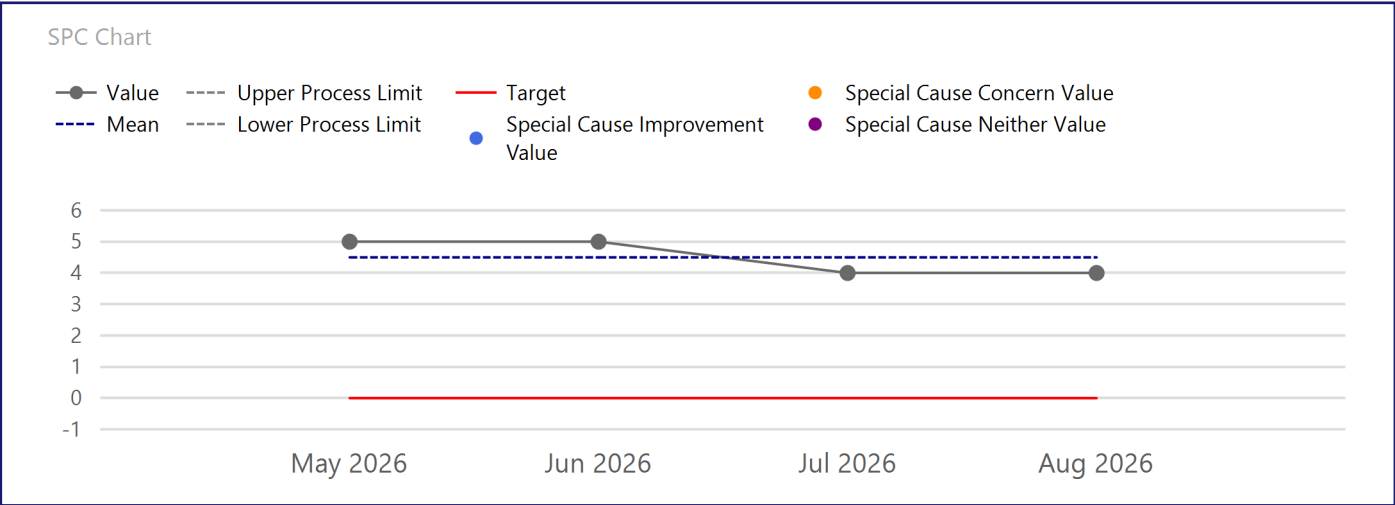


Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	4	0			Executive Director of Nursing



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

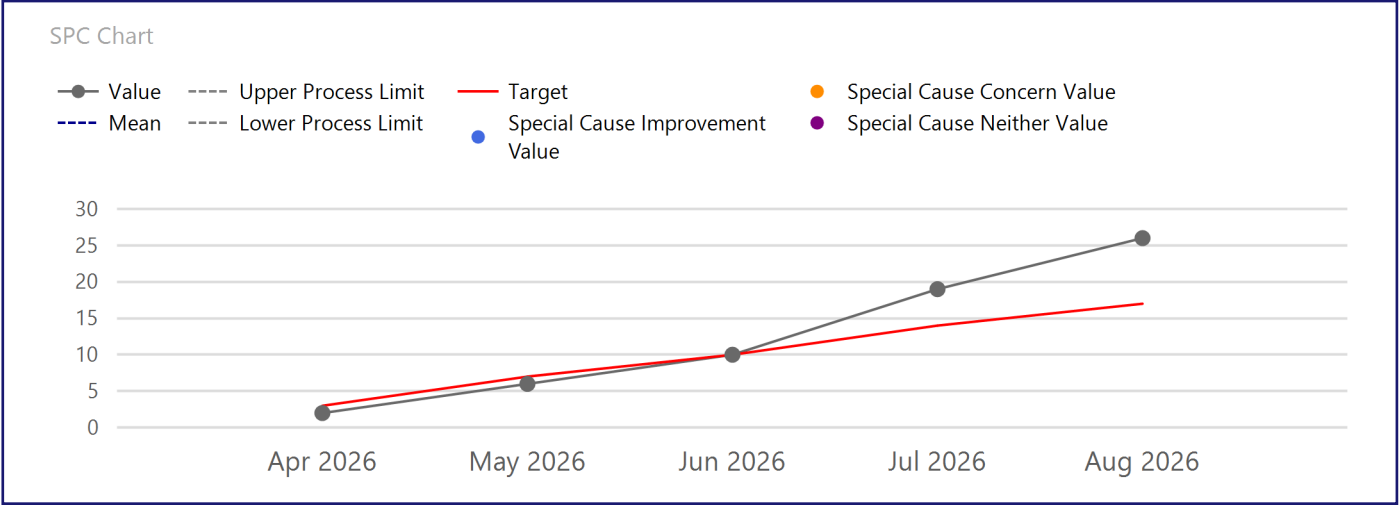
Plans have been made between the Patient Safety Team and the Clinical Boards to manage these reviews. Three of the five outstanding incidents reported last month were closed as planned. Two further incidents have met the criteria for over 12 months in August.

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	26	17			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.

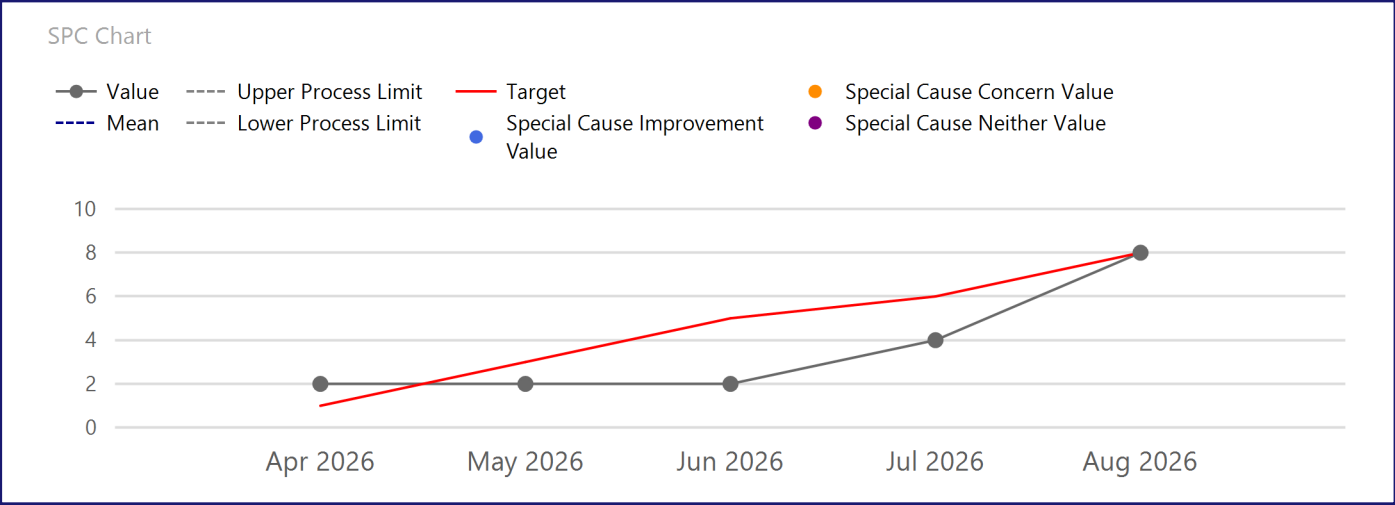
Actions and Owners

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.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	8	8			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.

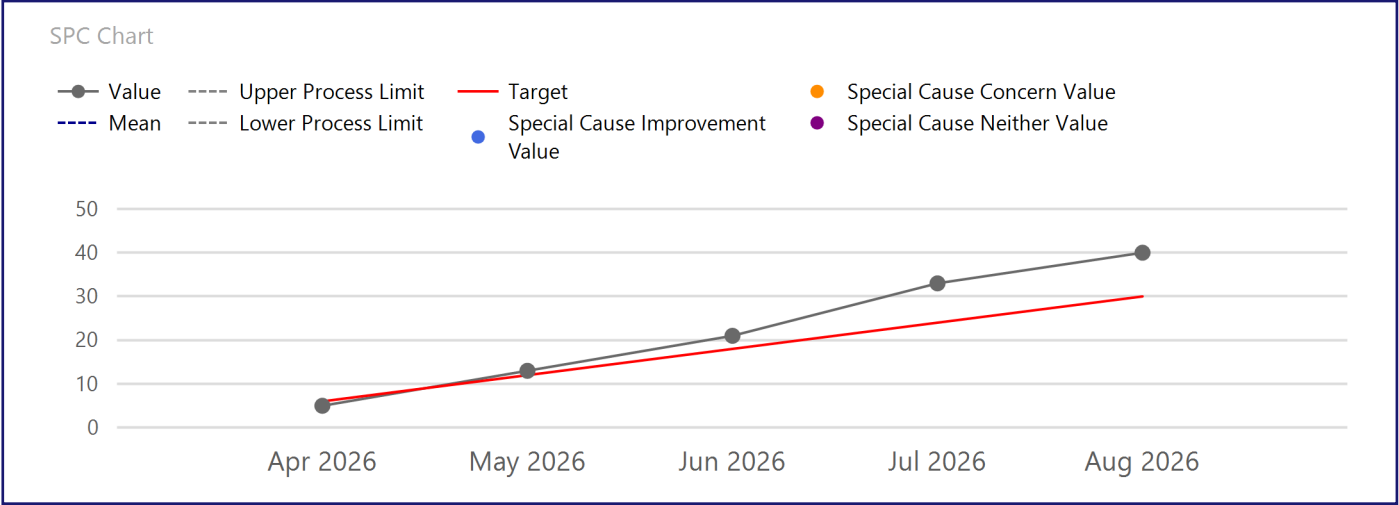
Actions and Owners

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	40	30			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.

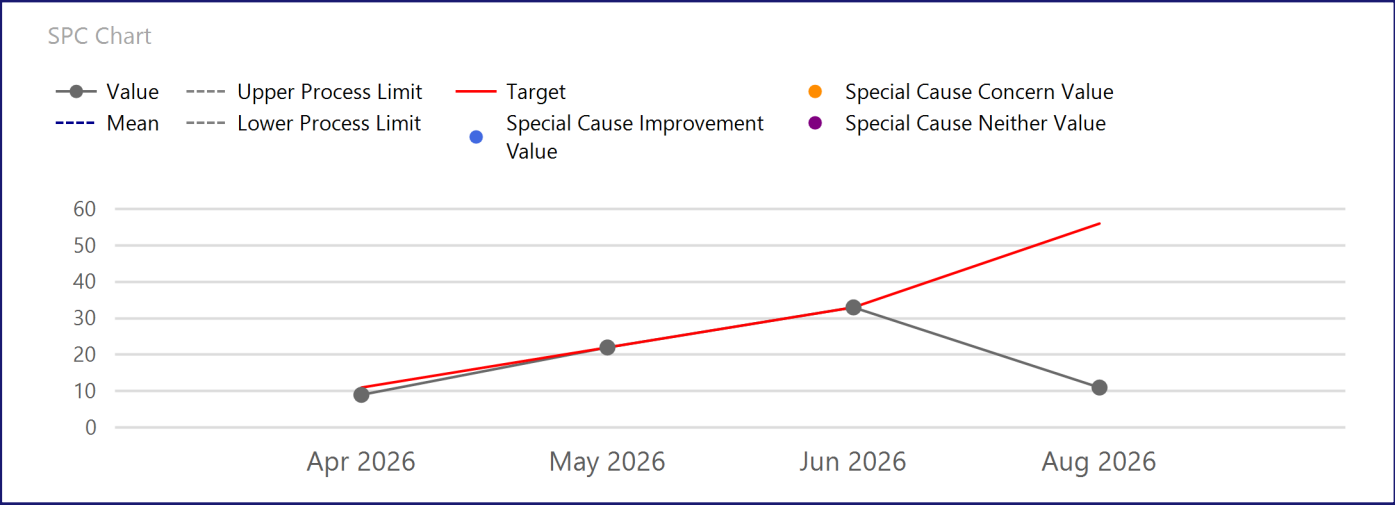
Actions and Owners

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 and 100%, further education and training is required which will be addressed by the continence and IP&C teams

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	11	56			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.

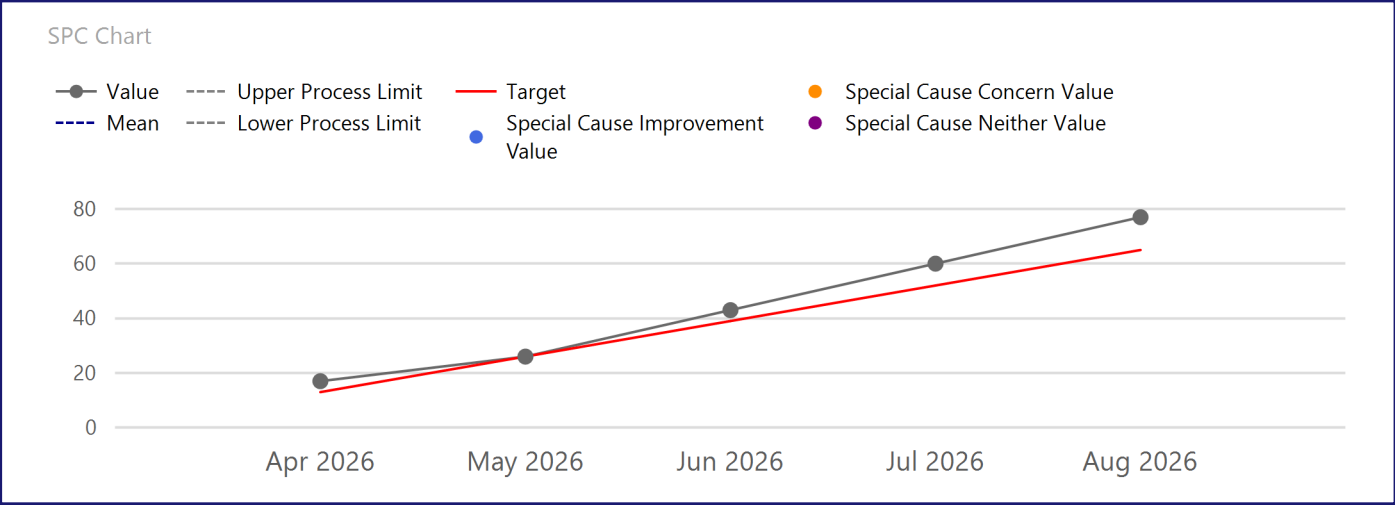
Actions and Owners

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.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	77	65			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

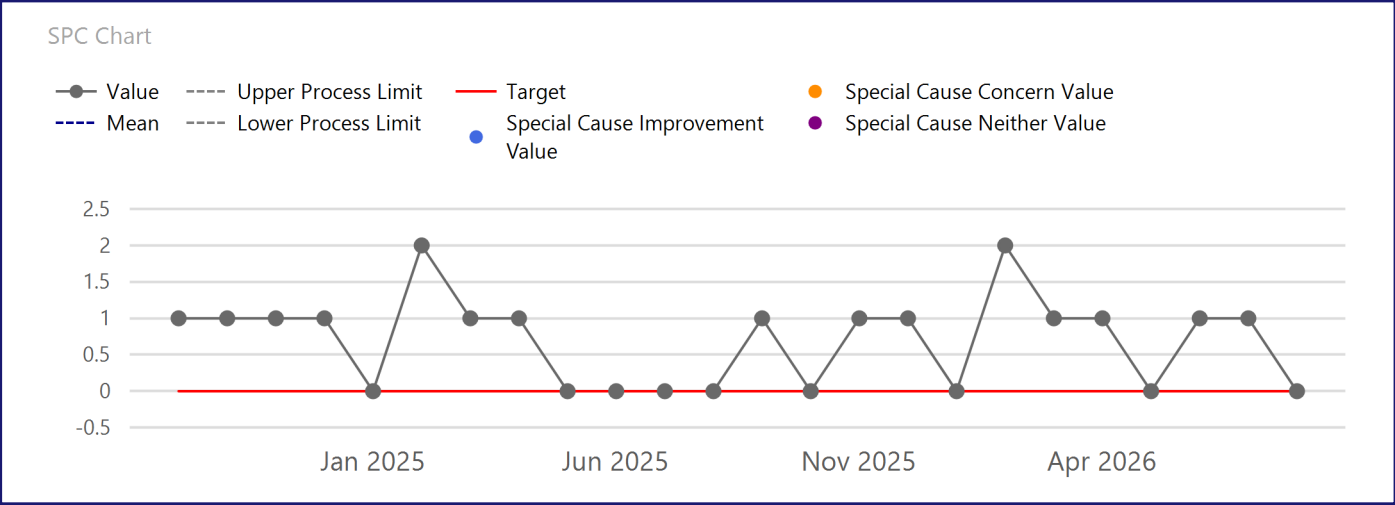
An education tool has been developed to provide an accessible resource for staff that aligns to the information that was provided to the paediatric workforce and was effective in delivering the improvement. There are ongoing constraints around making the education resource easily accessible for all staff 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.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	0	0			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.

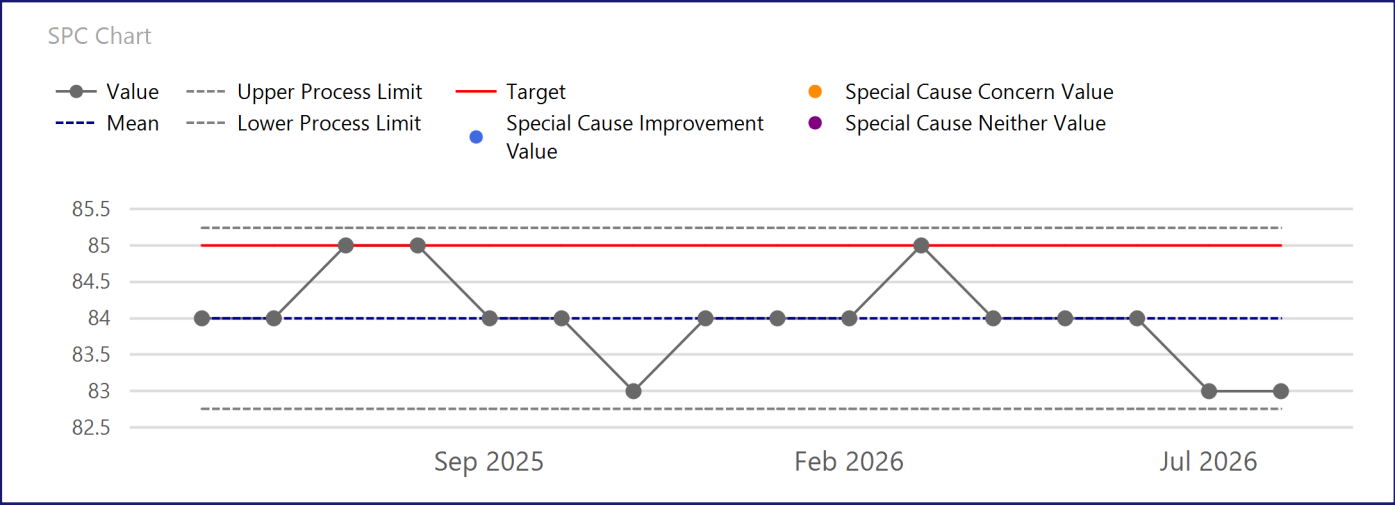
An August 2026 WHO Surgical Safety Checklist audit across four theatre suites reviewed 11 patient episodes and found consistently high compliance, with Team Brief, Sign In, Time Out, “happy to proceed” check and Sign Out completed and documented in all audited cases, providing positive assurance that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

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

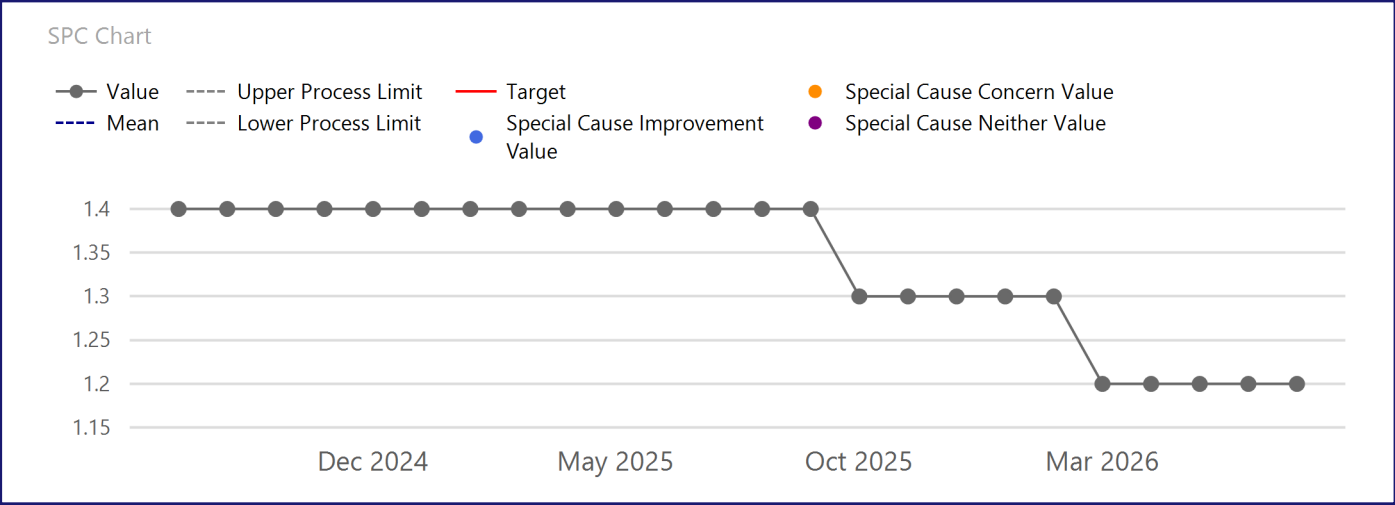
Actions and Owners

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.

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

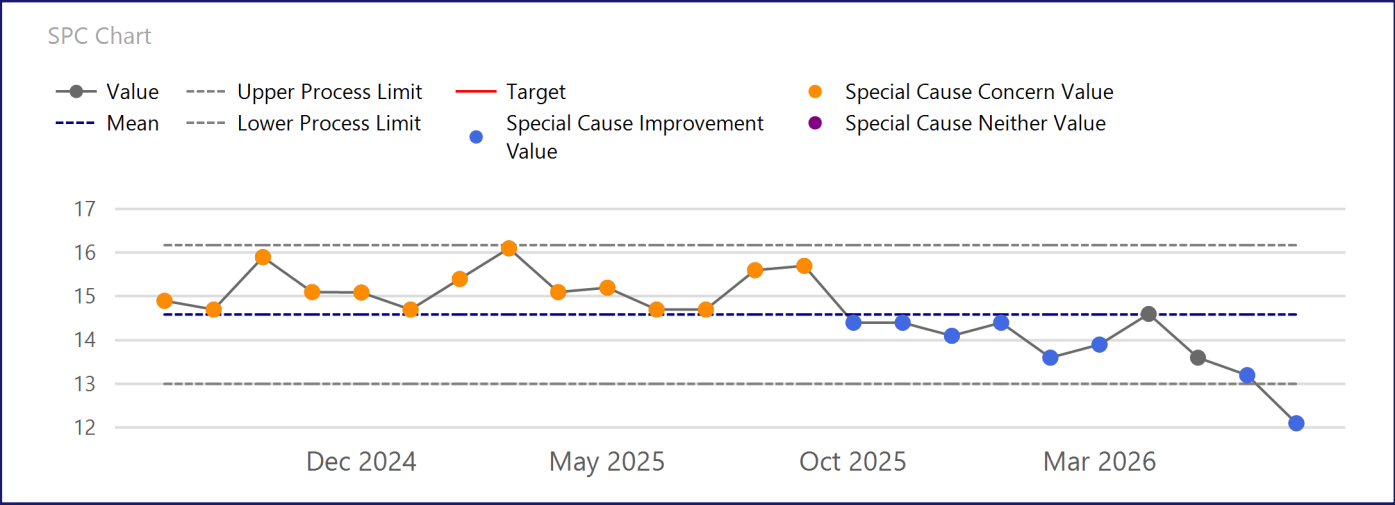
UHB Mortality governance is being strengthened by introducing a standardised Mortality and Morbidity tool. The M&M tool will be hosted on the UHB digital clinical governance systems (AMaT), providing oversight of Medical Examiner referrals, and . Individualised support is being provided to directorates 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.

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.

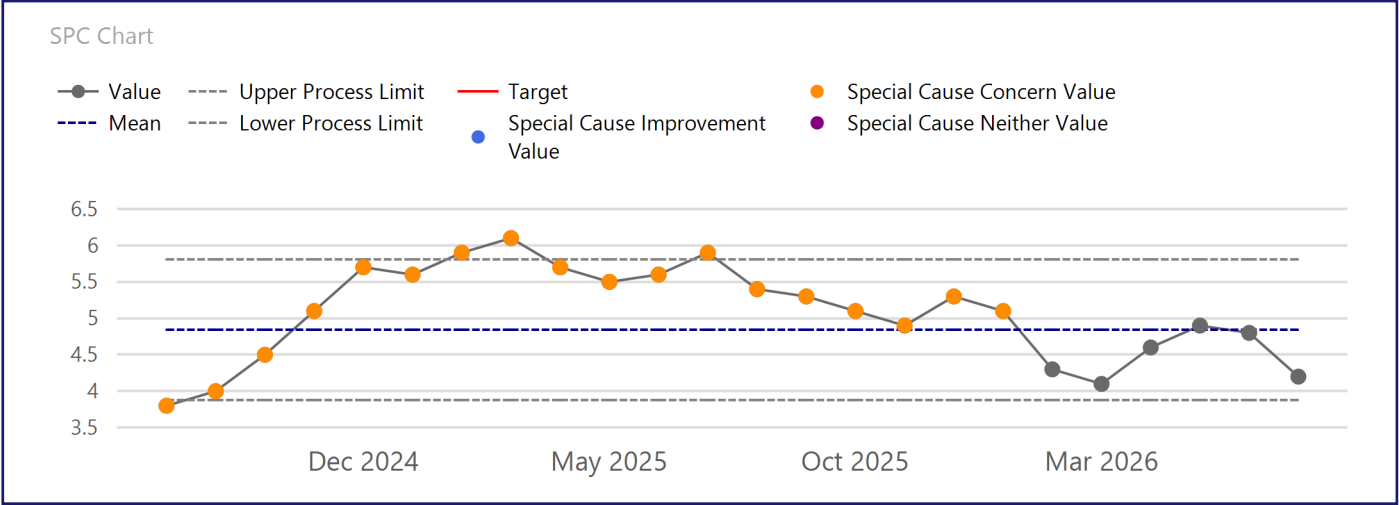
UHB wide work to deliver improved compliance with clinical coding is underway. A decision was made to shift coding resources from meeting outstanding 2025 /2026 coding requirements to prospective coding for 2026/27. Coding of episodes of care within 1 month of discharge is 77.37% since April

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

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

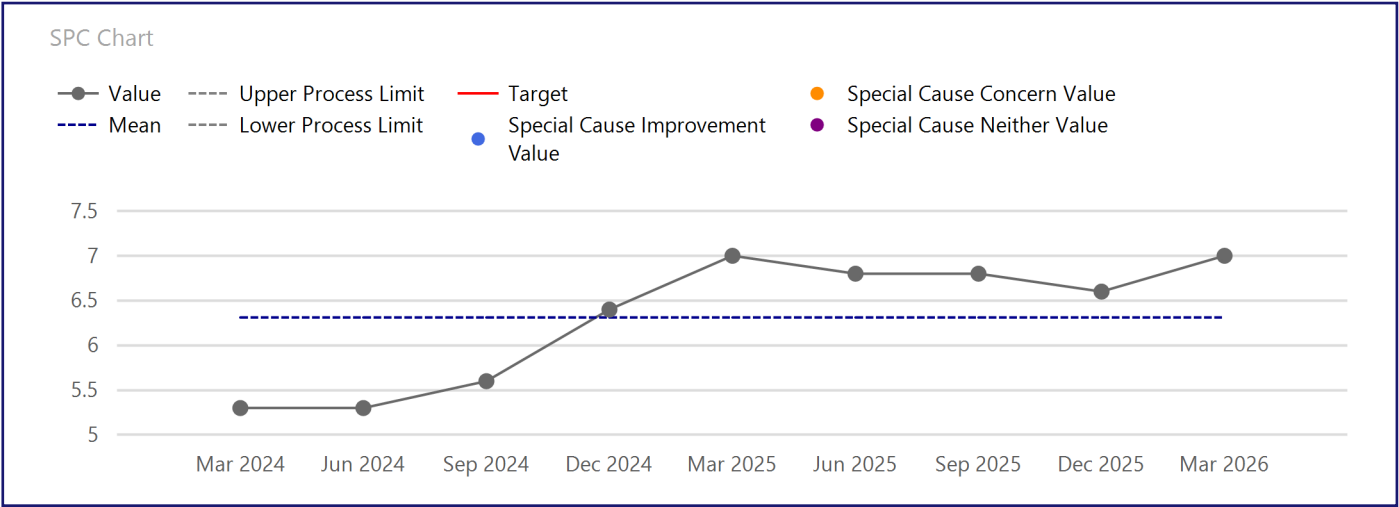
Improvements in clinical coding will support greater reliability of risk adjusted hip fracture mortality data and will therefore support a more informed approach to responding to changes in mortality rates.

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

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

SPC Chart

Legend:

- Value (Grey line with circles)
- Upper Process Limit (Dashed line)
- Target (Red line)
- Special Cause Concern Value (Orange circle)
- Mean (Dashed line)
- Lower Process Limit (Dashed line)
- Special Cause Improvement Value (Blue circle)
- Special Cause Neither Value (Purple circle)

The chart displays a process value over time. The Y-axis ranges from 110 to 150. The X-axis shows dates: Nov 2024, Apr 2025, Sep 2025, and Feb 2026. The process mean is approximately 135. The Upper Process Limit is at 130 and the Lower Process Limit is at 140. The Target is at 135. The process value starts around 142, fluctuates, and then shows a significant downward trend starting in late 2025, reaching approximately 115 by early 2026. Several data points are marked as Special Cause Concern Values (orange) and Special Cause Improvement Values (blue).

Date	Value	Special Cause
Nov 2024	142	Special Cause Concern Value
Dec 2024	145	Special Cause Concern Value
Jan 2025	144	Special Cause Concern Value
Feb 2025	142	Special Cause Concern Value
Mar 2025	140	Special Cause Concern Value
Apr 2025	138	Special Cause Concern Value
May 2025	138	Special Cause Concern Value
Jun 2025	137	Special Cause Concern Value
Jul 2025	136	Special Cause Concern Value
Aug 2025	135	Special Cause Concern Value
Sep 2025	134	Special Cause Concern Value
Oct 2025	134	Special Cause Concern Value
Nov 2025	137	Special Cause Improvement Value
Dec 2025	135	Special Cause Improvement Value
Jan 2026	133	Special Cause Improvement Value
Feb 2026	129	Special Cause Improvement Value
Mar 2026	127	Special Cause Improvement Value
Apr 2026	126	Special Cause Improvement Value
May 2026	123	Special Cause Improvement Value
Jun 2026	115	Special Cause Improvement Value

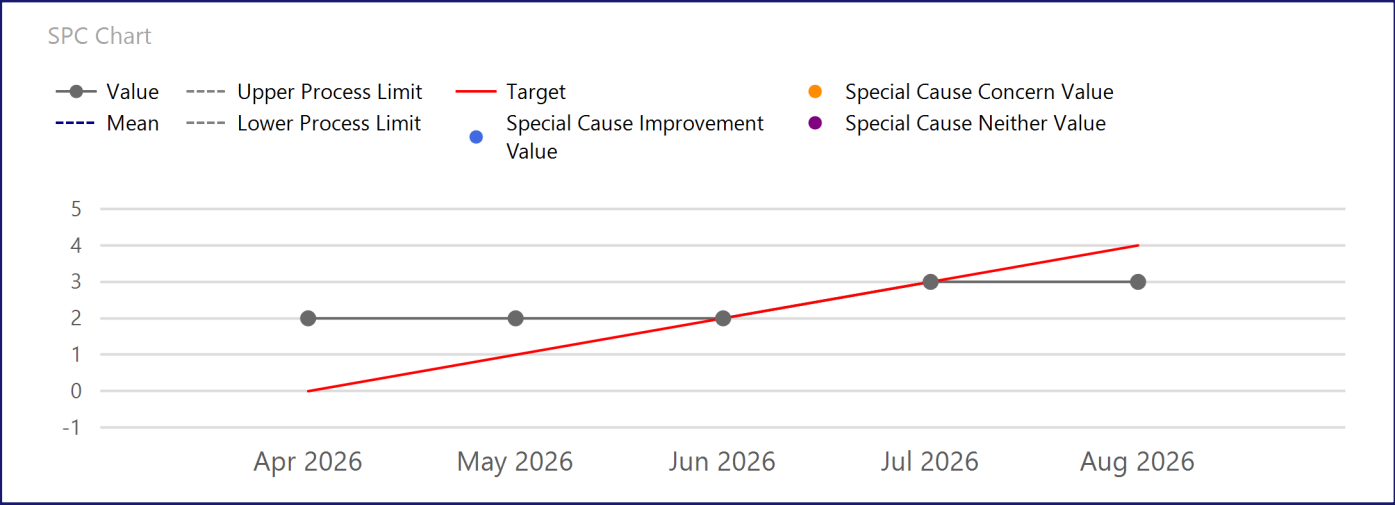
Annualised Risk Adjusted Mortality Index is a measure that risk adjusts for variables such as underlying health of patients, co-morbidities and procedures being undertaken. The average RAMI is described as 100 and it is anticipated that 50% of patient will fall above this average and 50% below. RAMI 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.

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

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
August 2026	3	4			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.

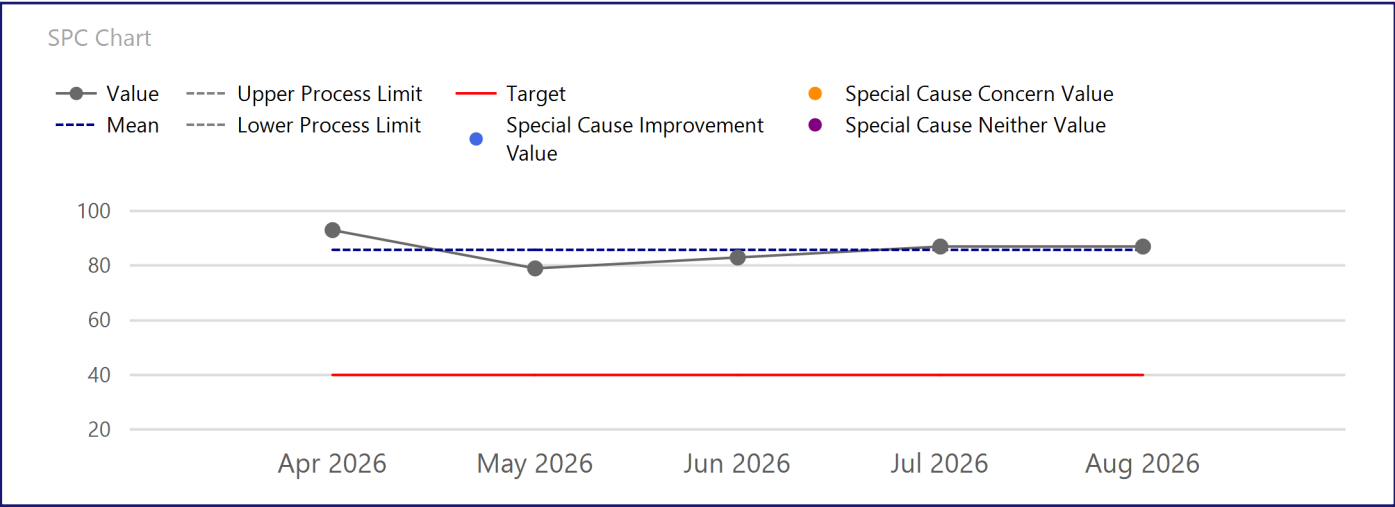
Actions and Owners

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

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

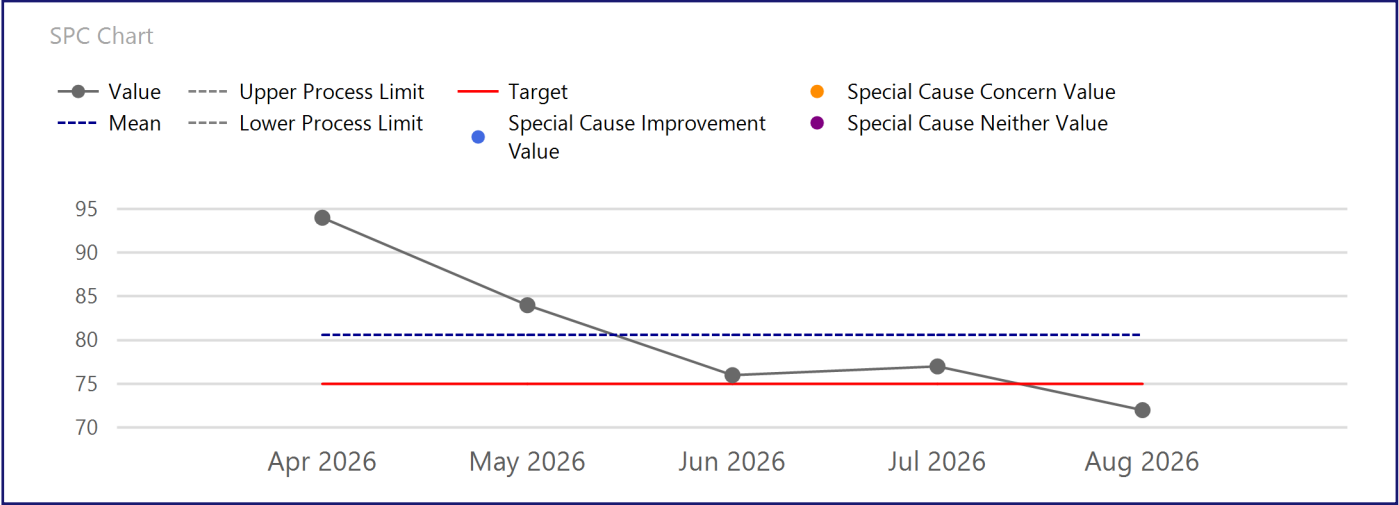
Actions and Owners

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

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