to address nurse staffing level challenges are wide-ranging and robust. Within Clinical Boards, staffing positions and mitigation actions are reviewed through daily staffing huddles, with agreed actions communicated across directorate teams. SafeCare supports this process by enabling staff to raise red-flag concerns where staffing risks are identified. Mitigating actions include staff redeployment, Ward Sisters or Charge Nurses working within rostered numbers, and, where necessary, the use of temporary staffing. Where staffing gaps cannot be mitigated locally, concerns are escalated by ward staff to the Senior or Lead Nurse, and to the Director of Nursing if required. Redeployment options are considered first, prior to requesting temporary staffing. Where risks remain unmitigated, Ward Sisters or Charge Nurses may be required to work within the roster rather than undertake a supervisory role. Further mitigating actions include reviewing the need for enhanced patient supervision and exploring opportunities to cohort appropriate patients to maintain safety, led by the Senior or Lead Nurse. A local dashboard enables monitoring of temporary staffing usage where the recorded reason for request is Enhanced Therapeutic Observation of Care (ETOC). Work is currently underway to standardise an ETOC assessment document across the Health Board, with a view to its proposed adoption within the Welsh Nursing Care Record (WNCR) on an all-Wales basis. Bed occupancy is also reviewed, and reductions considered where necessary, with staffing concerns communicated to site and operational teams. As the Clinical Services Plan progresses, nurse staffing models will continue to be reviewed and adapted to ensure alignment with emerging service configurations and the delivery of safe, effective care.
	Section 25A: Duty to have regard to provide sufficient nurses



Requirements of Section 25A	Evidence demonstrating the nursing workforce planning arrangements in place to sustain safe nurse staffing levels:
(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) controls around use of temporary staffing:	Section 25A of the Nurse Staffing Levels (Wales) Act 2016 requires Local Health Boards and NHS Trusts to give due regard to the need for sufficient nursing staff to enable nurses to deliver sensitive and compassionate care. The Health Board continues to demonstrate compliance through a range of workforce planning and assurance arrangements. Over the past 12 months, Registered Nurse recruitment events, alongside improved retention, have led to an enhanced staffing position and a reduction in attrition. This has strengthened workforce stability across services. The organisation has experienced high vacancy levels for Health Care Support Workers; however, a recent mass recruitment campaign will successfully fill a significant proportion of these posts, supporting safer staffing and service continuity. Strategic nursing workforce planning is overseen by a Director of Nursing, working collaboratively with key stakeholders, including Health Education Improvement Wales (HEIW). This ensures robust processes are in place to support student allocation to areas with identified workforce need. Rostering practices are monitored through monthly reporting to Clinical Boards, providing oversight of roster quality and staffing availability. A weekly roster review introduced within Mental Health has improved forward planning and early identification of staffing gaps. Following its success, this approach is being considered for wider implementation, including in Section 25B areas. Despite improvements in Registered Nurse vacancies, periods of increased demand and bed occupancy continue to require mitigation. The use of temporary staffing is subject to established escalation processes, including Clinical Board oversight and Director of Nursing approval for agency Registered Nurses. In support of service redesign and changes to models of care, consideration is also given to the introduction of additional roles, such as pharmacy technicians, dietetic assistants, and rehabilitation assistants, where appropriate. A robust and established process is in place across Cardiff and Vale UHB for the review and monitoring of nurse staffing levels. The Executive Director of Nursing provides oversight of a comprehensive establishment review across all nursing services, with the methodology detailed in the "Process and Methodology Used to Calculate the Nurse Staffing Level" section

	of this report.
	Conclusion & Recommendations
	During this reporting period, Cardiff and Vale University Health Board has continued to demonstrate a strong commitment to the principles and statutory requirements of the Nurse Staffing Levels (Wales) Act 2016, with patient safety and quality of care remaining central to workforce planning and deployment decisions. Despite ongoing pressures associated with fluctuating bed occupancy and periods of increased sickness absence, measurable improvement has been achieved. The proportion of rotas met and shifts assessed as having appropriate nurse staffing levels has increased by 6.51% compared with the previous 12-month period, reflecting sustained organisational focus. This improvement has been supported by successful Registered Nurse recruitment, a reduction in attrition rates, and improved forward planning of annual leave, collectively strengthening staffing reliability and workforce resilience across services. The implementation of the All-Wales Datix dashboard will further improve the consistency, quality and efficiency of data extraction for future Nurse Staffing reports. Use of a single, centralised dashboard across all Health Boards will enhance data quality, strengthen assurance and support more robust All-Wales comparisons. A well-established escalation framework remains in place to respond to operational pressures that result in nurse staffing gaps. This enables timely and proportionate responses during periods of sustained demand, including winter pressures, ensuring that risks to patient safety are identified early and appropriately mitigated. While progress has been made in appointing to both Registered Nurse and Healthcare Support Worker posts, workforce

challenges persist, primarily driven by high levels of sickness absence and fluctuations in bed capacity. These risks are being actively managed through a coordinated organisational approach to sickness reduction, supported by targeted Clinical Board level actions to improve workforce sustainability and staffing stability.

The Board is asked to receive this report as assurance that Cardiff and Vale University Health Board has met its statutory obligations under the Nurse Staffing Levels (Wales) Act 2016.

The funded nurse staffing establishments are included in Appendix 1 which includes the bi-annual calculations.



VERSION 02032026

Report Title:	Partnership and Recognition Agreement			Agenda Item No:	11
Meeting:	LPF	Public	x	Meeting Date:	19.08.26
		Private			
Status (please only tick one)	Assurance		Approval	x	Information/Noting
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Head of People Assurance and Experience				
Main Report					
Background and Current Situation:					
Background The purpose of this report is to present the revised Partnership and Recognition Agreement for consideration by the Local Partnership Forum (LPF), seek comments from management and staff-side representatives, and request that LPF recommend the revised Agreement to the Board for approval, subject to any final amendments arising from LPF discussion. The Partnership and Recognition Agreement sets out the framework through which Cardiff and Vale University Health Board and its recognised Trade Unions and Professional Staff Organisations work together in partnership. It establishes the principles, responsibilities and arrangements for communication, engagement, consultation and negotiation on workforce and organisational matters affecting staff and services. It also includes the Terms of Reference for the Health Board Local Partnership Forum. The Agreement has been reviewed to ensure it remains fit for purpose, reflects current legislation and national partnership expectations, and supports the Health Board's commitment to effective social partnership working. The review has also provided an opportunity to update terminology, clarify roles and responsibilities, and strengthen links with the Health Board's strategic objectives. Summary of Changes The revised Agreement includes a number of amendments intended to modernise and strengthen the document. Key changes include: • Updated introductory sections to better describe the purpose and value of partnership working and its contribution to positive employment relations, staff involvement and high-quality patient care. • Stronger alignment with the principles of social partnership and with the Health Board's strategic direction, including explicit reference to collaborative working, shared responsibility and staff voice. • Introduction of clearer definitions of communication, engagement, consultation and negotiation to support a shared understanding of the different approaches and their application in practice. • Clarification and strengthening of the responsibilities of the Health Board, managers, staff representatives and trade union members, including expectations regarding early involvement, constructive engagement, effective communication and partnership behaviours. • Addition of a new section describing the responsibilities of recognised Trade Union members and individuals considering representative roles.					

- Development of a Staff Representation Operating Framework setting out the range of representative roles operating within the Health Board, together with arrangements for accreditation, facilities and support.
- Strengthening of provisions relating to staff representatives, including recognition of the importance of representative activity and the commitment that accredited representatives will not suffer detriment as a result of undertaking representative duties.

Executive Director Opinion & Key Issues to bring to the attention of the LPF

Rationale for the Changes

The amendments are intended to:

- Ensure the Agreement reflects contemporary employment relations practice and the principles of social partnership.
- Provide greater clarity regarding the respective roles and responsibilities of managers, staff representatives and trade union members.
- Support earlier and more effective engagement on workforce and organisational matters.
- Strengthen consistency in partnership working arrangements across the Health Board.
- Ensure the Agreement remains aligned with the Health Board's strategic objectives and organisational values.

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

Appendix 1: Partnership and Recognition Agreement

Recommendations:

LPF is asked to:

- Consider and comment on the revised Partnership and Recognition Agreement.
- Support any final amendments arising from discussion at the meeting.
- Recommend the revised Agreement to the Board for approval.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

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

Please place an "x" in the below boxes where relevant				
Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	x	the proposal relates to the review and approval of a governance and partnership agreement rather than a change to clinical services, patient pathways, standards of care, workforce establishments or service delivery arrangements.
Impact Assessment				
Please place an "x" in the below boxes where relevant				
Risk: Yes/No (delete as appropriate)				
NO				
Safety: Yes/No				
NO				
Financial: Yes/No				
NO				
Workforce: Yes/No				
YES: The Agreement has workforce implications as it sets out the framework for partnership working between the Health Board and recognised Trade Unions and Professional Staff Organisations. The revised Agreement clarifies the respective responsibilities of managers, staff representatives and Trade Union members, strengthens expectations around engagement and consultation, and formally describes staff representative roles and governance arrangements. These implications have been fully considered through the review process and are the intended purpose of the document.				
Legal: Yes/No				
YES: The Agreement supports the Health Board's statutory arrangements for trade union recognition, consultation and partnership working. The review has sought to ensure continued alignment with relevant employment legislation, national NHS Wales partnership arrangements and social partnership principles. No new legal risks have been identified as a result of the proposed revisions.				
Reputational: Yes/No				
YES: There is a potential reputational risk if partnership arrangements are unclear, out of date or not operating effectively. The revised Agreement mitigates this risk by setting out clear expectations for collaborative working, engagement and consultation between the Health Board and recognised Trade Unions. Approval of the revised Agreement demonstrates the Health Board's commitment to effective partnership working and staff voice.				
Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance				
NO				
Equality & Health: Yes/No				
NO				
Decarbonisation: Yes/No				
NO				
Welsh Language: Yes/No				
NO				
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)				
Name of Committee/Group/Exec			Date:	
Local Partnership Forum			19.08.26	

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PARTNERSHIP & RECOGNITION AGREEMENT

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CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD PARTNERSHIP & RECOGNITION AGREEMENT

The Cardiff and Vale University Local Health Board (the UHB) is committed to working in partnership with recognised Trade Unions and Professional Staff Organisations as required by law.

The UHB will negotiate and discuss, seek consensus or compromise, strategic issues with staff representatives and involve them in the decision making process to shape the Health Board's services.

Representatives and managers are required to work collaboratively for the benefit of staff, patients, visitors, relatives and the Health Board.

Kirsty Williams, CBE
Chair

Chris Bown
Interim Chief Executive

Dawn Ward
**Chair of Staff
Representatives**

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1. Introduction

The Health Board is committed to the partnership agenda with its employees and recognised trade unions to ensure that they are involved in the decisions that affect them and the services they provide for patients and our population.

The Health Board objective of delivering the highest quality services possible can only be achieved by a workforce that is sufficiently skilled, committed and feels valued. This agreement is intended to help embed partnership working within the culture and practice of the organisation at all levels and to support positive employment relations and high-quality patient care.

Partnership working is based on mutual trust, respect and shared responsibility. The Health Board, trade union representatives, managers and staff all have a role to play in creating an open, honest and participative working environment. This approach is consistent with the principles of social partnership and the Health Board's commitment to collaborative working across the organisation.

This Agreement supports delivery of the Health Board's long-term strategy, *Shaping Our Future Wellbeing*, by setting out how the Health Board and recognised Trade Unions will work together to involve, engage and consult staff on matters that affect them, the services they provide, and the communities they serve. Effective partnership working is a key enabler of the Health Board's strategic objectives: Putting People First, Providing Outstanding Quality, Delivering in the Right Places, and Acting for the Future. It supports a culture where staff feel valued, informed and able to contribute to service improvement, transformation, quality, sustainability and better outcomes for patients and communities.

The Health Board expects managers to demonstrate an open and participative working style by being honest, fair and transparent in their relationships with staff. These behaviours should be reflected consistently in day-to-day practice and supported by constructive engagement from staff and their representatives.

2. Principles of Partnership Working

To deliver partnership working successfully, it is imperative to develop good formal and informal working relations that build trust and share responsibility, whilst respecting difference.

It is a principle of the UHB that staff and their recognised representatives are appropriately involved in matters affecting their jobs and working lives. It is expected

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that this involvement takes place at the earliest appropriate opportunity, in line with the nature of the issue and the agreed principles of communication, engagement and consultation set out in this Agreement.

To facilitate effective partnership working, all parties will commit to adopt the following principles in their dealings with one another:

- Building trust and mutual respect for each other's roles and responsibilities.
- Openness, honesty and transparency
- Visible leadership and commitment at all levels of the organisation a positive and constructive approach
- A Commitment to work and learn from each other
- Early discussion on emerging issues and maintaining dialogue on policy and priorities
- A shared commitment to ensuring high quality outcomes for service users
- A shared commitment to making best use of available resources through open and constructive dialogue
- Ensuring a 'no surprises' culture is maintained.

Working together on a basis of co-operation, openness and mutual trust is acknowledged by both the UHB and Trade Unions to be the best way to enhance the ability of the UHB to adapt to changing circumstances and financial constraints and to ensure the future success of the Health Board in the delivery of high quality patient services and outcomes for our population..

The UHB's approach to partnership working is underpinned by its agreed values and behaviours and reflects the principles of social partnership, including shared responsibility, fairness, and collaboration in the public interest.

3. Strategic Alignment

Partnership working is central to the way the Health Board will deliver its strategic objectives. Through open communication, early engagement, constructive challenge and collective problem-solving, the Health Board and recognised Trade Unions will contribute to:

- **Putting People First** – by supporting a culture where staff are informed, involved, listened to, respected and able to contribute to decisions affecting their working lives and the services they provide.

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- **Providing Outstanding Quality** – by enabling staff and their representatives to raise issues, share insight, support improvement and contribute to safe, effective, person-centred services.
- **Delivering in the Right Places** – by supporting meaningful engagement on service change, workforce implications and new models of care, including care closer to home and integrated ways of working.
- **Acting for the Future** – by encouraging collaborative approaches to long-term planning, workforce sustainability, innovation, environmental responsibility and the wellbeing of future generations.

In this way, the Agreement provides one of the organisational mechanisms through which the Health Board can demonstrate its commitment to social partnership, staff voice and shared responsibility for delivering its strategic objectives.

In line with the principles of social partnership, the Health Board and recognised Trade Unions will work together, where appropriate, to support consideration of workforce impacts arising from significant procurement, commissioning and contracting decisions, recognising the contribution these decisions make to service quality, sustainability, employment practice and the wellbeing of local communities.

3. Definitions

- 3.1. The UHB and Unions agree that the pursuit of the common objectives, aims and values outlined in the introduction to this agreement shall be by negotiation, consultation, engagement and communication which are defined as follows:

• Negotiation	“Conferring with another with a view to reaching a compromise or agreement.” This is with the understanding that if this cannot be reached after a reasonable period of time, management will make a decision to move things forward.
• Consultation	‘a process of dialogue that leads to a decision’ (Audit Commission). This will ensure the early involvement of Unions on key issues affecting the Health Board with a meaningful opportunity to influence decisions.

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Engagement	A process of actively listening to views, ideas and concerns from staff and their representatives in order to inform thinking and influence development, while recognising that decision-making responsibility remains with the Health Board. Engagement does not constitute formal consultation or negotiation.
Communication	The timely sharing of information to ensure that staff and their representatives are informed and aware of relevant matters. Communication is primarily for information and does not involve seeking views or influencing decisions.

- 3.2. The issues to be negotiated, communicated, consulted or engaged upon under this agreement concern the Health Board's staff, and will therefore be between the Health Board's management and those recognised and accredited representatives of the trade unions listed in section 5.1 who are themselves employed by the Health Board.

4. Duties, Responsibilities and Commitment

The following outlines the agreed responsibilities and commitment of the UHB, Staff Representatives and Managers in ensuring effective partnership working:

4.1. The UHB will be responsible for:

- Establishing and maintaining effective two-way communication arrangements across the Health Board.
- Without exception, promote a culture in which managers involve staff and their representatives at the earliest appropriate opportunity, and where staff feel able to contribute and confident that their views are valued.
- Putting in place structures and processes which require managers at all levels to involve staff and their representatives in day-to-day service decisions and the development of service plans.

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- Be clear that it is expected that staff and their recognised Representatives contribute and co-produce, through agreed partnership arrangements, to the development of service plans and decisions.
- Appraising and discussing, through agreed partnership arrangements, the financial performance of the UHB on a regular basis
- Ensuring that managers at all levels are required to be familiar with, and operate in line with, agreed partnership working arrangements, including this Agreement and the facilities agreement.
- Ensuring that partnership arrangements are used to support delivery of the Health Board's strategic objectives, including appropriate involvement of staff and recognised representatives in workforce, service and organisational change.
Involving recognised Trade Unions, through appropriate partnership arrangements, in discussions relating to significant procurement, commissioning and contracting proposals where these may have implications for staff, services or the Health Board's strategic objectives.
- Recognising the important role of Trade Unions and professional organisations in representing staff individually and collectively and promote and support staff to join Trade Unions and professional organisations and participate in recognised partnership and negotiating arrangements.
- Recognising and respecting the right and responsibility of Trade Unions to represent the interests of their members and to seek improvements in conditions of employment for employees covered by this Agreement, even when there is disagreement.
- Ensuring that Staff Representatives are afforded reasonable paid time off to undertake their duties and activities in line with agreed facilities arrangements.

4.2 Managers will be responsible for:

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- Demonstrating a visible and proactive commitment to social partnership working, recognising Trade Unions as valued partners in decision-making and organisational improvement, and working collaboratively in good faith to achieve positive outcomes for staff, services, and patients.
- Being accountable for embedding social partnership principles within their areas of responsibility, ensuring that engagement with Trade Unions is meaningful, ongoing and undertaken as a normal part of leadership, decision-making and change management processes.
- Communicating and engaging with staff and their representatives on a regular basis, and keeping them informed of developments across the organisation
- Involving staff and their representatives at the earliest appropriate stages of any new developments
- Ensuring that staff representatives are released in line with agreed facilities arrangements, to support the engagement and partnership work
- Ensuring that the views of staff are passed through the organisation, and that the views of the Executives and the Health Board are communicated effectively in return.
- Encouraging and supporting staff to challenge and question systems of work in a constructive manner.
- Supporting staff involvement throughout the organisation, irrespective of boundaries of profession, service or functional boundaries.
- Ensuring that staff have opportunities to express their views and be actively involved in issues affecting them
- Ensuring that Trade Union representatives have access to all relevant information, subject to appropriate confidentiality, to support involvement in decisions affecting working lives and the delivery of healthcare
- Recognising that staff, and their representatives, must have a degree of protected time away from their substantive roles to enable them to attend and contribute to partnership working, and ensuring that

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employees are treated fairly and not disadvantaged as a result of Trade Union involvement.

- Supporting early and constructive discussion with staff and their representatives about representative roles, duties, training and associated time commitments, and working in good faith to plan release in line with agreed facilities arrangements and service needs.

4.3 Staff Representatives will be responsible for:

- Recognising that the Health Board's management is responsible and accountable for determining the most effective way of planning, organising and managing the activities of the Health Board in line with its agreed objectives.
- Recognising that management has a responsibility to keep employees directly informed on matters concerning the activities of the Health Board, while also upholding the requirement under this Agreement to negotiate, consult or engage through the recognised partnership machinery on matters covered by this Agreement.
- Demonstrating a commitment to an open and participative working style, reflected in the behaviour of representatives and the standards they promote among their members.
- Using their time and resources appropriately and in a proportionate and cost-effective way.
- Supporting the implementation of decisions reached through agreed partnership arrangements.
- Communicating effectively with their members to ensure that their views are represented accurately and constructively.
- Contributing constructively to partnership discussions on the delivery of the Health Board's strategic objectives, while continuing to represent the interests, views and concerns of their members.
- Supporting the correct, appropriate and efficient application of Health Board Policies and Procedures

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- Maintaining appropriate confidentiality in relation to sensitive issues.
- Demonstrating positive and constructive approach and a shared commitment to the success of the organisation
- Ensuring that representatives are elected and accredited in accordance with Trade Union constitutions and recognised arrangements
- Supporting the provision of appropriate training for representatives and members either separately or jointly in partnership with the Health Board.
- Engaging in early and constructive discussion with managers when taking on representative roles, additional representative duties, training, conferences or other commitments that may require time away from substantive duties, in order to support effective planning and continuity of service.

4.4 Members

Members of recognised Trade Unions are responsible for:

- Engaging constructively with partnership arrangements and processes and raising views and concerns through appropriate and agreed channels in a timely and respectful manner.
- Respecting the role of elected and accredited Staff Representatives and the agreed processes through which they represent members' views.
- Acting in a manner consistent with the Health Board's values and behaviours when engaging in partnership and representation-related activity.

Members who are interested in becoming Staff Representatives will be responsible for:

- Discussing their interest in standing for election or taking on representative roles with their manager at the earliest appropriate opportunity, to support mutual understanding, service planning and continuity.
- Engaging constructively in discussions about the potential time commitments associated with representative roles, recognising the need to balance representation with service delivery.

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Recognition

- 5.1. The Health Board agrees to recognise for communication, engagement, consultation and negotiation on key issues, and for individual representation, all Unions nationally recognised and who have members within the Health Board.

British Association of Occupational Therapists	BAOT
British Dental Association	BDA
British Dietetic Association	BDA
British Medical Association	BMA
British Orthoptic Society	BOS
Chartered Society of Physiotherapy	CSP
Federation of Clinical Scientists	FCS
GMB	GMB
Hospital Consultants and Specialists Association	HCSA
Royal College of Midwives	RCM
Royal College of Nursing	RCN
Society of Chiropodists and Podiatrists	SOC
Society of Radiographers	SOR
UNISON	UNISON
UNITE	UNITE

- 5.2. Any Union listed which ceases to have any members employed by the Health Board will cease to be recognised under this Agreement.

If this Union subsequently gains members and wishes to become recognised again, they should follow the process set out in the Trade Union and Labour Relations (Consolidation) Act 1992.

6. Scope of Recognition

- 6.1. This agreement will cover major issues of Health Board business including, but not limited to:

- Organisational culture
- Organisational change
- Employment security
- Employment practices (e.g. family friendly, best practice, equal opportunities, health and safety at work, etc)

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- Lifelong learning
- Employee Health and Wellbeing
- Equality, diversity and inclusion and fairness at work
- Terms and Conditions of employment
- Allocation of work and duties of employment
- Matters of Discipline / Grievance
- Facilities and time off for Staff Representatives
- Machinery for consultation and negotiation and any procedures relating to the above and other relevant matters.
- Union membership or non-membership

7. Staff Representation Operating Framework

Staff representation within the Health Board is delivered through a range of elected and accredited Trade Union roles operating at local, Clinical Board and organisational levels. These arrangements support effective partnership working, early involvement, and constructive engagement on workforce and service-related matters, while ensuring clarity of roles, appropriate accreditation, and access to facilities in line with statutory and agreed partnership arrangements.

7.1 In order to ensure appropriate representation of Trade Union members and their interests, recognised Trade Unions will make arrangements from among their members, who are employees of the Health Board, for such numbers of Staff representatives as are appropriate to provide effective representation. The election of Staff representatives and officials will be determined by the individual Unions in accordance with their Rules and constitutions. The names of accredited Staff Representatives, the constituencies they represent or function they carry out, and their term of office, will be notified in writing to the Executive Director of People and Culture. Any subsequent changes will also be notified in writing.

On receipt of such notification, the Executive Director of People and Culture will formally accredit the nomination inform the relevant manager(s) and instruct them to ensure that appropriate facilities arrangements are put in place.

7.2 The Health Board will provide reasonable time off and facilities for accredited Staff Representatives in accordance with current legislation and the relevant Code of Practice. The arrangements for time off and facilities, including the principles governing release and support for representative activity, are set

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out in the Time Off and Facilities for Accredited Representatives document which forms part of this Agreement.

Staff Representative roles may be undertaken through a range of agreed arrangements, including paid facility time or release from substantive duties, depending on the nature of the role and local partnership arrangements.

- 7.3 The Health Board recognises the value of Staff Representatives and will ensure that individuals do not suffer detriment in relation to pay, career progression or employment opportunities, as a result of undertaking accredited representative roles in line with this Agreement.

7.4 Types of Staff Representative Roles

Recognised Trade Unions may appoint or elect Staff Representatives to fulfil a range of roles in support of effective partnership working across the Health Board. These roles operate at local, Clinical Board and organisational levels and are undertaken in line with Trade Union rules, statutory requirements and agreed partnership arrangements.

The Health Board recognises the following broad categories of Staff Representative roles:

Clinical Board Lead Representatives

- Provide staff-side leadership and representation at Clinical Board level as part of established partnership arrangements.
- Support early engagement, constructive challenge and dialogue on workforce and service-related matters within the Clinical Board.

Portfolio or Specialist Representatives

- Undertake representative roles aligned to specific thematic, professional or statutory areas (for example health and safety, equality, diversity and inclusion, environment, job evaluation, or policy implementation).
- Provide advice, expertise and partnership input within their area of responsibility in line with agreed arrangements.

Chair and Deputy Chair of Staff Side

- Provide collective leadership, coordination and representation of the Staff Side across partnership and negotiating arrangements.
- Act as a key interface between Trade Unions and senior management within agreed partnership structures.

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Workplace Representatives

- Provide local, day-to-day representation for members on workplace and employee relations matters.
- Act as an initial point of contact between members, Trade Unions and management at local level.

Union Learning Representatives

- Support learning, development and skills initiatives in partnership with the Health Board.
- Undertake their role in accordance with relevant legislation and agreed partnership arrangements.

Full-Time Trade Union Officers

- May be involved in partnership, consultation or negotiation arrangements where appropriate, at the request of local Staff Representatives.
- Such involvement will take place following prior notification to management and in line with Trade Union constitutions and agreed partnership arrangements

8 Partnership Communication, Engagement and Machinery

The Health Board and recognised Trade Unions are committed to effective partnership working through appropriate arrangements for communication, engagement, consultation and negotiation, as defined in this Agreement.

The Health Board will provide timely information required for collective bargaining purposes, in accordance with current legislation and the relevant Code of Practice. The Health Board will also seek to ensure that its communication policies and practices support staff being appropriately informed of organisational plans, objectives and progress.

Recognised Trade Unions will, upon request, provide the Health Board with a copy of their rules, either free of charge or at a reasonable cost.

The NHS Terms and Conditions of Service Handbook requires that joint consultation arrangements are established in agreement with employee representatives. Such arrangements should provide clarity on matters including the size and composition

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of partnership forums, the organisation of meetings, the subjects for discussion, facilities for members, and arrangements for reporting outcomes.

The detailed arrangements for partnership, consultation and negotiation within the Health Board are set out in the Terms of Reference for the Local Partnership Forum, which form part of this Agreement and are attached at Appendix 1

9 Review

9.1 This agreement may be amended at any time following agreement by both parties.

9.2 The operation of the agreement will be reviewed after a period of 3 years from its commencement.

Report Title:	Workforce Partnership Group Revised Terms of Reference			Agenda Item No:	12
Meeting:	LPF	Public	x	Meeting Date:	19.08.26
		Private			
Status (please only tick one)	Assurance		Approval	x	Information/Noting
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Head of People Assurance and Experience				

Main Report

Background and Current Situation:

The purpose of this report is to seek approval from the Local Partnership Forum (LPF) for the revised Workforce Partnership Group (WPG) Terms of Reference. The proposed amendments reflect current organisational structures and titles and introduce arrangements to improve communication and engagement with recognised Trade Unions that do not currently have representation through the elected Staff Representative structure.

Background

The Workforce Partnership Group is a formal sub-group of the LPF, providing a forum for the Health Board and Trade Unions to work together on workforce-related matters, including service development, engagement and communication.

Through discussions within management and staff-side structures, it has been recognised that while the WPG facilitates constructive and valuable partnership discussions, not all recognised Trade Unions are able to participate directly in those conversations. This can result in information being shared inconsistently across organisations, duplication of discussions through separate routes, and missed opportunities for wider Trade Union engagement.

The proposed revisions have therefore been developed to strengthen communication and information sharing across all recognised Trade Unions whilst maintaining the existing representative structure and decision-making arrangements of the WPG.

Summary of Changes

The revised Terms of Reference include:

1. Standing Invitations for Unrepresented Trade Unions

A new provision has been added under Standing Invitations to enable a named representative from any recognised Trade Union that does not already have representation through the elected Staff Representative membership (Lead Reps or Deputies) to receive a standing invitation to attend WPG meetings

This change:

- Does not alter the existing membership structure or allocated staff-side seats within the WPG.
- Provides a mechanism for recognised Trade Unions who are not represented through the current elected lead representative arrangements to participate in discussions.

- Requires Trade Unions to nominate a named individual to attend meetings on a standing basis, thereby promoting continuity of attendance, consistency of discussion and a shared understanding of issues under consideration.
- Seeks to ensure that all recognised Trade Unions have access to the same information and partnership discussions, reducing the risk of information not being disseminated across organisations and avoiding unnecessary duplication of conversations through other forums.

2. Administrative and Governance Updates

A number of additional amendments have been made to reflect current organisational arrangements, position titles and governance terminology, and to improve clarity throughout the document. These changes are administrative in nature and do not alter the purpose, powers or functions of the WPG.

Executive Director Opinion & Key Issues to bring to the attention of the LPF

The proposed changes support effective partnership working by widening access to discussions already taking place within the WPG whilst retaining the existing representative and governance arrangements. The introduction of standing invitations will help ensure that recognised Trade Unions that are not represented through the elected lead representative route are able to remain informed of key workforce discussions, contribute their perspectives and support consistent communication with their members.

The proposal is intended to strengthen partnership engagement, improve transparency and reduce the likelihood of information gaps or duplication of discussions elsewhere.

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

Appendix 1: Workforce Partnership Group Terms of Reference

Recommendations:

- a) Approve the revised Workforce Partnership Group Terms of Reference,

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

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

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

Yes (please include the complete QIA document)

x

No (please provide reasoning e.g. not required)

Impact Assessment

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

Risk: Yes/No (delete as appropriate)

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

Safety: Yes/No

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

Financial: Yes/No

Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: Yes/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <https://www.gov.wales/socio-economic-duty-guidance>

The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Equality & Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No	
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include: • A focus upon preventing ill health in our population • Saving energy or increasing throughput. • Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions • Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments. • Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting. • Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse. Does the subject matter of your paper risk any of the above not being achieved?	
Welsh Language: Yes/No	
Consideration should be given to potential impact on the Welsh language, including the following key aspects: • More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care? • Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials. • Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety? • Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care? Does the subject matter of your paper risk any of the above not being achieved?	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:

Workforce Partnership Group

Terms of Reference and Operating Arrangements

1. INTRODUCTION

- 1.1 In line with Standing Orders and the Cardiff and Vale University Health Board (the UHB)'s Scheme of Delegation, the Local Partnership Forum (LPF) has established the Workforce Partnership Group (WPG) as a formal sub group. The WPG will provide a forum for the Health Board and Trade Unions* to work together on issues of service development, engagement and communication specifically as they affect the workforce.
- 1.2 The Health Board will continue to engage staff organisations in the key discussions at the UHB Board, UHB LPF, WPG and at the Clinical Board/Locality level.
- 1.3 Partnership Fora will be established at the Clinical Board/Locality level to ensure ongoing dialogue, communication and consultation on service and operational management issues specific to those areas. Specific issues arising from these discussions may be brought to the WPG with the agreement of the joint Chairs of the Group.
- 1.4 The TUC principles of partnership will apply to the WPG as they apply to the LPF. The principles are attached at **Appendix 1**.
- 1.5 All members must be prepared to engage with and contribute fully to the Group's activities and in a manner that upholds the standards of good governance set for the NHS in Wales. The Code of Conduct is attached at **Appendix 2**.

*all references to Trade unions include Trade Unions, Professional Organisations and Staff Associations recognised by the Health Board as set out in the Partnership and Recognition Agreement

2. PURPOSE

- 2.1 The purpose of the WPG is to provide a focused opportunity to:
 - establish a regular and formal dialogue between the Executive Director of People and Culture and the Trade Unions on matters relating specifically to workforce issues
 - enable Employers and Trade Unions to put forward issues affecting the workforce

- consider the impact on staff of service reviews and identify opportunities for and the implications of introducing new ways of working
- consider the implications for staff of NHS reorganisation at a national or local level and to work in partnership to achieve the mutually successful implementation
- consider national developments in NHS Wales Workforce Strategy and the implications for the Health Board including matters of service re-profiling
- consider the development and implementation of strategies for the communication and engagement of staff on service change and developments
- discuss the implementation and adherence to good employment practice across the Health Board.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The WPG may establish task and finish groups to carry out specific pieces of work on its behalf.

4. MEMBERSHIP

Members

- 4.1 All members of the WPG are full and equal members and share responsibility for the decisions of the Group.
- 4.2 As a minimum, the membership of the WPG shall comprise:

Chair Joint chairmanship by the Executive Director of People and Culture and Chair of Staff Representatives

Members **Management Representatives**
 Executive Director of People and Culture
 Deputy Director of People and Culture
 Assistant Director of People and Culture
 Assistant Director of OD, Wellbeing and Culture
 Head of People Assurance and Experience
 Head of People Services

Staff Representatives
 Chair of Staff Representatives
 Clinical Board Lead, Surgery
 Clinical Board Lead, Medicine

Clinical Board Lead, Children & Women
Clinical Board Lead, PCIC
Clinical Board Lead, Clinical Diagnostics & Therapeutics
Clinical Board Lead, Specialist Services
Clinical Board Lead, Mental Health
Service Board Lead, Capital Estates and Facilities
Lead for Corporate Services
Lead Representatives for specific portfolios (including but not restricted to Health & Safety, Job Evaluation, Environment, Equality, Policy Implementation)
Staff Side Secretary
Deputy Clinical Board Lead Representatives (where they exist)

Standing Invitations

Independent Member (Trade Unions)
Chair of Local Negotiating Committee
A named representative from any Trade Unions who do not already have representation through the staff representative members

The Health Board recognises those Trade Unions listed in The Partnership and Recognition Agreement, for the representation of members who are employed by the organisation.

- 4.4 Staff representatives must be employed by the organisation and accredited by their respective organisations. If a representative ceases to be employed by the Health Board or ceases to be a member of a nominating organisation then he/she will automatically cease to be a member of the WPG. Full Time Officers of the Trade Unions may attend meetings subject to prior notification and agreement.
- 4.5 Members of the Group who are unable to attend a meeting may send a deputy providing such deputies are eligible for membership of the Group.

In attendance

- 4.6 By invitation

The WPG Joint Chairs may invite:

- any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter

Chairs

- 4.7 The Executive Director of People and Culture and Chair of the Staff Representatives will co-chair the WPG. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Health Board's other advisory groups. Supported by the People and Culture Business Manager, Chairs shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. The Deputy Director of People and Culture and Vice Chair of Staff Representatives will act as vice Chairs for this Group.

Secretariat

- 4.8 The People and Culture Business Manager will act as Management Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and papers and notification of meetings.

5. COMMITTEE MEETINGS

Quorum

- 5.1 There should be three representatives from both management and staff parties for the meeting to be quorate.
- 5.2 If the meeting is not quorate no decisions can be made but information may be exchanged.
- 5.3 Where joint chairs agree extraordinary meetings may be scheduled with 7 calendar days notice.

Frequency of Meetings

- 5.4 Meetings will be held bi monthly to alternate with LPF but this may be changed to reflect the need of either staff or management representatives.

Management of Meetings

- 5.6 The business of the meeting shall be restricted to matters pertaining to Health Board-wide strategic issues. Local operational issues should be raised at the Clinical Board Partnership Forums and will not be considered unless it is agreed that such issues have UHB wide implications.

Items for the agenda and supporting papers should be notified and agreed with the Joint Chairs as early as possible, and in any event at least one week in advance of the meeting.

6. REPORTING AND ASSURANCE ARRANGEMENTS

6.1 The WPG shall:

- report periodically to the LPF on the Group's activities;
- bring to the LPF's specific attention any significant matter under consideration by the Group;
- bring proposals and recommendations for ratifications to the LPF as appropriate

7. REVIEW

- 7.1 These terms of reference and operating arrangements shall be reviewed on a regular basis by the Joint Chairs

Appendix 1

Six TUC Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation
- adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees

Appendix 2

Code of Conduct

A code of conduct for meetings sets ground rules for all participants: -

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

Report Title:	Integrated Performance Report			Agenda Item No:	13
Meeting:	LPF	Public	X	Meeting Date:	19/8/2026
		Private			
Status	Assurance	X	Approval		Information/Noting
Lead Executive Title:	Chief Operating Officer				
Report Author Title:	Director of Operational Planning and Performance				
Main Report					
Background and Current Situation:					

The Integrated Performance Report provides a collective overview of key performance metrics within Cardiff and Vale University Health Board. The report covers six domains, each with a nominated Executive lead, these are: Finance, Operational Performance, Quality, People and Culture, Public Health and Digital.

July 2026 represents the first month of a revised presentation of metrics within the IPR. Following recent Internal Audit findings which highlighting shortcomings in the previous presentation of the IPR, and in line with developing NHS Wales guidance, the information within the IPR is moving to being presented through Statistical Process Control (SPC) charts. In time, this approach will help to improve consistency of reporting, allow clearer identification of trends and allow improved tracking of performance. Correct application of SPC charts can improve understanding of how processes and performance have changed overtime, providing Board with a richer opportunity for discussion on underlying causes.

This first step towards the use of SPC will be part of an iterative approach to performance reporting and management. SPC is unlikely to be the only methodology utilised within Board and organisational performance in the long term. These future improvements will be delivered in conjunction with our plans for a revised operating model and a new performance management framework.

Following discussion in Board Development in June 2026, the decision was taken to proceed with the application of SPC charts on the understanding that improvements would be continually made. In relation to this first version of the revised IPR, Board members should be particularly sighted on the following points:

1. The methodology applied matches that which has been used by NHS Performance and Improvement (NHS P&I) to produce the "Performance Framework – SPC" Power BI Dashboard
2. The NHS P&I dashboard is built from adapted versions of NHS England Making Data Count templates
3. There is a national project group which is reviewing the current approach and will, in time, provide recommendation on the correct and consistent application of SPC. This will mean future changes for the Cardiff and Vale approach.
4. The measures within the IPR are a combination of measures from the NHS Performance Framework, Targeted Intervention requirements and those chosen by relative Executives

5. The majority of measures within the July IPR are presented in an XmR format. It is known that for some measures this will not be the most appropriate format and these will be reviewed and updated in advance of the September publication
6. There has been no recalculation of performance data made within the SPC charts. Recalculation of data is recommended when there is a statistically significant change in the data, when that change is stable, and ideally when the cause of that change is known. Whilst this does not impact the underlying core performance data for the Board to review, it may mean that once a comprehensive approach to recalculations has been agreed, some of the variation indicators for some measures will be different in future versions of the IPR. This approach will be undertaken and implemented in advance of the September publication.

The format of presentation for the IPR in July is six Executive Summary covers, one for each domain, these are supplemented by metric summary pages for each measure.

Executive Director Opinion & Key Issues to bring to the attention of the LPF

- The IPR is presented in a revised format using SPC charts]
- This is a part of wider, iterative, improvements in performance management and reporting
- There are some known further development requirements in the application of SPC rules, and use of SPC charts, which will change the measure indicators in future versions

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

Integrated Performance Report

Recommendations:

- a) LPF is requested to NOTE the revised approach and ongoing developments to the Integrated Performance Report
- b) NOTE the position against key organisational performance indicators for 2026-27 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

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

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

Yes	x	No	x	Not required
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Impact Assessment

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <https://www.gov.wales/socio-economic-duty-guidance>*

Equality & Health: No

Decarbonisation: No

Welsh Language: No

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

Name of Committee/Group/Exec	Date:

Executive Summary

The UHB has reported eight Never Events over the past 12 months, making it the second-highest reporting health organisation in Wales. During June 2026, the Health Board reported 16 nationally reportable incidents and currently has 89 nationally reportable incidents under review, of which five have been open for more than 12 months. Infection Prevention and Control (IP&C) remains an area of concern, with several outbreaks recorded during the past month involving *C. diff*, MRSA and *Acinetobacter* species.

Mortality indicators continue to show sustained improvement. The UHB's Risk Adjusted Mortality Index (RAMI) has reduced consistently over the last seven months, remaining below the mean for the past six months and below two standard deviations for the last four months. However, RAMI remains above the benchmark value of 100, indicating further improvement is required. Similarly, crude mortality rates have continued to improve, remaining below the mean for the past eight months, suggesting a positive and sustained trajectory in mortality outcomes across the organisation.

Executive Actions and Owners

In response to the recent safety, quality and mortality indicators, a number of improvement initiatives are underway across the UHB. A UHB-wide National Safety Standards for Invasive Procedures (NatSSIPs) Group is being established to oversee the development, implementation and standardisation of invasive procedure processes across all services. In addition, work is progressing to strengthen the core principles of safe medication administration, including the implementation of EN-Fit syringes for the administration of enteral medications to reduce the risk of wrong-route incidents. A review of scrub practitioner training is also underway to strengthen the multi-professional application of the WHO Surgical Safety Checklist and the reliability of surgical counting processes within theatres.

Significant focus continues to be directed towards Infection Prevention and Control (IP&C). An ongoing UHB-wide audit programme has identified key areas for improvement, including compliance with admission screening requirements for Carbapenemase-Producing Organisms (CPO) and MRSA, environmental cleanliness standards, hand hygiene, and adherence to the Bare Below the Elbows policy. Targeted improvement actions are being implemented in areas where compliance requires strengthening. Executive-led scrutiny remains in place for all MRSA bacteraemia cases, and the UHB continues to actively contribute to national improvement work relating to *Clostridioides difficile* infection rates.

Work is also underway to standardise the UHB approach to mortality and morbidity reviews, including the processes for recording, escalation and governance of findings arising from these forums. Initial implementation is focused on Major Trauma, Haematology and Gynaecology services, with completion anticipated by September 2026. This work will strengthen organisational learning and provide enhanced oversight and scrutiny of mortality cases, supporting the UHB's response to changes in mortality indicators and helping to sustain the improving trends observed in both risk-adjusted and crude mortality rates.

Previous Months Executive Actions and Owners

Ensure the narratives are entered by each executive team

Executive Summary

DIGITAL & HEALTH INTELLIGENCE REPORT UPDATE

Key highlights

- RISP went live 01.06.26.
- DPIF funding secured for key Cardiff and Vale programmes, including BadgerNet Maternity EPR (Neo-natal) and Digital Eyecare/OpenEyes.
- Data sharing via the Digital Care Region now available to over 400 social care and healthcare staff and has won the 2026 RPB Innovation Award.
- A further 200 community access laptops deployed to support a mobile, non-acute workforce.
- Amazon Web Services is now live for parallel running of the All-Wales Medical Genomics workload.

Digital Operations

Windows 11 migration is progressing well, with under 800 active devices remaining ahead of the October 2026 deadline.

Windows 11

- 92% of devices are now running Windows 11.
- Focus is on replacing 450 incompatible devices and updating 500 compatible devices still running Windows 10.
- 250 devices remain on the exclusion list due to software incompatibility and will require Windows 10 extended support for 2026–27.

Wi-Fi

- Focus of project has moved to 'non-inpatient ePMA areas' (outpatient areas).
- A list has been provided by ePMA of pilot 'priority non-inpatient areas' to be scheduled first.
- The Wi-Fi team preparing surveys, fire, asbestos checks and quotes before scheduling the work.

Digital Eyecare

- OpenEyes EPR, hosted by CAVUHB, is now deployed across most Welsh Health Boards, with widespread use in CAVUHB, SBUHB and ABUHB.
- OpenEyes promoted as a use case for South East Wales regional working, with alignment needed against wider regional practices.
- Welsh Government DPIF has offered 50% of funding for 2026–27 services.

Amazon Web Services (AWS) Secure Landing Zone

- The AWS Steering Group has approved a "Go" decision for parallel running of workloads in AWS.
- All Wales Medical Genomics Service's genomic sequencing workloads are running in parallel with the legacy WREN High Performance Compute platform.
- A strategic PSBA Cloud Connection being procured to improve resilience and performance of data transit between CAVUHB locations and AWS.

Business Intelligence

The BI Team has completed the new data feed from Theatres system (Aqua) to the Data Warehouse. Theatre dashboards and the national theatre dataset submission are being restored. Three new Power BI dashboards have been released: EU, 6 Goals and Productivity & Performance.

Executive Actions and Owners

Previous Months Executive Actions and Owners

Executive Summary

IMMUNISATIONS

The Childhood & Teenage Immunisations Strategic Action Plan is complete, pending approval from the Quality & Safety Committee in July 2026. The strategy is for a period of 3 years and the first-year delivery plan has been developed collaboratively across all partners delivering health board vaccination programmes and in consultation with primary care. There is a strong focus on improving uptake of all vaccines by age 5 and uptake of HPV by age 15.

For the RSV catch-up programme (resident population aged 75 to 79 as of 1 September 2024), 13,645 out of 18,177 individuals have been vaccinated to date. This is an uptake of 75.1%, which is above the All-Wales average of 71.8% and the highest uptake across Health Boards in Wales. For the RSV expansion to adults aged 80+ as of 1 September 2024, uptake is 52.8% (June 2026 data).

HEALTHY WEIGHT

42.1% of adults in Cardiff and Vale of Glamorgan are a healthy weight (aged 16-64), as compared to 35.9% of the Welsh average (National Survey for Wales (NSfW), 2024/25); 34.8% are eating five portions of fruit/vegetables a day, compared to 32.9% in Wales (NSfW, 2024/25) and 65.0% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 60.0% in Wales (NSfW 2024/25).

Our joint Good Food and Movement Implementation Plan (2026-28) which describes the actions needed to keep our whole system approach to tackling obesity moving forward was discussed and agreed at Cardiff Leadership and Enabling Change Group on 28th April 2026. The plan was also agreed at Vale of Glamorgan Senior Management Team on 16th June 2026.

SMOKING CESSATION

The Smoke-Free Ambassador Scheme is a learner-led programme that encourages primary school pupils to become advocates for smoke-free living both within their school and beyond. Currently in the evaluation phase, schools are providing feedback which will inform expansion of the programme.

The Smoking enforcement officer has approached 1380 individuals found smoking on hospital sites, between 17.11.25 and 17.5.26. An evaluation was completed in June 2026 which will inform the next stage of the project.

DIABETES

Improving uptake of the 8 care processes, including reducing inequality, is one of the key workstreams. This is led by the Primary Care lead for diabetes and PCIC.

The Health Board Paediatric Diabetes Unit (PDU) has moved in a positive direction from 'alarm' status to 'alert' status in most recent National Paediatric Diabetes Audit (NPDA) report (2024-25 data).

WOMEN'S HEALTH HUBS

A funding bid for pump-prime funding for Women's Health Hubs has been submitted to Welsh Government for consideration, following review by the Health Board's Value Based Realisation Group. The proposal has been informed through patient, staff and third sector engagement, and will support the Health Board's activities to meet the key delivery expectations.

Executive Actions and Owners

No previous month actions recorded

IMMUNISATIONS

We have agreed with Cardiff and the Vale of Glamorgan Councils to establish task and finish groups to review the way in which schools engage with routine and catch-up vaccination programmes. This is based on learning from an MMR catch up programme delivered in 3 secondary schools between March and July 2026.

HEALTHY WEIGHT

The Cardiff Physical Activity and Sport Facility Audit Report is complete. It provides a comprehensive assessment of all places that support physical activity, from playgrounds, parks, and grass pitches to community halls, leisure centres, and elite sporting facilities, and more.

The findings include: Cardiff offers a wide range of sports and recreation facilities, including major venues, community halls, gyms, parks, and informal spaces, but access is uneven, with significant inequalities in provision, quality, and affordability. Inner-city and disadvantaged communities face the greatest challenges due to shortages of open space, overused facilities, high costs, travel barriers, and limited access to school facilities.

The audit will support decision-making on facility development, upgrades, investment, and future planning, ensuring decisions are informed by up-to-date evidence.

The audit is also informing the new government's manifesto commitment to conduct a facilities audit of sport facilities in Wales. Vale of Glamorgan's facility audit is being undertaken.

SMOKING CESSATION

A bilingual easy-read booklet has been developed and will be tested in September 2026.

Food and Fun – Smoking and vaping prevention activities will be part of this programme which offers free healthy meals and enrichment activities to children during the school Summer holidays.

Events - Smoking and vaping prevention activities will be incorporated into supporting National play day in Cardiff (29/07) and the Vale (05/08).

DIABETES

With newly available uptake data at individual practice level, PCIC are working with individual practices to support them with improving care process uptake, and sharing best practice from individual practices reporting high uptake.

HEALTH PROTECTION

CAVUHB Pandemic Response Plan has been reviewed and is due to be shared with key partners to ensure important updates have been incorporated. The Plan will be presented to the September meeting of the Quality Committee.

The Cardiff and Vale Health Protection Plan is also being reviewed, with engagement from partner agencies and health board teams. The new Plan will replace the existing 2024-2026 Plan and set the priorities for the health protection partnership over the next two years. The partnership includes CAVUHB, Cardiff and Vale of Glamorgan Councils, Shared Regulatory Service and Public Health Wales.

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

The UHB's financial plan of a £85.547m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations.

In response to feedback from the Welsh Government, the Health Board wrote on 29 May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

At Month 03

- The reported year to date position is an overspend of £27.073m with a planning deficit of £86.547m.
- There is an urgent need to derisk the £86.547m deficit plan.
- At Month 03 there is an adverse variance against plan of £5.436m, driven by a £6.925m savings deficit, partially offset by an operational surplus against plan of (£1.489m).
- There is a gap of £27.703m against the £47.608m in year savings target, with £19.905m (41.81%) of green and amber schemes identified at Month 3.
- That delivery of the deficit plan is contingent on delivery of a full savings programme and confirmation of all expected income streams.
- There are £42.401m of outstanding resource limit allocations and in due course the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit.

Executive Actions and Owners

Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.547m.

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

The People & Culture portfolio continues to demonstrate a mixed but improving position. Workforce availability has strengthened, with in-month sickness absence reducing to approximately 5.90% and cumulative rates remaining stable over the last few months, reflecting sustained focus on attendance management and wellbeing support.

Non-Medical Agency expenditure has started to reduce but tighter controls and delivery is required if we are to meet the 30% reduction (£1.7m allocated in savings plan) based on the 25/26 outturn, which is a Welsh Government target. Medical and Dental agency expenditure is not included in the July IPR but will be included going forward. When Medical & Dental agency expenditure is included, the agency position deteriorates materially. Medical & Dental agency expenditure remains above the trajectory required to achieve the Welsh Government 30% reduction target. Actions are focused on accelerating substantive recruitment, converting agency workers to bank where appropriate, strengthening scrutiny of assignments exceeding 90 days, reducing delays in recruitment processes and maximising internal workforce solutions. Several substantive appointments have been secured across consultant and specialty doctor vacancies and a number of long-running agency assignments are currently under review. These measures are expected to reduce agency dependency during quarters 2–4 and improve delivery against the agency reduction trajectory.

The current position shows delivery of the UHB target to reduce temporary staffing expenditure by > 10% in 26/27 will require greater focus on reducing underlying demand for bank shifts through vacancy management, workforce redesign, job planning, roster efficiency and substantive recruitment.

Equality data completion remains positive across all monitored characteristics, with most measures achieving or exceeding the 85% target. Workforce planning capability continues to develop, although completion of workforce planning training remains below the expected trajectory.

Performance against key workforce standards remains variable. Values-Based Appraisal compliance is below the organisational target (76% against 85%), whilst Statutory and Mandatory Training compliance remains below target at 81%. Staff Survey outcomes continue to highlight challenges in engagement and participation, participation rates significantly improved to 36% against an internal target of 50% and engagement at 69% against a target of 74%, indicating the need for continued focus on leadership visibility, listening and staff experience improvement.

Employee Relations activity remains elevated, with ongoing Respect and Resolution and Appeals caseloads requiring continued management attention

Work is progressing on the refresh of the People & Culture Plan, strengthening organisational workforce planning, leadership and management capability, workforce productivity and financial sustainability.

Executive Actions and Owners

- Continue delivery of the refreshed People & Culture Plan, ensuring alignment to the 2026/27 Annual Plan, our strategy, financial recovery requirements and organisational transformation priorities.
- Sustain focus on sickness absence reduction through early intervention, manager accountability, occupational health support and targeted action in high-absence areas.
- Maintain stringent controls on agency deployment and variable pay expenditure, including enhanced vacancy scrutiny, establishment control and workforce redesign initiatives.
- Accelerate implementation of workforce planning training, prioritising Clinical Boards and service areas responsible for workforce growth and workforce cost pressures.
- Deliver targeted recovery plans for Statutory and Mandatory Training and Values-Based Appraisal compliance, supported by strengthened manager accountability and performance monitoring.
- Use Staff Survey findings to support locally led improvement plans, engagement ambassador networks and leadership interventions focused on staff experience and retention.
- Continue improvement of workforce equality information quality and encourage workforce self-service updates to further strengthen workforce intelligence.
- Monitor Employee Relations caseloads and reduce procedural delays through early resolution approaches and strengthened case management

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

Urgent and Emergency Care

June has seen periods of operational pressures, partly driven by the national heatwave conditions. The organisational response to the extreme weather was to instigate a formal Business Continuity Incident from 23rd-26th June. EU attendances and admissions reduced from May but increased compared to June '25. The number of 1h ambulance holds increased in June but remained improved compared to June'25 and below our de-escalation standard. The % of patients waiting 12h in EU increased from 7.4% in May to 9.2% in June, above our de-escalation standard of 7%. We are undertaking a review of Q1, incorporating primary/community/secondary care and mental health. This will be shared through F&P Committee and to Board

Stroke and Hip Fractures

Through the hot weather we saw an increase in patients admitted to the stroke unit. We are reviewing the impact on mortality, building on a previous mortality review. The SSNAP data tool was unavailable for 5 weeks delaying a validated national position, this is expected to be backdated by the next meeting. In May 27.8% of hip fracture patients were admitted within 4h, above the UK average of 10.5%

Delayed Pathways of Care

We continue to see over 150 DPOC, above our de-escalation standard of 128. While the number of delays increased marginally in June, the number of bed days lost was 7,977, reduced from May and c1250 fewer than the same month last year

Cancer

Compliance with the SCP remained steady in Q1; 60.9% of patients received their treatment within 62d in May, meeting our de-escalation standard. We have seen the total waiting list increase by 20% in the first 6m of 2026, when compared to the first 6m of 2025. This trend has seen the SCP waiting list grow by c33% since 2024. Increased demand has been a key driver of this, with the volume of patients accepted onto the SCP increasing by c70% over the past 5y. We have worked with NHSP&I to develop a trajectory to reach the 75% SCP standard by March '27. We are taking actions in key tumour sites, including additional Consultants in UGI and Urology, and specialty doctor/fellow recruitment in Skin

Planned Care and Diagnostics

Waits for NOP remains reduced in Q1. Our focus this year is on productivity, including increased use of SOS/PIFU, review of clinics with high DNAs, validation of uncashed clinics and focus on activity. Our first Productivity and Efficiency Board will be held in July for Executive oversight, supported by a new PowerBI resource. Q1 saw increases in 2y waits, in-line with our forecast; driven by Dermatology, General Surgery and Orthopaedics. We are developing plans, internally and with regional partners to eliminate 2y waits regionally in as many specialties as possible. The number of 3y waits remains zero

Diagnostic 8w waits increased in May '26 to 9,139. We have seen continued reductions in NOUS, but increases in Endoscopy, Echo, CT and MRI. This represents 56% of patients waiting less than 8w, below our de-escalation standard of 80%. Endoscopy capacity remains a challenge, we have secured insourcing capacity to deliver the cancer workload, which will also improve the 8w position. Short term outsourcing will be implemented for NOUS; with a long-term plan for sonographer training, built on learning from SBUHB. Insourcing support will be in place for Echo from Q2 and CT/MRI from Q3. An action plan is being developed with NHSP&I to secure investment in capacity. June's validated position can be updated at Board

Mental Health Measures

Our compliance against the Mental Health Measures – Part 1a (assessment) and 1b (therapeutic intervention) remains strong. Part 2 (care and treatment plan) compliance remains over 95% for CYP. Adult services saw rapid progress against the action plan, but this has plateaued at c70%. Work is ongoing to redistribute the CTPs within teams to boost compliance

Executive Actions and Owners

Urgent and Emergency Care Q1 review – Mike Bond – due 30/07/26

Local and Regional proposals for additional activity to reduce 2-year waits – Cath Wood – Due 31/7/26

Complete Stroke Mortality Review - Tom Holmes – Meeting between Stroke Team and Clinical Board 5/8/26

Previous Months Executive Actions and Owners

No previous month actions recorded



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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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

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

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

01. Foreword

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

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

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

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

Welsh language to identity, wellbeing and safe care.

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

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

We are determined to change this.

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

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

where care is equitable, workplaces are inclusive, and every individual feels they belong within our Health Board. Thank you to all staff, networks, volunteers, community groups and organisational partners who have contributed to this work over the past year. Your passion and dedication continue to shape a more compassionate, inclusive and fair health system for everyone we serve.

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

Signed,

Rachel Gidman

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



02. Executive Summary

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

Key achievements include:

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

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

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

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

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

03. Introduction And Organisational Context

3.1 About Cardiff and Vale University Health Board

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

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

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

3.2 Our Organisational Values

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

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

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

3.3 Strategic Context

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

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

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

People and Culture Plan

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

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

The 3I Framework

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

3.4 Our Strategic Equality Plan (2024–2028)

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

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

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

These workstreams are designed to:

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

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

3.5 Governance and Accountability

Internal Governance

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

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

3.6 Equality Health Impact Assessment (EHIA)

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

- protected characteristic
- groupssocio-economic status
- Welsh language
- human rights

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

3.7 Partnerships and External Context

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

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

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

3.8 Embedding Welsh Language and Cultural Identity

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

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

3.9 Why Equity, Diversity and Inclusion Matter

Equity, diversity and inclusion are fundamental to:

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

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

04. Legislative & Policy Framework

4.1 Introduction

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

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

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

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

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

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

4.3 Wales-Specific Equality Duties

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

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

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

4.4 Socio-economic Duty (Wales)

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

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

4.5 Welsh Language Legislation and Standards

Welsh Language (Wales) Measure 2011

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

Welsh Language Standards (No. 8 Regulations)

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

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

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

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

4.6 Human Rights Frameworks

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

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

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

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

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

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

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

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

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

This Act reinforces the need for:

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

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

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

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

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

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



4.10 National Equality, Inclusion and Anti-Discrimination Action Plans

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

Anti-Racist Wales Action Plan (ARWAP)

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

LGBTQ+ Action Plan for Wales

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

More Than Just Words / Mwy Na Geiriau

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

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

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

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

4.11 Health Board Policies and Internal Frameworks

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

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

- Annual training and statutory/mandatory modules

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

Procurement and contracting

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

4.12 Summary

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

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

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

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

O5. Progress Against Objective 1: Respect

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

5.1 Introduction to Objective

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

5.2 Strengthening Knowledge, Skills and Inclusive Behaviours

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

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

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

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

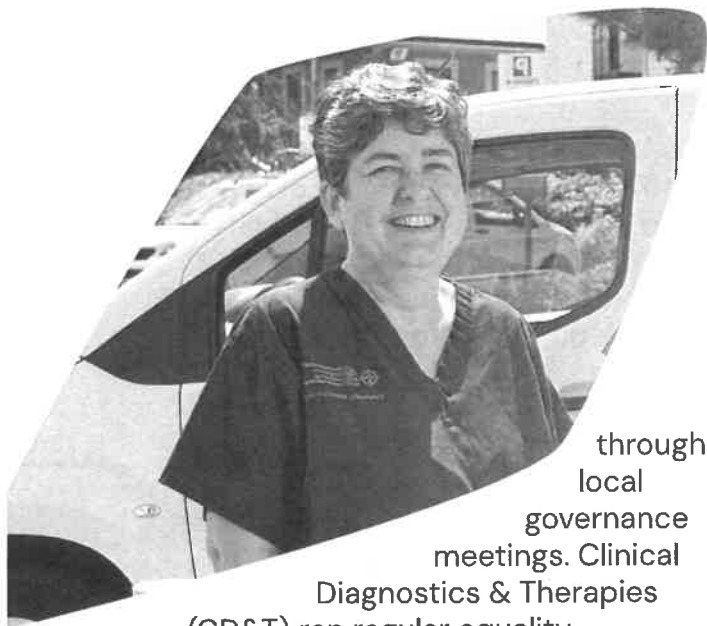
5.3 Visibility of Inclusion through Awareness Campaigns

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

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

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

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



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

5.4 Respect through Welsh Language, Culture and Identity

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

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

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

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

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

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

5.5 Respect in Leadership, Governance and Workforce Experience

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

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

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

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

5.6 Clinical Board Contributions

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

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

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

5.7 Summary

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

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

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

06. Progress Against Objective 2: Communication & Engagement

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

6.1 Introduction to Objective

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

6.2 Improving Communication Channels and Digital Accessibility

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

Internally, the Health Board strengthened its communication systems:

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

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

6.3 Collaborative Communication and Campaign Alignment

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

This collaboration:

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

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

6.4 Engagement with Communities

Evidence of community engagement strengthened significantly across the reporting period.

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

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

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

Clinical Boards contributed heavily to community engagement:

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

6.5 Strengthening Staff Communication and Engagement

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

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

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

6.6 Summary

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

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

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

07. Progress Against Objective 3: Accessibility

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

7.1 Introduction to Objective

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

7.2 Advancing Accessible Communication Standards and Inclusive Information

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

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

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

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

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

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

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

7.3 Strengthening Welsh Language Accessibility

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

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

7.4 Digital and Information Accessibility

Accessibility was also strengthened through digital systems.

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

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

7.5 Summary

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

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

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

08. Progress

Against Objective 4: Data

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

8.1 Introduction to Objective

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

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

8.2 A year focused on strengthening our evidence base

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

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

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

8.3 Strengthening the equality monitoring dataset

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

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

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

8.4 Welsh language data as a planning tool

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

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

8.5 Gender Pay Gap insights:

understanding the structural picture

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

The report showed that:

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

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

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

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

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

8.6 Workforce Race Equality Standard: embedding governance and accountability

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

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

8.7 Patient equality data: a long-term challenge

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

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

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

8.8 What our data tells us about culture and experience

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

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

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

8.9 A stronger data spine for the future

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

As we move into 2025–2026, we will:

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

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

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

09. Eliminating Discrimination And Promoting Equality Of Opportunity

9.1 Introduction

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

9.2 Strengthening an Anti-Discriminatory Culture Leadership and Organisational Commitment

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

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

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

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

9.3 Tackling Inequalities Through Inclusive Programmes Widening Access Framework

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

Achievements in 2024/25 include:

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

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

9.4 Embedded EDI Education and Mandatory Training

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

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

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

9.5 Strengthening Staff Networks and Lived-Experience Voice

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

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

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

9.6 Eliminating Discrimination in Patient Access and Experience

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

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

9.7 Public Sector Collaboration and Community Engagement

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

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

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

9.8 Summary

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

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

10. Priorities for 2025–2026

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

10.1 Our Key Priorities

1. Advance Anti-Racist and Inclusive Cultures

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

2. Strengthen Welsh Language Delivery

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

3. Improve Equity Data Across the Workforce

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

4. Support and Grow Staff Networks

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

5. Enhance Accessible Communication

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

6. Broaden Inclusive Recruitment and Widening Access

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

7. Strengthen Leadership Capability

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

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

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

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

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





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Cardiff and Vale
University Health Board

Annual Report of the Local Partnership Forum 2025-26

1.0 INTRODUCTION

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

2.0 MEMBERSHIP

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

3.0 MEETINGS AND ATTENDANCE

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

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

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

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

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

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

Note:

* a deputy attended on their behalf

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

4.0 TERMS OF REFERENCE

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

5.0 WORK UNDERTAKEN

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

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

5.1 12 April 2025

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

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

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

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

5.2 18 June 2025

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

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

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

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

5.3 6 August 2025

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

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

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

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

5.4 8 October 2025

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

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

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

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

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

5.5 17 December 2025

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

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

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

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

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

5.6 10 February 2026

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

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

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

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

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

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

6.0 STANDARD AGENDA ITEMS

6.1 Chief Executive's Report

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

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

6.2 Integrated Performance Report

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

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

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

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

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

6.3 Reports from Sub Groups

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.0 REPORTING RESPONSIBILITIES

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

Report Title:	Workforce Partnership Group Annual Update			Agenda Item no.	16
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	19/08/2026
Status (please tick one only):	Assurance	Private		Information	

Lead Executive:	Executive Director of People and Culture
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Report Author (Title):	Head of People Assurance and Experience
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Main Report

Background and current situation:

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

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

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

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

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

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

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

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

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

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

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

The Local Partnership Forum is asked to:

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

- Conducting safe space events throughout the clinical boards, (some events included People Services representatives), enabling open feedback to SMT.
- Advertising of staff survey, and importance of completion and submission.
- Organisational change, starting discussions with teams earlier than previous years.

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

PCIC LPF TOR FINAL 05.08.2024.docx

CD&T CLINICAL BOARD

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

Membership

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

Members include:

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

Frequency of Meetings

The Forum meets bi-monthly.

Key Items of Discussion:

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

The Healthcare Support Worker Band 2/3 All Wales Agreement is still in progress and will particularly impact on Outpatient staff. When the All Wales Outpatient job descriptions are agreed, work will commence in Partnership around the framework for assessment.

The Clinical Board held 4 Workforce Reshaping Sessions where each directorate presented their workforce plans and the appropriate staffing levels and skillsets they require for the foreseeable future. Positive discussions were held on how departments are skill mixing and introducing new roles and routes for succession planning that may not have previously existed. There was a clear

message that staff wellbeing and resilience was highly important to enable services to run efficiently.

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

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

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

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

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

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

Staff Engagement

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

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

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

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

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

Service Developments

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

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

Report Title:	Clinical Board Local Partnership Forums Annual Report			Agenda Item no.	17
Meeting:	Local Partnership Forum	Public	x	Meeting Date:	19 August 2026
		Private			
Status (please tick one only):	Assurance	Approval		Information	X
Lead Executive:	Chief Operating Officer / Chair of Staff Representatives				
Report Author (Title):	Head of People Assurance and Experience				

Main Report

Background and current situation:

INTRODUCTION

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

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

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

PRINCIPLES

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

General principles:

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

All members of the CB LPF must:

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

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

TERMS OF REFERENCE

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

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

CLINICAL/SERVICE BOARD LPF ACTIVITY 2023/4

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

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

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

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

KEY THEMES ACROSS CLINICAL BOARDS

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

Financial Pressures and Workforce Controls

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

Service Change, Transformation and Organisational Redesign

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

Staff Experience, Wellbeing and Engagement

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

Workforce Management and Development

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

Estates, Working Environment and Health & Safety

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

Communication, Engagement and Partnership Working

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

CLINICAL BOARD SPECIFIC ACTIVITY

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

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

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

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

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

Key areas for ongoing focus include:

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

Recommendation:

The Local Partnership Forum is asked to note the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	Long term	Integration	Collaboration	Involvement
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Approval/Scrutiny Route:

Committee/Group/Exec	Date:

MEDICINE CLINICAL BOARD

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

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

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

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

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

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

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

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

SURGERY CLINICAL BOARD

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

Members are;

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

The Forum meets bimonthly:-

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

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

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

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

MENTAL HEALTH CLINICAL BOARD

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

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

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

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

- Appointment of Deputy Lead Staff Representative, Cyrille Legras

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

- Getting to Know You

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

- Clarification of Annual Leave Principles

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

- IR case rates

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

- Organisational Change Process

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

- Overpayments

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

- Poor estate

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

- Smoking enforcement

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

PCIC CLINICAL BOARD

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

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

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

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

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

- supporting areas with job matching queries.
- local policy support e.g hybrid working arrangements, agile working arrangements (in 2 areas, agreement signed off in partnership).

Complex digital projects are being implemented in the Clinical Board:

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

SPECIALIST SERVICES CLINICAL BOARD

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

Members are:

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

The Forum meets bi-monthly.

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

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

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

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



Partnership Forum
Terms of Reference.d



SSCB LPF Work Plan
2024-25.docx

CEF SERVICE BOARD

Membership:

Chairs Andrew Poole Head of Estates and Facilities

Mat Thomas Lead Staff Side Representatives

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

Key Topics Considered in 2024/25 include:

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

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

Mat Thomas – Staff Side Representative.

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

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

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

Andrew Poole - Head of Estates & Facilities

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

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

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

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

Issues to note:

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

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

CORPORATE AREAS LPF

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

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

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

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

- Delivering the Shaping Our Future Well-Being strategy
- Local process for Organisational Change
- Intermediate Medium-Term Plan
- Delivery of the People & Culture Plan / Themes
- Health and Safety Update
- AWMGS Wellbeing Framework
- Staff Survey
- Equality Update
- Workforce Race Equality Standards
- Ambassador Roles
- Performance Reports (Workforce metrics, Quality & Safety, Health & Safety)

Round up:

AWMGS laboratory moved to Cardiff Edge before Christmas. Recognition that the staff engagement and planning stages were well managed and the move was successful. The Finance team returned to streamlined practices to maximise efficiencies and were reporting an underspend.

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

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

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

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

Comments from Co-Chairs:

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