LOCAL PARTNERSHIP FORUM – AGENDA
Thursday 22nd October 2026 at 10am via Teams

Preliminaries		
1	Welcome and Introductions	*Chair*
2	Apologies for Absence	*Chair*
3	Declarations of Interest	*Chair*
4	Minutes of the meeting held on the 19.8.2026	*Chair*
5	Action Log	*Chair*
For Communication:		
6	Chief Executive Update	Chief Executive
7	Annual Planning Process	Executive Director of Strategy, Planning and Partnerships
8	UHB Update: • Organisation redesign • PWC • Vision Document (infrastructure)	Chief Executive
9	Nursing Workforce Update and Wider Discussion	Executive Nurse Director
10	Regional Programme Engagement	*Deputy Director of Strategy, Planning and Partnerships*
For Appraisal:		
11	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*
Items for Information (for noting only):		
12	E&I Annual Reports Covering Paper	*Chair*
12.1	Annual Equality Report 2025-2026	*Chair*
12.2	Gender Pay Gap Report 2026	*Chair*
12.3	Welsh Language Annual Report 2025-2026	*Chair*
13	EPSG Minutes	*Chair*
14	Social Partnership Duty Annual Report 2025-2026	*Chair*
Closure:		
15	Review of meeting (items to be brought to the attention of the Board)	*Chair*
16	Any other business previously agreed with the Co-Chairs	*Chair*
17	Future Meeting Arrangements: • Tuesday 15th December 2026 at 9:30am via Teams, with a staff rep pre-meet at 8:15am	

LOCAL PARTNERSHIP FORUM MEETING
19th August 2026 at 12pm, via Teams

Present	
Rachel Gidman	Executive Director of People and Culture (co-chair)
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-chair)
Peter Hewin	BAOT/UNISON
Catherine Phillips	Executive Director of Finance
Rachel Pressley	Head of People Assurance and Experience
Mathew Thomas	UNISON
Philip Dore	RCN
Jonathan Strachan-Taylor	GMB
Lianne Morse	Deputy Director of People and Culture
Carys Fox	Director of Nursing, Strategic Nursing & Midwifery Workforce
Cyrille Legras	UNISON
Chris Bown	Interim Chief Executive Officer
Adam Roberts	Executive Director of Strategy, Planning and Partnerships
Abigail Bernard	UNISON
Lorna McCourt	Independent Member
Matt Phillips	Director of Corporate Governance
Natasha Goswell	Deputy Executive Nurse Director
Claire Whiles	Assistant Director of OD, Wellbeing and Culture
Paul Bostock	Chief Operating Officer
Sarah Barnett	Society of Chiropodists and Podiatrists
Catrin Rees	UNISON
Bill Salter	UNISON
Sarah Heap	RCM
David Fluck	Executive Medical Director
Janice Aspinall	UNISON
Katherine Davies	RCN
Emma Cooke	Executive Director of AHPs, Health Scientists & Community Services
In attendance	
Sion Linguard	Deputy Director of Public Health
Mitchell Jones	Head of Equity & Inclusion
Sandra Watts	Nurse Staffing Level Lead
Jonathan Williams	UNISON (observing)
Anton Emmanuel	Head of Strategy & Implementation of the Workforce Equality Standard
Sara Whittam	Workforce & OD for Health, Care and Prevention Group
Apologies	
Kirsty Williams	Chair
Claire Beynon	Executive Director of Public Health
Jason Roberts	Executive Nurse Director
Andrew Gough	Deputy Director of Finance
Katrina Griffiths	Associate Director of People & Culture
Ceri Dolan	RCN

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Secretariat
Louise Blunsdon People & Culture Business Manager (Minutes)

LPF 26/020 WELCOME AND APOLOGIES
Rachel Gidman (RG) opened the meeting by emphasising the importance of the Local Partnership Forum as a key mechanism for effective partnership working. It was noted that, in the context of the organisation's targeted intervention status, sustainability agenda, de-layering and organisational redesign, it is essential for management and staff side colleagues to remain aligned, united and committed to robust communication.
RG welcomed all attendees to the meeting, including those attending the Forum for the first time, and apologies for absence were noted.

LPF 26/021 DECLARATIONS OF INTEREST
There were no declarations of interest made in respect of agenda items.

LPF 26/022 MINUTES OF THE PREVIOUS MEETING
The minutes of the previous meeting held on 10th February 2026 and the minutes from the rearranged session held on the 22nd July 2026 were reviewed and approved as an accurate record of the meetings.

LPF 26/023 ACTION LOG
The action log was reviewed and approved. The following updates were provided:

- **LPF 26/017**: To ensure staff side representatives are involved in the Community by Design Programme Board.
  Natasha Goswell (NG) informed the group that Paul Twose has contacted Dawn Ward (DW) regarding TU representation. She also advised that Emma Cooke has provided a response to the question raised at the Rearranged LPF session on the 22nd July by Janice Aspinall regarding the CBD Programme and Estates.
  LPF 25/018: To share additional information on the organisational redesign options considered. Catherine Phillips (CP) informed the group that the proposed discussion at WPG may be impacted by attendance issues. In the interim, relevant correspondence on organisational design has been shared with Dawn Ward.

LPF 26/024 CHIEF EXECUTIVE UPDATE
Chris Bown (CB), the new Interim Chief Executive Officer delivered an update. The key points included:

- CB welcomed the opportunity to attend LPF and recognised the importance of ongoing engagement with staff side colleagues.
- He reflected positively on visits undertaken across the organisation, noting the pride, commitment and professionalism of staff, while recognising the significant challenges being experienced.
- He expressed optimism about Cardiff and Vale UHB's future and emphasised that progress would require collective effort across management, staff side, senior medical staff and wider colleagues.

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- He outlined that his focus would be on establishing the conditions for future success, acknowledging that some changes would take time and that difficult decisions would be required.
- Key priorities highlighted included improving access to care, ensuring services benchmark well nationally and internationally, achieving financial sustainability, and creating capacity to invest in and develop services.
- He stressed that culture would be central to improvement, with staff needing to feel valued, listened to and proud to work for Cardiff and Vale.
- He referenced feedback from the independent report, staff surveys and wider staff engagement as important sources of learning and reaffirmed the importance of working in partnership with staff side.

Bill Salter (BS) expressed concern that staff feel demoralised, ignored and insufficiently involved, as reflected in the independent report and staff feedback. He asked how staff will be shown improvements are being made and when they can expect to see measures beyond vacancy holds.
CB acknowledged the impact of vacancy controls, noting they are required due to the Health Board's financial turnaround position and loss of autonomy, and will continue until finances improve. He emphasised the importance of listening to staff, invited Staff Side views on meaningful involvement, and highlighted plans to review organisational structures, strengthen partnership working and improve visible leadership.
RG added that the People and Culture Refresh is currently open for feedback and encouraged Staff Side representatives to ask members to share their views on the future people agenda before the consultation closes at the beginning of September.

Mathew Thomas (MT) asked what tangible improvements frontline staff can expect to see within the next 12 months, particularly in relation to transformation, redesign, financial recovery and cultural improvement.
CB acknowledged the need for visible, tangible improvements and better communication of positive changes. He advised that financial recovery is likely to take three years but should enable greater decentralisation and reduced central controls as the position improves. CB also highlighted the importance of sharing examples of successful cultural improvement and agreed that the need to articulate tangible benefits would be taken on board.

Abigail Bernard (AB) raised concerns about staff morale, wellbeing and the risk of increased sickness absence due to workload, stress and burnout. She asked what preventative support could be put in place to reassure staff and protect their mental and physical wellbeing.
CB advised that early identification and visible local leadership are key to supporting staff wellbeing. He noted that good leadership involves listening to staff, understanding pressures on the ground and taking action to mitigate stress-related illness. RG added that wellbeing is broader than corporate offers and includes development, fairness and how staff are treated. She agreed that managers should know their teams, recognise signs of difficulty and use available tools to support conversations. The matter may be brought back to WPG for further discussion.
Action: Louise Blunsdon

Dawn Ward (DW) confirmed Staff Side's commitment to working in partnership to support difficult conversations, manage expectations and help restore financial viability and autonomy. She

emphasised the need to learn from the independent assessment report, ensure Staff Side is genuinely heard, and maintain trust through transparent, well-rationalised decisions and fair, legally sound processes.
CB agreed with DW's comments, confirming that listening and being heard must form part of the partnership process. He advised that the independent assessment report had been reflected on by the Board and Executive Team, with further reflection planned, and acknowledged the need to learn lessons to ensure issues improve and are not repeated. CB also shared a positive example of Occupational Therapy colleagues at Llandough holding monthly wellbeing sessions, noting the value of teams making time to come together, discuss pressures and support one another.

Peter Hewin (PH) noted that, following the independent assessment report, the key messages reaching staff have focused on clinical board transformation into care groups and vacancy holds. He asked how the organisation will create the headroom to progress wider cultural change and other improvement work, while also managing financial recovery and major organisational transformation. CB advised that short-term upfront investment could create capacity to support financial recovery, restructure and wider change. This may include backfill or release time for trade union colleagues where restructuring places additional pressure on them, so they are able to support members effectively. He emphasised balancing pace with getting the process right, avoiding unnecessary delays and moving too quickly in a way that risks poor implementation.

LPF 26/025 OPERATIONAL UPDATE

The update was provided by the Chief Operating Officer, Paul Bostock (PB). Key points included:

- PB provided an update on the recent heatwave, noting the significant operational and workforce impact. During the extreme heat in June, over 250 operations were cancelled, 32 staff were granted carers leave, and 26 staff were granted emergency leave. He acknowledged the significant effort of staff and teams across the organisation. A heatwave debrief/update is being prepared for Senior Leadership Team and will be shared with DW and LPF members.

Action: Paul Bostock

- Demand across services continues to increase, including emergency care, mental health and community services. Although improvements have been made in some areas, such as length of stay, increased demand means the organisation is effectively doing additional work each month just to stand still. He advised that an operational reset is required, with a focus on improving consistency in basic operational processes, including clear SOPs and training for service and operational managers.
- Further work is underway to improve refresher training for managers, including areas such as absence management, flexible working and responding to sexual safety concerns. It was noted that over 2,000 managers in Band 6 to 8a roles may require this level of training, and capacity to deliver this at scale will need to be considered.
- PB emphasised the need to work in partnership with Staff Side to give staff hope, while not avoiding the organisation's shortcomings. He noted that negative scrutiny and media coverage can affect staff morale and patient confidence, citing the increase in calls to the concerns team following HSDU media coverage.
- He stated that the organisation has sought to expose and address historical issues, including cultural concerns in areas such as theatres, HSDU and cardiology, but recognised this has

come with scrutiny and personal impact for those leading change. He encouraged Staff Side to raise concerns early and emphasised the need to reset staff confidence and support through continued partnership working.

DW agreed that it was necessary for the Executive Team to expose and address longstanding historical issues, such as those highlighted in Cardiac, HSDU and Theatres, despite the negative attention this had brought. She emphasised that LPF should remain a safe space for Staff Side to raise difficult issues, while recognising that there are also many positive examples across the organisation, including the supportive response during the heatwave. DW stated that the organisation needs clearer, more joined-up plans with stronger accountability for delivery, as progress against some cultural improvement actions has been slow, and highlighted that improving staff motivation and reducing low-value activity would support wider improvement.

MT highlighted that, while Staff Side and senior leaders are often aligned at strategic meetings, the agreed principle of early engagement does not always translate through the layers of management. He noted that Trade Unions often struggle to obtain information that should already have been shared, which limits their ability to work constructively with Clinical Boards and support staff through change. He emphasised that early Trade Union involvement in any staff-related change is essential to reduce psychological harm, help messages land better with staff, and ensure genuine partnership working during the organisational reset.
PB acknowledged MT's frustration and confirmed that senior leaders experience similar challenges with information not flowing effectively through Clinical Boards and management layers. He advised that this reinforces the need to de-layer and streamline structures so that information reaches staff more consistently and effectively. He agreed that early partnership working with trade unions is essential to avoid delays, reduce uncertainty and prevent ill feeling, and asked Staff Side to raise any issues with local LPF arrangements or where they are struggling to be heard so that these can be addressed.
Emma Cooke (EC) highlighted the need for partnership working to be supported by joint training and development, so that managers, staff and trade union representatives have a shared understanding of relevant processes and policies during the upcoming period of significant change. She noted that fair processes, early alignment and consistent joint working will be important to avoid delays, reduce stress, and ensure staff have a voice.

LPF 26/026 FINANCE UPDATE

The Finance Update was provided by Catherine Phillips (CP), Executive Director of Finance. The presentation was taken as read and the group moved directly to questions.

DW sought clarification on the Turnaround meetings, including their purpose, duration and whether the centralised approach was limiting Clinical Board autonomy.
CP explained that the Turnaround meetings are held fortnightly with each Clinical Board to review savings delivery, identify support required and increase confidence in delivering both local and organisational savings plans.

DW queried whether the Health Board is adequately funded, whether previous financial planning assumptions were realistic, and how the McKinsey assessment aligns with the impact of workforce controls. She also asked what lessons are being learned to strengthen future planning and financial grip.

CP explained that while last year's projected £56m deficit was delivered, the deficit continues to grow due to rising demand and the need to maintain current service models, beds and capacity. She noted that the McKinsey work found costs had increased slightly faster than funding, reflecting the resources required to meet demand under the current model of care.
CB clarified that the overspend is primarily driven by clinical services and patient care, including delayed discharges, out-of-area mental health placements and workforce costs. He noted that while smaller efficiencies will help, financial recovery will require fundamental changes to the model of care, which will be challenging.
CP advised that savings and efficiency work continues alongside service model changes, with savings sought across pay, non-pay and commissioned care. She noted that workforce controls are most visible to staff, but significant work is also focused on areas such as medicines, packages of care and out-of-area provision. The JCC arbitration added further savings pressure but did not increase the reported deficit.

MT asked for clearer information on Health Board spending, the practical impact of planned changes, and the number of frontline posts affected by the vacancy freeze, noting potential impacts on workload, burnout, patient care and quality.
CP informed the group that she would share annual report tables showing Health Board income and expenditure. She also highlighted the need to empower staff to identify waste and improve value, alongside better use of people and estates in future service model discussions.
Action: Catherine Phillips

LPF 26/026 WORKFORCE EQUALITY STANDARDS (WES)
Mitchell Jones (MJ) introduced Sarah Whittam and Anton Emmanuel to the Forum who presented the development of the Workforce Equality Standards (WES). Key points included:

- The WES aims to move beyond data reporting to a more action-focused and accountable approach, using organisational-level data to identify where inequalities exist and where change is needed. The approach has been developed through literature review and consultation, and includes workforce experience across the employment journey, from attraction and recruitment through to leaving the organisation.
- The WES uses a single data set and reporting process aligned to the Strategic Equality Plan, with the intention of reducing duplication and supporting more consistent organisational accountability.
- Key domains include leadership and representation, wellbeing and safety, and disciplinary/capability processes, with leadership identified as a particularly important area. For Cardiff and Vale, areas of opportunity highlighted included representation in leadership and wellbeing and safety, particularly in relation to the experiences of ethnic minority staff and confidence in speaking up.
- The presentation highlighted that "prefer not to say" responses should not be treated as neutral, as this group often reported poorer experiences and may indicate lower levels of psychological safety.
- The WES report identifies both areas of concern and areas of good practice, with the aim of informing evidence-based priority actions rather than broad or generic recommendations.

- Further discussions are planned in September and October to review organisational reports in more detail and support the development of focused actions.

RG thanked AE and SW for attending and confirmed that the WES report would be circulated to Trade Union colleagues.
Action: Mitchell Jones
She highlighted the importance of the move from the Workforce Race Equality Standard to the broader Workforce Equality Standard, particularly in recognising the intersectionality of staff experiences.

DW welcomed the WES data and asked what practical action could be taken in response to the findings, particularly how the organisation can improve education, understanding and shared responsibility for equality and inclusion at all levels. She suggested that a more robust All-Wales training package may be needed, beyond mandatory EDI training, to help staff and managers understand why this work matters and how to support meaningful change.
AE advised that the purpose of the WES is to drive accountability to those with the ability to influence systems and processes, rather than placing responsibility solely with EDI teams. He emphasised that meaningful improvement is more likely to come from focused process change — such as reviewing disciplinary screening, employment practices and panel arrangements — supported by targeted training where needed, rather than broad mandatory training alone.

CB welcomed the WES presentation and acknowledged that responsibility for change sits with the organisation's leadership. He reflected on previous experience where workforce and Board representation were not aligned and noted the importance of applying proven HR policies and processes to address barriers in recruitment, promotion and progression. He emphasised that leaders should take the data personally and move from discussion to action, including adopting good practice from other organisations and supporting staff to report racist or discriminatory abuse where they wish to do so.

MJ noted that the key benefit of the Workforce Equality Standards is that they provide focus, helping the organisation identify which actions will have the greatest impact rather than trying to address everything at once. He described the WES as an evolution from the Workforce Race Equality Standard to a broader, more intersectional approach, which will support future improvement work. He confirmed that further discussions with AE, SW and other colleagues would take place to review the data and Strategic Equality Plan feedback, before agreeing the organisation's areas of focus.

LPF 26/027 NURSE STAFFING LEVELS REPORT
It was agreed that due to time constraints, this item would be discussed outside of the meeting.

LPF 26/028 PARTNERSHIP & RECOGINTION AGREEMENT
This agreement was supported and endorsed by the LPF. It will now be sent to Board for approval.

LPF 26/029 WORKFORCE PARTNERSHIP GROUP TERMS OF REFERENCE
The LPF approved the Workforce Partnership Group Terms of Reference.

LPF 26/030 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum noted the contents of the Integrated Performance Report (IPR). It was also noted that the operational update given by PB had covered a number of areas that would otherwise be addressed through the IPR, including demand pressures, operational performance, outpatient follow-up processes and the need for an operational reset. Members were asked to address any specific questions on the other areas to the relevant lead outside of the meeting.

LPF 26/031 ANNUAL EQUALITY REPORT
The LPF noted the Annual Equality Report

LPF 26/032 LOCAL PARTNERSHIP FORUM ANNUAL REPORT
The LPF noted the Local Partnership Forum Annual Report

LPF 26/033 WORKFORCE PARTNERSHIP GROUP ANNUAL REPORT
The LPF noted the Workforce Partnership Group Annual Report

LPF 26/034 CLINICAL BOARD LPF ANNUAL REPORT
The LPF noted the Clinical Board LPF Annual Report. MT sought reassurance that the points raised in the Capital Estates and Facilities LPF Annual report had been considered as they had not received any feedback. Rachel Pressley (RP) advised that the report had been prepared some time ago, as the previous LPF had been cancelled, and she could not recall the specific detail raised by MT. She offered to review the report again and have a follow-up conversation.
Action: Rachel Pressley

LPF 26/035 REVIEW OF THE MEETING
No comments were raised.

LPF 26/036 ANY OTHER BUSINESS
No other business was raised.

LPF 26/037 FUTURE MEETING ARRANGEMENTS
The next meeting will be held remotely on Thursday 22nd October at 10am with a staff representatives pre-meeting at 08:45am.

Shaping Our Future Wellbeing

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board

Local Partnership Forum Additional Session– Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
ACTIONS IN PROGRESS					
LPF 26/034	19.08.2026	CLINICAL BOARD LPF ANNUAL REPORT	RP to review the Capital Estates and Facilities LPF Annual Report and arrange a follow-up conversation.	Rachel Pressley	Discussions are taking place with CEF and Mat Thomas to determine how to take this forward.
COMPLETED ACTIONS					
LPF 26/024	19.08.2026	CHIEF EXECUTIVE UPDATE	To schedule a discussion at WPG on staff wellbeing and preventative support, including the tools available to support managers and teams.	Louise Blunsdon	Added to the workplan for discussion at a future WPG meeting.
LPF 26/025	19.08.2026	OPERATIONAL UPDATE	To share the Heatwave Debrief Report with the Forum and Trade Union colleagues	Paul Bostock	Email sent out to LPF Members on 29.9.26 with Report attached.
LPF 26/026	19.08.2026	WORKFORCE EQUALITY STANDARDS (WES)	To share the WES Report with the Forum and Trade Union colleagues.	Mitchell Jones	Email sent out to LPF Members on 29.9.26 with Report attached.
LPF 26/026	19.08.2026	FINANCE UPDATE	To share annual report tables to show Health Board income	Catherine Phillips	Email sent out to LPF members on 25/8/26 with attached information

			and expenditure with the LPF colleagues.		relating to financial accounts for 2025/26.
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	Paul Twose has contacted Dawn Ward regarding TU representation
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	Relevant correspondence on organisational design has been shared with Dawn Ward, via Carys Prentis. Item will also be included on the LPF agenda for 22 October under the UHB update.

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3
Meeting:	Public Board		Public	x	Meeting Date:	24 Sept 2026
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					
Main Report						

Shaping Our Future Wellbeing

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Initial Reflections

I joined the Health Board as Interim Chief Executive on 3 August. My focus during the first month has been straightforward: to listen, understand the organisation and hear directly from colleagues before determining where change is required.

I have spent time with staff across a wide range of services, including Portering and Security, Sexual Health, Cardiff and Vale Drug and Alcohol Service, Mental Health Services, Theatres, the Emergency Department, Medical Records, Maternity services and the Food Production Unit, as well as visiting teams at Whitchurch Hospital, Cardiff Prison and many sites across the organisation. These conversations have provided valuable insight into both the strengths of the organisation and the challenges we need to address. Colleagues have been open and honest about their experiences, and I have been struck by their professionalism, commitment and determination to provide the best possible care despite significant pressures. The undeniable fact is that we are blessed with an abundance of talented and motivated people!

My early observations are that there is much to build on, including committed staff, strong services and a shared desire to improve. Equally, there are clear opportunities to strengthen performance, accountability, communication and the experience of both staff and patients. Everyone I have spoken with has demonstrated a massive commitment to the patients of Cardiff and the Vale. I have appreciated honesty about the challenges we all face together and I know the leadership team along with the Board will be focused on making the improvements needed working closely with colleagues over the coming months.

The engagement I have undertaken during my first month will continue. Listening to staff and understanding the realities of frontline services will be essential as we take forward our improvement programme and work together to deliver the changes needed across the Health Board. I will now focus on establishing the conditions needed to achieve success.

Performance at a Glance

Criteria	Indicator	Position	Trend	Commentary
Quality				
Infection	Cumulative number of C. difficile infection cases	Apr-26 to May-26: 26 Apr-26 to Jun-26: 44 Apr-26 to Jul-26: 61 *All Wales Target* 31 / 49 / 70	►	Focused work continues through the C. difficile Collaborative, prevention campaign, education tool and prompt isolation. Cases are eight below the same period in 2025, with rollout and uptake monitoring continuing.
Infection	Cumulative number of hospital onset E.coli BSI cases	Apr-26 to May-26: 13 Apr-26 to Jun-26: 21 Apr-26 to Jul-26: 33 *All Wales Target* 9 / 16 / 23	▼	Hospital-onset E. coli cases are 10 above the same period in 2025. Actions include All Wales UTI engagement, CSARO compliance and catheter practice audits, with education tool development underway.
Complaints	Performance for all complaints	July 26: 77% Aug 26: 72%	▼	All complaints performance remains positive, with 87% managed through Early Resolution, supporting timely local resolution and service learning.
Public Health				
Vaccination	% of children up to date with scheduled vaccinations by age 5 to be in line with the all-Wales average	Q4 25/26: 85.0% (*Target* 87.5%) Q1 26/27: 83.6% (*Target* 87.2%)	▼	Work ongoing to close the gap to Wales average
Delivery/Performance				
Cancer	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Apr-26: 61.7% May-26: 60.9% Jun-26: 63.6% De-escalation *target 60%* *Standard Cancer Pathway target 75%*	►	Improvement continues despite rising demand, with four months above 60% SCP compliance and June at 63.6%. Capacity and tumour-site recovery actions are progressing towards the 75% ambition by March 2027.
Planned Care	% of open pathways waiting less than 52 weeks for a new outpatient appointment	Apr-26: 89.5% May-26: 89.8% Jun-26: 90.0% De-escalation *Target 100%*	▼	52-week outpatient waits are improving, supported by validation, See on Symptom and Patient Initiated Follow Up pathway conversion, additional capacity and active pathway management.
Diagnostics	% of patients waiting less than 8 weeks for diagnostic test	Apr-26: 61.8% May-26: 56.1% Jun-26: 54.5% De-escalation *Target 80%*	▼	Diagnostic waits remain challenged by rising demand and capacity constraints. Recovery schemes focused on additional capacity, vetting and validation are being progressed to support improvement.
Urgent & Emergency Care	% of patients waiting 12 hours or more in the Emergency Department CAVUHB	Apr-26: 7.9% May-26: 7.4% Jun-26: 9.2% De-escalation *Target 7%*	►	UEC remains challenged by rising demand and admissions, although gains are being seen in flow, discharge and length of stay. Planned actions focus on ward flow, frailty, same day emergency care and community alternatives ahead of winter.
	Ambulance handovers > 45 mins	Apr-26 May-26 Jun-26	▲	

		157 | 81 | 173 De-escalation *Target 428*		
Corporate				
Workforce	Sickness absence	Jun-26: 6.09% Cumulative 6.39% Jul-26: 6.23% Cumulative 6.38% Aug-26: 6.10% Cumulative 6.39% *Welsh Gov Target <5.5%*	▼	Sickness absence remains above the 5.5% target, with August at 6.10%. While this continues to present a workforce availability and wellbeing risk, rates are lower than the same period last year, suggesting early impact from attendance and wellbeing actions. Sustained focus is required to reduce absence further.
£ Finance	August Financial position	Variance to Planned Deficit YTD £7.1m Overspent Plan = £36.0m Actual = £43.1m Savings Target Gap £23.0m Savings plan target = £47.6m Savings Identified = £24.6m	▼	The UHB is forecasting an £86.5m deficit and is £7.1m above plan at Month 5. Delivery of additional savings must accelerate to support achievement of the planned deficit target.

Independent Assessment Report

In response to the recommendations set out in the Independent Assessment Report, I intend to use the findings as a catalyst for focused and sustained improvement. The report will inform the redesign of our structures, governance and operating model over the coming months, with clear emphasis on strengthening accountability, clinical engagement and delayering management ensuring the Health Board is fit for purpose for the future.

A central principle of my response will be that quality, safety, performance and financial sustainability must be treated as interdependent, not competing priorities. Improving care first time, reducing avoidable harm, strengthening patient flow and ensuring people are cared for in the most appropriate setting are essential both to better outcomes for patients and to our financial recovery.

Delivering this will require greater discipline in prioritisation, stronger financial grip and clearer accountability for performance. I also want to ensure that operational leaders are properly supported with the analytical workforce and financial capacity needed to lead services effectively and make timely, evidence-based decisions.

Given our current Level 4 escalation status, my immediate focus is on restoring confidence through demonstrable improvement in performance, financial control and governance. While tighter oversight is necessary in the short term, my longer-term intention is to devolve decision-making where accountability, control and assurance are sufficiently mature to support it.

I am committed to working closely with the Chair, the Board, and colleagues in Performance and Improvement within NHS Wales to improve the Health Board's performance, strengthen confidence in our delivery, and build a credible and sustainable route to financial recovery.

Organisational Redesign

Following Board approval in July 2026, work is progressing on the next phase of the Health Board's organisational redesign programme to support delivery of Shaping Our Future Wellbeing, the Clinical Services Plan and long-term financial sustainability. The agreed direction of travel includes transitioning from the current seven Clinical Boards to a three Care Group model, designed to strengthen service integration, enable greater collaboration across clinical pathways, enhance clinical leadership and decision-making, and support more devolved accountability closer to care delivery. Detailed implementation and resource planning is now underway, with continued engagement of staff, clinical leaders, trade unions and partners to ensure the redesign supports both organisational performance and high-quality patient care.

Building relationships externally

Building strong external relationships is an important part of my role as Chief Executive, particularly as we work to improve performance, strengthen confidence and support the Health Board's wider recovery journey. Since taking up post, I have prioritised engagement with key partners across NHS Wales and the wider system, including attending the JCC Strategy Workshop and the NHS Wales Leadership Board. These discussions have provided valuable opportunities to contribute to national strategic priorities, understand the wider system context, and ensure that Cardiff and Vale UHB is actively engaged in shaping and responding to the challenges and opportunities ahead.

Turning Listening into Action

My early engagement has already highlighted several practical issues where staff have identified opportunities to improve the working environment, support services and strengthen delivery. In response, I have requested the following actions be taken forward:

- An estates risk assessment of all community clinical services locations.
- A solution-focused discussion between Estates and Medical Records to address environmental issues.
- A review and acceleration of the move of the District Nursing team from Whitchurch to an improved location.
- Progression of the refurbishment of dementia wards.
- The provision of lockers for Pharmacy colleagues.
- A review of cold drinking water provision across all locations.
- Changes to the Strategic Leadership Team to refine attendance and ensure each meeting has a sharper focus on performance oversight.
- HSDU to host surgeons to improve mutual understanding of each service and strengthen working relationships.
- Unfrozen District Nursing Posts – critical to reducing length of stay in acute hospital beds and supporting community by design.
- Look to secure capital funding to procure another surgical robot and spinal surgery guidance system

So what am I doing next?

- I will continue to listen directly to colleagues through the In Conversation programme, senior clinical forums and regular visibility across services, using this feedback to shape our priorities and how we lead change.
- I will maintain a clear focus on improvement and transformation, including our response to the Independent Assessment, the development of a new operating model and strengthening clinical leadership, culture and accountability.
- I will ensure financial recovery, workforce controls and operational performance are gripped together, balancing delivery and accountability with the need to protect quality and safety.

What I need from colleagues

To make progress, I need colleagues at every level to stay engaged, speak openly, support each other and remain focused on delivery. I also need leaders to be clear about priorities, take ownership of performance, manage resources carefully and create conditions for teams to provide safe, high-quality care.

The months ahead will require pace, discipline and collective effort. We will need to make difficult choices, but we will do so with a clear focus on patients, staff and the long-term sustainability of the Health Board.

My commitment is to lead this work visibly and transparently, to keep listening, and to ensure that the improvements we pursue are meaningful, measurable and felt by the people who use and deliver our services.

For Information

My Chief Executive report includes a summary of action & decision logs from Strategic Leadership Team meetings which can be found in the Supporting Documents folder within the Public Board MS Teams Channel and the Cardiff and Vale UHB website.

The Board are requested to:

NOTE the Strategic Overview and Key Executive Activity to provide assurance described in this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

Putting People First Click the objective to view more detail		Providing Outstanding Quality Click the objective to view more detail	
Delivering in the Right Places Click the objective to view more detail		Acting for the Future Click the objective to view more detail	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Report Title:	**Regional Programme Engagement**				Agenda Item No:	10
Meeting:	**Local Partnership Forum**		Public Private		Meeting Date:	22 October 2026
Status **(please only tick one)**	Assurance		Approval		Information/Noting	X
Lead Executive Title:	Adam Roberts, Executive Director of Strategy Planning and Partnerships					
Report Author Title:	Victoria Legrys, Deputy Director of Strategy, Planning and Partnerships					

Main Report
Background and Current Situation:

Cefndir / Background

The NHS in south-east Wales is working together to improve healthcare for local people. The three University Health Boards serving the region, Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg, provide care for around 1.5 million people across Cardiff, the Vale of Glamorgan, Newport, Blaenau Gwent, Caerphilly, Monmouthshire, Torfaen, Rhondda Cynon Taf, Merthyr Tydfil and Bridgend.

By planning and delivering some services together, we can make better use of NHS staff, skills, facilities and technology, helping people access the right care, in the right place, at the right time. This approach does not replace local services; instead, it enables specialist expertise, equipment and capacity to be shared across the region where this delivers the greatest benefit to patients.

Why are we working together?

People's health needs are changing. More people are living longer with complex health conditions, while the NHS faces increasing demand, workforce challenges and financial pressures.

By planning and delivering some services together, we can:

- Improve access to care.
- Reduce waiting times.
- Share NHS expertise, experience, facilities and resources across the region.
- Provide more consistent services across south-east Wales.
- Tackle health inequalities.
- Build services that are sustainable for future generations.

Most importantly, this approach helps us provide the best possible care for people across south-east Wales.

Regional collaboration is already delivering benefits for patients

The three health boards are already working together in several areas. For example:

- The established regional cataract programme has improved access and reduced waiting times, while regional approaches within orthopaedics and cancer services continue to help us make better use of specialist equipment and workforce capacity.

- Collaboration in diagnostic services, the tests, scans and investigations that help doctors understand what is causing a health problem and decide on the best treatment, is also helping us make better use of specialist equipment and workforce capacity.

- In 2027, the first phase of the Llantrisant Health Park, a major new diagnostic and treatment centre for south-east Wales currently under construction in the Cwm Taf Morgannwg area, will open, demonstrating how the three health boards are planning together to improve access to tests, scans and planned surgery for people across south-east Wales.

What does this mean for patients and communities?

For patients, this will mean:

- Faster access to specialist treatment.
- More joined-up care between services.
- Consistent standards of care wherever they live.
- Better access to specialist expertise.

While local services will remain at the heart of how we care, regional working enables us to use the expertise, experience, equipment and capacity available across our region to provide our patients with the best possible care, experience and outcomes.

As services are planned across a wider region, some patients may need to travel a little further for certain specialist appointments, tests or treatments. While this may involve additional travel, it helps ensure patients receive care from the right specialists, with the right expertise, at the right time. Any care that requires travel will be discussed with patients as part of their care journey.

What does this mean for staff?

Working together across south-east Wales can provide staff with:

- Stronger clinical and professional networks.
- More opportunities for training and development.
- Greater opportunities to share knowledge and expertise.
- More resilient teams that can better manage service pressures.

Staff experience and expertise will be central to designing future services and improving care for patients, supporting continued improvements in patient care, experience and outcomes.

Regional working and increased collaboration across health boards can also create wider opportunities for staff, supporting recruitment and retention by providing access to broader career pathways, specialist practice opportunities,

shared training and development, and greater professional networking across the region.

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

Asesiad / Assessment

An overview of current programmes is set out below:

3.1 Regional Ophthalmology

Following the success of the regional cataract project, delivering 12,529 cataract surgeries across five external providers based in Newport, Cardiff, Bristol, Gloucester and Swansea in 2025-26, work is now underway across three key areas:

- Work is progressing with DHCW and the three Health Boards to design a shared waiting list and single point of referral to bring all the cataracts patients together onto a single list. This will enable greater treat in turn for patients and will streamline regional booking processes. The digital developments for cataracts will be the pathfinder for wider regional services across Wales.

- Agreement of the 2026/27 Regional Cataracts Provider Plan is still required across the three health boards. Finalisation of the remaining funding and governance arrangements will provide greater certainty for delivery of the regional service during the year

- A regional workforce plan is being developed using a sub speciality pathway approach and mapping out the high-level pathway, key skills and competencies, and optimum workforce configurations for each sub specialty. Current workforce data has been collected across all three health board ophthalmology directorates and Step Two of the six step process to developing a workforce plan has been completed.

3.2 Regional Orthopaedics

The early focus of the Regional Orthopaedics Programme identified primary arthroplasty as a shared operational pressure across all three organisations, with opportunities identified to explore new ways of working. In collaboration with the development of the Llantrisant Health Park, detailed scoping benefits that could arise from dedicated surgical capacity within Llantrisant Health Park to support a reduction in waiting lists. With the support of all organisations, a Regional Orthopaedic Plan for primary arthroplasty and Full Business case (FBC) for Phase 2 of the Llantrisant Health Park (LHP) have been developed, which seeks to establish a new primary arthroplasty hub for additional capacity. The business cases were approved by all SEW Health Boards in July 2026 for submission to Welsh Government. Welsh Government scrutiny remains underway, with a decision expected imminently.

3.3 Regional Pathology

The Regional Pathology Programme has been established to oversee the identification, development and implementation of regional pathology solutions and standardisation of practice across south-east Wales (SEW).

While the programme spans all pathology disciplines, the initial focus is on Cellular Pathology and exploring the potential for a centralised model of Cellular Pathology services to address regional shortfalls in workforce and estate. A dedicated working group has been established to develop the case for change, alongside an associated options appraisal of available NHS estate across the region.

To support this work, and to inform wider opportunities for standardisation in practice, a first region-wide Cellular Pathology benchmarking exercise has been completed, establishing a 2024–25 baseline dataset across key domains which is currently undergoing validation. A further iteration is nearing completion to incorporate 2025–26 data, alongside refinements to data collection processes. In parallel, Digital Cellular Pathology (DCP) is progressing through formal procurement, with the tender published and a supplier award anticipated in autumn 2026. A dedicated programme board is being established to oversee implementation planning, rollout sequencing and clinical engagement, supporting the transition to digital reporting.

3.4 Regional Endoscopy

The contract for the Independent Sector Provider (ISP) who will deliver Endoscopy at LHP is being progressed with all inputs completed except for the lease arrangements which will follow. Whilst in September 2025 ABUHB Board endorsed the principle of commissioning endoscopy activity at LHP to the equivalent of five sessions based on demand and capacity requirements.

HEIW (Health Education and Improvement Wales) have submitted a business case for Phase 2 of their Endoscopy Plan (with Phase 1 funded from their existing allocation) to Welsh Government for funding of consisting of three elements:

- Establish a Training Academy Hub in LHP and regional training centres in SW Wales and North Wales
- Introduce accelerated training
- Appoint National Training Faculty to support delivery of both training centre and accelerated training

Due to uncertainty on the funding arrangements, Executive led discussions are ongoing with Welsh Government.

3.5 Regional Joint Committee

The Regional Joint Committee (RJC) workplan is currently focussed on the following areas in addition to supporting the regional Orthopaedic work:

- Deep Dives on Digital and Data workplans across the region
- Working up the potential for a commonality of approach to Clinical Services assessment and planning across the region and beyond
- Procurement of a partner to develop Organisational Development in the RJC

3.6 Regional Communications and Engagement

A coordinated south-east Wales regional communications and engagement approach has been developed to support regional programmes, ensuring consistent and aligned engagement across the three Health Boards. This work is being progressed through the recently established SEW Regional

Engagement Forum, bringing together communications, engagement and workforce leads to establish a shared approach.

The early focus has been on the development of a regional communication and engagement framework and plan, enabling early engagement with the public and workforce, and providing a consistent framework to support programme development while allowing for local adaptation. The first iteration of this approved framework is included as Appendix A to this report. The framework and plan will remain live documents to best support ongoing development of regional programmes.

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

Regional Communication & Engagement Framework

Recommendations:

The Local Partnership Forum is asked to note the updates in this report and provide feedback on the Regional Communication & Engagement Framework.

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. 		2. 	
3. 		4. 	

Five Waves of Working (Sustainable Development Principles) considered:
Please place an "x" in the below boxes where relevant

Prevention		Long Term		Integration		Collaboration		Involvement	

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:

South East Wales

Regional Communication and Engagement Framework and Delivery Plan

Field	Detail
Document title	South East Wales Regional Communications and Engagement Framework and Delivery Plan
Version	v0.4 (Public Involvement Mechanism – S12 & S14 updated, Section 6 updated)
Status	Approved by Regional Development Group
Owner	Regional Joint Committee / participating organisations
Applies to	Regional programmes and associated communications, engagement, involvement and co-production activity
Related document	Separate toolkit/templates pack to support implementation, assurance and audit trail

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Executive Summary

The South East Wales Regional Communication and Engagement Framework and phased Delivery Plan establishes a shared approach for communications, engagement, involvement, co-production and workforce participation across regional programmes, delivered collaboratively by Aneurin Bevan University Health Board, Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board.

It has been produced by the South East Wales Regional Engagement Forum, in consultation with Llais.

The document provides a principles-based regional framework and route map for all regional programmes to make use of. It therefore sets out the golden thread, shared language, minimum expectations and common assurance approach that programme-specific communications and engagement plans should apply. The delivery plan places emphasis on the requirements for early and meaningful engagement aligned to real service challenges, and a phased delivery approach that can be mobilised quickly while remaining inclusive, proportionate, and locally responsive.

The framework supports a clear and consistent explanation of why Health Boards are working together, how people can be involved, what is already known, what is still being explored, and how feedback will be used.

Regional arrangements support collaboration, coordination, and assurance, but do not replace the formal responsibilities of each Health Board. Individual Health Boards retain their statutory duties, governance arrangements and decision-making responsibilities. Where specific options or proposals emerge, the proposed engagement-to-consultation gateway will be used to determine whether further governance, impact assessment, formal consultation or additional assurance is required.

Part A sets out the regional framework. Part B provides the phased delivery route map, including a 12-week Phase 1 awareness and early insight stage, followed by targeted engagement, analysis, feedback and assurance. Detailed operational tools, templates, media protocols, Gantt charts and programme-specific delivery plans will sit outside this framework as part of the Regional Engagement Forum forward work programme.

How to use this framework

This document should be treated as a live framework and route map. It provides the shared regional principles and assurance expectations. Detailed delivery arrangements should be developed through programme-specific plans and the supporting toolkit.

Part	Purpose	Use
Part A: Framework	Sets the South East Wales regional approach for communications, engagement, involvement, co-production, governance, statutory safeguards and programme consistency.	Use for Board, committee and regional assurance; programme initiation; and consistent future programme planning.
Part B: Phased Delivery Plan	Sets out the agreed phased communications and engagement activity: pre-launch mobilisation, Phase 1 awareness and early insight gathering, Phase 2 hyper-local and workstream-specific engagement, Phase 3 review and gap closure, Phase 4 feedback and Phase 5 consolidation/assurance.	Use to mobilise engagement at pace, coordinate activity across the three organisations, avoid duplication and engagement fatigue, and provide assurance that public, stakeholder and workforce insight is informing regional planning.
Toolkit/templates pack	Provides practical tools for programme teams to apply the framework, evidence delivery, and maintain an audit trail.	Use alongside this document for planning, delivery, reporting, assurance and future gateway reviews.

PART A - REGIONAL COMMUNICATIONS AND ENGAGEMENT FRAMEWORK

1. Purpose

This framework establishes a consistent, proportionate and auditable approach to communications, engagement, involvement and co-production across regional programmes operating within South East Wales. It should be applied proportionately according to the scope, scale, complexity, sensitivity and potential impact of each programme at a local level.

The framework is intended to:

- provide the shared principles and minimum expectations for regional communications and engagement;
- support meaningful involvement of patients, communities, carers, workforce, staff organisations, trade unions, partners and stakeholders;
- promote transparency, public confidence and consistent messaging across the three Health Boards;
- reduce duplication and engagement fatigue by coordinating activity and using existing insight where possible;
- support compliance with statutory engagement, involvement, equality, Welsh language and quality responsibilities;
- provide assurance to Health Boards, programme boards, the Regional Development Group, the Regional Joint Committee, Llais and partners.

This framework should be used alongside local Health Board management policies.

2. Background

Health and care services across South East Wales face rising demand, long waiting times across some pathways, workforce pressures, financial constraints, changing population needs and the need to sustain safe, high-quality services. Increasingly, organisations are working together across the region to improve quality, reduce differences in care, tackle inequalities, make services more sustainable and make best use of specialist expertise and public resources.

Current regional arrangements include seven regional programmes at different stages of maturity. There are practical examples of successful regional working, such as the Regional Ophthalmology programme, that will assist demonstrating the benefits of regional collaboration in a way that is tangible, whilst creating a link to current opportunities, including Llantrisant Health Park.

Regional communications and engagement must therefore:

- Give patients, service users, carers, communities, workforce and stakeholders a meaningful voice in shaping regional planning, ensuring that lived experience, staff insight, operational realities and partner intelligence are considered
- explain regional working in plain english and focus on benefits and patient outcomes;
- show what is already known, what is still being explored and what people can influence;

- avoid creating the perception that decisions have already been made;
- connect strategic planning to lived experience, including waiting times, travel, access, safety, quality, continuity, communication and trust;
- consider equality and access needs, including Welsh language, disability, sensory impairment, learning disability, mental health, cultural needs, religion and belief, digital exclusion and socio-economic disadvantage;
- create opportunities for ongoing dialogue rather than one-off engagement exercises.

3. Delivery Model & Resources

The framework does not establish a new regional team or central delivery infrastructure. Delivery will be undertaken through existing Health Board, programme, communications, engagement, workforce and planning teams operating across the three Health Boards. Regional arrangements are intended to support coordination, consistency and assurance rather than create additional delivery structures.

The forward work programme identifies areas where resource requirements may need to be considered as regional programmes develop. To support this, an integrated forward plan will be maintained to identify capacity requirements, dependencies and risks across the three Health Boards, helping to inform planning and prioritisation within existing organisational resources wherever possible.

4. Definitions & Policy Alignment

The framework aligns with relevant statutory duties, guidance and local policies, including NHS Wales engagement and consultation guidance, WHC/2023/014, the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the role of Llais, the Equality Act 2010, the Public Sector Equality Duty, the Socio-economic Duty, Welsh Language Standards, the Well-being of Future Generations (Wales) Act 2015, the Gunning Principles and local organisational policies.

To ensure consistency of approach and understanding, definitions associated with the above policies are summarised against the terms used within this document, as shown in the table below.

Term	Meaning in this framework
Communications	Providing clear, consistent, accessible and timely information about regional working, programme context, opportunities to be involved and next steps.
Pre-engagement	Asking people for views, experiences, concerns and priorities early enough to shape thinking before options or proposals are fixed.
Involvement	Ongoing participation in shaping issues, priorities, evidence and future programme development.
Co-production	Working with people to design questions, test materials, interpret findings, validate themes and shape principles or recommendations.
Consultation	A formal process, normally required where defined, substantial or contentious service-change proposals are being considered.

Term	Meaning in this framework
Gateway	A formal check point used before moving from broad early engagement into communications, engagement or consultation about specific options or proposals.

5. Regional principles

The following principles provide the shared foundation for communications, engagement, involvement and co-production across South East Wales regional programmes. They are intended to create a consistent "golden thread" while allowing approaches to be adapted to local context, programme maturity, audience need and potential impact.

Principle	What this means in practice
Early	Engagement begins early enough to influence thinking and avoids asking people for views only after preferred options have been determined.
Meaningful	People understand why they are being engaged, what they can influence, what is already decided and what remains open.
Inclusive	Programmes actively seek views from people who do not traditionally participate in NHS engagement activity.
Transparent	Findings are shared openly, with clear explanations of how feedback has informed thinking and next steps.
Collaborative	Regional programmes use shared approaches, existing relationships and partner networks wherever possible.
Proportionate	Activity reflects programme risk, complexity, sensitivity, scale and potential impact relevant to each Health Board, in alignment with Llais service change levels
Evidence-led	Engagement insight is considered alongside clinical, quality, operational, workforce, financial, equality and Welsh language evidence.
Iterative	Each phase supports learning, refinement, validation and adaptation before the next phase begins.

Core regional narrative principles

All regional programmes should align to an agreed regional narrative and avoid standalone narratives that create inconsistency. The public-facing message should be short, plain english and focused on patient benefit. It should explain why the three Health Boards are working together, what this could improve, what is not yet decided and how people can influence next steps.

- Early engagement is not a consultation on a specific service-change proposal.
- Where programme-specific proposals are already being developed, these should be clearly described through the relevant programme route and considered through the gateway.
- Local accountability remains with individual Health Boards.
- Practical examples, including ophthalmology/cataracts and relevant future opportunities such as Llantrisant Health Park, should be used to explain regional working in real-life terms.

6. Inclusion

Each programme must consider and develop complementary engagement workstreams with public, patient, carer, workforce, staff organisation, trade union, stakeholder, partner, Llais, elected representative and media requirements, unless there is a clear rationale not to do so.

Audience	Purpose of involvement
Public, patients, service users, carers and families	Understand lived experience, priorities, concerns and principles for future service development.
Communities at greater risk of exclusion or impact	Identify barriers, equality issues and practical impacts, including access, language, disability, deprivation, rurality and caring responsibilities.
Workforce, staff organisations, trade unions and staff representatives	Understand staff experience, service realities, workforce implications, delivery risks and improvement opportunities.
Llais	Provide independent citizen voice insight, advice on reach and accessibility, and formal representations where appropriate.
Partners and stakeholders	Draw on wider system intelligence, including local authorities, RPBs, third sector, NHS partners, primary care, professional bodies and community networks.
Elected representatives and media	Support transparency, consistent information and timely management of public interest.

Programmes must identify and reduce barriers to participation, provide accessible and bilingual materials, use multiple engagement channels, monitor representation and undertake targeted activity where gaps are identified. Detailed equality, inclusion, Welsh language and accessibility planning should sit in programme plans and the toolkit.

Working with Llais

Llais is recognised as a strategic partner in the development and delivery of this framework. Llais has indicated a willingness to co-design approaches and solutions with Health Boards where this supports improved patient experience and service development. This will be balanced with Llais's independence, objectivity and statutory role in representing the voice of citizens and patients.

Working with Trade Unions

Trade Unions are recognised as strategic partners in the delivery of this framework. Through established partnership arrangements, Trade Union representatives will receive regular regional updates to contribute to the implementation and iterative refinement of engagement approaches where these support effective workforce involvement and sustainable service change. This will be balanced with the Trade Unions' independent role in representing the interests of their members and providing constructive challenge where appropriate.

7. Governance, accountability and assurance

Clear governance arrangements are needed across the three Health Boards, while recognising that each organisation remains responsible for its own decisions and legal duties.

Role/body	Main responsibility
Regional Joint Committee	Provides regional coordination, strategic oversight and assurance. It does not replace individual Health Board decision-making responsibilities.
Regional Development Group	Provides strategic direction, programme oversight and escalation route for regional delivery, risks and dependencies.
Participating Health Boards	Approve participation, ensure compliance with local duties and policies, and retain accountability for decisions affecting their services.
SRO / Lead Executive	Ensures the framework and route map are implemented, risks are escalated and organisational approvals are secured.
Regional Engagement Forum	Coordinates shared messaging, materials, delivery methods, workforce engagement, media handling, bilingual materials, reporting and consistency.
Programme Boards	Apply the framework, use the toolkit, maintain audit trails and complete gateway checks where future options or proposals emerge.
Specialist leads	Provide advice on legal, equality, Welsh language, information governance, workforce, clinical quality and records management requirements.
Staff organisations / trade unions	Engaged through appropriate partnership routes where workforce implications, staff experience or internal communications are relevant.
Llais	Engaged early and kept informed; advice, representations and responses are logged, considered and responded to.

Indicative assurance route

Issues, reports and assurance will normally progress through the following governance route:

Programme team -> Regional Engagement Forum -> Programme Board / Regional Development Group -> Regional Joint Committee and participating Health Boards as required.

Programme-specific decisions continue to follow the relevant Health Board governance route.

8. Proportionate communication framework

The communications approach should be proportionate, proactive and aligned to the level of programme maturity and potential service change. The level of service change may vary between Health Boards depending on local impact, even where the regional programme is the same, and consideration is required locally against the Llais Service Change definitions (Major, Moderate and Minor) to inform engagement format and duration locally.

Communication Level	When used	Minimum regional/shared actions	Minimum local/Health Board actions
Level 1 - Information / improvement	Regional collaboration, early planning, pathway reviews or general engagement activity with no immediate service-change proposal.	Shared narrative, web content, social media, staff briefing, stakeholder briefing and light-touch media lines.	Local publication, staff updates, stakeholder cascade and monitoring of queries and feedback.

Communication Level	When used	Minimum regional/shared actions	Minimum local/Health Board actions
Level 2 - Service development	Changes that may affect pathways or ways of working but have limited direct impact on location, access or patient choice.	Programme communications plan, proactive stakeholder briefing, media handling plan, staff-side briefing and local campaign materials.	Local engagement plan, targeted staff and stakeholder engagement, local FAQs and monitoring of concerns.
Level 3 - Potential significant service change	Potential changes to location, access arrangements, service model, workforce, travel or patient experience.	Full communications and engagement strategy, political/stakeholder plan, dedicated digital content, media protocol, issues management and gateway review.	Health Board-specific governance, local public/staff engagement, local media and stakeholder handling, impact assessments and evidence logs.
Level 4 - Formal consultation	Potentially substantial or contentious service change where formal consultation may be required.	Consultation communications campaign, dedicated consultation materials, media management, elected member programme, Llais log and consultation governance.	Health Board consultation approval route, local consultation delivery, Board reporting, formal response and decision-making arrangements.

The Regional Engagement Forum will maintain the practical communications tools that sit beneath this framework, including channel plans, media protocol, reactive lines, content governance, bilingual arrangements and an integrated forward plan/Gantt.

9. Engagement-to-consultation gateway

The gateway is a formal check point. It helps ensure that early engagement does not move into consultation without the appropriate governance, legal and organisational processes being followed. It must be completed when a programme begins to develop options, preferred approaches or proposals that could affect how services are delivered.

Gateway question	Minimum action
Is there a defined service-change option or proposal?	Clarify scope, rationale, evidence base and whether public communication remains exploratory.
Could the change be substantial, contentious, cross-boundary or have equality/access impacts?	Seek early advice from governance, legal, equality, Welsh language, communications and workforce leads.
Which organisation(s) would be responsible for decisions?	Confirm decision route, approvals and Board/committee responsibilities.
Have Llais, staff organisations and trade unions been engaged where relevant?	Brief relevant parties, log advice/representations and confirm staff-side and partnership routes.
Are impact assessments underway?	Confirm quality, equality, socio-economic, Welsh language, workforce, travel/access and clinical considerations.
Is formal consultation required?	Determine consultation requirements in line with guidance, local policy and legal advice.

Gateway question	Minimum action
Are communications still clearly early-stage?	Review language, questions, materials and media lines to ensure they do not imply a preferred option or predetermined decision.
Has the audit trail been reviewed?	Confirm records demonstrate early engagement, sufficient information, adequate time and conscientious consideration.

Note: Formal public engagement and formal consultation are not the same. Regional programmes may undertake structured public engagement activities to inform developing options and proposals. The gateway should be used to determine whether subsequent consultation arrangements are required.

PART B - Phased Delivery Route Map

10. Phased delivery route map

Part B provides the shared route map for regional communications and engagement. It is deliberately high level and provides an overview of the agreed approach: detailed operational activity, local delivery schedules and programme-specific plans should be developed through the Regional Engagement Forum, programme boards and Health Board governance routes.

Phase	Indicative timeframe	Focus	Purpose
Phase 1	12 weeks: indicatively August - October 2026, with local activation flexibility	Awareness, understanding and early insight	Launch the regional narrative, introduce practical examples of regional working, ask high-level focus questions and begin developing principles.
Phase 2	10 weeks: indicatively November 2026 - January 2027	Targeted local and programme-specific engagement	Explore emerging themes in more depth through targeted, creative, local and programme-specific engagement.
Phase 3	Indicatively February - March 2027	Review, analysis and targeted gap closure	Analyse feedback, review reach and representation, validate interpretation and close gaps.
Phase 4	Indicatively April 2027	Feedback and demonstrating influence	Report what was heard and how it has influenced the narrative, principles and next steps.
Phase 5	May 2027 onwards	Consolidation and assurance	Consolidate findings, finalise regional principles, establish ongoing involvement and support future decisions.

Timings are indicative and should remain responsive to response volumes, equality and geographic reach, capacity, programme requirements and local Health Board dependencies. Local activation dates may vary where this supports alignment with existing engagement programmes and avoids duplication.

11. Phase 1 Overview

Phase 1 is the first public-facing stage. It should build awareness of regional working, explain why the three Health Boards are planning some services together, and ask high-level questions that help shape the next phase and the future Regional Principles Framework.

Phase 1 should make clear that this is not a consultation on service-change proposals. It should use practical examples, including ophthalmology/cataracts, to help people understand what regional collaboration can mean in real life. Where relevant, links can be made to future opportunities such as Llantrisant Health Park while being clear about what is still being developed and what will require further gateway assessment or engagement.

Phase 1 focus area	Indicative prompt
What matters most when NHS organisations work together across South East Wales?	Safety, quality, waiting times, being seen sooner, care close to home where possible, specialist expertise, continuity, communication, equity, choice and confidence.
What could make regional services easier to access?	Travel, parking, public transport, appointment times, cost, caring responsibilities, disability access, digital access, Welsh language, information and support.
What do people want to know and how should they be kept informed?	Type and level of information, preferred channels, updates for public, workforce, staff organisations, elected representatives and partners.

The exact wording of Phase 1 questions will be finalised with Llais, communications and engagement teams, workforce representatives, staff organisations, equality, Welsh language and accessibility leads before launch.

12. Phases 2-5 - Overview

Phase	Core activity	Key output
Phase 2 - Hyper-local and workstream-specific engagement	Use Phase 1 insight, equality and postcode analysis, Llais feedback and local intelligence to target communities, explore practical issues and avoid duplicating what is already known.	Targeted engagement activity, community insight, workstream-specific findings and evidence of improved reach.
Phase 3 - Review, analysis and targeted gap closure	Analyse quantitative and qualitative responses, review demographic and geographic gaps, test interpretation and undertake further targeted work where needed.	Validated findings, gap closure plan and response to the question: Have we interpreted what you told us correctly?
Phase 4 - Feedback and demonstrating influence	Share what was heard, what changed, what happens next and how feedback influenced the narrative, principles and future engagement.	What We Heard report, accessible summary, You Said/We Did output and stakeholder/workforce feedback sessions.
Phase 5 - Consolidation and assurance	Finalise the Regional Principles Framework, update narrative and toolkit, establish ongoing involvement and support gateway considerations for future decisions.	Regional Principles Framework, insight dashboard, involvement mechanism proposal and annual learning review.

A regional public involvement mechanism will be established during Phase 1 to provide ongoing patient, carer and community input into regional programmes. Initial membership will be drawn from existing networks across Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB, with approximately 2-3 representatives identified from each Health Board area.

The mechanism will initially operate as a small advisory/reference group, enabling members to contribute lived experience, test engagement materials, provide feedback on programme developments and help shape future involvement arrangements. Early discussions are expected to support emerging regional programmes, including Llantrisant Health Park, where timescales require early public involvement.

The approach will remain iterative and will be reviewed and refined collaboratively with members, Health Boards and Llais as the programme develops. The mechanism will complement, rather than replace, wider public engagement, targeted stakeholder engagement and formal consultation where required.

13. Analysis, feedback and measures of success

Analysis and reporting should support both learning and assurance. It should be possible to demonstrate who was engaged, how they were reached, what was heard, how feedback was interpreted, where gaps remained, what action was taken and how feedback influenced the programme.

Area	What should be evidenced
Reach	Total responses; channel reach; participation through digital, paper, forum, community and workforce routes.
Geography	Health Board area, locality, postcode or cluster data where available.
Representation	Equality and demographic participation, including protected characteristics, socio-economic data, carers, Welsh language and other priority groups where available.
Quality of insight	Depth of qualitative feedback, usefulness of comments, trade-offs identified, questions raised and issues requiring follow-up.
Influence	Changes to narrative, questions, engagement approach, programme principles, materials or future involvement arrangements.
Assurance	Reports to Regional Engagement Forum, programme boards, RDG, Health Board Executive Committees/Boards and Llais as appropriate.
Communications impact	Channel performance, media/stakeholder issues managed, staff awareness, narrative consistency and evidence that messages are understood.

14. Forward work programme for the Regional Engagement Forum

The following enabling products will be developed through the Regional Engagement Forum. They sit underneath this framework and are intended as live products for use as regional programmes mature.

Workstream	Forward action	Indicative timing
Regional narrative and key messages	Convert the regional narrative into plain-English public, staff, stakeholder and media lines.	Before Phase 1 launch
Ophthalmology/cataracts case study	Develop practical case studies or story bank showing how regional working can improve access, quality, experience or waiting times.	Before / during Phase 1
Phase 1 questions and materials	Finalise focus areas, prompts, survey questions, accessible materials, Welsh language versions and privacy wording.	Before Phase 1 launch
Llais touchpoint	Share near-final plan and materials with Llais for comment while preserving Llais independence, and establish regular touchpoints and gateway reviews between all phases of engagement activity.	Before launch and ongoing
Digital/content model	Agree hosting, local pages, content governance, updates, bilingual arrangements, accessibility and version control.	Before Phase 1 launch
Media and political protocol	Develop media protocol, reactive lines, spokesperson approach, elected member briefing and escalation process.	Before Phase 1 launch

Workstream	Forward action	Indicative timing
Integrated forward plan/Gantt	Map regional programmes, business cases, local programme activity, engagement windows, stakeholder forums, workforce activity and capacity requirements.	Before / during Phase 1
Equality and inclusion stocktake	Map equality groups, community networks, underserved community routes and protected-characteristic engagement opportunities across the three Health Boards.	Before / during Phase 1
Workforce and TU engagement	Confirm internal communications sequencing, staff organisation/trade union routes, FAQs, leadership cascade and feedback routes.	Before Phase 1 launch
Public involvement mechanism	Establish an initial regional public involvement/reference group using existing Health Board networks and contacts. Agree membership, representation, operating principles, recruitment arrangements, Llais involvement and future development requirements. Initial activity will support Phase 1 engagement and provide early input to priority regional programmes.	During Phase 1
Programme toolkit	Develop templates and checklists for planning, gateway, delivery, reporting, issues management and You Said/We Did outputs.	During Phase 1
Phase review points	Schedule reflection points to review reach, representation, themes, risks, political/media issues and changes needed before the next phase.	Ongoing

15. Toolkit

Detailed delivery products should sit outside the main framework so the framework remains principles-based and easy to use. The toolkit should support consistent implementation, assurance and audit trail across regional programmes.

Toolkit area	Examples of supporting products
Programme planning	Engagement assessment, programme communications and engagement plan, stakeholder map, local forum/network master list.
Inclusion and workforce	Equality, inclusion, Welsh language and accessibility planning template; workforce and staff-side engagement plan.
Assurance and gateway	Llais log, engagement-to-consultation gateway checklist, impact assessment prompts and audit trail template.
Communications and issues	Channel plan, media protocol, issues log, reactive lines, spokesperson/escalation process and digital content governance.
Delivery and reporting	Engagement activity log, analysis/coding framework, public engagement report, What We Heard and You Said/We Did templates.
Ongoing involvement	Regional public involvement/reference group proposal, terms of reference and representation/recruitment approach.

Executive Narrative - Quality and Safety

Reporting Month: Sep 2026

Executive Summary

There has been a significant focus on the management of nationally reportable incidents with a significant reduction in overdue reports, despite this the majority of Clinical Boards are not yet meeting their reduction trajectory which is focused on eradicating avoidable overdue reports by February 2027.

The UHB reported 15 nationally reportable incidents in August 2026. The most common NRI theme relates to perinatal mortality cases, each of these cases is subject to a multi professional mortality review that is part of a national review and in the majority of cases demonstrate that the care provided was good and did not impact on the outcome. Where improvement work has been informed by the mortality reviews this is generally focused on standardisation of practice through the development or update of policy and procedure with associated audit.

Pressure damage is the next highest category, and pressure damage impacts around 9% of inpatient. Work is being undertaken to develop a training programme and the development of a skin advocate role on the wards to improve knowledge and awareness of pressure damage grading and prevention. The UHB is going to strengthen the process around reporting of lower severity pressure damage and to apply the same level of scrutiny as it currently undertaken around the more severe cases to support a preventative approach.

The organisation reported one never Event in July 2025 that related to the informed consent process rather than sequential peri-operative theatre checks and no Never Events were reported in August.

The main themes from patient experience feedback relate to communication, including the provision of timely updates, clarity of information, and continuity of communication throughout the patient journey. Feedback also highlighted concerns regarding waiting times and service coordination, particularly where patients required input from multiple teams.

Risk adjusted mortality, rolling annual stroke mortality and rolling hip fracture mortality are all continuing to reduce and reflecting the work underway to improve the clinical coding position. Furthermore the health board is now able to access Standardised Hospital Mortality Index (SHMI). SHMI which measures actual deaths of individuals up to 30 days post discharge and includes the deaths of patients receiving palliative care and compares against a denominator of all deaths calculated from all inpatient admissions and uses variables including age, sex admission method and comorbidities to predict mortality. SHMI was measured as 88 in July 2026 which is below the expected measure of 100 and is likely to reflect delays in coding.
Complaint themes continue to focus on communication, waiting times, access to services and care coordination. Learning from complaints and patient feedback continues to inform service improvement initiatives.

The Health Board's infection prevention and control performance presents a mixed picture against Welsh Government reduction targets. Positive progress has been achieved in reducing hospital-onset Pseudomonas aeruginosa bacteraemia, E. coli bacteraemia and MSSA, with all three measures performing better than the Health Board's internal trajectory at the midpoint of the improvement period. However, performance remains challenged in relation to hospital-onset Klebsiella bacteraemia, C. difficile infection and MRSA. The Health Board exceeded its internal target for Klebsiella bacteraemia, reporting 56 cases against a target of 45, while C. difficile cases also marginally exceeded the midpoint target despite sustained improvement efforts. MRSA rates have increased compared with the previous year, with the organisation reporting the third highest MRSA rate in Wales. Root cause analyses undertaken for bloodstream infection cases have generally not identified deficiencies in care, with cases largely assessed as unavoidable. Nevertheless, variation in compliance with key i

Executive Actions and Owners

Focused work to address delays in nationally reportable incident (NRI) and patient safety incidents is resulting in improvements . 7% of NRIs are open for over 12 months which is the lowest proportion of all health organisations in Wales. There are 65 NRIS under review in the UHB compared with 120 in February 2025. There are just over 5000 patient safety incidents under investigation at present compared with 8000 in February 2025 which a very significant reduction in the volume that subject to delay prior to management review.

An August 2026 WHO Surgical Safety Checklist audit across four theatre suites reviewed 11 patient episodes and found consistently high compliance, with Team Brief, Sign In, Time Out, "happy to proceed" check and Sign Out completed and documented in all audited cases, providing positive assurance that the checklist process is well embed.
There is local work underway between stroke services and the clinical coding team to improve the coding accuracy. The Surgery Clinical Board met with trauma and orthopaedics to review hip fracture mortality, it was noted that there is further work to focus on the accurate recording of ASA, a measure of pre-anaesthetic medical condition and acuity.
Learning from patient experience feedback continues to be reviewed through governance arrangements and used to inform quality improvement initiatives, with a particular focus on strengthening communication, patient engagement and coordination of care.

The concerns team is focusing on achieving and sustaining Early Resolution performance above target.
Continued thematic analysis of complaints and patient feedback to identify emerging trends is underway to inform the clinical board response and actions.
There is ongoing monitoring of patient satisfaction trends to evaluate the impact of improvement activities through established governance arrangements including targeted improvement actions relating to communication and access to services.

A range of improvement initiatives are underway across the organisation to address areas of underperformance and support delivery of Welsh Government infection reduction expectations. The Infection Prevention and Control team continues to review all root cause analyses for bloodstream infections to identify recurring themes that can inform targeted education and training programmes. Enhanced auditing programmes have been implemented for urinary catheter insertion and maintenance, as well as peripheral vascular catheter and central venous catheter insertion and care bundles, with audit findings being used to reinforce required standards within clinical areas. Additional education and training are being delivered to improve compliance with urinary catheter care and ANTT practices, while national work to improve ESR functionality is expected to strengthen monitoring of staff training compliance. Significant improvement work has also been undertaken in response to increased C. difficile cases, particularly within paediatric oncology, where targeted interventions focusing on sampling techniques, isolation practices, antimicrobial review and environmental decontamination have been associated with a substantial reduction in cases. An organisation-wide C. difficile improvement plan has been developed, supported by Clinical Board-level action plans, and an educational resource has been made available to staff through SharePoint. For MRSA, executive-led case review processes have been introduced, providing enhanced scrutiny of root cause analyses and strengthening organisational oversight of improvement actions

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Narrative - Digital and Health Intelligence

Reporting Month: Sep 2026

Executive Summary

Key highlights

• Laboratory Info System (LIMS2) Tranche 3 (Microbiology) went live on 24/08/26
• LIMS2 Tranche 4 (Blood Sciences) is scheduled to go live in Nov 26
• Digital Priorities Investment Funding secured for the Connecting Care programme to support the procurement of a replacement patient record system for community and mental health services.
• A further 400 community access laptops deployed to support a mobile, non-acute workforce.
• Amazon Web Services Secure Landing Zone is now live for parallel running of the All-Wales Medical Genomics workload.

Digital Operations
Windows 11 migration is progressing well, with under 400 active devices remaining ahead of the October 2026 deadline.

Windows 11
• 98% of devices are now running Windows 11.
• The Win11 project team is actively assisting Pathology IT to replace/update outstanding lab-based Win10 devices.
• Under 250 devices remain on the exclusion list due to software incompatibility and require Windows 10 extended support for 2026–27.

Wi-Fi
• The project is now focussed on the 'non-inpatient ePMA areas' (outpatient areas).
• Additional/replacement Wi-Fi Access Points - 100% of all identified Inpatient areas now complete with 36% of all Outpatient areas complete (includes the areas where e-prescribing is being implemented and the non-clinical areas where staff reliant on adequate Wi-Fi (eg CEF staff).

Digital Eyecare
• The OpenEyes EPR, hosted by CAVUHB, is now deployed across most Welsh Health Boards, with widespread use in CAVUHB, SBUHB and ABUHB.
• The electronic referral system to support digital eye care is live and in use.
• Discussions on the future contractual arrangements are underway with Welsh Government and Digital Health Care Wales.

Amazon Web Services (AWS) Secure Landing Zone
• The AWS Steering Group has approved a “Go” decision for parallel running of workloads in AWS.
• A strategic PSBA Cloud Connection procured to improve resilience and performance of data transit between CAVUHB locations and AWS.

Business Intelligence
The BI Team has released an EU dashboard in Power BI that visualises the UEC pathway and subsequent phases will bring in data from Pathology, Radiology and Health Roster. A new dashboard for Paediatric Integrated clinics has been set up with automated data refresh for release in early October.

Executive Actions and Owners

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

HEALTHY WEIGHT
Good Food and Movement Implementation Plan 2026-2028 finalised. Cardiff Facilities audit is complete, with findings shared with Cardiff Leadership and Enabling Change Group. Cardiff Community Health Development workshop held in July 2026 to explore the potential of developing a more strategic approach to community health development for Good Food and Movement. Cardiff and Vale Good Food and Movement Schools Group met in July . Communication Strategy developed for Good Food and Movement.

SMOKING CESSATION
Smoking prevention – During school holiday period, service staff engaged in Summer Food and Fun programme to offer raise awareness and provide advice to children and young people on smoking and vaping risks.
Smoking cessation – New in-person Help Me Quit clinic opened at Pre-operative Assessment Clinic UHW. First phase implementation of Allen Carr Easyway intervention completed (reached and supported 100 smokers to quit).
Smoke-free places – Hospital site patrols project concluded; 1380 incidents of patients, staff and visitors smoking on hospital sites recorded between Nov 27 and Jul 26. Update presented to CAVUHB Quality Committee.

WOMEN'S HEALTH HUBS
Commissioned Women's Health Needs Assessment (focusing on contraception, menopause and menstrual health) has been completed.
Exception: Non-recurrent 26/27 funding for Women's Health Plan work from Welsh Government has not yet been agreed.
Exception action: Meeting planned with Welsh Government, Health Board Executive Director of Planning (or representative) and Finance lead as requested by Welsh Government (date tbc)

HEALTH PROTECTION
Work progresses on the review of key documents relating to health protection. The CAVUHB Pandemic Plan is being aligned with existing corpoate documents.

Executive Actions and Owners

IMMUNISATIONS
Up to date at age 5:
- Visits arranged with 15 GP practices identified as a priority for action in improving the rates of vaccination in children to bring them up to date by age 5. Two visits taken place to date and both practices are taking up the offer of extra capacity from our health protection surge team to contact the parents of children in this age group outstanding vaccinations.
- Lead: Anna Howells, Consultant in Public Health
HPV by age 15 (& other school-based vaccinations):
- Schools invited to identify vaccination champions and engage in a task and finish group to revise the model of school engagement in vaccination programmes. New model to be agreed and in place by 31 December 2026.
- Lead: Emma Davies-McIntosh, Principal Public Health Practitioner

HEALTHY WEIGHT
Vale Facilities audit is underway and near completion (being undertaken by Sporting Constructs)

SMOKING CESSATION
Smoking prevention – Work carried out to engage and recruit more schools to the Smoke-Free Ambassador Scheme (to gather pace after school Summer break).
Smoking cessation – Help Me Quit 'Hospital' service staff are supporting Help Me Quit 'Community' service in order to enhance service integration and smooth the transition between services on hospital discharge for smokers being supported to quit.
Smoke-free places – SOP developed to underpin Health Board No Smoking and Smoke-Free Environment Policy (co-produced by Public Health and People Services); describes actions that line managers can take to manage issues of staff non-compliance with policy.

HEALTH PROTECTION
In conjunction with the Department of Sexual Health, the Public Health Team have submitted two pieces of work to Welsh Government in August. Firstly, the Chief Medical Officer asked all health boards for a comprehensive summary of sexual health services provided, trends in demand and challenges. In addition, Welsh Government asked for an assessment of activity taken in Cardiff and Vale towards the Wales HIV elimination action plan.

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

The UHB's financial plan of a £86.5m deficit was noted by the Board but not approved due to 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 5:

• The reported year to date position is am overspend of £43.1m with a year end planning deficit of £86.5m.
• There is an urgent need to de-risk the £86.5m deficit plan.
• An adverse year to date variance of £7.1m is reported against plan, driven by a £9.6m savings deficit, partially offset by an operational surplus against plan of (£2.5m).
• Schemes are identified to deliver the core savings target of £42.5m. Of these, £24.6m are assessed as either green or amber rated. However, there remains a significant delivery risk associated with the £20.0m of red-rated schemes. Further work is being undertaken with JCC to identify opportunities to achieve the remaining £5.1m required to deliver the additional 2% JCC efficiency target.
• Delivery of the deficit plan is contingent on delivery of a full savings programme and confirmation of all expected income streams.
• There are £62.5m of outstanding resource limit allocations and in due course the UHB expects to seek Finance Committee and Board approval to request £86.5m 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 £86.5m.

Previous Months Executive Actions and Owners

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

Executive Narrative - People and Culture

Reporting Month: Sep 2026

Executive Summary

Overall performance across the People & Culture portfolio remains mixed, with positive and improving performance across a number of workforce indicators, but significant residual risks relating to sickness absence, bank expenditure, agency expenditure and workforce affordability.

Workforce turnover remains within the expected range at 7.7% and has continued to reduce month-on-month over the last 12 months, indicating improved workforce stability. Values Based Appraisal, Fire Safety Training and Statutory and Mandatory Training compliance have also continued to improve. However, all three measures remain below the Health Board's target of 85%, and targeted improvement activity remains in place.

Temporary staffing expenditure continues to present a material financial risk. Bank expenditure for April to August was £23.087m, approximately £4.808m above the five-month ceiling required to deliver the 10% reduction target and 26.3% higher than the same period last year. August bank expenditure increased to £5.116m, approximately £1.460m above the monthly ceiling. Based on the current forecast methodology, full-year bank expenditure is projected to reach £55.410m, approximately £11.539m above the annual ceiling.

Agency expenditure shows a more positive recent trajectory. Expenditure for April to August was £2.392m, representing a reduction of 4.5% compared with the same period last year. Spend in July and August was below the monthly ceiling required to deliver the 30% reduction target. However, earlier overspending means that year-to-date expenditure remains approximately £522k above trajectory, and the current full-year projection of £5.741m is approximately £1.254m above the annual ceiling. Sustained monthly expenditure at or below the ceiling will be required, alongside further recovery action, if the year-end gap is to be reduced.

Sickness absence also remains above the organisational target, with in-month absence at 6.1% and 12-month cumulative absence at 6.39% against the 5.5% target. This continues to affect workforce availability and service resilience and may contribute to the requirement for temporary staffing.

Workforce governance and inclusion measures continue to require attention. Medical job plan compliance remains below target and, while equality monitoring data completeness is improving, several indicators remain below the expected standard. Improvement plans are in place and are being monitored through established governance arrangements.

Executive Actions and Owners

Require each Clinical Board to produce a bank expenditure recovery plan, identifying the services, staff groups and underlying demand drivers responsible for the year-to-date variance.
Introduce weekly scrutiny of high-cost bank and agency usage, including long-term recurring bookings, enhanced rates, off-framework agency use and shifts requested outside agreed establishment.
Replace the current flat projection for September to March with a bottom-up forecast by Clinical Board, service and staff group, reconciled to finance, workforce plans and anticipated seasonal demand.
Convert recurring temporary staffing requirements to substantive or lower-cost capacity where this is affordable, sustainable and consistent with establishment controls.
Maintain agency expenditure at or below the monthly ceiling of approximately £374k, with additional recovery action to address the year-to-date overspend.
Strengthen controls over bank expenditure, supported by a clear monthly recovery trajectory towards the annual ceiling of £43.871m.
Monitor safe staffing, quality, access, workforce wellbeing and substantive pay alongside financial performance to ensure that cost reductions do not create unintended operational or workforce risks.

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

Urgent and Emergency Care
July and August have seen periods of operational pressures, most recently through the week following the bank holiday. EU attendances and admissions reduced as expected in August but increased compared to August '25. The number of 45-minute ambulance holds increased but remained below our de-escalation standard. The % of patients waiting 12h in EU increased from 9.2% in June to 9.5% in August, above our de-escalation standard of 7%. A reset has been planned for w/c 14/9 with a suite of actions across clinical boards and operational teams to improve flow across the system, reducing long waits for patients to be seen, admitted and discharged.

Stroke and Hip Fractures
The SSNAP data tool is now operational and historic data has been updated. The time lag for regional and OOH thrombolysis patients means the C&V thrombolysis rate may change when the data is next refreshed. Door to ward compliance has been challenged through June and July but improved in August. In July 28.2% of hip fracture patients were admitted within 4h, above the UK average of 10.1%.

Delayed Pathways of Care
August saw an expected rise in DOPC to 177, in line with previous years. This remains above our de-escalation criteria of 128. The average days delayed reduced from 48 in July, to 42 in August and the total bed days lost reduced by c2500 from August '25.

Coding
We have seen an increase in % of coded episodes within 1 one month. In the most recent national data we reported 84.5% compliance in May, improved from April and significantly improved from the 36.2% reported in May'25.

Cancer
Compliance with the SCP remained steady in Q1; 60.9% of patients received their treatment within 62d in May and 63.5% in June, 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. In the short term we continue to see growth in the total waiting list and patients waiting >62d and expect performance to drop in August.

Planned Care and Diagnostics
Waits for NOP remains reduced. 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 was held in July for Executive oversight, supported by a new PowerBI resource, these continue monthly. We have seen increases in 2y waits, in-line with our forecast; driven by Dermatology, General Surgery and Orthopaedics. We have developed plans, internally and with regional partners to eliminate 2y waits regionally in as many specialties as possible. Funding allocations should be confirmed in September. The number of 3y waits remains zero
Diagnostic 8w waits increased in July. Driven by increases in Endoscopy, Echo and Radiology. This represents 50% of patients waiting less than 8w, below our de-escalation standard of 80%. A separate paper on diagnostic plans will be presented at Committee this month. August's validated position can be updated at committee.

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, with increases noted in June and July.

Executive Actions and Owners

Operational system 'Reset' - W/C 14/9/26 (Mike Bond)

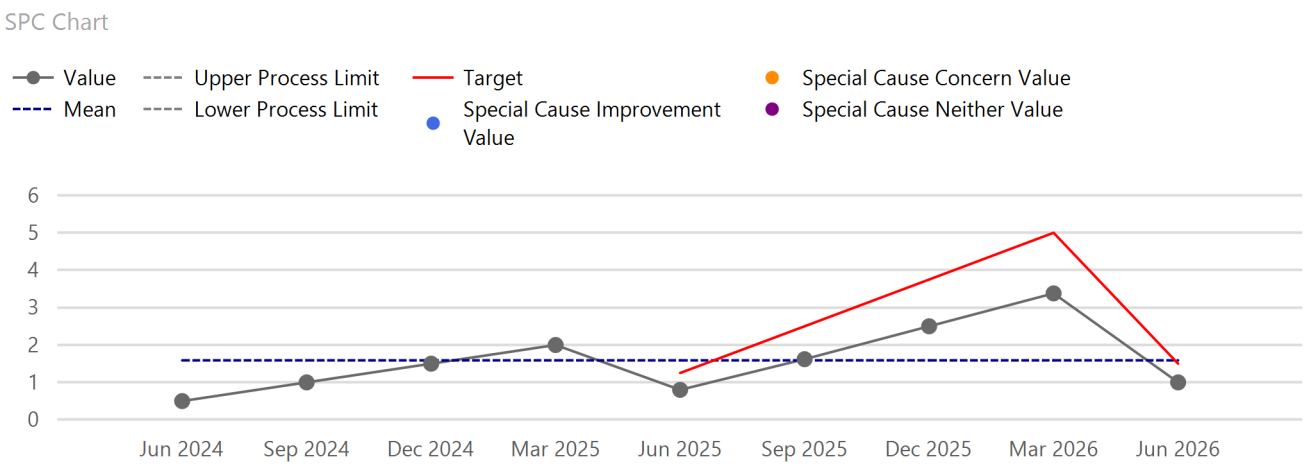
Previous Months Executive Actions and Owners

No previous month actions recorded

Metric ID: 10000001

Percentage of adult smokers who make a quit attempt via smoking cessation services

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	1	1.5			Executive Director of Public Health



Narrative

Annual target is 7.5% of the estimated 38,800 Cardiff and Vale residents who smoke (n=2,910). Q1 target is 1.5% of the estimated 38,800 Cardiff and Vale residents who smoke (n=582); Q2 target is 3.5% (n=1,358, cumulative); Q3 target is 5.5% (n=2,134, cumulative); Q4 target is 7.5% (n=2,910).

This quarter, a total of 381 adult smokers made a quit attempt via smoking cessation services. This means that services supported 1.0% of the Cardiff and Vale adult smoking population. This compares with the Q1 target of 1.5% and the annual target of 7.5%.

Performance in Q1 2026/27 continues to improve on performance in 2025/26 but falls short of the target. Performance continued to improve in Help Me Quit Community and Allen Carr Easyway services, remained steady in Help Me Quit telephone hub and Hospital services, but fell significantly in the community pharmacy service.

Actions and Owners

Reasons for significant drop in activity in community pharmacy to be explored and mitigated where possible.

Concerns

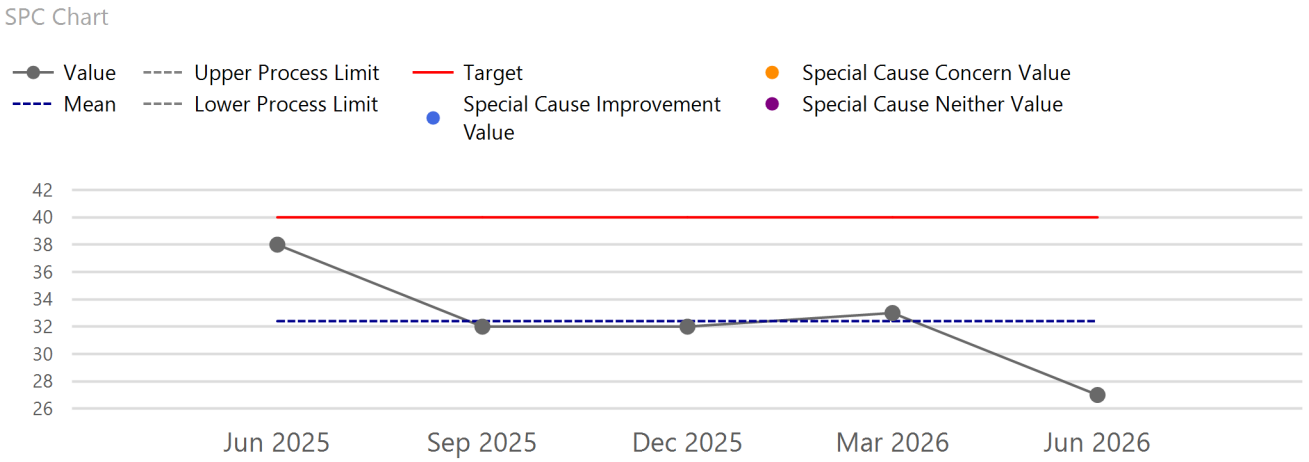
Below target.

While performance against this target continued to improve in HMQ Community and Allen Carr Easyway services, it remained steady in Help Me Quit telephone hub and Hospital services, but fell significantly in the community pharmacy service.

Metric ID: 10000002

Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	27	40			Executive Director of Public Health



Narrative

All smoking cessation services combined = 27.3%

Below target overall (but note variation by service).

Breakdown:
- 40.6% Help Me Quit (HMQ) Community (excl. PHW HMQ telephone hub) - service meets target
- 0.0% PHW HMQ telephone hub - service does not meet target
- 15.1% Allen Carr Easyway - service does not meet target
- 21.3% HMQ Community Pharmacy - service does not meet target
- 47.1% Hospital Cessation Service - service meets target

Actions and Owners

Staff deployed to raise CO validation where possible within resources available.

Concerns

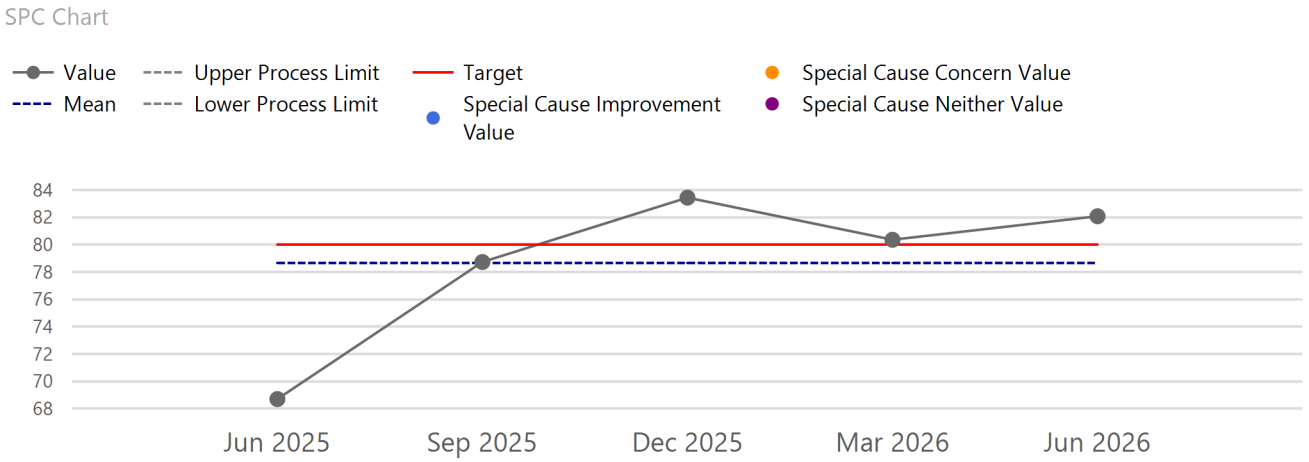
Below target.

Performance against this target was above target in HMQ Community and Hospital services, but it fell short of the target in all other smoking cessation services.

Metric ID: 10000003

Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	82.08	80			Executive Director of Public Health



Narrative

The performance indicator remains above the 80% target, with minor quarter-on-quarter variation.

Actions and Owners

Substance use key performance indicators are reviewed regularly in meetings of the Cardiff and Vale Area Planning Board (APB). The APB is made up of partner organisations that work collaboratively, through a whole system approach, towards preventing and reducing harm from substance use and developing, delivering and improving efficient and effective substance use services, to meet the need of the local population.

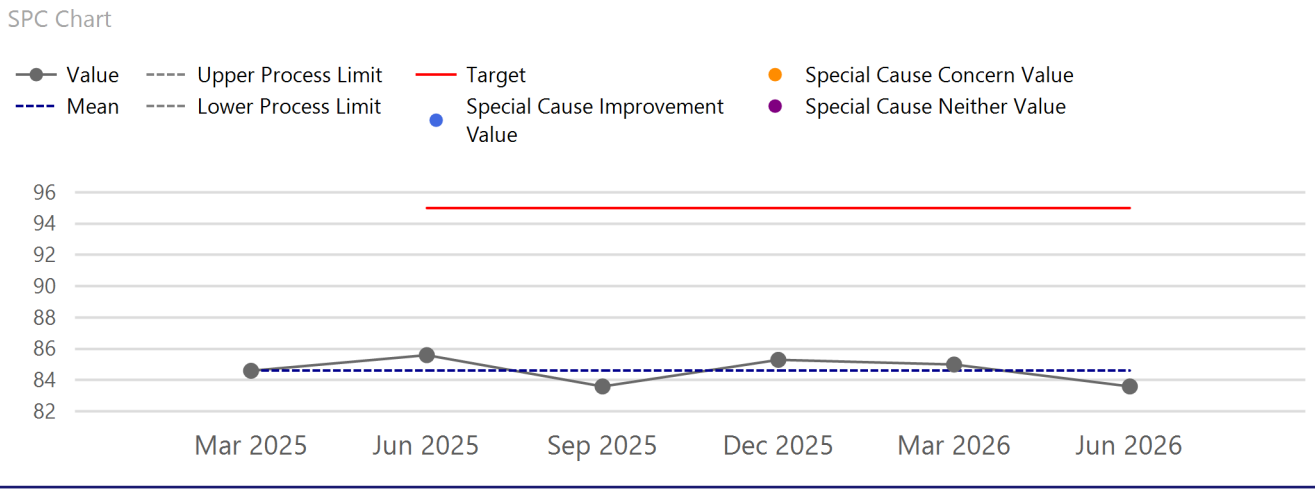
Concerns

None

Metric ID: 10000004

Percentage of children who are up to date with the scheduled vaccinations by age 5 (4 in 1 preschool booster, the Hib/MenC booster and the second MMR dose)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	83.6	95			Executive Director of Public Health



Narrative

The gap has widened from 2.5% to 3.6%, but not to the extent of the gap recorded in the Q3 2024/25 of 4.8%

Actions and Owners

A delivery plan of detailed actions to improve this outcome has been developed and embedded into the 2026/27 delivery plan of the Childhood and Teenage Immunisations Strategic Action Plan (2026-2029).

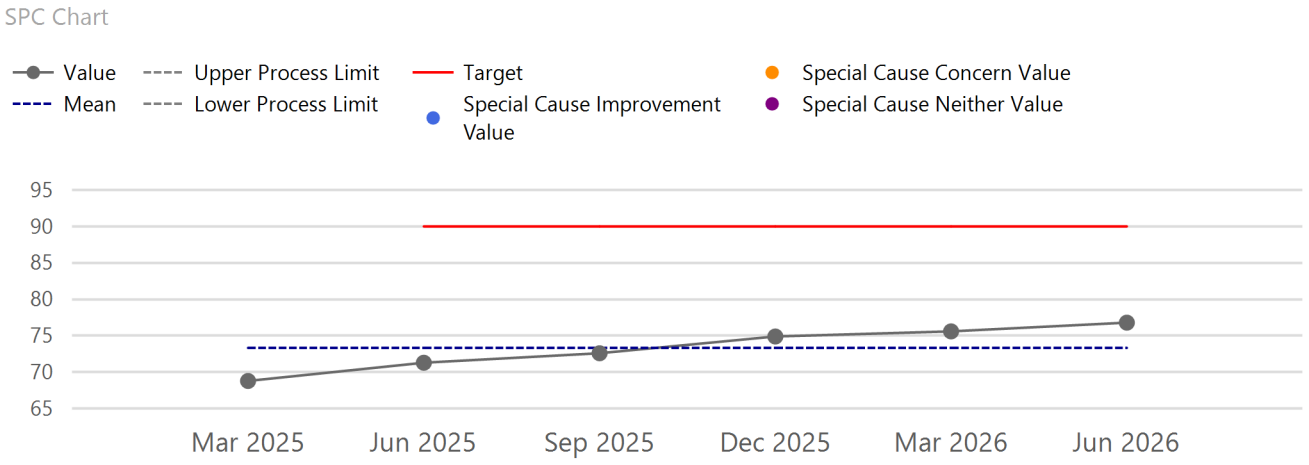
Concerns

No concerns, all actions planned for the year to improve this outcome are underway.

Metric ID: 10000005

Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	76.8	90			Executive Director of Public Health



Narrative

School Nursing Immunisation colleagues have delivered the programme this season including additional catch-up clinics which has continued to narrow the gap between CAV and the Wales average to 0.1%

Actions and Owners

A delivery plan of detailed actions to improve this outcome has been developed and embedded into the 2026/27 delivery plan of the Childhood and Teenage Immunisations Strategic Action Plan (2026-2029)

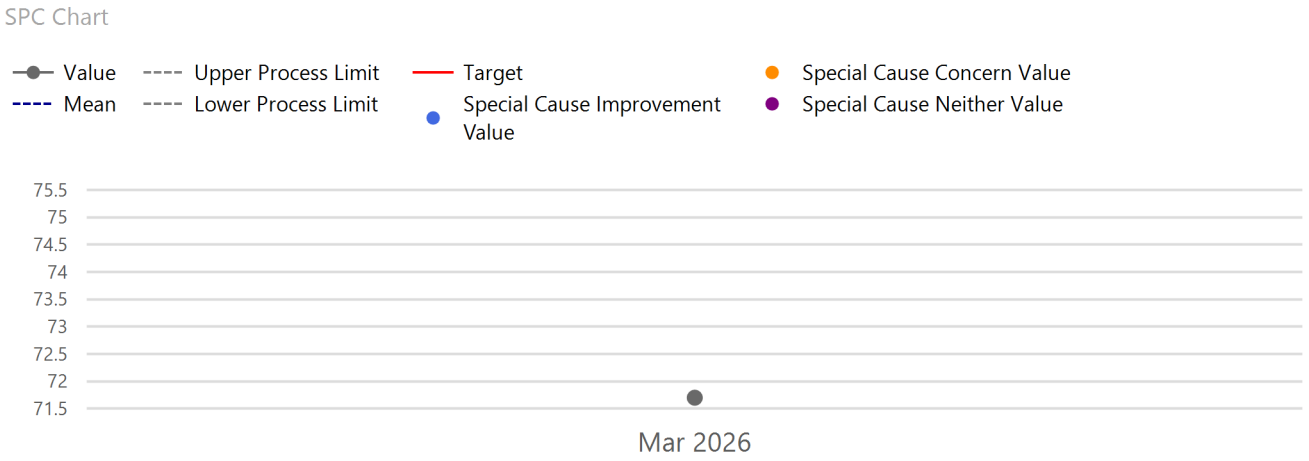
Concerns

None

Metric ID: 10000006

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	71.7	75			Executive Director of Public Health



Narrative

The Autumn influenza campaign commenced 1 October 2025 for residents aged 65 years and over and concluded on 31 March 2026.

67,897 out of 94,751 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of 71.7%, equal to the all-Wales average.

Actions and Owners

Joint Health Board flu evaluation session held in April 2026, planning underway for the 2026/27 season. Review of capacity to deliver flu vaccination programme 2026/27 underway, particularly in light of aim to continue provision of an equitable offer for injectable gelatine-free vaccination in schools, and introduction of time-limited MenB vaccination campaign which is an additional ask on capacity.

Action owner: CAV Public Health Team

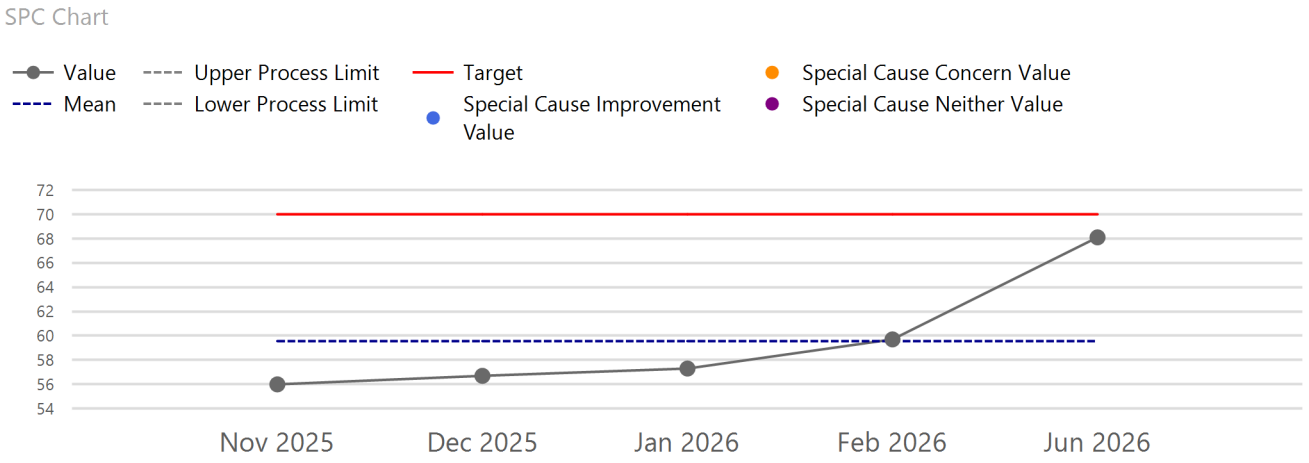
Concerns

Uptake was below the national target of 75%. There was a gap in uptake between the least and most deprived areas

Metric ID: 10000103

Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	68.1	70			Executive Director of Public Health



Narrative

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

As of June 2026, 2,699 out of 3,065 individuals reaching their 75th birthday between 1st September 2024 and 31st August 2025 2026 were vaccinated. This is an uptake of 68.1%, which is above the All-Wales average of 62.8%.

Actions and Owners

A 12-month, one-off catch-up campaign was introduced 1 September 2024 to target individuals aged between 75 and 79 years old. This one off catch up campaign was amended in August 2025 so these individuals would remain eligible indefinitely. The programme was expanded in April 2026 to include all adults aged 80+ and all residents in a care home for older adults.

Action owner: CAV Public Health Team

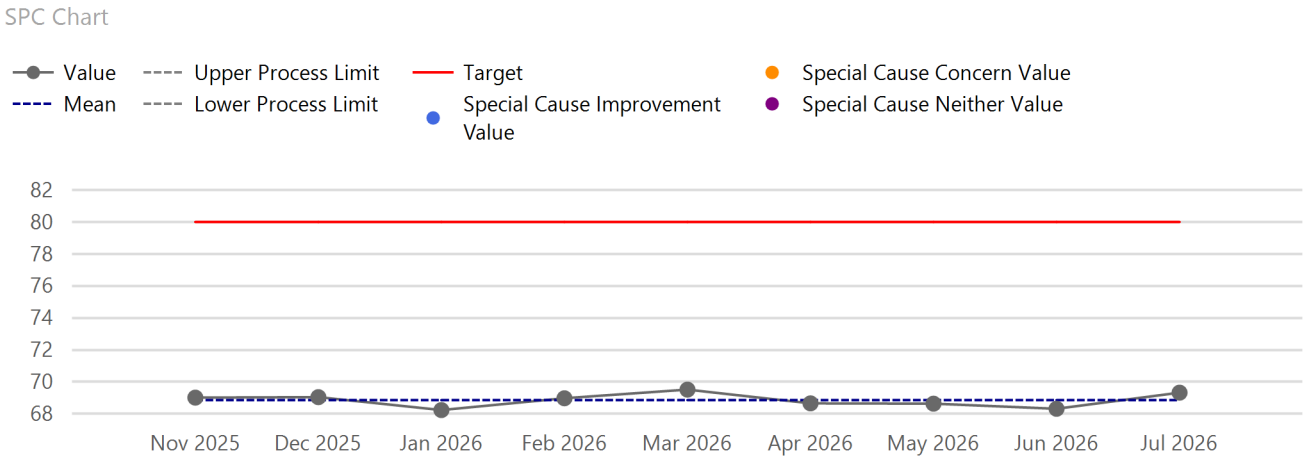
Concerns

Uptake for individuals reaching their 75th birthday is below the national target of 70%.

Metric ID: 10000104

Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	69.33	80			Executive Director of Public Health



Narrative

Slight increase over last month.

Actions and Owners

Primary Community and Intermediate Care (PCIC) Clinical Board are leading on 8 care process cluster work. They are looking at practice level data to identify and support lowest uptake practices, and providing practice-specific support and sharing best practice. Practice visits have taken place over Summer and into Autumn.

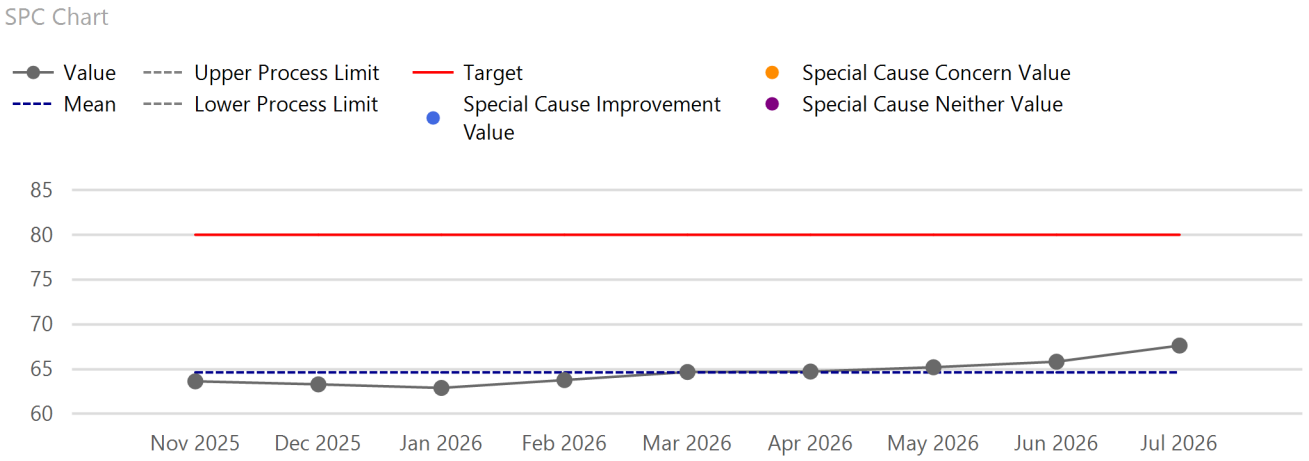
Concerns

None

Metric ID: 10000105

Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	67.63	80			Executive Director of Public Health



Narrative

Sustained increase since January 2026.

Actions and Owners

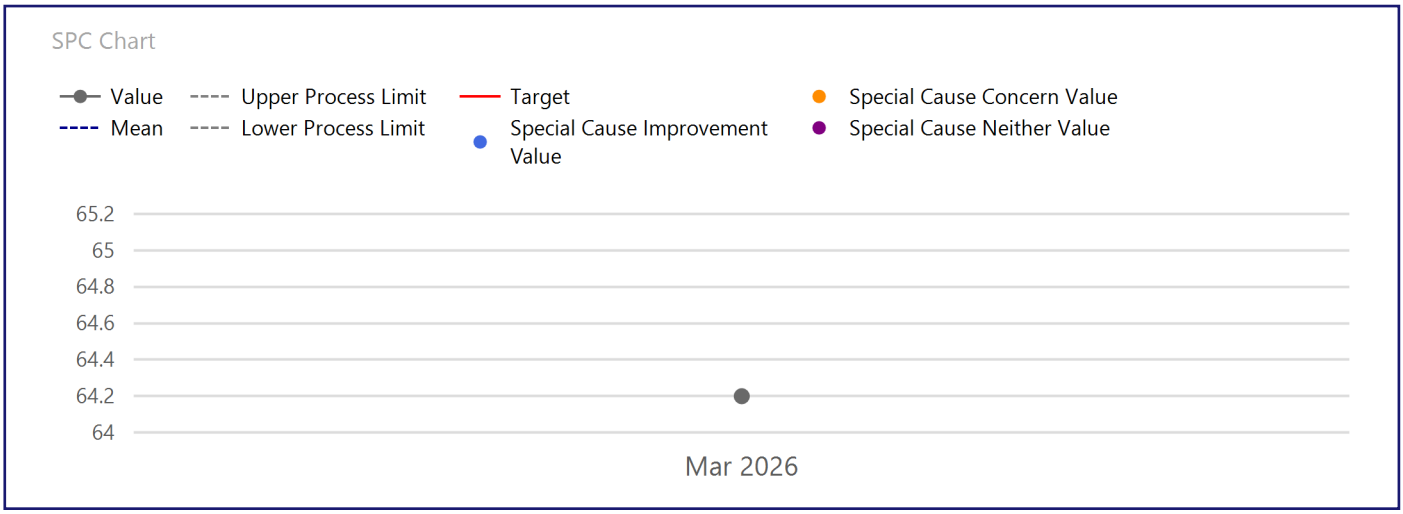
Primary Community and Intermediate Care (PCIC) Clinical Board are leading on 8 care process cluster work. They are looking at practice level data to identify and support lowest uptake practices, and providing practice-specific support and sharing best practice. Practice visits have taken place over Summer and into Autumn.

Concerns

None

Metric ID: 10000106 % uptake of flu vaccination among CAVUHB staff

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	64.2	65			Executive Director of Public Health



Narrative

As part of the Autumn Influenza campaign we began vaccinating health and social care staff on 1 September 2026. CAVUHB incorporated a roaming delivery model for staff vaccination in 2025/26 and utilised an enhanced approach to communications. The public health team contributed to a national Influenza 2025/26 Lessons Learned process run by Vaccination Programme Wales (VPW) and ran a local evaluation and forward planning session.

Actions and Owners

Joint Health Board flu evaluation session held in April 2026, planning underway for the 2026/27 season.

Action owner: CAV Public Health Team

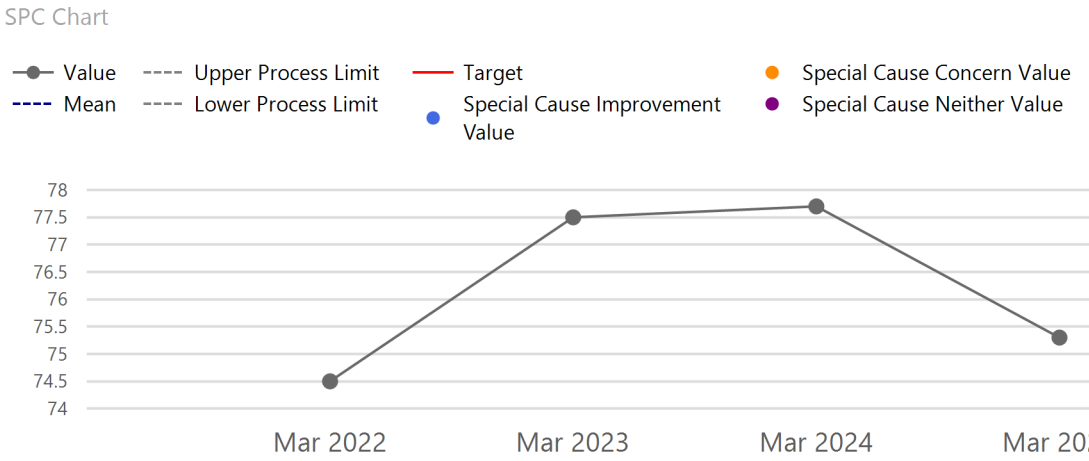
Concerns

No current concerns

Metric ID: 10000108

Prevalence of healthy weight children as measured by Child Measurement Programme (CMP)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2025	75.3				Executive Director of Public Health



Narrative

2024/25 Child Measurement Programme data demonstrated a slight decrease in healthy weight to 75.3%, from 77.7% the previous year (for Cardiff and Vale UHB). The UHB had the highest level of healthy weight of all Welsh Health Boards for 2024/25.

There are no comparable data in other UK countries due to different methodologies being used.

Actions and Owners

Action is on track. Actions in Good Food and Movement Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.

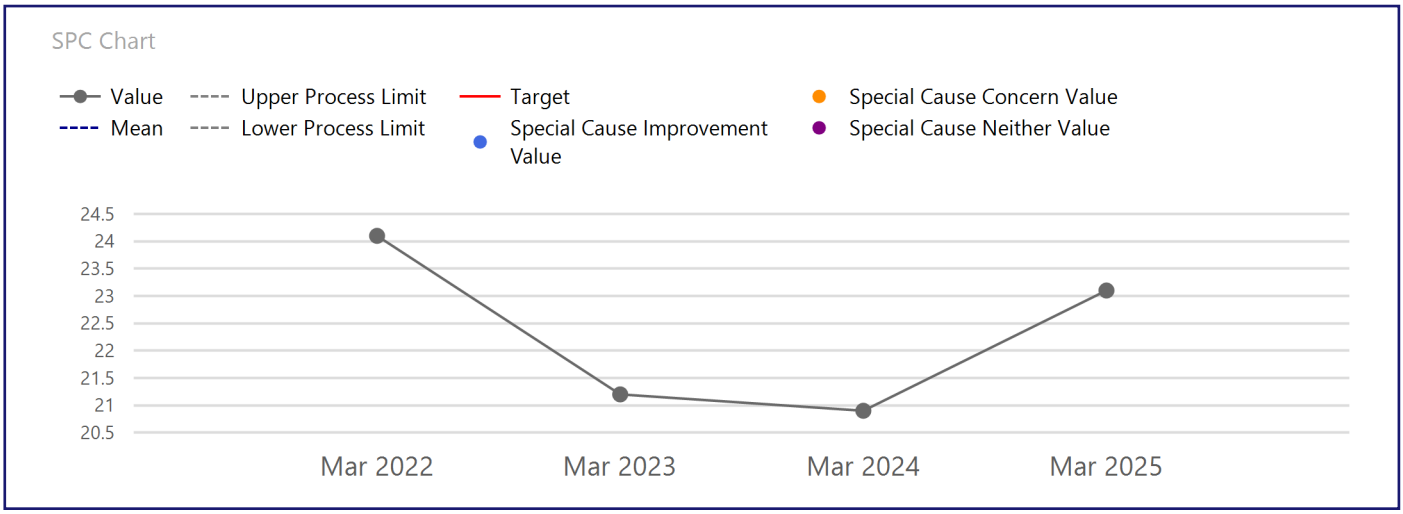
Action owner: CAV Public Health Team

Concerns

2024/25 Child Measurement Programme data demonstrated a slight decrease in healthy weight to 75.3%, from 77.7% the previous year (for Cardiff and Vale UHB).

Metric ID: 10000109 Decrease in overweight and obesity prevalence as measured by the CMP

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2025	23.1				Executive Director of Public Health



Narrative

See 'healthy weight' indicator

Actions and Owners

Action is on track. Actions in Good Food and Movement Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.

Action owner: CAV Public Health Team

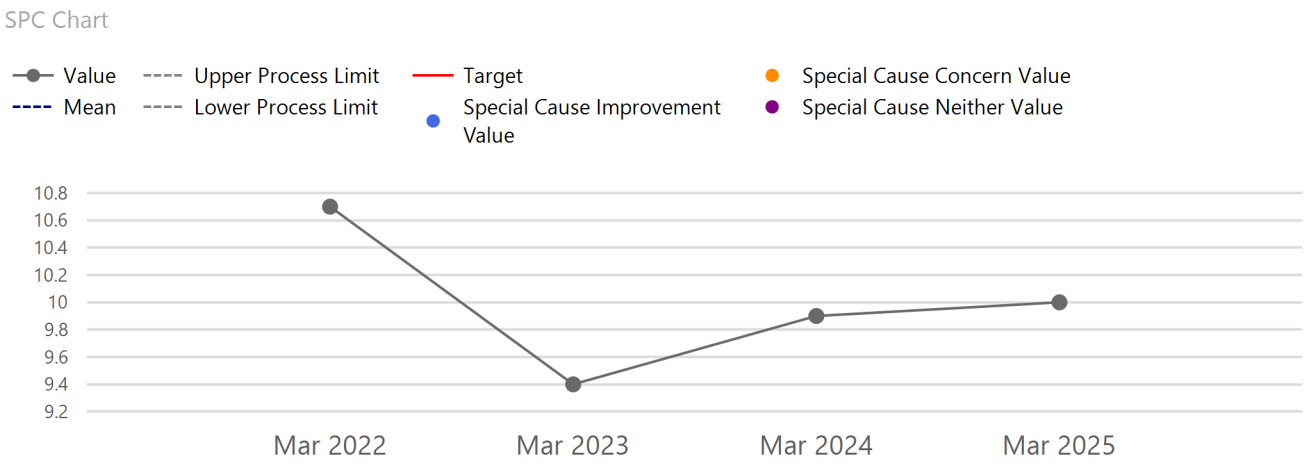
Concerns

No current concerns

Metric ID: 10000110

Decrease in the gap between most and least deprived reception year children for healthy weight, as measured by the CMP

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2025	10				Executive Director of Public Health



Narrative

Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale.

Actions and Owners

Action is on track. Actions in Good Food and Movement Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.

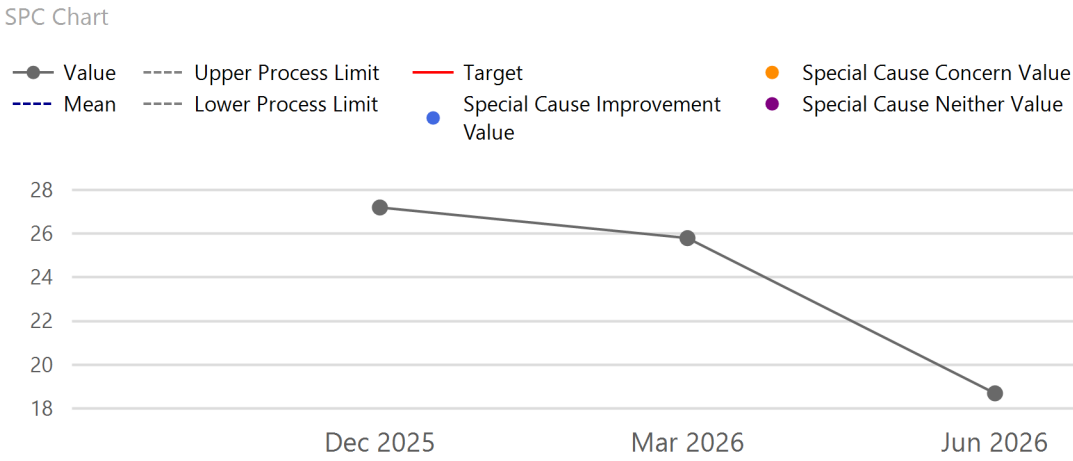
Action owner: CAV Public Health Team

Concerns

No current concerns

Metric ID: 10000111 Largest gap in uptake of 8 care processes at cluster level

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	18.7				Executive Director of Public Health



Narrative

Sustained increase in 8 care process completion over last three quarters for lowest completion rate cluster.
(Previous incorrect figure for Mar 26 revised to 25.8%)

Actions and Owners

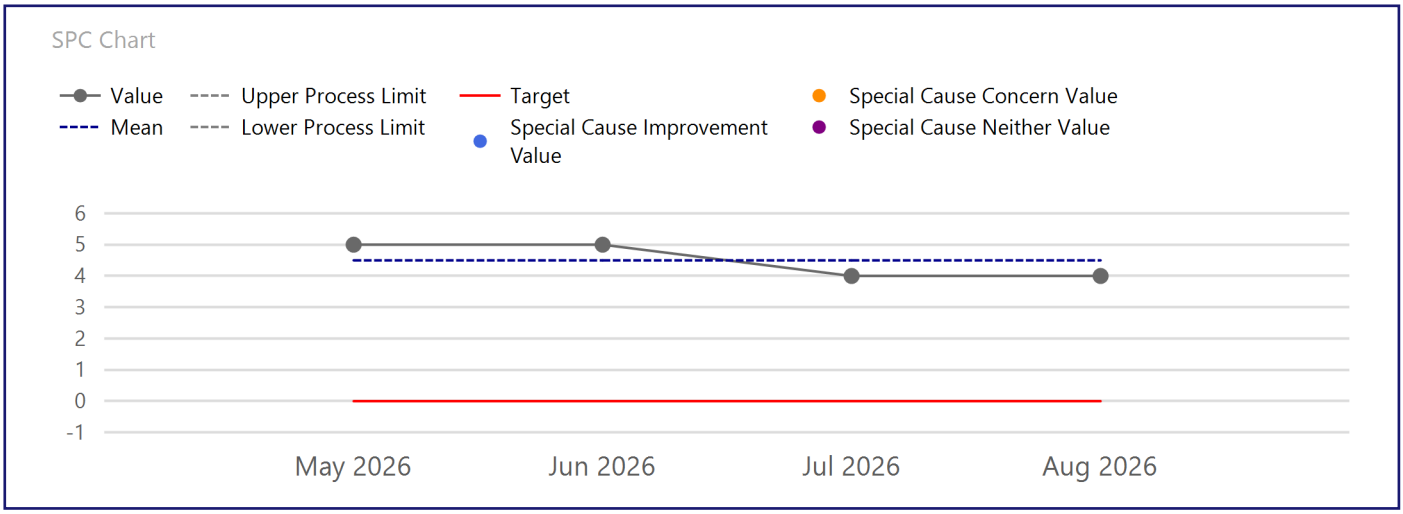
Primary Community and Intermediate Care (PCIC) Clinical Board are leading on 8 care process cluster work. They are looking at practice level data to identify and support lowest uptake practices, and providing practice-specific support and sharing best practice. Practice visits have taken place over Summer and into Autumn.

Concerns

Reduction in gap is also due to fall in care process completion rate from highest completion rate cluster.

Metric ID: 10000060 Nationally reportable incidents open over 12 months

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	4	0			Executive Director of Nursing



Narrative

There were four nationally reportable incidents open at the end of June 2026. All four incident reviews have extended beyond their planned review time.

Actions and Owners

Plans have been made between the Patient Safety Team and the Clinical Boards to manage these reviews. Three of the five outstanding incidents reported last month were closed as planned. Two further incidents have met the criteria for over 12 months in August.

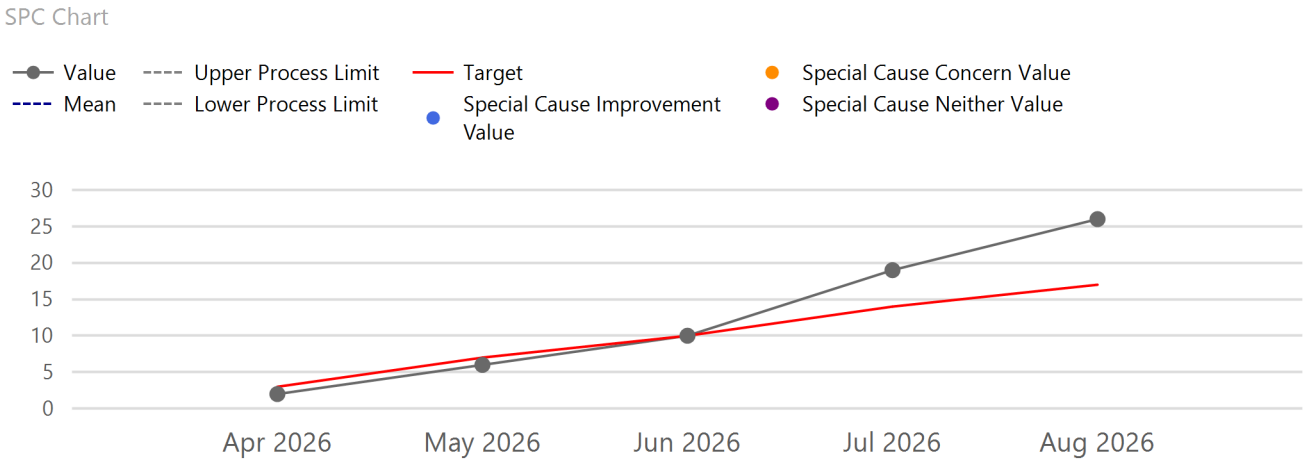
Each Clinical Board has been set an improvement trajectory to achieve zero nationally reportable incidents extending beyond their planned closure time, however five of seven clinical boards did not achieve their improvement target in August 2026. Their performance against these trajectories is overseen in the Executive Performance Reviews. The clinical boards have made very significant improvements in the management of patient safety incidents demonstrating a 205 reduction in open incidents in the past 10 months .

Concerns

Constraints in clinical board capacity to progress nationally reportable incident reviews is leading to delays beyond the agreed timescales. One outstanding incident has been jointly reported and reviewed with a second Health Board in Wales. Progressing this review is not within the control of the UHB

Metric ID: 10000061 Cumulative number of hospital onset Klebsiella spp BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	26	17	F		Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce their hospital onset Klebsiella species bacteraemia by 10% from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 45 hospital onset cases by the half way point (March 2026) and the Health Board did not achieve this reduction reporting 56 cases.

Actions and Owners

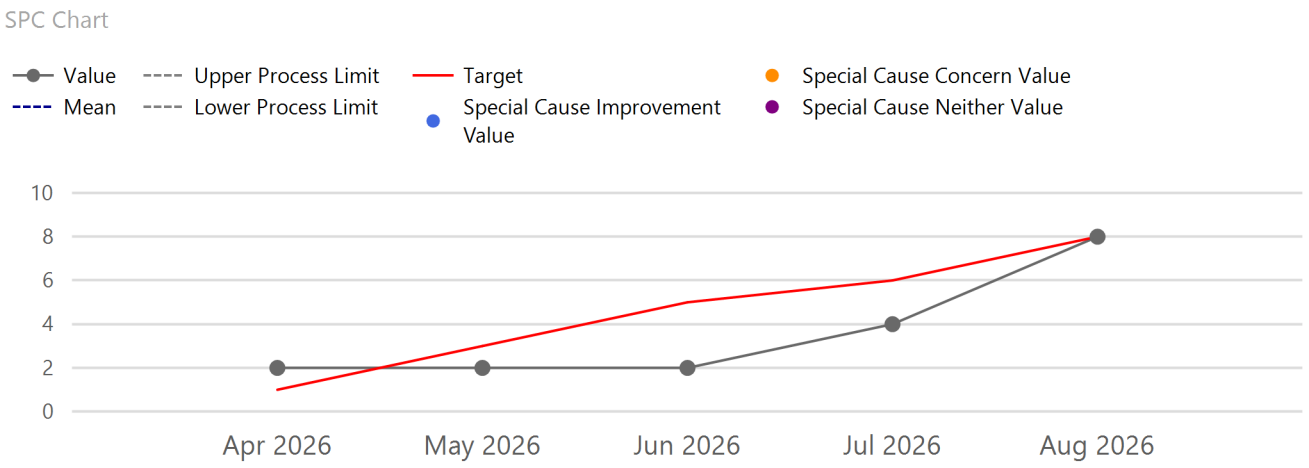
The IP&C team continue to monitor the number of cases and review the RCA's to identify themes which will be used to inform education and training for clinical teams

Concerns

the increase in numbers is a concerns, all Klebsiella sp's cases have a root cause analysis (RCA) undertaken however these are not identifying deficiencies in care and all cases have been deemed as unavoidable.

Metric ID: 10000062 Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	8	8	P		Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce their hospital onset Pseudomonas aeruginosa bacteraemia by 25% from the 2024/25 rate between April2025 and March 2027. The UHB set itself an internal target of no more than 26 hospital onset cases by the half way point (March 2026) and the Health Board exceeded this reduction reporting 13 cases.

Actions and Owners

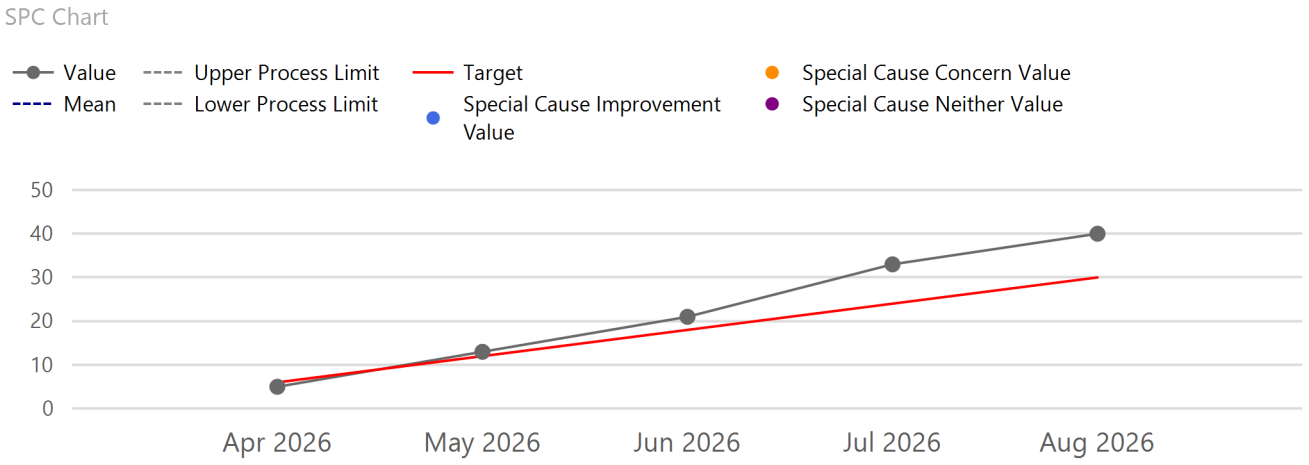
The IP&C team will continue to monitor the number of cases and review the RCA's to identify themes which will be used to inform education and training for clinical teams

Concerns

All PAER cases have a root cause analysis (RCA) undertaken however these are not identifying deficiencies in care and all cases have been deemed as unavoidable

Metric ID: 10000063 Cumulative number of hospital onset E.coli BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	40	30	F		Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce the number by hospital onset cases of E. coli bacteraemia by 10% from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 79 hospital onset cases by the half way point (March 2026) and the Health Board exceeded this reduction reporting 64 cases.

Actions and Owners

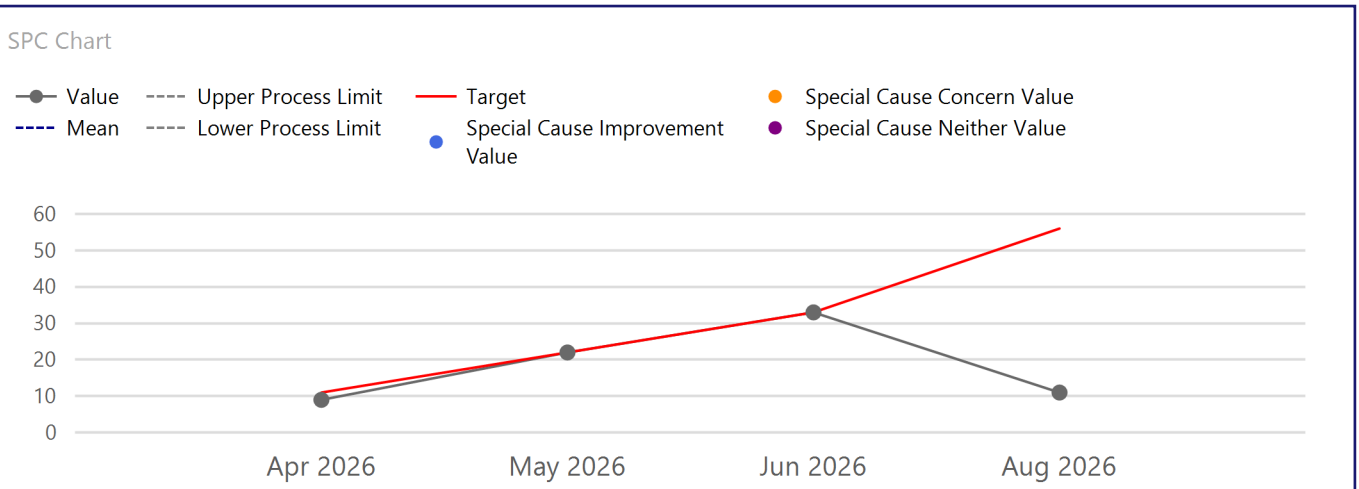
The Infection Prevention and Control team are increasing their programme of urinary catheter insertion and maintenance audits that they undertake and using this data to reinforce the required standards in individual clinical areas

Concerns

Compliance with urinary catheter insertion and care bundles ranges between 50 and100%, further education and training is required which will be addressed by the continence and IP&C teams

Metric ID: 10000064 Cumulative number of MSSA BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	11	56	P		Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce its number of MSSA by 20%from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 152 cases by the half way point (March 2026) and exceeded this reduction reporting 131 cases. If we continue the current trajectory the UHB will achieve the reduction goal.

Actions and Owners

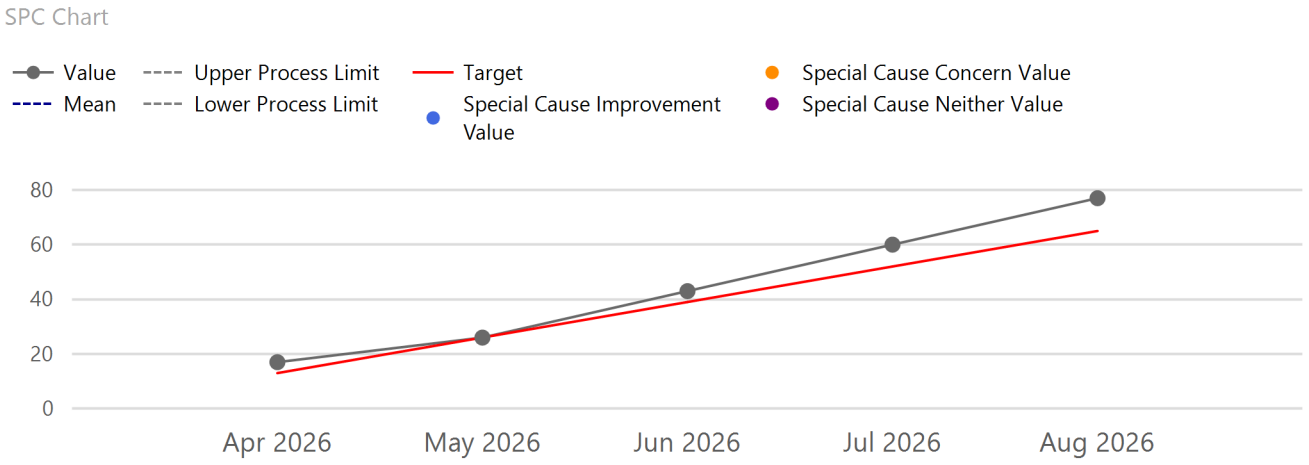
The Infection Prevention and Control team are increasing their programme of peripheral vascular catheter and central venous catheter insertion and maintenance bundle compliance audits that they undertake and using this data to reinforce the required standards in individual clinical areas.

Concerns

Anecdotally medical Compliance with Aseptic Non -Touch Technique (ANTT) is poor, training cannot be monitored with any confidence due to issues around recording of training attendance and competency assessment on ESR. Work being undertaken nationally to review ESR will address this issue.

Metric ID: 10000065 Cumulative number of C.difficile infection cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	77	65	F		Executive Director of Nursing



Narrative

There has been an increase in C. diff cases nationally over the past five years. WG issued a reduction expectation of 25% of cases reported in 24/25 to be achieved by March 2027. The UHB set itself an internal target of 184 by the half way point (March2026) but exceeded this number (186). The greatest number of cases observed were in paediatric oncology. In response with the C. diff Collaborative, targeted work has led to a 75% reduction in cases in this speciality. This work has included education for paediatric workforce to improve sampling techniques, isolation processes, antimicrobial review at 48 and 72 hours and decontamination of the room and equipment on discharge or resolution of infection.

Actions and Owners

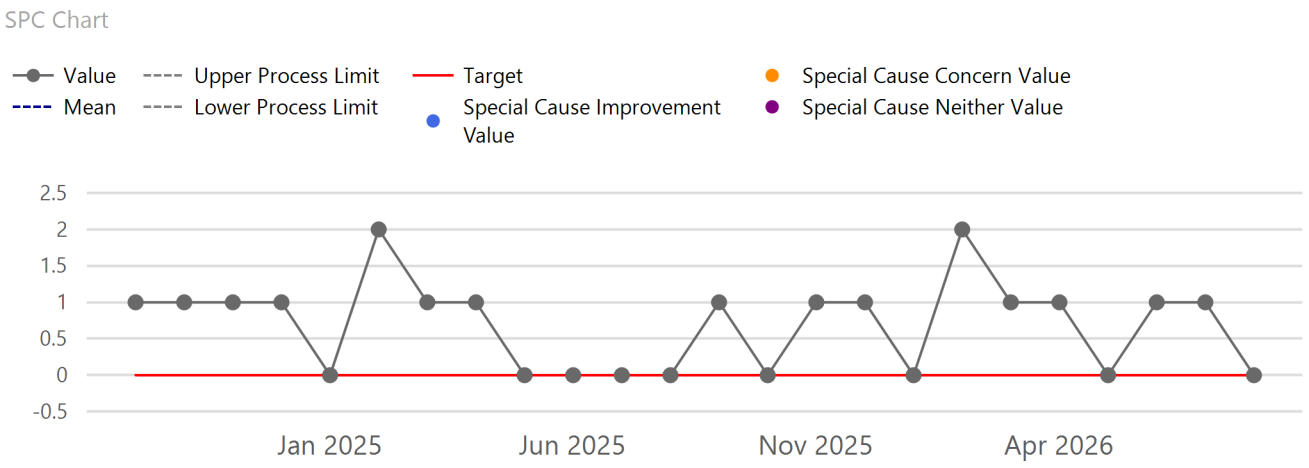
An education tool has been developed to provide an accessible resource for staff that aligns to the information that was provided to the paediatric workforce and was effective in delivering the improvement. There are ongoing constraints around making the education resource easily accessible for all staff by hosting on desktops on computers in clinical settings however the tool has been shared with all Clinical Board Directors of Nursing for cascade to clinical teams and is available on Sharepoint for all staff to access.
An improvement plan for the organisation has been developed and all Clinical Boards are developing their improvement plans to deliver against the organisational plan.

Concerns

There continues to be a rise in C.Diff cases, despite ongoing focus on improvements.

Metric ID: 10000066 Number of Never Events

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	0	0	P		Executive Director of Nursing



Narrative

The Health Board have reported eight Never Events in the past twelve months, Never Events are by definition incidents that are deemed to be avoidable due to the checks and balances that in place to prevent these from happening.

These incidents relate to medication administration via the incorrect route, retained foreign objects post procedure and insulin administration using the incorrect device.

Actions and Owners

The UHB has implemented a UHB National Safety Standards for Invasive Procedures group which will oversee the development and governance of all invasive procedures across the UHB ensuring standardisation and governance.

Communication from the Executive Nurse Director and Executive Medical Director was sent out across the entire UHB to remind staff of the requirement to use specific insulin devices when preparing insulin for administration. Insulin specific devices have been introduced into the perioperative directorate for preparing of insulin infusions, this has brought the Directorate in line with practice across the rest of the Health Board.

An August 2026 WHO Surgical Safety Checklist audit across four theatre suites reviewed 11 patient episodes and found consistently high compliance, with Team Brief, Sign In, Time Out, “happy to proceed” check and Sign Out completed and documented in all audited cases, providing positive assurance that the checklist process is well embed

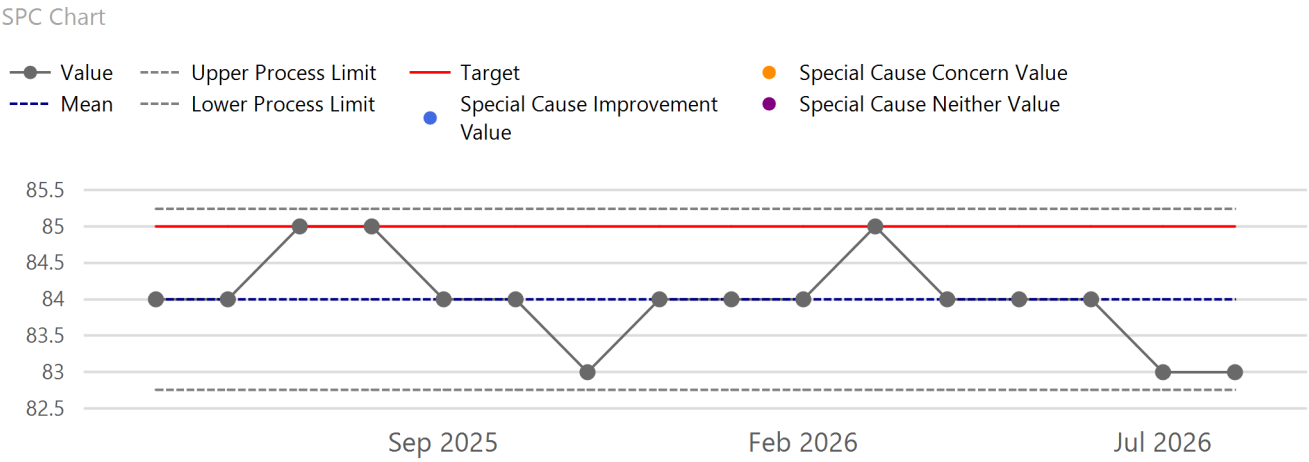
Concerns

These incidents relate to medication administration via the incorrect route, retained foreign objects post procedure and insulin administration using the incorrect device.

Each of these incidents demonstrates deviation or weaknesses in established checking processes. Specifically, the use of EN fit syringes to draw up and administer medications via an enteral route. The use of non insulin specific devices for insulin preparation in the perioperative environment and weaknesses in the intra operative surgical count process.

Metric ID: 10000067 Overall HB overall patient experience score

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	83	85			Executive Director of Nursing



Narrative

Overall patient experience scores remained stable at 83% in both July and August, indicating a consistently positive experience across Health Board service

Actions and Owners

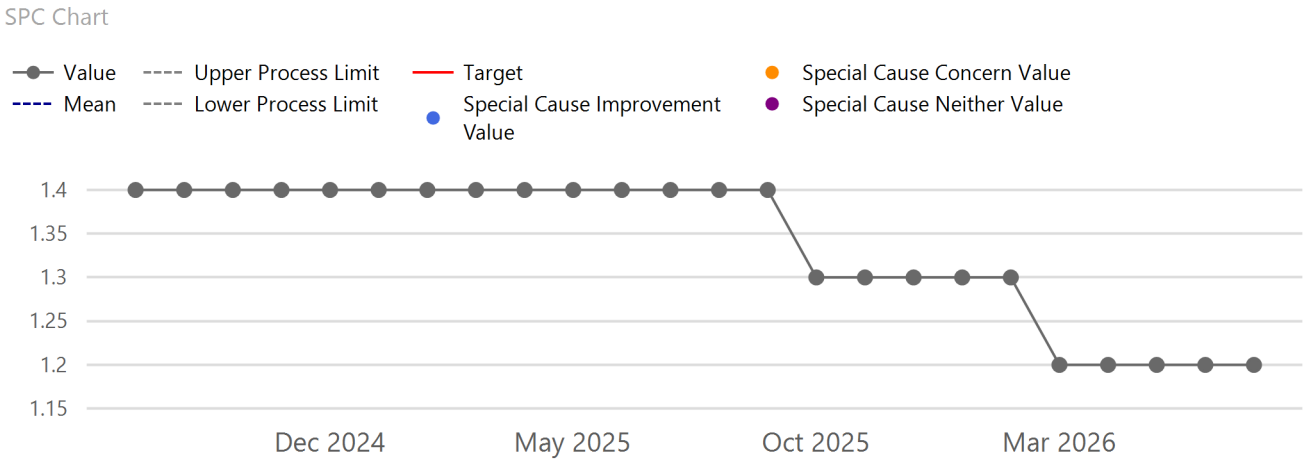
Learning from patient experience feedback continues to be reviewed through governance arrangements and used to inform quality improvement initiatives, with a particular focus on strengthening communication, patient engagement and coordination of care.

Concerns

The main themes identified for improvement relate to communication, including the provision of timely updates, clarity of information, and continuity of communication throughout the patient journey. Feedback also highlighted concerns regarding waiting times and service coordination, particularly where patients required input from multiple teams.

Metric ID: 10000068 Crude rolling 12 month Inpatient Mortality

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	1.2				Executive Director of Nursing



Narrative

Crude mortality demonstrates the annualised proportion of inpatients that die in hospital.

The UHB has sustained a eight month reduction in crude mortality below the mean, since November 2025 with an annualised rate of 1.2% in April and May 2026. The UHB has remained below the All-Wales rate since April 2024 and has reported the lowest crude annual mortality rate in Wales of all Welsh health organisations during this period.

Actions and Owners

UHB Mortality governance is being strengthened by introducing a standardised Mortality and Morbidity tool. The M&M tool will be hosted on the UHB digital clinical governance systems (AMaT), providing oversight of Medical Examiner referrals, and . Individualised support is being provided to directorates to implement, led by the Patient Safety team. Over the next three months Major Trauma, Gynaecology and Haematology directorate swill be supported to implement an effective M&M process and to utilise the AMaT tool.

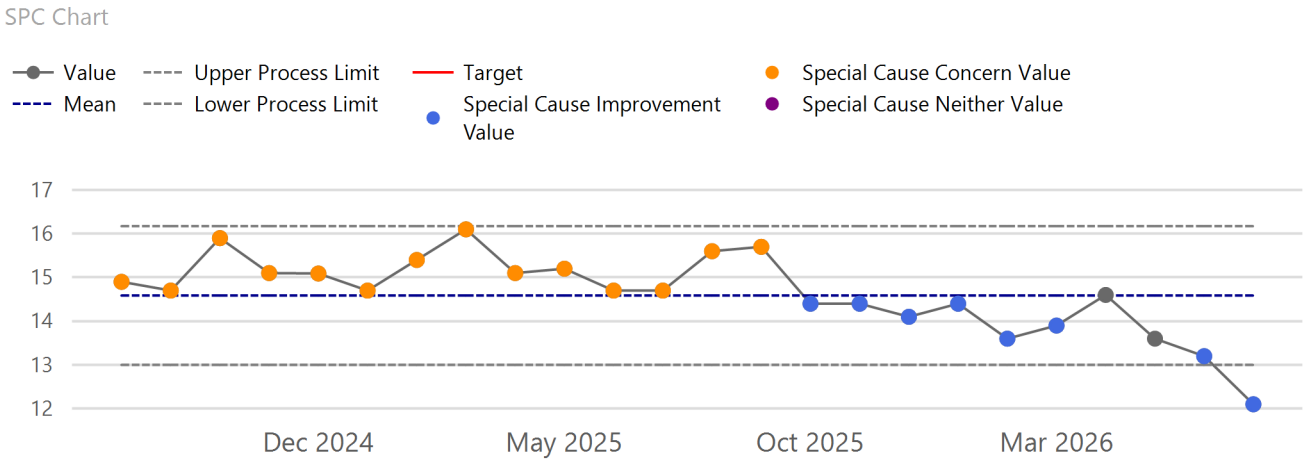
Concerns

This measure does not adjust for risk and therefore will not take into account complexity or risk of each individual or calculate their risk of dying.

There is variation in Mortality and Morbidity review processes across the UHB resulting in limitations around the ability to scrutinise outcomes in the event of increasing mortality rates.

Metric ID: 10000069 Stroke Mortality within 30 days following admission with stroke (CHKS)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	12.1				Executive Director of Nursing



Narrative

Stroke Mortality is measured as part of the Sentinel Stroke National Audit Plan (SSNAP) and as a risk adjusted rolling annual mortality.

SSNAP mortality between August 2024 and August 2025 was 9.4% in line with the national SSNAP mortality rate. Adjusted annual rolling mortality for the same period was between 14.7% and 16.1% and significantly above the All-Wales rate.

For the previous nine months adjusted rolling annual mortality has shown a sustained improvement falling below the mean with a rate of 12.1% in July 2026. However, this remains above the All- Wales average which was 11.4% in July 2026.

Actions and Owners

Local work undertaken between the stroke services and clinical coding team is ongoing and is focused on improving the accuracy and timeliness of stroke coding.

UHB wide work to deliver improved compliance with clinical coding is underway. A decision was made to shift coding resources from meeting outstanding 2025 /2026 coding requirements to prospective coding for 2026/27. Coding of episodes of care within 1 month of discharge is 77.37% since April

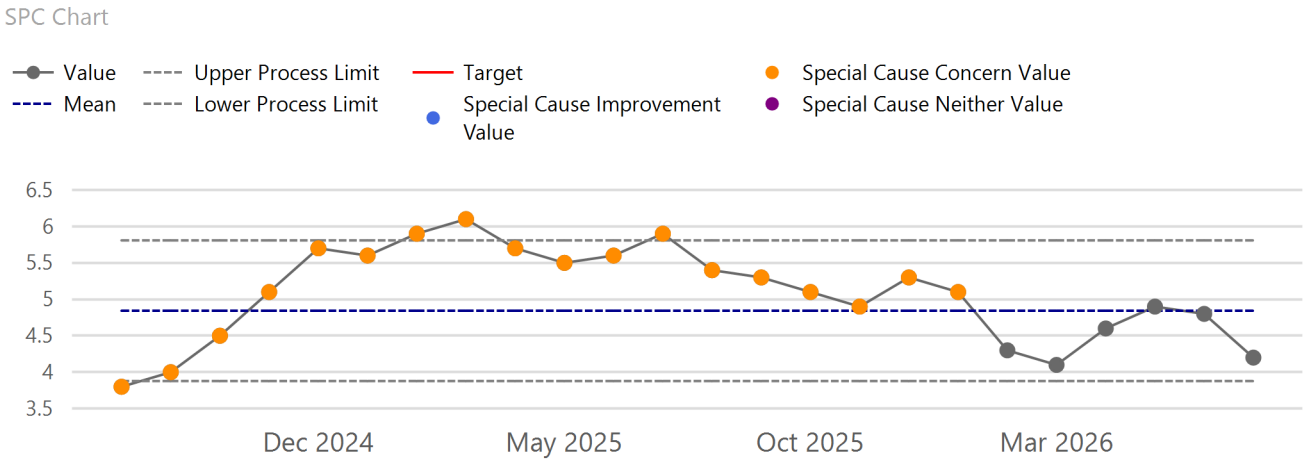
Concerns

Scrutiny of clinical coding of stroke cases has demonstrated inaccuracies and delays in the coding of cases which is resulting in inaccurate and elevated annual rolling mortality rates.

Variation in the reliability of data impacts on the ability of the organisation to have a responsive approach to mortality governance and its ability to put in place appropriate actions and scrutiny of deaths

Metric ID: 10000071 Hip Fracture Mortality within 30 days following admission with hip fracture

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	4.2				Executive Director of Nursing



Narrative

Hip Fracture mortality is recorded through the National Hip Fracture Database as well as a rolling annual case adjusted mortality indicator.

Cardiff and Vale Mortality as recorded in the National Hip Fracture Database was well above the national average throughout 2025 and was at or close to the upper control limit (two standard deviations) between 6.6% -7% throughout 2025 and the first quarter of 2026.

The All-Wales rolling mortality rate in July 2026 was 4.8% and the UHB recorded a rate of 4.2% and rolling annual mortality throughout 2025 was between 4.7% and 6.1

Actions and Owners

Improvements in clinical coding will support greater reliability of risk adjusted hip fracture mortality data and will therefore support a more informed approach to responding to changes in mortality rates.

The implementation of the standardised Mortality and Morbidity module will provide greater scrutiny and oversight of hip fracture mortality.

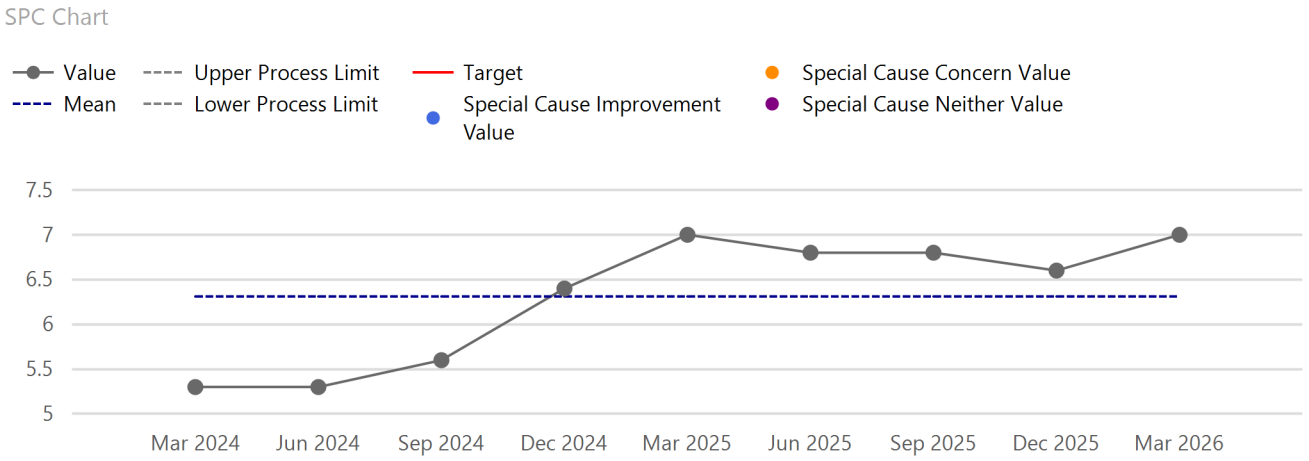
Concerns

Variation in mortality data between the National Hip Fracture Data base and adjusted rolling mortality hip fracture mortality means that a responsive approach to scrutinising variation in mortality rates

Metric ID: 10000072

Hip Fracture Mortality within 30 days following admission with hip fracture (NHFD)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	7				Executive Director of Nursing



Narrative

Cardiff and Vale Mortality as recorded in the National Hip Fracture Database was well above the national average throughout 2025 and was at or close to the upper control limit (two standard deviations) between 6.6% -7% throughout 2025 and the first quarter of 2026.

The All-Wales rolling mortality rate in July 2026 was 4.2% and the UHB recorded a rate of 4.8% and rolling annual mortality throughout 2025 was between 4.7% and 6.1%.

Actions and Owners

Improvements in clinical coding will support greater reliability of risk adjusted hip fracture mortality data and will therefore support a more informed approach to responding to changes in mortality rates.

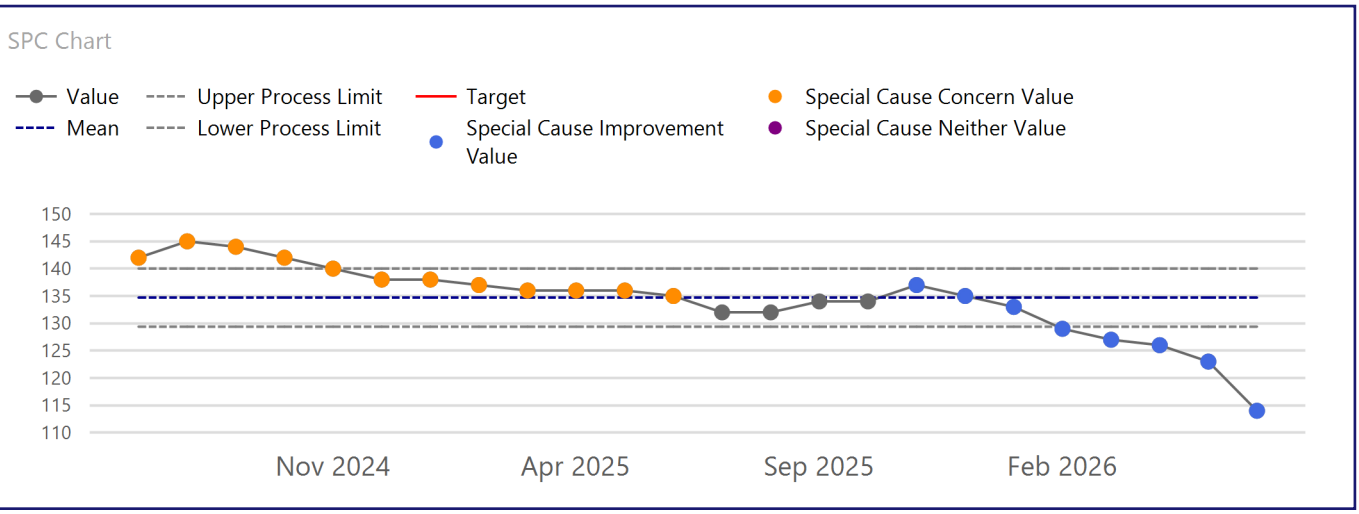
The implementation of the standardised Mortality and Morbidity module will provide greater scrutiny and oversight of hip fracture mortality.

Concerns

Variation in mortality data between the National Hip Fracture Data base and adjusted rolling mortality hip fracture mortality means that a responsive approach to scrutinising variation in mortality rates

Metric ID: 10000073 Risk Adjusted Mortality Index

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	114				Executive Director of Nursing



Narrative

Annualised Risk Adjusted Mortality Index is a measure that risk adjusts for variables such as underlying health of patients, co-morbidities and procedures being undertaken. The average RAMI is described as 100 and it is anticipated that 50% of patient will fall above this average and 50% below. RAMI is rebased annually to take into account annual variation in the "norm."

There has been a significant reduction in UHB RAMI and for the past four months has been below the lower control limits. Despite this improvement RAMI remains well above 100 (112 in August) and the UHB is recording the second highest RAMI amongst Welsh health organisations.

Actions and Owners

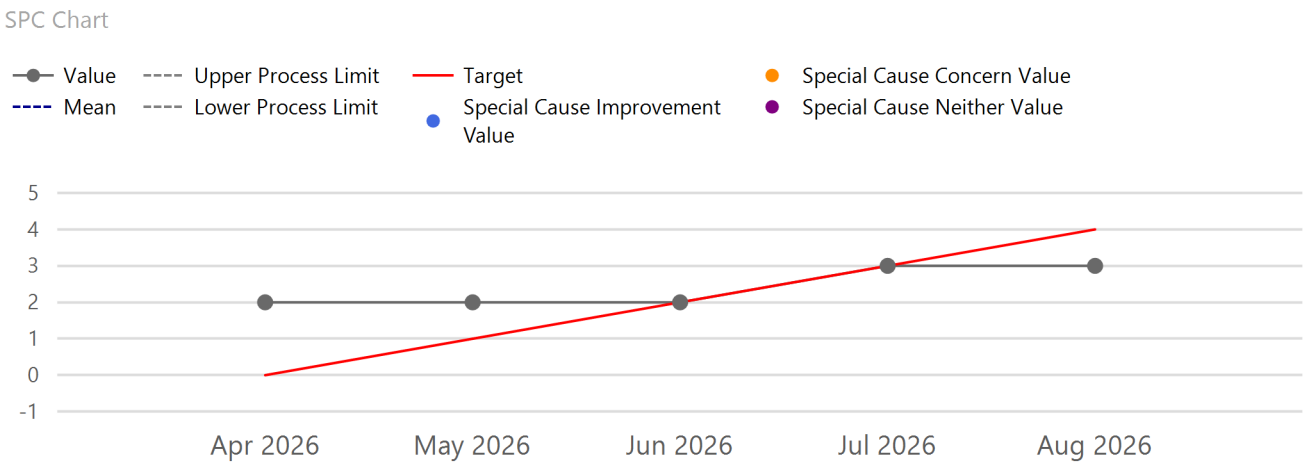
A decision was made to shift coding resources from meeting outstanding 2025 /2026 coding requirements to prospective coding for 2026/27. Coding compliance was 62.39% nearing the end of August 2025, a reduction on previous months, however overall completion rates since April 2026 were 77.37 compared to 72.12 at the same point in 2025

Concerns

Delays in clinical coding and prioritisation of coding of deceased patients episodes of care has resulted in elevated RAMI and therefore impacts on the reliability of the data and the ability of the UHB to use RAMI as a quality indicator. Coding compliance was 62.39% nearing the end of August 2025, a reduction on previous months

Metric ID: 10000167 Cumulative number of hospital onset MRSA BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	3	4	P		Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce their MRSA rates reported in 2024/2025 between April 2025 and April 2027. However, the 2025/26 reporting rate exceeded that of the previous year with 18 cases reported in total of which 8 were hospital onset and approximately half of these were related to line insertion.

Actions and Owners

The IP&C team will be increasing their peripheral vascular catheter and central venous catheter insertion and maintenance bundle compliance audits to assess adherence with the insertion and care bundles. Executive reviews are now focusing on MRSA cases with scrutiny of route cause analysis of each case chaired by the Executive Medical Director and Executive Nurse Director and supported by the IP&C and clinical teams. There is an overarching organisational improvement plan and each Clinical Board are also providing their improvement plans

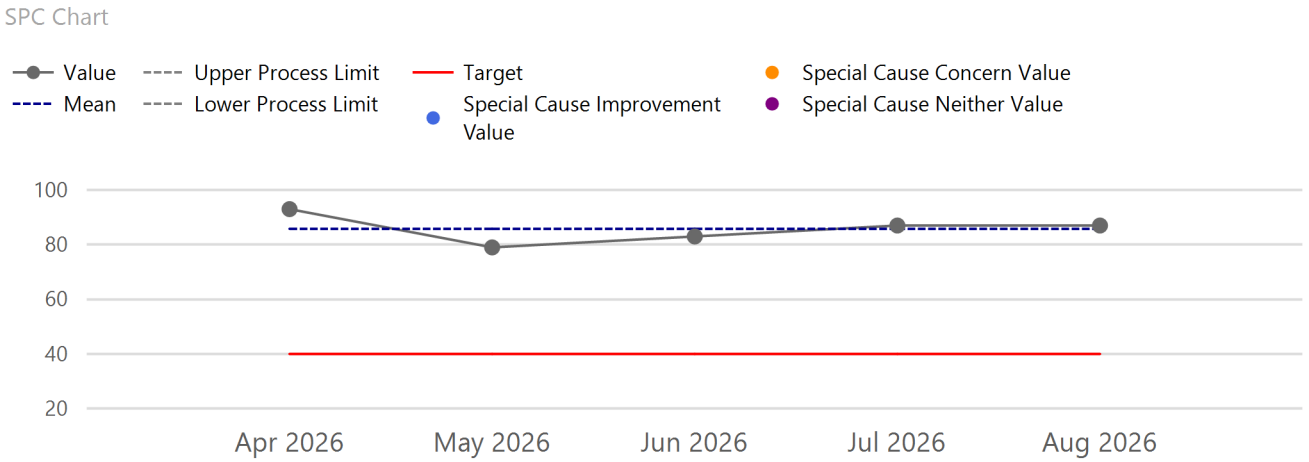
Concerns

The UHB is reporting the third highest rate of MRSA in Wales. ANTT training uptake amongst medical workforce is low, however training compliance data on ESR is unreliable. A national update of ESR should result in usable training data. MRSA admission screening compliance is not where we would want it however compliance is improving

Metric ID: 10000168

Percentage of suitable complaints dealt with through the early resolution process

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	87	40			Executive Director of Nursing



Narrative

87% of complaints were resolved through Early Resolution, significantly exceeding the 40% target%. T

Actions and Owners

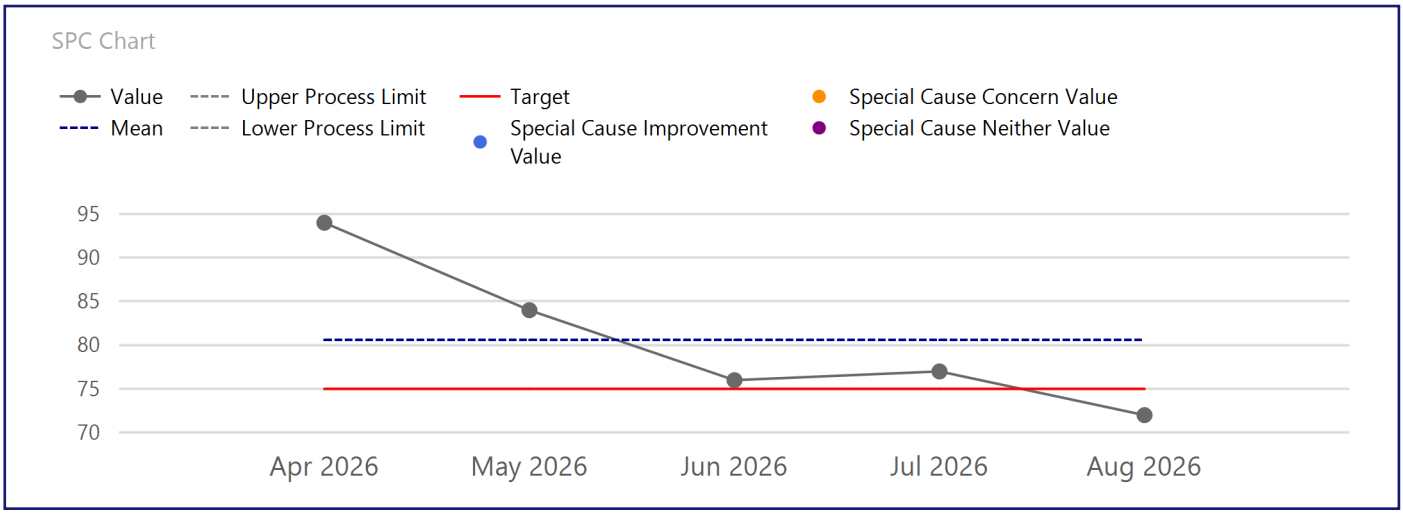
his demonstrates effective local management of concerns, enabling issues to be addressed promptly and reducing the need for formal investigation where appropriate.

Concerns

Early Resolution continues to provide timely responses for patients and families whilst supporting organisational learning and service improvement

Metric ID: 10000169 Compliance with selected response timeframe for all complaints investigations

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	72	75			Executive Director of Nursing



Narrative

July performance: 77%
August performance: 72%
5 percentage point reduction month-on-month.
Focus remains on improving timeliness whilst maintaining the quality, compassion and learning requirements of the Listening to People framework.

Actions and Owners

Actions to Improve Performance
Weekly concerns tracker meetings established with Clinical Boards to review overdue cases, agree recovery actions and monitor progress.
Strengthened accountability arrangements through regular escalation of delayed responses.
Development of a complaints management system to improve case tracking and oversight.
Introduction of a performance dashboard to provide real-time monitoring of compliance with LTP timescales.
Enhanced thematic reporting to identify trends, support organisational learning and inform quality improvement initiatives.
Continued focus on embedding the Listening to People principles of timely communication, transparency and compassionate engagement.

Concerns

Volume and complexity is challenging

Metric ID: 10000036 Percentage of sickness absence rate of staff (In-month)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	6.1026	5.5			Executive Director of People and Culture

Narrative

The in-month sickness absence rate was 6.10% in August 2026, compared with 5.80% in April, and remains above the UHB target of 5.50%. The position is, however, better than August 2025, when the rate was 6.24%. Unless the SPC chart identifies a special-cause signal, the variation should be treated as common cause, requiring continued system-level improvement combined with targeted action in hotspot areas.

Actions and Owners

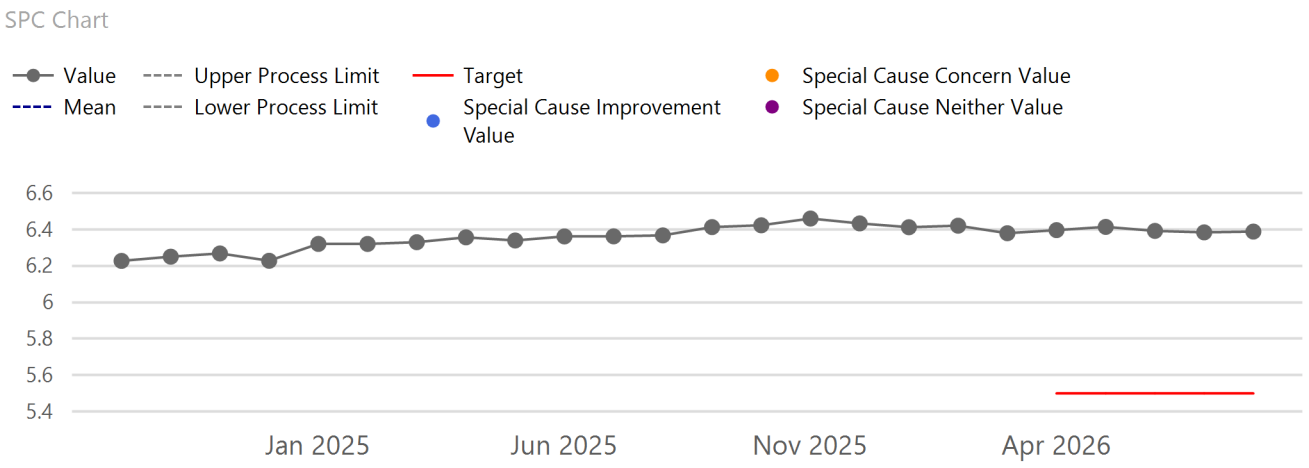
Further grip is still required, particularly on long-term absence, stress-related absence, data quality and timely case progression. The focus will be on scaling what works, strengthening Managing Attendance at Work compliance, preparing for winter pressures and improving insight to support prevention.

Concerns

Performance remains above target. There is limited assurance that current improvement will be sustained without stronger Clinical Board recovery trajectories, consistent attendance-management practice and demonstrable impact from targeted interventions. There is evidence that targeted intervention is making a difference, with improvements seen in numerous areas, some of these are identified in the report. Focused case management, sickness workshops, attendance panels and management coaching as well as additional signposting and wellbeing for staff have supported with these improvements.

Metric ID: 10000037 Percentage of sickness absence rate of staff (12-month cumulative)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	6.3883	5.5	F		Executive Director of People and Culture



Narrative

The 12-month cumulative sickness absence rate remains above the organisational target of 5.5%, with the latest reported position at approximately 6.4%. The SPC chart demonstrates a stable pattern of variation with no evidence of significant special cause improvement or deterioration during the reporting period. Following a gradual increase during 2025, absence levels have remained consistently elevated throughout 2026.

Whilst the absence rate has stabilised in recent months, performance continues to be materially above target, indicating that sickness absence remains an ongoing workforce challenge. The absence trajectory suggests that current interventions may be mitigating further deterioration but have not yet delivered the sustained improvement required to achieve the target level.

Actions and Owners

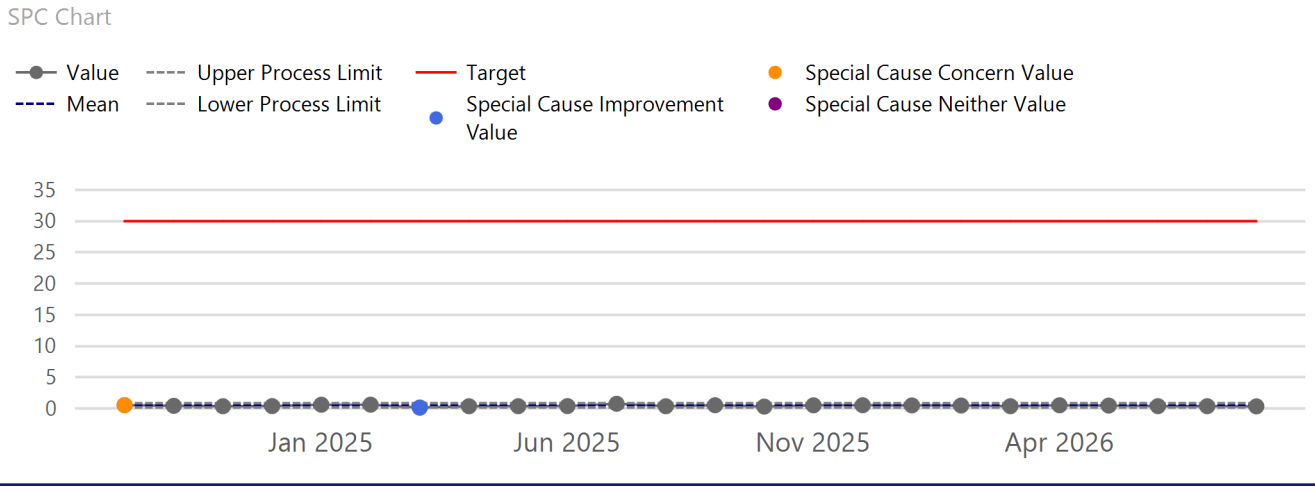
Continue targeted hotspot reviews within services reporting sickness absence above UHB average. Strengthen compliance monitoring of Managing Attendance at Work policy, including trigger meetings, return to work interviews and case reviews.

Concerns

Continued focus is required on reducing long-term absence, improving attendance management compliance, and targeting support within areas demonstrating the highest absence rates. Given the cumulative nature of the measure, any improvement actions undertaken are likely to take several months before generating a significant downward shift in the reported metric.

Metric ID: 10000039 Agency spend as a percentage of the total pay bill.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	0.3689	30	P		Executive Director of People and Culture



Narrative

Agency spend as a percentage of the total pay bill was 0.37% in August 2026, with the SPC chart indicating common cause variation. This suggests that performance is stable, predictable and operating within expected limits, with no evidence of unusual variation or deterioration in agency reliance. The Health Board continues to demonstrate strong control of agency expenditure, reflecting ongoing workforce management actions, effective deployment of substantive staff, and reduced reliance on temporary staffing solutions. The current position provides a high level of assurance that agency expenditure is being effectively managed and is supporting the organisation's financial recovery objectives

Actions and Owners

Continue monthly monitoring of agency expenditure by Clinical Board, Directorate and staff group to identify emerging hotspots and address any upward trends at the earliest opportunity.
Ensure vacancies are actively reviewed through workforce planning and recruitment control processes, with priority given to substantive recruitment and alternative staffing solutions where appropriate.
Maintain scrutiny of agency usage through established financial recovery and workforce governance arrangements.
Support Clinical Boards to maximise bank utilisation and workforce redesign opportunities before agency engagement is approved.
Regularly review high-spend areas and require recovery plans where agency expenditure begins to increase beyond expected limits.

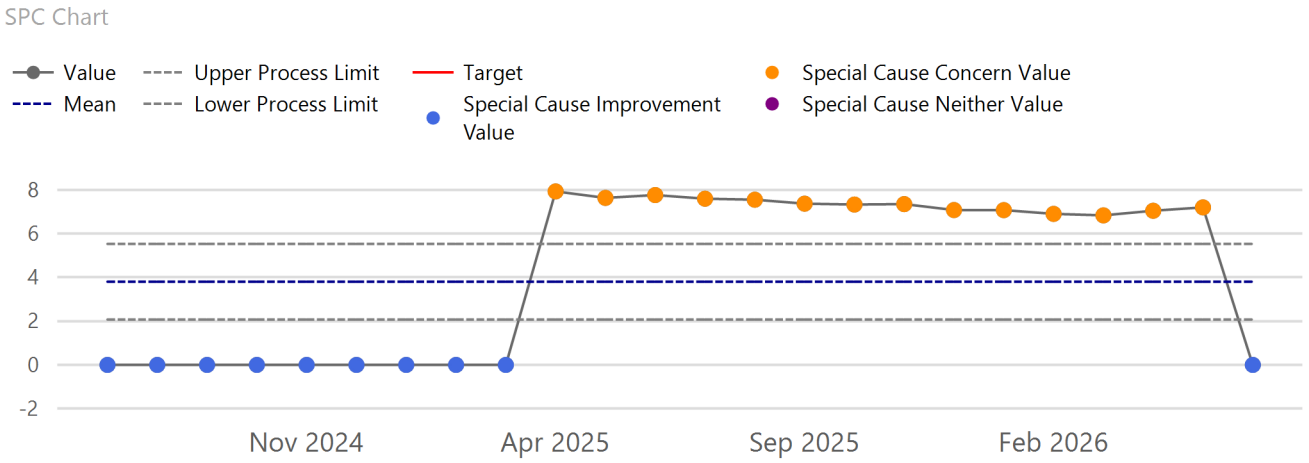
Concerns

Although performance remains favourable, the SPC chart demonstrates a stable pattern rather than continued improvement, indicating that further reductions may become increasingly difficult to achieve without addressing underlying workforce supply challenges.
Ongoing workforce pressures, recruitment challenges, sickness absence, or service demand increases could result in renewed reliance on agency staffing if not actively managed.
Continued vigilance is required to ensure compliance with national and local controls on agency expenditure and to prevent cost pressures emerging in high-risk service areas.
Any deterioration in substantive workforce availability could quickly impact agency utilisation and expenditure levels.

Metric ID: 10000074

Turnover rate for nurse, midwifery, medical and dental registered staff leaving NHS Wales

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0				Executive Director of People and Culture



Narrative

HEIW publish this data on a quarterly basis. The narrative below is the same as reported previously, this will be updated when a refresh of the data is provided.

The SPC chart indicates that the turnover rate for nursing, midwifery, medical and dental registered staff leaving NHS Wales remains below the 7–9% target range, with the latest reported value for June 2026 at 0.0. The chart is showing improvement/low variation, suggesting that the metric is not currently demonstrating adverse movement; however, the very low reported position may need to be interpreted with caution due to known data quality limitations in recording future employment destination on termination forms.

Actions and Owners

- Reinforce to managers the importance of accurately completing termination forms/SMA, particularly the future employment destination field.
- Strengthen communication with managers and People & Culture Business Partners to improve compliance and consistency of recording.
- Review data completeness on a monthly basis to identify areas where termination forms are incomplete or inconsistently recorded.
- Use improved leaver destination data to support retention analysis and identify any emerging workforce risks or themes.

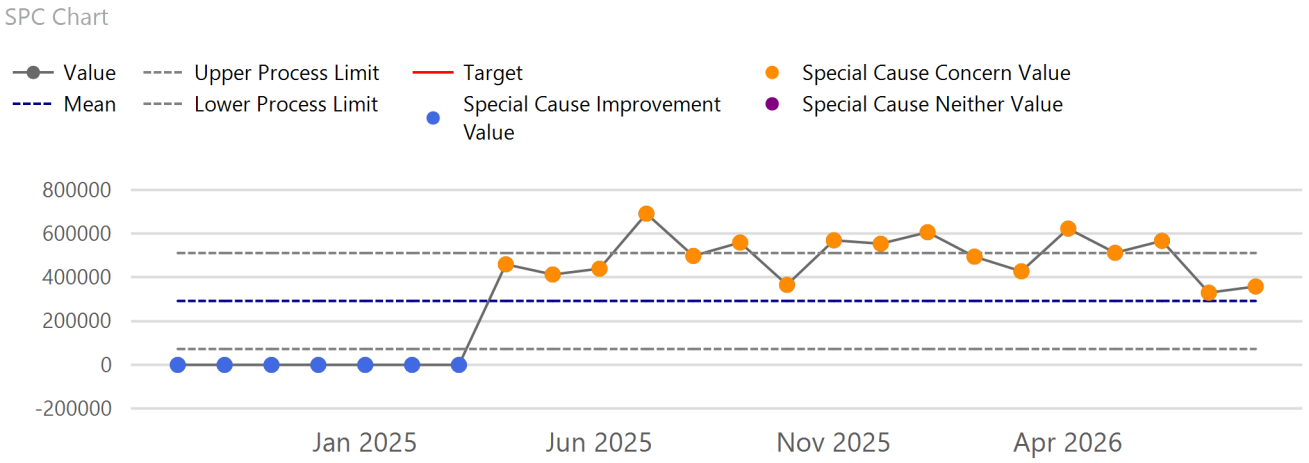
Owner: Workforce Information Team/People Analytics Team

Concerns

- The turnover rate is currently below the expected 7–9% target range, although this may not fully reflect the true position due to incomplete capture of staff destination data.
- There is a data quality concern: the organisation does not have an accurate picture of leavers' future employment because this relies on managers completing the relevant section of the termination form/SMA.
- This limits the ability to understand whether staff are leaving for other NHS Wales organisations, non-NHS employment, retirement, career progression, or other reasons.

Metric ID: 10000075 Agency Spend

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	358596			H	Executive Director of People and Culture



Narrative

Agency expenditure remains above the trajectory required to achieve the Welsh Government target of a 30% reduction. Whilst expenditure reduced in July to £330k, this position should be interpreted with caution as it includes the reclassification of Radiology insourcing costs rather than a wholly recurrent reduction in agency utilisation. Agency costs increased to £358k in August 26 and was below the monthly ceiling of £374k. However, cumulative spend to Month 5 remains £522k above the profiled ceiling required to deliver the annual target.

Actions and Owners

Continued executive scrutiny and conversion of agency workers to bank or substantive employment will be required if the Health Board is to recover the year-to-date variance and achieve the full 30% reduction target.

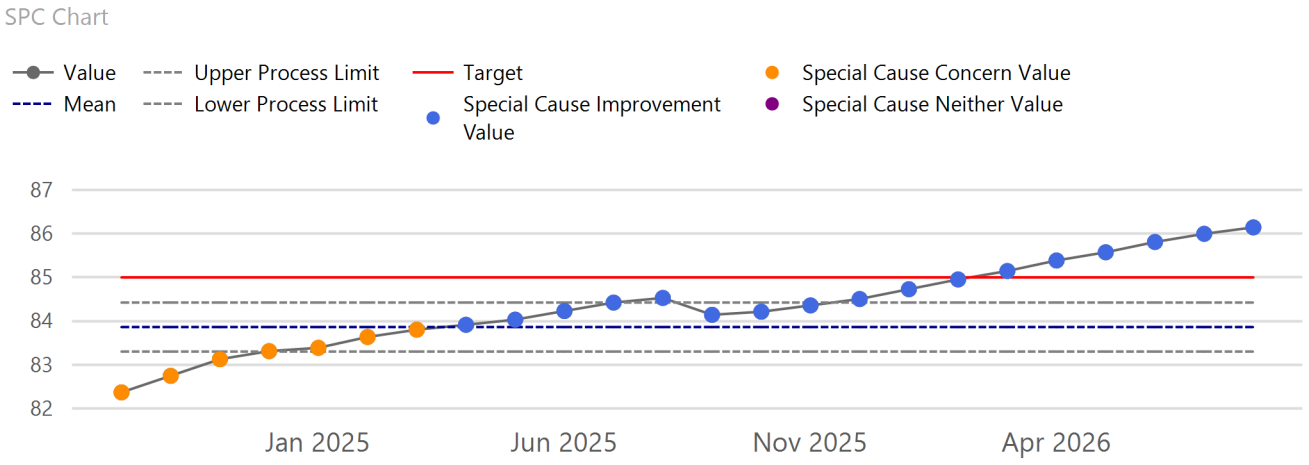
Agency expenditure should be reviewed by the clinical boards to Progress should be reviewed monthly using the SPC chart, with any special-cause variation or sustained adverse movement investigated and supported by named actions, owners and delivery dates.

Concerns

Jul–Aug show improvement, but the current full-year forecast remains materially above the 30% reduction ceiling.

Metric ID: 10000076 Equality Data Provision - Disability

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	86.1452	85	F	H	Executive Director of People and Culture



Narrative

Disability data completeness continues to improve, increasing from 85.81% in June 2026 to 86.15% in August 2026, an improvement of 0.34%. Performance remains above the organisational target of 85%, providing increased confidence in the completeness of the dataset.
The sustained positive direction suggests that existing workforce processes, including staff engagement, onboarding and routine prompts to review equality information, are supporting improved data completeness. More complete disability information strengthens workforce equality reporting and supports a better understanding of workforce representation and staff experience.

Actions and Owners

Embed equality monitoring discussions into routine staff conversations, appraisals and onboarding processes.
Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service level and target support to low-performing areas.

Owner: Equality & Inclusion Team/People Analytics Team

Continue communications to improve understanding of how disability data is used to support staff and reasonable adjustments.

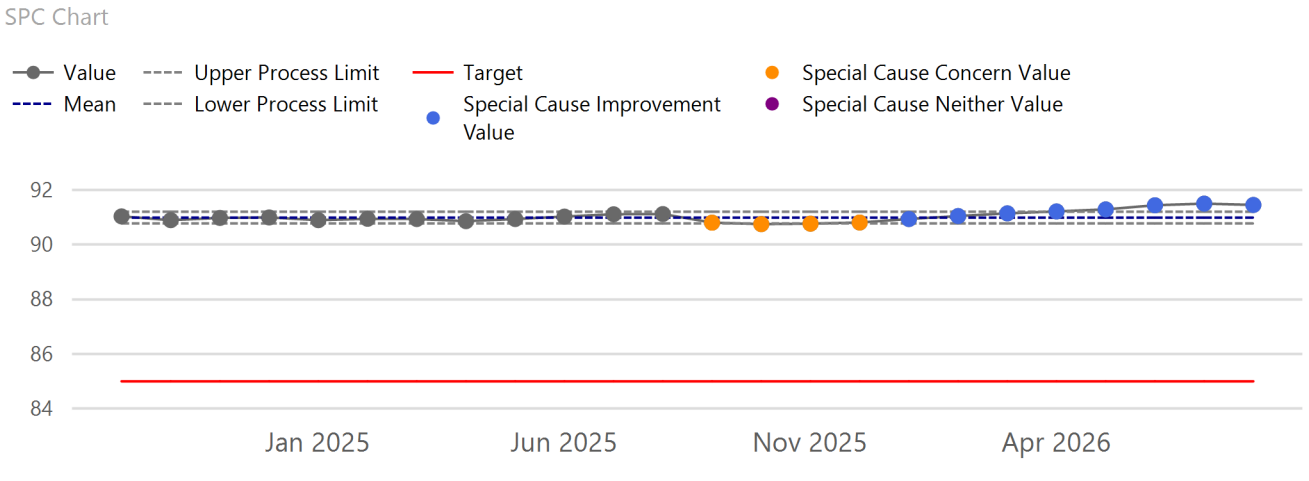
Owner: Equality & Inclusion Team

Concerns

Whilst performance is above target, approximately 14% of staff have not disclosed disability status. As disability remains a sensitive disclosure area, there is a risk that improvement may plateau without further targeted engagement. Incomplete data may also limit the accuracy of Workforce Equality Standard reporting and understanding of staff experience.

Metric ID: 10000077 Equality Data Provision - Ethnicity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	91.4533	85	P	H	Executive Director of People and Culture



Narrative

Ethnicity data completeness remains strong, increasing marginally from 91.44% in June 2026 to 91.45% in August 2026. Performance remains 6.45% above the organisational target of 85%.
The consistently high completion rate indicates that ethnicity data collection is well embedded within workforce processes and provides a strong foundation for workforce planning and Workforce Race Equality Standard reporting. However, high data completeness does not in itself demonstrate equality of workforce outcomes, and the data must continue to inform action on representation, experience and progression.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, escalating areas of lower performance.

Owner: Equality & Inclusion Team/People Analytics Team

Continue targeted communications to reinforce the purpose and value of ethnicity data collection.

Owner: Equality & Inclusion Team

Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets

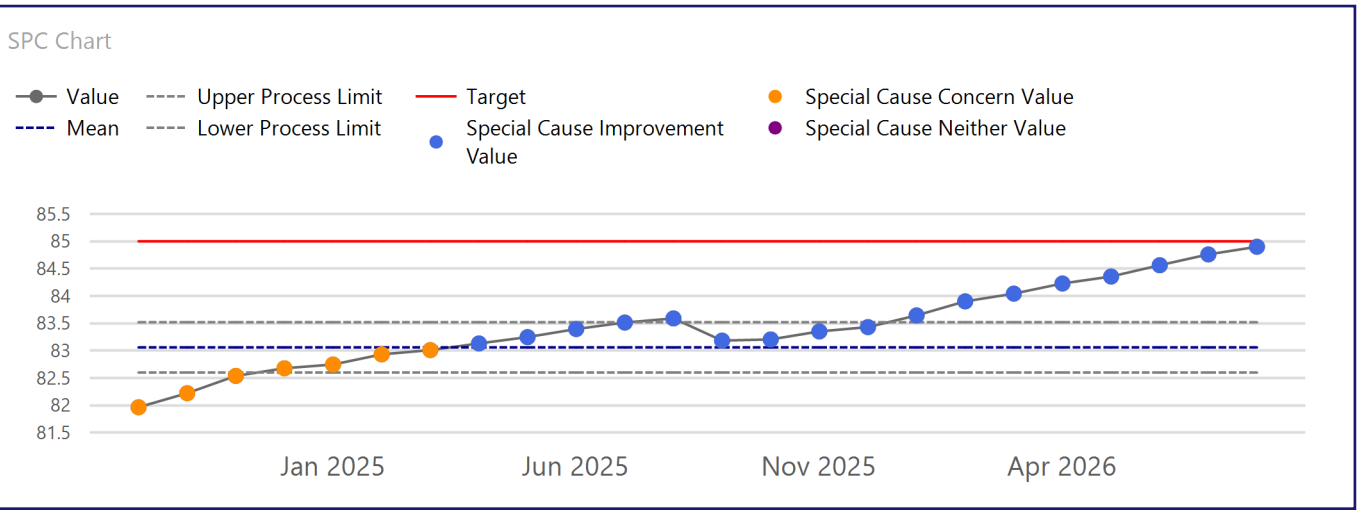
Owner: Equality & Inclusion Team

Concerns

Performance has plateaued, with approximately 9% of staff not declaring ethnicity. This may indicate that existing approaches have reached the limits of their effectiveness, and pockets of lower completion may be masked within organisational-level reporting. Incomplete data may reduce the accuracy of future WRES reporting and limit understanding of workforce representation and experience.

Metric ID: 10000078 Equality Data Provision - Religion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	84.9	85	F	H	Executive Director of People and Culture



Narrative

Religion and belief data completeness increased from 84.56% in June 2026 to 84.90% in August 2026, an improvement of 0.34%. Performance is now only 0.10% below the organisational target of 85%.
The direction of travel remains positive and suggests that existing workforce processes and engagement activity are supporting gradual improvement. Greater completeness strengthens the reliability of workforce equality reporting and understanding of workforce demographics.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, escalating areas of lower performance.

Owner: Equality & Inclusion Team/People Analytics Team

Continue communications to reinforce the purpose, confidentiality and value of religion and belief data collection.

Owner: Equality & Inclusion Team

Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

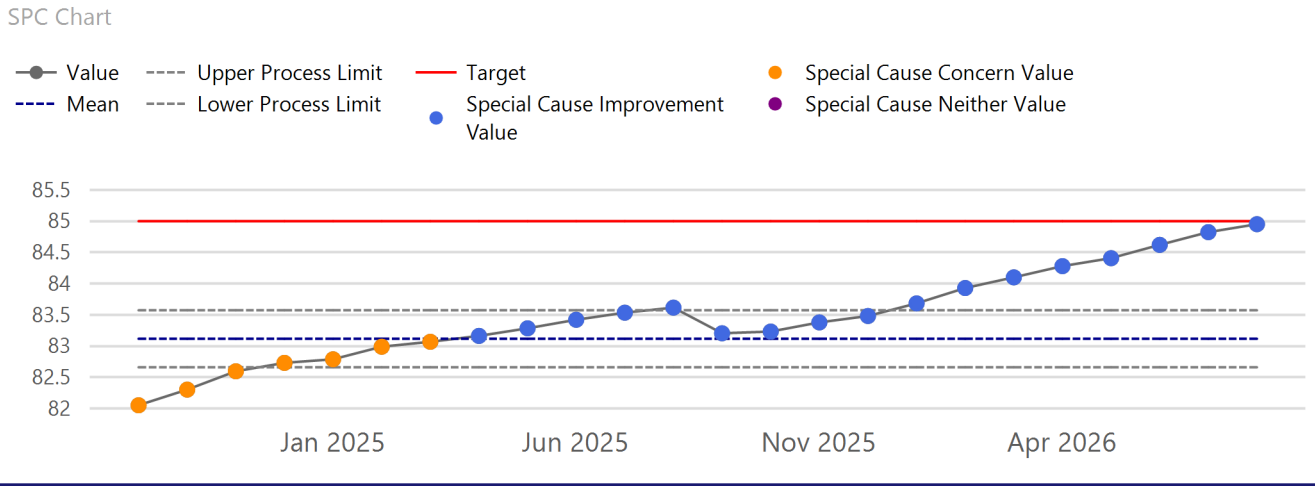
Owner: Equality & Inclusion Team

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their religion or belief status. Religion remains a sensitive disclosure area, and concerns relating to relevance, confidentiality or personal choice may continue to limit completion rates. Without further targeted interventions, improvement is likely to remain gradual, potentially affecting the completeness and reliability of workforce equality reporting.

Metric ID: 10000079 Equality Data Provision - Sexual Orientation

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	84.9527	85	F	H	Executive Director of People and Culture



Narrative

Sexual orientation data completeness increased from 84.62% in June 2026 to 84.95% in August 2026, an improvement of 0.33%. Performance is now only 0.05% below the organisational target of 85%.
The sustained upward movement suggests that workforce processes and engagement activity are supporting improved data completeness. Improved information strengthens the reliability of workforce equality reporting and the Health Board's understanding of workforce diversity and staff experience.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, escalating areas of lower performance.

Owner: Equality & Inclusion Team/People Analytics Team

Continue targeted communications to reinforce the purpose, confidentiality and value of sexual orientation data collection.

Owner: Equality & Inclusion Team

Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

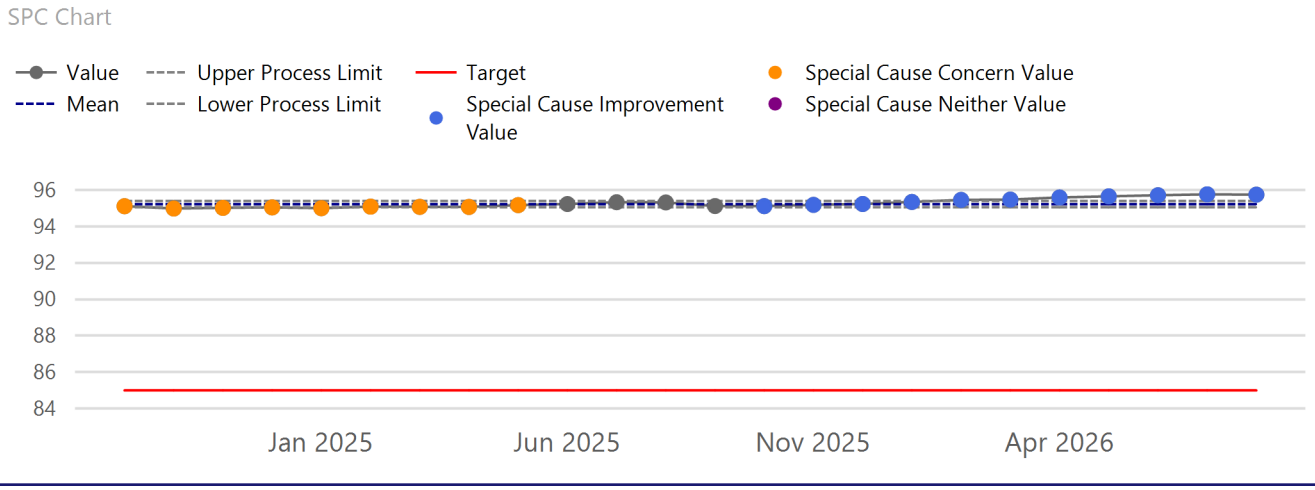
Owner: Equality & Inclusion Team

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their sexual orientation. As this remains a sensitive disclosure area, progress may plateau without further targeted engagement to build confidence in the purpose, use and confidentiality of the data. Incomplete data may also limit the reliability of workforce equality reporting and understanding of staff experience.

Metric ID: 10000080 Equality Data Provision - Marital Status

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	95.7442	85	P	H	Executive Director of People and Culture



Narrative

Marital status remains one of the highest-performing equality monitoring dataset, increasing slightly from 95.71% in June 2026 to 95.74% in August 2026. Performance remains 10.74% above the organisational target of 85%.
The consistently high level of completion provides strong assurance regarding the quality of the dataset and supports reliable workforce reporting and analysis. Existing collection processes appear to be well embedded and should be maintained.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, escalating areas of lower performance where required.

Owner: Equality & Inclusion Team/People Analytics Team

Maintain existing processes and communications that support high levels of data completeness.

Owner: Equality & Inclusion Team

Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

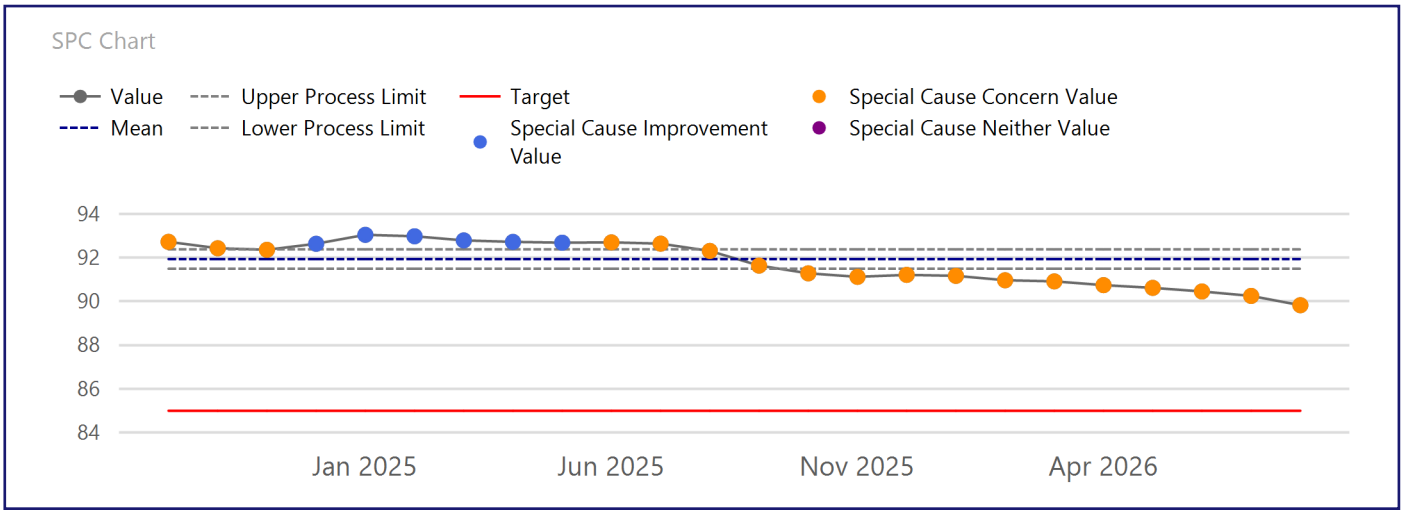
Owner: Equality & Inclusion Team

Concerns

There are minimal concerns associated with this measure. Whilst a small proportion of staff remain non-declared, the high level of completeness means this is unlikely to have a significant impact on reporting, analysis or decision-making. Continued monitoring is required to ensure performance is maintained and that any pockets of lower compliance are identified promptly.

Metric ID: 10000081 Equality Data Provision - Nationality

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	89.8281	85	P	L	Executive Director of People and Culture



Narrative

Nationality data completeness decreased from 90.46% in June 2026 to 89.83% in August 2026, a reduction of 0.63%. Although performance remains 4.83% above the organisational target of 85%, the continued reduction requires monitoring.
Accurate nationality information supports workforce planning, equality reporting and understanding of workforce demographics. Further analysis is required to establish whether the reduction is concentrated within particular services or workforce groups and whether it reflects a sustained change.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, identifying and escalating areas showing declining completion rates.

Owner: Equality & Inclusion Team/People Analytics Team

Continue targeted communications to reinforce the purpose, confidentiality and value of nationality data collection.

Owner: Equality & Inclusion Team

Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

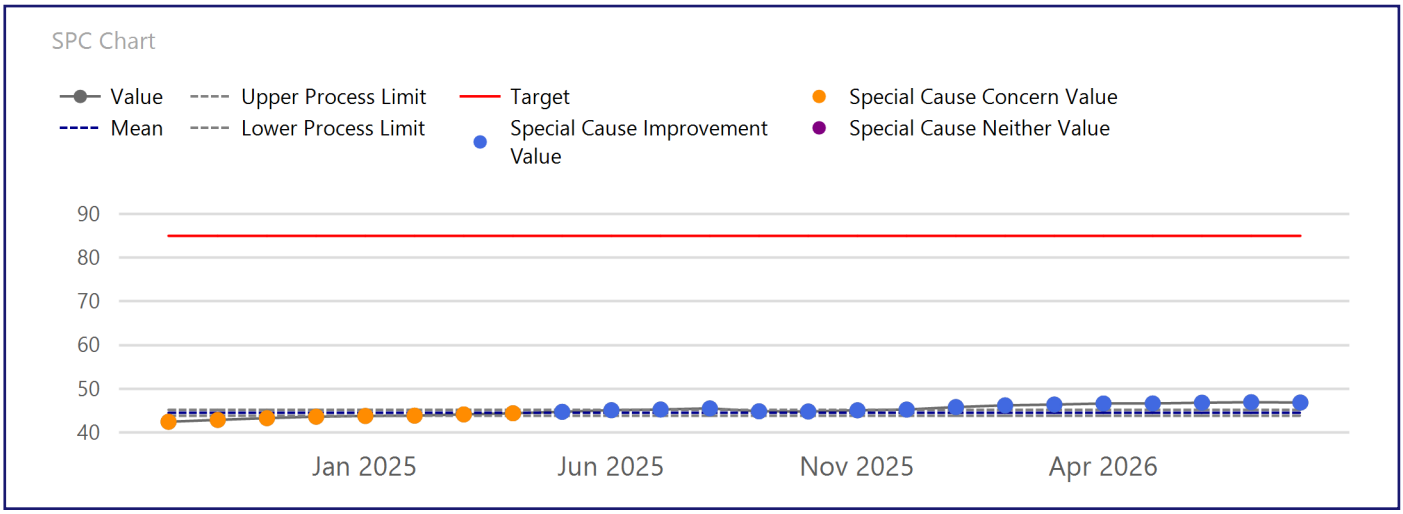
Owner: Equality & Inclusion Team

Concerns

The sustained downward trend is a concern, with approximately 10% of staff now not declaring nationality. This may indicate reduced confidence or willingness to disclose information, potentially influenced by wider external factors or a lack of understanding regarding how the data is used and protected. If the trend continues, it may reduce the reliability of workforce equality reporting and limit the organisation's understanding of workforce demographics

Metric ID: 10000082 Equality Data Provision - Country of Birth

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	46.8783	85	F	H	Executive Director of People and Culture



Narrative

Country of Birth remains the lowest-performing equality monitoring dataset, increasing marginally from 46.85% in June 2026 to 46.88% in August 2026, an improvement of only 0.03%. Performance remains 38.12% below the organisational target of 85%.
The minimal movement indicates that current processes are not generating meaningful improvement. More focused intervention is required to establish why this field remains substantially less complete than other equality monitoring information and to strengthen its collection through workforce data processes.

Actions and Owners

Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.

Owner: Clinical & Service Board Leads / Line Managers

Monitor compliance at service and Clinical Board level, identifying and escalating areas with particularly low completion rates.

Owner: Equality & Inclusion Team/People Analytics Team

Increase communications to explain the purpose and value of collecting Country of Birth data and how confidentiality is maintained.

Owner: Equality & Inclusion Team

Review current collection processes to identify opportunities to increase completion rates through ESR and other workforce data touchpoints.

Owner: Equality & Inclusion Team

Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

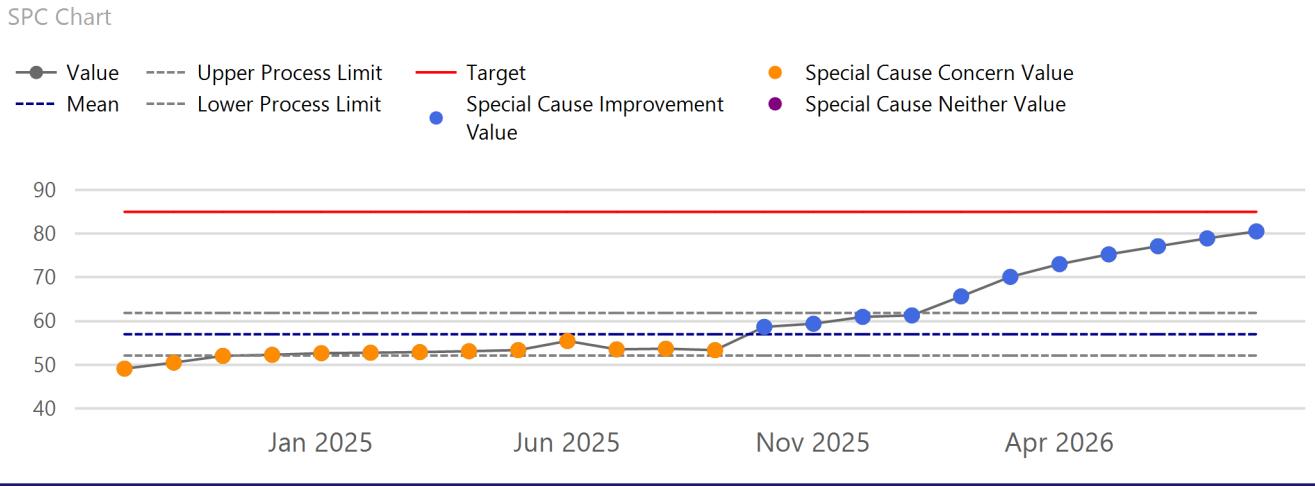
Owner: Equality & Inclusion Team

Concerns

More than half of staff have not provided Country of Birth information, significantly limiting the usefulness and reliability of the dataset for reporting and analysis. The low completion rate suggests that the data field may not be routinely discussed, prioritised or understood by staff. Without targeted intervention, improvement is likely to remain slow, reducing the value of the dataset for workforce planning and equality reporting.

Metric ID: 10000083 Identification of Welsh Skills

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	80.5332	85	F	H	Executive Director of People and Culture



Narrative

Welsh language skills registration increased from 77.48% in June 2026 to 80.53% in August 2026, an improvement of 3.05%. This represents substantial continued progress, although performance remains 4.47% below the 85% target.
Welsh language skills registration remains an organisational priority following the Welsh Language Commissioner's Standards Enforcement Investigation relating to Standard 96. The improvement indicates that targeted communications, staff engagement and enhanced organisational oversight are having a positive impact. Continued focus is required to achieve the outstanding target and ensure that recorded information remains current and reliable.
Identification of Welsh Language Skills measures the proportion of staff who have recorded a Welsh language skill level. It is distinct from Welsh Language Skills Levels 1–5, which measures the proportion reporting Welsh language capability at Level 1 or above.

Actions and Owners

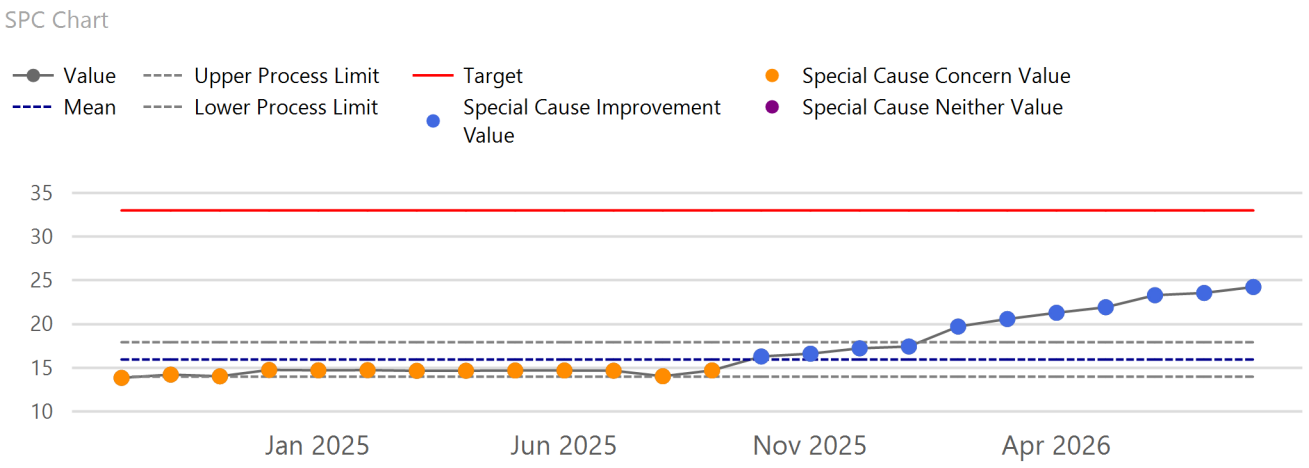
Executive Director of People & Culture

Concerns

Approximately 19.47% of staff had not recorded a Welsh language skills assessment in August 2026. Although progress remains positive, performance is still below the 85% target, and further improvement may become more challenging as activity focuses on staff who have not responded to previous engagement.
The Health Board did not achieve the 85% Welsh language skills registration target by 31 July 2026, as required by the Welsh Language Commissioner following a Standards Enforcement Investigation relating to Standard 96. The Health Board has not yet received formal correspondence from the Commissioner regarding the missed target. However, given the repeated failure to achieve the targets set through the enforcement process, there is a risk that the Commissioner may consider further regulatory action.

Metric ID: 10000084 Welsh Skills Levels 1 - 5

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	24.25	33	F	H	Executive Director of People and Culture



Narrative

The proportion of staff recording Welsh language capability at Levels 1–5 increased from 23% in June 2026 to 24.25% in August 2026, an improvement of 1.25%. Performance remains 8.75% below the organisational target of 33%.
Analysis shows that 15.44% of the workforce is recorded at Level 1, while 8.81% is recorded across Levels 2–5. Within the higher skill levels, 1.64% at Level 3, 1.77% at Level 4 and 2.46% at Level 5. Level 1 therefore accounts for the majority of currently recorded Welsh language capability.
Continued improvement in registration and capability strengthens the Health Board's ability to understand the Welsh language skills available within its workforce. However, achieving the longer-term target will require increased activity that supports staff to develop and progress their Welsh language skills via the Dysgu Cymraeg Caerdydd learning opportunities.
Welsh Language Skills Levels 1–5 measures the proportion of staff who report Welsh language capability at Level 1 or above. It is distinct from the overall registration measure.

Actions and Owners

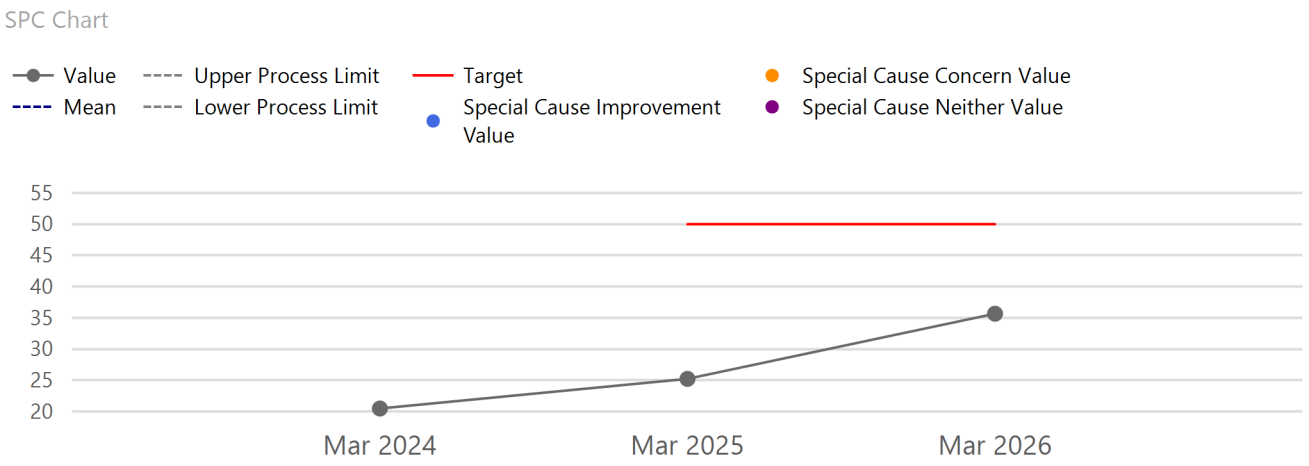
Assistant Director of OD, Culture & Education

Concerns

Performance remains substantially below the 33% target, with the majority of recorded capability at Level 1. The concern is that current Welsh language capability may not yet be sufficient to support the organisation's longer-term ambitions for bilingual service delivery, and further progress will depend on continued staff engagement and uptake of learning opportunities.

Metric ID: 10000085 Staff Survey Participation Rate

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	35.6755	50	F		Executive Director of People and Culture



Narrative

The data has not changed since the previous report as the staff survey is annual. The next staff survey launches on 5th October 2026.
The Staff Survey Participation Rate was 36% in March 2026, against a target of 50%. As this is an annual measure reported following the staff survey in Quarter 4, SPC interpretation is limited due to the small number of data points available. The latest result demonstrates an improvement compared to the previous year, indicating increased staff participation in providing feedback. Whilst the direction of travel is positive, participation remains below the organisational target and further improvement is required to ensure staff views are fully representative of the workforce.

Actions and Owners

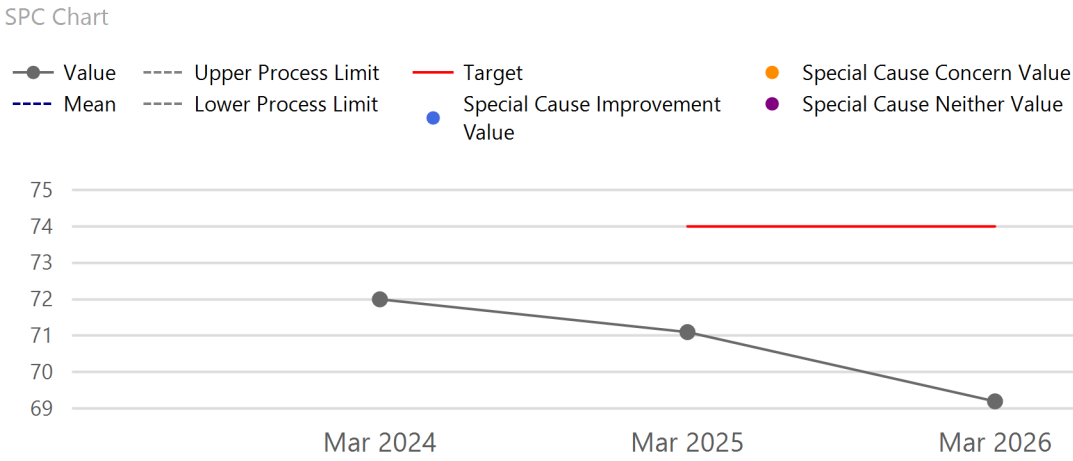
- Clinical Boards are working with staff to develop and deliver co-produced local actions that demonstrate how staff feedback is being listened to and acted upon.
- Targeted engagement activity will continue to promote participation and increase awareness of the value and impact of staff survey feedback.
- Progress against staff survey actions and improvement plans is monitored through Executive Performance Reviews at Clinical Board level, providing oversight and accountability for delivery.
- Learning from areas with higher participation rates will be used to inform future engagement and survey campaigns.

Concerns

Participation remains below the organisational target of 50%.
Lower response rates may limit confidence that survey findings fully reflect the experiences and views of the wider workforce.
Some staff groups or services may be under-represented within survey responses, reducing the breadth of insight available to inform improvement activity.
As the measure is reported annually, opportunities to evaluate the impact of interventions are limited between survey cycles.

Metric ID: 10000086 Engagement Score

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	69.2	74	F		Executive Director of People and Culture



Narrative

The data has not changed since the previous report as the staff survey is annual. The next staff survey launches on 5th October 2026.

The Engagement Score was 69% in March 2026, compared with a target of 74%. As this metric is derived from the annual staff survey and reported in Quarter 4, there are limited data points available and SPC interpretation should therefore be applied with caution. The latest result indicates a reduction from the previous year and remains below the organisational target. Whilst the chart suggests a downward movement in engagement, the annual nature of the measure means that trends should be considered alongside supporting workforce indicators and staff feedback to fully understand the underlying drivers.

Actions and Owners

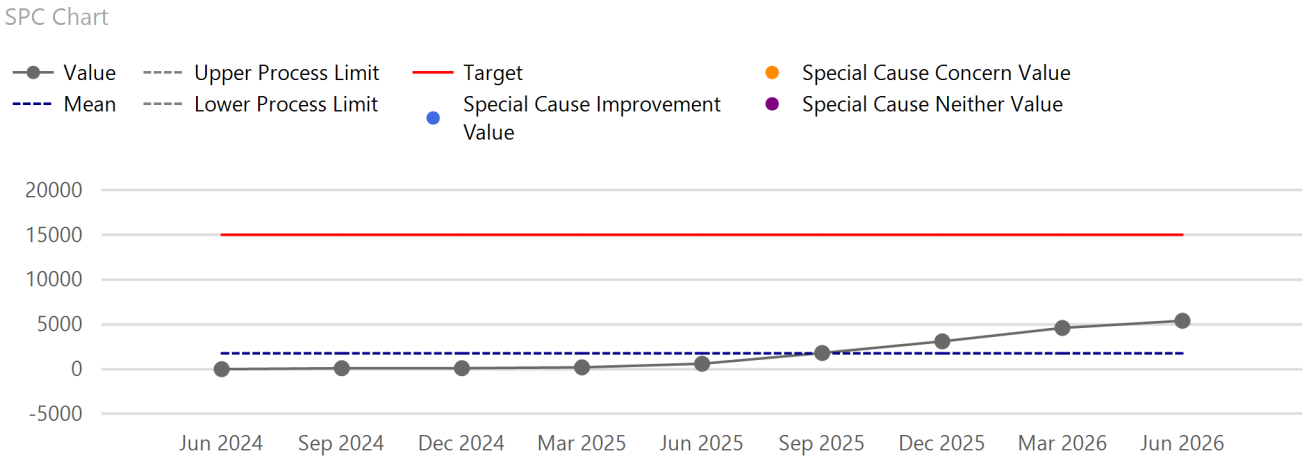
Clinical Boards are developing and delivering co-produced local action plans with staff, focusing on the key priorities identified through staff survey feedback.
Progress against staff survey actions and associated improvement plans is monitored through Executive Performance Reviews at Clinical Board level.
Ongoing focus will be placed on embedding improvements in areas such as staff experience, engagement and wellbeing, while evaluating impact through future staff survey results and supporting workforce indicators.

Concerns

The Engagement Score remains below the organisational target of 74%, with a current position of 69%.
The latest survey result reflects a deterioration compared to the previous reporting period.
Lower levels of staff engagement may adversely impact staff wellbeing, retention, productivity and organisational culture.
As the metric is only reported annually, there is a delayed feedback loop which can make it difficult to assess the immediate impact of improvement initiatives.
Further analysis of staff survey themes and local intelligence gathering is underway at a local level to understand the factors influencing engagement levels.

Metric ID: 10000087 Workforce Planning Training Completion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	5400	15000			Executive Director of People and Culture



Narrative

Workforce Planning Training attendance data is received from HEIW on a quarterly basis. There is no update for the IPR this month.

The completion of the HEIW Introduction to Strategic Workforce Planning programme continues to support the Health Board's strategic objective of strengthening workforce planning capability and moving from annual resource-based workforce planning towards operational and integrated workforce planning aligned to service and financial plans. The organisational target is for 150 managers to complete the training by 31 March 2027. By the end of Q1 2026/27, 36% of this target had been achieved, demonstrating ongoing engagement and gradual uptake since the programme was introduced in 2024.

Actions and Owners

Whilst progress is being made, only 36% of the 150-manager target had been achieved by the end of Q1 2026/27. Continued growth in completions will be required to achieve the March 2027 ambition.

The suitability of the current programme is being reviewed by the Strategic Workforce Planning Lead, Senior People & Culture Business Partners and the Head of Education. Any changes to the training offer could influence future completion patterns and should be considered when interpreting subsequent results.

Concerns

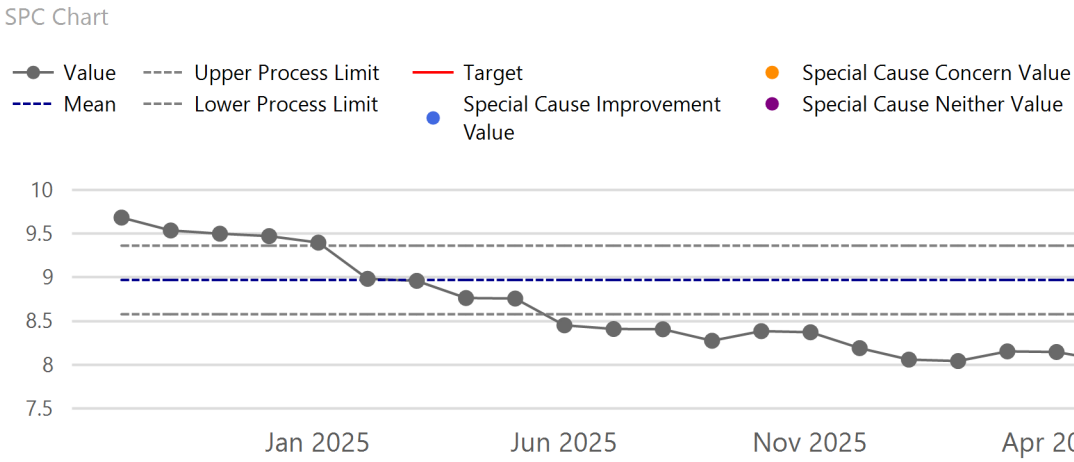
From an SPC perspective, the current dataset should be interpreted with caution. The available information suggests continued improvement in cumulative training completions; however, there are insufficient data points to establish a reliable baseline, calculate control limits or distinguish between common cause and special cause variation. Consequently, the chart should currently be viewed as a developing measure rather than a mature SPC process.

The programme is promoted and encouraged but is not mandatory. This creates a risk that completion rates may plateau, particularly during periods of operational pressure.

Capacity and prioritisation of operational managers are a continuing challenge. Competing service demands may limit managers' ability to undertake training and could affect future completion trajectories.

Metric ID: 10000088 Turnover - All Staff

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	7.7026				Executive Director of People and Culture



Narrative

The annualised turnover rate was 7.7% in August 2026, remaining within the Health Board's target range of 7% to 9%. Performance has shown a sustained and positive reduction over the last 12 months, indicating improved workforce stability and supporting organisational efforts to retain staff. The continued downward trend provides assurance that retention initiatives and broader workforce interventions are having a positive impact. Maintaining turnover within the target range will remain important in supporting service continuity, reducing recruitment pressures and retaining organisational knowledge and experience.

Actions and Owners

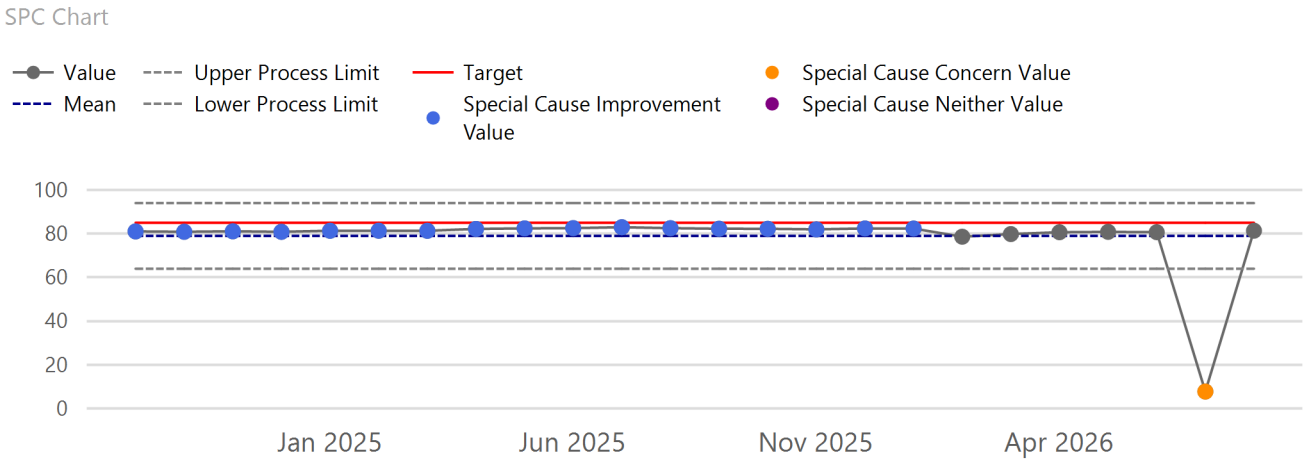
Continue to monitor turnover trends at Health Board, Clinical Board and Directorate level, identifying hotspots and emerging risks.
Utilise exit interview and turnover data to understand key drivers of staff leaving and inform targeted retention actions.
Support implementation of local retention initiatives, particularly in hard-to-recruit and high-turnover areas.
Continue promoting staff wellbeing, career development, leadership development and flexible working opportunities to support retention.
Review turnover performance regularly through workforce governance arrangements and ensure targeted action plans are in place where required.

Concerns

Although turnover remains within the target range, continued monitoring is required to ensure the downward trend is sustained. Workforce pressures, labour market competition and organisational change may impact future retention levels if not actively managed. There is also a need to understand and address any areas with higher levels of turnover to ensure improvement is consistent across all staff groups and service areas.
Failure to maintain current performance could increase recruitment costs, place additional pressure on teams and affect service delivery.

Metric ID: 10000089 Statutory and Mandatory Training

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	81.3796	85			Executive Director of People and Culture



Narrative

Statutory and Mandatory Training compliance was 81% in August 2026, an improvement in performance but remaining below the Health Board target of 85%. Whilst the gap to target has narrowed, the current level of compliance does not yet provide full assurance that all staff have completed the mandatory learning required for their role. Improvement activity continues through enhanced local oversight, regular performance monitoring and targeted follow-up of overdue training. Continued focus is required to sustain the positive trajectory and achieve the required compliance standard across all staff groups and service areas.

Actions and Owners

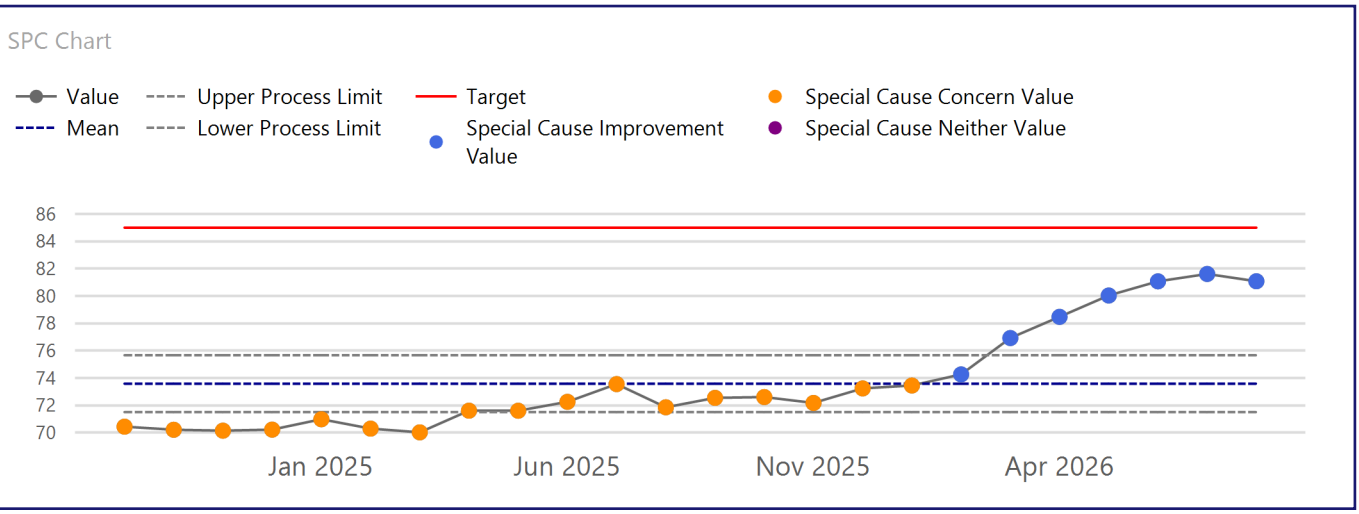
Clinical Boards and Directorates to continue delivery of local recovery plans focused on staff with overdue mandatory training.
Line managers to undertake regular reviews of compliance reports and ensure outstanding training is completed within agreed timescales.
Learning and Development teams to provide targeted support and escalation for areas significantly below target.
Compliance performance to be routinely reviewed through governance, performance and accountability arrangements.
Executive Directors and Clinical Board leadership teams to maintain oversight of compliance trajectories and hold managers accountable for delivery of improvement plans.

Concerns

Although performance has improved, compliance remains 4% below target, limiting assurance regarding workforce compliance with statutory and mandatory training requirements. Variation between Clinical Boards, Directorates and staff groups continues to impact overall performance, indicating inconsistent levels of completion and local management oversight. Failure to achieve the target may result in increased organisational risk relating to patient safety, workforce preparedness, governance and regulatory compliance. Sustained improvement will be required to ensure compliance is embedded and maintained across the organisation.

Metric ID: 10000090 Fire Learning

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	81.0778	85	F	H	Executive Director of People and Culture



Narrative

Fire Safety training compliance improved to 81% in August 2026, representing continued progress towards the Health Board target of 85%. Whilst the direction of travel is positive, compliance remains below the required standard and therefore does not yet provide full assurance that all staff have completed the mandated training. Improvement has been supported through targeted monitoring, local management action and increased focus on mandatory training completion. Sustained effort is required to maintain momentum and close the remaining compliance gap, particularly in services with lower levels of performance.

Actions and Owners

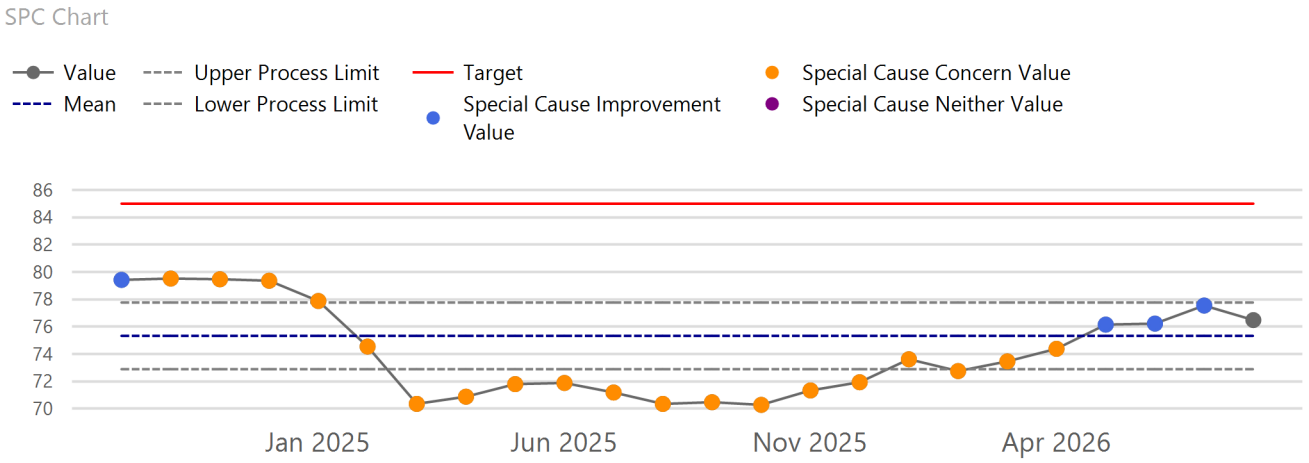
Clinical Boards and Directorates to continue targeted improvement plans for areas below target.
Line managers to actively monitor staff compliance and ensure outstanding Fire Safety training is completed within agreed timescales.
Learning and Development teams to provide regular compliance reports and support targeted interventions in low-performing areas.
Compliance performance to be reviewed through established governance and performance management arrangements, with escalation where progress is insufficient.
Executive Directors and Clinical Board leadership teams to maintain oversight of compliance trajectories and hold managers accountable for delivery of improvement plans.

Concerns

Although compliance has improved, performance remains 4% below target, limiting assurance that all staff have completed essential Fire Safety training requirements. Variation in compliance between services indicates inconsistent levels of completion and local oversight. Failure to achieve and sustain the required compliance level may increase organisational risk in relation to staff safety, emergency preparedness and regulatory requirements. Continued improvement is required to ensure compliance is embedded and maintained across all areas.

Metric ID: 10000091 Values-Based Appraisal

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	76.4815	85	F		Executive Director of People and Culture



Narrative

VBA compliance was 76% in August 2026, remaining below the Health Board target of 85%. Although compliance continues to be supported through regular monitoring, reporting and local management action, the current position does not provide the level of assurance required for statutory and mandatory training compliance. Performance indicates that a significant proportion of staff have outstanding requirements, with variation in compliance across services and staff groups. Sustained improvement is required to reduce the gap to target and strengthen assurance regarding workforce safety, governance and regulatory compliance.

Actions and Owners

Targeted recovery actions are in place to improve compliance and close the gap to the 85% target. Focus will continue on strengthening managerial accountability, improving local oversight and ensuring timely completion of outstanding training requirements.

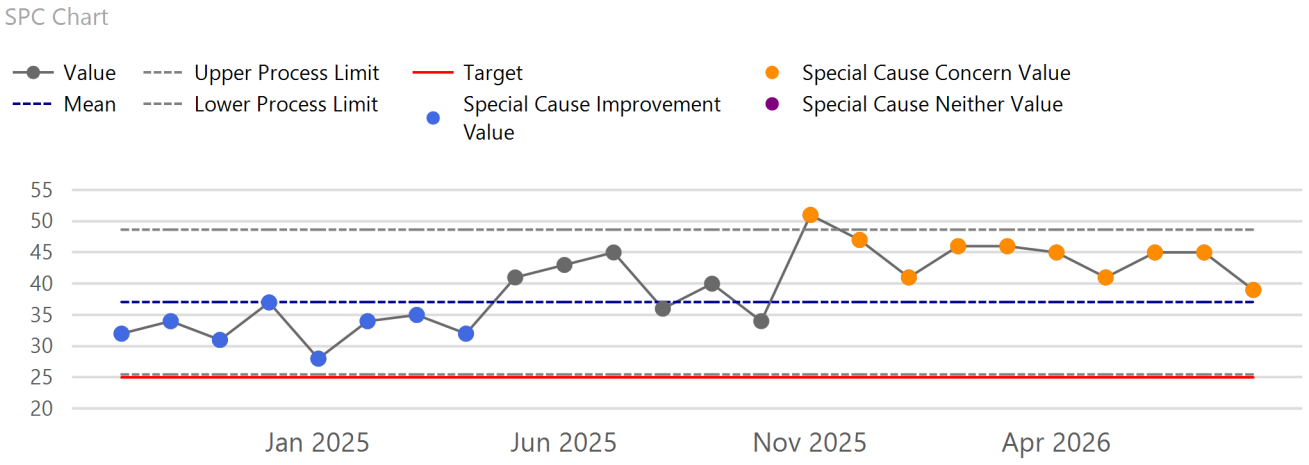
Clinical Boards and Directorates to review compliance performance monthly and implement targeted recovery actions in areas below trajectory.
Line managers to undertake active follow-up with staff who have overdue mandatory training and ensure completion plans are in place.
Learning and Development teams to provide targeted support, reporting and escalation for persistently low-performing areas.
Compliance performance to continue to be monitored through established governance arrangements and escalated where improvement is not being achieved.
Executive Directors and Clinical Board leadership teams to maintain oversight of compliance trajectories and delivery of recovery plans.

Concerns

Compliance remains 9 percentage points below target, resulting in limited assurance that all staff have completed the required mandatory training components. Variation in performance across Clinical Boards and service areas suggests inconsistent levels of local oversight and engagement. Failure to improve compliance presents risks relating to workforce readiness, patient safety, regulatory compliance and organisational assurance. Without accelerated improvement and strengthened accountability, achievement of the target within the required timeframe may be challenging.xx

Metric ID: 10000092 Employee Relations Activity - Disciplinary

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	39	25	F	H	Executive Director of People and Culture



Narrative

Employee Relations Activity relating to disciplinary cases reported a value of 39 in August 2026, above the organisational target of 25. The XmR chart demonstrates a sustained increase in disciplinary case activity when compared with the historic process mean. The latest reported performance suggests that disciplinary activity remains at a higher level than anticipated and may indicate underlying workforce, management, conduct or organisational culture challenges requiring further investigation.

Actions and Owners

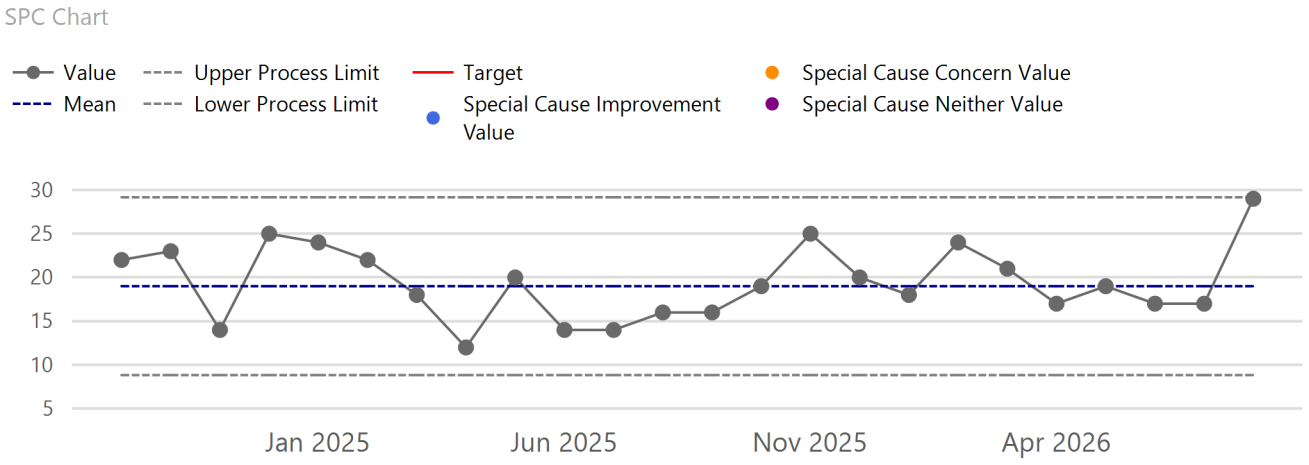
Undertake thematic analysis of all disciplinary cases to identify common causes, hotspots and emerging trends across Clinical Boards and Directorates.
Review open disciplinary cases to ensure progress is being managed in line with policy timescales and identify opportunities for earlier resolution where appropriate.
Head of People Services

Concerns

Disciplinary case activity remains above the target level, with 39 live cases reported against a target of 25. Sustained levels of disciplinary activity may place additional pressure on management capacity, Employee Relations resources and organisational wellbeing, whilst also indicating potential workforce culture, conduct or management practice issues that require intervention.

Metric ID: 10000093 Employee Relations Activity - Respect and Resolution

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	29				Executive Director of People and Culture



Narrative

Formal Respect and Resolution activity recorded 29 cases in August 2026. Formal case numbers should be interpreted alongside informal activity and broader organisational intelligence.

Actions and Owners

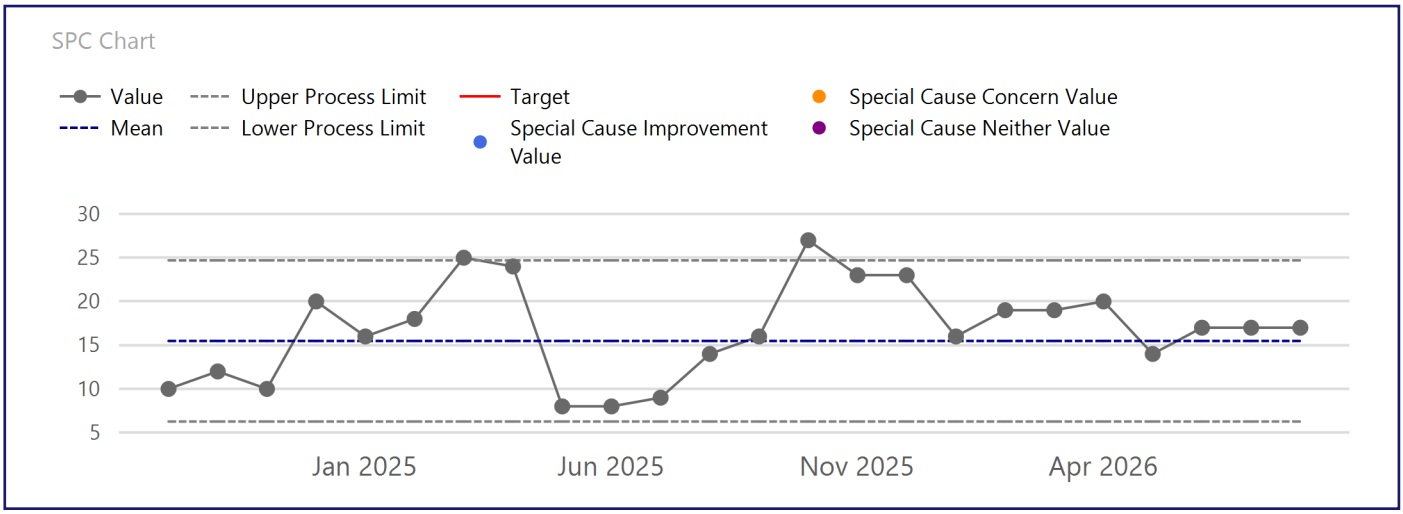
Undertake a thematic review of formal and informal Respect and Resolution cases, covering behaviours, relationship breakdown, communication, discrimination or harassment, management decisions and dissatisfaction with other processes.
Analyse activity by Clinical Board and Directorate to identify hotspots, recurring themes and areas where formal case volumes are persistently higher.

Concerns

The sustained level of Respect and Resolution activity indicates that workplace conflicts and concerns continue to require formal intervention across the organisation. Whilst the SPC chart does not currently indicate special cause variation, the ongoing caseload may reflect underlying challenges relating to staff behaviours, communication, working relationships, management practice and perceptions of fairness. Without greater understanding of the themes and drivers behind both formal and informal cases, opportunities for preventative action and early intervention may be missed.

Metric ID: 10000094 Employee Relations Activity - Appeals

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	17				Executive Director of People and Culture



Narrative

The latest value is 17 appeals for August 2026. The chart identifies common-cause variation, indicating that the movement is currently consistent with the established performance of the system rather than being attributable to a single exceptional event or special cause. No target assurance assessment is currently shown. The August position should remain under review to determine whether appeals are becoming sustained at a higher level or whether the latest result remains within expected variation.

Actions and Owners

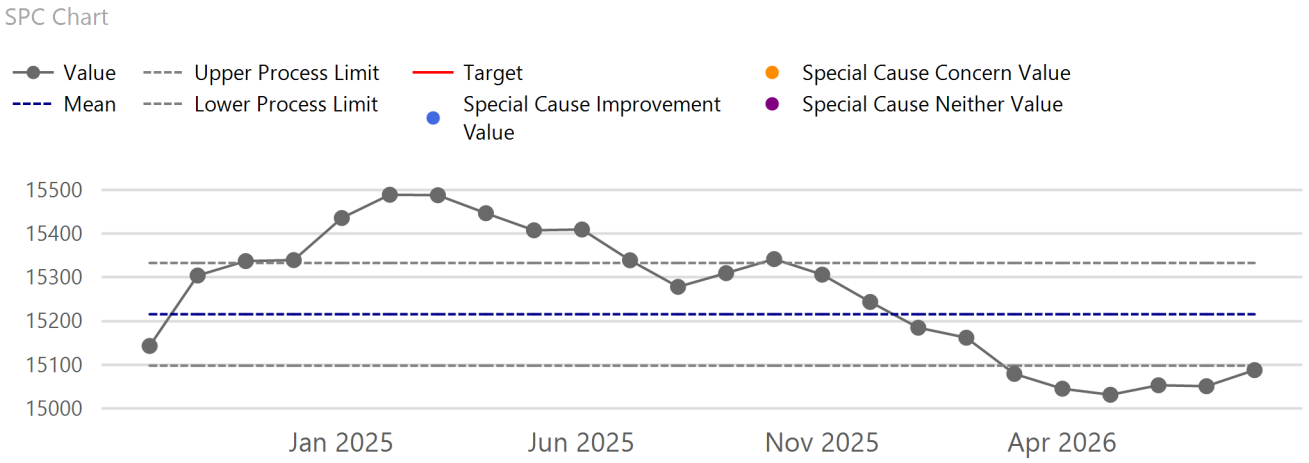
Complete a case-level review of the current appeals, covering case type, Clinical Board, grounds of appeal, procedural stage, timescale and outcome.

Concerns

The principal concern is the current volume of 17 appeals and the absence of target assurance, rather than evidence of statistically significant deterioration. Common-cause variation suggests that, if a reduction is required, improvement is likely to depend on changes to the underlying employee relations system rather than a response to individual monthly movements.

Metric ID: 10000095 WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	15088.16				Executive Director of People and Culture



Narrative

WTE Staff in Post was 15,088.2 in August 2026. The SPC chart identifies the position as Neither (Low) variation, indicating that staffing levels remain stable and are fluctuating within normal expected limits rather than demonstrating a significant upward or downward trend. There is currently no evidence of special cause variation, suggesting that workforce numbers are broadly consistent with the established baseline position.

Actions and Owners

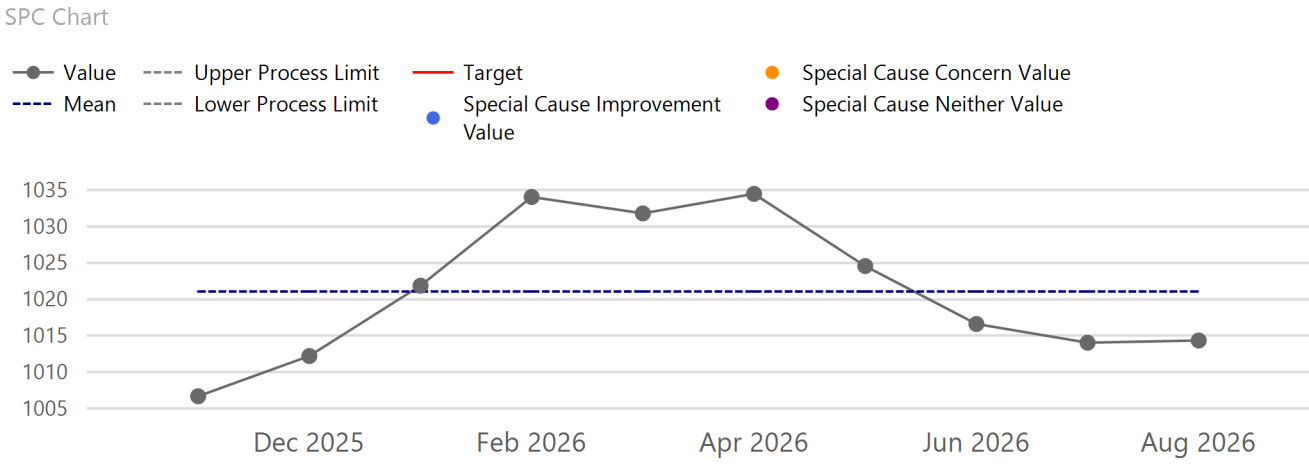
* Continue weekly and monthly monitoring of WTE Staff in Post through the turnaround meetings and EPRs.
* Review workforce movements, including recruitment, turnover, retirements and vacancy controls, to ensure staffing levels remain aligned to organisational plans.
* Support Clinical Boards, CEF and Corporate Directorates to manage establishment levels within agreed workforce and financial envelopes. * Escalate any emerging special cause variation or significant workforce growth through established performance and accountability arrangements.

Concerns

* Workforce levels remain relatively static, with no sustained reduction or increase identified through SPC analysis.
* Continued stability in staffing numbers may present challenges where organisational objectives require active workforce growth restraint, workforce reduction, or redistribution of resources to priority services.
* Ongoing monitoring is required to ensure that recruitment activity, turnover rates, and vacancy management remain aligned with financial recovery and workforce planning objectives.

Metric ID: 10000096 GMS Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	1014.35				Executive Director of People and Culture



Narrative

GMS Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

Actions and Owners

The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.

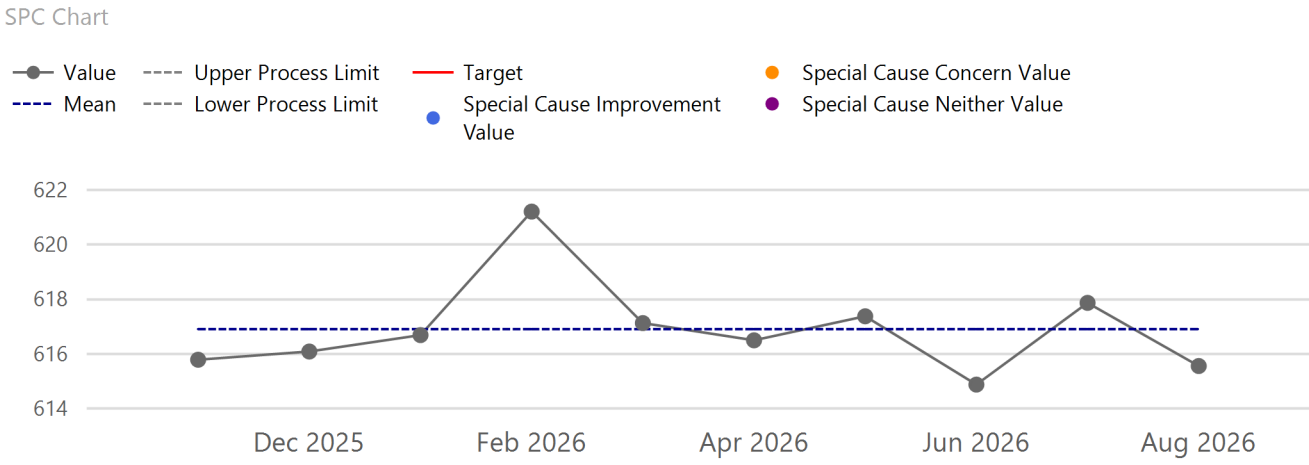
Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Metric ID: 10000097 Dental Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	615.56				Executive Director of People and Culture



Narrative

Dental Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

Actions and Owners

The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.

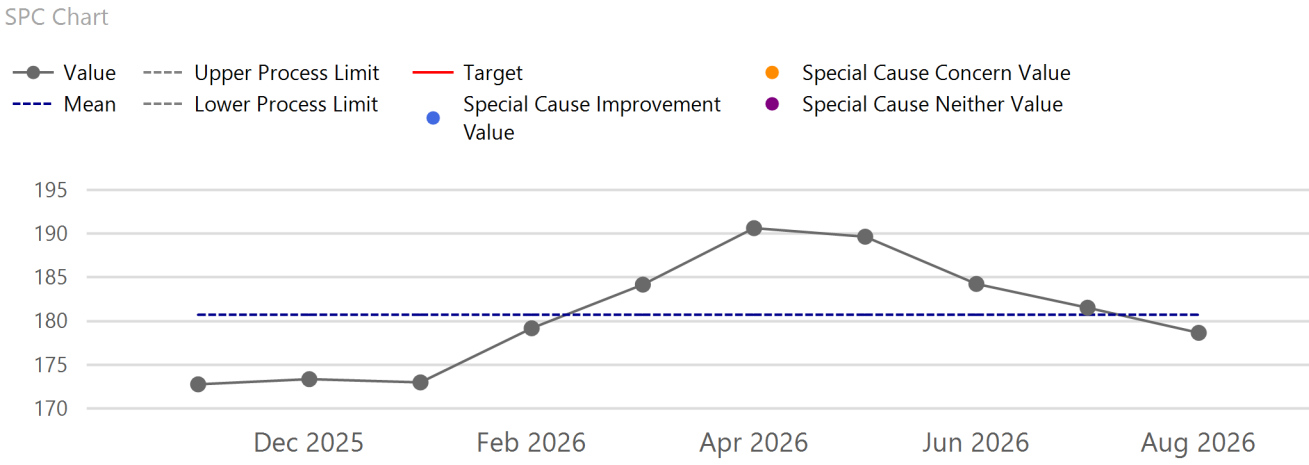
Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Metric ID: 10000098 Optometry Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	178.67				Executive Director of People and Culture



Narrative

Optometry Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

Actions and Owners

The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.

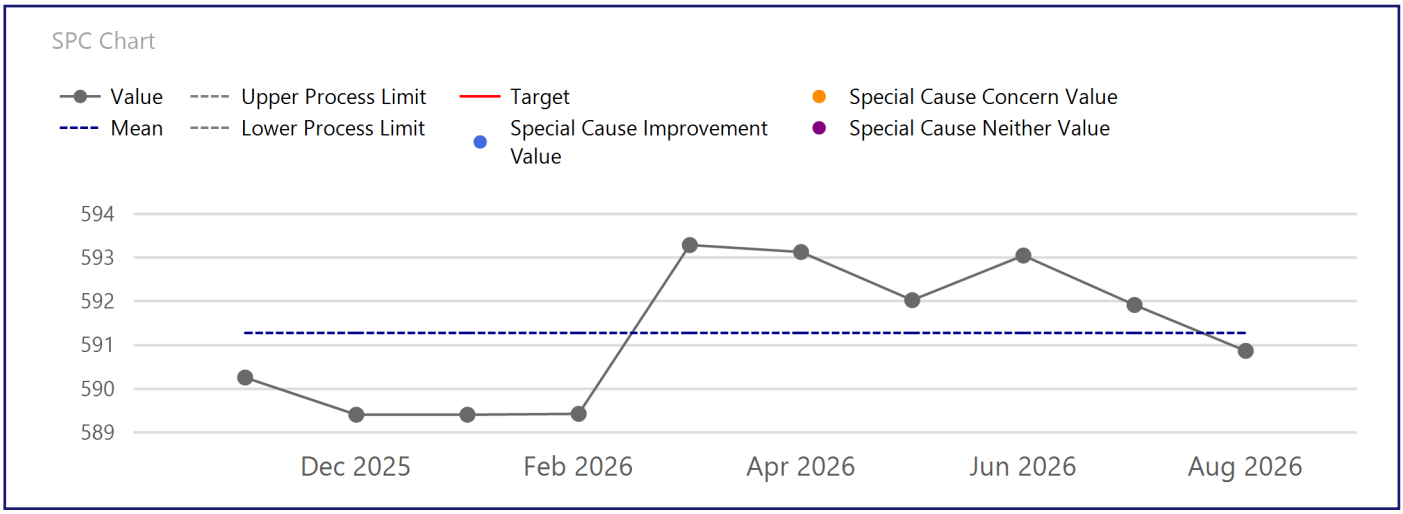
Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Metric ID: 10000099 Community Pharmacy Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	590.87				Executive Director of People and Culture



Narrative

Community Pharmacy Contractor WTE is reported to Board as a requirement of the Ministerial Advisory Group (MAG) Primary Care performance framework. As this is a monitoring measure, no performance target has been established. Reporting provides visibility of workforce capacity within commissioned optometry services and supports oversight of primary care workforce sustainability, service access and workforce planning. Trends will continue to be monitored to identify changes in workforce capacity and to inform planning and commissioning discussions where required.

Actions and Owners

The Health Board will continue to monitor Optometry Contractor WTE through routine reporting arrangements and use the information to support workforce planning and service sustainability discussions.

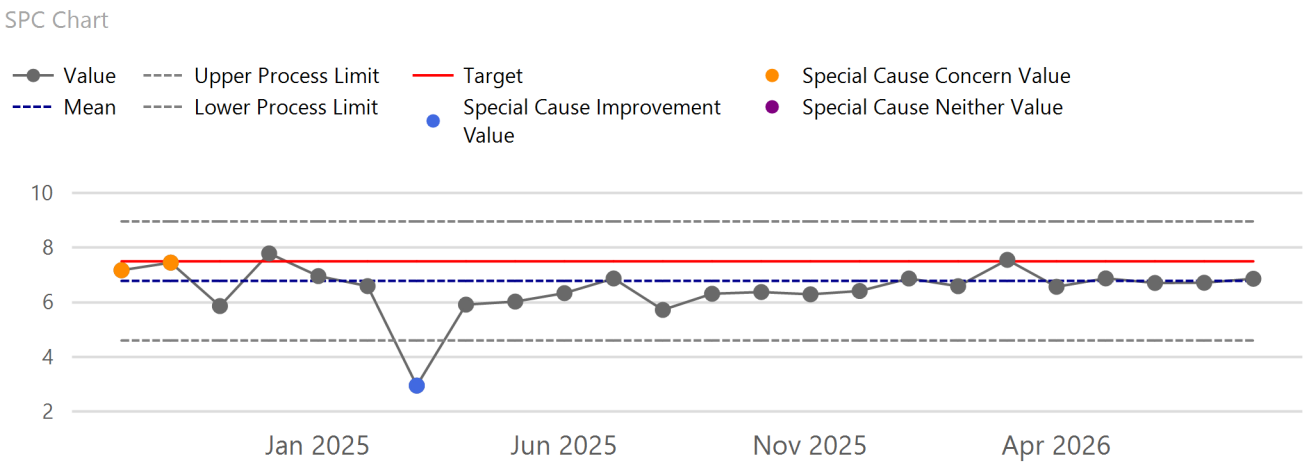
Continue to report Optometry Contractor WTE to Board in line with MAG reporting requirements.
Monitor workforce trends, including increases or reductions in contractor capacity, to identify emerging risks.
Work with primary care contractors and relevant stakeholders to understand workforce challenges and opportunities.
Use workforce data to inform primary care service planning, commissioning and sustainability discussions.
Escalate any significant workforce capacity concerns through appropriate governance arrangements.

Concerns

Whilst no target has been set for this measure, maintaining appropriate workforce capacity across commissioned optometry services remains important to support service delivery and access for patients. Changes in contractor WTE, recruitment challenges, retirements or reductions in available clinical sessions may impact capacity and service resilience. Ongoing monitoring is therefore required to identify emerging workforce risks and inform mitigating actions where necessary.

Metric ID: 10000100 Percentage of Pay Spend Attributed to Variable Pay

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	6.8619	7.5			Executive Director of People and Culture



Narrative

Variable pay (Bank) continues to be monitored against the target of achieving a greater than 10% reduction in 26/27 based on the outturn from 25/26 expenditure. The SPC chart demonstrates a stable pattern of variation with no sustained special cause improvement evident at this stage.

Actions and Owners

Require each Clinical Board to develop and deliver a trajectory to achieve its share of the £4m bank expenditure reduction target, supported by measurable milestones and monthly monitoring.
Undertake detailed analysis of the principal drivers of bank expenditure, including vacancies, sickness absence, enhanced observation requirements and rostering inefficiencies, with targeted action plans for high-spend areas.
Strengthen scrutiny and challenge through turnaround meetings, Executive Performance reviews where bank expenditure is not reducing in line with planned savings trajectories.
Optimise e-rostering, job planning and deployment practices to maximise utilisation of substantive staff before bank shifts are requested.

Concerns

Performance is not currently delivering the level of reduction required to support the Health Board's financial recovery expectations and associated savings programme.

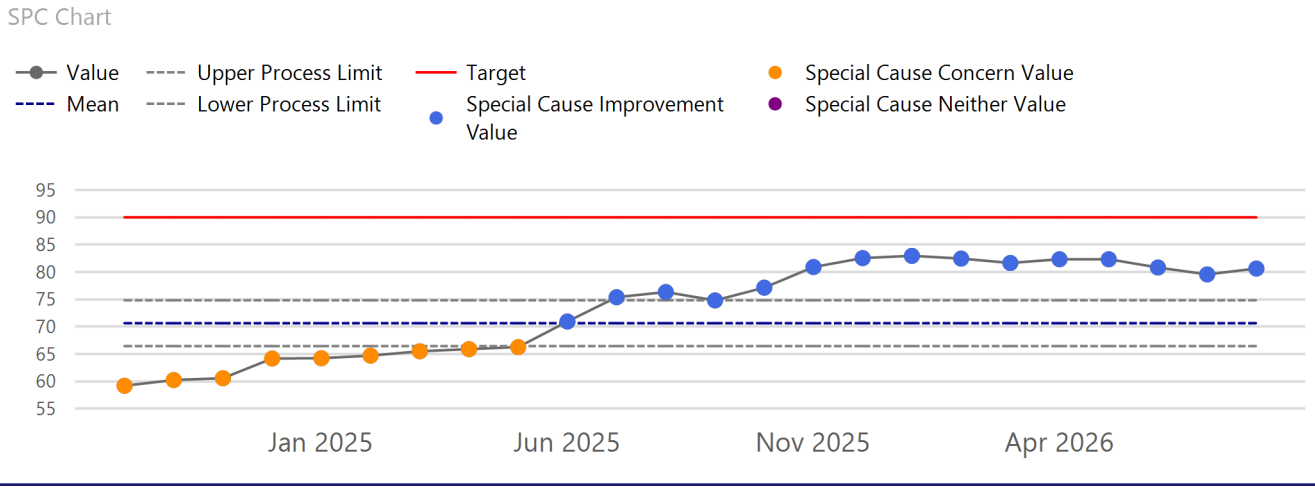
The 2026/27 savings plan includes a requirement to deliver approx. £4 million reduction in bank expenditure, and current expenditure trends suggest there is a risk that this target may not be fully achieved without additional intervention.

The SPC chart shows common cause variation, indicating that expenditure has stabilised at around the current level. Whilst this demonstrates control, it also suggests that existing measures are not generating the sustained downward shift required to deliver the planned savings target.

Continued reliance on bank staffing to maintain safe staffing levels, manage vacancies, support urgent care pressures and cover sickness absence exists.

Metric ID: 10000101 Job Plans

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	80.6293	90	F	H	Executive Director of People and Culture



Narrative

The Job Plans metric is presented using an XmR statistical process control chart. Performance for August 2026 is 80.63%, which represents an improving position and is classified within the dashboard as "Improvement (High)". However, despite this positive trajectory, performance remains below the agreed target of 90.0%, resulting in a current assurance rating of Fail.

The SPC chart indicates sustained improvement compared with earlier periods, although the organisation has not yet reached the required compliance threshold. The recent upward movement suggests that actions being undertaken to increase completion and review of consultant job plans are having a positive effect. Continued focus is required to maintain this trajectory and close the remaining gap to target.

Given that performance remains below the required standard, priority should be placed on ensuring outstanding job plans are completed, reviewed and approved, particularly within specialties or divisions reporting lower compliance levels. Progress should continue to be monitored monthly through the Performance Framework and escalated where recovery trajectories are not being achieved.

Actions and Owners

Undertake targeted review of all outstanding consultant job plans and validate completion status by Clinical Board - Owner Medical Workforce, Job Planning Lead & AMD

Produce exception reports highlighting overdue or expired job plans and escalate through Board performance meetings - Owner Medical Workforce

Support specialties with historically lower compliance through dedicated job planning sessions and administrative support - Owner Medical Workforce, Job Planning Lead

Monitor progress through the Performance Management Framework and provide monthly updates to the People & Culture Committee - AD of MW

Develop recovery trajectories for any area below the 90% target and review progress at divisional performance meetings - Owner Medical Workforce, Job Planning Lead & AMD

Concerns

Job plan compliance remains at 80.63%, below the organisational target of 90.0%. Reduced assurance regarding workforce planning, activity planning and consultant accountability

Although SPC variation indicates improvement, the required level of compliance has not yet been achieved. Risk that expected benefits associated with job planning are not fully realised.

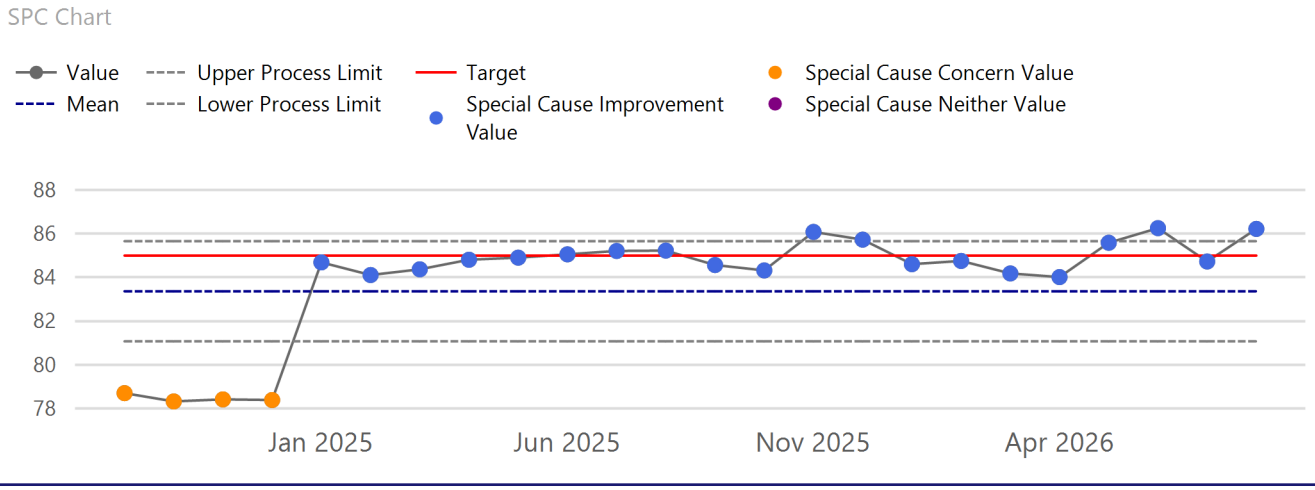
Incomplete or overdue job plans may limit visibility of programmed activities, service commitments and workforce capacity. Potential impact on workforce governance and operational planning.

No clinical lead as post/sessions currently vacant.

No medical workforce lead as existing member of staff has secured a new position so post is vacant.

Metric ID: 10000102 Medical Staff Appraisal

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	86.2205	85	?	H	Executive Director of People and Culture



Narrative

Medical Staff Appraisal compliance achieved 86.22% in August 2026, exceeding the organisational target of 85.0%. SPC analysis identifies the measure as demonstrating high improvement variation, indicating a positive shift in performance compared to the historic average. The latest reported position remains above target and suggests that improvement actions implemented across the organisation are having a sustained impact.

The XmR chart demonstrates evidence of performance improvement over time, with the latest reported value exceeding both the target threshold and the historical process mean. Whilst this provides increased assurance regarding appraisal compliance, the assurance rating remains reported as Hit or Miss, indicating that continued monitoring is required to ensure the improvement is sustained and embedded across all Clinical Boards and specialties.

Medical appraisal remains a key component of professional governance, supporting revalidation requirements and providing assurance regarding clinical practice, development needs and organisational compliance. Maintaining performance above target will require continued focus on timely completion of appraisals and proactive management of forthcoming appraisal due dates.

Actions and Owners

Review medical staff appraisal compliance by Clinical Board and identify individuals approaching appraisal expiry dates - Owner Medical Director and Clinical Board Medical Directors

Maintain a rolling appraisal monitoring process and issue reminders to appraisees and appraisers - Owner Revalidation & Medical Workforce Team

Escalate overdue appraisals through Clinical Board governance arrangements where completion dates are missed - Owner Clinical Board Medical Directors

Provide targeted support to specialties with emerging reductions in compliance to sustain performance above target - Owner Responsible Officers / Revalidation Team

Report appraisal compliance performance through the Integrated Performance Report and People & Culture Committee - Owner Associate Director of Medical Workforce & Resourcing

Concerns

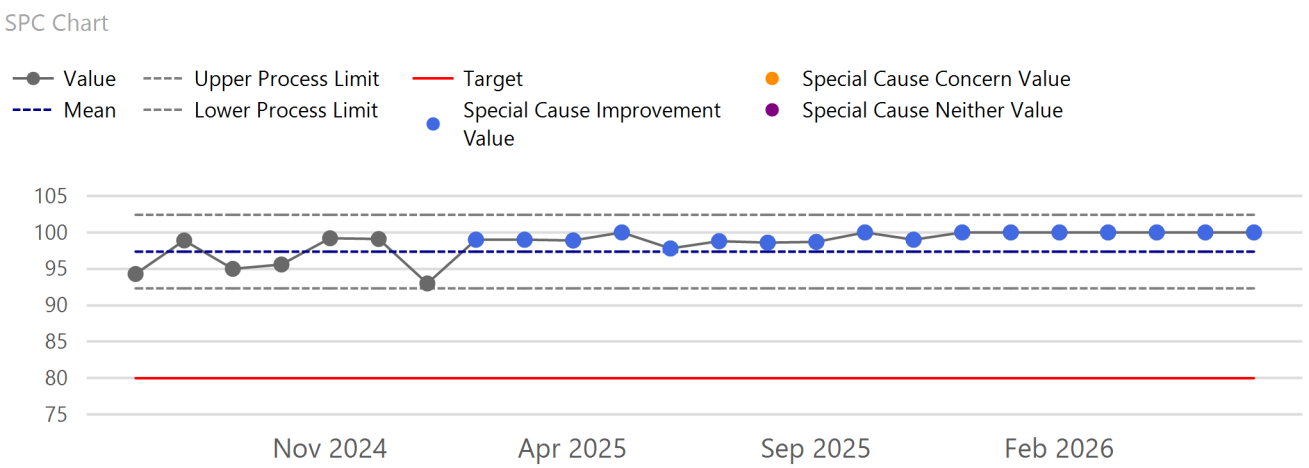
Although current performance exceeds the target, appraisal compliance remains vulnerable to fluctuations due to the cyclical nature of appraisal activity and the requirement to maintain consistent participation across all medical staff groups. There is a risk that compliance could deteriorate if outstanding appraisals are not completed promptly or if forthcoming appraisal activity is not effectively planned and monitored.

Continued scrutiny is therefore required to ensure the recent improvement in performance is sustained over the longer term and that compliance levels remain above the organisational target.

Metric ID: 10000015

Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	100	80	P	H	Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

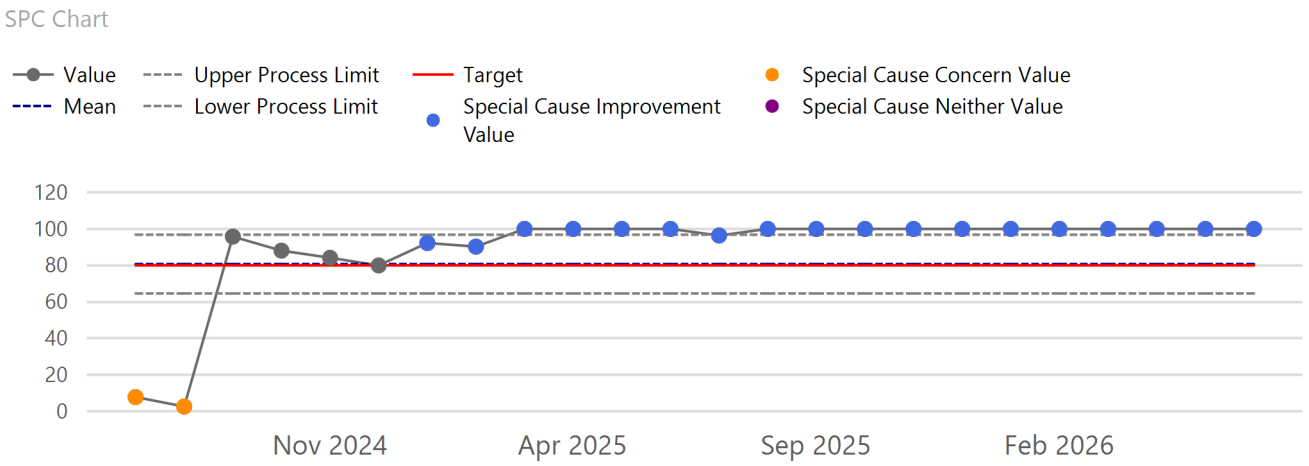
Concerns

n/a

Metric ID: 10000016

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	100	80	?	H	Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

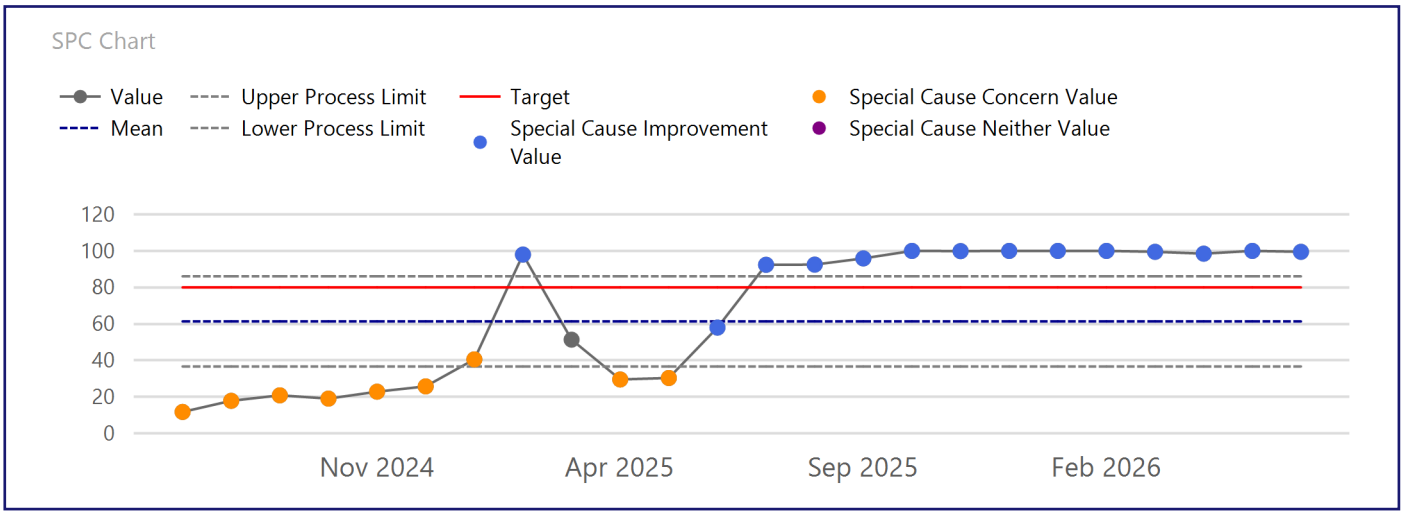
Concerns

n/a

Metric ID: 10000017

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	99.5	80	?	H	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

Internal flexibility to ensure sufficient assessments are completed

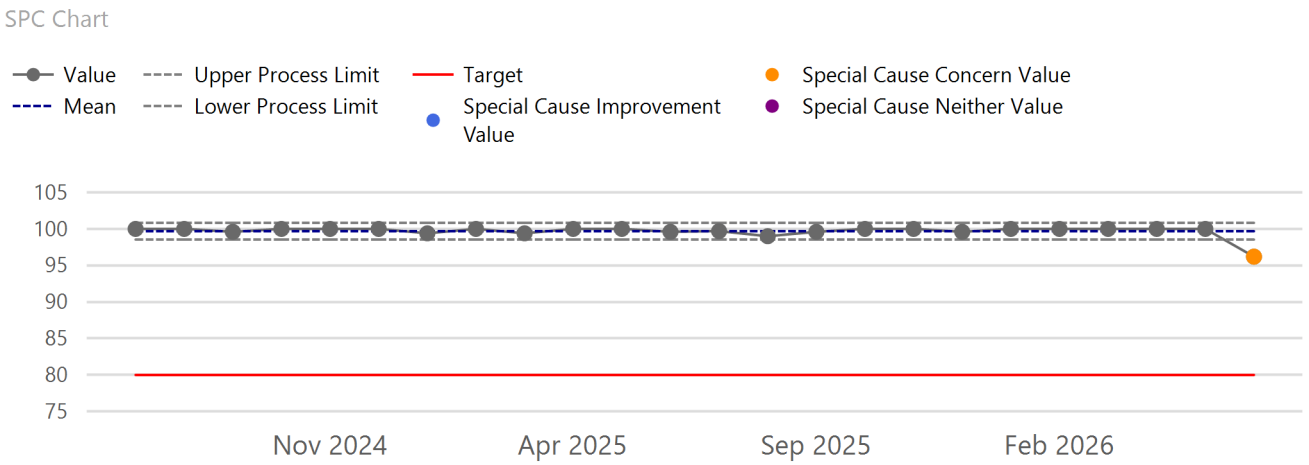
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000018

Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	96.2	80	P	L	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

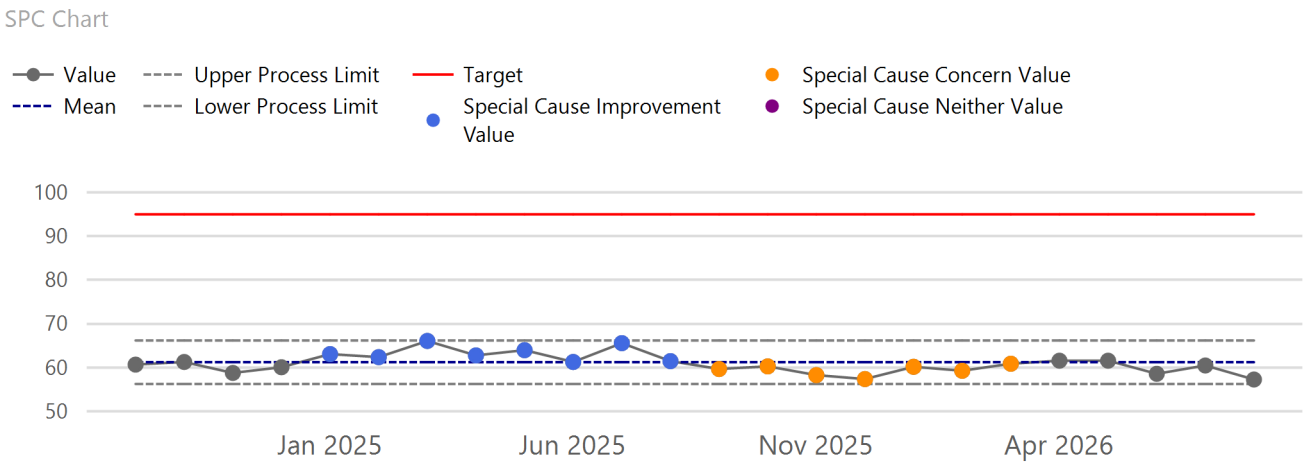
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000023

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	57.3	95	F		Chief Operating Officer



Narrative

No meaningful changes through the year but reduced compliance noted during periods of operational pressures.

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

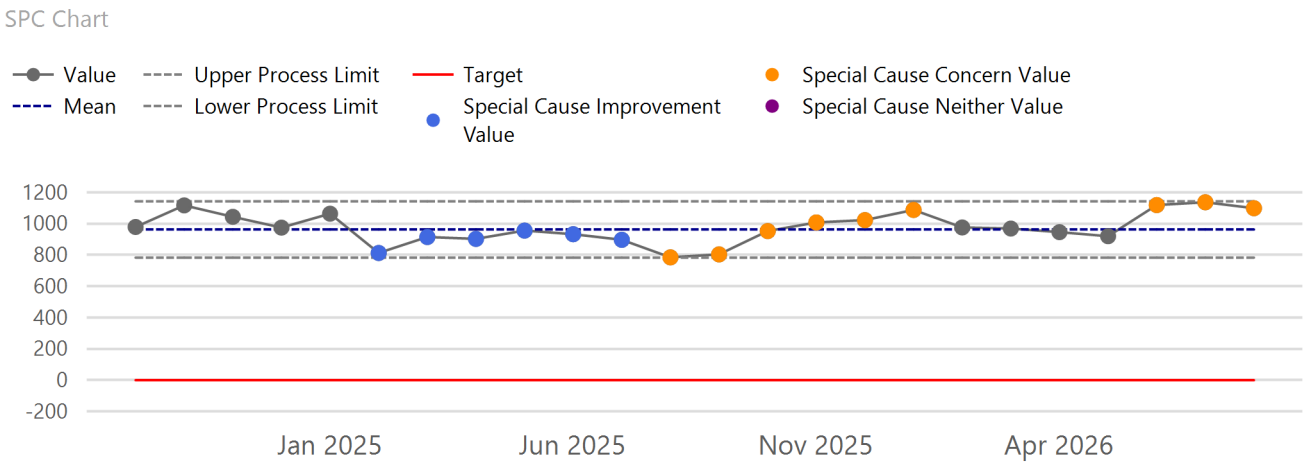
Concerns

No Health Board is meeting this standard

Metric ID: 10000024

Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	1099	0	F	H	Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures, including past 2 months. We are routinely reporting over 800 12-hour breaches each month

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

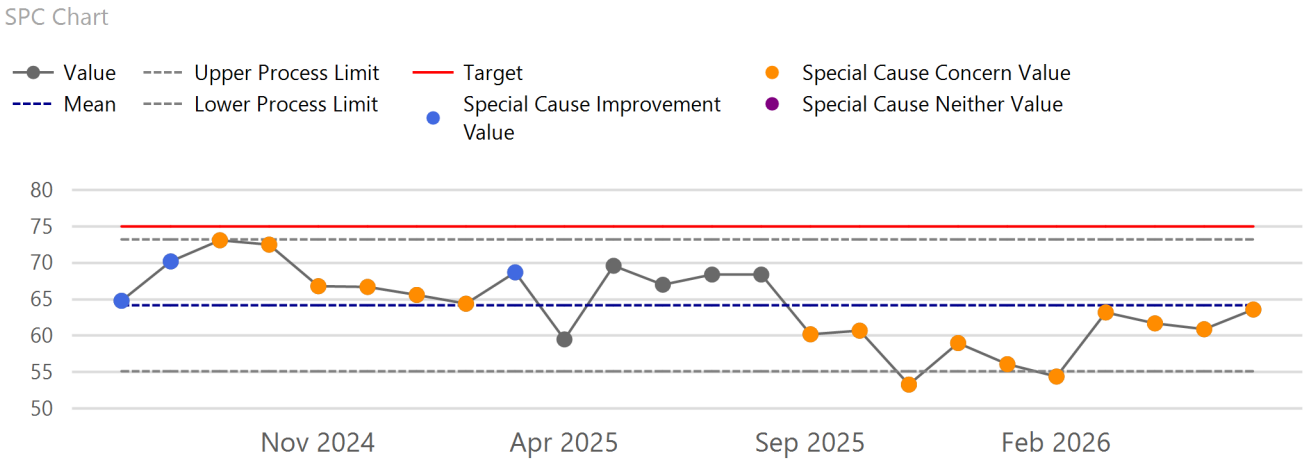
Concerns

Increased breach numbers during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000025

Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	63.6	75	F	L	Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:
Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3
Urology - new consultant post starting August
Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process
Review and update of Cancer governance structure/process

Concerns

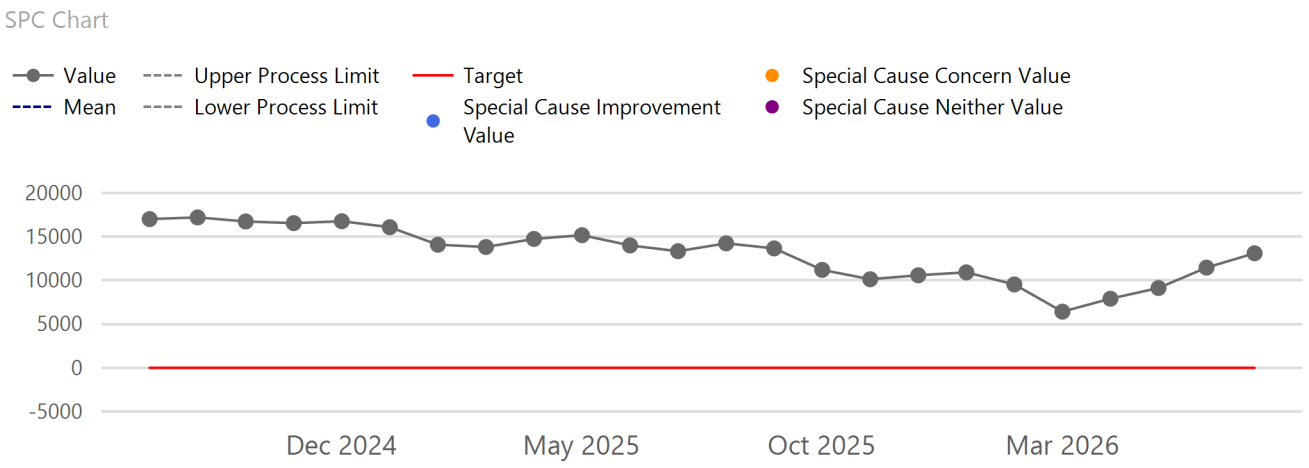
Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Sustainable capacity concerns in Upper GI, Urology and Skin

Metric ID: 10000026 Number of patients waiting more than 8 weeks for a specified diagnostic

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	13110	0	F		Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging, NOUS and Endoscopy

Actions and Owners

Non-recurrent insourcing to support Cardiology

Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

Short term outsourcing and insourcing to support radiology position

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

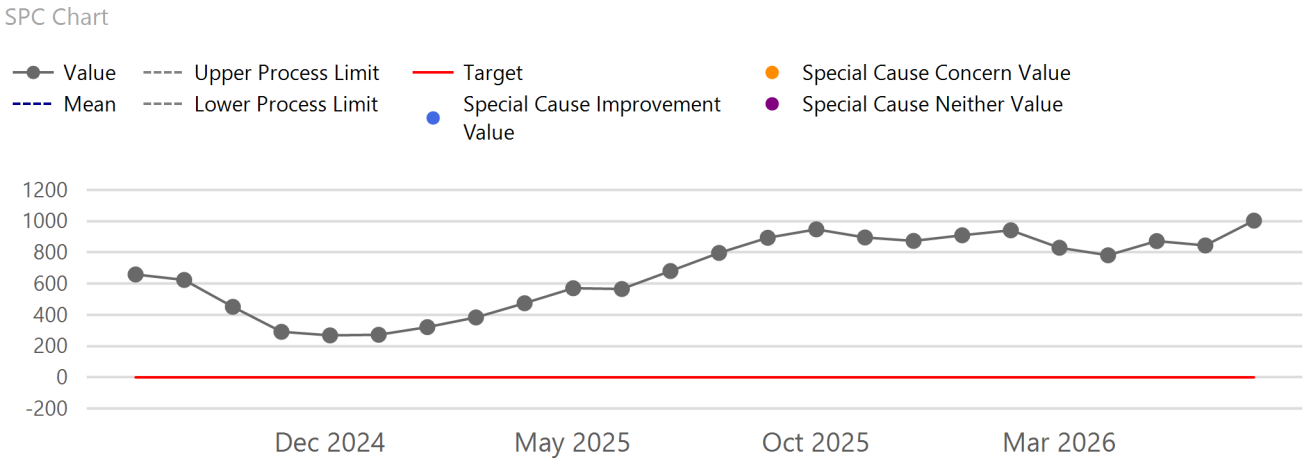
Concerns

Endoscopy and Radiology capacity

Metric ID: 10000028

Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	1004	0	F		Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

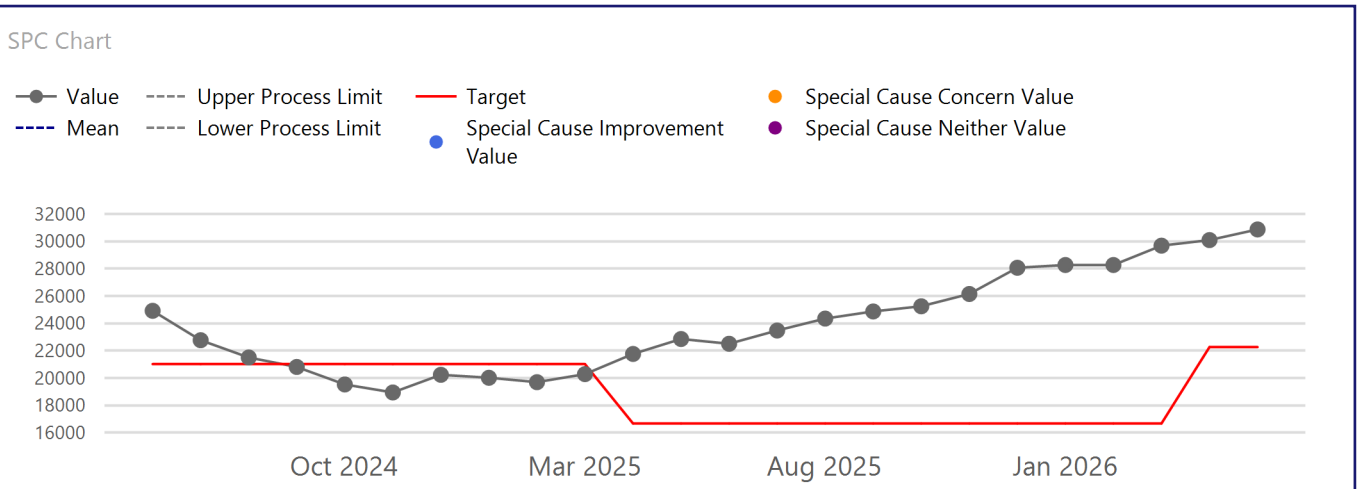
Concerns

Capacity shortfall in Dietetics and OT

Metric ID: 10000031

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	30870	22261	F		Chief Operating Officer



Narrative

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Actions and Owners

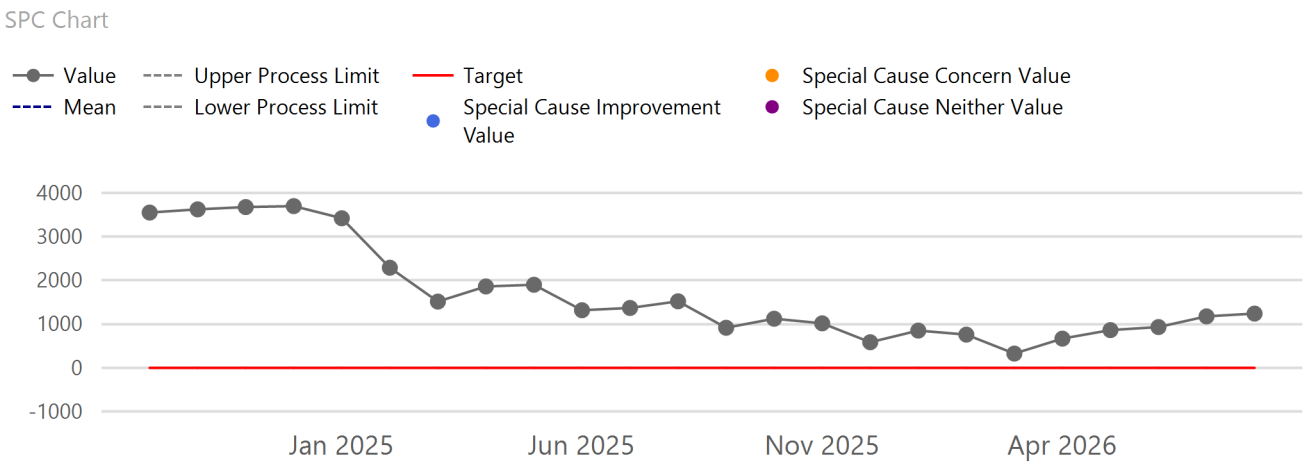
Conversion of un-booked, long waiting follow-ups to SOS/PIFU pathways in selected specialties. This will allow those patients needing follow-up to access an appointment in a timely manor through the see-on-symptoms and patient-initiated follow-up models

Concerns

Risks within follow-up cycle

Metric ID: 10000032 Number of patients waiting more than 104 weeks for referral to treatment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	1242	0	F		Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

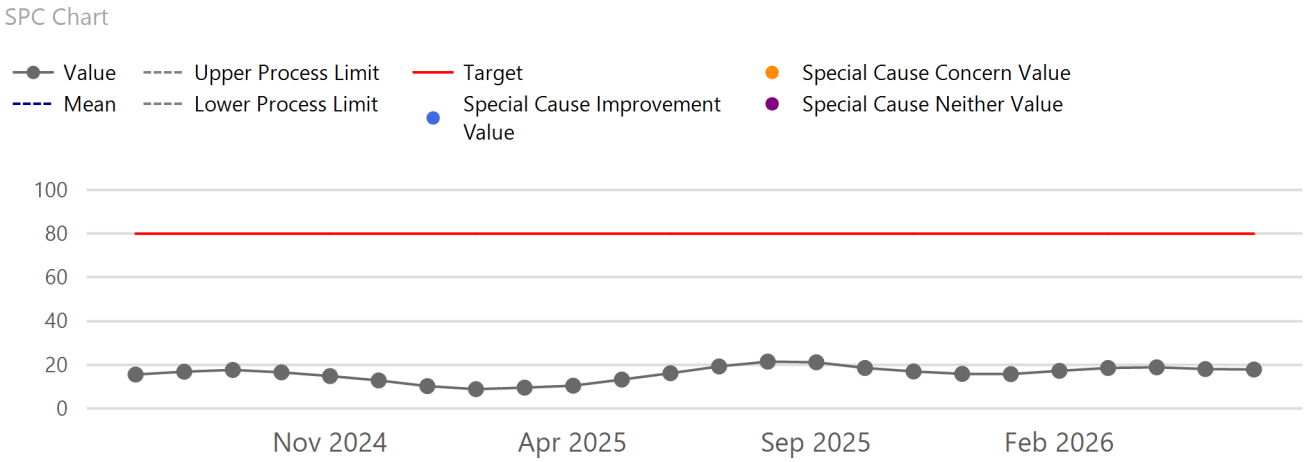
Concerns

Unable to meet required reductions without additional activity

Metric ID: 10000034

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	17.9	80	F		Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:
Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

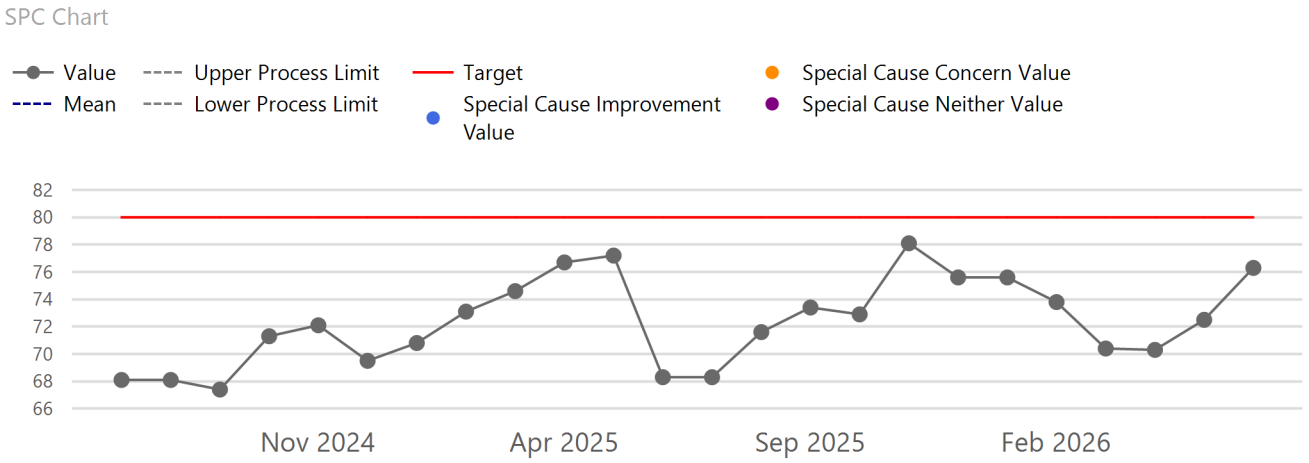
Concerns

Significant capacity shortfall under current model

Metric ID: 10000035

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	76.3	80	F		Chief Operating Officer



Narrative

Not meeting standard. Second in Wales for compliance against this measure. Current performance impacted by number of waits in Complex PTSD and longer waits for the Traumatic Stress Service

Actions and Owners

Development of OAAT (One at a Time) pilot in CPTD service to reduce waiting times across the service. OAAT focusses on resolving one specific issue per appointment. Monitored through directorate and Clinical Board performance meetings

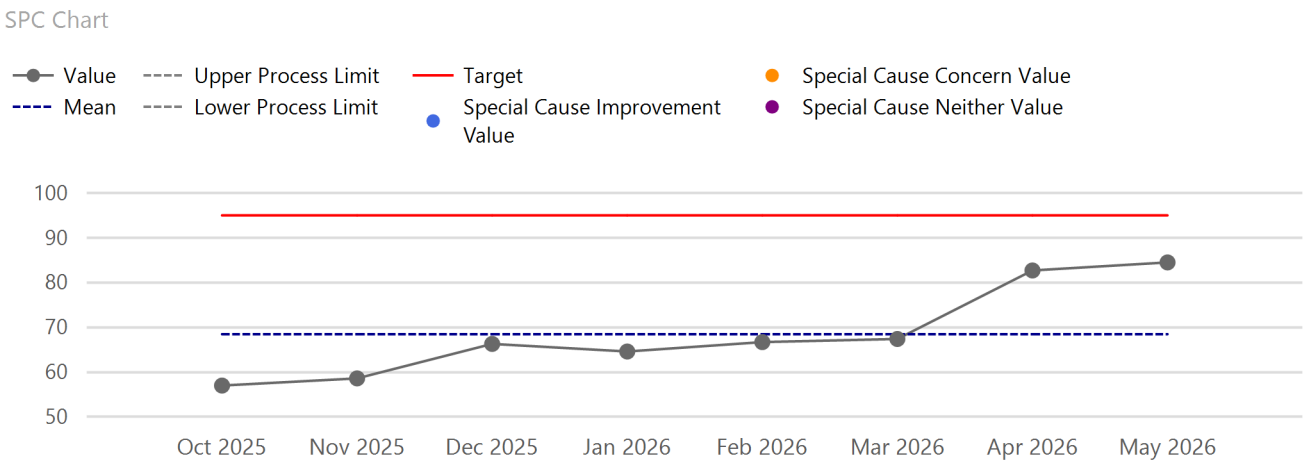
Concerns

Not meeting the standard

Metric ID: 10000041

Percentage of episodes clinically coded within one reporting month post episode discharge end date

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	84.5	95			Chief Operating Officer



Narrative

Performance remains below the required target; however, sustained improvement has been achieved over the past two years.

Actions and Owners

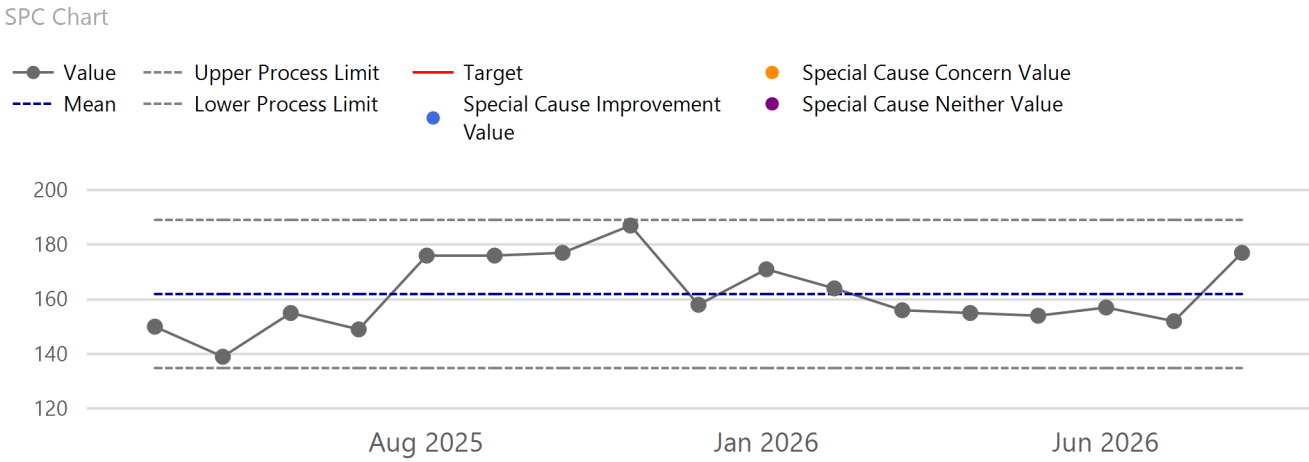
Recent improvements have been supported by enhanced staff retention, productivity improvements across the service, and the strategic deployment of a small number of highly experienced agency coders to supplement the establishment, strengthen skill mix and support ongoing service delivery.
Sustainable Clinical Coding Plan in development

Concerns

In May 2026 Audit Wales issued a follow-up audit report of the service in. Audit Wales recognised improvements in management arrangements, workforce stability and team culture; however, significant risks remain relating to workforce capacity, medical records, clinical engagement, governance, and sustained delivery of national performance standards. Six new recommendations were made and a Sustainable Clinical Coding Plan is now being developed.

Metric ID: 10000043 Number of Pathways of Care delayed discharges

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	177				Chief Operating Officer



Narrative

August saw an expected increase in overall numbers of POCD, although total bed days lost is reduced from this month last year. The average days delayed in August was 52

Actions and Owners

Implementation of 'Prism' flow recommendations
Discharge planning on arrival
Focus on Red to Green
Continue top 20 fortnightly review
Review of IDS/IDH workforce
Impact of actions monitored through UEC Programme Board

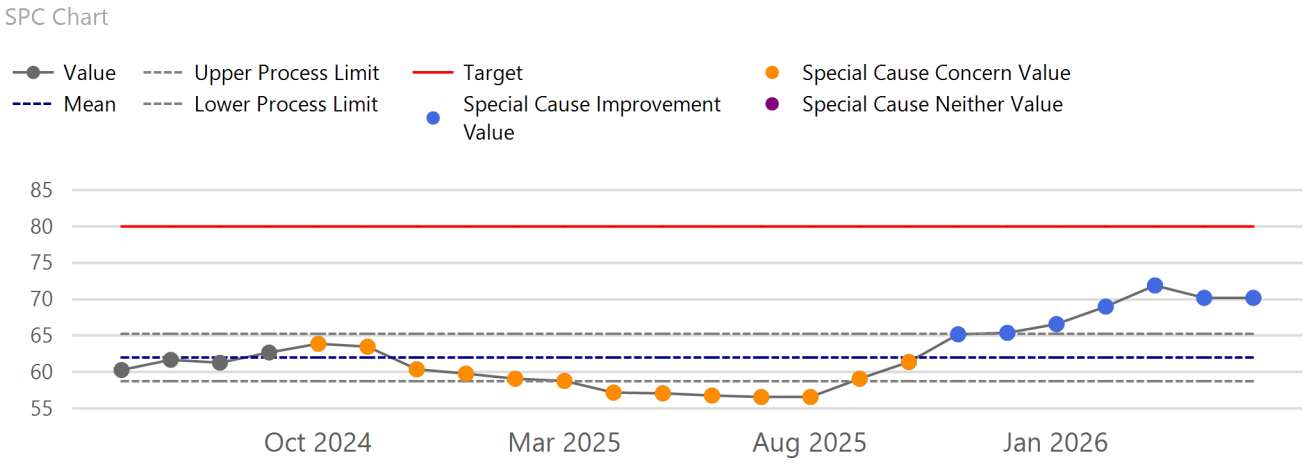
Concerns

Total delays remain higher than our de-escalation criteria

Metric ID: 10000045

Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	70.2	80	F	H	Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

Actions and Owners

Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

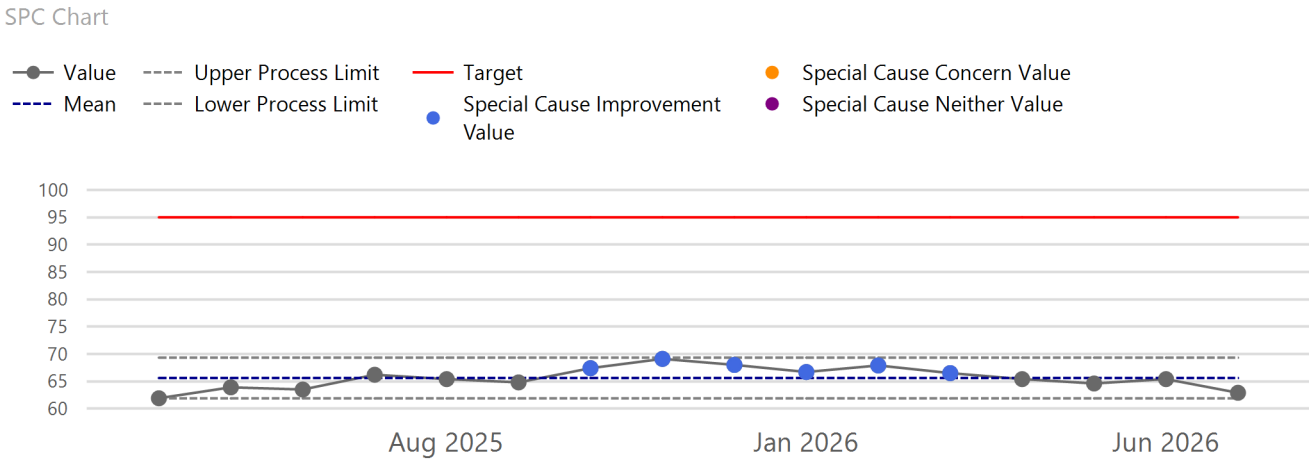
Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Metric ID: 10000051

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	62.9	95	F		Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

Progressing business case to increase capacity for Medical Retina patients.

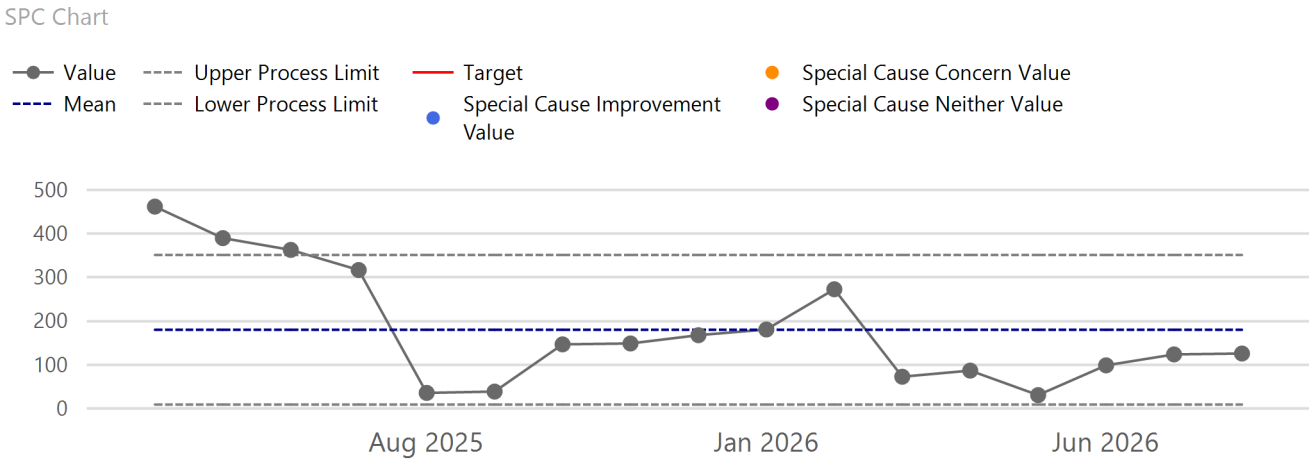
Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

Concerns

Not consistently meeting de-escalation requirement

Metric ID: 10000052 Number of ambulance patient handovers over one hour

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	126				Chief Operating Officer



Narrative

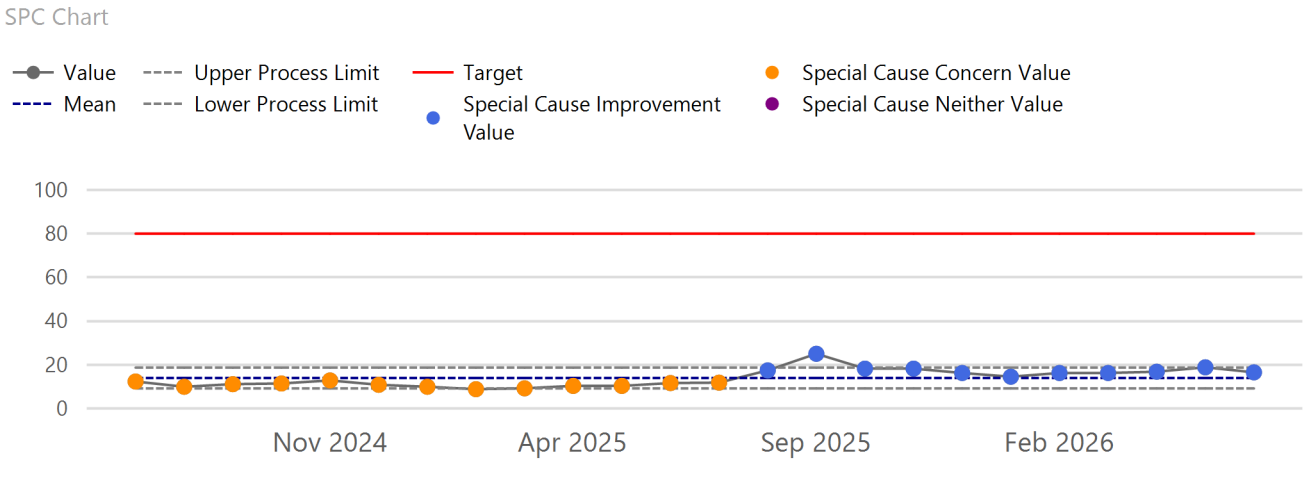
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Actions and Owners

Concerns

Metric ID: 10000053 Percentage of ambulance patient handovers within 15 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	16.6	80	F	H	Chief Operating Officer



Narrative

No meaningful change - current operational priority is the 45-minute handover in line with the national requirements

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

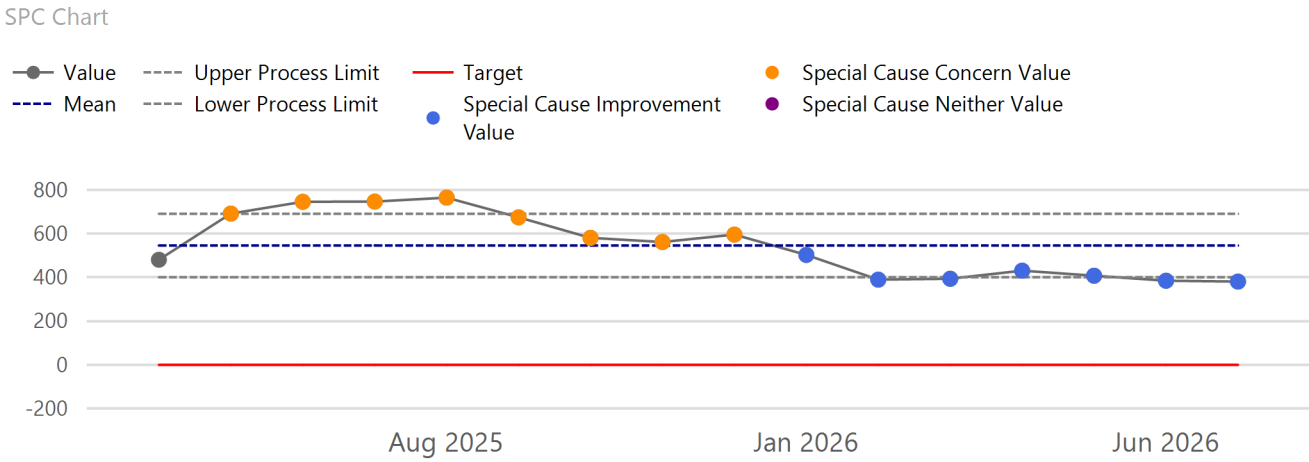
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000058

Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	381	0	F	L	Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. To mitigate some of this demand some staff time has been converted from the adult to the paediatric service. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic

Actions and Owners

Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

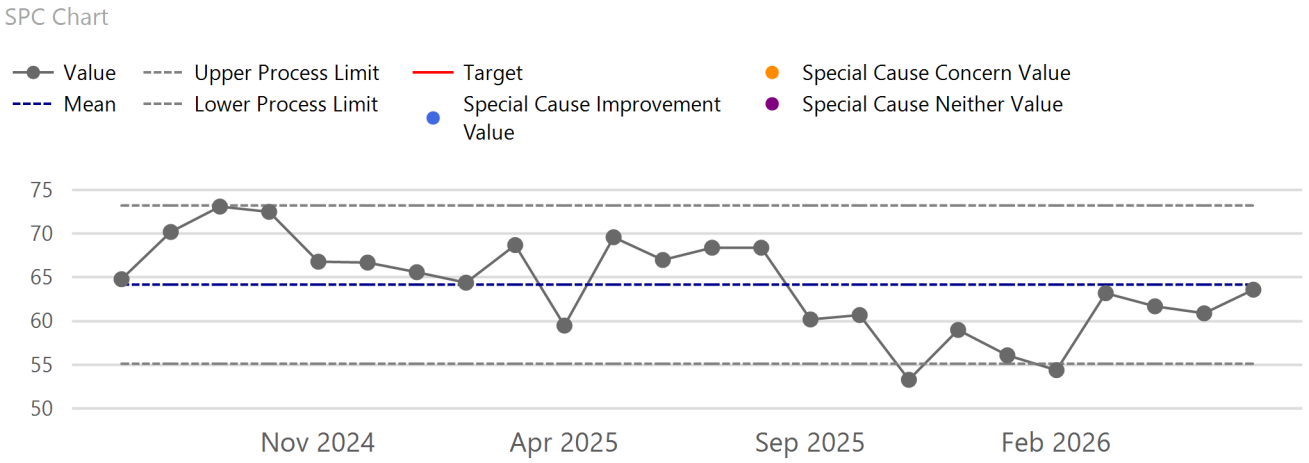
Concerns

Increasing demand and insufficient capacity to meet the waiting time standard

Metric ID: 10000113

% of patients starting first definitive cancer treatment within 62 days from point of suspicion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	63.6				Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:
Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3
Urology - new consultant post starting August
Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process
Review and update of Cancer governance structure/process

Concerns

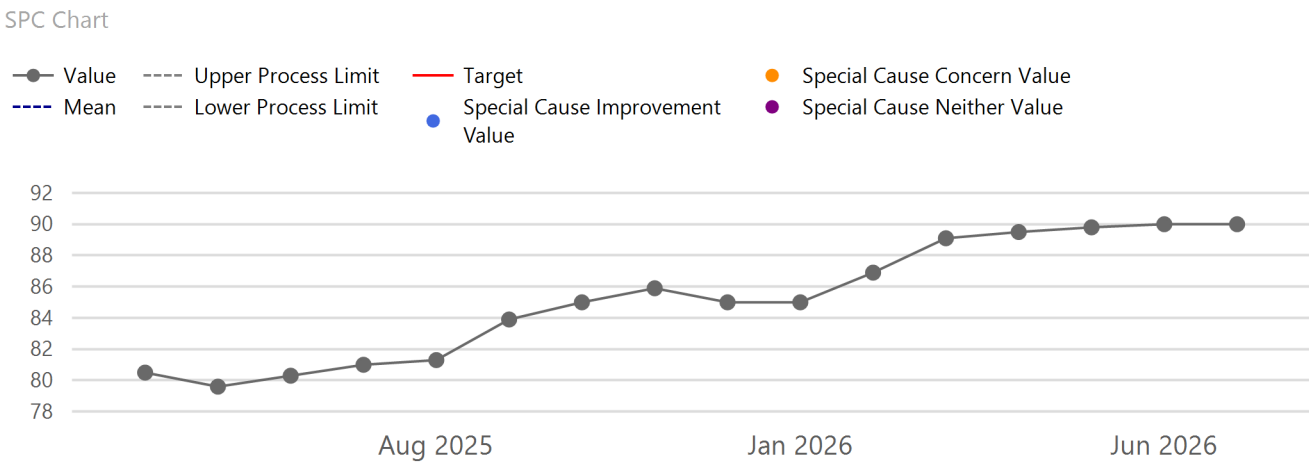
Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Sustainable capacity concerns in Upper GI, Urology and Skin

Metric ID: 10000114 100% of open outpatient pathways to be waiting less than 52 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	90				Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

Focus on use of SOS/PIFU to free up follow-up capacity for new patients

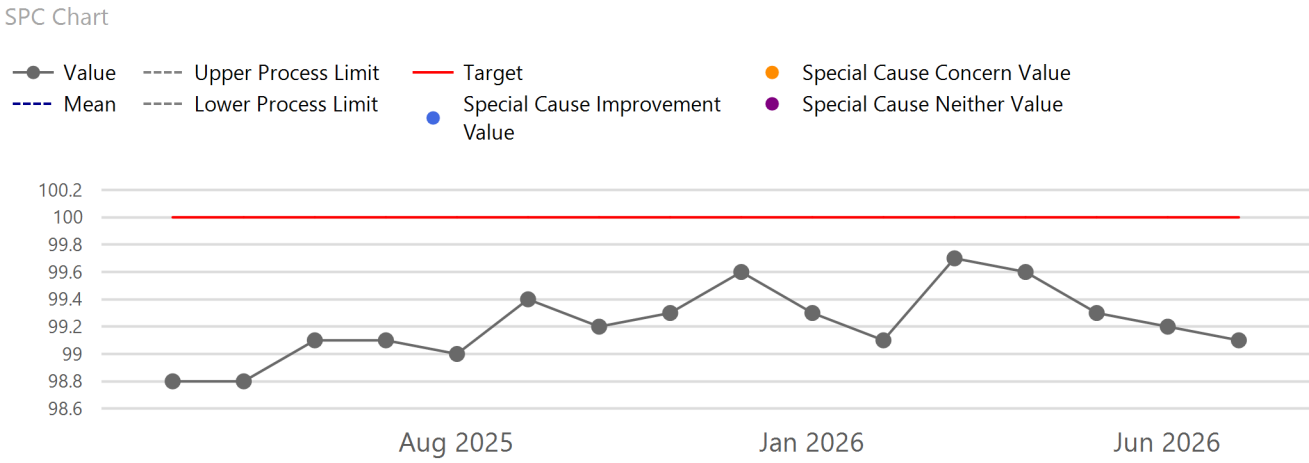
Actions and performance monitored through the newly establish Productivity and Efficiency Board

Concerns

Increase in the number of preaches in some specialties without additional activity

Metric ID: 10000115 100% of open pathways to be waiting less than 104 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	99.1	100	F		Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

Actions and Owners

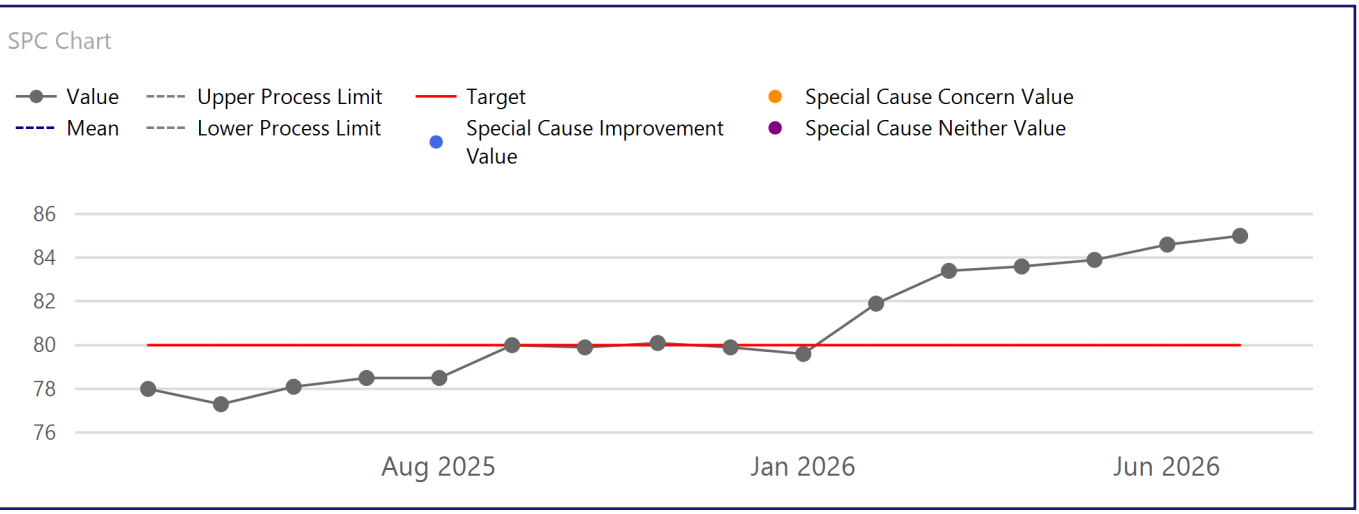
In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

Concerns

Unable to meet required reductions without additional activity

Metric ID: 10000116 80% of open pathways to be waiting less than 52?weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	85	80	P		Chief Operating Officer



Narrative

The proportion of open pathways <52 weeks increased last year through a combination of the national outpatient insourcing programmes and additional activity focussed on reducing 2 and 3-year waits for treatment. This work was consolidated with work on referral management. We have met the de-escalation standard since February

Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

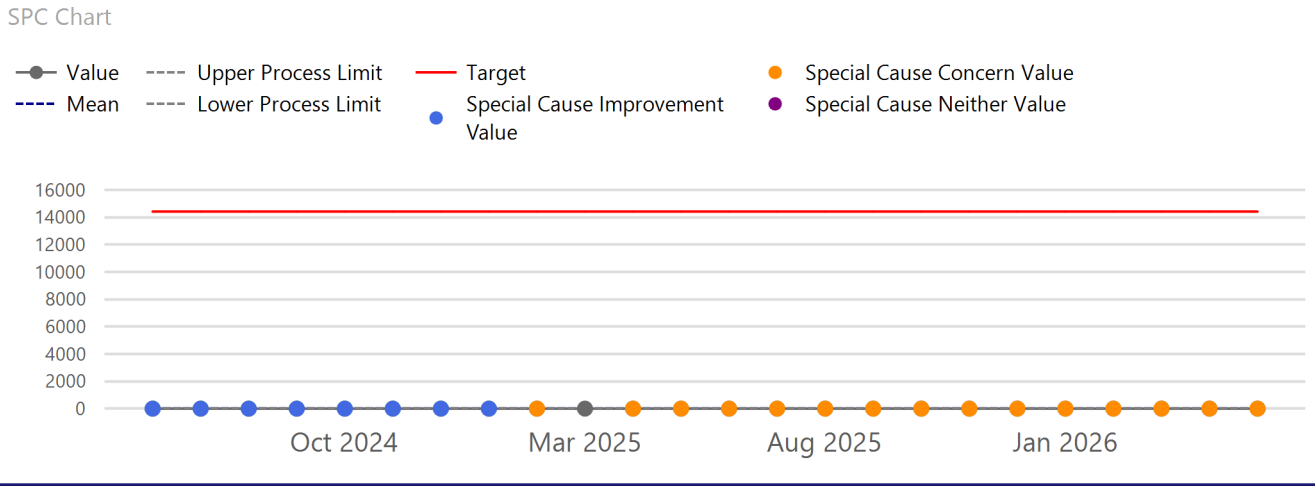
Concerns

Long waits to increase in some specialties without additional activity

Metric ID: 10000117

15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	1	14415	P	H	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

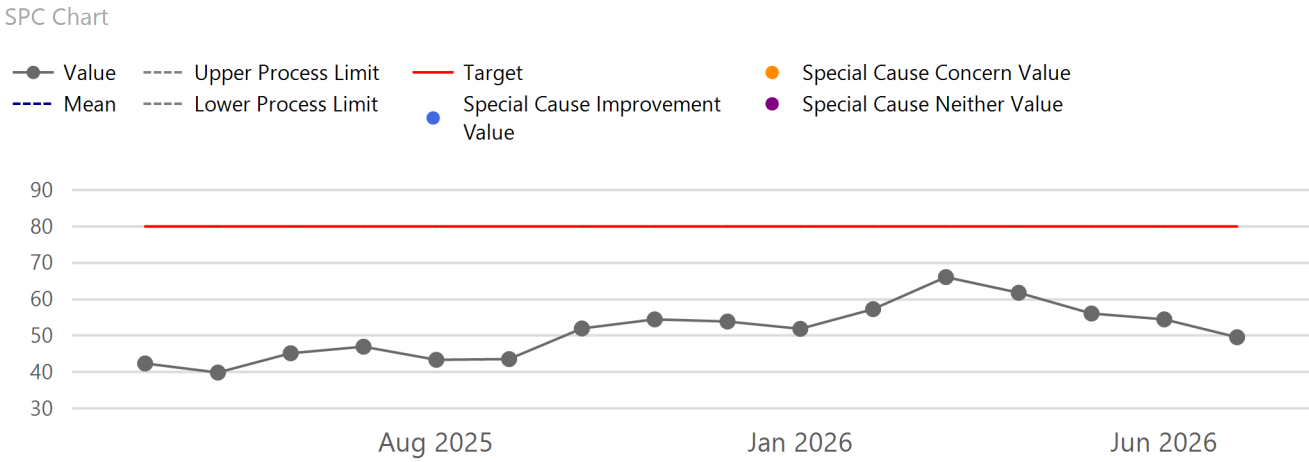
Internal flexibility to ensure sufficient assessments are completed

Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000118 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	49.6	80	F		Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging, NOUS and Endoscopy

Actions and Owners

Non-recurrent insourcing to support Cardiology

Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

Short term outsourcing and insourcing to support radiology position

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

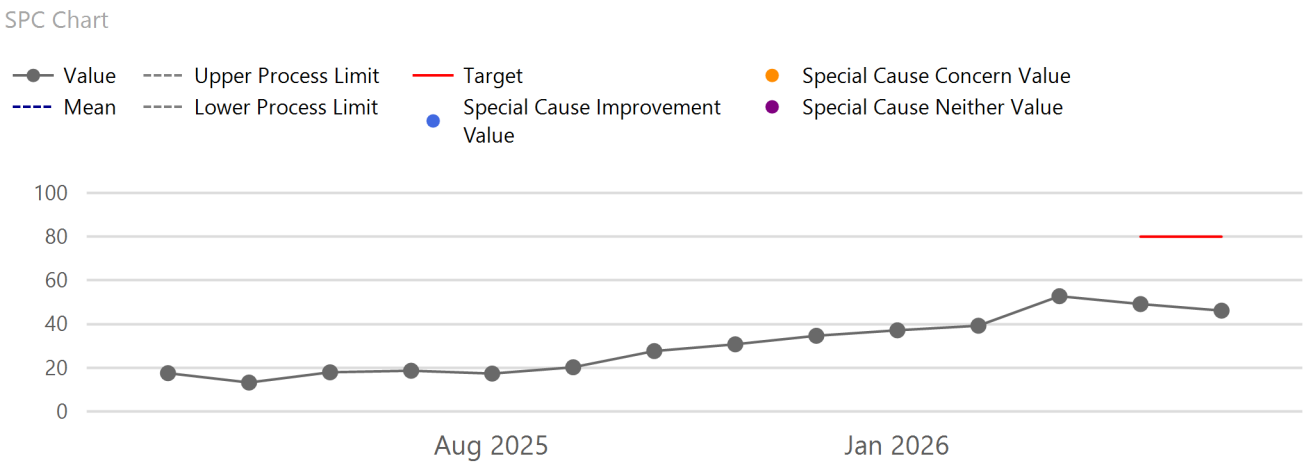
Endoscopy and Radiology capacity

We are consistently not meeting this de-escalation criteria

Metric ID: 10000119

80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	46.2	80	F		Chief Operating Officer



Narrative

Significant improvement through 25/26 - recurrent capacity issues remain, we are working with colleagues from NHSP&I to develop solutions

Actions and Owners

Insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

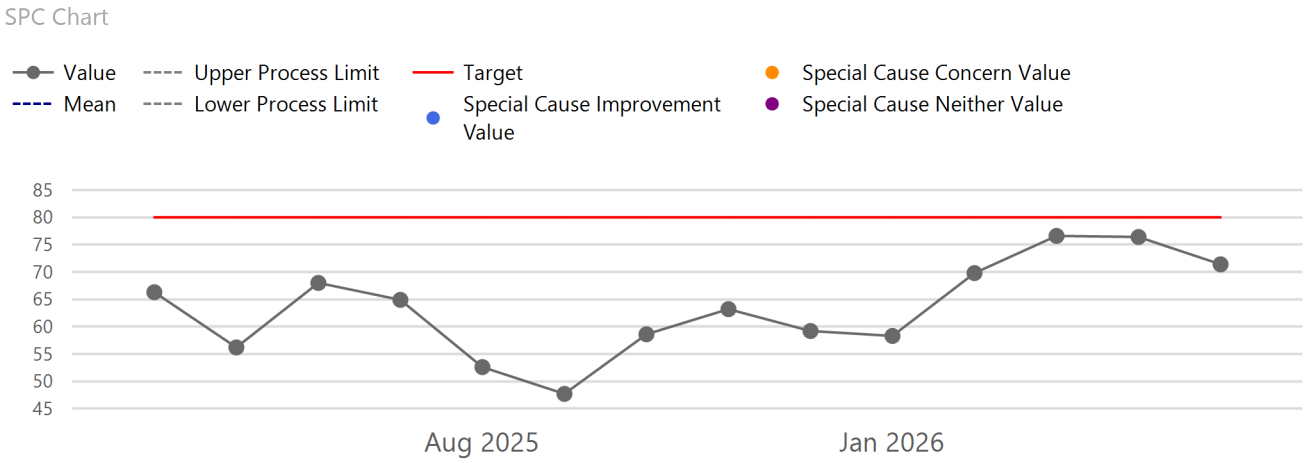
Concerns

Endoscopy capacity

We are consistently not meeting this de-escalation criteria

Metric ID: 10000120 80% of patients waiting for a non-cardiac MRI to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	71.4	80	F		Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. Insourcing has been secured to drive down the backlog from Q3 this year

Actions and Owners

Short term insourcing to help recover the backlog of long waits.

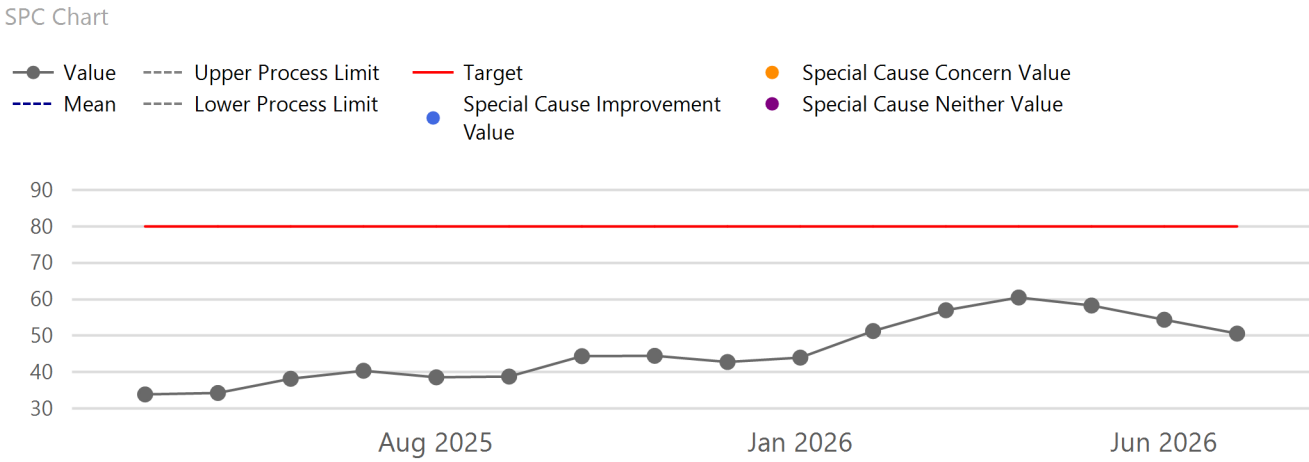
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Metric ID: 10000121 80% of patients waiting for a NOUS to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	50.6	80	F		Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. There was a delay in commencement of the insourcing contract, which did not deliver contracted volumes.

Actions and Owners

Short term support for NOUS with outsourcing, long term plan for advanced sonographer training, build on learning from Swansea Bay UHB model.

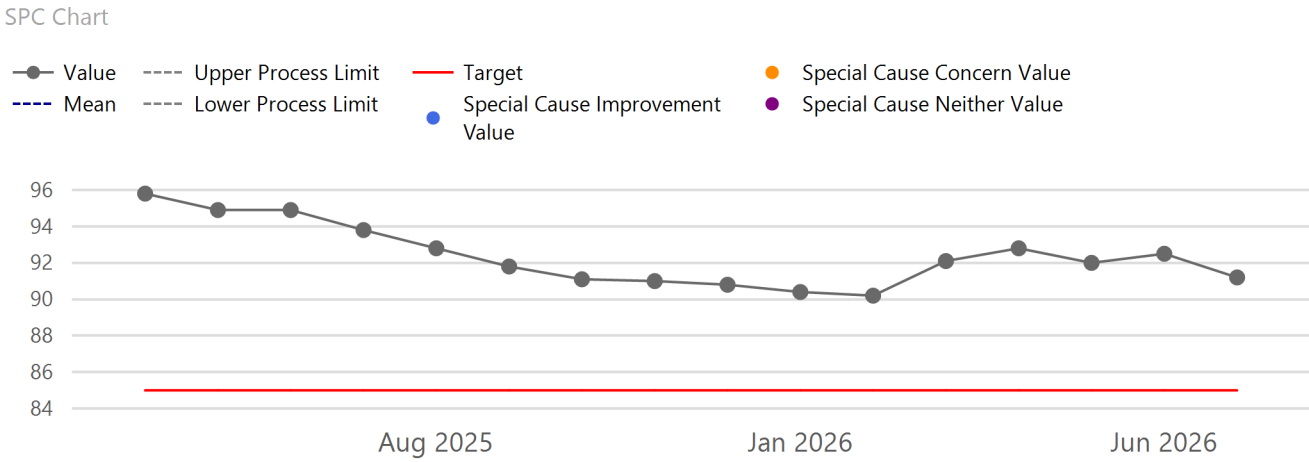
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Metric ID: 10000122 85% of patients waiting for therapies to be waiting less than 14 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	91.2	85	P		Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

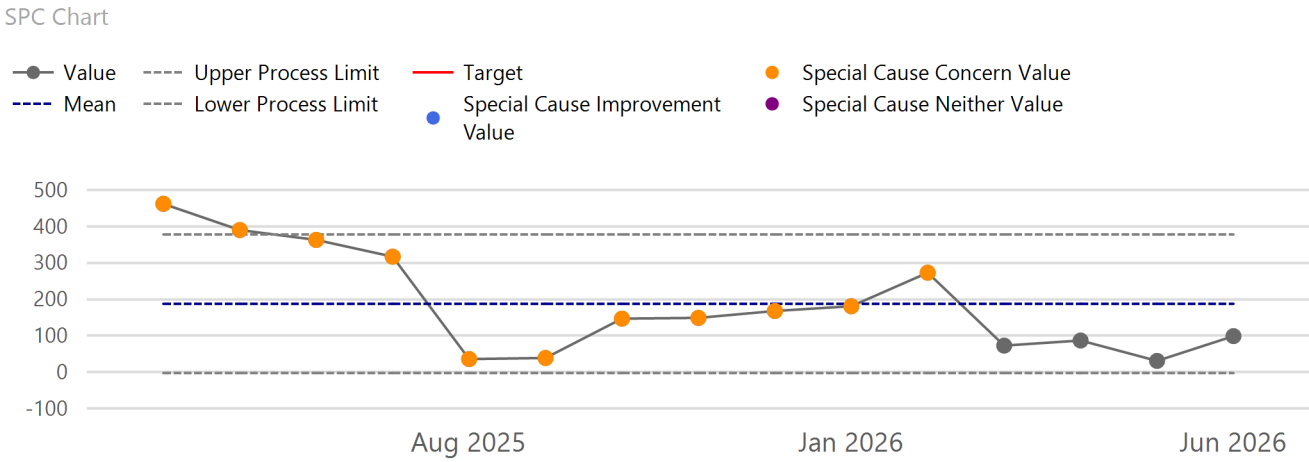
Concerns

Capacity shortfall in Dietetics and OT

Metric ID: 10000123

Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	99				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. June saw an increase in 1-hour ambulance holds and an increase in the average handover time to 28 minutes from 24 minutes in May. Over half the 1-hour breaches came during the Business Continuity Incident at the end of the month. We are reviewing our data from across the health system over the past 8 weeks to better understand the impact of external and internal pressures.

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

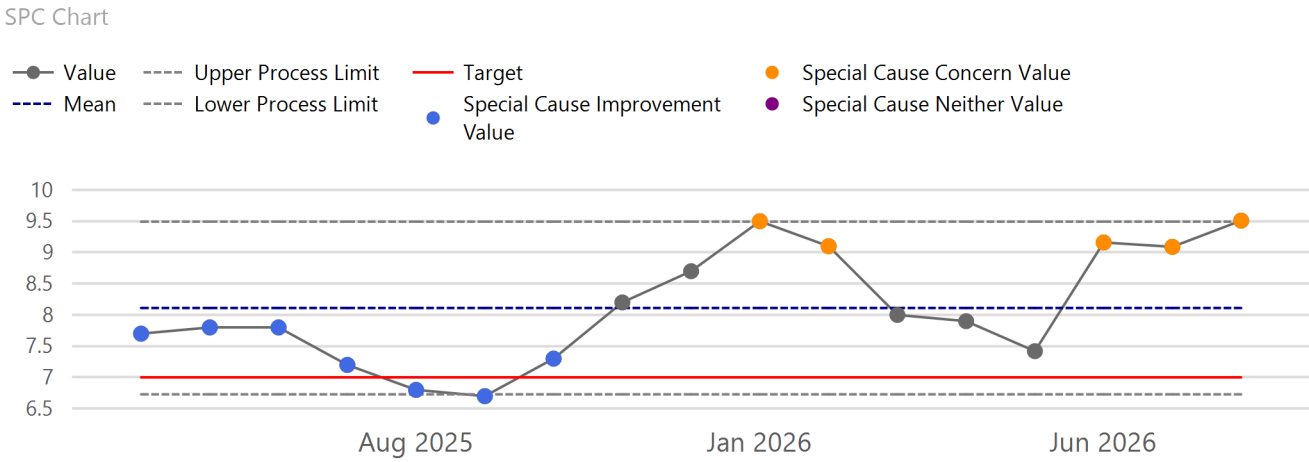
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000124

Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	9.51	7	?	H	Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures, including July and August. We are routinely reporting over 800 12-hour breaches each month

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

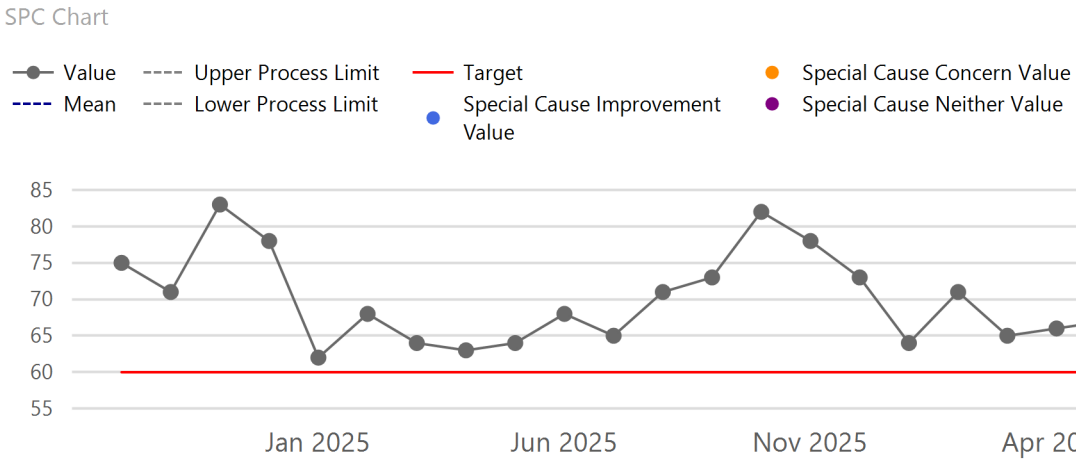
Concerns

Improving performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000125

Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	73	60	F		Chief Operating Officer



Narrative

Improvement noted from Q3 last year but no meaningful changes in the last quarter. Periods of operational pressures through July and August have seen median time increase

Actions and Owners

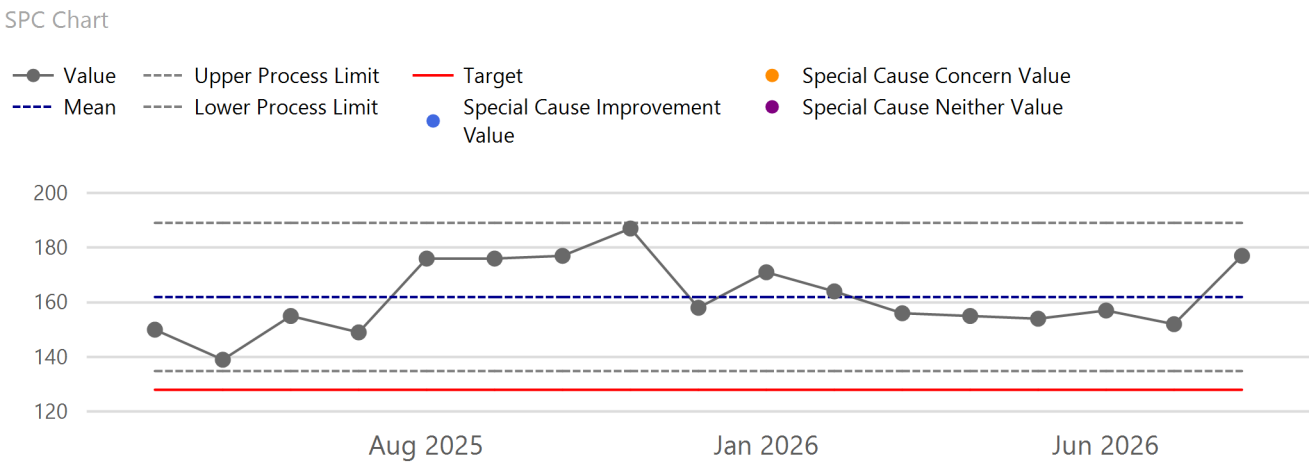
Continued maximisation of MSDEC activity.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
ACU desk to coordinate timely clinical responses.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

Maintaining performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000126 Continuous reduction in delayed pathways of 5% (based on agreed baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	177	128	F		Chief Operating Officer



Narrative

August saw an expected increase in overall numbers of POCD, although total bed days lost is reduced from this month last year. The average days delayed in August was 52

Actions and Owners

Implementation of 'Prism' flow recommendations
Discharge planning on arrival
Focus on Red to Green
Continue top 20 fortnightly review
Review of IDS/IDH workforce
Impact of actions monitored through UEC Programme Board

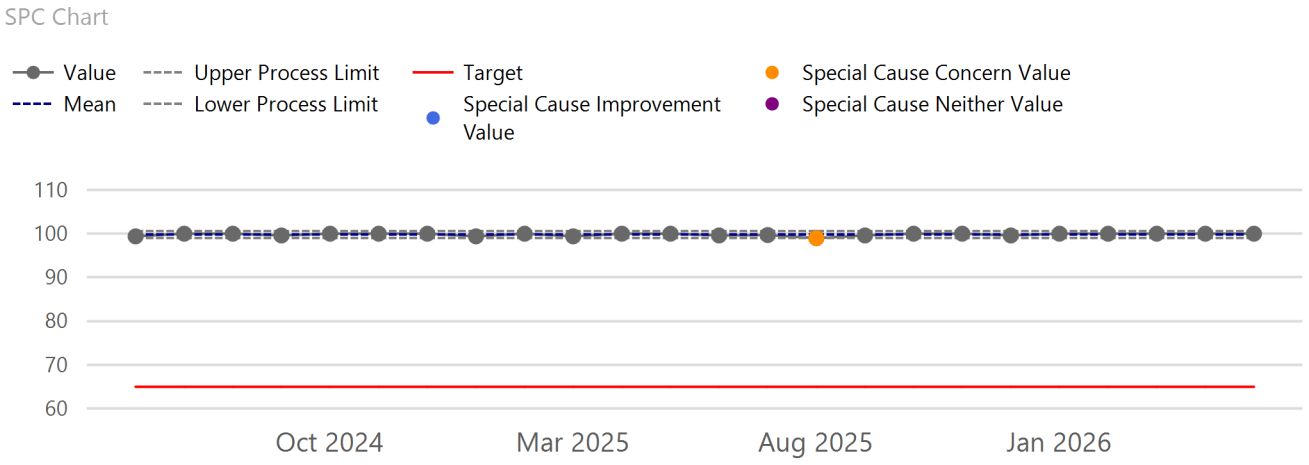
Concerns

Total delays remain higher than our de-escalation criteria

Metric ID: 10000127

65% of therapeutic interventions started within 28 days following an assessment by LPMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	100	65	P		Chief Operating Officer



Narrative

Consistently exceeding the standard

Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

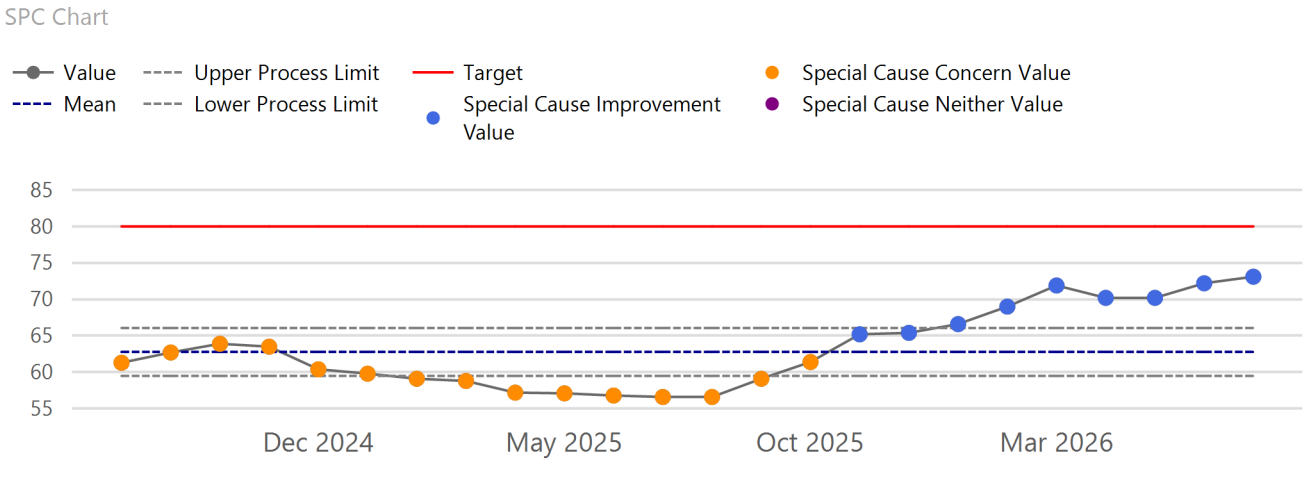
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000128

80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	73.1	80	F	H	Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

Actions and Owners

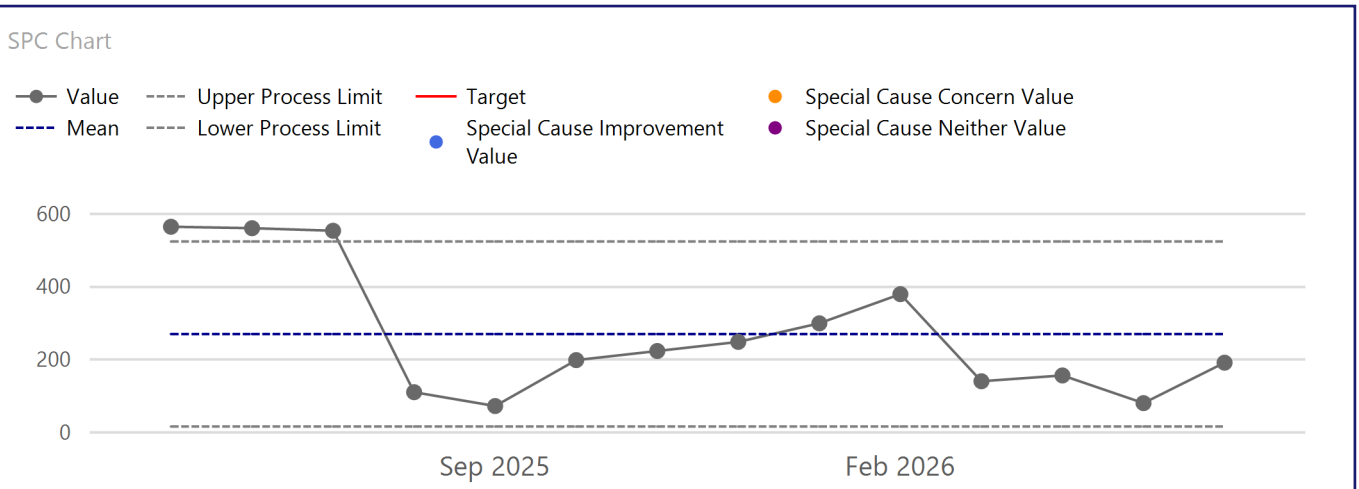
Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Metric ID: 10000129 45-minute ambulance handover delays

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	192				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and has remained at this level so far in July. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis

Actions and Owners

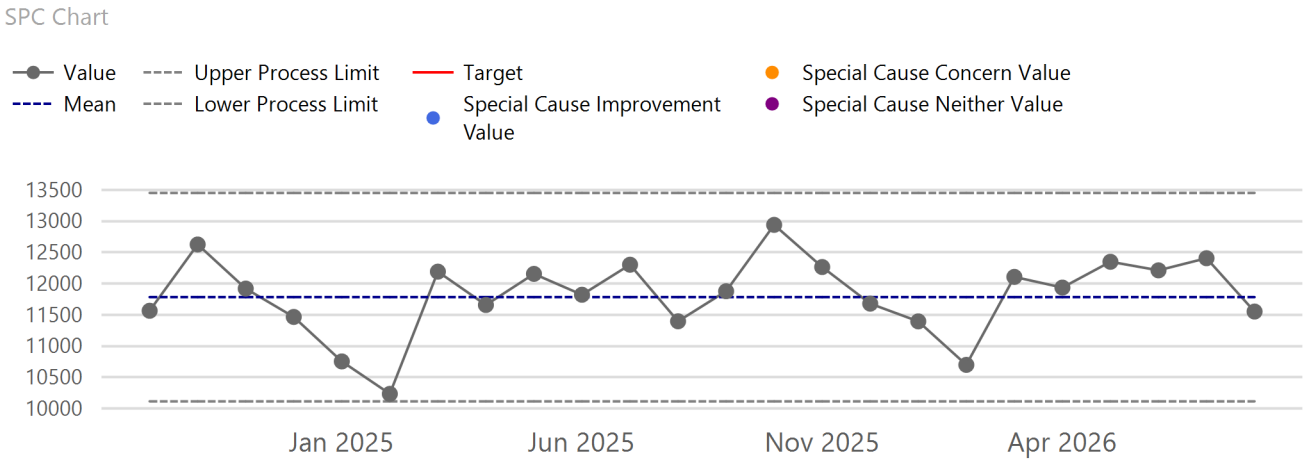
Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000130 Emergency unit attendances

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	11554				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

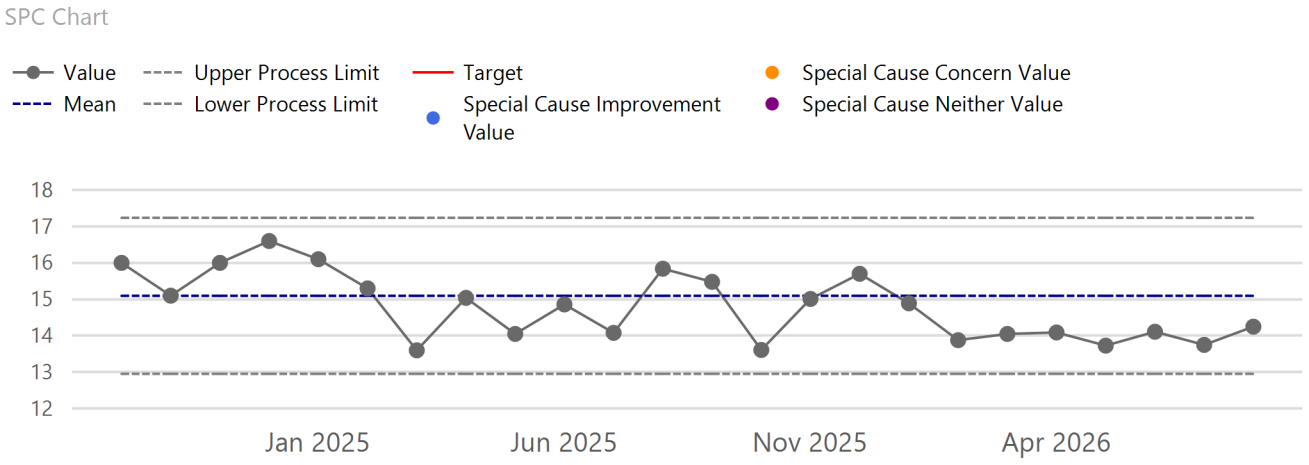
n/a

Concerns

n/a

Metric ID: 10000131 % of EU attendances that results in an admission to hospital

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	14.25				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

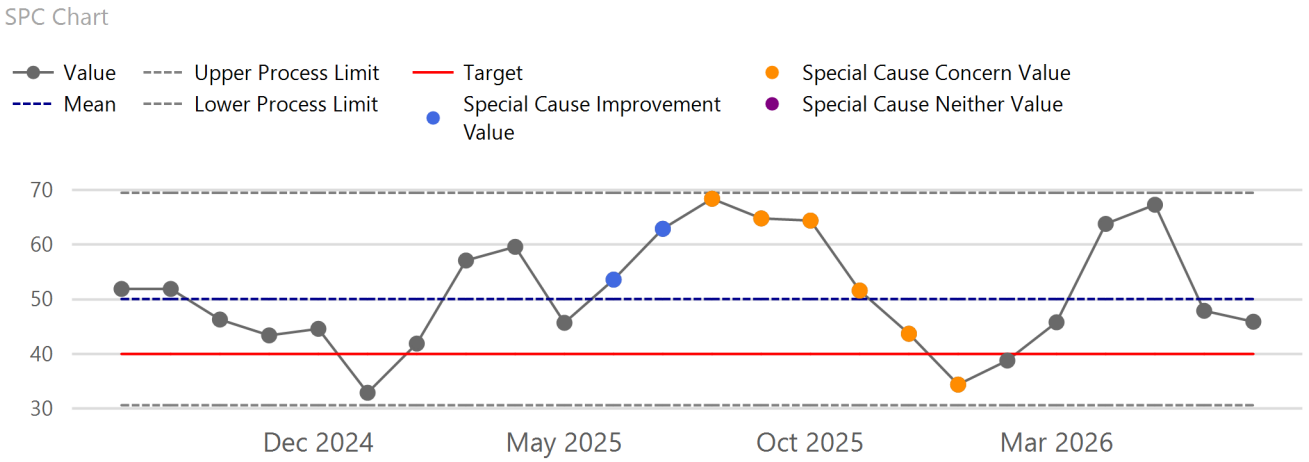
n/a

Concerns

n/a

Metric ID: 10000136 % of stroke admissions within 4 hours of arrival

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	45.9	40			Chief Operating Officer



Narrative

Performance has fluctuated in line with wider operational pressures in Emergency Unit, current performance remains above the all Wales average and SSNAP average, but we continue to review and develop the acute pathway. Compliance with the 4-hour standard has reduced in June and July, but we anticipate that August performance will have improved

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

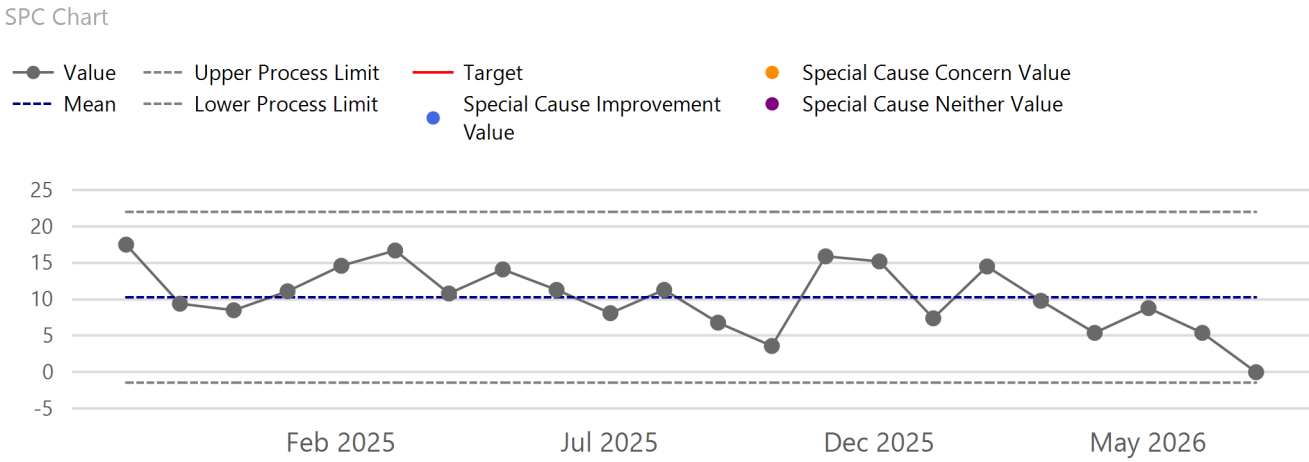
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000137 % of stroke attendances that achieve CT Scan within 20 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	0				Chief Operating Officer



Narrative

Following the launch of the new SNNAP standards, the performance standard for CT scan has changed to 20 minutes. While performance against the old 60 minute standards averages over 50%, performance against the 20 minute standard has fluctuated between 3 and 17%. Performance against this metric is impacted by pressure in EU, periods of downtime for the CT scanner and the volume of self presenting patients who enter EU through triage. Actions relating to WAST, pre-hospital triage and early identification of self presenting patients are particularly pertinent to this measure

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

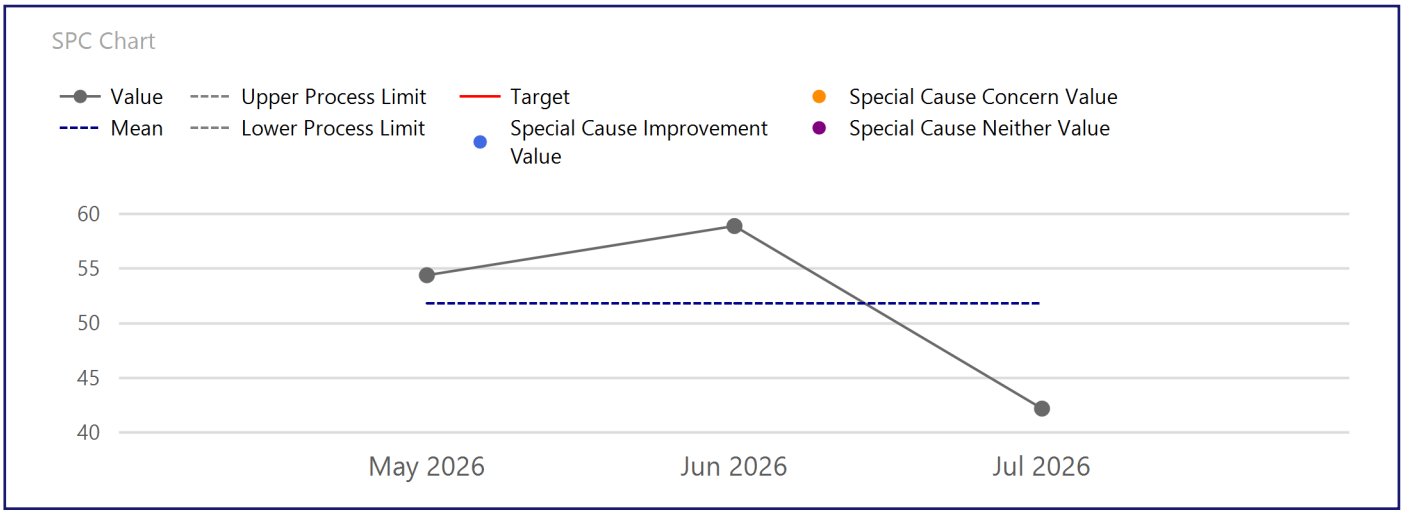
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000138 % of stroke attendances that achieve CT Scan within 60 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	42.2				Chief Operating Officer



Narrative

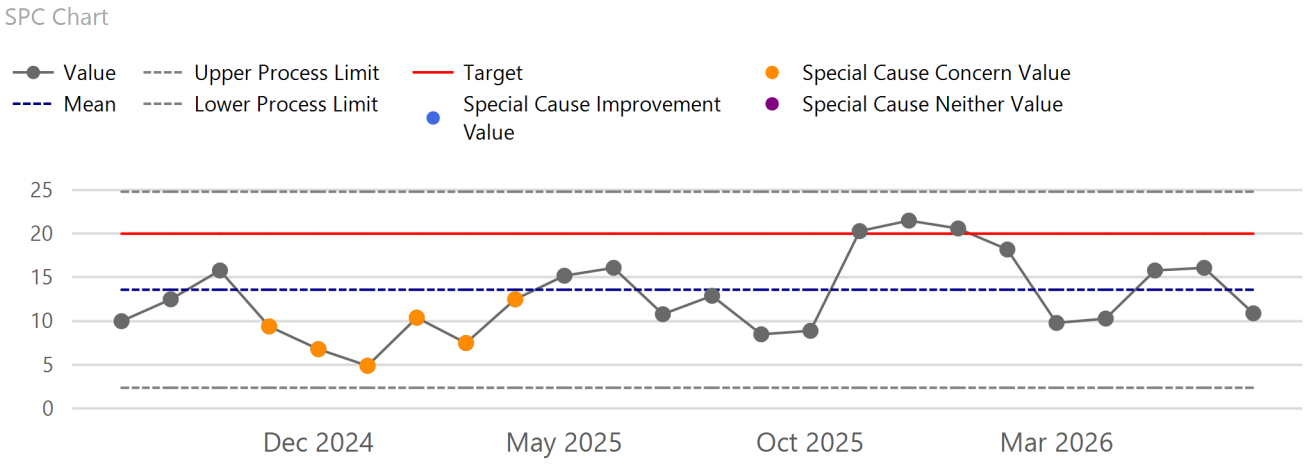
Uploaded data DRAFT not signed off

Actions and Owners

Concerns

Metric ID: 10000139 % of stroke patients who receive thrombolysis

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	10.9	20			Chief Operating Officer



Narrative

Standard of 20% was met in Q3 25/26 but compliance has dropped this year and remains below standard but in-line with the all-Wales and SSNAP average. Focused efforts through the last year, including the use of advanced imaging software and ongoing education have seen a meaningful increase in thrombolysis rates. Thrombolysis rates through the national reporting are sometimes lower as we wait from records related to regional and out of hours working to be processed

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

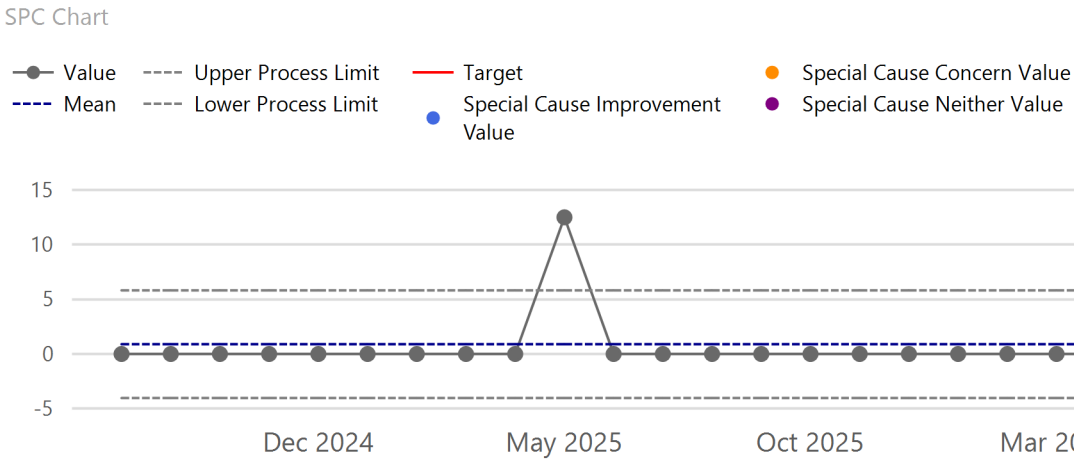
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000140 % of stroke patients who receive thrombolysis within 30 minutes of attendance

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	0				Chief Operating Officer



Narrative

Door to needle thrombolysis treatment times remain a challenge and outside of the 30-minutes standard. All thrombolysis cases are reviewed by the stroke team and delay reasons investigated

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

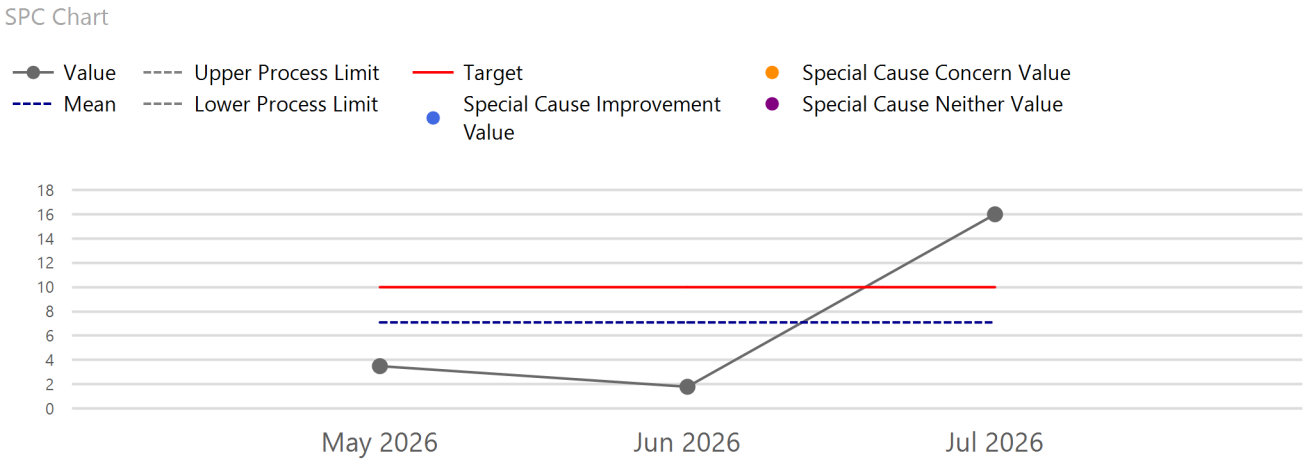
Education plan for all staff involved in stroke pathway being developed

Concerns

Door to needle time remains above standard

Metric ID: 10000141 % of stroke patients who receive thrombectomy

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	16	10			Chief Operating Officer



Narrative

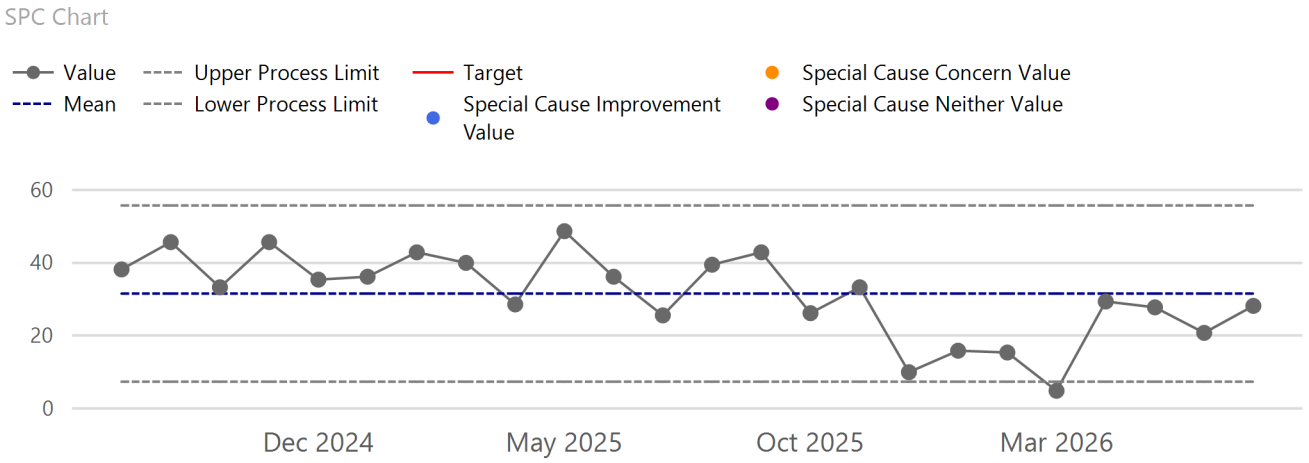
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Actions and Owners

Concerns

Metric ID: 10000142 % of hip fracture admissions within 4 hours of arrival

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	28.2				Chief Operating Officer



Narrative

Recent performance and annualised average remain well above the national average on the National Hip Fracture Database

Actions and Owners

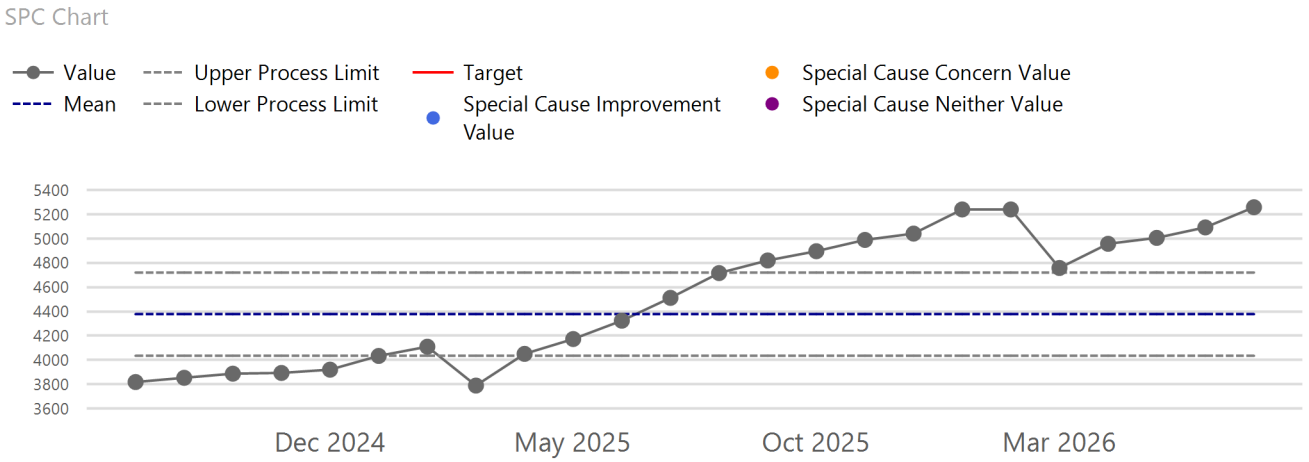
Ringfenced capacity remains
Review into Length of Stay
Morality review through Q&S

Concerns

Fluctuations in performance

Metric ID: 10000145 Volume of children waiting for neurodevelopment assessment - total

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	5258				Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:
Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

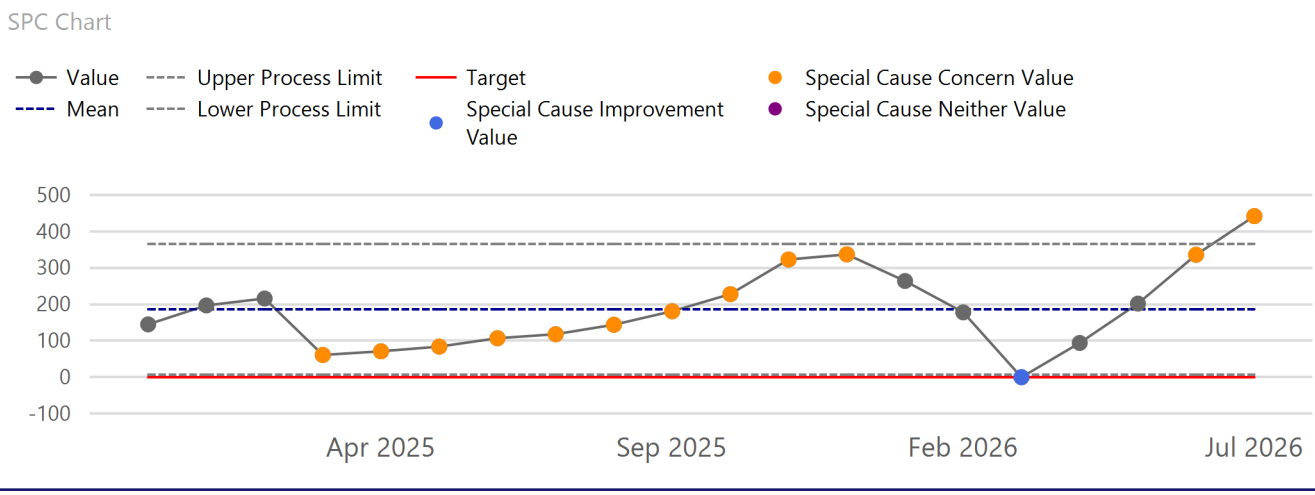
Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Metric ID: 10000146 Volume of children waiting for neurodevelopment assessment - >156 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	442	0	F	H	Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
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Actions and Owners

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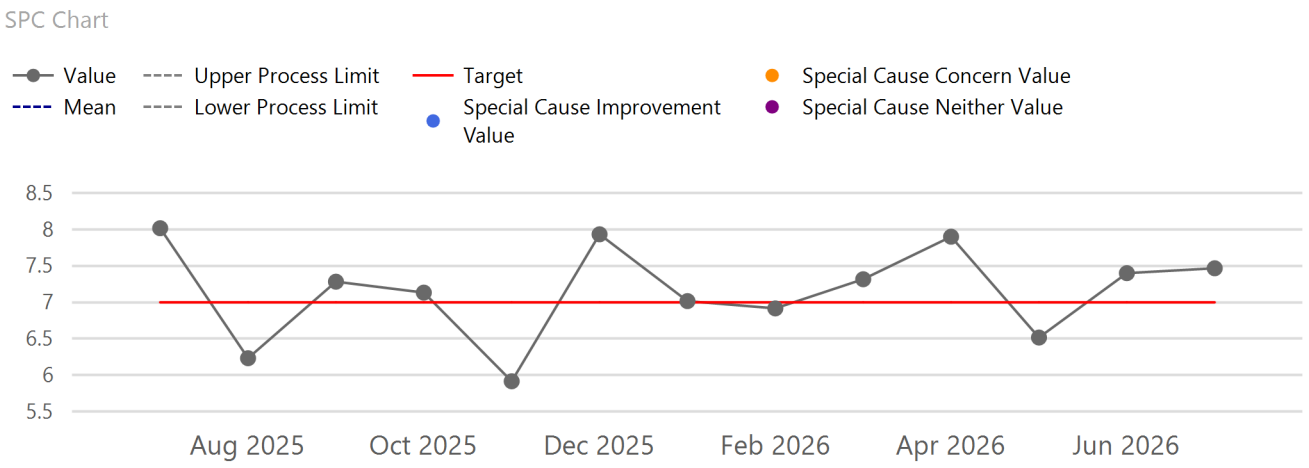
Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Metric ID: 10000147 Median emergency ambulance response time to purple: arrest category calls

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	7.467	7	F		Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

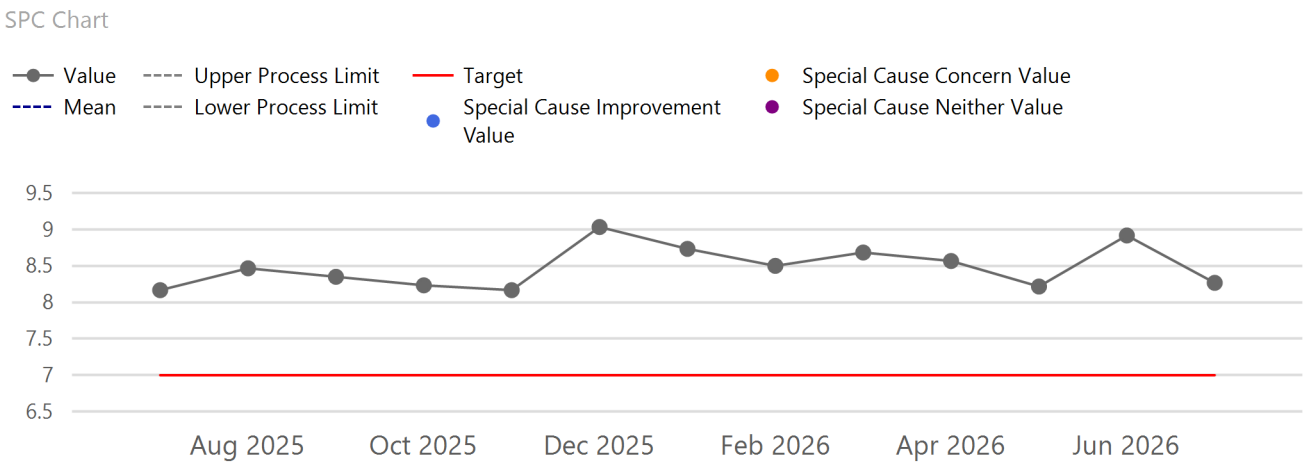
n/a

Concerns

n/a

Metric ID: 10000148 Median emergency ambulance response time to red: emergency category calls

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	8.267	7	F		Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

n/a

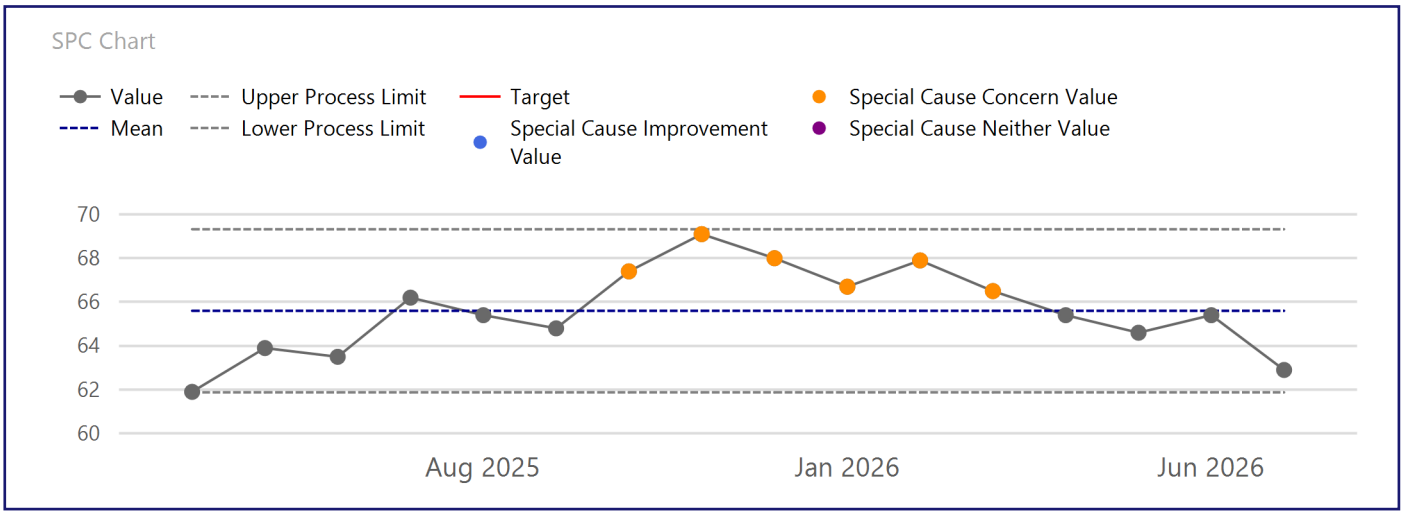
Concerns

n/a

Metric ID: 10000149

Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	62.9				Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

Progressing business case to increase capacity for Medical Retina patients.

Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

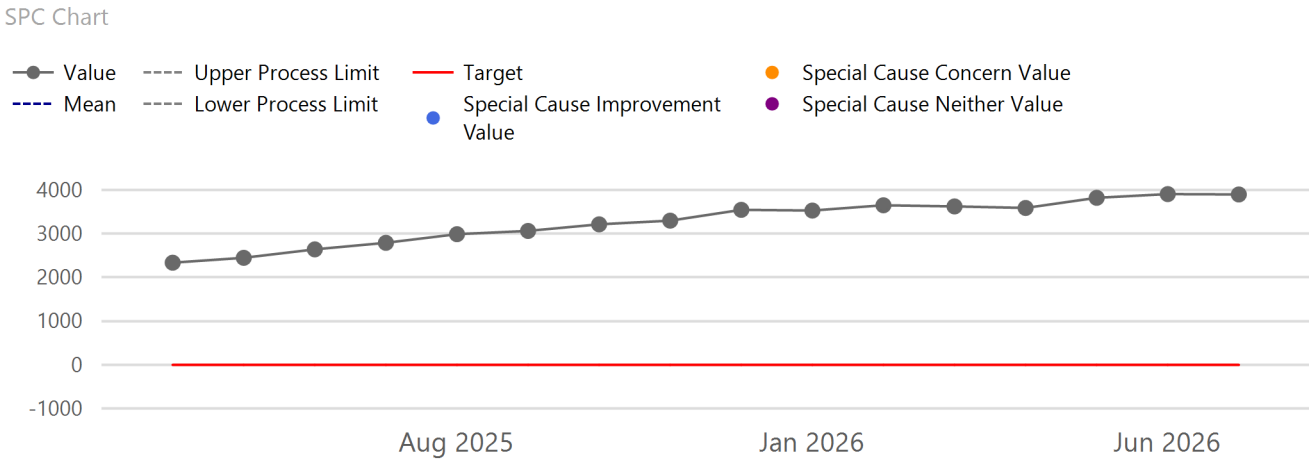
Concerns

Not consistently meeting de-escalation requirement

Metric ID: 10000150

Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	3898	0	F		Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. This has been observed in our neighbouring health boards with similar deterioration in 14-week performance. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic.

Actions and Owners

Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

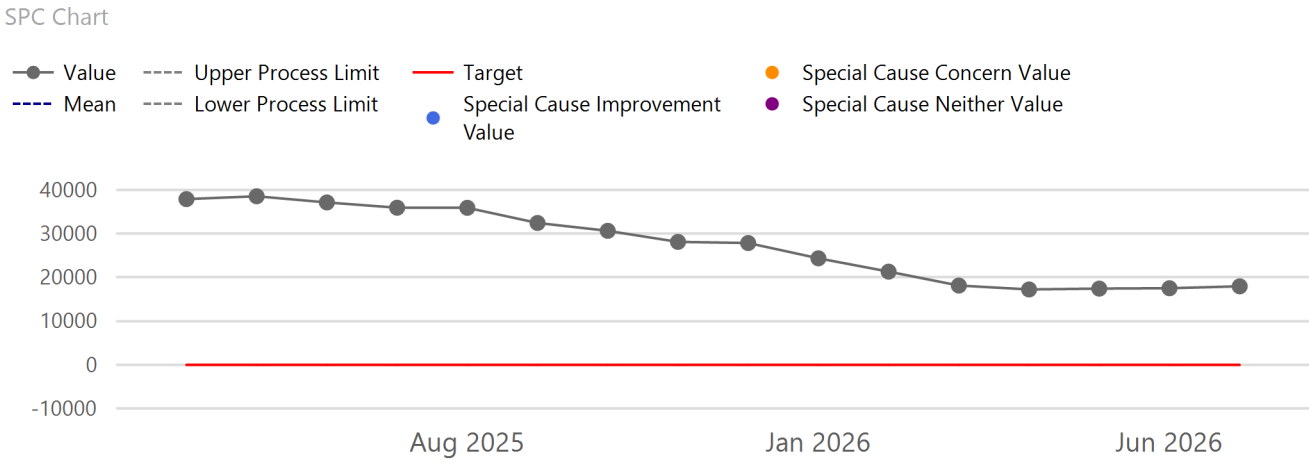
Concerns

Increasing demand and insufficient capacity to meet the waiting times standard

Metric ID: 10000151

Number of patients waiting more than 26 weeks for a new outpatient appointment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	17973	0	F		Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

Focus on use of SOS/PIFU to free up follow-up capacity for new patients

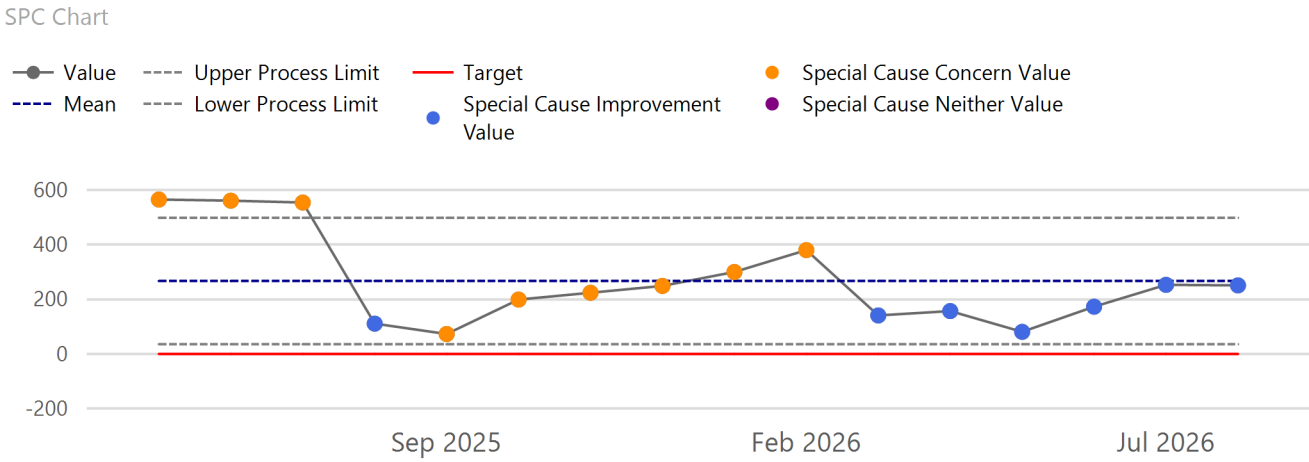
Actions and performance monitored through the newly established Executive Productivity and Efficiency Board

Concerns

Not meeting standard

Metric ID: 10000152 Number of ambulance patient handovers over 45 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	251	0	F	L	Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and remained lower at 86% and 85% in July and August. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis. Welsh Government are currently reviewing the reporting criteria for Ambulance delays and we will reflect any changes to the methodology in our reporting

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

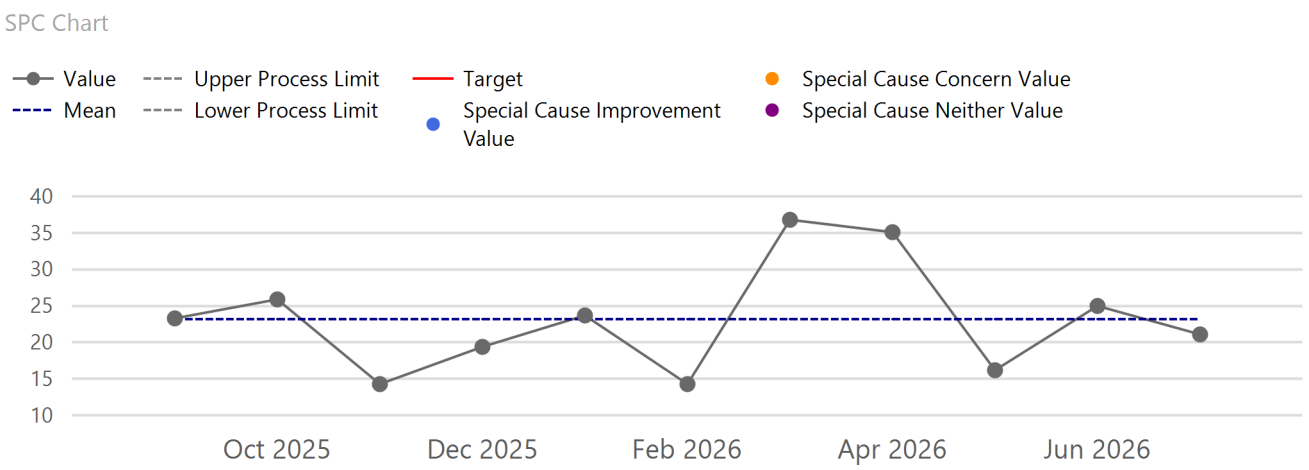
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000161

Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
July 2026	21.1				Chief Operating Officer



Narrative

This measure is owned by WAST and the national data is currently under review. The C&V approach for reporting against these measures will be reviewed in Q3

Actions and Owners

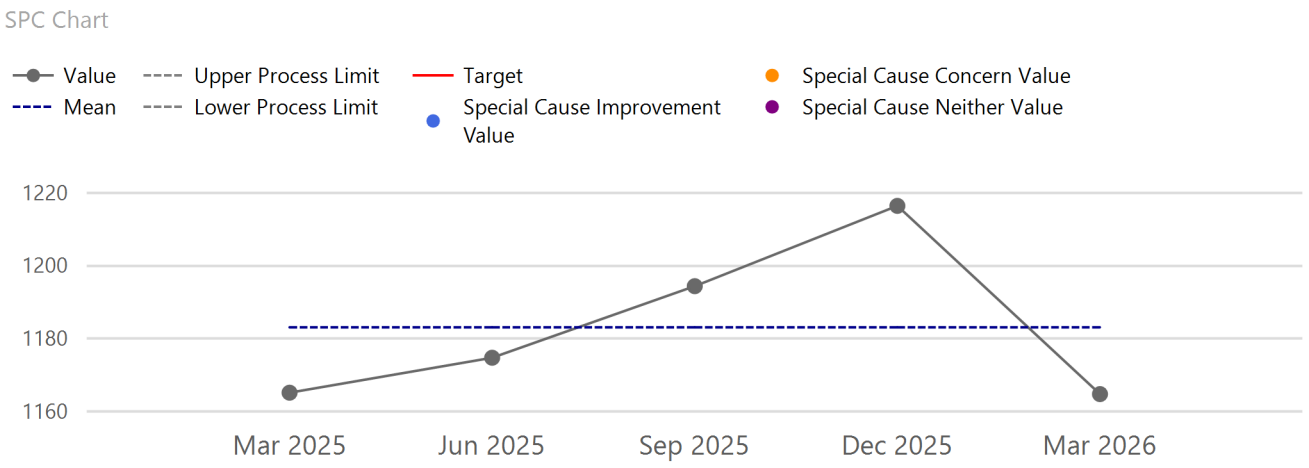
n/a

Concerns

n/a

Metric ID: 10000162 Gabapentin and pregabalin DDDs per 1,000 patients

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	1164.82				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and below all NE England CCGs and the English average. The second-best performing HB is over 16% higher than CAV UHB.

Early proactive work to deviate from the trend early and avoided the scale of increased prescribing that other Health Boards experienced.

Various projects and education pieces have been undertaken over the last decade to promote appropriate prescribing to both primary care prescribers and specialist teams, agreeing and adherence to prescribing pathways and routes to deprescribing.

Actions and Owners

Focus remains on decreasing inappropriate prescribing and prescribing safely.

Project focussed on safe prescribing included in the 2026/27 Medicines Management Incentive Scheme for GP practices.

PCIC medicines management team to promote the All Wales gabapentinoid resources for chronic pain once published.

Concerns

Ability to decrease prescribing, when prescribing is already in the lowest quartile of all England and Wales areas, is difficult.

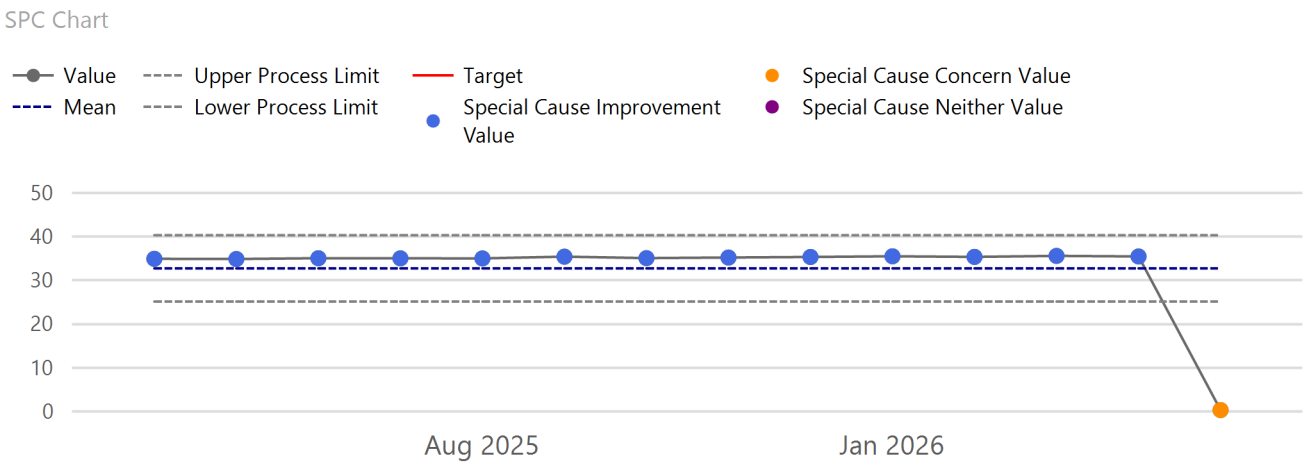
A drive to reduce gabapentinoid prescribing may cause an increase is other analgesia e.g. opioid prescribing, which may also pose safety concerns and be measured in other indicators.

Change takes time and relies on clinician and patient engagement and management of expectations.

Metric ID: 10000163

Average quantity per item prescribed from start period for the reference basket of medicines

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	0.3582				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, with the highest quantity per prescription item and the greatest percentage change from the start of data collection.

The only Health Board in Wales already above the prescribing interval target of 35 days (achieved June 2025).

The Welsh Government response to the Dispensing Volume Review (Jan 2022) and the All Wales Medicines Strategy Group guidance (October 2022) has been promoted to GP practices, Clusters and also with specialist teams within the wider UHB, when opportunity allowed. It has consistently been included in prescribing messages to GP practices at annual prescribing meetings, and engagement has been promoted via Community Pharmacy Collaboratives as well.

Actions and Owners

Continued promotion to GP practices.

A National Prescribing Intervals Short Life Working Group is currently meeting. Health Board actions from this group will be considered once published.

Concerns

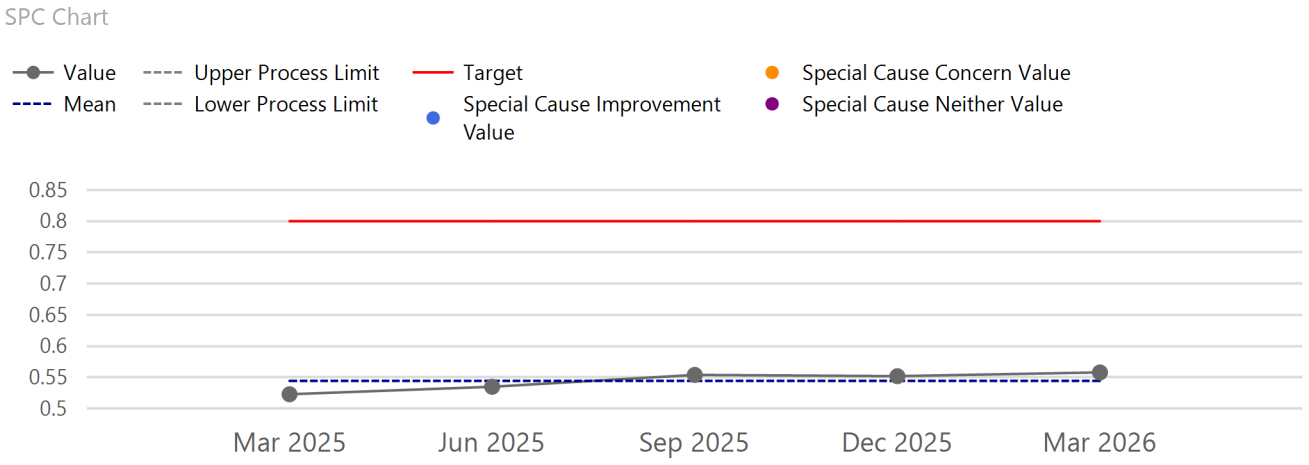
Implementation is limited by patient suitability for extended intervals of prescribing. Some patients and some medications are not suitable for this initiative.

Risk that promoting a fast pace of change will mean inappropriate patients are selected for this change which could lead to confusion, harm, increased waste along with increased workload and disengagement.

Metric ID: 10000164

Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	0.558	0.8			Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and above all NE England CCGs and the English average. Improvement continues.

Concerted work started in 2021/22 with heavy promotion of the All Wales Respiratory Guidance across all GP practice workforce, QI projects as part of the Medicines Management Incentive Scheme for GP practices as well as the PCIC medicines management team's work programme. In 2022/23 the Green Inhaler GMS QI project promoted the message further and learning from this project continues to embed.

Actions and Owners

Continued promotion of message to primary care workforce.

Identification and engagement with outliers.

Concerns

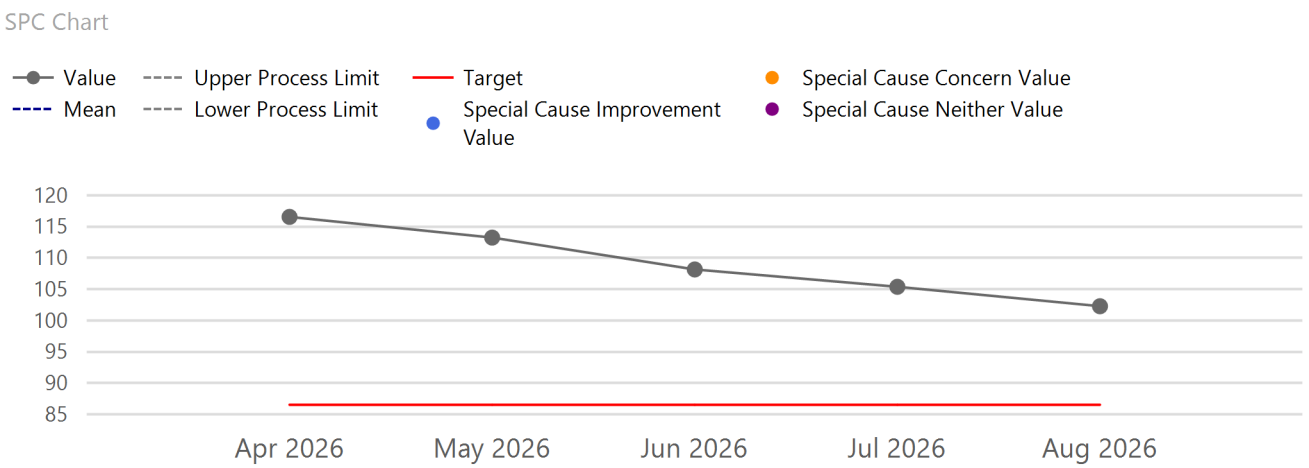
Change takes time given the volume of inhalers prescribed – some inhalers necessitate different technique which requires patient counselling.

Increasing amount of low carbon footprint inhalers are coming to market so indictor subject to change.

Risk that prescribing spend may increase as low carbon footprint inhalers are often more expensive.

Metric ID: 10000153 Deliver 2026/27 Draft Financial Plan - In Year

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	102.3	86.55	F		Executive Director of Finance



Narrative

The £86.5m planning deficit needs to be derisked at pace. At month 5 there was a £17.9m in year shortfall in risk assured against the core £42.5m savings target. £20.0m of red-rated schemes have been identified; however, at this stage the UHB does not have sufficient assurance regarding the level of delivery that will be achieved from these schemes within the current financial year.

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.

Actions and Owners

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.

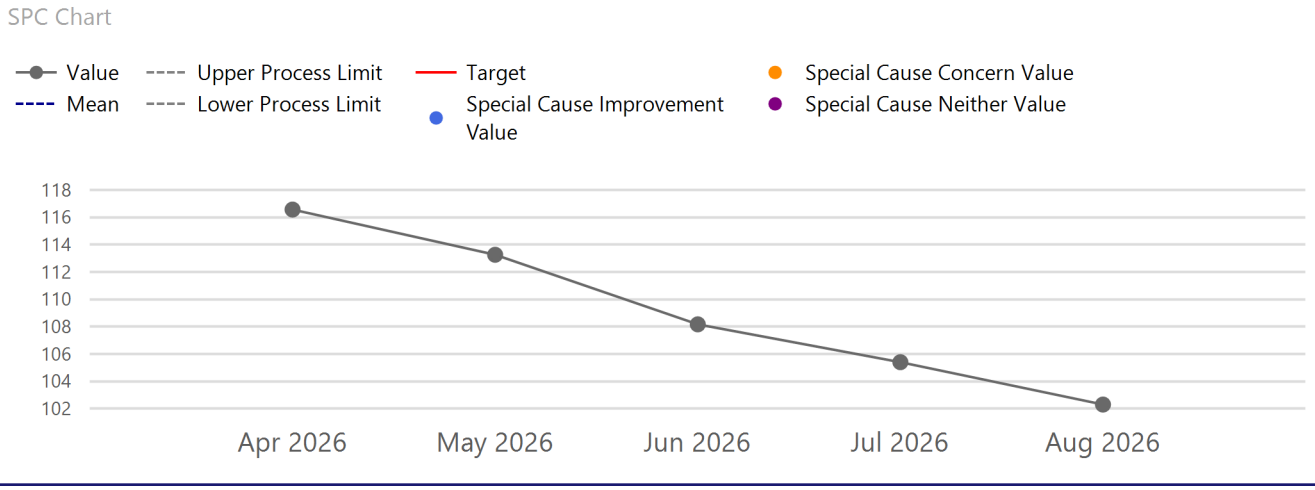
In addition, the UHB has engaged external consultants to build on and accelerate previously completed transformation work. The support is intended to provide assurance regarding the achievement of the planned 2026/27 deficit position, while also driving recurrent efficiencies and contributing to a sustainable reduction in the UHB's underlying deficit.

Concerns

Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.5m

Metric ID: 10000154 Return to financial balance and approved IMTP status

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	102.3				Executive Director of Finance



Narrative

The UHB is forecast to breach its statutory three-year break even duty. Ongoing delivery of savings plans and financial control measures are essential to improving the financial position over the medium term.

Actions and Owners

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.

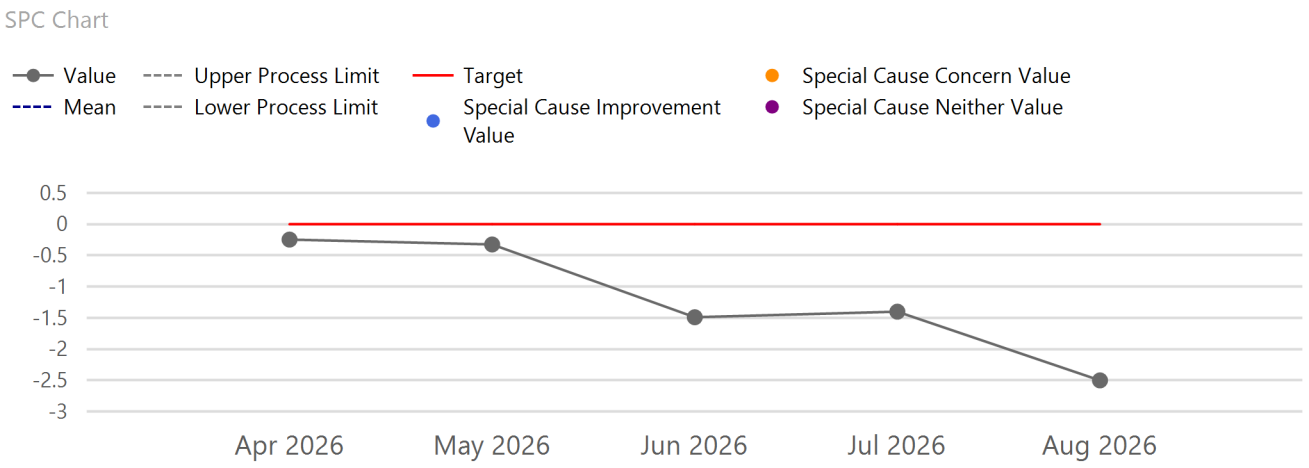
In addition, the UHB has engaged external consultants to build on and accelerate previously completed transformation work. The support is intended to provide assurance regarding the achievement of the planned 2026/27 deficit position, while also driving recurrent efficiencies and contributing to a sustainable reduction in the UHB's underlying deficit.

Concerns

Based on the current forecast, the UHB is not expected to achieve its statutory break even duty and will require additional financial support from Welsh Government.

Metric ID: 10000155 Management of operational budget pressures

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	-2.5	0	P		Executive Director of Finance



Narrative

The UHB is reporting an overspend of £43.1m, comprising a planned deficit of £36.1m, representing five twelfths of the £86.5m deficit set out in the UHB's Financial Plan, together with an £9.6m shortfall against the savings programme. This is partially offset by an operational surplus of (£2.5m).

Actions and Owners

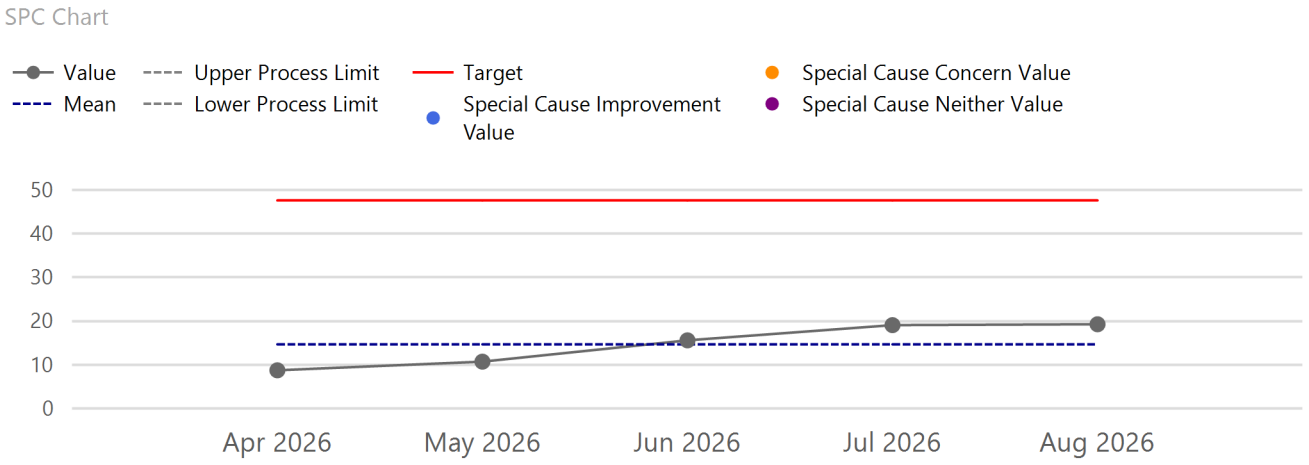
It is expected that all unplanned cost pressures arising during 2026/27 will be matched by corresponding mitigating actions, enabling the UHB to deliver the planned deficit of £86.5m as set out in the submitted Financial Plan.

Concerns

The operational surplus is primarily driven by workforce vacancies and is partially mitigating the impact of the identified savings shortfall.

Metric ID: 10000156 Delivery of recurrent savings target

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	19.3	47.61			Executive Director of Finance



Narrative

£19.3m of recurrent savings were identified at month 4 leaving a gap of £23.2m against the £42.5m core recurrent target. There are not yet schemes in place to deliver the JCC £5.1m 2% efficiency target.

Actions and Owners

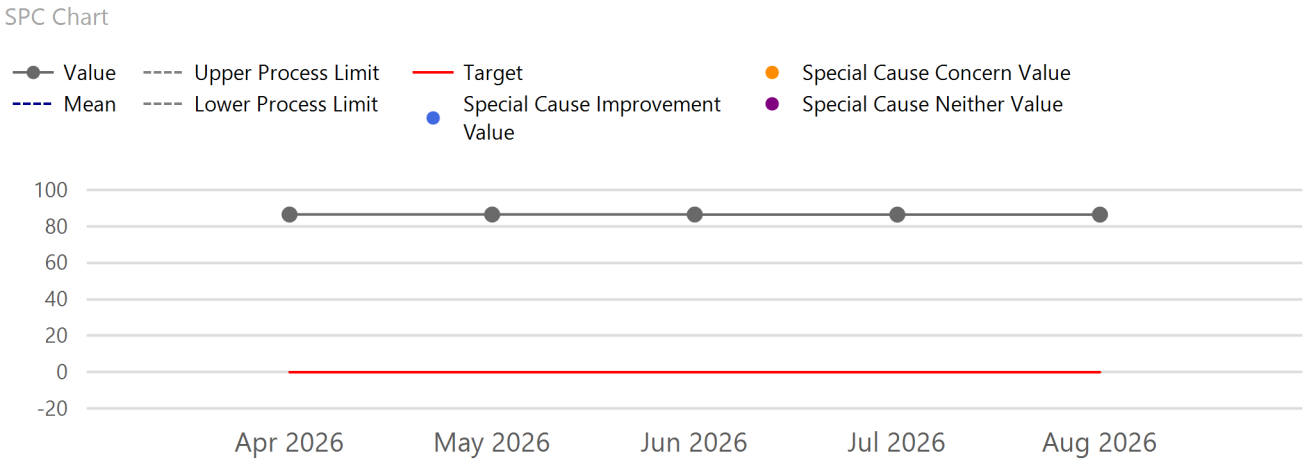
Further action is required to meet the recurrent targets and the UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk.

Concerns

A gap of £23.2m is currently reported against the £42.5m core recurrent savings target. In addition, a further £5.1m shortfall is reported against the JCC efficiency target. In the absence of further mitigating actions, these shortfalls will increase the UHB's underlying deficit and place additional recurrent financial pressure on the organisation as it enters the next financial year.

Metric ID: 10000157 Remain within Cash Limit

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	86.5	0	F		Executive Director of Finance



Narrative

In due course, the UHB expects to seek Finance Committee and Board approval to request £86.5m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

Actions and Owners

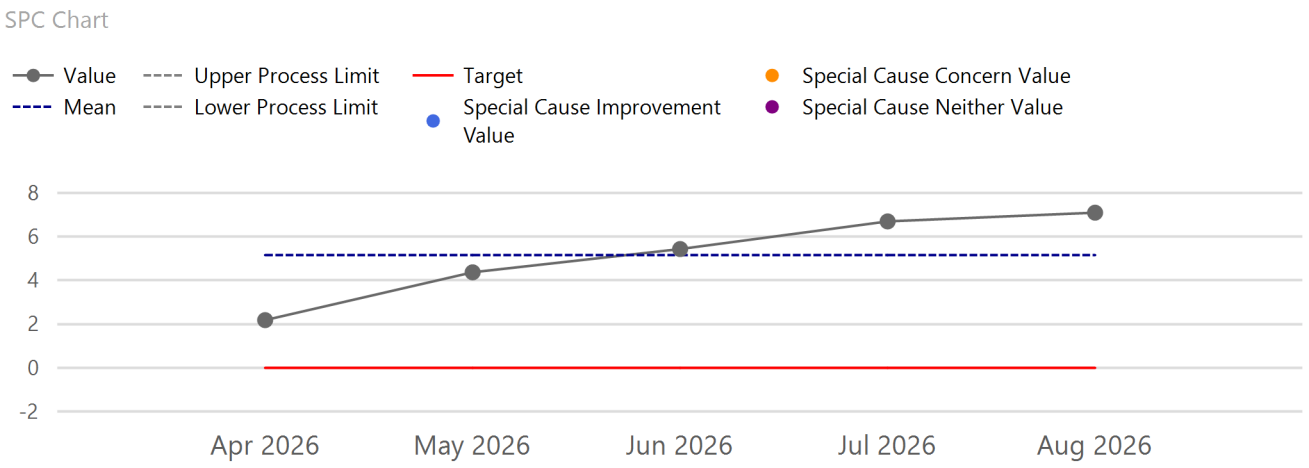
Options to manage cash pressures include accelerating the delivery of savings schemes, strengthening expenditure controls, reviewing and re-phasing capital expenditure where appropriate, maximising the recovery of income and debtors, and actively managing working capital. The UHB will continue to monitor its cash position closely and work with Welsh Government to ensure sufficient liquidity is maintained throughout the year.

Concerns

The UHB's strategic cash requirement is primarily driven by its forecast deficit. Any deficit incurred in excess of the forecast position will increase the UHB's cash requirement and place further pressure on cash management arrangements.

Metric ID: 10000158 Deliver 2026/27 Draft Financial Plan (in month)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	7.1	0			Executive Director of Finance



Narrative

Year to date operational pressures in medical endoscopy, mental health Out of Area (OoA) patients, specialist medical locums, fall in private patient demand offset by pay vacancies, medicines management savings and commissioning performance. In addition, there remains a shortfall in recurrent and in year schemes identified to deliver the planned savings target.

Actions and Owners

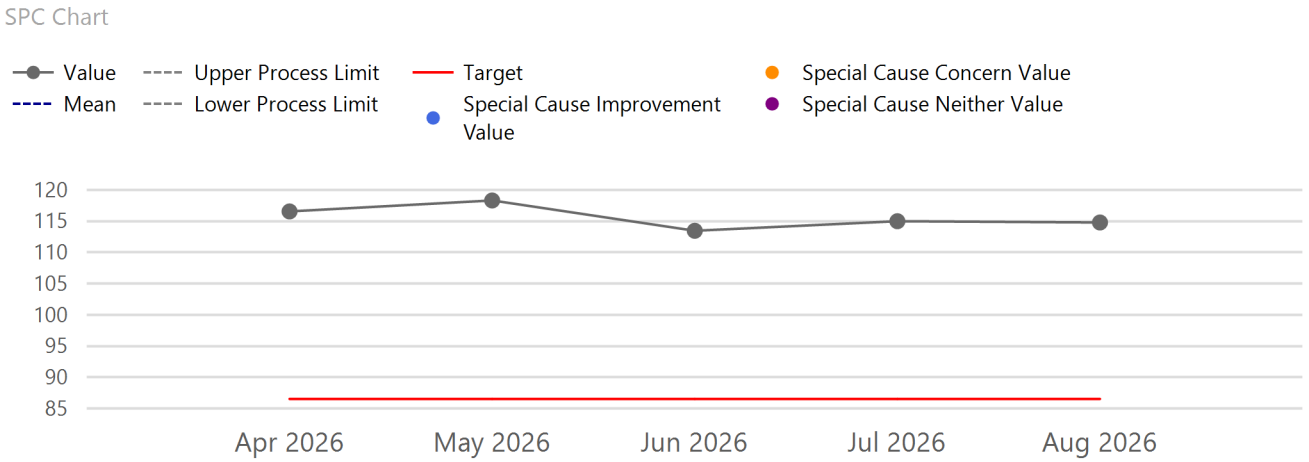
Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.
In addition, the UHB has engaged external consultants to build on and accelerate previously completed transformation work. The support is intended to provide assurance regarding the achievement of the planned 2026/27 deficit position, while also driving recurrent efficiencies and contributing to a sustainable reduction in the UHB's underlying deficit.

Concerns

It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.5m planned deficit. In addition, the full savings target is expected to be delivered through the implementation of identified efficiency schemes and further mitigation measures where required.

Metric ID: 10000159 Deliver 2026/27 Draft Financial Plan - Underlying Deficit

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	114.8	86.55	F		Executive Director of Finance



Narrative

If the gap against the recurrent savings plan is not closed and operational pressures are not effectively managed during the year, the underlying deficit (ULD) will increase materially. This position can only be mitigated through the identification and implementation of robust and sustainable cost reduction measures and other mitigating actions.

Actions and Owners

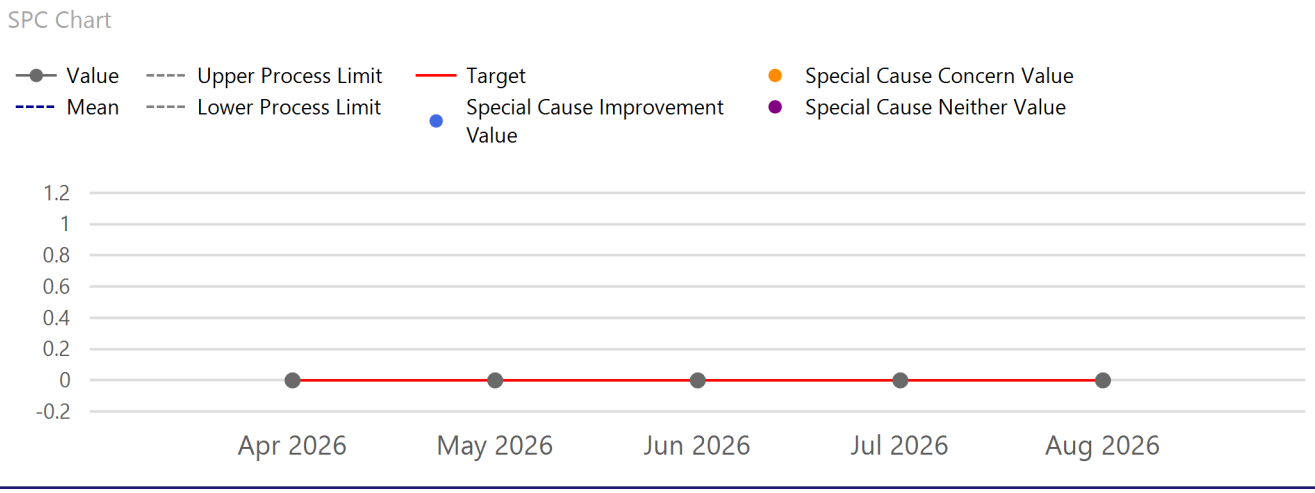
Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.
In addition, the UHB has engaged external consultants to build on and accelerate previously completed transformation work. The support is intended to provide assurance regarding the achievement of the planned 2026/27 deficit position, while also driving recurrent efficiencies and contributing to a sustainable reduction in the UHB's underlying deficit.

Concerns

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.

Metric ID: 10000160 Achievement of capital statutory breakeven duty

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	0	0	P		Executive Director of Finance



Narrative

As at 31 August 2026, the UHB's approved Capital Resource Limit (CRL) was £46.8m, of which 8% had been expended. Capital expenditure is currently forecast to remain within the approved CRL, with all planned schemes expected to be delivered within the available funding envelope, resulting in a projected year-end variance of nil against the CRL.

Actions and Owners

The Capital Management Group monitors and approves the UHB's capital expenditure plans.

Concerns

There has been a slight delay in the commencement of a number of schemes in 2026/27. The Health Board continues to engage with Welsh Government colleagues regarding a proposed £1.9m reduction in Capital Resource Limit (CRL) funding for the Park View Health and Wellbeing Hub scheme, reflecting anticipated slippage in expenditure during 2026/27.

Report Title:	Equity & Inclusion Annual Reports				Agenda Item No:	15	
Meeting:	Local Partnership Forum		Public	X	Meeting Date:	22 October 2026	
			Private				
Status **(please only tick one)**	Assurance		Approval		Information/Noting		X
Lead Executive Title:	Executive Director of People & Culture						
Report Author Title:	Head of Equity & Inclusion						

Main Report
Background and Current Situation:

Cardiff and Vale University Health Board is required to publish information demonstrating compliance with its equality and Welsh language duties. This paper presents three annual reports for the Committee's consideration:

- Annual Equality Report 2025–2026;
- Gender Pay Gap Report 2026; and
- Welsh Language Annual Report 2025–2026.

The Annual Equality Report 2025–2026 reports progress during the period 1 April 2025 to 31 March 2026 against the four objectives in the Health Board's Strategic Equality Plan 2024–2028: Respect, Communication and Engagement, Accessibility, and Data. The Public Sector Equality Duty is set out in section 149 of the Equality Act 2010. Regulation 16 of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 requires a Welsh listed authority to publish a report for each reporting period, including progress against its equality objectives and information about how relevant equality information has been identified, collected and used.

The Welsh-specific duties also require public authorities to collect and publish prescribed employment information. A separate workforce representation data report will therefore be published alongside the three annual reports as supporting evidence of compliance with the Public Sector Equality Duty.

The Gender Pay Gap Report 2026 has been prepared using the reporting methodology set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and supports the Health Board's Welsh-specific duties to identify and collect information about pay differences and consider objectives addressing their causes. The report records a mean gender pay gap of 16.37% at 31 March 2026, compared with 16.73% in 2025, and a median gender pay gap of -1.54%. The Health Board's gender pay gap reflects the distribution of men and women across our workforce, with men currently more likely to occupy higher-paid roles. This concentration of men in senior or higher-banded posts increases average male earnings and contributes to the overall gender pay gap

The Welsh Language Annual Report 2025–2026 is produced under the Welsh Language (Wales) Measure 2011, the Welsh Language Standards (No. 7) Regulations 2018 and the Health Board's compliance notice. Standard 120 requires an annual report, in Welsh, explaining how the organisation complied with the Standards during the financial year. It must include information on relevant complaints, employees' Welsh language skills, and the classification of new and vacant posts by Welsh language requirement. The report must be published within six months of the financial year end and remain available on the organisation's website.

Following Committee approval, the reports will be translated into Welsh and sent to the Medical Illustration Team for design and finalisation before publication. The applicable Welsh Language Standards deadline is 30 September 2026.

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

The three reports provide a consolidated and transparent account of the Health Board's progress and continuing challenges in relation to equality, workforce representation, pay, accessibility and Welsh language compliance. They demonstrate positive activity across the four Strategic Equality Plan objectives while also identifying areas where experience and opportunity are not yet consistently equitable.

The Annual Equality Report shows growing organisational ownership of inclusion, community-centred engagement, accessible service design and the use of workforce and patient insight. However, the evidence continues to identify inequalities in workforce representation, progression, psychological safety and staff experience. Further work is therefore required to strengthen accountability, improve data quality and translate activity into measurable improvement in outcomes.

The Gender Pay Gap Report shows a modest improvement in the mean gap, from 16.73% to 16.37%, while the median measure remains slightly in favour of women. The overall mean gap is concentrated in the highest-paid quartile and the largest substantive staff-group gap is within Administrative and Clerical roles. Continued focus is required on progression, representation in senior and higher-paid roles, fair recruitment, flexible working, inclusive leadership and the use of workforce intelligence to understand barriers.

The Welsh Language Annual Report provides assurance on progress while recognising continuing compliance risks. The annual report presents the Health Board's position openly, including progress, remaining gaps and the continuing importance of accurate workforce information to support recruitment, workforce planning and delivery of bilingual services.

Taken together, the reports provide an evidence base for continued Committee oversight. Publication in English and Welsh, supported by accessible design, will demonstrate transparency to staff, patients, communities and regulators and support the Health Board's statutory reporting obligations.

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

Appendix 1 – Annual Equality Report 2025-2026
Appendix 2 – Gender Pay Gap Report 2026
Appendix 3 – Welsh Language Annual Report 2025-2026

Recommendations:

a) The Local Partnership Forum is requested to note the reports.

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.	X	2.	X

Putting People First		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	X	Long Term	X	Integration	X	Collaboration	X	Involvement	X

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	A Quality Impact Assessment is not required.

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes
Failure to publish complete, accurate and accessible reports could result in non-compliance with equality or Welsh language duties and weaken the assurance provided to the Committee, regulators, staff and communities. Current Welsh Language Commissioner enforcement activity also creates an ongoing regulatory risk that must be reported transparently.
Safety: Yes
No immediate safety change arises from publication. However, equality, accessibility and Welsh language information supports the identification of barriers that may affect patient understanding, communication, access, dignity and safe care.
Financial: Yes
Translation, design and publication will be undertaken through established organisational arrangements. No additional funding is requested through this paper. Failure to comply with statutory duties may result in additional regulatory, legal or remedial costs.
Workforce: Yes
The reports address workforce representation, staff experience, progression, gender pay, equality data and Welsh language capability. Publication supports transparency and informs future workforce planning and improvement.
Legal: Yes/No
The reports support compliance with the Equality Act 2010, the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, the gender pay reporting methodology associated with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Welsh Language (Wales) Measure 2011, and the Welsh Language Standards (No. 7) Regulations 2018.
Reputational: Yes
Delayed, incomplete or inaccurate reporting could reduce confidence in the Health Board's commitment to equality, fair employment and bilingual services. Transparent publication,

including acknowledgement of areas requiring improvement, supports public and workforce confidence.
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*
N/A
Equality & Health: Yes
The subject matter relates directly to the Public Sector Equality Duty, progress against the Strategic Equality Plan, workforce equality, pay, accessibility and equitable access and experience.
Decarbonisation: No
N/A
Welsh Language: Yes
The paper includes the statutory Welsh Language Annual Report. The three reports will be made available in Welsh and English and finalised for publication in line with the Health Board's Welsh language obligations. The Welsh Language Report also provides transparency on compliance, workforce skills, recruitment and areas requiring further improvement.

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

Cardiff & Vale UHB Annual Equality Report 2025-2026

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

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1. Foreword

At Cardiff and Vale University Health Board, our commitment to equity, diversity, and inclusion remains fundamental to who we are, how we work and how we care for the communities we serve.

As one of the largest and most diverse health boards in Wales, we have both an opportunity and a responsibility to ensure that every member of staff, every patient and every community feels respected, valued and able to access services in a way that meets their individual needs. Equity and inclusion is not a standalone agenda; it is central to delivering safe, effective and compassionate healthcare.

This Annual Equality Report for 2025–2026 demonstrates the continued progress we have made in embedding the ambitions of our *Strategic Equality Plan 2024–2028: Shaping Our Inclusive Culture*. Over the past year we have strengthened our focus on inclusive leadership, accessibility, community engagement and evidence-based decision-making. Across the organisation, teams have worked hard to improve communication, remove barriers to access, strengthen cultural competence and ensure that equality considerations are increasingly embedded within everyday practice.

I am particularly encouraged by the growing ownership of this agenda across Clinical and Service Boards. Whether through the development of Inclusion Ambassadors, Cultural Compass Conversations, community-based engagement programmes, improvements in accessibility, or targeted work to address health inequalities, there is clear evidence that colleagues are actively shaping more inclusive services and workplaces.

The report also demonstrates the importance of listening and learning. We continue to strengthen how we use workforce and patient experience data to better understand inequality and identify opportunities for improvement. This includes our ongoing work relating to the Workforce Race Equality Standard, Welsh language provision, staff experience and patient accessibility.

The evidence also gives us a clear and honest picture of where progress is not yet being experienced consistently. Our workforce is increasingly diverse, but the Workforce Race Equality Standard continues to identify barriers in recruitment and progression, while the 2025 NHS Wales Staff Survey shows that confidence in speaking up, career development and respect for individual difference require renewed attention. We welcome this transparency: it enables the Board and our leaders to focus action where inequality remains and to judge progress by the difference experienced by staff, patients and communities—not activity alone.

Whilst there is much to celebrate, we recognise that this is an ongoing journey. Creating a truly inclusive organisation requires continuous reflection, challenge and improvement. We know there is more to do to improve representation, strengthen employee voice, ensure equitable opportunities for progression and deepen our understanding of the experiences of the diverse communities we serve.I would like to thank all colleagues, staff networks, volunteers, community organisations, patient representatives and partners who have contributed to this work throughout the year. Your commitment, expertise and lived experience continue to help us create a more equitable, compassionate and inclusive Health Board.

Together, we are building an organisation where difference is valued, barriers are reduced and everyone has the opportunity to thrive.

Rachel Gidman
Executive Director of People and Culture
Cardiff and Vale University Health Board

2. Executive Summary

This Annual Equality Report outlines the Health Board's progress between 1 April 2025 and 31 March 2026 in delivering the commitments set out within the Strategic Equality Plan 2024–2028: Shaping Our Inclusive Culture.

The report demonstrates continued progress across the Health Board's four Strategic Equality Objectives:

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

Together, these objectives provide the framework through which the Health Board seeks to eliminate discrimination, advance equality of opportunity and foster good relations between different communities.

Throughout 2025–2026, the organisation continued to strengthen its approach to equality, diversity and inclusion through a combination of workforce initiatives, service improvements, community engagement and evidence-informed decision-making. Increasingly, equality considerations are being embedded within mainstream organisational activity rather than delivered as standalone programmes.

Headline evidence for 2025–2026 presents a mixed but increasingly transparent picture. Welsh-language skills recording increased from 53.14% in April 2025 to 70.14% in March 2026, strengthening the evidence available for workforce and service planning. More than 1,100 gelatine-free vaccines were delivered in schools, demonstrating how a culturally identified barrier was translated into a different delivery model and tangible uptake. The 2025 NHS Wales Staff Survey attracted 6,108 responses—a 34.8% response rate—providing a stronger evidence base for understanding staff experience.

However, the available workforce evidence does not yet show equitable experience or opportunity. The 2025 WRES baseline recorded an ethnically diverse workforce of 16.0%, but only 9.8% representation above Band 5, an overall appointment likelihood ratio of 0.51 following shortlisting, and an undeclared ethnicity rate of 11.7%. The 2025 Staff Survey also identified reduced confidence in speaking up and career development. These results confirm that increased activity and participation must now translate into sustained improvement in representation, progression, psychological safety and equitable service outcomes.

Key achievements during the reporting period include:

Building a Culture of Respect

Clinical and Service Boards demonstrated growing ownership of inclusion activity through initiatives such as Inclusion Ambassador programmes, Cultural Compass Conversations, wellbeing initiatives, cultural competence programmes and strengthened staff engagement arrangements. These activities have helped create more opportunities for staff voice, strengthened psychological safety and supported more inclusive workplace cultures.

Strengthening Communication and Engagement

The Health Board expanded its engagement with diverse communities through targeted outreach, partnership working and co-production. Communication campaigns increasingly reflected the linguistic and cultural diversity of the population, with greater use of multilingual resources, community-led engagement and accessible information.

Improving Accessibility

Significant progress was made in improving accessibility across services, facilities and communication channels. This included the development of more flexible service models, strengthened interpretation and translation support, improved physical environments, inclusive facility design and increased consideration of reasonable adjustments for both patients and staff.

Advancing Equality of Opportunity

Throughout the year there was continued focus on creating equitable opportunities for staff and patients. This included widening access initiatives, support for inclusive recruitment and workforce development, community-based service delivery models and targeted interventions designed to reduce barriers for groups who may experience disadvantage.

A consistent theme throughout this report is the increasing maturity of equality and inclusion activity across the organisation. Clinical and Service Boards are demonstrating greater confidence in identifying barriers, engaging with communities, using data to inform action and embedding equality considerations into service planning and delivery.

Importantly, this work is contributing to broader organisational priorities including workforce wellbeing, patient experience, quality improvement, health equity and population health outcomes.

The Health Board recognises that equality, diversity and inclusion is a continuous journey rather than a fixed destination. While progress has been made, the organisation remains committed to further strengthening representation, improving employee voice, reducing

inequalities and ensuring that services continue to evolve in response to the needs of the diverse communities we serve.

The foundations established through the Strategic Equality Plan provide a strong platform for the next phase of this work.

3. Introduction And Organisational Context

About Cardiff and Vale University Health Board

The Health Board is one of the largest NHS organisations in Wales, serving a resident population of almost 500,000 people across Cardiff and the Vale of Glamorgan while also providing regional and specialist services across South Wales. We serve diverse and growing communities and employ approximately 17,000 staff from a wide range of professional, cultural and personal backgrounds.

As both a major healthcare provider and employer, we recognise the importance of creating services and workplaces that are inclusive, accessible and responsive to the needs of the people we serve. Equality, diversity, inclusion and human rights are essential to delivering safe, person-centred care and to ensuring staff feel valued, respected and able to thrive.

Detailed information about our services can be found on our website under Our Services.

Our Organisational Values

Our work is guided by four core values:

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

These values shape how we care for patients, work with communities and support one another as colleagues. They also provide the foundation for our approach to equality, diversity and inclusion.

Strategic Context

The Health Board's Strategic Equality Plan (SEP) 2024-2028 supports the ambitions set out within Shaping Our Future Wellbeing and our People and Culture Plan. Together, these frameworks share a common focus on reducing inequalities, improving experience and access, strengthening engagement with communities and creating sustainable services and workplaces.

The Health Board's Equity, Equality, Experience and Patient Safety Framework (3I Framework) further supports this work by helping services identify and address inequalities in access, experience and outcomes through the use of data, engagement and improvement activity.

Our Strategic Equality Plan (2024–2028)

Published in April 2024, the Strategic Equality Plan sets out four equality objectives:

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

The objectives provide a framework for improving outcomes and experiences for patients, communities and staff while allowing flexibility to respond to emerging local and national priorities. The workstream approach adopted within the SEP supports collaboration, innovation and shared ownership across the organisation.

Governance and Accountability

Delivery of the Strategic Equality Plan is supported through established governance arrangements.

The Board retains overall accountability for progress against the equality objectives, with oversight provided through the People and Culture Committee. The Equity, Diversity and Inclusion Team coordinates and supports delivery across the organisation, while Clinical Boards, Service Boards and corporate directorates are responsible for implementing actions and driving improvement within their areas. Staff networks continue to play an important role in shaping priorities, providing challenge and ensuring lived experience informs decision-making.

Equality and Health Impact Assessments (EHIAs) remain a key part of decision-making and service improvement. They help ensure that equality, socio-economic factors, Welsh language considerations and human rights are routinely considered when policies, services and organisational changes are developed.

Welsh Language, Culture and Identity

The Health Board remains committed to providing services that respect Welsh language rights and support cultural identity. Delivering care in a person's preferred language can improve dignity, safety and experience, particularly in times of stress, vulnerability or illness. We continue to strengthen bilingual services through workforce development, translation support and ongoing promotion of the Active Offer.

Why Equality, Diversity and Inclusion Matter

Equality, diversity and inclusion are essential to reducing inequalities, improving healthcare outcomes and creating a culture where staff and communities feel respected and valued. They support better decision-making, stronger relationships with communities and more responsive services.

This report outlines the progress made during 2025-2026 against the four objectives within our Strategic Equality Plan. It highlights achievements, reflects on areas where further improvement is required and demonstrates how equality considerations continue to be embedded across service delivery, workforce practice and organisational governance.

4. Legislative & Policy Framework

Introduction

The Health Board's commitment to advancing equality, eliminating discrimination and promoting inclusive, person-centred healthcare is shaped by a range of statutory duties, Welsh Government requirements and national policy frameworks. These duties provide the foundation for our Strategic Equality Plan 2024-2028 and inform the activity described throughout this Annual Equality Report.

This section summarises the key legislation and policy context that guides our work, including equality, human rights, Welsh language, socio-economic inequality, accessibility and inclusive service delivery.

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

The Equality Act 2010 provides the legal framework for equality in Great Britain. As a public body, the Health Board must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share protected characteristics and those who do not
- foster good relations between different groups

The 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. These duties underpin our Strategic Equality Plan and guide the way we develop policies, redesign services, support our workforce and engage with communities.

Wales-Specific Equality Duties

In Wales, the Public Sector Equality Duty is strengthened by the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. These regulations require devolved public bodies to take specific steps to demonstrate how they are meeting their equality duties.

For the Health Board, this includes publishing a Strategic Equality Plan, setting equality objectives, engaging with people who share protected characteristics, assessing the impact of policies and decisions, collecting and analysing equality data, promoting staff awareness and publishing an Annual Equality Report.

These requirements shape both the structure of this report and the governance arrangements that support delivery of our equality objectives.

Socio-economic Duty (Wales)

The Socio-economic Duty, introduced in Wales in March 2021, requires public bodies to consider how strategic decisions can help reduce inequalities experienced by people who are socio-economically disadvantaged.

This is particularly relevant to Cardiff and the Vale of Glamorgan, where communities experience differing levels of deprivation and health inequality. Our Strategic Equality Plan reflects this wider understanding of inequality by considering socio-economic disadvantage alongside protected characteristics, Welsh language, accessibility and human rights.

Welsh Language Legislation and Standards

The Welsh Language (Wales) Measure 2011 established the legal framework for Welsh language rights and introduced the role of the Welsh Language Commissioner. The Health Board is also required to comply with the Welsh Language Standards, which set out duties relating to service delivery, communication, workforce planning and promotion of the Welsh language.

These standards require us to provide services and information in Welsh, support the use of Welsh in the workplace, develop staff Welsh language skills and ensure bilingual communication is visible and accessible. Our Welsh Language Annual Report 2025-2026 provides more detailed information on compliance and progress during the reporting year.

Human Rights Frameworks

Equality and inclusion are also supported by wider human rights frameworks, including the Human Rights Act 1998, the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the UN Principles for Older Persons.

These frameworks reinforce the need to deliver services in ways that uphold dignity, fairness, autonomy, safety and respect. They are closely aligned with the Health Board's values and our ambition to provide care that is inclusive, accessible and centred on individual need.

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 places a duty on public bodies to work towards the long-term well-being of Wales. Our equality work contributes particularly to the goals of a More Equal Wales, a Healthier Wales and a Wales of Cohesive Communities.

By reducing inequalities, improving access and experience, strengthening engagement and supporting cultural and linguistic identity, the Health Board contributes to more sustainable and equitable services for current and future generations.

Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 reinforces the importance of person-centred, strengths-based care. It places emphasis on well-being, safeguarding, early intervention, accessible information and meaningful involvement in decisions.

These principles align closely with our Strategic Equality Plan, particularly in relation to accessibility, communication, engagement and equality of opportunity.

All-Wales Accessible Communication and Information Standards

These standards require NHS organisations to ensure that individuals:

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

National Equality, Inclusion and Anti-Discrimination Action Plans

Our equality work is also informed by national policy and action plans, including:

- the Anti-Racist Wales Action Plan
- the LGBTQ+ Action Plan for Wales
- More Than Just Words / Mwy Na Geiriau
- the Workforce Race Equality Standard
- the Public Sector Equality Network

During 2025-2026, these frameworks continued to shape our approach to anti-racism, Welsh language provision, LGBTQ+ inclusion, workforce equality, accessible communication and partnership working. They also supported greater alignment between local action and national priorities.

Health Board Policies and Internal Frameworks

A range of internal policies and procedures support the practical delivery of equality, diversity and inclusion across the Health Board. These include the Equality, Diversity and Inclusion Policy, Welsh Language Policy and guidance, Dignity at Work, Respect and Resolution, Raising Concerns procedures, recruitment and selection policies, and statutory and mandatory training arrangements.

Together, these policies provide the operational framework for promoting inclusive practice, supporting staff, improving patient experience and ensuring equality considerations are embedded in day-to-day decision-making.

Procurement and Contracting

The Health Board also considers equality, Welsh language and accessibility requirements within procurement and contracting processes. Where relevant, tender specifications, evaluation criteria and contract management arrangements include expectations relating to inclusive communication, accessibility, workforce equality and non-discriminatory practice.

This helps ensure that services delivered on behalf of the Health Board reflect our statutory duties and our commitment to meeting the needs of diverse communities.

Summary

The legislative and policy framework outlined above provides the basis for the Health Board's Strategic Equality Plan and the progress described throughout this report. It ensures that equality, human rights, Welsh language, accessibility and socio-economic considerations are reflected in governance, service planning, workforce practice and decision-making.

During 2025-2026, these duties continued to support a more structured and evidence-informed approach to equality, helping the Health Board identify barriers, strengthen inclusive practice and contribute to wider Welsh Government equality ambitions.

5. Progress Against Objective 1: Respect

Objective: 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 Purpose

Respect is the foundation of the Health Board's Strategic Equality Plan. It shapes how we interact with colleagues, patients, service users and communities, and influences everything from workforce culture and leadership behaviours to communication, service design and patient experience. Respect is not simply about preventing discrimination; it is about creating an environment where people feel valued, heard and able to be themselves.

During 2025-2026, the Health Board continued to strengthen this objective through a combination of workforce development, staff engagement, cultural competence, Welsh language promotion and community-focused activity. Much of this work was driven locally by Clinical and Service Boards, reflecting a growing recognition that respectful and inclusive practice is most effective when it is embedded within everyday decision-making rather than delivered as a standalone programme.

While progress across the organisation has not been uniform, the reporting year demonstrated encouraging signs that inclusion is becoming more visible in local leadership, workforce practice and service delivery. Increasingly, teams are using staff feedback, lived experience and community insight to inform improvements and create environments that are more inclusive and responsive to the needs of the people they serve

5.2 What Changed During 2025-2026

A key feature of the reporting year was the shift from awareness-raising towards more practical and locally owned approaches to inclusion.

The Health Board continued to invest in learning and development, recognising that respectful cultures depend on people having the knowledge, confidence and skills to work effectively with diverse colleagues and communities. Corporate induction was refreshed to provide a stronger introduction to equality, inclusion, Welsh language and the Strategic Equality Plan, helping establish a consistent understanding of expectations from the outset of employment. Additional learning opportunities focused on anti-racism, cultural awareness, neurodiversity, trauma-informed practice and disability inclusion.

Alongside workforce development, many services strengthened opportunities for staff voice and participation. There was growing recognition that respectful cultures are built through meaningful dialogue and psychological safety, not simply through policies or training. A number of Clinical Boards therefore introduced new forums and engagement approaches

designed to give staff greater opportunities to raise concerns, share experiences and contribute to local improvement activity.

The reporting year also saw continued progress in relation to Welsh language and cultural identity. Welsh language skills recording increased from 53.14% in April 2025 to 70.14% in March 2026, providing a stronger understanding of workforce capability and supporting future service planning. This improvement reflects sustained organisational effort to promote the importance of language choice and strengthen delivery of the Active Offer.

At the same time, the Health Board continued to improve its understanding of workforce experience through Staff Survey findings, Workforce Race Equality Standard (WRES) reporting and staff engagement activity. While these sources highlight positive developments, they also reinforce the need to continue addressing inequalities in experience and ensuring all staff feel able to raise concerns, contribute to decision-making and access opportunities for development and progression.

The evidence presents a deliberately balanced picture. Participation in the 2025 Staff Survey increased to 6,108 staff, or 34.8% of the eligible workforce, strengthening the organisation's ability to understand experience. At the same time, 54.9% of respondents said they felt safe to speak up about anything that concerned them, compared with 60.0% in 2024; 40.4% were confident that the organisation would address a concern if they spoke up; and 59.6% felt that the organisation respected individual differences, compared with 64.6% in 2024. These findings show that new forums and engagement mechanisms are important enabling actions, but they have not yet resulted in consistently stronger confidence or psychological safety across the organisation.

5.3 Examples of Delivery

A number of examples from across the Health Board demonstrate how respect is being translated into practical action.

Workforce Culture and Staff Voice

A recurring theme during 2025-2026 was the creation of more opportunities for staff to contribute to discussions about culture, inclusion and workplace experience. Services increasingly recognised that respectful cultures are built through open dialogue, psychological safety and visible leadership, rather than relying solely on policies or formal processes.

Mental Health Clinical Board demonstrated this through the introduction of Cultural Compass Conversations. These structured discussions combine workforce data, staff insight and lived experience to help teams reflect on workplace culture, identify emerging issues and promote

collective problem-solving. Early feedback suggests the approach is helping to create more open conversations around wellbeing, inclusion and team dynamics.

Similar approaches were evident elsewhere. Medicine Clinical Board introduced Town Hall meetings and informal coffee-and-chat sessions to improve communication between staff and senior leaders, while Children and Women's Clinical Board established an Inclusion Ambassadors Group to promote good practice, raise awareness and support local action. The All Wales Medical Genomics Service also expanded its Inclusion Ambassadors model, helping to ensure inclusion remained visible within leadership discussions and service development.

Together, these initiatives demonstrate a growing commitment to creating spaces where staff feel listened to, supported and able to influence change.

Learning and Cultural Competence

The Health Board continued to invest in learning and development as a means of strengthening inclusive practice and improving understanding of diverse experiences.

During the reporting year, training and awareness activity focused on a range of areas including anti-racism, cultural awareness, neurodiversity, trauma-informed practice and disability inclusion. Public Health teams participated in Cultural Awareness Training delivered by Race Equality First, while Clinical Diagnostics and Therapies expanded learning opportunities to support more culturally responsive care.

PCIC made significant progress through the launch of its Cultural Competence Certification Scheme. Developed in partnership with Welsh Government and Diverse Cymru, the programme aims to embed cultural competence over a sustained period through awareness raising, self-assessment and local improvement activity. This was further supported by Deaf awareness training delivered by a Deaf trainer, helping Primary Care colleagues develop a better understanding of communication barriers and accessibility requirements.

These developments reflect an increasing focus on equipping staff with practical skills that can improve interactions with colleagues, patients and communities, rather than delivering one-off awareness sessions.

Welsh Language and Cultural Identity

Respect for language, culture and identity remained a significant area of focus throughout 2025-2026.

The Health Board continues to recognise that providing care in a person's preferred language supports dignity, safety and person-centred care. This is particularly important when people are experiencing distress, vulnerability or cognitive impairment, where communication in a first language can contribute significantly to understanding and comfort.

Progress during the reporting year included continued delivery of the Clinical Consultation Plan and an increase in Welsh language skills recording from 53.14% in April 2025 to 70.14% in March 2026. This provides a stronger understanding of workforce capacity and supports future planning for Welsh-medium services and the Active Offer.

Across Clinical and Service Boards, Welsh language considerations became increasingly visible through workforce planning, bilingual communication and local awareness initiatives. While levels of maturity continue to vary, there is growing evidence that language is being viewed not only as a statutory requirement but also as an important element of respectful and inclusive care.

Inclusive Services and Community Engagement

Many of the strongest examples of respectful practice involved adapting services to better reflect the needs and experiences of the communities they serve.

Public Health teams continued to work closely with community organisations, schools and faith groups to understand barriers to healthcare access and co-produce solutions. This included work to improve vaccination uptake among under-served communities through targeted engagement and culturally appropriate communication. A notable outcome was the delivery of more than 1,100 gelatine-free vaccines in schools during 2025-2026, helping address a faith-related barrier that had previously affected participation.

Clinical Diagnostics and Therapies also demonstrated how community insight can inform service development. Targeted outreach activity and engagement with diverse communities contributed to improved uptake of diabetes services, while ongoing cultural competence work helped services consider how communication and care delivery can better meet differing needs.

These examples highlight how respect can be translated into practical service improvements that strengthen trust, inclusion and equity of access.

5.4 Impact and Learning

The evidence from 2025-2026 suggests that respectful and inclusive practice is becoming increasingly embedded within local services and teams. Some of the strongest examples involved services using workforce feedback, equality data, lived experience and community insight to inform practical improvements. This demonstrates a shift from promoting inclusion as a set of values towards incorporating it within everyday decision-making and service delivery.

The reporting year also highlighted the importance of staff voice, cultural competence and Welsh language as key components of respectful care and workplace culture. Increased visibility of inclusion activity, stronger engagement mechanisms and greater use of

community partnerships have helped create opportunities for more meaningful dialogue across the organisation.

The organisation also recognises that respectful workplace experience is not yet universal. In the 2025 Staff Survey, 11.6% of respondents reported discrimination from patients or the public, 7.2% from a manager or team leader, and 7.7% from other colleagues. “Prefer not to say” responses were also material, particularly for discrimination involving managers and colleagues. These responses cannot be interpreted as additional experiences of discrimination, but they reinforce the sensitivity of disclosure and the importance of trust in reporting and response arrangements.

At the same time, the evidence indicates that the maturity and consistency of practice varies across services. While many areas have developed innovative approaches, the next stage of this work will focus on understanding impact more effectively, strengthening accountability, improving consistency and sharing good practice more systematically across the Health Board.

Overall, progress during 2025-2026 provides a stronger foundation for continuing to build a culture where staff, patients and communities feel respected, valued and able to contribute fully to the organisation and the services it provides.

6. Progress Against Objective 2: Communication and Engagement

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

6.1 Purpose

Effective communication and meaningful engagement are essential to delivering equitable healthcare. People are more likely to access services, make informed decisions and trust organisations when information is accessible, relevant and developed with an understanding of their needs and experiences.

For the Health Board, communication and engagement extend beyond the provision of information. They involve listening to staff, patients and communities, understanding differing perspectives, and creating opportunities for people to influence decisions that affect them. This is particularly important for individuals and communities who may experience barriers to participation due to language, culture, disability, digital exclusion or previous experiences of healthcare services.

During 2025-2026, the Health Board continued to strengthen its approach by broadening engagement with communities, improving the accessibility of information, increasing the use of multilingual communications and creating more opportunities for staff and patients to contribute to service improvement. Across the organisation, there was growing recognition that effective engagement is built through relationships, trust and ongoing dialogue rather than one-off consultation exercises.

6.2 What Changed During 2025-2026

A key development during the reporting year was the increasing focus on community-centred approaches to communication and engagement. Many services reported moving beyond traditional methods of consultation and information sharing, instead working directly with communities, voluntary organisations, faith groups, staff networks and people with lived experience to understand barriers and shape solutions.

The Health Board also expanded its use of accessible and multilingual communications. Information was increasingly provided in multiple languages and formats, helping to improve understanding and reach a broader range of communities. Corporate communications continued to promote bilingual communication, support accessibility standards and strengthen the quality of digital content across organisational platforms.

Internal engagement also developed during the year. Several Clinical Boards introduced new opportunities for staff to engage with leaders, provide feedback and contribute to discussions about workplace culture, service delivery and improvement priorities. Alongside established staff surveys and engagement mechanisms, these approaches helped strengthen staff voice and local dialogue.

Collectively, these developments reflect a wider shift towards communication and engagement approaches that are more inclusive, collaborative and informed by lived experience.

6.3 Examples of Delivery

Accessible and Inclusive Communication

The Health Board continued to strengthen the accessibility and inclusivity of information provided to patients, communities and staff.

The Communications Team maintained a strong focus on bilingual communication and accessibility across corporate channels, providing advice and support to improve compliance with accessibility standards and ensure information is available in formats that meet differing needs. This included support for the promotion of the British Sign Language (BSL) Virtual Relay

Service through signed communications, helping Deaf BSL users access information in their preferred language.

Several services also expanded the use of multilingual information. A notable example was the Primary Care Communications programme within the City and South Cluster, which used materials in Welsh, English, Arabic, Urdu, Somali and Farsi to raise awareness of community pharmacy services. This approach recognised that access to healthcare often begins with access to information and sought to reach communities through channels and languages that reflected local need.

Public Health teams also reviewed communication approaches across immunisation programmes, using translated materials, behavioural insights and community feedback to improve the accessibility and effectiveness of health messaging.

Community Engagement and Building Trust

One of the most significant themes of the reporting year was the increasing emphasis on relationship-based engagement with communities.

Public Health teams undertook extensive engagement activity with groups experiencing inequalities in vaccination uptake, working alongside organisations such as EYST, Hayaat Women Trust, Himilo Alliance, schools, faith leaders and community groups. Rather than simply sharing information, these partnerships helped identify barriers, challenge misinformation and shape communication approaches that reflected local experiences and concerns.

PCIC's Healthy Lives Events provided another example of community-centred engagement. Delivered through community venues, faith settings and local organisations, these events offered opportunities for people to access information, discuss health concerns and provide feedback on local services. By delivering engagement activity in settings that felt familiar and trusted, services were able to reach individuals who may be less likely to engage through traditional healthcare channels.

Clinical Diagnostics and Therapies also reported engagement with community organisations, including mosques, temples, food banks and third-sector partners, helping strengthen understanding of barriers to healthcare access and informing service development activity.

Staff Voice and Internal Engagement

The reporting year also saw continued efforts to strengthen communication and engagement with staff.

Several Clinical Boards introduced new opportunities for dialogue between staff and leaders. Medicine Clinical Board established Town Hall meetings and informal Coffee and Chat sessions, creating spaces for staff to share ideas, raise concerns and discuss local issues with senior leaders. Mental Health Clinical Board expanded staff engagement through MHCB Connect events and Cultural Compass Conversations, supporting more open discussion about culture, wellbeing and workplace experience.

The All Wales Medical Genomics Service developed internal engagement through its Inclusion Ambassadors model, while digital platforms such as Viva Engage, SharePoint and local communication channels continued to support information sharing and participation across the organisation. These approaches recognise that effective communication is a two-way process and that staff need meaningful opportunities to influence decisions and contribute to improvement activity.

Co-production and Partnership Working

A particularly positive development during 2025-2026 was the increasing use of co-production and partnership approaches.

Across a range of services, individuals and communities with lived experience were increasingly involved in shaping services and communication activity. Public Health teams worked with community leaders to co-produce vaccination messages, while ALAS involved service users in development discussions and improvement activity. Therapies services worked with community organisations to better understand cultural barriers and improve service responsiveness.

These approaches reflect a broader shift from asking people to comment on proposals towards involving them more actively in the design and development of services. While the maturity of co-production varies across the organisation, there is increasing evidence that services are recognising the value of involving people earlier and more meaningfully in decision-making.

6.4 Impact and Learning

The evidence from 2025-2026 suggests that communication and engagement are becoming more inclusive, responsive and community focused across the Health Board.

Some of the strongest examples involved services working alongside communities, staff and partners to understand needs, identify barriers and shape solutions together. This has helped strengthen relationships, build trust and ensure communication is more relevant to the people it is intended to reach. Increased use of multilingual information, bilingual communications, community partnerships and co-production approaches demonstrate

growing awareness that people engage with services in different ways and may require different forms of support.

The strongest demonstrable outcome arose where engagement led directly to a change in delivery. Under the previous gelatine-free influenza vaccination model, parents were required to attend a GP practice or community vaccination centre and only 20–25% of those who consented subsequently accessed the offer. The redesigned approach brought the injectable gelatine-free vaccine into the school setting alongside the main programme. More than 1,100 gelatine-free vaccinations were delivered during 2025–2026, converting insight about a faith-related barrier into a measurable improvement in access.

The reporting year also highlighted the value of meeting people where they are. Community-based engagement, partnerships with trusted organisations and greater involvement of lived experience all contributed to a richer understanding of barriers to participation and access. These approaches have provided valuable insight that can support service improvement, particularly for communities who may previously have had limited involvement in organisational decision-making.

At the same time, opportunities remain to improve consistency across the organisation and to strengthen understanding of the impact of engagement activity. While there are strong examples of inclusive practice, further work is required to evaluate outcomes more systematically, share learning across services and ensure that engagement consistently leads to visible change.

Overall, progress during 2025-2026 demonstrates a continued shift towards communication and engagement approaches that place people, communities and lived experience at the centre of decision-making. Building on these foundations will be important in strengthening trust, improving access and ensuring services continue to reflect the needs of the diverse communities served by the Health Board.

7. Progress Against Objective 3: Accessibility

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

7.1 Purpose

Accessibility is fundamental to equitable healthcare. While effective communication helps people understand and engage with services, accessibility focuses on whether people can access, navigate and benefit from those services in a way that meets their individual needs.

Accessibility extends beyond physical access to buildings. It includes communication support, language provision, digital accessibility, service design, reasonable adjustments and the creation of environments that enable people to participate fully, regardless of disability, health condition, language preference, cultural background or personal circumstance.

During 2025-2026, the Health Board continued to strengthen accessibility across a range of services and settings. Increasingly, services recognised that accessibility is not solely a compliance requirement but an essential part of delivering safe, person-centred and inclusive care. This was reflected in both local service improvements and wider organisational efforts to identify and remove barriers for patients, service users and staff.

7.2 What Changed During 2025-2026

A key development during the reporting year was the growing focus on designing services around the needs of individuals rather than expecting individuals to adapt to existing systems.

Across Clinical and Service Boards, there was increasing evidence of services reviewing how people accessed care, information and support. This led to improvements in translated and accessible information, greater use of community-based delivery models, enhanced support for communication needs and wider consideration of accessibility during service redesign and planning.

The Health Board also continued to strengthen its approach to reasonable adjustments and inclusive service delivery. A range of services reported introducing more flexible ways of working, including virtual appointments, outreach provision, community-based interventions and personalised approaches designed to reduce practical barriers to access.

Alongside service improvements, accessibility considerations became more visible within organisational planning, capital developments and Equality and Health Impact Assessment processes. This reflects an increasing understanding that accessibility should be considered early in decision-making rather than addressed after barriers have emerged.

Taken together, these developments demonstrate a broader shift towards embedding accessibility within service design, workforce practice and organisational governance.

7.3 Examples of Delivery

Accessible Information and Communication Support

Access to information remains a vital component of accessibility. Individuals are less able to participate in their care if information is not available in a format, language or style they can understand.

Throughout the reporting year, services continued to improve access to information through bilingual materials, translated resources and alternative communication formats. Public Health programmes used translated vaccination information and culturally adapted resources to improve understanding and engagement among diverse communities. Easy-read approaches, visual information and improved consideration of health literacy also helped ensure information was accessible to a wider range of people.

Clinical Diagnostics and Therapies also reviewed patient information and identified opportunities to increase accessibility. Examples included culturally appropriate dietary guidance and plans to expand translated patient information in response to identified population need. These developments reflect a growing emphasis on designing information around the needs of service users rather than relying on standardised approaches.

Flexible and Inclusive Service Delivery

One of the most significant themes emerging from the reporting year was the use of flexible service models to reduce barriers and improve access.

A number of services adapted how care was delivered to better meet the needs of patients and families. Nephrology services reported the use of virtual monitoring and flexible approaches to support people who may struggle to attend appointments, while ALAS continued to provide a combination of hospital-based clinics, school in-reach services, outreach activity and home visits to improve access for children and families.

Public Health programmes increasingly delivered interventions within communities, particularly in areas experiencing higher levels of inequality. Similarly, PCIC's Healthy Lives Events brought health promotion and support directly into community settings, helping reduce practical and social barriers to access. These approaches recognise that equitable access is often achieved by bringing services closer to the communities that need them most.

The Health Inclusion Service also continued to support individuals experiencing homelessness through outreach approaches and service provision based within the Housing Options Centre, helping ensure support was delivered in settings that reflected the realities of people's lives.

Physical Environments and Inclusive Design

Accessibility also depends on the environments in which care is delivered.

During 2025-2026, several services demonstrated how accessibility considerations were being integrated into facilities, estates planning and environmental design. One notable example was the development of the new All Wales Medical Genomics Service facility, which incorporated wheelchair access, hearing loops, neurodiversity-friendly spaces, prayer facilities, ablution areas and dedicated family facilities. These features were informed by engagement and review processes, helping ensure the design reflected the needs of those using the building.

This provides an example of accessibility being designed in rather than retrofitted. Equality considerations informed decisions about wheelchair navigation, lift access, hearing loops, neurodiversity-informed colour schemes, prayer and ablution space, and family facilities. The associated Equality and Health Impact Assessment provides an auditable link between identified need and the design decision. The immediate outcome is the removal or reduction of foreseeable environmental barriers; the next assurance step is to use patient, visitor and staff feedback to confirm how effectively the facilities work in practice.

Capital, Estates and Facilities also reported a range of improvements across Health Board sites, including accessibility adaptations, clearer information systems and support for a diverse range of needs. Consideration of accessibility was also reflected within parking arrangements, catering services and wider environmental improvements designed to improve the experience of patients, visitors and staff.

Reasonable Adjustments and Inclusive Service Design

An important part of accessibility is recognising that people may require different forms of support to access services equitably.

Across the organisation, services reported the ongoing use of interpretation services, British Sign Language support, sensory adjustments, flexible appointments and alternative communication methods. Audiology services within Surgery Clinical Board continued to provide specialist support through dedicated champions and interpreting provision, while a number of services reported routine use of communication support to meet individual needs.

Accessibility considerations were also increasingly incorporated into service planning through Equality and Health Impact Assessments. Examples included pathway redesign within Surgery, organisational change activity in Medicine and service developments across Public Health and

Genomics. Importantly, assessments increasingly considered a broad range of factors including disability, language, digital exclusion, socio-economic disadvantage, caring responsibilities and cultural needs.

This demonstrates a growing understanding that accessibility is shaped by multiple and sometimes overlapping barriers, requiring more holistic and inclusive approaches to service design.

7.4 Impact and Learning

The evidence from 2025-2026 demonstrates continued progress in making services, environments and information more accessible for patients, service users and staff.

Many of the strongest examples focused on identifying barriers and adapting services in response to need. Community-based delivery models, translated resources, flexible appointment options, inclusive facility design and personalised support all demonstrate a move towards understanding accessibility from the perspective of the individual rather than the organisation.

A notable learning point from the reporting year is that accessibility improvements often benefit a much wider population than the groups they were initially designed to support. Clearer information, more flexible services, better-designed environments and inclusive communication approaches can improve experiences for all patients, visitors and staff. This reinforces the importance of embedding accessibility considerations within mainstream service planning rather than treating them as specialist interventions.

The reporting year also highlighted the value of considering accessibility earlier in decision-making processes. Increasing use of Equality and Health Impact Assessments, improved engagement with patients and communities, and greater attention to inclusive design are helping services anticipate barriers before they arise and develop more effective solutions.

While opportunities remain to strengthen consistency and evaluation across the organisation, the overall direction of travel is encouraging. Accessibility is increasingly being viewed as a shared responsibility and an integral part of delivering equitable care. Building on this progress will be important in ensuring that patients, service users and staff can access services, participate fully and receive support that reflects their individual needs and circumstances.

8. Progress Against Objective 4: Data

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

8.1 Purpose

Data plays a critical role in helping the Health Board understand whether staff, patients and communities experience services equitably. While communication, engagement and accessibility help remove barriers and improve experiences, data provides the evidence needed to identify where inequalities exist, understand their causes and target improvement activity more effectively.

Good quality information supports better decision-making, enables services to assess the impact of change and helps ensure resources are directed towards areas of greatest need. It also strengthens accountability by providing insight into workforce experience, patient access, service utilisation and health outcomes.

During 2025-2026, the Health Board continued to strengthen both the quality of equality-related information and the way it is used to inform decision-making. Across services, there was increasing recognition that achieving meaningful progress on equality requires not only commitment and action, but also a clearer understanding of who is accessing services, who is benefiting from them and where disparities remain.

8.2 What Changed During 2025-2026

A significant area of progress during the reporting year was the continued improvement in equality monitoring and workforce data quality. Efforts were made across the organisation to

encourage staff to review and update personal information, helping create a more complete and reliable evidence base for workforce planning and equality analysis. Clinical and Service Boards increasingly recognised that incomplete data limits the organisation's ability to understand staff experience and identify inequalities.

The reporting year also saw greater use of equality-related information within governance, workforce planning and service improvement processes. Data relating to workforce experience, patient access and service utilisation was increasingly considered alongside operational, quality and workforce indicators, reflecting a shift towards seeing equality as a core organisational issue rather than a separate reporting requirement.

There was also growing use of patient experience information, community insight and engagement feedback to better understand how services are experienced by different groups. This reflects an increasing recognition that understanding equity requires both quantitative data and lived experience evidence.

Together, these developments provide a stronger foundation for identifying inequalities, targeting interventions and evaluating progress over time.

8.3 Examples of Delivery

Strengthening Equality Data and Workforce Intelligence

Improving the quality and completeness of workforce data remained a key priority during 2025-2026.

Across the organisation, activity focused on encouraging staff to update equality monitoring information and Welsh language skills records. As a result, the Health Board continued to improve the quality of information relating to characteristics such as ethnicity, disability, religion, sexual orientation and language skills, creating a stronger evidence base for workforce planning and workforce equality activity.

Progress in Welsh language data was particularly notable, with Welsh language skills recording increasing from 53.14% in April 2025 to 70.14% in March 2026. This has strengthened the organisation's understanding of workforce linguistic capability and supports future planning for Welsh-medium services and delivery of the Active Offer.

Several Clinical and Service Boards also identified data quality as a local workforce priority, recognising that effective equality analysis depends upon accurate and complete information.

Understanding Staff Experience

The Health Board continued to use workforce data to improve understanding of staff experience and to identify areas where inequalities may exist.

Workforce Race Equality Standard (WRES) findings, Staff Survey results and workforce indicators provided valuable insight into representation, progression, workplace culture and staff experience. These sources have helped inform discussions around inclusive recruitment, workforce development, leadership representation and opportunities to improve staff experience across different groups.

Several services reported increasing use of workforce data at local level. Mental Health Clinical Board incorporated workforce indicators into Cultural Compass Conversations, helping teams explore links between wellbeing, inclusion and workplace culture. Other Clinical Boards used workforce information to inform planning activity, identify pressures and target improvement initiatives.

This reflects a broader shift from using data simply to describe workforce demographics towards using it to better understand experiences and support action.

Using Data to Improve Services and Patient Experience

The reporting year also saw greater use of patient information, service activity and community feedback to inform service improvement.

Clinical and Service Boards increasingly used patient feedback, engagement activity, concerns, complaints and compliments to understand how services are experienced by different communities. This information helped identify barriers, improve communication and support more inclusive approaches to service delivery.

Public Health programmes used population health information, community intelligence and immunisation uptake data to identify areas experiencing inequalities and target interventions accordingly. Similarly, Clinical Diagnostics and Therapies used service utilisation and demographic information to identify variations in uptake among diverse communities and develop targeted outreach activity. Subsequent improvements in engagement demonstrated how data can support more responsive and equitable services.

These examples show the growing importance of combining numerical data with community insight and lived experience to better understand inequalities and support practical change.

Embedding Equality Data in Governance and Decision-Making

One of the most significant developments during the year was the increasing integration of equality-related information into governance and decision-making processes.

Clinical and Service Boards reported greater consideration of equality data through workforce reviews, service planning discussions, quality and safety forums and performance processes. Equality and Health Impact Assessments also continued to play an important role in ensuring evidence relating to protected characteristics, accessibility, language and wider inequalities informs organisational decisions.

Importantly, assessments increasingly considered a wider range of factors, including socio-economic disadvantage, digital exclusion, caring responsibilities and cultural needs. This reflects a more holistic understanding of the factors that can influence access, experience and outcomes.

By embedding equality considerations within existing governance structures, the Health Board is becoming better positioned to identify emerging risks, monitor progress and ensure that equality informs decision-making across the organisation.

8.4 Impact and Learning

The evidence from 2025-2026 suggests that the Health Board is becoming increasingly data-informed in its approach to equality, diversity and inclusion.

Progress in workforce data quality, greater use of staff experience information and increasing integration of equality data within governance processes have strengthened the organisation's ability to understand where inequalities may exist and where improvement efforts should be focused. Increasingly, services are combining workforce data, patient feedback, community insight and service information to develop a more complete understanding of experience and need.

A key learning from the reporting year is that data is most effective when it is used alongside lived experience. Some of the strongest examples of improvement involved services combining quantitative information with feedback from staff, patients and communities to better understand barriers and inform action. This helped move the focus beyond measuring activity towards understanding the factors that influence outcomes and experiences.

The reporting year also demonstrated the value of embedding equality information within routine governance and planning processes. As equality considerations become more integrated into decision-making, the organisation is better able to anticipate risks, monitor progress and assess the impact of change.

While further work is required to strengthen consistency, analytical capability and evaluation across all services, the overall direction of progress is positive. The Health Board now has a stronger evidence base from which to understand inequalities, target interventions and measure improvement. Building on this foundation will be a key priority during 2026-2027 as the organisation continues to develop a more mature and insight-driven approach to equality.

9. Eliminating Discrimination and Promoting Equality of Opportunity

9.1 Introduction

The Public Sector Equality Duty requires the Health Board to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share protected characteristics and those who do not. These duties form the foundation of our Strategic Equality Plan and provide an important framework for assessing the impact of our work.

The preceding sections of this report have outlined progress against our four Strategic Equality Objectives: Respect, Communication and Engagement, Accessibility and Data. Together, these objectives support the Health Board's wider ambition to create an inclusive organisation where staff, patients and communities are treated fairly, barriers are reduced and differing needs are recognised and responded to appropriately.

This section reflects on how the activity delivered during 2025-2026 contributes to the broader aims of the Public Sector Equality Duty and highlights some of the key learning emerging from the reporting year.

9.2 Eliminating Discrimination

Eliminating discrimination requires more than compliance with legislation. It depends on creating an organisational culture in which people feel respected, valued and able to challenge behaviours or practices that may contribute to inequality or exclusion.

During 2025-2026, there was evidence of increasing attention to inclusion across workforce practice, service planning and organisational governance. Equality considerations were incorporated into decision-making through Equality and Health Impact Assessments, workforce equality analysis, staff engagement activity and leadership-led initiatives designed

to strengthen inclusion and understanding across services. These approaches support earlier identification of potential barriers and help ensure that the needs of diverse groups are considered when changes are being planned or implemented.

The reporting year also highlighted the importance of culture in reducing the risk of discrimination. Increased investment in cultural competence, anti-racism awareness, staff voice and inclusive leadership reflects a growing recognition that discrimination is not addressed solely through policies and procedures. It also requires ongoing attention to behaviours, relationships and organisational culture.

At the same time, Staff Survey findings and workforce equality evidence indicate that some staff continue to experience discrimination or unequal experiences in the workplace. This reinforces the need to maintain focus on psychological safety, equitable opportunity and creating environments where people feel confident to raise concerns and share their experiences.

The Health Board therefore recognises that eliminating discrimination is an ongoing process. Progress has been made during the reporting year, but continued effort will be required to ensure positive experiences are felt consistently across all services and staff groups.

9.3 Advancing Equality of Opportunity

Advancing equality of opportunity involves recognising that individuals and communities may experience different barriers to accessing services, employment, development opportunities and support. Achieving equitable outcomes often requires flexibility, targeted interventions and a willingness to adapt services to meet differing needs.

Project SEARCH provides a practical example of advancing equality of opportunity through a different route into employment. The partnership programme supports young people aged 16–24 with learning disabilities through structured workplace placements, college support and on-site job coaching. In its fourth year, six young people were undertaking placements across UHW and Llandough. This should be presented as an access-to-opportunity case study; employment outcomes should only be added where they can be validated through the corporate programme record.

Evidence from 2025-2026 demonstrates growing awareness of these principles across the organisation. Improvements in accessible communication, community engagement, Welsh language provision, reasonable adjustments and flexible service delivery models have helped services respond more effectively to the needs of diverse populations. Increasing use of data and community insight has also strengthened understanding of where barriers may exist and helped inform improvement activity.

An important theme emerging from the reporting year is the shift from providing the same approach for everyone towards considering what different individuals and communities may need in order to achieve equitable access and experience. Examples described throughout this report demonstrate increasing recognition that equality of opportunity is often achieved through tailored and inclusive approaches rather than standardised solutions.

The Health Board has also continued to strengthen opportunities for participation and involvement, both within the workforce and through wider community engagement. This includes creating more opportunities for staff voice, broadening engagement with under-served communities and increasing the use of co-production in service improvement activity. These approaches help ensure that people who may previously have been under-represented have greater opportunities to influence decisions that affect them.

Looking ahead, a key priority will be strengthening the evaluation of outcomes. While there is increasing evidence of activity designed to reduce inequalities, continued work is needed to understand more clearly the impact these interventions are having on access, experience and outcomes for different groups.

9.4 Fostering Good Relations

Building positive relationships between communities, staff and services is an important part of reducing inequalities and creating inclusive environments. Trust, understanding and meaningful engagement can help improve experiences, challenge misconceptions and ensure a wider range of perspectives contribute to decision-making.

During 2025-2026, the Health Board continued to strengthen relationships with patients, communities and partner organisations through engagement, consultation and co-production activity. Across a number of services, there was evidence of increasing collaboration with community groups, faith organisations, voluntary sector partners, staff networks and people with lived experience. These partnerships have helped improve understanding of local needs, build trust and ensure a broader range of voices inform service development.

The reporting year also highlighted the value of listening as an integral part of fostering good relations. Whether through staff engagement initiatives, community-based events, co-production activity or local partnership working, many of the strongest examples described in this report involved creating opportunities for meaningful dialogue and shared learning.

Importantly, these activities are helping to strengthen relationships not only between the Health Board and communities, but also within teams and across services. By encouraging

greater understanding of differing experiences and perspectives, they contribute to a more inclusive culture and support the delivery of person-centred care.

As these relationships continue to develop, there is an opportunity to further strengthen the role of lived experience in shaping organisational priorities and evaluating the effectiveness of change.

10. Looking Forward to 2026–2027

As the Health Board enters the third year of delivering its Strategic Equality Plan, our focus will move from building foundations to embedding, measuring and scaling impact.

The progress made during 2025–2026 provides a strong platform for the next stage of this work. In 2026–2027, we will focus on the following priorities.

Strengthening Staff Networks and Lived Experience Leadership

We will continue to strengthen the visibility, sustainability and influence of our staff networks, ensuring their insight is more systematically used in planning, policy development and service improvement.

Our ambition is for staff networks to be recognised not only as support communities, but as strategic partners in organisational learning and cultural change.

Enhancing Employee Voice through Adborth

We will further develop Adborth as a more responsive employee voice model, creating additional opportunities for colleagues from different backgrounds and experiences to influence priorities, challenge assumptions and shape solutions.

This will complement existing staff networks and formal engagement mechanisms, helping create an organisation where people feel heard, valued and able to contribute meaningfully to improvement.

Becoming More Data Driven Through the Workforce Equality Standard

The Workforce Equality Standard will provide an important opportunity to strengthen our understanding of workforce experience, representation and opportunity.

During 2026–2027, we will focus on improving the quality, completeness and use of equality data so that disparities are better understood, progress is monitored and impact is evaluated. We will also work to embed equality data more consistently within workforce planning, organisational development and leadership decision-making.

Increasing Representation and Progression Opportunities

Creating a workforce that reflects the diversity of the communities we serve remains a key priority.

We will continue to support equitable access to recruitment, development and progression opportunities, with a focus on inclusive recruitment, career development pathways and improved use of workforce data to understand representation across grades, professions and leadership levels.

Particular attention will be given to increasing representation in senior roles and supporting colleagues from under-represented groups to develop and progress.

Embedding Inclusive Leadership

Leaders play a critical role in shaping organisational culture.

We will continue to strengthen inclusive leadership capability by supporting leaders to understand diverse experiences, create psychologically safe environments and embed equality considerations into everyday decision-making.

Improving Accessibility and Patient Experience

We will build on progress made during 2025–2026 by strengthening accessibility across services, facilities and communication channels.

This will include preparing for emerging national accessibility standards, improving the use of patient experience insight, enhancing reasonable adjustment processes and ensuring accessibility remains central to service design and improvement. We will also continue to strengthen Welsh language provision and delivery of the Active Offer.

Deepening Community Partnerships

Reducing inequalities requires strong and sustained relationships with communities.

During 2026–2027, we will continue working with community organisations, voluntary sector partners, faith groups and local stakeholders to better understand lived experience, build trust and ensure services are shaped by the people who use them.

Measuring the difference

During 2026–2027, progress will be assessed through a focused set of outcome measures rather than activity alone. These will include direction of travel in representation above Band 5 and at senior levels; appointment likelihood following shortlisting; equality-data declaration; Staff Survey measures of speaking up, organisational response, respect for difference and career opportunity; Welsh-language capability and evidence of the Active Offer; and patient access and experience measures capable of analysis by protected characteristic.

Where a reliable baseline is not yet available—particularly for accessible communication, reasonable adjustments and patient-experience inequality—the first commitment will be to establish that baseline using existing organisational systems. Oversight will focus on whether identified gaps narrow over time, while also maintaining areas where evidence indicates equitable practice.

Our Vision for 2026–2027

Our ambition is to continue creating a Health Board where every individual feels respected, valued and able to participate fully.

By strengthening employee voice, growing staff networks, improving representation, embedding inclusive leadership and becoming more data informed, we will continue to build a culture where equality, diversity and inclusion are integral to everything we do.

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

Cardiff and Vale University Health Board

Gender Pay Gap Report 2026

Introduction

Cardiff and Vale University Health Board is committed to ensuring that staff are treated fairly and equitably at work, with access to reward, recognition and career development. The Health Board has previously stated that gender pay gap reporting provides a useful mechanism for measuring progress towards gender pay equality and that publishing pay data is an important part of transparency about pay.

This report sets out the Health Board's gender pay gap position as at 31 March 2026. It explains the statutory gender pay gap measures, compares the 2026 position with the 2025 report, discusses the main causes of the gap, and describes how current equality, inclusion, workforce and accessibility activity contributes to longer-term improvement. The report uses the statutory gender pay gap approach of comparing average hourly pay for men and women across the workforce; this is different from equal pay, which concerns whether men and women receive equal pay for equal work or work of equal value.

This report should be read in conjunction with the Health Board's Annual Equality Report 2025–2026, which provides wider context on the equality, inclusion and workforce activity supporting progress against the Strategic Equality Plan.

What is the gender pay gap?

The gender pay gap shows the difference between average pay for men and women across an organisation. A positive pay gap means that men are paid more than women on average; a negative pay gap means that women are paid more than men on average. UK Governmental guidance confirms that employers with 250 or more employees on the relevant snapshot date must report and publish gender pay gap information within a year of that date.

It is important to distinguish the gender pay gap from equal pay. Analysis of the 2026 dataset indicates that the Health Board's gender pay gap is driven primarily by workforce composition and the distribution of men and women across senior and higher-paid roles, rather than by evidence of unequal pay for equivalent work.

Our 2026 gender pay gap

At 31 March 2026, the Health Board's mean gender pay gap is 16.37%. Male mean hourly pay is £27.29, female mean hourly pay is £22.82, and the difference is £4.47 per hour.

The Health Board's median gender pay gap is -1.54%. Male median hourly pay is £19.98 and female median hourly pay is £20.28, meaning that the middle-paid woman earns slightly more than the middle-paid man.

This distinction between the mean and median measures is important. The median figure suggests that pay around the middle of the workforce is broadly balanced. The mean figure is higher because average male pay is affected by the proportion of men in the highest-paid roles.

Measure	Male hourly pay	Female hourly pay	Difference	Gender pay gap
Mean hourly pay	£27.29	£22.82	£4.47	16.37%
Median hourly pay	£19.98	£20.28	-£0.31	-1.54%

Comparison with 2025

The Health Board's mean gender pay gap has reduced slightly, from 16.73% in 2025 to 16.37% in 2026. Using the full reported figures, this represents a reduction of approximately 0.36 percentage points. The median gender pay gap has moved from almost zero in 2025, at -0.0111%, to -1.54% in 2026, meaning the median measure remains slightly in favour of women.

The Health Board's previous Gender Pay Gap Reports showed that the mean pay gap peaked at 22.60% in 2019, fell to 15.76% in 2024, and then increased to 16.73% in 2025. The 2026 figure of 16.37% suggests a modest improvement compared with 2025, but the overall position remains above the 2024 low point. This is important because it shows that the Health Board has made sustained progress since the 2019 peak, but that improvement has not followed a straight line and continued attention is needed. The 2026 position should therefore be seen as broadly positive, with a small year-on-year reduction, while also confirming that further action is required to understand and address the structural factors that continue to influence the gap.

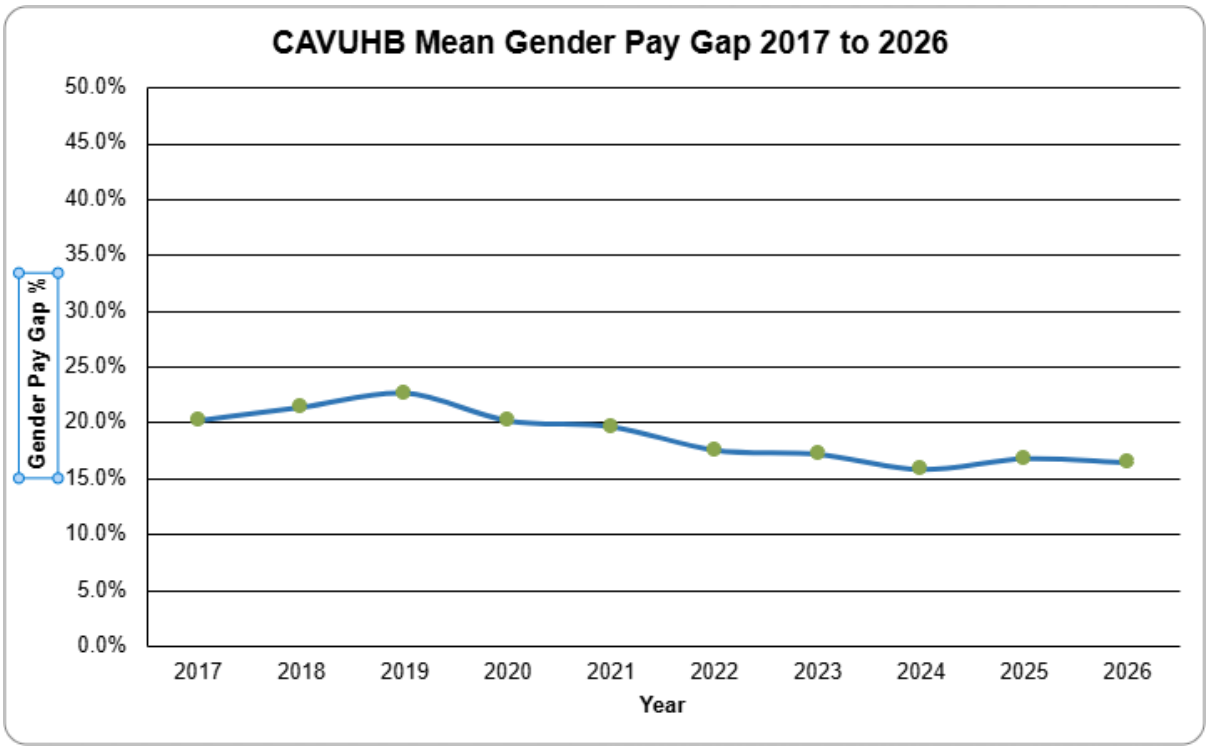


Figure 1: Cardiff and Vale UHB mean gender pay gap trend from 2017 to 2026

Understanding the 2026 pay gap

The Health Board remains a predominantly female employer, with 12,727 female employees, representing 74.9% of the analysed workforce, and 4,272 male employees, representing 25.1%.

Analysis of the 2026 dataset shows that the pay gap is not driven by women in lower-paid roles being paid less than men in comparable areas. In the lower three pay quartiles, female employees earn very similar amounts to male employees and, in some cases, slightly more.

Quartile	Female	Male	Female %	Male %	Mean Pay Gap %
1	2678.00	1147.00	70.01%	29.99%	-1.0
2	3599.00	1073.00	77.03%	22.97%	-1.6
3	3399.00	698.00	82.96%	17.04%	-0.5
4	3051.00	1354.00	69.26	30.74	24.7

The gap is concentrated in Quartile 4, the highest-paid quartile. In Quartile 4, male mean hourly pay is £47.55, female mean hourly pay is £35.82, and the mean gap is 24.7%. This indicates that men remain disproportionately represented in the highest-paid positions, including senior managerial, consultant and other highly remunerated roles.

It is important to emphasise that the Health Board operates within nationally agreed NHS pay frameworks, including Agenda for Change and national Medical and Dental pay arrangements, which determine rates of pay based on role, grade and responsibility. The gender pay gap reported within this document should therefore not be interpreted as evidence that women and men are paid differently for undertaking the same work. Rather, the gap reflects the distribution of employees across the workforce and, in particular, the under-representation of women within some of the most senior and highest-paid roles.

The fact that the median gender pay gap is -1.54%, meaning that the middle-paid woman earns slightly more than the middle-paid man, further supports the conclusion that the Health Board's gender pay gap is driven primarily by workforce composition rather than unequal pay for equal work.

Administrative and Clerical staff group

The largest substantive staff group gap in 2026 is within the Administrative and Clerical staff group. Male mean hourly pay in this group is £21.99, compared with female mean hourly pay of £18.34, giving a mean pay gap of 16.57%. The median pay gap in this group is 12.13%.

This is significant because Administrative and Clerical staff represent a large workforce cohort, so the gap within this group has a meaningful effect on the overall organisational position. Analysis of the 2026 dataset identifies the likely explanation as a higher proportion of men occupying senior administrative and managerial grades, while women are more concentrated in lower and middle administrative bands.

Other staff group gaps identified in the 2026 analysis are smaller: Estates and Ancillary 5.8%, Medical and Dental 2.8%, Allied Health Professionals 2.8%, and Nursing and Midwifery 0.9%.

Bonus pay gap

Analysis of the 2026 dataset identifies a mean bonus pay gap of 21.37% and a median bonus pay gap of 26.57%.

The data shows that men are more likely to receive bonus payments. There were 36 male bonus recipients and 8 female bonus recipients. This equates to 0.75% of men and 0.06% of women receiving a bonus payment.

The bonus gap is associated with bonus payments being concentrated in senior medical roles, where men are more represented.

How current equality and workforce activity supports improvement

The Health Board's current equity and inclusion work is relevant to reducing the gender pay gap because the main driver is representation in senior and higher-paid roles. Activity that improves staff voice, inclusive leadership, workforce data, accessibility, flexible working and progression can help identify barriers earlier and support a fairer route into development and leadership opportunities.

During 2025–2026, the Health Board reported growing ownership of inclusion activity across Clinical and Service Boards, including Inclusion Ambassador programmes, Cultural Compass Conversations, wellbeing initiatives, cultural competence programmes and strengthened staff engagement arrangements. These activities are described as helping to create more opportunities for staff voice, strengthen psychological safety and support more inclusive workplace cultures.

This matters for the gender pay gap because progression is affected not only by formal recruitment processes, but also by whether staff feel encouraged, supported and able to put themselves forward for development and leadership. Cultural Compass Conversations, for example, combine workforce data, staff insight and lived experience to help teams reflect on workplace culture and identify emerging issues. Inclusion Ambassadors help keep inclusion visible in leadership discussions and service development.

The Annual Equality Report 2025-2026 also highlights improved use of workforce data, including work to strengthen equality monitoring and workforce intelligence. Better data helps the organisation understand representation, progression, workplace culture and staff

experience, and supports more evidence-informed discussions about inclusive recruitment, workforce development and leadership representation.

Accessibility and flexibility are also relevant. The Annual Equality Report 2025-2026 describes a growing focus on designing services and support around individual need, including more flexible ways of working, virtual appointments, outreach provision, personalised support and reasonable adjustments. While these examples are broader than the gender pay gap alone, they align with the wider principle that reducing barriers can help people remain in work, access development and participate fully.

The UK Government's recommended evidence-informed actions include inclusive job descriptions, encouraging applications from a range of candidates, reducing unconscious bias in screening, structured interviews, advertising leave and flexible working arrangements, improving development and promotion routes, offering mentoring and sponsorship, setting representation targets, increasing transparency around pay, promotion and rewards, and enhancing flexible working and leave policies.

The Health Board's existing work already aligns with several of these themes: inclusive leadership, staff voice, workforce data, flexible working, accessibility, and local inclusion structures. The further opportunity is to make the link between these activities and gender pay gap improvement more explicit in future reporting, particularly where activity supports progression into senior Administrative and Clerical, Agenda for Change and leadership roles. The UK Government also notes that action plans are intended to support meaningful and sustainable change, and that organisations should select actions aligned to their own evidence and track progress effectively. This is particularly relevant for the Health Board because the 2026 analysis identifies a specific structural driver: representation in higher-paid roles, especially within Administrative and Clerical and senior roles more broadly.

Future focus

The Health Board's future focus will remain on reducing structural barriers to progression and improving representation in senior and higher-paid roles, while continuing to monitor the gap through robust workforce data. As per the Annual Equality Report 2025-2026, priorities for 2026-2027 include strengthening staff networks and lived experience leadership, enhancing employee voice through Adborth, improving equality data, supporting recruitment and progression opportunities, embedding inclusive leadership and improving accessibility and patient experience.

Particular attention will be given to understanding the factors contributing to the gender pay gap within the Administrative and Clerical workforce, where the largest substantive staff group disparity exists. While the available evidence suggests that the gap is linked to the distribution of men and women across senior administrative and managerial grades, further analysis will help the Health Board better understand progression patterns, representation across grades and any barriers that may influence access to higher-paid opportunities.

Improving understanding of this staff group will support a more targeted and evidence-informed approach to reducing the overall gender pay gap over time.

These priorities align closely with the areas highlighted in the gender pay gap analysis. In particular, improving workforce data and using it within workforce planning will help the Health Board understand where women are under-represented in higher-paid roles and where progression pathways may need further attention. Continuing to strengthen employee voice and inclusive leadership can help identify cultural or practical barriers that may affect confidence, application rates and access to development opportunities.

In line with UK Government guidance, future reporting should continue to describe not only the pay gap figures, but also the evidence-based activity being undertaken to address the causes of the gap. This includes linking flexible working, leave policies, mentoring, sponsorship, transparent progression routes, fair recruitment practice and representation monitoring to the specific patterns seen in the Health Board's own data.

Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, using the gender pay gap reporting methodology applied in the Health Board's previous report.

Cardiff & Vale UHB

Welsh Language Annual Report

2025 – 2026

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1. Foreword

I am pleased to present Cardiff and Vale University Health Board's Welsh Language Annual Report for 2025–2026. This report outlines the progress made during the year to support compliance with the Welsh Language Standards and strengthen the provision of Welsh language services across our organisation.

The Welsh language is an integral part of the communities we serve and plays an important role in delivering person-centred healthcare. We remain committed to ensuring that Welsh-speaking patients, service users and staff can access services and support in their language of choice, and that Welsh is treated no less favourably than English in all aspects of our work.

During 2025–2026, we made progress in several important areas. We improved the recording of workforce Welsh language skills, maintained a strong focus on staff awareness, supported Welsh language learning and saw valuable examples of bilingual practice across our services. These achievements reflect the commitment of colleagues who are working to make Welsh more visible and accessible in healthcare.

We must also be candid about our current position. Progress is not yet consistent across the organisation, and we do not always have the workforce information or assurance needed to demonstrate that Welsh language needs are being addressed systematically. Telephone services, locally managed communications, workforce planning and the application of Welsh language requirements in recruitment all require further attention. Engagement with the Welsh Language Commissioner and our own monitoring have helped us understand these gaps and must now lead to sustained improvement.

While compliance with the Welsh Language Standards remains a statutory responsibility, our ambition extends beyond compliance alone. We want to create an environment where Welsh is visible, valued and actively used; where staff feel supported to develop and use their Welsh language skills; and where patients and service users can engage with our services confidently in Welsh if they choose.

I would like to thank colleagues across the Health Board for their continued commitment and contribution throughout the year. Their efforts help ensure that the Welsh language remains an important part of how we deliver compassionate, inclusive and equitable healthcare.

As we look ahead, we remain committed to building on the progress achieved to date, addressing areas for improvement and working collaboratively with our staff, patients, communities and partners to strengthen Welsh language services for the future.

Rachel Gidman
Executive Director of People and Culture
Cardiff and Vale University Health Board

2. Executive Summary

This report describes Cardiff and Vale University Health Board's performance against the Welsh Language Standards between 1 April 2025 and 31 March 2026. It records areas of progress and good practice, while also recognising that Welsh language capacity, provision and assurance are not yet consistent across the organisation. Further work is required to ensure that Welsh language needs are identified systematically and that patients, service users and staff receive a reliable experience across all services.

The Health Board has intentionally taken a transparent approach to reporting, highlighting both progress and areas requiring improvement in order to support continuous improvement and organisational learning.

Key Progress

During 2025–2026:

- Workforce Welsh language skills were recorded for 70.14% of staff, representing a significant improvement and providing a stronger foundation for workforce planning and service development.
- 87.96% of staff completed the mandatory Welsh Language Awareness eLearning module, helping to strengthen understanding of the Welsh Language Standards and the Active Offer.
- Welsh language learning opportunities continued to be promoted through partnerships with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh, supporting staff confidence and capability.
- Bilingual communications remained a priority across patient information, digital platforms, corporate communications and public-facing services.
- No formal complaints relating to compliance with the Welsh Language Standards were received directly by the Health Board through its corporate complaints processes.

Challenges and Learning

Alongside positive developments, the evidence shows that further organisational progress is required. Workforce Welsh language data remain incomplete, recruitment information indicates that Welsh language capability is not yet being translated consistently into role requirements, and assurance across telephone and locally managed communication channels requires strengthening. Matters raised directly with the Welsh Language Commissioner also demonstrate that the absence of complaints received through the

Health Board's own processes should not be interpreted as evidence that concerns do not exist. These findings will be used to target improvement during 2026–2027.

Priorities for 2026–2027

The Health Board will focus on:

- Improving the completeness and quality of workforce Welsh language skills data.
- Increasing staff confidence and capability to use Welsh.
- Strengthening Welsh language service delivery and the Active Offer.
- Enhancing assurance across telephone, digital and social media communications.
- Maintaining strong governance and continuous improvement arrangements.

Summary

The Health Board remains committed to ensuring that Welsh is treated no less favourably than English and that Welsh-speaking patients, service users and staff can access services and support through the medium of Welsh with confidence. The progress achieved during 2025–2026 provides a strong foundation for continued improvement in the year ahead.

3. About this report

The Welsh Language (Wales) Measure 2011 established a legislative framework to promote and protect the Welsh language in Wales. Under the Welsh Language Standards (No. 7) Regulations, Cardiff and Vale University Health Board is required to ensure that Welsh is treated no less favourably than English and that individuals are able to access services through the medium of Welsh where they choose to do so.

This Annual Report covers the period 1 April 2025 to 31 March 2026 and describes how the Health Board met its responsibilities under the Welsh Language Standards during that time. The report has been prepared in accordance with the requirements of the Welsh Language Commissioner and forms part of the Health Board's commitment to transparency, accountability and continuous improvement.

The report provides an overview of the arrangements in place to support compliance with the Welsh Language Standards and promote the use of Welsh across the organisation. It outlines activity undertaken in relation to the Service Delivery, Policy-Making and Operational Standards, together with the statutory information required as part of the annual reporting process.

The report also highlights progress made during the year to support bilingual service delivery, develop workforce capability and strengthen Welsh language provision across the Health Board. It concludes by identifying key priorities that will support continued improvement and help ensure Welsh-speaking patients, service users and staff can access services and support through the medium of Welsh.

4. Governance and Accountability

Strong governance arrangements are essential to ensuring that the Health Board meets its responsibilities under the Welsh Language Standards and continues to improve access to Welsh language services for patients, service users and staff. The Health Board is committed to embedding Welsh language considerations within decision-making, service delivery and organisational planning to ensure that Welsh is treated no less favourably than English.

Overall accountability for compliance with the Welsh Language Standards rests with the Chief Executive, with executive responsibility delegated to the Executive Director of People and Culture. Strategic oversight is provided through the People and Culture Committee, which receives assurance on compliance, monitors progress against improvement actions and oversees the Health Board's approach to Welsh language services.

Day-to-day coordination and operational support are provided by the Equity & Inclusion Team. The team works with Clinical Boards, Service Boards and corporate departments to support implementation of the Standards, provide advice and guidance, coordinate monitoring activity and promote good practice across the organisation.

During 2025–2026, the Health Board continued to monitor compliance through established assurance arrangements. This included oversight of workforce Welsh language skills data, staff training, complaints and concerns, and service improvement initiatives. Self-assessment and evidence-gathering activity undertaken throughout the year helped identify areas of good practice, opportunities for improvement and emerging risks.

The Health Board also maintained constructive engagement with the Welsh Language Commissioner throughout the reporting period. Monitoring and compliance activity undertaken during the year provided valuable assurance and informed a number of improvement actions relating to workforce planning, digital communications, telephone services and the development of Welsh language services. The findings and recommendations arising from this work have been used to strengthen organisational learning and support continuous improvement.

While progress has been made in several areas, the Health Board recognises the importance of maintaining robust governance and assurance arrangements to support sustainable improvement. Particular focus during 2026–2027 will be placed on strengthening workforce data, enhancing assurance across communication channels and continuing to build organisational capacity to deliver high-quality Welsh language service.

5. Performance Against the Welsh Language Standards

During 2025–2026, the Health Board continued to implement the Welsh Language Standards across its services and functions. Activity undertaken throughout the year focused on strengthening bilingual service delivery, supporting staff to develop and use Welsh language skills, and ensuring Welsh language considerations were embedded in planning and decision-making processes. This section provides an overview of progress against the Service Delivery, Policy-Making and Operational Standards.

5.1 Service Delivery Standards

The Service Delivery Standards are intended to ensure that Welsh-speaking patients, service users and members of the public can access services through the medium of Welsh and that Welsh is treated no less favourably than English.

Bilingual Communications and Information

Throughout the year, Clinical Boards, Service Boards and corporate departments continued to provide information and services bilingually across a range of communication channels. Evidence submitted by services demonstrated ongoing efforts to ensure patient-facing information was available in Welsh, promote the Active Offer and support staff in recognising and responding to language preferences. Examples included the translation of patient correspondence and information materials, the provision of bilingual patient information and the promotion of Welsh language services within local teams and departments.

Several services also reported actions to improve awareness of Welsh language needs within clinical pathways and communication processes, helping to support patient choice and improve access to services in Welsh.

Digital Communications and Social Media

The Communications and Engagement Team continued to support compliance with the Welsh Language Standards through established governance and approval processes for digital communications. Corporate social media content continued to be published bilingually, Welsh language compliance formed part of communication approval arrangements, and monthly Ask Suzanne sessions remained accessible through

simultaneous Welsh translation. Corporate website content also continued to be subject to bilingual publication requirements.

During the reporting period, the Welsh Language Commissioner undertook thematic monitoring of social media compliance. The findings highlighted strong compliance across centrally managed corporate accounts while identifying opportunities to strengthen oversight and assurance arrangements for locally managed departmental accounts. In response, the Health Board has continued work to improve governance and strengthen monitoring arrangements across digital communication channels.

Telephone Services

The Health Board continued to implement improvements relating to bilingual telephone services following previous enforcement activity by the Welsh Language Commissioner. Work undertaken during the year included strengthening bilingual greetings, reviewing automated telephone systems and enhancing assurance relating to Welsh language provision within telephone services. The completion of a number of enforcement actions represents progress. Nevertheless, monitoring showed that the Health Board cannot yet be assured that Welsh-speaking callers receive a consistent service across all telephone systems and service areas. Further work is required on staff capability, bilingual greetings, automated systems and local monitoring. Improving confidence that Welsh-speaking callers can access services consistently through the medium of Welsh will remain a key area of focus during 2026–2027.

5.2 Policy-Making Standards

The Policy-Making Standards are intended to ensure that Welsh language considerations are embedded within strategic planning, policy development and decision-making.

Throughout 2025–2026, Welsh language considerations continued to form part of established governance and assessment processes across the Health Board. Welsh language impacts were considered through Equality and Health Impact Assessments and incorporated into wider organisational planning and service development activity. Clinical Boards and Service Boards reported that Welsh language needs were considered alongside broader accessibility and communication requirements when reviewing services, developing improvement initiatives and undertaking organisational change.

The Health Board's Clinical Consultation Plan continued to support the development and planning of Welsh language clinical services. Activity during the year focused on improving understanding of workforce Welsh language capacity and ensuring that planning

arrangements are informed by a clearer understanding of linguistic need and workforce capability.

Work undertaken during the year reinforced the importance of accurate workforce information, effective service planning and consideration of linguistic needs at an early stage in decision-making processes. These will remain important areas of focus as the Health Board continues to develop Welsh language services and support patient choice.

5.3 Operational Standards

The Operational Standards support the use of Welsh within the workplace and help ensure that staff are able to access support, information and development opportunities through the medium of Welsh.

Workforce Welsh Language Skills

Improving the recording and understanding of workforce Welsh language skills remained an important organisational priority during 2025–2026. The Health Board implemented a range of measures to improve the completeness and quality of workforce data, including strengthened governance arrangements, targeted communications, mandatory recording requirements and regular monitoring across Clinical Boards, Service Boards and corporate departments.

As at 31 March 2026, Welsh language skills had been recorded for 70.14% of the workforce. This represents progress in data completion. However, 29.86% of the workforce had not been assessed. This remains a substantial information gap and limits the Health Board's ability to understand its Welsh language capacity, make informed workforce decisions and align provision with service need. Improving both the completeness and reliability of these data will remain a priority during 2026–2027.

While progress was made during the year, improving the completeness and accuracy of workforce Welsh language skills data remains a key priority to support effective planning and delivery of Welsh language services.

Welsh Language Awareness and Workforce Development

The Health Board continued to support staff understanding of the Welsh Language Standards, the Active Offer and the importance of Welsh language services within healthcare settings. As at 31 March 2026, 87.96% of staff had completed the mandatory Welsh Language Awareness eLearning module.

Staff were also supported to develop Welsh language skills through a range of learning opportunities provided in partnership with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh. Further information relating to learning and development activity is provided in Section 6 of this report.

Recruitment and Workforce Planning

Welsh language requirements continued to be considered as part of recruitment and workforce planning processes throughout the reporting period. During 2025–2026, 1,232 vacancies were advertised. Welsh language skills were identified as desirable for 1,188 posts and not necessary for 44; no posts identified Welsh as essential or as a skill to be learnt on appointment. While infrastructure is available to help managers assess the Welsh language requirements of roles, these figures raise questions about whether that infrastructure is being applied consistently and whether recruitment decisions adequately reflect service and population need. Strengthening the quality, consistency and scrutiny of these assessments will be a priority for 2026–2027.

5.4 Overall Position

Performance during 2025–2026 presents a mixed but developing picture. The Health Board improved workforce data completion, maintained a high rate of Welsh Language Awareness training and supported examples of positive practice across services. These developments provide useful foundations for further improvement.

However, progress is not yet consistent across the organisation. Workforce data remain incomplete, the application of Welsh language requirements in recruitment requires significant strengthening, and assurance is not yet consistent across telephone services and locally managed communications. The evidence also describes organisational activity more clearly than its effect on the experience of Welsh-speaking patients and service users. Addressing these limitations will require sustained leadership, clearer accountability and a stronger focus on measurable outcomes during 2026–2027.

6. Developing and Promoting Welsh

The Health Board aspires not only to comply with the Welsh Language Standards but also to foster an organisational culture in which the Welsh language is visible, valued and actively used.

Throughout 2025–2026, the Health Board continued to promote opportunities for staff to develop their Welsh language skills, increase confidence in using Welsh within the workplace and support the delivery of bilingual services across clinical and non-clinical settings.

This work reflects the Health Board's commitment to supporting the Active Offer and creating an environment in which Welsh-speaking patients, service users and staff feel recognised, included and able to communicate through the medium of Welsh where they choose to do so.

6.1 Welsh Language Learning and Workforce Development

Developing workforce confidence and capability remains a key element of the Health Board's approach to promoting Welsh. During 2025–2026, staff continued to access a range of learning opportunities through the Health Board's partnership with Dysgu Cymraeg Caerdydd (Learn Welsh Cardiff) and the National Centre for Learning Welsh. These programmes support staff at different stages of their learning journey and help build confidence in using Welsh within healthcare settings.

Learning Opportunities

A range of learning opportunities were promoted throughout the year, including introductory courses for new learners and programmes aimed at supporting staff to use Welsh more confidently in the workplace. These opportunities provide practical support for staff wishing to develop Welsh language skills and contribute to the delivery of the Active Offer across Health Board services.

Staff participation included:

- 74 staff completing Cwrs Croeso (Welcome Course).
- 40 staff completing Cwrs Blasu (Taster Course)
- 7 staff completing Codi Hyder (Building Confidence).

Together, these programmes support staff to develop practical language skills, increase confidence and apply Welsh in day-to-day interactions with patients, service users and colleagues.

Welsh Language Awareness

Alongside formal language learning, the Health Board continued to promote awareness of the Welsh Language Standards, the Active Offer and the importance of Welsh language services through mandatory Welsh Language Awareness training. This contributes to a wider organisational understanding of how language can influence patient experience, accessibility and inclusion.

6.2 Encouraging the Use of Welsh in the Workplace

Creating opportunities for staff to use Welsh in everyday workplace settings remains an important part of developing a bilingual culture.

Rhwyd-Iaith Staff Network

Rhwyd-Iaith, the Health Board's Welsh language staff network, continued to provide a forum for staff who speak Welsh, are learning Welsh or wish to increase their use of the language at work. The network supports the sharing of resources, learning opportunities and information about Welsh language initiatives, while also providing encouragement and peer support for staff developing their language skills.

Throughout the year, Rhwyd-Iaith played a role in promoting Welsh language activity across the organisation and raising awareness of opportunities available to staff.

Raising Awareness and Building Confidence

The Health Board continued to promote Welsh language learning and awareness through a range of internal communication channels and engagement activities. These included:

- Promoting Welsh language learning opportunities and resources.
- Encouraging staff to record their Welsh language skills on ESR.
- Sharing practical resources to support bilingual greetings and conversations.
- Supporting awareness of the Active Offer.
- Promoting national Welsh language campaigns and events.

These activities help create a supportive environment in which staff are encouraged to develop and use Welsh, regardless of their current level of knowledge or confidence.

6.3 Good Practice Across the Health Board

The examples below demonstrate positive local practice. They should be viewed as illustrations of developing approaches rather than evidence of consistent implementation across the organisation. Future reports should seek to include information about reach, outcomes and the extent to which successful approaches have been adopted elsewhere.

Clinical Diagnostics and Therapies Clinical Board

The Clinical Diagnostics and Therapies Clinical Board reported significant improvements in workforce Welsh language skills recording and continued to promote Welsh language resources through local communication channels. Services within the Clinical Board also undertook practical actions to improve access to Welsh language services, including ensuring that patient information and correspondence were available bilingually where appropriate. A member of staff also undertook Welsh language learning to support communication with Welsh-speaking patients.

Primary, Community and Intermediate Care Clinical Board (PCIC)

The 2025 PCIC Celebratory Awards included a dedicated Equality, Diversity, Inclusion and Welsh Language Award. Event materials, certificates and presentations were produced bilingually, and examples of Welsh language promotion and service delivery were recognised through the awards programme. The initiative provided an opportunity to celebrate good practice and reinforce the importance of Welsh language services within patient care.

Communications and Engagement Team

The Communications and Engagement Team continued to support bilingual communication across the organisation, including the publication of bilingual corporate social media content, bilingual website content and simultaneous Welsh translation during Ask Suzanne staff engagement sessions. These arrangements help ensure that Welsh-speaking staff can access information and participate in organisational communications through the medium of Welsh.

6.4 Supporting Welsh-Speaking Patients and Service Users

Across the Health Board, services reported a range of actions designed to improve access to Welsh language services and support the needs of Welsh-speaking patients and service

users. These included the provision of bilingual patient information, translation of patient-facing documentation and continued promotion of the Active Offer across services.

Work undertaken through the Clinical Consultation Plan and local service improvement initiatives has also contributed to strengthening understanding of Welsh language needs and supporting longer-term development of Welsh language services.

While approaches vary across services, the common aim is to ensure that language is recognised as an important aspect of person-centred care and that individuals are able to access services in Welsh when they choose to do so.

6.5 Looking Forward

The Health Board recognises that promoting the Welsh language is a continuous process that extends beyond compliance with statutory requirements. Building workforce confidence, creating opportunities to use Welsh, celebrating good practice and supporting bilingual service delivery will remain important priorities in the years ahead. By continuing to invest in learning, engagement and cultural change, the Health Board aims to strengthen its ability to meet the linguistic needs of the communities it serves and create an environment where Welsh language services can flourish.

7. Statutory Information

This section provides the information required under the Welsh Language Standards in relation to the reporting period 1 April 2025 to 31 March 2026.

7.1 Complaints Relating to the Welsh Language Standards

Cardiff and Vale University Health Board is committed to ensuring that concerns relating to the Welsh language are considered appropriately and that opportunities for learning and improvement are identified where required. Concerns relating to patient care are managed through the Putting Things Right process, while concerns relating to corporate services and compliance with the Welsh Language Standards are managed through the Health Board's established corporate processes.

Complaints Received During 2025–2026

No formal complaints relating to compliance with the Welsh Language Standards were received directly by the Health Board during the reporting period.

A number of Welsh language matters were raised directly with the Welsh Language Commissioner during the year. These related primarily to workforce Welsh language skills recording, recruitment and workforce planning, telephone services, social media compliance, signage and the development of Welsh language services. The Health Board engaged constructively throughout this process and used the resulting findings and recommendations to support improvement activity.

7.2 Workforce Welsh Language Skills

Improving the completeness and quality of workforce Welsh language data remained a key organisational priority during 2025–2026. As at 31 March 2026, Welsh language skills had been recorded for 70.14% of the workforce. This represents a significant improvement compared with previous years and provides a stronger evidence base to support workforce planning and service development.

Workforce Welsh Language Skills Profile (31 March 2026)

Listening / Speaking Welsh	Headcount	% of Workforce
0 – No Skills (Dim Sgiliau)	8,483	49.55%
1 – Entry (Mynediad)	2,167	12.66%

2 – Foundation (Sylfaen)	426	2.49%
3 – Intermediate (Canolradd)	259	1.51%
4 – Higher (Uwch)	277	1.62%
5 – Proficiency (Hyfedredd)	396	2.31%
Not Assessed	5,113	29.86%
Total Workforce	17,121	100%

During the reporting period, the Health Board strengthened governance arrangements to improve the recording of workforce Welsh language skills. This work will continue during 2026–2027 to support workforce planning and the provision of Welsh language services.

7.3 Recruitment and Welsh Language Requirements

During 2025–2026, a total of 1,232 vacancies were advertised and categorised as follows.

Welsh Language Requirements for Vacancies

Welsh Language Category	Number of Vacancies
Welsh language skills essential	0
Welsh language skills desirable	1,188
Welsh language skills to be learnt when appointed to the post	0
Welsh language skills not necessary	44
Total	1,232

The Health Board has established infrastructure to support managers in assessing the Welsh language skills required for posts, including processes to consider Welsh language requirements as part of recruitment and workforce planning. However, the Health Board recognises that there remains much work to do to ensure this infrastructure is consistently understood, actively promoted and used meaningfully across the organisation. Greater organisational focus will be required to ensure that Welsh language requirements are considered at an early stage in recruitment planning and that decisions are informed by service need, workforce capacity and the linguistic needs of patients, service users and

communities. Strengthening this approach will form part of the Health Board's priorities for 2026–2027.

7.4 Welsh Language Awareness and Learning

The Health Board continued to promote Welsh Language Awareness training to support staff understanding of the Welsh Language Standards, the Active Offer and the importance of Welsh language services within healthcare settings. As at 31 March 2026, 87.96% of staff had completed the mandatory Welsh Language Awareness eLearning module.

The Health Board also continued to promote opportunities for staff to develop Welsh language skills through its partnership with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh. Further information about learning and development activity is provided in Section 6 of this report.

7.5 Compliance Monitoring and Improvement Activity

Throughout 2025–2026, the Health Board engaged with a range of compliance and monitoring activities relating to the Welsh Language Standards. These activities included:

- Workforce Welsh language skills recording and workforce planning.
- Recruitment and workforce assessment processes.
- Bilingual telephone services.
- Social media compliance.
- Signage and public-facing communications.
- Development of Welsh language clinical services.

Learning arising from these activities has informed governance arrangements, service improvement activity and the priorities identified for 2026–2027.

7.6 Areas for Continued Improvement

The Health Board remains committed to continuous improvement and has identified the following areas as priorities for further development:

- Further improving the completeness and quality of workforce Welsh language skills data.
- Strengthening assurance arrangements for bilingual telephone services.
- Continuing to develop workforce capacity to support Welsh language service provision.
- Strengthening the use of workforce data to inform service planning and delivery.

8. Learning, Challenges and Priorities

8.1 Reflections on 2025–2026

During 2025–2026, the Health Board continued to strengthen its approach to implementing the Welsh Language Standards and supporting the delivery of bilingual services across the organisation. Progress was evident in several areas, including improvements in the recording of workforce Welsh language skills, high levels of completion of Welsh Language Awareness training, continued investment in Welsh language learning and development, and sustained efforts to promote bilingual communication and the Active Offer across services.

The reporting period also demonstrated the value of strong governance, partnership working and organisational learning. Engagement with staff, Clinical Boards, Service Boards and external partners helped identify examples of good practice and supported the continued development of Welsh language services across a range of settings. Learning opportunities provided through partnerships with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh continued to support staff confidence and capability, contributing to the Health Board's longer-term ambition of developing a bilingual workforce.

The Health Board's engagement with the Welsh Language Commissioner throughout the year provided further opportunities to strengthen assurance, review existing arrangements and identify areas where improvements were required. This has helped reinforce the importance of evidence-based planning, consistent implementation and continuous improvement in supporting Welsh language services.

8.2 Ongoing Challenges

The Health Board has made progress, but it does not yet deliver or assure Welsh language provision consistently across all services. The principal challenge for 2026–2027 is to move from individual examples of positive practice and developing infrastructure towards a more systematic organisational approach.

Workforce information remains incomplete, with 29.86% of staff recorded as not assessed at 31 March 2026. This limits the Health Board’s ability to understand where Welsh language skills are available and where gaps may affect service provision. Data quality must therefore improve alongside completion rates.

Recruitment practice also requires greater organisational attention. No vacancies advertised during the year identified Welsh language skills as essential or as a requirement to be learnt on appointment. Although this does not establish whether individual assessments were appropriate, it indicates a need for stronger scrutiny of how language need, workforce capacity and service requirements are considered when posts are planned.

Assurance across communication channels remains uneven. Corporate social media arrangements showed positive results, but oversight of locally managed accounts requires strengthening. Similarly, progress on telephone services has not yet provided consistent assurance that Welsh-speaking callers receive an equivalent experience across the organisation.

The Health Board must also strengthen its understanding of outcomes. Much of the available evidence describes activity, participation and process. Future monitoring should

provide a clearer picture of whether these actions improve access, patient experience and the consistent delivery of the Active Offer.

8.3 Priorities for 2026–2027

Building on the progress made during 2025–2026, the Health Board has identified five priority areas for the coming year.

1. Establish reliable workforce evidence

Reduce the number of staff whose Welsh language skills are not recorded, improve confidence in data quality and use the resulting evidence in workforce and service planning.

2. Strengthen recruitment decisions

Ensure managers assess Welsh language requirements consistently and at an early stage, with decisions informed by service need, workforce capacity and the linguistic needs of patients and communities.

3. Increase and apply workforce capability

Broaden participation in Welsh language learning, support progression and create practical opportunities for staff to use their skills in their roles.

4. Provide consistent service and communication assurance

Establish proportionate monitoring across telephone services, digital platforms, social media and locally managed communications, with clear ownership of corrective action.

5. Demonstrate outcomes for patients and service users

Develop measures that show whether Welsh language activity is improving access, experience and delivery of the Active Offer, rather than relying primarily on activity and completion data.

6. Strengthen organisational accountability

Use scrutiny, feedback, complaints, monitoring and engagement with the Welsh Language Commissioner to identify risk, track improvement actions and provide transparent assurance.

Looking Ahead

The Health Board remains committed to ensuring that Welsh is treated no less favourably than English and that Welsh-speaking patients, service users and staff can access services and support through the medium of Welsh with confidence. The progress achieved during 2025–2026 provides a strong foundation for future improvement, and the Health Board will continue to work collaboratively with staff, patients, communities and partners to strengthen Welsh language services and promote the use of Welsh in healthcare settings.

MINUTES OF A MEETING OF EMPLOYMENT POLICIES SUB GROUP AT 10.00am ON 22 JULY 2026 VIA MICROSOFT TEAMS

Present:

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

EPSG 26/001 WELCOME AND INTRODUCTIONS

Peter Hewin (PH) welcomed the group.

EPSG 26/002 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dawn Ward, Lorna McCourt, Mitchell Jones

EPSG 26/003 MINUTES FROM THE LAST MEETING

The Employment Policy Sub Group agreed the minutes from 26 November 2025. There were no matters arising raised that were not on the Action Log.

EPSG 26/004 ACTION LOG

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

EPSG 25/014 – Action Log – Safeguarding Allegations/Concerns about Practitioners and those in Positions of Trust Procedure – Template Outcome letter to inform staff of outcome at the end of the process to be shared with the group by Rachel Flay (RF).
ACTION: Rachel Flay

EPSG 25/015 – Action Log – Values Based Appraisal Procedure – visual one page document to be developed as easy read to accompany procedure – check with Andrew Tucker for

update and share with group via email or if complete confirm on action log for next meeting.

ACTION: Helen Palmer

EPSG 25/004 – Action Log RP commented that the first action on the minutes was one for RP, PH and Lisa Franklen (LF). PH advise that although there are no pressing issues at the current time, in principle it was felt that it would be good to be able to comment on documents that wouldn't fit into the remit of EPSG, to ensure consistency around governance.

EPSG 26/005 TIME OFF IN LIEU PROCEDURE

Rachel Pressley presented the Time off in Lieu (TOIL) Procedure, noting that the work started within the Medicine Clinical Board. Within Medicine they identified that there was a need for clearer more consistence arrangements around the accrual and the use of TOIL, after discussion at Directors of Nursing meetings etc it became clear that the situation is not unique to Medicine and the procedure has been expanded into a Health Board wide document to ensure a consistent approach. Louise Halliday-Jones (Senior Business Partner, MCB) and Jonathan Strachen-Taylor (Lead Staff Representative, MCB) undertook the majority of the work, linking in with Dawn Ward and Rachel Pressley when it was decided to widen it to a Health Board wide procedure.

The aim is to ensure TOIL is applied fairly, consistently and transparently, while allowing managers the flexibility to respond to service needs.

Key Points are as follows:

- TOIL needs to be agreed in advance whenever possible and only accrued to meet service requirements
- Should be accrued and taken on a plain time basis
- Clear parameters on what TOIL can and can't be used for
- Needs to be recorded and monitored appropriately by managers
- Employees should take TOIL as soon as service requirements allow, ideally within 4 weeks and no later than 3 months.
- For Bands 1 -7 employees can choose to take TOIL instead of overtime payment where appropriate.
- If TOIL can't be taken within 3 months due to service requirements, overtime payment will be made in line with Agenda for change provisions. Also, in line with Agenda for change provisions Band 8 – 9 are not entitled to overtime payments.

PH advised that there were a few comments from Staff Reps and noted that the procedure helpfully says that if staff are looking for flexibility then they should be looking at the flexible working procedure.

There was a lengthy discussion about the Procedure, with members raising a number of comments and suggestions around:

- The definition of TOIL including how it should be applied in emergency/unforeseen circumstances and the need to apply trust and professional judgement on occasions
- TOIL and overtime as set out in the AFC Terms and Conditions Handbook
- The important distinction between planned and unplanned additional hours worked, and the requirement to work planned additional hours through the Bank
- References to poor time management and very specific examples provided
- What quantifies a 'reasonable' offer of when TOIL should be taken
- The inappropriateness of accruing large amounts of TOIL and using it as an alternative to Annual Leave or to extend periods of Annual Leave
- The importance of each department having and communicating an agreed line of approval
- Rostering responsibilities and the need to review rosters is large amounts of TOIL are being accrued regularly
- That support is available to managers from People Services if required
- Concerns were raised about the practicalities of calculating and advising on TOIL for travel time

It was agreed that on this occasion, given that this is a new Procedure and may require significant changes in behaviour in some areas, a 'how to' guide for staff may be useful. RP agreed to produce this but urged the group to be cautious about how often this approach is adopted as it is important that managers and staff refer to approved Policies, Procedure and Guidelines and not just supplementary information.
ACTION: Rachel Pressley

It was agreed that RP would amend the Procedure to reflect this conversation, linking in with JS-T and Louise Halliday Jones. The agreed changes would be shared with EPSG members and depending on the number and complexity of any further comments received either Chair's Action would be taken to approve the Procedure or another extraordinary meeting would be arranged.
Action: Rachel Pressley

RP suggested a review period of 1 year as it is a new document.

EPSG 26/006 WORK PLAN

PH introduced the work plan. A number of discussions had taken place with regard to practical ways of managing the high volume of procedures that were due or overdue review. Extensive discussions had taken place with staff side they were happy to endorse the proposal.

The following Procedures were rolled forward without amendment for 24 months:

Working Time Procedure
Working Remotely Guidelines

Long Service Award Procedure
Unauthorised Absence Procedure
Relocation Expenses Procedure
Staff Relationships Guidelines

It was noted that the UHB Policies which the Procedures are aligned to are also under and would be presented to the next meeting.

RP emphasised that where a Procedure had been identified as not fit for purpose and therefore requiring a review, it was important to prioritise this work wherever possible to ensure that the outstanding reviews can progress in a timely way. It was agreed that a joint email from RP and PH would be sent to named leads advising them of this and the deadlines to be adhered to.

ACTION Rachel Pressley/Peter Hewin

It was agreed that the frequency of meetings should change from bi-monthly to quarterly given other work pressures and the number of meetings which had been cancelled in 2025/26.
Action: Helen Palmer

EPSG 26/007 ALL WALES DISCIPLINARY POLICY

Leanne Morris provided an overview of the All Wales Disciplinary Policy. This came into effect on the 1 April 2026.

Main changes are as follows:

- Language
- Key focus on restorative practice as opposed to procedural elements
- Key focus on psychological safety, fairness, equality, inclusion and cultural awareness.
- Early intervention and informal resolution

A number of factual things have changed with regard to the process as follows:

- Fact finding assessments replace the initial assessment document
- The Policy stipulates that a fact finding assessment is mandatory before a formal investigation is commissioned. Cardiff and Vale have already been undertaking this process.
- There is a clear separation of roles within the Policy and the roles and responsibilities are outlined for each of those roles.
- The introduction of the role of Commissioning Officer who is responsible for determining what the appropriate outcome of the fact finding assessment is.
- The Commissioning Officer is also responsible for reviewing the investigation and report and determining the outcome of the investigation, this now sits with the commissioning officer instead of the Disciplining Officer (now Deciding Officer)

- Disciplinary outcomes have been updated, and there is no longer any reference to verbal warnings.

The EPSG **NOTED** the adoption of the All Wales Disciplinary Policy

EPSG 26/008 ALL WALES IMPROVING PERFORMANCE POLICY

Leanne Morris provided an overview of the NHS Wales Improving Performance Policy, which replaced the NHS Wales Capability Policy and Procedures.

Key difference were noted, including:

- The focus is now Improving Performance instead of Capability, and is much more supportive in its approach.
- Steps within the policy have been simplified with the initial assessment step having been removed. The steps now consist of formal 1st, 2nd and 3rd Stages.
- References to hearings have been removed and replaced with meetings.
- There is a clear focus on improvements instead of warnings.
- Timescales have been tightened
- There is a clear reference to redeployment this at the 3rd stage, as opposed to being considered at every stage as per the previous policy.

LM advised that in terms of embedding these policies within the Health Board, there is currently an Avoidable Employee Harm task and finish group. A lot of work has been undertaken by this group around training and awareness.

Any cases that were ongoing prior to the 1st April when the new Policies were adopted would continue to be managed in accordance with old Policy.

LF asked to be involved in the Avoidable Employee Harm task and finish group to do with the Improving Performance Policy, as it was felt that the Improving performance plans in the policy were not supportive of what is needed when managing capability and that a much better toolkit could be developed to support staff. LM agreed to bring LF in when the focus of the group is on the Improving Performance Policy.
ACTION: Leanne Morris

LM added that 'how to procedures' had been developed to support the Policies, however there were some concerns which had been shared with the All Wales Group and while the Policies themselves had been adopted the guides would not be adopted by the UHB in their current form.

The EPSG **NOTED** the adoption of the Improving Performance Policy.

EPSG 26/009 ANY OTHER BUSINESS

RP noted that Andrew Partridge from the Corporate Governance team has advised that the 28 day consultation period which had rigidly applied was no longer required for reviews, only in the creation of a new Policy or Procedure. This has significant implications for our timelines as the month has always been built in for review. However, it also had implications for engaging with stakeholders and it was important this was done earlier in the review process.

RP reminded members that the documents saved in the EPSG Teams channel were 'live' and any comments or notes made were visible to all, but were not reviewed by the People Assurance and Experience Team or acted on.

EPSG 26/010 DATE AND TIME OF NEXT MEETING

The next meeting of EPSG is scheduled to take place on Wednesday 30 September 2026 at 10am (staff pre-meet 9am).

Cardiff and Vale University Health Board

Social Partnership Duty Annual Report 2025/26

Reporting period: 1 April 2025 to 31 March 2026

1. Foreword

We are pleased to present Cardiff and Vale University Health Board's Social Partnership Duty Annual Report for 2025/26.

The Social Partnership and Public Procurement (Wales) Act 2023 reinforces something that has long been important to us at Cardiff and Vale UHB: that the best decisions are made when employers, staff and trade union representatives work together in a spirit of openness, mutual respect and shared purpose. The Act places a formal duty on public bodies to seek consensus or compromise with recognised trade unions when setting wellbeing objectives and making strategic decisions, but for us social partnership is about much more than compliance. It is about building trust, improving services and ensuring that the voices of our workforce help shape the future of our organisation

This report builds on that foundation. It sets out examples of how social partnership has continued to influence strategic decision-making throughout 2025/26 and how we have worked together to support delivery of our long-term strategy, *Shaping Our Future Wellbeing*, and our shared ambition to create a great place to work and receive care. Throughout the year, we have worked together through our established partnership arrangements to address the opportunities and challenges facing our organisation, ensuring that staff and trade union perspectives are considered as strategic decisions are developed and implemented.

We recognise that social partnership is not simply about structures and meetings. Its true value is demonstrated through relationships, constructive challenge, shared problem-solving and a commitment to achieving the best possible outcomes for staff, patients and the communities we serve. While we are proud of the progress made, we also recognise there is more to do. We remain committed to strengthening partnership working at all levels of the organisation and continuing to develop an environment where staff and their representatives are actively involved in shaping the future of Cardiff and Vale UHB.

Rachel Gidman
Executive Director of People and Culture

Dawn Ward
Chair of Staff Representatives

2. Purpose of the Report

The Social Partnership and Public Procurement (Wales) Act 2023 requires public bodies in Wales to report annually on how they have complied with the Social Partnership Duty. The report must be prepared in partnership with recognised trade unions and submitted to the Social Partnership Council for Wales.

This report sets out how Cardiff and Vale University Health Board has met the requirements of the Duty during 2025/26. It describes the arrangements in place to support social partnership working, provides examples of how recognised trade unions have been involved in strategic decision-making and the development of wellbeing objectives, and highlights areas where further progress can be made.

The report has been developed jointly by the Health Board and trade union representatives and reflects our shared commitment to meaningful engagement, fair work and partnership working for the benefit of staff, patients and the communities we serve.

The report also acknowledges the procurement elements of the legislation and describes how Cardiff and Vale UHB will continue to work with procurement colleagues to ensure these requirements are appropriately reflected in future arrangements and reporting.

3. Introduction to the Social Partnership Duty

The Social Partnership and Public Procurement (Wales) Act 2023 was introduced to strengthen partnership working across the Welsh public sector and to ensure that employees and their representatives are meaningfully involved in decisions that affect them. The Act recognises that better outcomes are achieved when organisations work collaboratively with their workforce, promote fair work and consider the wider social impact of their decisions.

For Cardiff and Vale University Health Board, the principles underpinning the Duty are closely aligned with our long-standing commitment to partnership working. Through our established relationships with recognised trade unions and professional organisations, we seek to create an environment where staff voices are heard, valued and reflected in strategic decision-making.

The Social Partnership Duty requires public bodies to seek consensus or compromise with recognised trade unions when setting wellbeing objectives and when making strategic decisions about how those objectives will be delivered. In practice, this means involving staff representatives at an early stage, providing sufficient information to support meaningful discussion, allowing adequate time for consideration and response, and maintaining engagement throughout the process.

The Duty also complements existing Welsh legislation, including the Well-being of Future Generations (Wales) Act 2015, and supports our ambition to deliver high-quality, sustainable services for the population we serve. Within Cardiff and Vale UHB, these principles are reflected in our organisational strategy, *Shaping Our Future Wellbeing*, our People and Culture Plan (which is being refreshed in 2026), and the partnership arrangements that support decision-making at Board, organisational and local levels.

The remainder of this report focuses on how these principles have been reflected in practice during 2025/26, through strategic engagement, case studies, wider partnership activity and reflections on future development.

4. Social Partnership in Practice at Cardiff and Vale UHB

Social partnership at Cardiff and Vale UHB is supported by established partnership arrangements operating at Board, organisational and local levels. These arrangements provide opportunities for recognised trade unions and professional organisations to contribute to strategic discussions, workforce priorities and organisational change, helping to ensure staff perspectives are considered as decisions are developed and implemented.

While the governance arrangements supporting partnership working remain largely unchanged from those described in our 2024/25 report, the examples in this report demonstrate how those arrangements have supported strategic decision-making, workforce change, staff wellbeing and service planning throughout 2025/26.

Case Study 1: Clinical Services Plan

The Clinical Services Plan is one of the Health Board's most significant strategic programmes, setting out a long-term approach to the delivery of clinical services across Cardiff and Vale. Developed in 2024/25 and launched in June 2026, the Plan supports delivery of the Health Board's long-term strategy, *Shaping Our Future Wellbeing*, and seeks to ensure that services remain sustainable, responsive to population need and capable of delivering high-quality care in the future.

As the Clinical Services Plan has implications for service models, workforce planning, patient pathways, digital infrastructure and estates development, it was important that staff and trade union representatives had opportunities to contribute to its development and consider its potential impact.

Partnership in Practice

During 2025/26, the Health Board provided a range of opportunities for staff and trade union representatives to engage with the development of the Clinical Services Plan.

The Plan was discussed through formal partnership arrangements, including the Local Partnership Forum, on multiple occasions, providing trade union representatives with opportunities to receive updates, seek clarification, raise questions and contribute workforce perspectives as proposals continued to develop.

In addition, the Health Board held two dedicated engagement events which were open to staff from across the organisation. These events provided opportunities for colleagues from different professional groups, services and staff-side organisations to contribute their views, discuss priorities and help shape thinking around the future direction of services.

This engagement helped ensure that workforce considerations formed part of wider discussions about the future design and delivery of services, recognising that successful service transformation depends upon the involvement, experience and expertise of the staff who deliver care.

Contribution to Wellbeing Objectives and Strategic Priorities

The Clinical Services Plan supports the ambitions set out in *Shaping Our Future Wellbeing* by helping to develop clinically sustainable services capable of meeting future population needs. Partnership engagement through the development of the Plan also supports the principles underpinning the Social Partnership Duty by ensuring that staff and trade union perspectives are considered as strategic decisions are developed.

The engagement approach supported the Health Board's wellbeing objectives by promoting collaborative decision-making, strengthening workforce involvement in strategic planning and recognising the contribution that staff make to the delivery of safe, effective and sustainable healthcare services.

Case Study 2: Band 2 and Band 3 Healthcare Support Worker Role Validation

During 2025/26, the Health Board worked to support the validation of Healthcare Support Worker (HCSW) roles against nationally agreed role profiles and criteria. This work formed part of an All-Wales approach developed in partnership with NHS Wales employers and recognised trade unions, with the aim of ensuring consistency and fairness in the application of role requirements across organisations.

The process involved reviewing the duties undertaken by staff employed within Band 2 Healthcare Support Worker roles to determine whether those duties aligned with the nationally agreed Band 3 profile and therefore met the criteria for assimilation to Band 3.

As the work affected a significant number of staff and had implications for role clarity, workforce morale and staff experience, it was important that the process was supported by meaningful partnership working throughout.

Partnership in Practice

A dedicated task and finish group was established, bringing together Health Board representatives from all areas where HCSW are employed, and trade union colleagues to oversee and support implementation of the process locally.

Partnership working extended beyond consultation and included joint consideration of issues arising during implementation. Trade union representatives were involved in discussions regarding the interpretation and application of the national framework, the management of queries and concerns raised by staff, and the development of local processes to support consistent decision-making.

Particular emphasis was placed on ensuring that staff received timely information and support throughout the process. Where concerns arose regarding delays, errors or individual outcomes, Health Board and trade union representatives worked together to review issues, agree responses and ensure staff concerns were addressed appropriately.

The task and finish group also provided opportunities for trade union representatives to understand the systems, processes and controls in place to support implementation. This helped establish a

shared understanding of how decisions were made and supported constructive challenge where improvements were required.

Contribution to Wellbeing Objectives and Strategic Priorities

This work supported the Health Board's commitment to fair work, workforce wellbeing and employee engagement by promoting transparency, consistency and fairness in the application of nationally agreed role requirements.

The partnership approach helped ensure that decisions affecting staff were informed by workforce perspectives and that concerns could be raised, discussed and addressed through established partnership channels. In doing so, the work reflected the principles of the Social Partnership Duty by supporting meaningful engagement on a significant workforce issue and seeking collaborative solutions to challenges as they emerged.

Case Study 3: Implementing the NHS Wales Fatigue and Facilities Charter

The NHS Wales Fatigue and Facilities Charter was developed in partnership between BMA Cymru Wales, NHS Wales Employers and Welsh Government to establish standards that support the wellbeing, safety and working environment of doctors across Wales. The Charter recognises the impact that fatigue can have on staff wellbeing, patient safety and workforce sustainability, and sets out expectations relating to facilities, rest areas, catering provision, travel, training and rota design.

During 2025/26, Cardiff and Vale UHB continued work to assess its compliance with the Charter and to identify areas where further improvements were required. Given the impact of the Charter on the working lives of resident doctors and other medical staff, implementation was supported through established partnership arrangements with the British Medical Association (BMA) and the Local Negotiating Committee (LNC).

Partnership in Practice

Implementation of the Charter was undertaken using the nationally agreed NHS Wales implementation toolkit, which requires regular engagement between employers and staff representatives. Progress against the Charter was reviewed through the Local Negotiating Committee, providing opportunities for discussion, challenge and agreement on priorities for improvement.

The assessment process involved reviewing compliance against a wide range of standards, including rota design, fatigue management, induction arrangements, access to rest facilities, catering provision and travel arrangements. Areas of good practice and areas requiring further development were identified jointly, with improvement actions agreed through partnership arrangements.

Partnership working extended beyond review and monitoring activity. Health Board representatives and BMA colleagues worked together to consider concerns raised by doctors, review priorities for action and develop shared understanding of the practical challenges affecting compliance. This collaborative approach helped ensure that improvement plans reflected both organisational considerations and the lived experience of doctors working across the Health Board.

Contribution to Wellbeing Objectives and Strategic Priorities

The implementation of the Charter supports the Health Board's commitment to staff wellbeing, workforce sustainability and the creation of a healthy and supportive working environment. By focusing on issues such as fatigue, access to rest facilities, safe travel arrangements, induction and wellbeing support, the work contributes to the Health Board's wider ambitions to create a positive staff experience and support the delivery of high-quality patient care.

The partnership approach adopted through the LNC also reflects the principles underpinning the Social Partnership Duty by ensuring that staff representatives are actively involved in reviewing current arrangements, identifying priorities and helping to shape improvement activity**.**

5. Wider Partnership Activity During 2025/26

Partnership working continued to support discussion, challenge and collaborative problem-solving across a wide range of strategic and operational issues throughout 2025/26. Through formal partnership arrangements, including the Local Partnership Forum, recognised Trade Union representatives contributed workforce perspectives, raised concerns on behalf of staff and worked with management colleagues to shape responses to some of the most significant challenges facing the Health Board.

Financial Sustainability and Organisational Change

Throughout the year, the Health Board faced significant financial pressures and the need to identify substantial savings whilst maintaining safe and effective services. Financial sustainability, vacancy scrutiny arrangements, workforce reshaping and organisational redesign were recurring themes within partnership discussions. Trade Union representatives sought assurance regarding the impact on staff, questioned the practical implications of proposed changes and emphasised the importance of transparency, communication and meaningful engagement. They also emphasised the importance of involving staff at an early stage, ensuring workforce perspectives informed discussions and maintaining ongoing dialogue as proposals developed. These discussions helped ensure that workforce considerations remained central to decision making and reinforced a shared commitment to avoiding unnecessary adverse impacts on staff wherever possible.

Staff Experience, Wellbeing and Organisational Culture

Staff wellbeing, organisational culture and staff experience remained important themes throughout the year. Partnership discussions considered staff survey findings, attendance management, psychological safety, leadership behaviours and cultural improvement activity. Trade Union representatives consistently highlighted the importance of listening to staff, demonstrating that feedback results in action, and maintaining a compassionate approach when implementing organisational initiatives. These discussions informed ongoing work to strengthen staff experience and supported a shared understanding of the challenges affecting morale, wellbeing and engagement.

Workforce Planning and Workforce Sustainability

The workforce implications of organisational priorities featured prominently within partnership discussions during 2025/26. Topics included sickness absence, recruitment and retention, workforce availability, leadership development, workforce growth and workforce planning. Partnership discussions enabled Trade Union representatives to challenge assumptions, raise workforce concerns and contribute staff insight to discussions about how the Health Board can develop a sustainable workforce capable of supporting future service delivery.

Partnership Working Beyond Formal Structures

In addition to the formal partnership arrangements described in this report, Cardiff and Vale UHB continues to strengthen partnership working with recognised Trade Unions as a core part of how workforce initiatives are developed, implemented and reviewed.

Throughout 2025/26, Trade Union colleagues have been actively involved in a range of task and finish groups, project groups and workforce improvement initiatives, helping to ensure that staff perspectives are considered at an early stage and reflected in the design of policies, toolkits and organisational initiatives. Examples include partnership involvement in the Avoidable Employee Harm Group and the development of the Organisational Change Toolkit, supporting a more consistent, compassionate and preventative approach to workforce change and employee relations matters.

Partnership working has also continued to support the development and delivery of workforce training. During the year, management and Trade Union representatives worked together on initiatives including Managing Attendance at Work training and Sexual Harassment Awareness training. This collaborative approach has helped promote shared understanding, strengthen manager confidence and support the development of a safer, fairer and more respectful working environment.

6. Public Procurement and Social Value

The Social Partnership and Public Procurement (Wales) Act 2023 places duties on public bodies to carry out procurement in a way that contributes to the economic, social, environmental and cultural wellbeing of Wales. The legislation promotes socially responsible procurement, requiring organisations to consider wider social value, fair work, sustainability and community benefits when undertaking procurement activity. Public bodies must also consider how procurement decisions support the Well-being Goals and the sustainable development principle established by the Well-being of Future Generations (Wales) Act 2015.

From September 2027, and in accordance with the requirements of the Social Partnership and Public Procurement (Wales) Act 2023, NHS Wales organisations (including CAV) will be required to report annually against the Socially Responsible Procurement Duty. This reporting will demonstrate progress against organisational objectives and set out how procurement activities contribute to the achievement of Wales' Well-being Goals.

To support this requirement, NHS Wales is now gathering data and evidence against a suite of well-being metrics that will form the basis of future reporting. These metrics will measure procurement's contribution across environmental, economic, social and cultural outcomes, providing a consistent approach to demonstrating the wider value generated through public sector procurement.

7. Challenges and Opportunities

Whilst this report demonstrates many positive examples of partnership working across Cardiff and Vale UHB, both management and Trade Union representatives recognise that social partnership is an ongoing process of continuous improvement. As the organisation responds to significant operational, workforce and financial challenges, there remain opportunities to strengthen how partnership working is experienced across all parts of the Health Board and to build on the progress made to date.

Awareness and Accountability at Clinical Board Level

Whilst partnership working is well established through the Health Board's formal governance structures, there remains an opportunity to strengthen awareness and understanding of the Social Partnership Duty across all levels of the organisation. As responsibility for service transformation, workforce planning and operational decision-making increasingly sits within Clinical Boards and Directorates, it is important that leaders understand both the principles and practical application of social partnership.

During 2026/27, the Health Board and recognised Trade Unions will continue to work together to strengthen awareness of the Duty and support leaders to demonstrate how workforce perspectives have been considered in the development of significant proposals and decisions. This will help ensure that social partnership is recognised as an integral part of effective leadership, governance and decision-making across the organisation.

Consistency of Partnership Working

Whilst the report demonstrates many positive examples of partnership working, the experience of social partnership is not always consistent across all parts of the Health Board. As a large and complex organisation, there can be variation in how partnership principles are applied locally and in the extent to which staff and Trade Union representatives are engaged in discussions.

A continued focus for 2026/27 will be promoting greater consistency across Clinical Boards, Directorates and services, ensuring that staff and Trade Union representatives have appropriate opportunities to contribute to discussions on issues affecting the workforce and the delivery of services.

Early and Meaningful Engagement

The timing of engagement continues to be an important area of discussion. Trade Union representatives have consistently highlighted the benefits of being involved during the development of ideas and proposals, before preferred options have been identified or decisions are made. Early engagement can help identify workforce considerations, strengthen proposals and build confidence in both the process and outcomes.

At the same time, managers often need an opportunity to explore emerging issues and assess potential options before wider engagement takes place. Continuing to develop a shared understanding of what meaningful early engagement looks like in practice, and ensuring staff and

Trade Union representatives are involved at the earliest appropriate stage, remains an important opportunity for further development.

8. Conclusion

This report demonstrates the range of ways in which social partnership has supported Cardiff and Vale UHB during 2025/26. Through formal partnership structures, task and finish groups, project work and day-to-day collaboration, management and Trade Union representatives have worked together on a range of strategic, workforce and operational priorities. The examples included within this report highlight how partnership working has supported staff engagement, informed decision-making, strengthened workforce policies and contributed to significant organisational programmes.

Throughout 2025/26, partnership working has continued to reinforce the value of involving staff and Trade Union representatives at an early stage in discussions and decision-making. As in previous years, partnership arrangements have helped ensure that workforce perspectives are considered alongside organisational priorities and have provided opportunities for constructive challenge, shared problem-solving and collaborative working. Effective social partnership is not limited to formal consultation. It is also reflected in the day-to-day collaboration between management and Trade Union representatives to support staff, resolve issues and deliver fair and consistent outcomes.

Both the Health Board and recognised Trade Unions recognise the progress made during 2025/26 and the opportunities that remain to further strengthen social partnership across the organisation. Continued focus will be required to ensure that partnership principles are consistently applied and that staff perspectives continue to inform strategic decision-making. Success will be measured not only by the existence of partnership structures but by demonstrable evidence that workforce voices have influenced strategic decisions and that leaders are held accountable for delivering the requirements of the Act.

Cardiff and Vale UHB recognises that partnership working will continue to be essential as the organisation responds to ongoing financial challenges, progresses organisational redesign and delivers the Clinical Services Plan. Work is also underway to review and refresh the Partnership and Recognition Agreement and the People and Culture Strategic Plan, to ensure they continue to support effective partnership working in the future. The Health Board remains committed to working with Trade Union colleagues to strengthen staff involvement in decision-making and to ensure that the principles of social partnership continue to inform the way services, policies and workforce initiatives are developed and implemented.

Looking ahead, Cardiff and Vale UHB and recognised Trade Unions are committed to building on the progress made during 2025/26. Priorities for the coming year include strengthening awareness and understanding of the Social Partnership Duty, promoting greater consistency of partnership working across the organisation, supporting meaningful early engagement in strategic decision-making, and ensuring partnership principles continue to inform workforce planning, organisational redesign and service transformation activity