

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 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

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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 corporate 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 an 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 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

Previous Months Executive Actions and Owners

No previous month actions recorded