Inspection Title	External Inspection Lead	Inspection Date	Recommendation	Reference Number	Action	Service	Due Date	Last Updated	Progress Status	Audit Committee	Risks	Barriers	Comments/Updates
Structured Assessment 2023	Director of Corporate Governance	30/12/2023	Well-being Objectives - Whilst the Health Board's new well-being objectives are underpinned by clear priorities, they do not encompass all aspects of sustainable development. Furthermore, the Health Board has not aligned its objectives to the national well-being goals or to the well-being objectives of partner organisations.	Corporate Governance - Audit Wales/2023/767/MD1/2	Consider incorporating additional priorities that encompass all aspects of sustainable development, particularly those that relate to the environment.	Corporate Governance	02/07/2024	25/08/2026	Partially complete (Overdue)				17/12/25 update (Katie Innes) - Shaping Our Future Generations Strategic Portfolio established to progress the strategic objectives and priorities of 'Acting for the future'. Portfolio will consider alignment with partner organisations, will develop a strategic plan to deliver against the objectives and will ensure priority actions are incorporated into the annual and IMTP planning processes. 8/12/25 update (Tom Porter) - wider aspects of sustainable development are being picked up under our wellbeing objective #4 ('Acting for the future'), which includes the following description in our strategy document: 'We will take urgent action to reduce the Health Board's carbon emissions and protect the environment' To that end we have begun to undertake biodiversity actions including ecological surveys of our main sites; and are currently undertaking an organisation-wide climate change risk assessment, reporting into the portfolio group overseeing this objective. As we increase our work on climate
Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board needs to identify sufficient capacity and capability to deliver longer-term service objectives (including in the fields of innovation and improvement) to effectively deliver its operational savings plans and longer-term service transformation.	Corporate Governance - Audit Wales/2025/951/MD9/1	The Health Board needs to identify sufficient capacity and capability to deliver longer-term service objectives (including in the fields of innovation and improvement) to effectively deliver its operational savings plans and longer-term service transformation.	Finance	31/01/2025	25/08/2026	Overdue				07.01.2025 - There has been a rolling expansion in personnel in the Chief Operating Officer's department to help better deliver performance in activity and effective use of resources. The UHB continues to support a Shaping Change and an Innovation team. These have been heavily involved in delivering a pan UHB Rapid Delivery Event in December 2024 involving 200 leadership colleagues. 22/10/2025 - The UHB continues to support capacity and capability to deliver longer-term service objectives. This is an ongoing action. 07/01/2026 update from Huw Griffiths - The Health Board's Shaping our Future Quality Excellence Programme, whose SRO is Jason, is developing the Health Board's Quality Management System. The QMS will ensure appropriate data, including financial data, is used to identify key improvement and transformation priorities. This in turn will enable demand for change resource to be confirmed on a regular basis and any capacity gaps to be identified. The Health

Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should strengthen its financial reporting on savings by including actual savings delivery progress for each scheme during the year to provide stronger assurances that savings plans are delivering as intended. Financial reports should also include a short technical appendix to provide clearer information and explanation of technical accounting transactions or issues that may result in revised end of year savings forecasts and performance.	Corporate Governance - Audit Wales/2025/951/MD10/1	The Health Board should strengthen its financial reporting on savings by including actual savings delivery progress for each scheme during the year to provide stronger assurances that savings plans are delivering as intended. Financial reports should also include a short technical appendix to provide clearer information and explanation of technical accounting transactions or issues that may result in revised end of year savings forecasts and performance.	Finance	31/03/2025	25/08/2026	Partially complete (Overdue)				07.01.2025 - Actual monthly savings are reported the monthly monitoring returns to Welsh Government through the Health Board savings tracker process. The point raised on technical accounting issues can be reviewed to ensure reporting consistency across the multiple audiences. This is highlighted as a separate item in the monthly Welsh Government monitoring returns. 29/08/25 - The Health Board acknowledges the recommendation and has made significant improvements to strengthen the transparency of its financial reporting on savings. In 25/26 the Health Board has transitioned to reporting savings delivery on a forecast basis rather than planned delivery. This enables earlier identification of potential under-delivery and supports proactive mitigation, ensuring risks are addressed earlier. All Clinical Boards are required to achieve targets based on forecast delivery rather than planned delivery. Forecasts are subject to ongoing review and challenge throughout the year with input from finance and operational
Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should identify the key lessons from its approach to identifying and delivering savings at pace during 2023-24 and apply the learning to its future approach.	Corporate Governance - Audit Wales/2025/951/MD12/1	The Health Board should identify the key lessons from its approach to identifying and delivering savings at pace during 2023-24 and apply the learning to its future approach.	Finance	31/03/2025	25/08/2026	Partially complete (Overdue)				07.01.2025 - Our approach to savings identification and delivery remains agile to ensure we maximise lessons learnt in previous years. Our approach entering a new financial year is discussed through both Management Executive and the Board to ensure that the UHB can deliver and maximise financial opportunities driving best value. 22/10/2025 - The UHB applies learning from previous planning processes with the approach discussed at Management Executive and Board to ensure continual improvement. August 2026 update- learning from savings year on year is done via the annual plan development annually. The annual plan development convene to produce the annual plan of which the financial planning is a key element. The learning year on year is then taken into the next years process. Any recommendations of learning are utilised as part of the overall process and fedback to the UHB and Management executive and the Board as part of this

Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should set challenging but realistic targets for its individual savings schemes and manage risks to under-delivery more effectively.	Corporate Governance - Audit Wales/2025/951/MD8/1	The Health Board should set challenging but realistic targets for its individual savings schemes and manage risks to under-delivery more effectively.	Finance	30/04/2025	25/08/2026	Overdue				07.01.2025 - This has been a communicated position in savings delivery aspirations to date recognising the risk that not all schemes will be delivered or, if delivered, not necessarily within the timescale or value initially projected. The savings tracker that is updated weekly, using the Green/Amber/Red ratings assurance, is used nationally within Wales. Based on a rolling scrutiny and reporting cycle, a re- energisation process takes place in year to secure new schemes to replace deficits. 29/08/25 - The Health Board acknowledges the recommendation and is committed to setting savings targets that are both ambitious and achievable, which strengthening management of delivery risks. Savings schemes involve close collaboration between finance and service teams to ensure targets are grounded in evidence and operationally deliverable. In 2025, the Health Board held a series of Finance Summits to challenge the identification of savings schemes and promote ambition within operational
Tackling the Orthopaedic Services' Waiting List Backlog	Orthopaedics	28/02/2023	The Getting It Right First Time reports set out clearly a range of recommendations which will help drive improvements in efficiencies and productivity in orthopaedics at a local level.	Corporate Governance - Audit Wales/2023/945/MD1/1	We recommend that health boards need to: a) ensure they maintain oversight and scrutiny of implementation of the Getting It Right First Time recommendations as part of their governance arrangements; and b) ensure that clear action plans are in place to address the things that get in the way of improvement.	Surgical	12/06/2025	25/08/2026	Overdue				
Tackling the Orthopaedic Services' Waiting List Backlog	Orthopaedics	28/02/2023	Clinical Musculoskeletal Assessment and Triage Services (CMATS) are having a positive impact on managing demand and providing support. But services are struggling with capacity and are inconsistent in their delivery with examples of duplication of effort where First Contact Practitioners (FCPs) exist.	Corporate Governance - Audit Wales/2023/945/MD2/1	We recommend that health boards need to: a) ensure that local CMATS are appropriately staffed, and at a minimum, reflect previous Welsh Government guidance; and b) ensure that where First Contact Practitioners (FCP) exist, there are clear pathways between FCPs and CMATS to reduce duplication and minimise waits.	Surgical	12/06/2025	25/08/2026	Overdue		Risk of increasing demand on CMATs from CP01 implementation which risks, timely, effective care However this needs to be balanced by the more significant current risk of people waiting years for spinal surgery and the risk of long term and permanent dissability.	resources shifting within system to follow the demand-potential for new resources to "right size"	A CMATs was originally commissioned in CAVUHB for knee, spine and shoulder only. other body regions (hands, feet and hips) were not included and have continued under orthopaedic governance structures The spinal system has recently been superseded by the South Wales spinal Network CP01 which is in the implementation phase under the guidance of the MSK delivery group reporting into the Planned care transformation fund. That guidance also calls for "right sizing" of CMATS and delivery group have agreed to scope the whole pathway to understand the "right size" of all components. Data so far suggests a shortfall in CMATS for spinal pain of 2000 NP per annum under current demand and that this is likely to rise by a further 2400 per annum under the new spinal guidance from CP01 The Knee and shoulder elements are expected to be similarly short, and also to be impacted by guidance that is due soon - we will follow similar modelling when that is available Our service has integrated the CMATS

Tackling the Orthopaedic Services' Waiting List Backlog	Orthopaedics	28/02/2023	There needs to be a greater focus on outcomes across health boards and while people are deteriorating on orthopaedic waiting lists, limited progress has been made by health boards to provide ongoing support and monitor and report harms.	Corporate Governance - Audit Wales/2023/945/MD3/1	We recommend that health boards need to: a) ensure that Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS) are fully rolled out in all orthopaedic services and used to inform decision making both at a service and patient level; b) ensure that local clinical leadership arrangements and performance information are used to identify opportunities for minimising interventions that are unlikely to result in improved outcomes; and c) put arrangements in place to monitor people waiting, provide communication, support and advice when needed, and report openly and honestly, through their existing governance arrangements, the extent to which people are coming to harm whilst waiting for orthopaedic treatment.	Surgical	12/06/2025	25/08/2026	Overdue				
Urgent and Emergency Care: Arrangements for Managing Demand	Chief Operating Officer	31/03/2025	Signposting patients to the right services - To ensure that patients receive the urgent and emergency care that is most appropriate to their needs, the Health Board should liaise with Llais and other patient representative groups as appropriate to help identify where current patient information and signposting arrangements need strengthening	Corporate Governance - Audit Wales/2025/766/MD3/1	R2 - As a Health Board, we work closely with Llais and regularly seek their advice and support to identify areas for improvement. We will take this recommendation forward as an action. Llais also independently work around our clinical areas and engage with patients directly to gather feedback. In terms of strengthening signposting, we have made significant progress with the creation of a Single Point of Access for all urgent primary carerelated issues. This development follows the merger of CAV24/7 with our UPCC programme, where CAV24/7 clinicians now serve as clinical leads for the UPCC models. This integration has enabled us to establish a seamless referral system, available both during and outside of regular hours, seven days a week, 24 hours a day. These services are already interconnected with our Medical and Surgical SDECs, Safe@home, and Community Resource Teams. ED Triage nurses also have access to the UPCC system via an agreed access pathway, so all selfpresenting patients to	Primary, Community & Intermediate Care	30/06/2025	25/08/2026	Overdue				
Discharge Planning Progress Update	Chief Operating Officer	30/09/2024	Policy Review	Corporate Governance - Audit Wales/2024/809/MD3/2	R3 - The Health Board should explore developing an e-learning course for discharge planning which ward staff may find more accessible.	Primary, Community & Intermediate Care	30/06/2025	25/08/2026	Overdue				AW Organisational Response - i. The Health Board discharge learning lead will explore the feasibility and opportunity of an elearning course. This was previously considered prior to COVID-19 but this was not taken forward. ii. Face-to-face practice-based learning is already in place (see R1)

Urgent and Emergency Care: Flow out of Hospital - CAV Region	Chief Operating Officer	30/09/2024	Improving compliance with policies and guidance	Corporate Governance - Audit Wales/2024/802/MD3/2	R3 - The Health Board should embed a regular cycle of audit to assess the effectiveness and consistency of the application of the discharge policy and associated training programmes.	Primary, Community & Intermediate Care	30/06/2025	25/08/2026	Overdue				AW Organisational Response - The Health Board will complete a baseline using the ward-based audit tool, Tendable, prior to adoption of the new policy and then review monthly to assess impact. 27/03/26 (update) - Discharge Core Standards Tendable audits have been implemented across the UHB to include the questions - What is needed to get me home or to my next destination? Is the patient aware of the steps needed to work towards this? Does the patient know their PDD? Does the patient know what is going to happen today? Next steps will be to review and collate the Tendable audit results and following the implementation of the new discharge policy a discharge audit will be created to review staffs understanding of the discharge policy and training sessions will be adapted or created to improve understanding and compliance.
Urgent and Emergency Care: Flow out of Hospital - CAV Region	Chief Operating Officer	30/09/2024	Improving the quality of information - the Health Board should improve record keeping by:	Corporate Governance - Audit Wales/2024/802/MD4/2	R4.2 - establishing a programme of case-note audits focused on the quality of record keeping.	Primary, Community & Intermediate Care	30/06/2025	25/08/2026	Overdue				AW Organisational Response - The Health Board will assess the best tools and process for auditing record keeping and, if appropriate, roll this out with ongoing training and audit cycles.
Urgent and Emergency Care: Arrangements for Managing Demand	Chief Operating Officer	31/03/2025	Directory of Services - To ensure health and care staff are able to adequately signpost and refer people to the right urgent and emergency care services, the Health Board should: 4.1. Ensure the WAST Directory of Services contains the most up to date information on urgent and emergency care services; 4.2. Ensure the WAST Directory of Services includes information on relevant community based and third sector services; 4.3. Establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task	Corporate Governance - Audit Wales/2025/766/MD5/1	R4 - We acknowledge the potential for greater collaboration with WAST to review and enhance the Directories of Service. Our goal is to work closely with WAST colleagues to review the existing service directories and create a plan to ensure they are regularly maintained and kept up to date.	Medicine	30/06/2025	25/08/2026	Partially complete (Overdue)				These discussions have commenced but are part of the wider work with WAST/ PCIC and secondary care.
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Monitoring impact of additional funding - R6 The Heath Board should strengthen its reporting to Board on the direct impact of the additional Welsh Government planned care funding. (Paragraph 25)	Corporate Governance - Audit Wales/2025/1032/MD6/1	This is reported up to Planned Care Portfolio Board with a quarterly update to the Health Board's Senior Leadership Board, and onwards to Board. Specific reference to the additional WG funding will be made at the end of Q2 reporting period	Operations	30/09/2025	25/08/2026	Overdue	02/09/2025			

Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Efficiency and productivity - R7 The Health Board should: 7.1 Ensure timely completion of all recommendations arising from Getting It Right First Time (GIRFT) reviews and accelerate progress in ophthalmology and general surgery services. (Exhibit 6) 7.2 Develop and implement a plan to address high outpatient 'Did not attends'. (Exhibit 6) 7.3 Develop and implement a plan to address the full range of causes of short notice surgical cancellations. (Exhibit 6) 7.4 Develop and implement a plan to improve theatre utilisation rates across all core specialties, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%across most specialties. (Exhibit 6) 7.5 Increase Day Surgery rates to the GIRFT level of 85%. (Exhibit 6) 7.6 Ensure that the approach to consultant job planning focusses on maximising productivity and uses team-based approaches to help plan the future shape of services to meet the Welsh Government requirement that 90% of	Corporate Governance - Audit Wales/2025/1032/MD7/2	7.2 Through the Outpatient Implementation Group, there is a plan to address high DNAs. This includes improving processes to address data quality and setting clear productivity guidance for the outcoming and "cashing up" of clinics. NHS Executive have issued a directive for all high DNA clinics to be routinely overbooked, work on which has commenced in Orthopaedics and Ophthalmology	Operations	30/09/2025	25/08/2026	Overdue	02/09/2025			
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Efficiency and productivity - R7 The Health Board should: 7.1 Ensure timely completion of all recommendations arising from Getting It Right First Time (GIRFT) reviews and accelerate progress in ophthalmology and general surgery services. (Exhibit 6) 7.2 Develop and implement a plan to address high outpatient 'Did not attends'. (Exhibit 6) 7.3 Develop and implement a plan to address the full range of causes of short notice surgical cancellations. (Exhibit 6) 7.4 Develop and implement a plan to improve theatre utilisation rates across all core specialties, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%across most specialties. (Exhibit 6) 7.5 Increase Day Surgery rates to the GIRFT level of 85%. (Exhibit 6) 7.6 Ensure that the approach to consultant job planning focusses on maximising productivity and uses team-based approaches to help plan the future shape of services to meet the Welsh Government requirement that 90% of	Corporate Governance - Audit Wales/2025/1032/MD7/5	7.5 Currently at 69%. The organisation has a ready-made solution to increasing day surgery rates in the form of the Surgical Hub @Llandough. Workforce is currently the rate limiting factor to achieving 85% current indications suggest this will resolve by September	Operations	30/09/2025	25/08/2026	Overdue	02/09/2025			

Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Efficiency and productivity - R7 The Health Board should: 7.1 Ensure timely completion of all recommendations arising from Getting It Right First Time (GIRFT) reviews and accelerate progress in ophthalmology and general surgery services. (Exhibit 6) 7.2 Develop and implement a plan to address high outpatient 'Did not attends'. (Exhibit 6) 7.3 Develop and implement a plan to address the full range of causes of short notice surgical cancellations. (Exhibit 6) 7.4 Develop and implement a plan to improve theatre utilisation rates across all core specialties, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%across most specialties. (Exhibit 6) 7.5 Increase Day Surgery rates to the GIRFT level of 85%. (Exhibit 6) 7.6 Ensure that the approach to consultant job planning focusses on maximising productivity and uses team-based approaches to help plan the future shape of services to meet the Welsh Government requirement that 90% of	Corporate Governance - Audit Wales/2025/1032/MD7/6	7.6 Plans are in place to aim for 90% compliance by September 2025, although there is risk attached to this. A team-based approach to job planning is encouraged and is applied in the majority of specialties across the Health Board.	Operations	30/09/2025	25/08/2026	Overdue	02/09/2025			
Structured Assessment 2024	Head of Corporate Governance	31/10/2024	Risk Management - The Health Board should refresh the Risk Management Strategy to ensure it includes new arrangements for recording and escalating operational risks.	Corporate Governance - Audit Wales/2024/866/MD6/1	This will follow the completed transfer of all registers to a single one on AMAT.	Corporate Governance	31/12/2025	25/08/2026	Overdue				May 2025 - digital risk management project is underway and a focus on the pace of this work will be scrutinised in Clinical Board reviews from July 2025. The Risk Management Policy/Strategy will be refreshed accordingly once this process has been completed. Aug 2025 - Digital Risk Management Task & Finish group launched in July 2025. Implementation plan now being worked up with Clinical Boards & Corporate Teams to migrate all organisational risks into AMAT, starting with the Corporate Risk Register (CRR) (risks scored 20+). T&F will now meet monthly with the aim of all CRR migrated by end of October 2025 in readiness for a moderation at SLT in November 2025. Oct 2025 - refresh of Risk Management Strategy & Policy due Q4 / Q1 2026/27 following completion of all UHB risks migrating onto AMAT. This will also be audited by Internal Audit in Q4.
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Planning - R1 The Health Board should: 1.1 develop an up-to-date planned care improvement plan and road map that articulates the design and delivery of sustainable specialty services in the medium to longer term. (Exhibit 2) 1.2 set out its projected costings against forecast demand over a 3-to-5-year term with realistic and challenging milestones based on reasonable planning assumptions. (Exhibit 2)	Corporate Governance - Audit Wales/2025/1032/MD1/1	1.1 The Health Board has recently published a 10 year Clinical Services Strategy for Babies, Children & Young People Plan 2025. It is the aim of the Health Board to publish a similar long-term plan for planned care and unscheduled and emergency care. The Health Board recently refreshed its overall strategy, Shaping Our Future Wellbeing, which outlines our vision and strategic objectives for 2023-2035. Alongside that work is underway to articulate the Health Boards Clinical Services Plan, of which the medium to long term for planned care is an integral part. It must be recognised however, that the everevolving political context creates a dynamic planning environment with numerous shortterm plans regarding buy out of the backlogs etc, that make a backstop position on demand and capacity challenging to create for the longer term.	Operations	31/03/2026	25/08/2026	Overdue	02/09/2025			

Eye Care Review – Cardiff and Vale University Health Board		23/01/2026	R4 - The Health Board should urgently develop an eye care plan, seeking to address current and future challenges. The Health Board should ensure the plan is: • based on current and projected future demand for services; • includes capacity plans based on realistically ambitious levels of productivity; • costed, at a minimum, for the medium term (3-5 year); • supported by resource plans i.e. financial, workforce (particularly medical staffing) and infrastructure, reflecting sustainable service models; • supported by clear delivery actions and milestones; • aligned to the emerging Clinical Services Plan; and • approved by the Board.	Corporate Governance - Audit Wales/2026/1159/MD4/1	The ophthalmology improvement plan is in progress, the plan requires a number of external streams to feed into the plan in order to include timelines and costings from capital project groups, regional plans, digital plans and primary care pathway rollouts and scaling. This will also be fed by the clinical services plan and feed into the Health Board IMPT.	Surgical	31/03/2026	25/08/2026	Overdue	02/02/2026			
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Risk management - R4 The Health Board should develop a planned care risk register that fully assesses and mitigates the key risks that inhibit short term improvement and longer-term service transformation. (Exhibit 3)	Corporate Governance - Audit Wales/2025/1032/MD4/1	The delivery and accountability for delivery of the component parts of Planned Care sits within Clinical Boards and their Governance Structures. The Planned Care team need to ensure that Planned Care risks are referenced on Clinical Board risk registers.	Operations	31/03/2026	25/08/2026	Overdue	02/09/2025			
Audit Wales - Audit of Accounts Report Addendum for 2022-23	Andrew Partridge	01/08/2022	Weaknesses in network security vulnerability assessments: The Health Board should strengthen its assessment of network security vulnerability by: • completing regular external penetration testing on the network perimeter, including at least annually by an accredited third party; and • actively monitoring the internal network penetration testing to promptly identify and address any weakness.	Corporate Governance - Audit Wales/2022/127/MD6/1	The UHB is currently in the process of appointing a dedicated cyber team. Two positions have been filled and we are recruiting a further two posts. An externally performed penetration test is being scheduled for Q4 of 2022/23. Once the cyber posts are in place, we will be in a position to proactively use a number of cyber tools at our disposal. This includes: SIEM, which is currently operational and staff are in the process of being trained. Defender for Endpoint, currently in the process of being onboarded and, Nessus, operated by the server team but will be supported by the cyber department. We anticipate that all roles will be appointed to by Q3 of 2022/23.	Digital and Health Intelligence	31/03/2026	25/08/2026	Partially complete (Overdue)				June 2024 update: Cyber Security Lead appointed in May 2024. Whilst adhoc pen tests occur, we plan to work up a regular pen test schedule. November 2025 - cyber team is fully resourced and all positions fulfilled. routine monitoring of network tools are undertaken but PEN tests remain very adhoc due to the operational challenges and logistics of managing such a large estate. Some key infrastructure has been pen tested including Remote Desktop Services (RDS). This action is linked to the cyber resilience unit which is part of DHCW which is due to be issued shortly. ## Action date extended to 31 March 2026 to review pending outcome of CRU audit ## Head of IG now action lead

Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Efficiency and productivity - R7 The Health Board should: 7.1 Ensure timely completion of all recommendations arising from Getting It Right First Time (GIRFT) reviews and accelerate progress in ophthalmology and general surgery services. (Exhibit 6) 7.2 Develop and implement a plan to address high outpatient 'Did not attends'. (Exhibit 6) 7.3 Develop and implement a plan to address the full range of causes of short notice surgical cancellations. (Exhibit 6) 7.4 Develop and implement a plan to improve theatre utilisation rates across all core specialties, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%across most specialties. (Exhibit 6) 7.5 Increase Day Surgery rates to the GIRFT level of 85%. (Exhibit 6) 7.6 Ensure that the approach to consultant job planning focusses on maximising productivity and uses team-based approaches to help plan the future shape of services to meet the Welsh Government requirement that 90% of	Corporate Governance - Audit Wales/2025/1032/MD7/1	7.1 GiRFT recommendations, recommendations from the MAG report and NHS Executive's Enabling Actions for Planned Care are essentially the same framework of productivity, efficiency and grip and control of operational processes in acute services. This suite of measures now forms the basis of how the Health Board monitors progress and holds operational leaders to account. The Ophthalmology and General Surgery Directorates' recently submitted Maturity Matrix to their relevant national Clinical Implementation Group scored approximately 45% maturity against the identified measures, meaning that there is evidence of maturity in some areas, although there remains considerable work to do.	Operations	31/03/2026	25/08/2026	Overdue	02/09/2025			
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Efficiency and productivity - R7 The Health Board should: 7.1 Ensure timely completion of all recommendations arising from Getting It Right First Time (GIRFT) reviews and accelerate progress in ophthalmology and general surgery services. (Exhibit 6) 7.2 Develop and implement a plan to address high outpatient 'Did not attends'. (Exhibit 6) 7.3 Develop and implement a plan to address the full range of causes of short notice surgical cancellations. (Exhibit 6) 7.4 Develop and implement a plan to improve theatre utilisation rates across all core specialties, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%across most specialties. (Exhibit 6) 7.5 Increase Day Surgery rates to the GIRFT level of 85%. (Exhibit 6) 7.6 Ensure that the approach to consultant job planning focusses on maximising productivity and uses team-based approaches to help plan the future shape of services to meet the Welsh Government requirement that 90% of	Corporate Governance - Audit Wales/2025/1032/MD7/3	7.3 Short notice cancellations are reported daily to Executive level of the Health Board and the organisation's weekly 6-4-2 theatre booking and confirmation cycle seeks to address all aspects of theatre utilisation. The organisation does not yet have one single plan to address the full range of short notice cancellations. These reasons are many and range from equipment failure, unplanned staff availability and short-term sickness of patients. There are many preventable aspects of these reasons, and the expectation is that a Theatre Improvement Programme, as directed in the MAG review, and following an internal review, will focus on this.	Operations	31/03/2026	25/08/2026	Overdue	02/09/2025			

Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Efficiency and productivity - R7 The Health Board should: 7.1 Ensure timely completion of all recommendations arising from Getting It Right First Time (GIRFT) reviews and accelerate progress in ophthalmology and general surgery services. (Exhibit 6) 7.2 Develop and implement a plan to address high outpatient 'Did not attends'. (Exhibit 6) 7.3 Develop and implement a plan to address the full range of causes of short notice surgical cancellations. (Exhibit 6) 7.4 Develop and implement a plan to improve theatre utilisation rates across all core specialties, with realistic improvement trajectories, with the aim of achieving the GIRFT recommended level of 85%across most specialties. (Exhibit 6) 7.5 Increase Day Surgery rates to the GIRFT level of 85%. (Exhibit 6) 7.6 Ensure that the approach to consultant job planning focusses on maximising productivity and uses team-based approaches to help plan the future shape of services to meet the Welsh Government requirement that 90% of	Corporate Governance - Audit Wales/2025/1032/MD7/4	7.4 Short notice cancellations are reported daily to Executive level of the Health Board and the organisation's weekly 6-4-2 theatre booking and confirmation cycle seeks to address all aspects of theatre utilisation. The organisation does not yet have one single plan to address the full range of short notice cancellations. These reasons are many and range from equipment failure, unplanned staff availability and short-term sickness of patients. There are many preventable aspects of these reasons, and the expectation is that a Theatre Improvement Programme, as directed in the MAG review, and following an internal review, will focus on this.	Operations	31/03/2026	25/08/2026	Overdue	02/09/2025			
Audit Wales - Audit of Accounts Report Addendum for 2022-23	Andrew Partridge	01/08/2022	Progress against previous years' recommendations: The quality of some of the Health Board's underlying working papers requires further improvement 1. 2019-20: The Health Board should review and simplify its supporting records for certain areas of its annual financial statements, including the inappropriate use of manual data entry (rather than formulas) within spreadsheets. To aid the review the Health Board should liaise with us to understand how some of the documentation affects our audit. 2. 2020-21: The Health Board should replace its unsupported Windows 2008 servers and W7 devices. 3. 2020-21: The Health Board should update and test its IT Disaster Recovery Plan (DRP) to gain assurance that IT systems can be restored if needed. 4. 2020-21: The Health Board should update its IT change-control policy and procedure. 5. 2020-21: The Health Board should evaluate and consider upgrading its IT1	Corporate Governance - Audit Wales/2022/127/MD8/1	1. The Health Board improved some of its processes and records for 2021-22 and we understand that it plans more improvements for 2022-23. We will continue to liaise with the finance team on the improvements. 2. The Health Board has an ongoing programme in place to replace or upgrade all affected devices. 3. The Health Board is reviewing and updating its IT DRP as part of a programme to refresh its IT security documentation. 4. The Health Board is updating its change control policy as part of its new helpdesk system. 5. The Health Board is currently reviewing its data centre rooms and is considering whether to decommission some of them.	Corporate Governance	31/03/2026	25/08/2026	Partially complete (Overdue)				1. Ref : Financial Accounts Issues :-Part of 2022-23 Annual Accounts Processes. A Review process has been undertaken to improve 2022-23 Accounts functionality and improve input to WAO during the Audit period. Work is ongoing in line with Accounts preparation and submission deadlines. Update Nov 25 - every year Finance work with AW to review and improve how information is provided to audit. This recommendation relates to 19-20 which was the first year of conducting the finance audit in line with covid restrictions. 2. Work to replace Win7 devices is complete. work to replace 2008 server estate is on-going due to clinical service dependencies (additional controls have been put in place in the interim, pending migration and replacement). Nov 25 update - in the progress of replacing all windows 10 devices and legacy servers still exist. 3. The DR plan has been updated and is scheduled to be tested (Qtr4 22/23) Nov 25 update- Disaster recovery policy to be considered by digital committee in Nov

Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Promote, Prevent and Prepare for Planned Care Policy - R8 The Health Board should complete its implementation of the single point of contact for people to access information and support following referral to specialist secondary care. (Exhibit 7)	Corporate Governance - Audit Wales/2025/1032/MD8/1	The Health Board's single point of contact service is the Waiting Well Support Service. As issued to Welsh Government in its Delivery Plan, new specialties and pathways are being brought into scope for the team in stages, with two additional specialties being added this month. As the Health Board does not have a unified patient administration system, the onboarding of specialties requires processes for lists of patients to contacted to be agreed and time built in for these to be uploaded and available digitally. This can be achieved and the team are happy to broaden their scope, and are focussing on the pathways and specialties in order of relevance, need and benefits to be realised. Executive Director of Therapies, Health Sciences and Community Development. The service is funded by Welsh Government until the 31st March 2026, meaning that a sustainability plan for ongoing support of this team is required by Q4 of this financial year.	Operations	31/03/2026	25/08/2026	Overdue	02/09/2025	Currently the main risks are a lack of engagement from staff and insifficient funding to cover unfunded/temporarily funded posts.	As outlined in risks section above.	20/10/2026: the Operations team is supporting a programme of work which will consolidate three disparate teams, including the Waiting Well Support Service, into one team that will provide an optimisation offer to more patients. This will include cohorts of benign patients that at present do not have an offer of optimisation or single point of contact. This piece of work is being undertaken within a programme governance structure, with a recommendation of a new clinical pathway and new staffing model to be delivered by the end of Q3 this year.
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Managing clinical risks associated with long waits - R9 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks and with long waits by: 9.1 Developing and implementing a more consistent approach for assessing the risk of harm to patients caused by long waits across specialties. (Exhibit 7); and 9.2 Developing a routine report to be presented at the Quality Committee that reports risks and actual incidences of harm resulting from delays in access to treatment across all clinical specialty areas of concern. (Exhibit 7)	Corporate Governance - Audit Wales/2025/1032/MD9/1	9.1 The expansion of the Waiting Well Support Service could address this. Text invitations to contact the WWSS include a shortened HSQ which is triaged by the team and directs how the patient is contacted, by whom and what information is provided. The Health Board's new outpatient Validation programme, mandated by Welsh Government, includes invitation to complete a PROM. The scope of this validation is limited to first appointments only.	Corporate Nursing	31/03/2026	25/08/2026	Overdue	02/09/2025			
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Managing clinical risks associated with long waits - R9 The Health Board needs to strengthen its monitoring and reporting processes associated with managing clinical risks and with long waits by: 9.1 Developing and implementing a more consistent approach for assessing the risk of harm to patients caused by long waits across specialties. (Exhibit 7); and 9.2 Developing a routine report to be presented at the Quality Committee that reports risks and actual incidences of harm resulting from delays in access to treatment across all clinical specialty areas of concern. (Exhibit 7)	Corporate Governance - Audit Wales/2025/1032/MD9/2	9.2 This requirement is being reviewed by the Assistant Director of Quality and Patient Safety which will include consideration of the following: • A review at pre-determined points during the patient pathway • Developing a way of cross-referencing long waiters with Datix recorded incidents • Reviews of expedited referrals • Reviews of validated upgrading of urgency	Corporate Nursing	31/03/2026	25/08/2026	Overdue	02/09/2025			

Review of Quality Governance Arrangements	Executive Nurse Director	01/06/2022	Risk Management - There is scope to ensure the corporate Quality, Safety and Experience Committee maintains greater oversight of risks scrutinised by other committees where there is a clear quality and safety impact. There is scope to improve the quality of risk information recorded on operational risk registers and the escalation and de-escalation of risk to/from the Corporate Risk Register. The Health Board, therefore, should ensure: a) the corporate Quality, Safety and Experience Committee seeks assurance from other Health Board committees where their risks potentially impact on quality and safety; and b) review and improve the quality of risk information recorded on operational risk registers and introduce an appropriate process for the escalation and deescalation of risk to/from the Corporate Risk Register.	Corporate Governance - Audit Wales/2022/114/MD14/1	a) All risks detailed within the Corporate Risk Register that might impact on quality and safety will continue to be shared at the Quality, Safety, and Experience Committee. In addition, risks detailed within the Board Assurance Framework that are shared at other committees, such as Work Force, which is discussed at the Strategy and Delivery Committee will, where the risk may have Quality and Safety implications, also be shared with the Quality, Safety and Experience Committee.	Corporate Nursing	31/03/2026	25/08/2026	Partially complete (Overdue)				Update Sept 2025: the roll out of AMaT risk register module is underway, and it's use will be fully integrated into the clinical safety group ensuring oversight of clinical risk, mitigation and development of strategy through the clinical advisory groups. The clinical safety group is continuing to evolve and until this is fully embedded this action will remain as partially complete. clinical boards are currently migrating their risk registers onto AMaT and all corporate risks are now on AMaT ## Action date extended to March 2026 to re-review pending migration of all outstanding risk registers to AMAT from across the UHB ##
Review of Quality Governance Arrangements	Executive Nurse Director	01/06/2022	Resources to support quality governance - Resources within both the Corporate Patient Experience and Concerns Teams have reduced over the last three years and the COVID-19 pandemic has had a significant impact on the Infection Prevention and Control Team's capacity. At an operational level, the Surgery Clinical Board and Surgical Services Directorate have designated leads for many key aspects of quality and safety. However, they do not have protected time to fulfil several of these roles. The Health Board, therefore, should ensure there is sufficient resource and capacity to support quality governance at both corporate and operational levels.	Corporate Governance - Audit Wales/2022/114/MD15/4	4. The corporate team will work with the clinical board to identify QSE leads and responsibilities with an exercise to identify the time required to effectively deliver these agendas. This work will be undertaken over the next 2 months and all corporate clinical saftey groups updated	Corporate Nursing	31/03/2026	25/08/2026	Partially complete (Overdue)				Update Sept 2025 - a paper has been completed determining the resources required from each CB to ensure adequate medical engagement in the quality agenda, this includes involvement in patient safety incidents, presentation in clinical advisory groups and specialist lead roles across the organisation. CBs will need to consider the implications of this paper on their resources and job planning. ## Action date extended to review in March 2026 ##
Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	To help shared learning, the two coding teams, based at UHW and UHL, should hold regular team meetings.	Corporate Governance - Audit Wales/2026/1259/MD1/1	The Head of Clinical Coding, alongside existing site based team meetings, will introduce joint team meetings. The frequency will be bi-monthly, with meetings held predominantly via MS Teams. Where practical, bi-annual face to face meetings will take place.	Clinical Diagnostics & Therapeutics	31/05/2026	24/08/2026	Overdue	01/09/2026			Staff meetings are currently still being delivered separately, across both sites, on sequential days whilst we work out the logistics of facilitating joint meetings. Having both teams on site is not practical due to the disruption to service delivery this would cause when we are already trailing behind the 95% coding completeness target. We are currently exploring the prospect of holding these meetings over Microsoft teams, to facilitate this we would need to order more headsets for the team, subject to approval from finance. - Dan Spiro-Morton, Head of clinical coding.

Urgent and Emergency Care: Arrangements for Managing Demand	Chief Operating Officer	31/03/2025	Referral Pathways - To improve access and utilisation of referrals for appropriate alternative urgent and emergency care services, the Health Board should work with key staff, including WAST to develop referral mechanisms that are clear, well-communicated and easily accessible.	Corporate Governance - Audit Wales/2025/766/MD4/1	R3 - Building on the progress made with the implementation of a robust Single Point of Access (highlighted above) our ambition is to further enhance these capabilities by developing a Navigation Centre and Digital Hub. This will enable consistent, quality-assured triage and facilitate onward referrals, ensuring that patients receive the right care quickly and safely, regardless of where they present. This will continue to interconnect with our SDEC's, Safe@Home, and Community Response Team. WAST, as well as other stakeholders will also be considered as part of this work. The Health Board has also implemented Community and Health Pathways to assist clinicians by providing access to a range of locally agreed pathways, which cover the assessment, management, and referral of patients. WAST currently have access to our MSDEC via an agreed pathway for a number of patient conditions, as well as telephone access via Consultant Connect to an	Medicine	31/05/2026	25/08/2026	Overdue				
Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	To help the Board better understand clinical coding performance, the Health Board should clearly explain, in the Integrated Performance Report, the main factors affecting clinical coding performance.	Corporate Governance - Audit Wales/2026/1259/MD3/1	The Integrated Performance Report will include details of clinical coding performance, including the main factors affecting clinical coding performance.	Clinical Diagnostics & Therapeutics	30/06/2026	24/08/2026	Overdue	01/09/2026			
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board is reviewing its Health Professionals Forum and Stakeholder Reference Group; as a result, both are currently paused.	Corporate Governance - Audit Wales/2026/998/MD8/1	The Health Board is reviewing its Health Professionals Forum and Stakeholder Reference Group; as a result, both are currently paused.	Corporate Governance	30/06/2026	25/08/2026	Overdue	02/02/2026			June 2026 - In May the Board approved the launch of the Shaping our Future Wellbeing Collaborative as a co-production forum that will exercise the duties of the SRG. The CAV website reflects this work https://cavuhb.nhs.wales/about-us/governance-and-assurance/committees-and-advisory-groups/stakeholder-reference-group/ CVUHB representatives on the 7 national advisory committees hosted by WG have been identified where the information is available and it is clear that this approach to establishing a HPF will not work so a different approach will be taken to identify a Chair and Vice Chair team from amongst our healthcare professionals who will be enabled to build the forum from the ground up. July 2026 - HCPF is going to be recruiting a chair and vice chair who will then establish the forum and drive it forward. The timeline is that the HPF framework will then be shared at September 2026 Board.
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Quality Committee's terms of reference remain framed around the QSE framework, with responsibility for overseeing its implementation and receiving updates from several sub-groups.	Corporate Governance - Audit Wales/2026/998/MD11/1	However, some groups are not reporting as intended. Such as the Learning Committee and the Clinical Safety and Concerns groups. (Paragraph 58)	Corporate Nursing	30/06/2026	25/08/2026	Overdue	28/09/2026			August 26 – There hasn't been a learning committee for some time and are currently in the process of reviewing what we need in relation to CAVUHB being a learning organisation. There are some ideas and we are planning on testing these. The clinical safety groups are being evaluated, during this period of evaluation, highlight report of the clinical safety group are now reporting to the Quality Committee A organogram is being produced to demonstrate the reporting framework of the subcommittee groups.

Structured Assessment 2025	Director of Corporate Governance	02/02/2026	Our cost savings review recommended strengthening accountability for savings delivery by issuing accountability letters to executive directors and clinical boards. This has not been implemented.	Corporate Governance - Audit Wales/2026/998/MD14/1	While clinical boards are held to account on financial performance at executive performance reviews, issuing accountability letters would reinforce financial accountability. (Paragraph 77)	Finance	30/06/2026	25/08/2026	Overdue	02/02/2026			July 2026- Turnaround meetings are now in place since 26 June 2026. TOR for turnaround meetings is due to be approved at SLT in July (w/commencing 20th Jul) August 2026- TOR for Turnaround approved at SLT and added to this amat record. Finance have written a paper for SLT on budgetary control procedures which is to be discussed at SLT which covers the intention to bring in accountability letters from 27-28 financial year. This action will be updated once this has progressed.
Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	The Health Board should update its Clinical Coding Policy and Procedure, emphasising shared responsibility for clinical coding. For example, by setting out: • clinical coding team responsibilities, • clinical services responsibilities, • expectations for: – the quality of clinical documentation, – the availability and tracking of medical records, – use of systems such as the Patient Administration System, – training and development of coding and clinical staff, and – engagement arrangements between the coding team and services.	Corporate Governance - Audit Wales/2026/1259/MD2/1	The Health Board will revise its Clinical Coding Policy and Procedure to include all the elements specified in the report. Consultation with the National Standards team will be undertaken, and the updated policy will be presented through established Health Board governance channels for approval.	Clinical Diagnostics & Therapeutics	31/07/2026	24/08/2026	Overdue	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should ensure when it refreshes its digital strategy there is a clear relationship between this and the clinical services and workforce strategies that are also in development. (Paragraph 12)	Corporate Governance - Audit Wales/2026/1260/MD1/2	The new clinical services plan launches 22 June 2026. Digital Foundations describes how delivering the CSP will be supported. DF was developed and prioritised with lead clinicians (Deputy MD, CCIO, CNIO). Prioritisation was further validated through workshops (over 40) and via a Resident Doctor survey. Digital plans will flex as the needs of the organisation change.	Digital and Health Intelligence	30/09/2026	24/08/2026	In progress	01/09/2026			
Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	The Health Board should develop its Sustainable Clinical Coding Plan to address current and future challenges. The Health Board should ensure the plan: • is costed, at a minimum, for the medium term (3-5 year), • is supported by a workforce plan, including a plan to reduce use of agency staff, • developed with clinical services, • aligns with the digital strategy, • includes clear milestones and performance trajectories, and • ensure an appropriate committee receives regular progress updates. The Health Board should also ensure that the Sustainable Clinical Coding Plan addresses the actions detailed in Recommendations 1-5 above.	Corporate Governance - Audit Wales/2026/1259/MD6/1	Development of the SCCP - The Health Board is committed to developing a comprehensive and adaptive Sustainable Clinical Coding Plan (SCCP). This plan will address all required aspects. A Strategic Workforce Plan for Clinical Coding covering a 3-5 year period will be further developed. This workforce plan will incorporate indicative costing models to ensure future sustainability and strategic planning.	Clinical Diagnostics & Therapeutics	30/09/2026	24/08/2026	In progress	01/09/2026			

Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	The Health Board should develop its Sustainable Clinical Coding Plan to address current and future challenges. The Health Board should ensure the plan: • is costed, at a minimum, for the medium term (3-5 year), • is supported by a workforce plan, including a plan to reduce use of agency staff, • developed with clinical services, • aligns with the digital strategy, • includes clear milestones and performance trajectories, and • ensure an appropriate committee receives regular progress updates. The Health Board should also ensure that the Sustainable Clinical Coding Plan addresses the actions detailed in Recommendations 1-5 above.	Corporate Governance - Audit Wales/2026/1259/MD6/2	Alignment with Recommendations - The SCCP will be designed to include and align with the plans and commitments associated with Recommendations 1 to 5. This integration will ensure a cohesive approach, linking the SCCP to existing and forthcoming initiatives within the Health Board.	Clinical Diagnostics & Therapeutics	30/09/2026	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should build a clear understanding of where there are gaps in Board Members knowledge of the Health Board's digital arrangements. (Paragraph 16)	Corporate Governance - Audit Wales/2026/1260/MD2/1	The survey responses collected by Audit Wales in compiling this audit will be used to inform a forward agenda of topic areas for Board Member education on digital. Board Members have requested a deep dive on Digital plans and there is a plan to bring a Cyber discussion to a Board Development session in Quarter 3, 26-27.	Digital and Health Intelligence	31/10/2026	24/08/2026	In progress	01/09/2026			
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board should clarify Board and committee arrangements for reporting on its Quality Improvement and Efficiency Plan (QIEP) (see report paragraph 71).	Corporate Governance - Audit Wales/2026/998/MD7/1	The QIEP will continue to evolve. Savings, productivity and efficiency are reported within the Finance and performance reports through the Finance and Performance Committee.	Finance	31/10/2026	25/08/2026	In progress	02/02/2026			Quality Improvement and efficiency programme plan - contained in standing financial report to F&P committee.
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board should improve its reporting format so that key issues are clearly identified to enable scrutiny and discussion to focus on key challenges. For example, by considering an 'Alert, Advise, Assure' format which is used successfully in other NHS bodies (see report paragraph 37).	Corporate Governance - Audit Wales/2026/998/MD3/1	Welsh Government recommendations for the development of performance reporting includes an approach very aligned to 'Alert, Advise, Assure' although not exactly the same. It uses Variation and Assurance. We will review this recommendation over the next 6 months and conclude on the best method and means to be implemented.	Corporate Governance	30/11/2026	25/08/2026	In progress	02/02/2026			July 2026 - Matt Phillips to review how the new way of reporting is working for the Quality Committee and will review if it can be rolled out to other Clinical Boards later in the year. June 2026 - the first Quality Committee meeting was held on the 2nd June 2026 that used the new AAA Cover Report template for all items coming through the Committee. A Clinical Board highlight report has also been developed which follows the same AAA format. March 2026 - a audit of Quality committee has been undertaken by the executive deputy director of nursing - docs enclosed on AMAT and this was discussed in a quality development session on the 23 March. The next quality development session is scheduled for the 28 April 2026 and AMAT will be updated accordingly as this work progresses.
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should design specific Board development workshops and training to fill these gaps. (Paragraph 16)	Corporate Governance - Audit Wales/2026/1260/MD3/1	Digital deep dives are undertaken as Board agendas can support. In addition to the Digital session, AI Deep Dive is scheduled later in 2026 led by the Director of Digital & Health Intelligence with input from the IM&T IM and WG's Head of AI.	Digital and Health Intelligence	30/11/2026	24/08/2026	In progress	01/09/2026			

Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should strengthen its approach to digital skills by developing a clear understanding of any gaps in the digital skills of its workforce (Paragraph 32)	Corporate Governance - Audit Wales/2026/1260/MD6/1	As part of the Digital Skills Academy, CAVUHB has engaged with Cwmpas (funded by WG) to understand what support can be available. First meeting 10 July 2026 with ECOD. The Digital Skills Academy is also developing a briefer survey than the HEIW one to help establish a baseline. Meantime, we understand HEIW are also looking to revise the survey referenced in paragraph 32.	Digital and Health Intelligence	30/12/2026	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should strengthen its approach to digital skills by developing a funded, structured and organisation-wide approach to addressing the digital skills gaps. (Paragraph 33)	Corporate Governance - Audit Wales/2026/1260/MD7/1	CAVUHB remains severely financially constrained. Additionality is therefore unlikely. Following engagement with ECOD and Cwmpas, a plan will be developed that can be delivered within existing resources that explains how CAV will strengthen its approach to digital skills. Digital Foundations if funded will provide some support to resolving this issue as it comprises a number of new digital modules which staff will need to be trained upon and then use daily. The Digital Skills Academy plans to develop a Sharepoint site to direct staff towards for relevant training.	Digital and Health Intelligence	30/12/2026	24/08/2026	In progress	01/09/2026			
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board should improve oversight of the strategic portfolios by: 1.1 Ensuring committees receive routine updates on strategic portfolio development and delivery relevant to their remit (see report paragraph 20). 1.2 Structuring the Integrated Performance Report (IPR) against the strategic portfolios, rather that the quadruple aims, to make it easier to track progress against Annual Plan and strategy delivery (see report paragraph 54).	Corporate Governance - Audit Wales/2026/998/MD1/1	1.1 - With a new Executive Director of Strategic Planning joining in the Spring the resource and focus should be available to ensure this can be achieved. It is certainly fully supported by the Chair and Director of Corporate Governance.	Planning	31/12/2026	25/08/2026	In progress	02/02/2026			August 2026- A number of portfolios are still scoping including Shaping our future infrastructure and Shaping our future generations. There has recently been a workshop on scoping the shaping our future generations portfolio which will then feed into Finance & Performance committee. Shaping our people & culture portfolio is being actively discussed at People & Culture Committee. The following 3 strategic portfolios have been appearing in Quality committee since June 2026 following the revision of the format of the Quality committee. They are now tabled for every quality committee and updates will be reported accordingly against each strategic portfolio. Attached is the agenda from June 2026 Quality committee setting out this format for the below strategic portfolios: 1. Shaping our population health & Place Based Partnerships 2. Shaping our Quality, Value &
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board should improve oversight of the strategic portfolios by: 1.1 Ensuring committees receive routine updates on strategic portfolio development and delivery relevant to their remit (see report paragraph 20). 1.2 Structuring the Integrated Performance Report (IPR) against the strategic portfolios, rather that the quadruple aims, to make it easier to track progress against Annual Plan and strategy delivery (see report paragraph 54).	Corporate Governance - Audit Wales/2026/998/MD1/2	1.2 - The IPR will be evolving this year in line with the discussions being led by Welsh Government on the use of SPC and power BI. Whether this lands the IPR as being directly aligned with the strategic portfolios will become evident as the work evolves.	Operations	31/12/2026	25/08/2026	In progress	02/02/2026			July 2026 - new format of the IPR to be presented at the CAVUHB Board meeting on 30/07/2026. August 2026- a new format of the IPR came to Board on the 30.07.26. Feedback was received on this and revisions will be taken on board for the next iteration of the IPR which will appear at September 2026 Board. Papers from July Board can be found here https://cavuhb.nhs.wales/files/board-and-committees/board-2026-27/00-public-board-papers-bundle-updated-pdf/?ts=1786621066308 IPR was item 6.10.

Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R2.1 - Extending its use of data and intelligence across a wider range of services. R2.2 - Rapidly progressing work on its local data repository to facilitate the systematic capture of benchmarking data. R2.3 - Developing a more systematic approach to canvassing the views of stakeholders, staff, and service users in the generation of savings ideas.	Corporate Governance - Audit Wales/2025/951/MD2/3	The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R2.3 - Developing a more systematic approach to canvassing the views of stakeholders, staff, and service users in the generation of savings ideas.	Digital and Health Intelligence	31/12/2026	25/08/2026	In progress			Requires adequate input from all CBs and corporate services; there is a dependency on completion of the LDR data work.	07.01.2025 - A Data Insights Programme Board has been established, chaired by Director of Digital & Health Intelligence, the aim of which is to oversee and sign off internal data insights and reporting capabilities with broad representation from across corporate services and clinical boards. This plans to train up business intelligence partners and to deploy and train appropriate staff on Power BI as well as pursuing the data democratisation agenda. 12/01/26 - A data strategy is under development, led by the CCIO, which sets out the principles of data quality, recording and use. the Data Insight group is morphing into a Data Steering Group with representation from all Clinical Boards and key corporate services, to oversee the improved use and access to data, achieving improved insights to inform service planning and service delivery. August 2026 from Director of Digital- UHB now in the process of establishing a data steering group likely to meet in Q3 26-27. This will have broad membership from
Are Cancer Services Improving?	Chief Operating Officer	05/08/2026	The Heath Board should, as a priority, appoint a clinical lead for cancer services to ensure appropriate clinical input in decision making.	Corporate Governance - Audit Wales/2026/1254/MD4/1	This process is already under way and the advert is live.	Corporate	31/12/2026	25/08/2026	In progress	01/09/2026			
Are Cancer Services Improving?	Chief Operating Officer	05/08/2026	The Health Board should urgently re-establish the Cancer Delivery Board to strengthen governance, improve accountability, and drive cancer performance improvement.	Corporate Governance - Audit Wales/2026/1254/MD5/1	We will re-establish the Cancer Delivery Board in conjunction with recommendation 4 (appointing a clinical lead). We will also have the appropriate workstream structures to support the board.	Corporate	31/12/2026	13/08/2026	In progress	01/09/2026			
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board must develop a Performance Management Framework to support performance improvement and accountability (see report paragraph 52).	Corporate Governance - Audit Wales/2026/998/MD5/1	This will be a key output that will need to coincide with the organisational development work and form part of the operating model.	Planning	31/12/2026	25/08/2026	In progress	02/02/2026			August 2026- work is ongoing with the Director of Operational Planning and Performance & the Director of Commissioning and Performance to develop a PMF. A initial draft was taken to Board development in June 2026 which updated on the development of this work and provided Board members with an interactive demo of a dashboard.
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should quickly develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (Paragraph 30)	Corporate Governance - Audit Wales/2026/1260/MD5/2	Co-pilot guard rails have been produced and will be validated and circulated in Q3.	Digital and Health Intelligence	31/12/2026	24/08/2026	In progress	01/09/2026			
Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board should strengthen monitoring of quality and safety by: 6.1 Ensuring it complies with the Duty of Quality requirement to produce an annual quality report (see report paragraph 59). 6.2 Reporting annually on how it is achieving its Duty of Candour (see report paragraph 59). 6.3 Review arrangements for monitoring and agreeing the clinical audit plan at committee level (see report paragraph 60).	Corporate Governance - Audit Wales/2026/998/MD6/2	Duty of Quality report 24-25 will appear at Quality Committee in March The 2025/26 Annual quality report will be presented to the quality committee prior to publishing at the AGM in July 2026 These actions will be addressed as part of a current review of the Quality Committee.	Corporate Nursing	31/12/2026	25/08/2026	In progress	02/02/2026			March 2026 Update: 6.1 An annual quality report was produced for 2024/25 and a report is in train for 2025/26 and will be published at the July AGM 6.2 - These actions will be addressed as part of a current review of the Quality Committee. 6.3 - An 2026/27 annual clinical audit forward plan is in development and will be presented to the May Quality Committee July 2026 - Annual Quality report is tabled for the July Quality committee and the Annual Quality report for 25-26 is now available on the Cav website https://cavuhb.nhs.wales/about-us/governance-and-assurance/annual-reports-and-accounts/ following the July AGM. The annual clinical audit plan for 26/27 was noted at the 2 June 2026 quality committee under item 4.1.2 papers here : https://cavuhb.nhs.wales/files/board-and-committees/quality-committee-202627/00-quality-boardbook-02-06-2026-pdf/?ts=1786453131523

Structured Assessment 2025	Director of Corporate Governance	02/02/2026	The Health Board should strengthen monitoring of quality and safety by: 6.1 Ensuring it complies with the Duty of Quality requirement to produce an annual quality report (see report paragraph 59). 6.2 Reporting annually on how it is achieving its Duty of Candour (see report paragraph 59). 6.3 Review arrangements for monitoring and agreeing the clinical audit plan at committee level (see report paragraph 60).	Corporate Governance - Audit Wales/2026/998/MD6/3	6.3 - These actions will be addressed as part of a current review of the Quality Committee.	Corporate Nursing	31/12/2026	25/08/2026	In progress	02/02/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should develop a clear financial contingency plan for funding its digital transformation ambitions if additional Welsh Government funding is unavailable. (Paragraph 40)	Corporate Governance - Audit Wales/2026/1260/MD8/1	If Digital Foundations is not funded CAVUHB will have to rely upon incremental improvements that can be delivered by its existing workforce. This will require use of the recurrent discretionary capital allocation earmarked for Digital and to utilize any potential in-year capital slippage that CAVUHB can bid for. Procurement preparatory work will be done up to the point of financial commitment to ensure best use of any additional funding. Discretionary capital funding has in 2026 been increased to £1m from £500k pa which gives D&HI the ability to plan for some improvement, however there is significant legacy to resolve in order to deliver real change. In tandem, procurement plans are being progressed in the event that additional capital slippage funding is made available again this year. Regional working opportunities are starting to be investigated by Directors of Digital which may also contribute to improvement and release some expenditure for	Digital and Health Intelligence	31/12/2026	24/08/2026	In progress	01/09/2026			
Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	To show how clinical coding data is used, the Health Board should clearly identify in Board and committee papers when coded data has been used to support planning, performance monitoring, or decision-making.	Corporate Governance - Audit Wales/2026/1259/MD4/1	The Health Board will strengthen the visibility of clinical coding data within Board and committee reporting arrangements. As part of the development of the 2026/27 performance and assurance framework, report templates and author guidance will be reviewed to require explicit reference to where clinical coding data has informed planning, performance monitoring, service improvement, or decision-making. This will initially be implemented through key corporate and operational reporting routes, with oversight from the Executive Team, and will support a more consistent approach across departments. Arrangements will be reviewed during 2026/27 to ensure the use of clinical coding intelligence is routinely evidenced and clearly communicated at Board and committee level.	Clinical Diagnostics & Therapeutics	31/01/2027	24/08/2026	In progress	01/09/2026			

Clinical Coding Progress Review (Follow-up)	Chief Operating Officer	18/08/2026	To strengthen clinical engagement, the coding team should introduce a business partnering approach, or a similar model.	Corporate Governance - Audit Wales/2026/1259/MD5/1	The clinical coding service is currently facing significant workforce challenges. There is an ongoing reliance on external coders, paired with a shortage of senior clinical coders within the department. Due to these constraints, the service must maintain a centralised operational model. Leadership and engagement with clinical boards and clinicians therefore falls to the senior managers and the coding manager, who continue to guide and support collaborative efforts with clinical teams. The department will keep the current approach under ongoing review. As the workforce situation improves in the future, there are plans to transition to a business partner model. This would involve assigning senior clinical coders to individual clinical boards, thereby strengthening direct clinical engagement and support. Based on current recruitment, training and development plans, CAV is unlikely to have enough senior coders to fully implement a business partnering model for around 18 months. This position will be kept under regular review.	Clinical Diagnostics & Therapeutics	31/01/2027	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should ensure when it refreshes its digital strategy there is a clear relationship between this and the clinical services and workforce strategies that are also in development. (Paragraph 12)	Corporate Governance - Audit Wales/2026/1260/MD1/1	Agreed. The Digital Strategy will be shortly refreshed.	Digital and Health Intelligence	28/02/2027	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should ensure when it refreshes its digital strategy there is a clear relationship between this and the clinical services and workforce strategies that are also in development. (Paragraph 12)	Corporate Governance - Audit Wales/2026/1260/MD1/3	The workforce strategy is being redeveloped in light of organisational restructure discussions; a refreshed document is expected in Q4 2026-27. Digital plans will flex as the needs of the organisation change and become known.	Digital and Health Intelligence	28/02/2027	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should ensure when it refreshes its digital strategy there is a clear relationship between this and the clinical services and workforce strategies that are also in development. (Paragraph 12)	Corporate Governance - Audit Wales/2026/1260/MD1/4	Digital literacy is core to a revised digital, clinical and workforce strategy. Following a recent audit, a Digital Skills Academy led by ECOD in HR is being established and is supported by the Director of Digital Transformation.	Digital and Health Intelligence	28/02/2027	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should quickly develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (Paragraph 30)	Corporate Governance - Audit Wales/2026/1260/MD5/4	An AI strategy will form part of the re-issue of the Digital Strategy and is covered under item R1.	Digital and Health Intelligence	28/02/2027	24/08/2026	In progress	01/09/2026			

Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should ensure that its service transformation plans more explicitly set out how they will help the organisation achieve financial sustainability in terms of the savings that will be generated and the timescale for achieving them.	Corporate Governance - Audit Wales/2025/951/MD1/1	The Health Board should ensure that its service transformation plans more explicitly set out how they will help the organisation achieve financial sustainability in terms of the savings that will be generated and the timescale for achieving them.	Finance	31/03/2027	25/08/2026	In progress				07.01.2025 - Work is ongoing on a long-term financial model for the health board to support the financial sustainability agenda. Value and transformation offers great opportunities to deliver services that are more effective and offer greater value for money albeit this does not always offer a scale of savings to address the University Health Board's (UHB)'s annual requirement of savings. 26/08/2025 - The Health Board acknowledges the recommendation and has established a Value and Benefits Realisation Group (VBRG) to provide oversight and assurance on the delivery of both financial and non-financial benefits from transformation programmes. The VBRG places an emphasis on affordability, value and alignment with strategic direction, ensuring clear baseline positions are articulated and anticipated benefits of investment, disinvestment or reallocation decisions are understood. The group undertakes post implementation reviews of all significant resource decisions to ensure they demonstrate value for money
Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Planning - R1 The Health Board should: 1.1 develop an up-to-date planned care improvement plan and road map that articulates the design and delivery of sustainable specialty services in the medium to longer term. (Exhibit 2) 1.2 set out its projected costings against forecast demand over a 3-to-5-year term with realistic and challenging milestones based on reasonable planning assumptions. (Exhibit 2)	Corporate Governance - Audit Wales/2025/1032/MD1/2	1.2 - The Health Board has submitted an Annual Plan for 25/26 as per the requirements specified by Welsh Government. Ministerial priorities are set on an annual basis as is the UHB allocation process. At present we do not have the capacity or capability to work on a window any further ahead than this. Although having a line of sight to the Capital and Revenue requirements to deliver a sustainable planned care offer is something which we aspire to and is likely to be reinvigorated over coming months through our clinical Services Planning process.	Operations	31/03/2027	25/08/2026	In progress	02/09/2025			
Are Cancer Services Improving?	Chief Operating Officer	05/08/2026	The Health board should work collectively with other Health Boards and Public Health Wales NHS Trust to agree, as soon as possible, a comprehensive dataset for analysing screening services. This should include: • Timeliness across each part of the current three national cancer screening pathways and lung screening, once fully rolled out. • Information on screening uptake rates and variations across population groups, including age, location, sex (where applicable), and ethnicity.	Corporate Governance - Audit Wales/2026/1254/MD2/1	We will take this collective action through the Cancer Network and NHS Wales Performance and Improvement to ensure we contribute to a national solution.	Corporate	31/03/2027	25/08/2026	In progress	01/09/2026			

Tackling the Planned Care Challenges	Chief Operating Officer	31/05/2025	Demand and capacity modelling - R2 The Health Board should ensure that its demand and capacity modelling approach is consistently applied across its specialties to inform short-term service capacity planning and longer-term service design. This should also consider changes in population demand for planned care services. (Exhibit 2)	Corporate Governance - Audit Wales/2025/1032/MD2/1	The Health Board has one centrally led team that undertakes demand and capacity modelling across all acute specialties. This is iterated quarterly and is the most mature demand and capacity process the organisation has instituted to date Known changes in demand due to, for example, changes to screening programmes, are built into modelling, as well as seasonal changes. Whilst there is a robust demand and capacity process in place for RTT reportable specialties and the longest waiting patients, this approach has been driven by operational pragmatism, in concentrating on RTT first due to significant capacity constraints within the team to date precluding the ability to take a broader approach. The ambition to broaden this to all planned care specialties, and to triangulate workforce, core activity demand and finance is live, and a process is currently being designed to build this into the 2026/2027 planning cycle	Operations	31/03/2027	25/08/2026	In progress	02/09/2025			
Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R2.1 - Extending its use of data and intelligence across a wider range of services. R2.2 - Rapidly progressing work on its local data repository to facilitate the systematic capture of benchmarking data. R2.3 - Developing a more systematic approach to canvassing the views of stakeholders, staff, and service users in the generation of savings ideas.	Corporate Governance - Audit Wales/2025/951/MD2/1	The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R2.1 - Extending its use of data and intelligence across a wider range of services.	Finance	31/03/2027	25/08/2026	In progress				07.01.2025 - The UHB has good sources of data on Benchmarking via its Value Team including CHKS and the Financial Delivery Unit Vault data. The Finance Team is developing a more balanced monthly resource report pack to introduce key CHKS opportunities data into monthly reporting in 2024-25 as part of its 'Changing the Conversation' reporting programme. 29/08/25 - The Health Board acknowledges the recommendation and recognises the importance of using robust data and intelligence to inform the identification and selection of savings opportunities. To support this the Health Board is developing an Efficiencies Compendium with support from the Financial Performance and Delivery Unit. This will build on the work through the national VAULT resource. This resource will consolidate best practice, benchmarking data and evidence-based opportunities for efficiency across a wide range of services, supporting more informed and consistent savings planning. The deadline of Q4 25/26 has been set.

Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R2.1 - Extending its use of data and intelligence across a wider range of services. R2.2 - Rapidly progressing work on its local data repository to facilitate the systematic capture of benchmarking data. R2.3 - Developing a more systematic approach to canvassing the views of stakeholders, staff, and service users in the generation of savings ideas.	Corporate Governance - Audit Wales/2025/951/MD2/2	The Health Board should make improvements to how it uses data and intelligence to inform its savings identifications and selections arrangements by: R2.2 - Rapidly progressing work on its local data repository to facilitate the systematic capture of benchmarking data.	Digital and Health Intelligence	31/03/2027	25/08/2026	In progress				07.01.2025 - The local data repository development plan includes delivery of a stable Local Data Repository infrastructure (currently in proof of concept) and integrating new systems including Electronic Prescribing and Medicines Administration (EPMA e-prescribing), Patient Reported Outcome measures (PROMS) and AQUA Theatreman (theatres system). Longer term plans are to ingest many more different data sources. 12.01.26 - LDR Programme Board established, chaired by Chief Clinical Information Officer to oversee and manage the LDR plan to deliver within the next 3-6 month (by June 26) August 2026 update from Director of Digital- LDR is up and running but a separate digital platform to present the data in a meaningful and useful way is needed. As part of that digital is producing a comprehensive data catalogue which is a core component of our data strategy. This work is aimed to be completed by the end of Q4 for 26-27. This action deadline is therefore being extended from 30.06.2025
Are Cancer Services Improving?	Chief Operating Officer	05/08/2026	The Health Board should make better use of screening and population data. It should use this information to identify groups with lower uptake, target support and improve screening rates.	Corporate Governance - Audit Wales/2026/1254/MD3/1	Cancer Services within CAV UHB will work with local Public Health teams to maximise the use of population level data to help inform future cancer services including screening rates. This will also form part of a wider UHB structure around cancer than is built on the reinstatement of the Executive Cancer Board.	Corporate	31/03/2027	25/08/2026	In progress	01/09/2026			This work is forming part of our refresh of the govenrnace structure for Cancer throughout the organisation. there will be a dedicated workstream that covers this.
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should strengthen its cyber security assurance, addressing the specific weaknesses identified through recent external assessments. (Paragraph 27)	Corporate Governance - Audit Wales/2026/1260/MD4/1	Leadership Team will ensure Clinical Boards receive consistent updates on cyber risks, incidents, and mitigation actions, improving local awareness and accountability. A standardised approach to cyber risk management is being implemented, requiring Clinical Boards to identify, assess, and record cyber risks locally, with central oversight through AMaT to support organisational assurance. Governance arrangements are being enhanced through improved communication channels, clearer roles and responsibilities, and increased Clinical Board engagement in relevant committees. In addition, Information Asset Registers are being completed and centrally consolidated to improve visibility of systems, risks, and ownership, reducing reliance on informal knowledge. These actions will strengthen organisational oversight, ensure consistent risk management, and improve resilience to cyber threats. The cyber team needs staff additionality to support the required activities, however	Digital and Health Intelligence	31/03/2027	24/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	The Health Board should quickly develop a clear AI strategy and ensure this is underpinned by clear governance and risk management arrangements. (Paragraph 30)	Corporate Governance - Audit Wales/2026/1260/MD5/3	There are established processes to manage the IG aspects of AI tools but not all AI usage. This is work in progress as part of Digital Strategy Governance arrangements established corporately including the Clinical Design Authority chaired by the Nurse Informatics Lead.	Digital and Health Intelligence	31/03/2027	24/08/2026	In progress	01/09/2026			

Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should strengthen accountability for savings delivery by issuing accountability letters to Executive Directors and Clinical Boards which provide clarity around roles, responsibilities, and financial targets.	Corporate Governance - Audit Wales/2025/951/MD6/1	The Health Board should strengthen accountability for savings delivery by issuing accountability letters to Executive Directors and Clinical Boards which provide clarity around roles, responsibilities, and financial targets.	Finance	31/03/2027	25/08/2026	In progress				07.01.2025 - Budget holders are aware of savings targets as these are discussed, shared and devolved through the planning and form part of rolling monthly meetings and accountability meetings such as the monthly Executive Performance Reviews and the Monthly Finance- Ops meeting. Accountability letters have previously been considered and not pursued. They will be considered again as part of the 2025-26 Financial plan Process. July 2026- Turnaround meetings are now in place since 26 June 2026. August 2026- TOR for Turnaround approved at SLT and added to this amat record. Finance have written a paper for SLT on budgetary control procedures which is to be discussed at SLT which covers the intention to bring in accountability letters from 27-28 financial year and is scheduled for Sept 10 SLT. This action will be updated once this has progressed.
Are Cancer Services Improving?	Chief Operating Officer	05/08/2026	The Health Board should collect and use patient experience and outcomes data as soon as possible to inform cancer planning.	Corporate Governance - Audit Wales/2026/1254/MD6/1	We will take advantage of the existing patient experience and outcome data we have available within the UHB to inform cancer planning. We will, where possible, strengthen the information we collect. We will also develop a specific workstream that aligns to the wider cancer governance structure which focuses on patient voice and experience. This will provide valuable lived experience data that can help shape our services and inform our wider cancer plans.	Corporate	31/03/2027	13/08/2026	In progress	01/09/2026			
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	7.1 - The Health Board should ensure that it provides clearer assurance to Board on if its digital developments are positively impacting digital exclusion. (Paragraph 37)	Corporate Governance - Audit Wales/2026/1260/MD9/1	CAVUHB remains severely financially constrained. Additionality is therefore unlikely and so this will need to be delivered within existing resources. The D&HI PMO will be tasked to consider how best to do these assessments as part of its programme management governance arrangements. Project process will include use of the Welsh Government Digital Inclusion Toolkit from July 2026/27 onwards. This will strengthen consideration of Digital inclusion to CaV Digital Implementations: Digital inclusion evaluation toolkit. CAVUHB Director of Digital & Health Intelligence is a member of the WG Digital Inclusion Wales Alliance Oversight Group, having been invited to join this in June 26 to represent the health service.	Digital and Health Intelligence	31/03/2027	24/08/2026	In progress	01/09/2026			

Digital transformation	Director of Digital & Health Intelligence	18/08/2026	7.2 - The Health Board should ensure that its co-production approach to digital developments is consistently used. (Paragraph 39)	Corporate Governance - Audit Wales/2026/1260/MD10/1	CAVUHB will continue to develop its' clinical design authority and workforce engagement with this (as appropriate). Co-production is achievable for local initiatives. There are several recent examples such as improving the EU workstation. Projects raised with D&HI trigger a 'brief stage' within the D&HI project methodology. This stage identified the SRO and operational leads behind the request, also capturing the 'benefits' of a digital change from the customer/operational perspective. Whilst the exact level of co-production varies with the nuance of the workload, this 'SRO' and 'service' remain intimately involved in the design and prioritisation process of D&HI works. This includes the sign-off of initiative scoring and the regular collective prioritisation of Digital works by a DAB (Digital Advisory Board), which has a senior Clinical Board member present from every Clinical Board.	Digital and Health Intelligence	31/03/2027	24/08/2026	In progress	01/09/2026			
Review of Cost Savings Arrangements CAVUHB	Executive Director of Finance	16/01/2025	The Health Board should ensure earlier savings planning preparation for the 2025-26 financial year and develop a rolling programme of reserve savings schemes to help mitigate any risks to savings underdelivery or where savings requirements change in-year.	Corporate Governance - Audit Wales/2025/951/MD11/1	The Health Board should ensure earlier savings planning preparation for the 2025-26 financial year and develop a rolling programme of reserve savings schemes to help mitigate any risks to savings underdelivery or where savings requirements change in-year.	Finance	31/03/2027	25/08/2026	In progress				07.01.2025 - That is always the intention. Internal planning guidance issued for 2025/26 aims to bring the planning timetable forward with an ambition of having a fully developed savings plan in place prior to 1st April. 29/08/25 - The Health Board acknowledges the recommendation and has taken steps to strengths its approach to savings planning and risk mitigation for the 25/26 financial year. The savings planning process for 25/26 commenced earlier than in previous years, allowing more time for scheme development, challenge and refinement. This has supported increased progress against the savings target at this point of the year compared to previous years. There has been an increased emphasis on the review of Red and Pipeline savings schemes to ensure viability and progress. The Health Board has started work on an Efficiencies Compendium which will support identification of a rolling programme of schemes to support the Financial position.
Digital transformation	Director of Digital & Health Intelligence	18/08/2026	R8 - The Health Board should ensure that at least twice a year it reports progress on delivering the agreed benefits of its digital programme to the Digital & Infrastructure Committee. (Paragraph 52)	Corporate Governance - Audit Wales/2026/1260/MD11/1	Agreed. A delivered projects benefits register can be made available to the Infrastructure and Digital assurance committee on a bi-annual basis to identify the operational benefits (as identified by the operational SRO) of D&HI delivered projects and programmes.	Digital and Health Intelligence	31/03/2027	24/08/2026	In progress	01/09/2026			

Are Cancer Services Improving?	Chief Operating Officer	05/08/2026	The Health Board should urgently develop a costed cancer improvement plan, to ensure sustainable delivery of the cancer strategy as demand increases. The plan should: • be based on current and projected future demand; • include capacity plans aligned to projected demand; • be costed, at a minimum, over the medium-term (three to five years); • be supported by resource plans, including: finance, workforce and infrastructure (estates, equipment); • include specific, measurable, achievable, relevant and time bound (SMART) improvement actions and milestones; • include clear arrangements for monitoring delivery, evaluating impact, and reporting progress against planned actions and outcomes; and • be approved by the Board.	Corporate Governance - Audit Wales/2026/1254/MD1/1	A costed cancer plan will be created that aligns with the current Strategic Plan for Cancer. It will include the appropriate demand and capacity plans along with supporting infrastructure and workforce plans. This will be done to the best of our ability given the current digital systems available to us. This will be submitted to the board for approval. The timeline for this action has been chosen to give enough time for the national Cancer Strategy to be released in Feb 2027 and for us to read, understand and align our local plans accordingly.	TRUSTWIDE	30/06/2027	25/08/2026	In progress	01/09/2026			August 2026 - This work is under way as part of the refresh of the cancer governance thorughout the organisation.