Public Board Meeting

Thu 27 March 2025, 09:30 - 14:05

Woodland House, Coed Y Bwl

Agenda

09:30 - 09:40
10 min

1. Welcome & Introductions

Charles Janczewski

09:40 - 09:40
0 min

2. Apologies for Absence

Charles Janczewski

09:40 - 09:40
0 min

3. Declarations of Interest

Charles Janczewski

09:40 - 09:40
0 min

4. Minutes of the Board meeting held 30.01.2025

Charles Janczewski

4. Minutes of the Public Board Meeting 30.01.25.pdf (14 pages)

09:40 - 09:40
0 min

5. Actions – following meeting held on: 30.01.2025

Charles Janczewski

5. Action Log - Public Board (4).pdf (2 pages)

09:40 - 13:00
200 min

6. Items for Review and Assurance

6.1. Patient Story – There's always someone to talk to – Caleb's Story (15 MINUTES)

Jason Roberts

6.2. Chair's Report & Chair's Action taken since last meeting (10 MINUTES)

Charles Janczewski

6.2 Chairs Board report March 2025 Final.pdf (10 pages)

6.3. Chief Executive Officer Report (15 MINUTES)

Suzanne Rankin

6.3 CEO Board Report March 2025 Final..pdf (6 pages)

6.4. Board Assurance Framework (10 MINUTES)

Matt Phillips

6.4 BAF_Board Cover Report (1).pdf (3 pages)

6.4a BAF (1).pdf (36 pages)

6.5. Chairs' reports from Committees of the Board (10 MINUTES):

Matt Phillips

People & Culture 21.01.2025

Mental Health Legislation 28.01.2025

Audit & Assurance 04.02.2025

Digital & Infrastructure 11.02.2025

Quality 18.02.2025

Finance & Performance 19.02.2025

6.5a - P&C Chairs Report 21.01.25.pdf (5 pages)
6.5b - Mental Health Legislation Committee 28.01.2025 Chairs Report.pdf (5 pages)
6.5c Audit and Assurance Chairs Report 04.02.2025.pdf (3 pages)
6.5d - D&I Chairs Report 11.02.25.pdf (3 pages)
6.5e - Quality Committee 18.02.2025 Chairs Report.pdf (4 pages)
6.5f - F&P Chairs Report 19.02.25 (1).pdf (3 pages)

6.6. Strategic Planning, Commissioning and Partnership Update (10 MINUTES)

Catherine Phillips

6.6 Strategic Planning Commissioning and Partnerships (2).pdf (6 pages)

6.7. BREAK – 10 MINUTES

6.8. Integrated Performance Report (75 MINUTES):

Executives

Finance

Public Health

Operational Performance

People & Culture

Quality, Safety & Experience

Digital

6.8 C&V IPR Corporate Header March 2025.pdf (14 pages)
6.8a C&V Integrated Performance Report March 2025.pdf (47 pages)

6.9. Consultant Job Planning (15 MINUTES)

David Fluck

6.9 Cons Job Planning Board paper 27 03 25.pdf (8 pages)

6.10. LUNCH – 30 MINUTES

13:00 - 14:05
65 min

7. Items for Approval / Ratification

7.1. Annual Plan 2025/26 (25 MINUTES)

Catherine Phillips

7.1a - Board 27th March Cover Report Annual Plan 2526.pdf (7 pages)
7.1b - Annual Plan 2526 EHIA V.3.pdf (25 pages)

7.1c - Annual Plan 2526 Board Submission.pdf (92 pages)

7.2. Safeguarding Annual Report 2023/24 (5 MINUTES)

Jason Roberts

The report can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

7.2 Covering Report Safeguarding Annual Report 2023-24.pdf (2 pages)

7.3. Llantrisant Health Park (LHP) & Regional Endoscopy (10 MINUTES)

Catherine Phillips

7.3 LHP Endoscopy Board report (1)_210325 (1).pdf (5 pages)
7.3a Regional Endoscopy Plan final.pdf (15 pages)
7.3b LHP Strategic overview.pdf (12 pages)

7.4. Standing Orders Update (10 MINUTES)

Matt Phillips

The appendices can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

7.4 Board_Standing Orders_Report.pdf (3 pages)

7.5. End of Life Business Case (5 MINUTES)

Paul Bostock

The business case can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

7.5 Cover Report Palliative and Supportive Care Business Case.pdf (3 pages)

7.6. Annual Equality Report (10 MINUTES)

Rachel Gidman

The report can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

7.6 Covering Report Annual Equality Report 2023-2024 (2).pdf (3 pages)

14:05 - 14:05
0 min

8. Items for Noting and Information

8.1. Primary Care Eye Health Needs Assessment

Emma Cooke

The report can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

8.1 Covering Report EHNA January 2025.pdf (3 pages)

8.2. Corporate Risk Register

Matt Phillips

The appendices can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

8.2 CRR Board Report - March 2025.pdf (3 pages)

8.3. Audit Wales Structured Assessment 2024

Matt Phillips

8.3 CVUHB Structured Assessment 2024 Report.pdf (42 pages)

8.4. Audit Wales Annual Audit Report 2024

Matt Phillips

8.4 CVUHB_Annual_Audit_Report_2024_Eng.pdf (24 pages)

8.5. Reports from Advisory Groups and Joint Committees:

Matt Phillips

1. *Joint Commissioning Committee (JCC)*
2. *Local Partnership Forum (LPF)*
3. *NWSSP Assurance Report*
4. *Stakeholder Reference Group Chairs Report*

8.5.1 Highlight Report - JCC 21 January 2025.pdf (7 pages)
8.5.2 LPF briefing (February 2025).pdf (3 pages)
8.5.3 SSPC Assurance Report 03 February 2025.pdf (6 pages)

8.6. Committee, Advisory Group and Joint Committee Minutes:

Matt Phillips

1. *Mental Health Legislation 29.10.2024*
2. *Audit & Assurance 05.11.2024*
3. *Digital & Health Intelligence 12.11.2024*
4. *Finance & Performance 20.11.2024 & 22.01.2025*
5. *Quality, Safety & Experience 26.11.2024*
6. *People & Culture 21.01.2025*

The minutes can be located in the supporting documents folder on AdminControl & the Cardiff and Vale UHB website.

14:05 - 14:05
0 min

9. Agenda for Private Board Meeting:

Approval of Private Board minutes

Legal Update

Cultural Hotspots

Approval of Private Committee minutes

14:05 - 14:05
0 min

10. Any Other Business

10.1. Review of the meeting

Charles Janczewski

10.2. Date and time of next meeting:

Thursday 29 May 2025 – Woodland House – *Coed Y Bwl*

14:05 - 14:05
0 min

11. Declaration for Private Board:

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

Minutes of the Public Board Meeting
Woodland House, Coed Y Bwl
30 January 2025

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Marie Davies	MD	Interim Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member – Trade Union
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	University Health Board Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Steve Riley	SR	Independent Member – University
Jason Roberts	JR	Executive Nurse Director
Richard Skone	RS	Deputy Medical Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
John Union	JU	Independent Member – Finance
Rachna Upadhya	RU	Independent Member
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Lauranne Cullen	LC	Regional Director - Llais
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Akmal Hanuk	AH	Independent Member – Local Community
Susan Lloyd Selby	SL	Independent Member – Local Authority
Sara Moseley	SM	Independent Member – Third Sector
Lani Tucker	LT	Chair of the Stakeholder Reference Group

Reference	Agenda Item	Action
UHW 25/01/001	**Welcome & Introductions** The UHB Chair welcomed everybody to the meeting in English and Welsh. He introduced the new Independent Member, Rachna Upadhya (IMRU) to the Board and advised that it was also the final meeting of the Interim Executive Director of Strategic Planning (IEDSP), Marie Davies as they were leaving Cardiff and Vale to work as the Executive Director of Planning for Swansea University Health Board. He thanked Marie for all of her hard work during her time at the Health Board.	
UHW 25/01/002	**Declarations of Interest** No declarations were noted.	

UHW 25/01/003	**Minutes of the Annual General Meeting held 11.09.2024 & Board Meeting held 26.09.2024** The Minutes of the Board Meeting held 28.11.2024 were received. The Chair advised the Board that one of the figures (£4.4m) did not seem correct within the minute in relation to backlog maintenance and asked the Executive Director of Finance (EDF) for clarity. The EDF responded that the Health Board had been awarded £4.4m from Welsh Government (WG) towards the backlog maintenance. The Senior Corporate Governance Officer (SCGO) agreed to amend the minute to reflect the accuracy. **The Board resolved that:** a) The minutes of the Board Meeting held 28.11.2024 were **approved** as a true and accurate record of the meeting pending the one amendment.	
UHW 25/01/004	**Actions – Following Meeting held 26.09.2024** The Director of Corporate Governance (DCG) advised the Board that all actions were marked as complete except for one which outlined ongoing work around the Board Assurance Framework and the portfolio changes upon the departure of the IEDSP. **The Board resolved that:** a) The Actions – Following Meeting held 28.11.2024 were **noted.**	
UHW 25/01/005	**Patient Story – Every Day I was Making Good Progress** The Patient Story was received. The video provided the Board with a patient's account with mental health services highlighting their journey and the benefits they found from physical activity and exercise. The patient shared their experiences of depression, bipolar episodes, and how they struggled to engage with family and friends. They described how a four-week rehabilitation program, which included gym sessions and daily walks, significantly improved their mental health and overall well-being. The Executive Nurse Director (END) highlighted the importance of integrating physical activity into mental health treatment and the benefits of social interaction during those activities. He also mentioned the gym facilities available in the mental health unit and the connections with local gyms to ensure a seamless transition for patients after discharge. Board members discussed the importance of physical activity for mental health, the need for a consolidated approach to support patients, and the role of community programs in sustaining those benefits **The Board resolved that:** a) The Patient Story was **noted.**	

UHW 25/01/006	**Chairs Reports & Chairs Action taken since last meeting:** The Chairs Report was received. The UHB Chair advised the Board that he would take the report as read and highlighted key points which included: • New Years Honours List: it was noted that four colleagues had received recognition for their work in healthcare in the King's New Year's Honours List for 2025 and that it was a great recognition not just for them individually but as a Health Board as well. • Youth Board: the UHB Chair highlighted 2 key figures within the Youth Board, Athika Ahmed and Ellis Peares and praised the fantastic work undertaken by them and the Youth Board as whole. He thanked the Independent Member, Capital & Estates (IMCE) and Lisa Cordery for the support and engagement they provided to the Youth Board. • Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting **The Board resolved that:** a) The report was **noted.** b) The Chair's Actions undertaken were **approved** c) The application of the Health Board Seal and completion of the Agreements detailed within the report was **approved.**	
UHW 25/01/007	**Chief Executive Officer (CEO) Report** The CEO Report was received. The CEO advised the Board that she would take the report as read and noted that it outlined a number of elements and levels of assurance of the important work ongoing across the Organisation which included but was not limited to: • A challenging festive season: The CEO reflected on the difficult Christmas and New Year period, noting the operational pressures and the commitment and professionalism of the teams in coping with the challenges. • Winter Plan: it was noted that the winter plan was executed effectively, but the actual levels of community transmission of respiratory viruses exceeded the modelling, leading to increased pressure on services. Additional beds were opened, but the organisation still faced inefficiencies due to the high demand. • Vaccination Program: The CEO expressed their disappointment in the low response rate to the vaccination program, particularly among the workforce, which contributed to high sickness levels and the need for expensive temporary workers. It was noted that efforts were being made to understand and improve vaccination uptake. • Financial Position: it was noted that the organisation was struggling to deliver on the financial forecast of £27.7 million and that there was a focus on forensic and extreme grip and control on expenditure, particularly around temporary workforce costs • Planning Event: The rapid planning event (RPE) was discussed, with an emphasis on ensuring the annual plan was understood and owned	

	by the organisation. It was noted that the Executive portfolio leads had articulated their priorities, and the task was to align the plan's response to those priorities. The new Independent Member, Rachna Upadhya (IMRU) asked whether the vaccination policy was timed correctly and if there should be an effort to promote and engage the community to take the vaccine earlier. The CEO and the Executive Director of Public Health (EDPH) responded, explaining that the vaccination timetable was set by the JCVI (Joint Committee on Vaccination and Immunisation), and that the organisation did not have control over the timetable. However, they acknowledged the importance of public messaging and the need for continuous campaigns to encourage vaccination. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report were **noted.**	
UHW 25/01/008	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The DCG advised the Board that there had not been any changes to the overarching risk scores and noted that what could be observed within the report, especially around digital and sustainability was the impact of the Rapid Planning Event (held in December 2024) playing through the actions and narrative contained within the BAF. **The Board resolved that:** a) The risk themes regarding the delivery of Strategic Objectives detailed on the attached BAF were reviewed and **noted.**	
UHW 25/01/009	**Chairs Reports from Committees of the Board:** **People & Culture Committee:** The UHB Chair noted that the Chair and the Vice Chair of the Committee were unavailable to comment but had sent a statement to read out: *"The People & Culture Committee was made aware of the critical role played by Primary Care and how important it was to achieve the Health Boards strategic ambitions. The Committee therefore commissioned an item on the Primary Care workforce. The team were clearly working to get better workforce data so that they could strengthen planning. The Committee have asked that this be brought back to the Committee once the Clinical Directorate had a clearer picture"* The CEO advised the Board that the sickness absence within the report needed to provide assurance on how it impacted the Health Boards financial situation. The Executive Director of People & Culture (EDPC) responded that it would be included in the next meeting that included a Chairs Report from the Committee. **Quality. Safety & Experience Committee:** The UHB Vice Chair (UHBVC) advised the Board that he would take the paper as read and noted that a number of issues were discussed by the Committee including the pressures	

	and demands on the Mental Health Clinical Board and emphasised the need for continued support and improvement in that area. He also emphasised the importance of addressing equity and inequities in healthcare, noting the ongoing work to analyse data and understand the impact of protected characteristics on healthcare outcomes. **Finance & Performance** – The Independent Member – Finance (IMF) advised the Board that he would take the report as read and noted that following conclusion of the Committee meeting, all Independent Members had been invited to the subsequent Committee meetings. The UHB Chair added that as of April 2025, all Independent Members would be members of the Finance & Performance Committee. **Charitable Funds Committee** – The IMF advised the Board that all of the recommendations from the Committee to the Board of Trustees had been approved. **The Board resolved that:** a) The Chairs Reports were **noted**.	
UHW 25/01/010	**Strategic Planning, Commissioning and Partnership Update** The Strategic Planning, Commissioning and Partnership Update was received. The Interim Executive Director of Strategic Planning (IEDSP) explained to the new Independent Member that the report provided the Board with an update on key areas of strategic planning, commissioning, and partnership work programmes. Key areas of the report were highlighted which included: • Southeast Wales Planning: Emphasis was placed on the pressure around the role and partnership responsibilities within the planning around the Llantrisant Health Park proposal. There was a clear priority from Welsh Government (WG) to work with Cwm Taf Morgannwg (CTM) colleagues to deliver services from that facility, focusing on high volume, low complexity services. The financial challenges in the current environment were noted as a significant factor. • Joint Commissioning Committee (JCC): it was noted that the JCC was moving from having an integrated commissioning plan to having its own IMTP. It was noted that there was an expectation for prioritisation of requirements from providers and commissioners, with a JCC meeting scheduled in February 2025 to address that. • Emergency Planning: it was noted that following the Hillsborough Disaster and Inquiry, Bishop James Jones produced a report, '*The patronising disposition of unaccountable power',* a report to ensure the pain and suffering of the Hillsborough families was not repeated. The IEDSP noted that one of the specific outcomes of the report was the production of 'The Charter for Families Bereaved by Public Tragedy' which was introduced and tested last year through two All Wales Public Services workshops. The Board was asked to approve the Health Boards commitment to the Charter for Bereaved Families, coordinated by South Wales Police.	

	The Independent Member – Capital & Estates (IMCE) noted the launch of the Clinical Service Plan; Babies Children and Young Persons plan to 2035 and noted that it almost served as a blueprint for future Clinical Service Plans (CSP) and asked if there had been any learning from it. The IEDSP responded that learning could be taken from the Clinical Service Plan; Babies Children and Young Persons plan to 2035 to inform future development and noted that the ambition was to drive the development of the CSP through the unplanned and unscheduled care approach. She added that the level of engagement from stakeholders and Clinical Boards was really positive. **The Board resolved that:** a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted. b) The Health Boards commitment to the 'The Charter for Families Bereaved by Public Tragedy' through signing the document was approved.	
UHW 25/01/011	**Infected Blood Inquiry Update - Learning & Recommendations** The Infected Blood Inquiry Update - Learning & Recommendations was received. The Deputy Medical Director (DMD) Richard summarised the paper on the infected blood inquiry, which examined the use of contaminated blood leading to infections with hepatitis B, C, and HIV. The key findings included widespread infection, government and NHS failure, and destruction of evidence across the UK. He added that WG were expected to provide feedback to the inquiry later in the year, with a national program chaired by the Deputy Chief Medical Officer. It was noted that in relation to the Health Boards point of view, it had been of benefit by remaining close to the affected individuals and learning from their experiences and key actions were drawn out of that which included: • Improved patient safety measures and traceability of blood products. • Enhanced governance for record-keeping and ensuring information availability. • Support for affected individuals, including psychological support and clinical explanations. • Compliance with inquiry recommendations, including follow-up for patients with liver disease. The DMD advised the Board that one of they key messages was that whilst the Blood Inquiry had provided learning opportunities, the Health Board needed to be mindful that it would happen anywhere in the Health Board and so learning from the incident had to be taken to exercise the duty of care to the people affected by it and to spread across the organisation. The IMCE asked how the Health Board were performing in relation to the consent training module within the mandatory training programme. The DMD responded that improvements were needed in that area and that work was ongoing to address that.	

	The IMCE noted that current changes to job planning would ensure that an ethics lead was identified and asked how robust the Health Boards approach to ethics was in the absence of that role currently. The DMD responded that in relation to the Joint Research Office (JRO), medicine was highly regulated to ensure that the Health Board was adhering to relevant ethics. He added that the Health Board had an ethics Committee, chaired by someone who had Supporting Professional Activities (SPA) time allocated in their job plan and noted that a multidisciplinary approach to ethics was required. The CEO asked if the DMD was getting sufficient engagement from the Blood Health National Oversight Group (BHNOG). The DMD responded that he attended the national meetings and noted that they were collecting information on what was being done and that he would work with the BHNOG to deliver on what was required. The CEO noted that she would meet with the Chair of the BHNOG with the DMD. **The Board resolved that:** a) The report was noted b) Reports would be received at regular intervals as specified by the Board.	
UHW 25/01/012	**Director of Public Health Annual Report: Prioritising the Early Years, Investing for the Future** The Director of Public Health Annual Report: Prioritising the Early Years, investing for the Future was received. The Executive Director of Public Health (EDPH) advised the Board that the report was not just for the Organisation but was for all areas across Cardiff and the Vale. She added that it was an independent review undertaken by her and had been a historical feature that all Executive Directors of Public Health drew attention to whilst in post. It was noted that the theme of this year's Director of Public Health's Annual Report was on the health of children aged 0-5 years and was a response to a recent report by the Academy of Medical Sciences, which set out the rationale and scientific basis for a strong, sustained policy focus on improving health in the early years. The EDPH advised the Board that the report was compiled with 4 topic areas: • Vaccination: it was noted that there was variability of vaccination uptake by geographical area, levels of deprivation, and ethnic minority groups, and efforts were highlighted to increase uptake through outreach programs and collaboration with Cardiff Council. • Obesity and Weight Management: there was an emphasis on collaboration with partners to address obesity through a comprehensive action plan with 30 different actions.	

It was noted that the environment had drastically changed over the last 30 years, impacting people's health and well-being and there was a focus on addressing high fat, sugar, and salt advertising and promoting healthier food and movement plans

The EDPH advised the Board that the Health Board had developed a local framework and action plan to implement the changes and noted that whilst the current plan could be implemented, there was a desire to go further and faster, and an investment plan had been developed to support that.

- Oral Health: it was noted that tooth extractions were the most common reason for hospital admissions in children aged zero to five and that one third of children aged 5 had dental cavities.

  The EDPH advised the Board that the Health Board were working closely with the dental team and public health colleagues to promote the Designed to Smile program and improve oral health outcomes.

  She added that addressing oral health required a multifaceted approach, including improving access to dental care, promoting better diet, and reducing the consumption of sugary drinks.

- Breastfeeding: it was noted that breastfeeding provided multiple health benefits for both mother and child, including bonding, nutrition, and overall well-being.

  The EDPH advised the Board that there was a significant drop-off in breastfeeding rates from 71% at birth to 30% over six months.

  It was noted that an emphasis was required on the need for better support and advocacy for breastfeeding, including addressing the recent employment tribunal case related to breastfeeding support facilities and ensuring resources were focused on the most vulnerable communities.

The UHB Chair thanked the EDPC for the report and noted that there had been a lot of enthusiasm for it at the Cardiff Public Service Board.

The UHBVC emphasised the importance of investing in early childhood health, highlighting that investing resources in that area now would yield significant returns in the future and stressed the need to ensure that those returns were measured accurately to understand the impact of the investments.

Rachna Upadhya (RU), the Independent Member wondered what could be done about the third of young children suffering with poor oral health.

The EDPH responded that addressing poor oral health in young children was complex and required a multifaceted approach.

She added that children and young people were prioritised on lists and noted that promotion of better diet and reducing the consumption of sugary drinks was key in tackling the issues.

RU asked if there were enough dentists to cope with the demand.

The EDPH responded that she would find the data and report it back to RU.

The Board resolved that:

	a) The Director of Public Health Annual Report: Prioritising the early years- investing for the future was noted.	
UHW 25/01/013	**Pentyrch Development** The Pentyrch Development paper was received. The EDF advised the Board that it was approval by the Board as it was over the value of £1m to award the works contract for the replacement of Pentyrch Surgery. The UHB Vice Chair asked if the Health Boards plans to progress, to ensure the provision of high-quality primary care estate to address both current capacity/infrastructure pressures should have been included in the report recommendations given the public interest around the Pentyrch development. The CEO advised the Board that concerns continued to be raised from the residents of Pentyrch around the location of the development and noted that whilst the development was known as Pentyrch, it would be developed nearby in Rhydlafar. She added that she had been engaged with those residents through their group to do work to understand what (if any) challenges there would be in locating the development in Rhydlafar and noted that they were at the stage where a final report around transportation was ready. The UHB Chair noted that the report recommendations would be changed to include the need for a long-term accommodation solution to the temporary accommodation at Pentyrch. **The Board resolved that:** a) The need for a long-term accommodation solution to the temporary accommodation currently at Pentyrch was noted b) The award of this contract for Pentyrch Surgery's Development to BECT Building Contractors Ltd for a value of £3,481,565.38 + VAT was approved.	
UHW 25/01/014	**Joint Commissioning Committee Governance Framework** The Joint Commissioning Committee (JCC) Governance Framework was received. The DCG reminded the Board that the JCC was established in April 2024 and noted that because it was a Joint Committee of the 7 Health Boards in Wales, certain decisions would not be made by the JCC and had to be filtered through each of the Health Boards. He added that in September 2024, the Board had approved the Terms of Reference (ToR) for 2 of the JCC subcommittees and that since then, it had been decided that Chief Executives would be added as members to those subcommittees rather than attendees and so that was a change that required Board approval. It was noted that there was 1 anomaly in the ToR, which included a staff side representative with a "TBC" status. This was identified as likely a mistake, as it was not typical to have such representation at these committees and it was clarified that no one had been asked to fulfil that role, and it was not something any of the Health Boards had requested.	

	The DCG advised the Board that the recommendation would be changed to reflect that. **The Board resolved that:** a) The updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee and the updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee were approved pending removal of the staff side representative.	
UHW 25/01/015	**Next Generation Sequencing** The Next Generation Sequencing paper was received. The EDF advised the Board that the Health Board had received the opportunity to procure a new genetic sequencing machine, the NovaSeq 6000, at a cost of £1.1 million, funded by Welsh Government (WG) who were supportive of the procurement in-year. It was noted that the additional operating costs associated with the new sequencer, primarily for maintenance, were expected to be £374,000 over the next three years and that the costs would be offset by increased productivity and efficiencies. The EDF concluded that the new sequencer would enhance the capacity of the genetic services, which were also funded by WG, ensuring no financial risk to the Health Board. The IMF asked if there was a mechanism to check the savings associated with the machine. The EDF responded that there would be. **The Board resolved that:** a) The procurement of the NovaSeq X Plus sequencer at a cost of £1,115,627 inclusive of VAT subject to confirmation of the availability of the capital funding by WG was approved. b) The limited availability of the NovaSeq X Plus sequencer and the urgency to raise the necessary purchase order to secure delivery within the current financial year was noted.	
UHW 25/01/016	**Operation 'POET' - Lessons Learned 2024** The Operation 'POET' - Lessons Learned 2024 information was received. **The Board resolved that:** a) The content of the report and the action plans available, Appendices 1 & 2 were noted and the works necessary to address the actions / recommendations to improve resilience and minimise any impact to patients, staff and visitors, in the event of a power outage was supported. b) The continued detailed investigation and preparatory work which was undertaken to proceed with the main event was noted. c) The intention to undertake the operation POET exercise on an annual basis across all the sites with the results reported via the appropriate governance route was noted.	

UHW 25/01/017	**Corporate Risk Register** The Corporate Risk Register was received. **The Board resolved that:** a) The Corporate Risk Register was **noted.**	
UHW 25/01/018	**Board Self-Assessment** The Board Self-Assessment information was received. **The Board resolved that:** a) The description of the Board Self-Assessment process as a fair reflection of the intent and content of its activities was noted.	
UHW 25/01/019	Reports from Advisory Groups and Joint Committees The Reports from Advisory Groups and Joint Committees were received. **The Board resolved that:** a) The Reports from Advisory Groups and Joint Committees were **noted**.	
UHW 25/01/020	**Committee, Advisory Group and Joint Committee Minutes:** The Committee, Advisory Group and Joint Committee Minutes were received. **The Board resolved that:** a) The Committee, Advisory Group and Joint Committee Minutes were **noted.**	
UHW 25/01/021	**Integrated Performance Report:** The Integrated Performance Report was received. **Public Health:** The EDPH highlighted key areas from the report which included: • Vaccination: The current uptake for COVID-19 vaccination was 43%, and for flu vaccination, 67%. Efforts were being made to increase uptake, especially among low uptake groups and initiatives included outreach events at Gypsy traveller sites and health fayres, as well as mobile vaccination units at events like Cardiff City football matches. • Healthy Weight: A clear action plan had been developed with partners to address obesity, focusing on a whole system approach. • Smoking Cessation: A targeted communications campaign was live, focusing on unique messages relevant to smokers, such as improving performance in recreational activities and the impact on pets. • Winter Respiratory Viruses: Further waves of winter respiratory viruses were expected, and efforts would shift to increasing MMR vaccination uptake in schools once the winter program concluded.	

People & Culture: The EDPC highlighted 3 key areas from the report which included:

- Sickness and Absence: Efforts were being made to reduce sickness and absence rates, with a focus on well-being and attendance, leadership and management, and workforce planning.

- Temporary Workforce: A scrutiny panel had been set up to review the use of temporary workforce and ensure quality and safety.

- Exit Questionnaires: The completion rate for exit questionnaires was 25% in November 2024 and efforts were being made to understand the top reasons for staff leaving.

The IMTU asked if a deep dive on why staff were leaving the Health Board could be received by the People & Culture Committee.

The Independent Member – University (IMU) advised the Board that there was an ongoing consultation regarding the potential closure of the Cardiff University School of Nursing, with the consultation period being 90 days.

He added that concerns were raised about the impact on current nursing students and the future supply of nurses and noted that Cardiff University had assured the Health Board that students currently in the system would graduate as planned, and efforts were being made to mitigate any negative effects.

Operational Performance: The COO highlighted key areas from the report which included:

- Urgent & Emergency Care:

    - The Health Board continued to be the best performer in Wales, but there were challenges in meeting set standards. There had been a worsening in 24-hour and 12-hour waits, and a slight increase in 2-hour ambulance handovers.
    - Increased length of stay, particularly in medicine, had been a significant issue.
    - A winter ward with 35 extra beds was opened at Llandough Hospital, but it was not enough to cope with the spike in demand.
    - There were 145 patients delayed for care in December, with an average stay of 68 days. This number increased to 176 in January, with an average stay of 55 days

- Planned Care:

    - Two-Year Waits: The target was to have no more than 1326 patients waiting over two years by the end of March 2025. Currently, there were about 3700 patients waiting over two years, with 5720 patients needing treatment by the end of March 2025
    - Significant progress had been made, reducing the number of patients waiting over two years.

- Cancer Care:

    - The Health Board continued to perform well in cancer care, consistently being the best in Wales. However, direct comparison with England was challenging due to different clock stop rule.

- Diagnostics:

- The Health Board showed an improving position, and the Finance & Performance Committee were briefed at the meeting held the week prior to the Board meeting.
- Some Endoscopy progress has been seen but there was no appetite from WG to provide support, however permission was granted to reallocate some of the money.

- Mental Health: The COO highlighted the high numbers of out-of-area placements for psychiatric intensive care patients, which had led to significant financial and patient experience issues. He emphasised the need to address the problem.

  He added that pre-COVID, there were five psychiatric intensive care beds, but that had doubled to 10. Despite the increase, there were still 5 to 10 patients placed out of area at any given time.

  It was noted that the high number of out-of-area placements was a major driver of the mental health clinical boards overspend. Addressing that issue was crucial for both financial stability and patient experience.

Finance: The EDF highlighted key areas from the report which included:

- Balancing Challenges: The organisation faced significant financial challenges, including balancing operational delivery, quality, safety, and financial control. It was noted that the reporting period was particularly difficult due to winter pressures and overcrowded secondary care.

- Repositioning Efforts: Efforts were being made to reposition the organisation to better handle the challenges including strategic planning and adjustments to ensure financial stability and continued quality care.

- Financial Progress: The EDF provided an update on the financial progress, highlighting the challenges faced due to operational pressures and winter plans. The month 9 forecast came in at £27.5 million, which was higher than expected.

- Emergency Escalation: An emergency escalation and program management group were enacted to manage temporary spending and improve the financial position. This included a detailed examination of temporary spending and efforts to reduce costs.

- Future Forecasts: it was noted that the month 10 results would be pivotal in understanding the impact of the measures on the financial position. The forecast remained challenging, and continued efforts were needed to manage spending and improve financial stability.

Quality, Safety & Experience: The END highlighted key areas from the report which included:

- Concerns Performance: There was a drop in the percentage of concerns closed within 30 working days, attributed to the challenging winter period and changes in the Putting Things Right guidance from WG.
- Overdue Serious Incidents: Efforts were being made to reduce the number of overdue serious incidents.

- Mortality Dashboard: The END and Deputy Medical Director (DMD) mentioned the development of a new mortality dashboard, which would provide detailed and useful mortality information. There was a plan to bring it to the Board for further discussion and implementation.

	Digital: The Director of Digital & Health Intelligence (DDHI) introduced the inclusion of digital and data work in the integrated performance report (IPR). They emphasised the importance of digital as a key enabler for the organisation and the development of additional KPIs to measure progress. He added that some of the KPIs included: • Wi-Fi coverage, • Online Access, • Core competencies • Use of Microsoft 365 • The number of Business Intelligence products • The number of dashboards. The IMCE asked for future digital updates within the IPR to contextualise some of the statistics presented. **The Board resolved that:** a) The Integrated Performance Report was **noted.**	
UHW 25/01/022	**Any Other Business** No other business was raised.	
	Time & Date of the next Meeting: 27 March 2025 at Woodland House, Coed Y Bwl.	

ACTION LOG

Public Board Meeting

27 March 2025

MINUTE REF	SUBJECT	AGREED ACTION	DATE DUE	LEAD	STATUS / COMMENT
Actions					
UHW 24/11/008	**Board Assurance Framework (BAF)**	More detail required in future BAF around sustainability more broadly. Decarbonisation, life sciences and evolving technologies.	**27.03.2025**	**Director of Corporate Governance (DCG) / Executive Director of Finance (EDF)**	**COMPLETE** March's BAF includes information.
UHW 25/01/021	**Integrated Performance Report (IPR)**	Further detail to be provided on staff retention and reasons for leaving at next Board meeting.	**27.03.2025**	**Executive Director of People & Culture**	**COMPLETE** Information provided on March's IPR.
UHW 25/01/021	**Integrated Performance Report**	Board to receive actions being undertaken if/when the Health Board is "off-track" on financial controls and to include a graph in the IPR that shows actual vs forecast on the savings plan.	**27.03.2025**	**Executive Director of Finance**	**COMPLETE** First draft to be presented at F&P in April 2025 and will be received by Board at April's Board Development meeting.
UHW 25/01/021	**Integrated Performance Report**	More detail on mortality data to be shared with the Board through the IPR	**27.03.2025**	**Executive Medical Director**	**COMPLETE** Mortality dashboard has been developed. First draft presented to SLB 20.03.2025 to agree level of data to be presented to Board in April 2025.
Actions referred TO Committees of the Board/Board Development					

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2	
Meeting:	**Public Board**		Public	X	Meeting Date:	**27 March 2025**	
			Private				
Status *(please tick one only):*	Assurance		Approval	X	Information		X
Lead Executive Title:	**Chair of the Board**						
Report Author (Title):	**Head of Corporate Governance**						

Main Report
Background and current situation:

1. **SITUATION/BACKGROUND**

This report aims to provide an update to the Board on relevant matters in my capacity as Chair of the Health Board, where I highlight key areas of activity including Board business and topical areas of interest.

2. **SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING**

2.1 Board and Committee Membership

A. The Board has taken steps to strengthen arrangements in the Finance and Performance Committee and all Independent Board members will be members with effect from 1 April 2025.

B. I would like to pass on my thanks to Akmal Hanuk who joins us for his last public Board meeting. Akmal has been a first-class member of the board and contributed fully during his term of office and will be greatly missed.

2.2 Board Development Session – 27 February 2025

During the Board Development session, the following item was discussed:

1. Strategy Planning Delivery and Framework – an entire session was dedicated to discussions around the submission of the Annual Plan for 2025/2026. The Board were engaged with understanding the key plan priorities and commitments, in addition to discussing the areas of challenge and risk the Annual Plan presents which will be discussed further today.

2.3 Diary Highlights since the last Board Meeting

Climate Emergency Leadership Day Spread and Scale Academy

I recently had the privilege of attending the Spread & Scale Academy Climate Emergency Leadership Day. I was truly inspired by the remarkable work of the projects showcased. It is incredible to see the progress they have made in just three months since attending the Spread & Scale Academy. Their dedication and innovation are commendable, and I am eagerly looking forward to witnessing their continued growth. In particular, the Gloves Off project, which was recently launched in the Health Board, is rapidly spreading to other Health Boards across Wales, demonstrating the power of collaborative efforts in addressing climate challenges.

I am immensely proud of the Dragon's Heart Institute team at Cardiff and Vale UHB for their role in delivering the Spread & Scale Academy and facilitating the increasing impact of these brilliant projects. Their hard work and commitment are making a significant difference.

Visit to the Maternity Unit

I was delighted to visit the Maternity Unit in February and see all the great work that goes on a daily basis. I was impressed with the superb staff we have and the calm and professional manner in which they undertook their work.

Spotlight story

Veterans' NHS Wales

I am delighted to share with Board the great work undertaken by the Veterans' NHS Wales Service (VNHSW) who are shortly due to be celebrating 15 years of all-Wales provision. This is such an important service that we are proud to host as it marries brilliantly with the ethos of the UHB which is committed to supporting those with military experience as demonstrated by the Gold Standard Defence Employee Recognition Scheme (ERS) award the UHB has been accredited.

About the Service

VNHSW was established in 2008 as one of the six Ministry of Defence / Welsh Government funded UK pilot sites based in Cardiff. In April 2010, VNHSW success in engaging military veterans in out-patient NHS settings led to the launch of the 'All Wales Veterans Mental Health Service' (renamed Veterans' NHS Wales several years later).

Veterans' NHS Wales (VNHSW) is a psychological therapies and psychiatric outpatient service for veterans with service-related mental health problems such as Post Traumatic Stress Disorder. Any veteran living in Wales who has served at least one day with the British Armed Forces, as either a regular service member or as a reservist, who has a 'service-related psychological injury' is eligible to self-refer or be referred.

VNHSW provides service across all seven Welsh health boards and operates via a 'Hub and Spoke' model of which the UHB hosts the national 'hub' for VNHSW. The team comprises of specially trained colleagues including a Consultant Psychiatrists, Clinical Psychologist and Veteran Therapists.

Service Data

VNHSW routinely collects demographic and service data across Wales and collates this information annually in their annual reports. An annual report for the period 1st April 2023 – 31 March 2024 will be available in due course. However, some key 2023-2024 data is highlighted below:

- 628 veterans were referred to VNHSW during this period.
- 302 assessments were completed across Wales
- Cardiff and Vale UHB saw the highest assessment attendance rate in Wales, 96% of all appointments offered were attended (National average = 85%).
- 188 veterans across Wales commenced treatment. 84% of veterans started treatment in less than 26 weeks (Welsh Government target = 80%).
- Clinical staff are highly skilled and support individuals with complex presentations. Many veterans seen have experienced multiple military and non-military traumas. In 2023-2024, 38% of veterans had experienced 4 or more Adverse Childhood Experiences (ACEs), in addition to military trauma (The national average for 4+ ACEs in Wales is 14%, Public Health Wales, 2016).
- In 2023-2024, 85 veterans completed their treatment.
- The service uses several self-report clinical measures to indicate recovery and improvement. Overall service treatment outcomes are positive, with symptom reduction seen after treatment.

Veterans' NHS Wales Research and Service Development Projects

Military Spring Digital Guided Self-Help - Research Pilot

VNHSW has recently taken part in a research pilot to develop and evaluate a digital guided self-help programme for military post-traumatic stress disorder (PTSD) and complex PTSD (CPTSD) in military veterans. Military Spring is based on the evidence that digital guided self-help can be effective for the treatment of PTSD which is recommended for the treatment of civilian PTSD in the UK.
Cardiff University and the National Centre for Mental Health has developed Military Spring digital guided self-help and is currently being piloted with eligible Veterans accessing VNHSW between October 2024-February 2025. The results will be submitted to the Office of Veterans Affairs in March 2025 who funded the research.

The REWIND Technique - Service Evaluation
VNHSW has completed a service evaluation of the REWIND technique, a brief three session intervention for PTSD. The service evaluation aimed to assess if the REWIND technique can be

effectively used in day-to-day practice to treat Veterans quickly after their assessment and avoid longer waits for more intensive treatment.

The REWIND technique is an effective short-term treatment for military veterans with PTSD and may also provide secondary relief for co-morbid difficulties such as Depression and Insomnia. The evaluation demonstrates the REWIND technique as a promising cost and time-efficient intervention for clinicians compared to other trauma-focused interventions. The VNHSW hope to publish the results in the British Medical Journal - Military Health and in a poster at Kings' College London Veterans' Mental Health Conference 2025.

Veterans' NHS Wales Prison Pathway Operational Policy

In 2022, in discussion with Welsh Government, a gap in service provision for veterans in Welsh prisons was identified. The VNHSW Prison Pathway Operational Policy was drafted, consulted on and ratified internally by pan-Wales health board professionals, and externally by Welsh Government Mental Health, Substance Misuse and Vulnerable Groups Team, Welsh prison Governors and Deputy Governors and Professor Andrew Forrester, Professor of Forensic Psychiatry at Cardiff University.

VNHSW now provides virtual psychological therapies for veterans in Welsh prisons and continues to work with prison healthcare staff on raising awareness for this provision to ensure that veterans in Welsh prisons have the same access to service as those not incarcerated.

The Hub welcome visits or discussions about the service and can be contacted via admin.vnhswcandv@wales.nhs.uk and further information is available online CARDIFF & VALE - Veterans Wales.

Celebrating 15 years Service

On the Wednesday 20th April 2025 there will be an event celebrating 15 years of VNHSW at The Pierhead Building in Cardiff Bay to look back on success stories and innovative practices.

The event will showcase the development of key areas of innovation including embedding Peer Mentors into three health boards to date, Walk and Talk therapy post-Covid, service evaluations with novel psychological therapies and details of the great work undertaken by the team. I am delighted to be attending the event and hearing about all the great work that has helped so many.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 - Fixing the Common Seal/Chair's Action and other signed Documents since the last Board meeting

The **common seal** of the Health Board has been applied to **6 documents** since as listed below;

Seal No.	Description of documents	Background Information
1109	Agreement between CAV and BECT Building Contractors	Refurbishing the existing X-ray room at CRI, including upgrades to mechanical and electrical services to support new medical equipment
1110	NEC4 PCCS - UHB Condition Appraisal Agreement between CAV and Curry & Brown UK Ltd	Enabling project work re: CAV UHBs Estate 2024-25 Provision of supporting condition survey information. Produce 10-year programme of priorities expenditure based on survey and risk assessment findings
1111	Agreement between CAV and BECT Building Contractors	Contracted works at Pentyrch Development
1112	Agreement between CAV and ET&S Cardiology Refurbishment	Refurbishment of 2 wards at C1 North and South and supporting areas located at UHW
1113	Land Purchase at Rhydlafar	Construction of Pentyrch GP surgery
1114	Land Transfer at Rhydlafar	Construction of Pentyrch GP surgery

The following **25 x Legal Documents** are reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
10.01.25	DC24101 - UHW A6 Ward Kitchen Refurbishment CVUHB identified the need for refurbishment following a Food Safety Audit in September 2024. The audit highlighted areas requiring improvement to achieve full legal compliance.	£43,166.43 (excluding VAT).
17.01.25	DC24061 UHW GF261 X-Ray Refurbishment The refurbishment includes replacing the X-Ray machine, flooring, redecoration, general re-planning, and installing a new ventilation plant.	£338,141.20 (excluding VAT).
17.01.25	DC24060 - UHL L10 Xray Refurbishment The refurbishment involves replacing the X-Ray machine, updating flooring, redecoration, general re-planning, and installing a new ventilation plant	£332,622.83 (excluding VAT).
17.01.25	DC24106 - UHW Concourse Gutters The refurbishment of the 106, Level Plantroom, including cleaning and re-sealing of the	£61,534.35 (excluding VAT)

	concourse gutters, traffic management, and erection of a working height scaffold.	
17.01.25	DC24063 - UHW HSDU Emergency Works Roof Covering The project involves replacing the UHW HSDU roof, including scaffolding, insulation, and waterproofing	£143,443.00 (excluding VAT)
24.01.25	CRI Radiology (Seal 1109) refurbishing the existing X-ray room at CRI, including upgrades to mechanical and electrical services to support new medical equipment and associated building works	£213,291.66 (excluding VAT)
03.02.25	NMP015 - Estates Rationalisation - Clinical Coding exercise to rationalise its property usage including refurbishment of the existing clinical coding area to create clinical rooms and offices.	£74,369.65 (excluding VAT)
31.01.25	DC24085 - UPS Remedials The project covers the replacement of UPS units at the University Hospital Wales Cardiff and shall include for the full removal and disposal of all existing UPS equipment from site to provide a fully working installation of all new equipment and cabling.	£192,694.00 (excluding VAT)
31.01.25	Estates Rationalisation - Woodland House o undertake part refurbishment of the ground floor to house Occupational Health, Training, and Employee Welfare Services.	£492,333.31 (excluding VAT)
31.01.25	DC24095 UHL AVSU Replacement replace the existing equipment with more efficient larger output system to meet the current demand. T	£169,349.43 (excluding VAT)
03.02.25	NMP015 - Estates Rationalisation - Diabetes refurbishment of an existing area to create diabetes rooms and offices inclusive of the main corridor.	£136.770.69 (excluding VAT)
03.02.25	CRI Car Park Extension and Relining Entire car park and service yard to be relined after preparation works including defining specific areas together with relocation of existing cycle shelters and installing street furniture.	£127,751.60 (excluding VAT)

03.02.25	DC24099 - CHW Phase 1 Boiler Replacement replace the current boilers with a new modern system that will be more energy efficient, and ensure the security of the heating system for the foreseeable future.	£280,206.00 (excluding VAT)
03.02.25	NMP003 - BB Concourse Re-model the existing joint storage area of Aroma and the newly branded food retail unit, including creating a kitchen area to serve the new retail unit and re-flooring the central concourse area.	£355,478.53 (excluding VAT)
03.02.25	DC24058 - Tower Block 2 Lift Supply Upgrades (UHW) TThe existing lift supplies, installed around 1970, are three-phase supplies with no neutral conductor. The modernisation project requires a neutral conductor to ensure the new equipment functions correctly	£88,675.00 (excluding VAT)
11.02.25	DC24117 - UHW Ward A5 Kitchen Refurbishment The refurbishment includes: Decoration of ceiling areas Installation of floor-to-ceiling hygienic wall cladding Replacement of floor covering	£44,266.31 (excluding VAT)
12.02.25	Procurement Report & RFA No.18 - NMP027 - B2 Link Remodelling a current male changing room into a storeroom/office space. Re-lining all circulation corridors with wall cladding (Altro Whiterock) inclusive of DDA compliant handrail	£57,287.50 (excluding VAT)
18.02.25	Purchase of Fire Alarm Equipment for Cardiff and Vale University Health Board to implement a contract for the purchase of fire alarm equipment to upgrade the existing Protec fire alarm system	£92,763.93 (excluding VAT)
18.02.25	DC24118 - RO & Maternity UPS Installation the installation of Uninterruptible Power Supplies (UPS) for Reverse Osmosis (RO) and Women's Services	£141,960.00 (excluding VAT)
18.02.25	DC24087 UHL Physiotherapy Re-roofing Contract	£475,186.31 (excluding VAT)

	Physiotherapy Department at the University Hospital of Llandough (UHL) due to the poor condition of the existing bituminous felt roof. The deteriorated roof has caused water ingress, damaging internal substrates and creating an unsuitable environment for residents	
19.02.25	NMP023 - IT SAC Building 1st Floor Refurbishment The project involves the internal refurbishment of the IT SAC Building 1st floor.	£175,246.17 (excluding VAT)
19.02.25	DC24098 - UHL Bethan Ward Roof Covering need for roof covering works at UHL Bethan Ward due to the poor condition of the existing bituminous felt roof, which has reached the end of its useful life	£348,827.18 (excluding VAT)
20.02.25	DC24079 - UHW Pembroke House Re-Roofing Contract identified the need for re-roofing Pembroke House due to the poor condition of the existing bituminous felt roof, which has led to water ingress and damage to internal substrates	£68,579.12 (excluding VAT)
27.02.25	DC24129 UHL Ward East 8 Roof Covering Replacement existing bituminous felt roof covering at UHL Ward East 8 has reached the end of its useful life, causing water ingress in several locations and interrupting service delivery.	£177,182.48 (excluding VAT)
27.02.25	DC24135 – UHW Octopus Radiology Roof Covering Replacement existing bituminous felt roof covering at UHW Octopus Radiology has reached the end of its useful life, causing water ingress and damage to internal substrates.	£143,896.00 (excluding VAT)

The following **6 x <u>Chairs Actions</u>** have been taken on behalf of the Health Board; The Board is requested to ratify these decisions in accordance with Standing Orders;

Date Received	Chairs Actions Details	Background Information	Date Approved
31.01.25	Cardiology Refurbishment	The Capital, Estates and Facilities Department (CEF) at Cardiff and Vale University Health Board (CVUHB) have a need for the following works to be undertaken for the refurbishment of two wards at C1 North and South and supporting areas, located at University Hospital Wales. Seal Number 1112	06.02.25

07.02.25	Digital Devices Refresh Windows 11 The project involves the procurement of laptops, desktops, and monitors to replace the existing fleet of devices.	Dell Latitude 3550: £505.00 per unit, total £151,500.00 excluding VAT. Dell OptiPlex 7020: £440.00 per unit, total £1,309,000.00 excluding VAT. Dell P2425H Monitor: £95.00 per unit, total £64,505.00 excluding VAT. Total Value: £1,525,005.00 excluding VAT, £1,830,006.00 including VAT.	11.05.25
13.02.25	Capital Purchase of CT Scanner with 10 Year Point of Sale Maintenance Rereplacement of the old CT scanner at UHW. The new scanner will offer improvements in image quality, reduced radiation doses, and advanced features such as AI-based algorithms and metal artifact reduction software.	New Contract Value: £1,035,104.00 excluding VAT (£1,242,124.80 including VAT) CT Scanner: £410,000.00 excluding VAT 10 Year Point of Sale Maintenance: £625,104.00 excluding VAT Cost Avoidance: £587,737.50 excluding VAT (£705,285.00 including VAT) Funding: The project is funded by the Welsh Government, with £3.3 million allocated to the Health Board's Capital Resource Limit (CRL) in February 2025.	13.02.25
20.02.25	Capital Purchase Bed and Mattress System Replacements The current bed fleet is aging, leading to high repair costs and risks. A 5-year rolling product replacement program is proposed to mitigate these issues.	Total contract value: £2,416,400.00 excluding VAT Initial funding of £2m allocated by Welsh Government in February 2025. Additional funding of £750,000 expected from Welsh Government.	20.02.25
14.02.25	AWMGS Outsourcing of Genetic Testing – Backlog Outsourcing genetic testing to Synlab Laboratories to manage the backlog and ensure timely patient diagnosis across Wales	The total cost for outsourcing the genetic testing backlog is £1.2 million (VAT Exempt). This funding is part of the Welsh Government's £3 million budget allocated for the laboratory move from UHW to the new site at Cardiff Edge	16.02.25
25.01.25	Hemgenix Supply Agreement - new ATMP	JCC are the commissioners of this treatment, and have also funded several posts within Pharmacy and Haemophilia in order to equip CAV to deliver this treatment Cost per dose - see documentation	01.03.25

Recommendation:

The Board is requested to:

a) **NOTE** the report.
b) **APPROVE** the Chair's Actions undertaken.

c) **APPROVE** the application of the Health Board Seal and completion of the Agreements detailed within this report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant*			
Putting People First		Providing Outstanding Quality	X
Delivering in the Right Places	X	Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered *Please place an "X" in the below boxes as relevant*									
Prevention		Long term		Integration		Collaboration	X	Involvement	

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3
Meeting:	Public Board		Public	x	Meeting Date:	27 March 2025
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					

Main Report

1. EXECUTIVE SUMMARY

As we come to the end of the financial year, the purpose of this report is to reflect on the key achievements of the last year including an update on the delivery of what we set out to achieve in line with the University Health Board (UHB) strategic objectives in addition, updating Board on the two key areas of focus I set for myself in my last report of 2023-2024.

At the beginning of this financial year in addition to committing to the annual plan agreed by the Board, I articulated the personal desire to focus on the following strategic objectives during the course of this year, as such an update is set out below to provide assurance on how this work has progressed.

Strategic Objective - Putting People First

My ambition this last year was to support the delivery of the People and Culture Plan and thus improve the experience of all colleagues.

This year we have made progress through the commitment to reduce disparities in the experiences of colleagues from ethnically diverse communities, guided by the Anti-racist Wales Action Plan (ArWAP) and the Workforce Race Equality Standard (WRES). ArWAP aims to make Wales an anti-racist nation by 2030, focusing on systemic inequalities and inclusivity, while WRES scrutinises workforce data to identify where the opportunities lie to improve equity of career progression and fair treatment for minority ethnic colleagues. Collaboration with the Welsh Government has been fruitful, with positive feedback on the CAVUHB approach, vision, and how we are progressing actions, particularly around representation and progression for ethnically diverse colleagues.

In order to improve engagement with the Staff Survey and understand how colleagues are really feeling across the UHB, a different approach was applied to the sharing of the Staff Survey results from 2023. This consisted of a number of Staff Focus Groups which I was fortunate to participate in which were held across CAVUHB and online. These sessions have sought to create a "safe space" where colleagues can participate in open and honest dialogue so that the drivers to poor colleague experience can be understood and suggestions for improvement and collaborative working agreed. It was promising to see that 977 more colleagues participated in this year's survey which indicates improving engagement and advocacy.

The work to address underlying cultural issues continues across CAVUHB and includes some targeted intervention led by members of the Executive Team responding to and taking active steps to resolve some long-standing behaviors and poor team dynamics within a number of teams. This is an important demonstration of our commitment to the organisational values and behaviors, the value placed on team wellbeing and resilience and recognition of the well evidenced link this has to patient safety, quality of care and outcomes.

There remains much work to do before a significant improvement in the Staff Survey feedback and team experience is likely but I am confident we are on the right track and grateful to my colleagues for their support to and with this work.

Strategic Objective - Delivering in the Right Places

My other key focus in the last year has been to support the delivery of the Digital Roadmap in order to transform ways of working and achieve more efficient and effective care models.

Digital Foundations: work continues in developing a Programme Business Case setting out investment required to improve the infrastructure and lay the ground for implementing an Electronic Health Record and improving digital maturity. The intention is to seek capital funding from Welsh Government to support specific cases at the end of Quarter 3 FY 25.26. In addition, and in support of a more inclusive approach additional M365 licenses have been secured and email accounts for all colleagues across the organisation have been enabled.

Open Calendars: to support improved efficiency and transparency, all MS Outlook calendars will be viewable by all from 14/04/25 (allowing for adequate comms and FAQs to be made available).

Co-Pilot Deployment; licenses have been made available for all enabling colleagues to utilise artificial intelligence (AI) tools to manage administrative tasks, minute taking and improve the speed and effectiveness of routine tasks.

Digital Eyecare Solution; during the last six months all eleven ophthalmology sub-specialties have implemented the Open-Eyes Electronic Patient Record solution with plans to roll-out the service to support regional working across Southeast Wales and nationally to all health boards. Plans are in place to deploy the Open-ERS functionality (electronic referrals) in Q1 FY 25.26 leading to a national implementation, managed on behalf of Welsh Government by the CAVUHB digital team.

A very welcome £4.4million has been supported by Welsh Government to speed up benefit realisation. This has advanced achievement of ubiquitous Wi-Fi coverage across the main sites and to provide supported end user devices to teams.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

Year End Reflections

So much fantastic work goes on everyday right across the Health Board, but sadly it is not possible to mention every success here but those shared below are indicative of the quality of the work and the commitment from colleagues who respond to the health and care needs of the population in often very demanding circumstances on a daily basis.

Putting People First

BBC One's Saving Lives in Cardiff

Over six one-hour episodes aired in September and October 2024 showing how clinical and operational teams are working hard to put people first against the backdrop of significant waiting times. By opening the doors to the Label1 film crew, the programme gave a snapshot of the difficult decisions many colleagues make every day and the expertise, professionalism and compassion that goes into caring for people's health. A second series is expected to air later this year.

Providing Outstanding Quality

The Rapid Hip Fracture Pathway was implemented over the last year and has resulted in significant improvements in the patients' journey to such an extent that Cardiff and Vale UHB is now one of the best performing hip fracture units in the UK.

eTriage Kiosks were introduced in the Emergency Unit at the University Hospital of Wales to improve patient experience, increase efficiency and to support the clinical triage team with prioritisation of those patients most in need.

Bronze Accreditation in the Ward Accreditation and Improvement Programme were awarded to four Wards for their dedication to delivering high standards of care and using data-driven insights to implement meaningful improvements.

Colleague Recognition

We have some truly inspirational colleagues working across the UHB and it was fantastic to see several were recognised for their dedication to delivering outstanding quality care during the year. Just some of those recognised include:

- MBEs were awarded to Consultant Physician **Dr Hamsaraj Shetty** for his services to stroke care and **Professor Antony Johansen**, Consultant Ortho-Geriatrician, for his services to older people.
- **Madelaine Watkins**, Clinical Nurse Specialist for Psychosis in Older Adults, was named **RCN Wales Nurse of the Year 2024**.
- **Lisa Franklin**, **Tim Nicholls**, **Julia Somerford**, **Kim Baker**, **Jade Cole,** and **Diana Mehrez** were also recognised at the ceremony for their outstanding commitment to quality.

Delivering in the Right Places

A Healthy Lives event held in March during Ramadan at Cardiff City Stadium, offered women of Islamic Faith the chance to find out more about the importance of breast, cervical and bowel screening, as well as childhood vaccinations.

Safe at Home – the primary care service expanded, providing older and frail people a safe alternative to hospital by delivering care in their own homes.

Seibiant Sanctuary- a non-clinical, community-based mental health crisis facility was launched, offering a safe space for individuals experiencing a mental health crisis or needing support. This is a further collaboration with **Platfform**, a mental health and social justice charity.

The Hangout Cardiff (Platfform) - has evolved and building on its success a second location opened in Barry this year, providing a welcoming, relaxed environment for 11-18 years to access mental health and emotional wellbeing support.

Acting for the Future

Throughout 2024, colleagues worked hard to reduce the Health Board's carbon emissions and protect the environment:

- CAVUHB pioneered an **environmentally friendly alternative for 'gas and air'**, used as pain relief to women in labour, potentially slashing harmful emissions here and beyond.
- **Electronic Prescribing and Medicines Administration (ePMA)** system is due to be launched by the end of the year, which aims to improve the prescribing and administering of medication.

Annual Plan Delivery 24.25

As I reflect on the year and the delivery of the Annual Plan 24.25 I think Board colleagues will agree that whilst credible the plan was extremely ambitious. We must celebrate where objectives and indicators have been met and reflect upon those aspects where we failed to meet our ambitions and seek learning for the future to avoid repetition. A key focus for improvement moving forward will be the need for greater alignment and ownership across the whole organisation of the plan. A summary of achievement is the key areas is below:

Six Goals for Urgent and Emergency Care

We have sustained commitment to the objectives under the 6 Goals programme during 2024-2025 and whilst there have been challenges, we have seen some success in areas however we recognise there is still a lot of work to be done. Performance for patients spending 12 hours or more in the emergency department has not improved as we had hoped whilst other aspects of the pathway performance is essentially static.

Cancer

In January, the most recently reported position, 65.6% of patients with cancer received their first definitive treatment within 62 days. The Suspected Cancer Pathway standard of 75% was met for Brain/Central Nervous System (CNS), Upper Gastrointestinal Skin and lung tumour sites. We remain the best performing Health Board in Wales, despite challenges in some specialties particularly Lower Gastrointestinal.

Enhanced Care in the Community

There has been a reduction in the number of delayed transfers of care in comparison to 2023-2024 which is in line with the ambition to reduce the previous 12-month trend.

Planned Care

At the end of February 2025 there were 2,414 patients waiting over 2 years for treatment. This is a significant reduction from the previous month and is the lowest number of 2-year waits reported since July 2021. We are clear that there are still many patients waiting too long for treatment across a number of key services and this will remain a significant area of focus as we head into next FY.

Strategic Portfolios

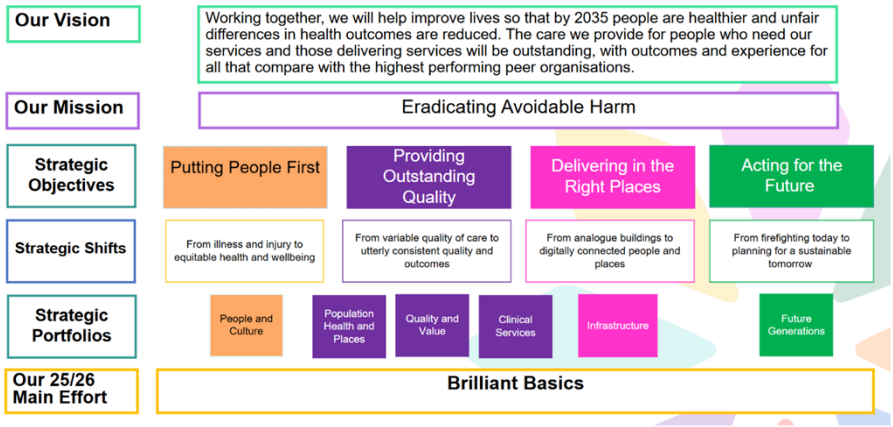
In order to deploy strategy effectively, the Strategic Portfolios have now been fully established to ensure effective delivery of the actions and plans set to achieve the strategic objectives. This mechanism will be subject to on-going evaluation and adaptation as required/indicated.

Annual Plan 2025/2026

One of the key learnings of the last year was that effective plan delivery is critically dependant upon strategic alignment and ownership across the whole organisation. We have modified the approach based on learning and used a rapid planning event to mobilise and motivate the senior leadership team.

As Board colleagues will be aware the planning context for the next years plan is extremely challenging. Detailed work has been undertaken in order to articulate a financial plan that is ambitious, credible and as far as reasonably possible meets the Statutory requirements placed on the us. The detail will be shared later in the Board meeting.

The "Plan on a Page" is set out below which depicts strategy to action and visualises how the components of the plan layer and fit together.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

End of Year Financial Position Update

As Board colleagues are aware we have implemented a number of further recovery actions of the past few months to support the delivery of the revised £27.7m deficit. I am pleased to say that these actions are making a difference. The actions taken coupled with additional non-recurrent Welsh Government funding streams has enabled us to continue to hold the month 11 position at £27.6m.

Based on current trajectories we can be confident of hitting the revised forecast deficit. We should remember however that this is against a financial control total deficit of £9.1m. Clearly, we face significant challenges entering the 2025/26 financial year and will need to keep current recovery actions in place as we finalise the plans.

Cardiff and Vale UHB Escalation Status

On the 11 March 2025 the Cabinet Secretary for Health and Social Care announced in the Senedd that the escalation status of the Health Board has been increased to Level 4 (targeted intervention) for finance, strategy and planning. The Health Board will therefore be working closely with Welsh Government and NHS Wales as we strengthen sustainability and the effective use of resources to improve quality, efficiency and productivity across the organisation in light of the escalation status.

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
Putting People First Click the objective to view more detail		Providing Outstanding Quality Click the objective to view more detail	
Delivering in the Right Places Click the objective to view more detail		Acting for the Future Click the objective to view more detail	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Report Title:	Board Assurance Framework				Agenda Item no.	6.4
Meeting:	Board		Public	X	Meeting Date:	27 March 2025
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive Title:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

The Board Assurance Framework (BAF) provides the Board with information on the key Strategic Risks that could impact upon the delivery of the Health Board's Strategy. It comprises 6 risk themes that are applicable to every one of the 4 strategic objectives.

The 2 delivery focused risk themes are:

1. Quality
2. Health Equity

And there are 4 key enabling risk themes:

3. People
4. Digital
5. Infrastructure
6. Sustainability

While each risk theme is relevant to every strategic objective, they are connected both with a strategic portfolio and a Committee of the Board to provide an appropriate thread from the strategy through delivery and into performance, and a means of assurance and scrutiny through Committees and into Board.

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

As is routine, all changes (bar the trend graphs) are shown as track changes.

There have been no changes to overall net risk scores.

As per the outstanding action at Board, the sustainability section has now been initially updated to cover the climate/decarbonisation facets of the sustainability risk.

Board will also note the transition within the sustainability risk as we pass from FY 24/25 to 25/26.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Discussion at the various Committees of the Board on the risks allocated to them for review.
- The burgeoning strategic portfolio work being led by Executives.

Recommendation:

The Board is requested to:

- **Review and note** the risk themes regarding the delivery of Strategic Objectives detailed on the attached BAF.
- **Request** that each relevant Committee Chair discuss with their Executive lead the inclusion of the BAF relevant to their Committee on their Committee Forward Plan

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?:

*Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	There is no impact on the Duty of Quality

Impact Assessment:

*Please state **yes** or **no** for each category.* ***If yes please provide further details.***

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*

Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit Cardiff and Vale University Health Board (nhs.wales)*

Decarbonisation: No

Welsh Language: No

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

Board Assurance Framework

Updated 27 Mar 25

Introduction

The Board Assurance Framework (BAF) is the tool and document that seeks to articulate what strategic risks an organisation has identified that will, if not addressed, prevent it from delivering its strategy.

There is no definitive format, and it is intended that the below pages present in as clear a manner as possible the alignment between CAVUHB's 4 strategic objectives, the strategic portfolios that are led by the Executives in order to turn the strategy into delivery over the course of the strategy, the strategic risks that have been defined to best articulate the major themes that could prevent the delivery of the strategy, and the Board's Committees that are charged with seeking assurance on and scrutinising the delivery of each strategic objective.

While each strategic risk aligns to a Committee, the risks themselves are applicable to all 4 strategic objectives and have a whole organisation perspective and impact. Each has a risk appetite as determined by the Board.

Each risk seeks to identify the potential cause and effect of a manifestation of the risk becoming an issue. This 'uncontrolled' assessment makes use of a simple 5 x 5 scoring guide for likelihood against impact:

Likelihood / Impact	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Severe (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Each risk is then assessed for the different controls and assurance measures or mechanisms that are in place, as well as identifying where there may be gaps in these facets. Once these have been applied a new assessment, using the above scoring system again, is then made.

However, the BAF is not a definitive mechanism or science. It is a vehicle for the organisation to articulate and expose some of the strategic level impacts on delivering the strategy, and for the Board and Committees to pull through and scrutinise those elements that are appropriate.

Finally, the BAF seeks to articulate the activity taking place relevant to each risk for assurance.

This document looks to capture and present this information so that the Board and members of the public can see all of the above information, the trends in scoring, the actions being undertaken and every change made to the document between one Board meeting and the next through the use of track changes.

Shaping Our Future Wellbeing

Strategic Framework

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

Strategic Framework						
Strategy	**Putting People First**	**Providing Outstanding Quality**			**Delivering in the Right Places**	**Acting for the Future**
Strategic Portfolio	Shaping Our Future People & Culture	Shaping Our Future Population Health & Place Based Partnerships	Shaping Our Future Quality, Value & Sustainability	Shaping Our Future Clinical Services	Shaping Our Future Infrastructure	Shaping Our Future Generations
Strategic Risk Theme	People	Quality			Digital	Sustainability
		Health Equity			Infrastructure	
Committees	People and Culture Committee	Quality Committee			Digital and Infrastructure Committee	Finance and Performance Committee
		Mental Health Committee				
	Audit & Assurance					

Strategic Objectives

Strategic Objectives			
Putting People First	**Providing Outstanding Quality**	**Delivering in the Right Places**	**Acting for the Future**
We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.	We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.	By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing. We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.	We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities.
People will feel valued, developed, supported and engaged. We will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations. Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.	Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community Deliver outstanding quality of care every time - from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers. Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.	To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the planning and delivery of health care services. Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof. With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future. Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.	Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners. Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value. Maximise the Health Board's contribution to the foundational economy Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.

Shaping Our Future Wellbeing

Risk Overview

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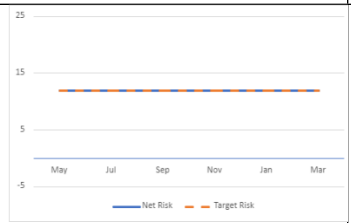
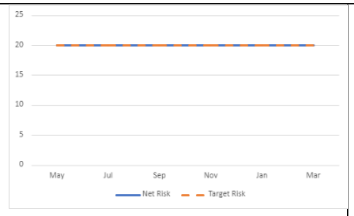
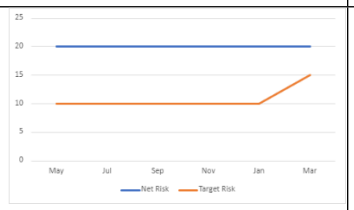
Cardiff and Vale University Health Board

What will prevent Cardiff and Vale University Health Board from delivering its strategy?
If any of the below risk themes cannot be controlled, then the strategic objectives are unlikely to be met.

Strategic Risk	Risk Appetite / Target Risk	Gross Risk *(no controls)*	Net Risk *(after controls)*	Trend	Context	Executive Lead(s)
Quality	Cautious / **10**	**25**	**15**		Our ultimate priority - to continuously, reliably, and sustainably meeting the needs of the population that we serve. Our organisation will focus on delivering assurance on the six domains of quality with the ultimate aim of providing outstanding care to our patients. We will strive to deliver Safe; Timely; Effective; Efficient; Equitable and Person-Centred Care.	Exec Dir Nursing Exec Medical Dir Exec Dir AHPs and Health Science Chief Operating Officer
Health Equity	Open / **12**	**16**	**12**		One of our two statutory responsibilities as a Health Board is to improve the health and well-being of our local population. The overall aim of our strategy is: 'Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced.' The goal is to improve health outcomes by reducing inequity in indicators of healthy behaviours and increasing the use of preventative services and access to clinical services.	Exec Dir Public Health
People	Open / **10**	**20**	**16**		The most important asset of any organisation. Through the delivery of the People and Culture Plan, our strategy will be delivered with a key focus on these core People risks: Attract, Recruit, Retain | Culture | Wellbeing	Exec Dir People

Risk Overview

Digital	Cautious 20	25	20		Data is integral to our strategy. It empowers informed decision making about what we need to do, why, when and how we perform. Delivering our digital and data transformation road map will introduce actionable insights and capabilities that enable clinicians and patients in any setting delivery of safe, high-quality care, improving productivity, efficiency and communication through person centric digital solutions. The security, management and accessibility of data is essential.	Dir Digital
Infrastructure	Open 10	25	20		The Health Board has the largest hospital in Wales, a footprint across dozens of locations and integrated service locations with key partners. We must shape our future infrastructure to ensure facilities are fit for the delivery of modern healthcare, intelligent integration takes place with partners and the service is delivered in the right locations for our population.	Exec Dir Finance
Sustainability	Cautious 10	20	15		Sustainable, efficient services are a legal requirement, improve quality and ensure a sustainability of service for now and future generations. By articulating the strategy through the integrated mid-term plan and the proper alignment of resources and consideration of the environment the Health Board will meet its statutory duty and ensure value in delivery.	Exec Dir Finance

Risk Appetite

Avoid	Avoidance of risk and uncertainty is a key organisation objective	Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)
Minimal	Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential	Seek	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward	Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

Strategic Risks – Quality

Strategic Risk	Strategic Portfolio	Exec Leads	Committee	Date Added
Quality	Shaping our Population Health and Place Based Partnerships	Exec Dir Nursing | Exec Medical Dir | Chief Operating Officer Exec Dir Therapies and Health Science	Quality	30 Sep 24

Risk

Delivering outstanding quality and eliminating avoidable harm is the ultimate priority of the Health Board, however, constraints associated with . ~~The Health Board must assure itself that it has suff~~ Capacity, ~~capability~~, governance and leadership to deliver measurable success across each of the six domains of quality impacts on the ability to deliver quality all the time and for the entire population.

Cause	Impact
Safe – avoiding harm to service users and staff Risk to delivering safe care is increased due to demand pressures, workforce shortages, aging physical estate, lack of digital technology and variation across the organisation. **Timely – providing care within an appropriate timescale to avoid harmful delays** Ability to deliver timely care is significantly impacted by the backlog of referrals following the covid-19 pandemic and the mismatch between demand and recurrent capacity within many clinical services **Effective - providing services based on scientific evidence and refrain from providing treatments and services that do not benefit patients** Ability to deliver effective care is impacted by workforce pressures, outdated systems and process, particularly related to digital technology and aging physical environments. The challenge in accessing real time data to track care against a robust evidence base means that the organisation is dependent on retrospective data to inform its response to quality risk **Efficient - avoiding waste that does not add value to the patient or the desired outcome** Risk to delivering efficient care is caused by outdated systems and process, particularly related to digital technology and aging physical environments and workforce efficiency. **Person Centred - providing care that is respectful and responsive to patient's values and needs** In order to ~~deliver~~ reduce the risk of not delivering person centred care the organisation must seek understanding of our population, empower patients, seek options to receive feedback and develop a responsive culture. **Equitable - Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life** We embed equality and human rights in our health care system. We design services that meet the needs of our local population.	**Safe** The UHB continues to see a number of same cause patient safety incidents where the harm to patients is potentially avoidable. These incidents include health care associated infections, failure to ensure continuity in clinical pathways and Never Events. The health, safety and welfare of our staff is not universally maintained. **Timely** Long waiting times for planned care and diagnostics means care is delivered at inappropriate timescales with a potential consequence of progression of disease, worsening wellbeing and associated psychosocial impact on patients and families. Care is ultimately costlier to provide. **Effective** Benchmarked data associated with national clinical audits demonstrates that we don't universally benchmark in the top 30% of organisations nationally for performance and outcomes. The pressure on estates, workforce capacity and wellbeing will impact on our ability to provide care in line with evidence base. **Efficient** The Health Board is not meeting some of its productivity and efficiency ambitions, including in relation to outpatients and length of stay. Care may be being delivered which does not provide value to the patient, wider population and health economy. Care can be duplicative and wasteful. Care is often delivered with a disproportionate focus on intervention vs prevention. Constraints around workforce availability results in a reliance on non UHB staff to provide core . **Person Centred** The Health Board is striving to deliver care that meets the patients right to empathy, compassion, privacy, dignity and respect. In some areas patient experience is below our ambition, for example in the Emergency Department which is below the 85% target in all but one measure. The Health Board is seeking to ensure patients and families views are sought and play a role in improving services. **Equitable –** Our health outcomes between different population groups (e.g. most deprived and least deprived and different ethnic groups indicate that we have more work to do on this aspect of quality. We have developed an 'Equity, Equality and Patient Safety Framework for the Health Board' this describes a framework for change, provides examples of best practice from across

	the world, and finally outlines the key actions each Clinical Board has committed to. For example, our data collection of protected characteristics is poor, and each Clinical Board will need to make improvements in this area. Using a co-production approach supports equity.

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
Safe – Corporate Quality and Safety team have oversight of all UHB patient safety incidence, the Duty of Candour supports systematic scrutiny of all incidents reported as having caused moderate harm and above. Quality and safety Committee and the groups that report into the committee provide oversight of emerging trends. The clinical safety group brings together the clinical boards and clinical advisory groups to support the development of strategy and policy to deliver quality aligned to current risk. **Timely**- Planned Care programme and Operational Performance meetings delivering on plans to reduce waiting times. Patients prioritised in line with Health Board criteria – Urgent and Emergency Care; Cancer and Time-Critical; planned (in referral order). Recovery plans being developed for diagnostic long waits such as endoscopy and non-obstetric ultrasound. **Effective –** The Clinical Effectiveness Committee provides oversight of national clinical audit outcomes and improvements and implementation of NICE and HW guidance. Clinical Boards are bringing an overview of their local arrangements to providing continuous focus of national audit data and use it to transform clinical pathways as has been done in stroke and hip fracture. **Efficient –** operational programmes in planned care and urgent and emergency care focused on delivering best practice. Benchmarking and use of GIRFT central to programme. Productivity and Efficiency ambitions in place and monitored. **Person Centred –** Value Based Healthcare programme supporting projects and programmes focused on delivering value to patients. **Equitable –** We monitor performance against the actions outlined in the Equity, Experience and Patient Safety Framework and Action Plan. This goes to Quality Committee every six months. Our Cardiff and Vale Health Inclusion Service (CAVHIS) supports the most vulnerable people experiencing 'cliff edge' health inequalities, but there is more to do to support this population and reach out to the next level of people experiencing health inequalities. Investment has been agreed to support this expansion. Implementation of this Business Case will need to be reviewed periodically.	• Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • Equity, Equality, Experience and Patient Safety Framework and Action Plan at Quality Committee • Assurance of CAVHIS Business Case Implementation in 2024/25

Strategic Risks – Quality

Progress against the implementation of our co-production approach will also be important for improvements to equity.	
Gaps in Controls	**Gaps in Assurances**
Lack of funding available for deliver planned care performance standards recurrently Both the clinical safety group and the clinical effectiveness groups are relatively new forums, and the Clinical Board quality and Safety governance needs to mature further to deliver a quality management system. Many local improvements aligned to patient safety incidents are within the gift of the clinical boards t facilitate, however there are complex health board wide or national improvements for example delivery of scan for safety, implementation of a medical device register, whole system approach to observation and escalation that are dependent on resource Poor data collection on protected characteristics across the organisation.	• Approach to Quality Statements • Quality Outcome Framework • Resource for widespread health board wide improvements • Data improvements that will improve data monitoring of protected characteristics at the local level e.g. National Data Repository, a Population Health Management System for Wales and use of the NHS App in Wales

Risk Post-Controls and Mitigation		
Impact: 5	Likelihood: 3	Net Risk: 15

Actions			
What	**Lead**	**By**	**Update**
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	31/03/25	• Business case approved for stroke model, funding to be released from Q4 2024/25 • Delays in recruitment for agreed stroke post
Develop 6 goals workstream four objectives to transform continuity of care, hospital flow and length of stay	PB	31/05/2025	• UHB launch of Reducing Time In Hospital in November – completed • 6 goals programme reframed for 25/26 to include two workstreams, one focused on secondary care and one primary. Detailed plan developed and will be signed off in Q1
~~Develop plan to winter to ensure primary and secondary care systems are equipped for increased pressures~~	~~PB~~	~~31/10/24~~	• ~~—~~ • ~~Additional winter capacity is open in UHL. Significant operational pressures~~
Develop and deliver improvement plan for cancer and long waiting patients, including a plan to reduce diagnostic waiting times.	PB	31/03/25	• Delivery against revised trajectories is monitored internally and by WG • Challenging position in select specialities including ophthalmology

Strategic Risks – Quality

Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production	PB	31/03/25	• SOC in development and due to WG in March 2025 • Interim plan for releasing capacity on 3rd floor in progress through discretionary capital programme – relies on moving cardiology
Development of a Quality Outcomes Framework- To support a data informed approach to quality	JR/ RS	31.06.25	• Meetings underway with corporate teams to agree quality indicators • Work to extrapolate data relating to patient safety incidents commenced • Plan to develop a first draft by Q1 with digital support by June 2025 • Publication of a UHB mortality dashboard
~~Launch of Quality Excellence Programme Board~~	~~JR~~	~~31.10.24~~	~~The Programme Board has now commenced with the second meeting taking place in January 2025 and an agreed focus on the development of a quality management system and IP&C and a third priority relating to follow up of patient care in Q1~~
Development of the Quality prospectus to populate the quality academy – Up skill staff across the clinical boards in patient safety review technique, ~~\li~~improvement planning and clinical governance	JR	31.03.25	• PSLR training developed • Improvement plan training in development • Human factor prospectus planning • ~~Developemnt~~Development of a quality academy • Accredited audit training in place
Monitoring of the Equity, Equality, Experience and Patient Safety Action Plan and progress against actions by Clinical Boards	CB	Every six months	• Paper for Quality Committee on progress against the action plan. • Early discussions with Public health around equity measures as part of the quality outcome framework
Implementation of the co-production framework in Cardiff and Vale	TBC		

Shaping Our Future Wellbeing

Strategic Risks – Health Inequity

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

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Health Inequity	Shaping our Population Health and Place Based Partnerships	Executive Director of Public Health	Quality	29 July 2021

Risk

There is a risk that lack of investment in prevention, primary care and community services coupled with a deterioration in the wider determinants of health will adversely impact our statutory duty to improve the health and well-being of our local population and our strategic ambition to reverse the historic trend in widening inequality in life expectancy for men and women living in Cardiff and Vale.

Cause

- People in the most deprived areas die earlier on average and live more of their lives in poor health; this is well recognised and deeply entrenched, but it is preventable.
- People living in poverty are getting sicker and accessing services later. For the most deprived groups, EU attendances are nearly twice as high and emergency admissions more than double that the least deprived.
- In 2021 the *undiagnosed* diabetes rate was double for those in the bottom Indexed of Multiple Deprivation (IMD) quintile compared to the top. This presents a challenge for the NHS in finding those with an unmet need for healthcare.
- Greater illness and poorer access to care (the inverse care law) contribute to worse health outcomes. This impacts directly on the gap in life expectancy between the most and least deprived groups.
- Our organisation has set the strategic intention to shift spending from reactive care in hospitals to more prevention and proactive care in the community setting – but secondary care has attracted a greater share of NHS spending, meaning that prevention, primary care and community services have received a smaller share. This must be addressed for the sustainability of the organisation. Locally we call this left shift, a 'shift upstream' towards prevention.
- Spending on prevention, and in primary and community settings had a superior return on investment when compared with acute hospital services.
- There is strong evidence that areas that invest more in prevention and community care see 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates together with lower average activity for elective admissions and EU attendances.

Impact

- We can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill health. This in turn reduces the burden on the Health Board and social care while enabling our population to be more productive in our working lives, so strengthening the local economy. This is the desired outcome for individuals, families and the public purse.
- Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps.
- The key population groups with multiple vulnerabilities include:
  - Some minority ethnic groups, especially some people in Black and Asian populations
  - People living in (or at risk of) deprivation and poverty
  - People in insecure/low income/informal/low-qualification employment, especially women
  - People who are marginalised and socially excluded, such as people who are homeless and other inclusion health groups
- Areas with higher unemployment have greater incidence of suicide; and people living in the most deprived areas experience the largest increase in mental illness and self-harm.
- Health inequalities are estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness
- The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived (PowerPoint Presentation (nhs.wales))
- There is a moral and financial sustainability imperative to address health inequalities in our Health Board.

Strategic Risks – Health Inequity

- Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home are the strategic priorities of the organisation as described in the strategy, because they are derived from the changing needs of the population.
- Health inequalities are well documented across the UK, with a recurrent pattern of worsening outcomes linked to factors such as deprivation and ethnicity; these inequalities are evident for many chronic and acute conditions.
- Health inequalities arise in three main ways:
- structural issues, e.g. income, employment, education and housing
- unhealthy behaviours due to the envirnoment, social norms and income levels
- inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to particular needs.
- Differential experience of the wider determinants of health across the life course mean that disadvantage experienced in childhood is often compounded and exacerbated through adult life, and often passes inter-generationally.
- The 'Inverse Care Law' has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan.
- The UHB also has a role as a care provider, employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents and to advocate for improvements to the wider determinants of health with other statutory partners.
- Lack of capacity to deliver evidence-based interventions at scale to tackle health behaviours e.g. smoking, diet, physical activity, alcohol, that drive the huge disparities in health outcomes we see across Cardiff and Vale.
- Lack of capacity to undertake more substantial work on the wider determinants of health with partners.
- Lack of investment in prevention, primary and community services, e.g. health visitors (UK staff shortages) and public health consultants (Faculty recommends 15 for a population of 500,000).

Uncontrolled Risk			
Impact: 4	Likelihood: 4	Gross Risk: 16	Target Risk: 12

Strategic Risks – Health Inequity

Controls	Assurances
1. Statutory duty • The Health Board has atwo statutory dutyies: to break even and to improve the health and well-being of the local population. Reducing health inequalities supports both requirements. • The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. • **2. Role as an Employer** • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Objectives and Plan 'Shaping our Inclusive Culture 2024-2028, has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes. • All our Executives have taken up a leadership role as an Inclusion Ambassador covering different characteristics, including those specified in the Equality Act 2010 Staff have been signposted to resources to help them to cope with the cost-of-living crisis **3. Our Strategy and Plans** • The refreshed UHB Strategy 'Shaping our Future Well-being' shines a light on the issue of equity at the strategic level • The Cardiff and Vale long-term public health plan 2024 – 2035 sets out how the UHB intends to achieve its ambitions of increasing life expectancy, reducing inequity and shifting more focus to prevention • 'Shaping our Inclusive Culture 2024-2028' is closely aligned with the UHB Shaping our Future Well-being. • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB have further identified collective actions. • The future UHB organisational direction agreed at the recent rapid planning event supports the 'shift upstream' by committing to develop an Integrated Community Health System, underpinned by care pathways that begin with prevention; prevention is a 'brilliant basic' • The establishment of a Strategic Diabetes Programme Board is a key element to reducing health inequalities and has an aim to identify those with undiagnosed diabetes in areas of deprivation across Cardiff and Vale. 4. **Public Health Priorities to reduce health inequalities** • As a team we have agreed three immediate priorities that will influence health inequalities (and other work that we will need to bring forward when capacity allows):	Board papers Committee papers to Quality Committee e.g. updates on Equity, Equality, Experience and Patient Safety Framework. Committee papers to People and Culture and Quality and Safety Committees e.g. updates on Welsh Language Standard. Risk Registers Integrated Performance Report Papers to SLB

- preventing obesity (focus 0-5 years) - reducing smoking rates (dependent on a new business case) - increasing levels of vaccination (using an outreach model to reduce inequity in uptake).	
Gaps in Controls	**Gaps in Assurances**
	Monitoring data (e.g. on protected characteristics) Population Health Management System to reduce inequalities by identifying those at risk

Risk Post-Controls and Mitigation			
Impact: 4	Likelihood: 3	Net Risk: 12	

Actions			
What	**Lead**	**By**	**Update**
Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty, and to always consider the unintended consequences of our actions	Claire Beynon/ Rachel Gidman	2024/25	• We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. • The EHIA process is being reviewed on an All Wales basis with the view of creating a Once for Wales approach. C&VUHB will contribute to the development and implementation. The Health Board are also exploring opportunities as to how the EHIA process can be better embedded into governance processes and to make the process more user-friendly. • Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.

Strategic Risks – Health Inequity

Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Claire Beynon	March 2025	• We will continue to work with PSB and RPB partnerships on three areas where we can make a significant impact on reducing health inequalities: smoking, vaccination and obesity. The Amplifying Prevention Board, held jointly with Local Authority partners, provides governance oversight of this collective action and works to remove any blocks to collective action. • The Head of Equity and Inclusion is a member of the Public Sector Equality Network, improving the collaboration between public sector organisations in the area. • We ~~have been delivering~~ are restarting a second round of MMR vaccine~~s~~ catch-ups directly in schools with lower uptake to reduce barriers to access and reach groups less engaged with the childhood immunisation schedule to protect education from the impact of a Measles outbreak as this would exacerbate health inequalities. This outreach approach is being extended to reach other communities where uptake is lower. Additionally a data sharing agreement with Cardiff Council will support a more targeted, timely and intelligence driven approach and enable a more active role played by schools in monitoring and promoting vaccination. • The~~A~~ Health Improvement Officer ~~has taken up post and~~ is developing community profiles as part of the ~~an~~ action plan to work to address the health inequalities experienced by ethnic minorities and boost our understanding and ability to engage and build trust.. This is a joint position with Cardiff Council and the UHB. As part of the investment in health protection and immunisation, we are recruiting to further positions to enhance our ability to deliver focused actions to reduce the gap across the socio-economic gradient and different communities. • An 'Equity, Equality, Experience and Patient Safety' action plan was developed, covering 24 initial actions across the Clinical Boards that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. This was approved by Board in May 2024. Progress on the actions is reported to Quality Committee on a 6-monthly basis. The most recent update in November 2024 commented on the successful establishment of face to face antenatal education sessions for non-English speaking families as part of the community of midwifery programme of classes, and highlighted various awards won by teams with respect to the equality agenda such as the 'project search' program, designed to support young adults with learning disability/autism in gaining employment which was recognised with awards at the Project Search awards in Blackpool and the National HR awards in London. Work continues to meet targets in the existing plan, especially in relation to data collection. Additionally, work seeking to identify any additional new actions to add to the plan has begun. A further update will be provided in 6 months time. • A vaccination van has been procured by the Health Board and it is being deployed in areas of lower uptake and to support outreach efforts and to offer opportunistic vaccination in the context of large community gatherings. The community delivery model of vaccination is continuing, and the distance radius and focus is being reviewed to further enhance the proximity of the offer.

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Strategic Risks – Health Inequity

Improve the routine data collection in relation to equality and inequity across the UHB.	Claire Beynon	March 2025	There are improvements that need to be made in the routine collection of protected characteristics in order to support the introduction of new indicators. This will need to be addressed by each Clinical Board. Patient feedback is essential to improving service quality. Since October 2022, the UHB has collected most routine feedback via electronic surveys, accessed by SMS link, QR code and URL. We currently survey up to 1000 patients who have attended an outpatient appointment or following discharge as an inpatient every day; this includes the Emergency Unit (200), Mental Health (200) and the routine survey which randomly selects from all other clinical areas (600). As part of ongoing development, the routine survey has been translated into the top ten most frequently used languages, including BSL, English and Welsh. All surveys also collect information on protected characteristics, although this is not compulsory. A range of methods is used to gather feedback with the aim of ensuring all patients have the opportunity to contribute, including: • Website hosted surveys • Kiosk surveys • Tablet surveys • Postal surveys and paper-based feedback forms • Telephone surveys • SMS surveys • Focus groups • Patient stories • Bespoke The All Wales Peoples Experience Framework will be launched in 2025/26. At the same time there will be a roll out of an all wales national survey which will be translated into different languages to enable accessibility.

Strategic Risks – People

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
People	Shaping our People and Culture	Rachel Gidman	People and Culture	30 Sep 24

Risk

If we do not have the right people, the right culture and a healthy, effective workforce then we will not be able to provide the services to the population that we are required to and on which people depend.

Cause	Impact
1. Attract Recruit Retain • The increased demand across the NHS and Social Care has left a shortage in some professions and the sustained pressures have impacted negatively on wellbeing and retention. • National shortages in some professions have made it difficult to attract people with the right skills/experience and in the numbers required. • Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. The Industrial Action over the last couple of years has not helped the national reputation of the NHS as an employer. • People now think differently about work and what is important to them.	• Higher levels of sickness absence • Lack of management capacity to support staff appropriately; - Higher levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce. - Reduction in uptake of student training places and higher attrition rates, resulting in a reduction of graduates. • Potential negative impact on quality of care & safety. Inability to expand services as required due to lack of staff with the relevant experience, skills, etc.
2. Culture • There is a belief within the organisation that the current climate is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as they are overwhelmed with system pressures, change and ongoing demands. • Staff are not feeling involved in, or understanding the part their role plays for the case for cultural change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.	• Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases / respect and resolution • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employee of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. • Existing inequalities exacerbated • Not realising the opportunities within workforce sustainability

Strategic Risks – People

3. Wellbeing • Lack of integration and understanding of importance of wellbeing amongst managers • Impact upon manager wellbeing of balancing staff and service needs • Conflict between demands of service delivery and staff wellbeing • Exposure to psychological impact of increasingly complex and challenging demands of care • Inability to deliver care to required standard due to short staffing (moral injury / moral distress) • Ongoing demands over an extended period of time • Cost of living • Financial climate	• Values and behaviours of the UHB will not be displayed due to high pressure environments, and potential for exacerbation of existing poor behaviours • Operating on reduced staff levels in clinical areas due to sickness absence and/or staff shortages • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • Increased referrals for higher level psychological support • UHB credibility as an employer of choice may decrease • Potential exacerbation of existing health conditions Impact on retention (negative) and attraction of staff into healthcare

Uncontrolled Risk			
Impact: 5	Likelihood: 4	Gross Risk: 20	Target Risk: 10

Strategic Risks – People

Controls	Assurances
• The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities.. • Monthly Executive Review meetings with Clinical Boards • Strategic oversight meetings, e.g. NPG, MWAG and introduction of MPG (Medical Performance group) • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Speaking up Safely. • Widening Access Framework • New Starter Surveys and Exit Questionnaires/interviews • Nursing Staff in Post Forecasting to identify potential risks in advance • Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme Staff survey	• Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. (1) • Quarterly IMTP/Annual Plan updates to WG. • WG JET and IQPD • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). • Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report (3); • Engagement of staff side through the Local partnership Forum (LPF) (1) Matrix of measurement now in place which will be presented in the form of a highlight report to Committee (1) • Internal monitoring and KPIs within the OH&EHWS (1) • Wellbeing champions normalising wellbeing discussions (1) • VBA focussing on individual wellbeing and development (1) • Successful retention of the gold (and platinum) Corporate Health Standard awards via the 'Enhanced Status Checks' in March 2023 • Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023 • Development of a new and permanent OD Manager - Wellbeing and Engagement role • Taking Care of Carers Audit and Action Plan to become part of Business as usual (3) • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report and implementation of Management Actions (3) • Trade unions insight and feedback from employees (2) • Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales (2)
Gaps in Controls	**Gaps in Assurances**

Strategic Risks – People

Agreed Retention Plan for all staff. Retention & OD Lead for the UHB • Workforce supply affected by National Shortages. No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles) • No organisational cultural dashboard • Staff shortages / industrial action leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who do not have digital access • Continued increase in manager referrals to Occupational Health • EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of high risk in the referral • No Colleague Health and Wellbeing Framework	Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement • Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce

Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 4	Net Risk: 16

Actions

What	Lead	By	Update
Consult, finalise and launch the Widening Access framework.	Jonathan Pritchard	January 2025	• Presentations and consultation undertaken with Staff Representatives and Clinical Board Management Teams. • Follow up meetings with Clinical Board managers arranged to identify work placements/opportunities. • Local areas of deprivation / community hubs identified and programme of visits for 2025 developed. •
Agreed Retention Framework to support retention for all staff groups, aligned to HEIW Principles and HEIW Nurse Retention Plan.	Claire Whiles	~~March~~May 2025	• The All Wales self-assessment was due on the 31 March 24. The organisation completed and submitted. • ~~A UHB Retention Framework is in development to support retention across the UHB. This will be available for engagement and input Q4 2024/25 due to a focus on Staff Survey engagement across the UHB.~~A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the

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Attract, Recruit and Retain is one of the key three themes of the People and Culture Action Plan which is monitored on a monthly basis to ensure good progress.			development of an over-arching framework including retention, health and wellbeing and organisational development. This will be consulted upon in March and April, and presented in May 2025 for approval. • Retention and OD Lead part of HEIW Community of Practice to ensure learning across Wales brought into UHB.
To develop management and leadership development where compassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	~~March~~June 2025	• Management programmes continue to be delivered and evaluated using the Kirkpatrick model (introduced Q1 2024) • Compassionate Leadership masterclasses developed via 'train the trainer' session with Professor Michael West. Delivered regularly. Ongoing review and evaluation in place. • ~~General Manager leadership and management programme engagement completed. Focus group held with General Managers October 2024. Programme delivery to commence November 2024. Audience widened to all General Managers over two Cohorts.~~General Manager programme postponed due to action taken regarding non-essential training. Resume April 2025. • A leadership development pathway is in development and will be aligned with UHB objectives and organisational need. Leadership post recruitment November 2024 was unsuccessful, post to be reviewed and readvertised ~~February~~April 2025. • ~~We plan to identify leadership and management principles in Q4 2025 - partially dependant on recruitment to Leadership and Management post.~~Working closely with HEIW to align leadership principles to 4-nations work on leadership and management competencies. Focus on management development April-June 2025, focus on managing attendance and wellbeing. • All programmes underpinned by compassionate and inclusive leadership principles. Planned work with HEIW and Professor Michael West to identify monitoring and evaluation measures to underpin development and cultural imporvement work. • Compassionate Leadership Pledge has been signed by the Board. Roll-out plan in development to support meaningful adoption at a local level, exploring tie-in to team assessment and ward accreditation. • Thorough TNA will be required to support effective leadership and management development. Looking at Management Passport for all managers to ensure underpinning knowledge. • Proposal for experiential leadership programme for managers at Band 7 level ~~submitted to~~agreed by HEIW f~~or consideration~~. ~~Proposal for C~~AVUHB to pilot and evaluate.

Strategic Risks – People

Equality, Diversity and Inclusion	Claire Whiles	March 2025	• Monitor the delivery of the Strategic Equality Objectives and Plan through annual reporting. • Equality Policy has been reviewed and updated, to be shared with Stakeholders for comment January 2025 prior to further consultation and engagement.
Welsh Language Standards being implemented.	Claire Whiles	March 2025	• Continue to improve capture of Welsh language skills data through 'making every contact count' approach (i.e. Staff Survey roadshows). • Resolve the three Standard Enforcement Investigations currently open with the Welsh Language Commissioner. • Continue to communicate and deliver Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.
Inclusion - Nine protected Characteristics	Claire Whiles	March 2025	• Development of UHB's LGBTQ+ Action Plan, stage one engagement underway with representatives from LGBTQ+ network. • Initial meeting held with Welsh Government to develop actions following the Health Board's Workforce Race Equality Standards Report. UHB's Anti-racist Action Plan to be reviewed once WRES actions agreed. • Follow up meeting with Welsh Government scheduled for February 2025 to discuss next steps with WRES.
Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.	Claire Whiles	~~March~~June 2025	• ~~The commissioning process is under review and will be strengthened to support a 'digital front door' into People and Culture. This will ensure effective allocation, response and evaluation.~~People and Culture Team working in collaboration with HEIW and Professor Michael West to review and improve culture and leadership programme implementation, monitoring and evaluation. Measures to be established and lessons learnt internally and via NHS England to be under-taken. • P&C MDT established and reviewing organisational requirements in interim. • Priority cultural work currently identified and allocated by Chief Operating Officer, EDofP&C and appropriate Executive Directors. Elements of work paused due to Service Review requirements. • ~~Organisational Development Framework to support delivery of the People and Culture Plan to be developed Quarter 4 2024/25.~~A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the development of an over-arching framework including retention, health and wellbeing and organisational development. This will be consulted upon in March and April, and presented in May 2025 for approval.
The People and Culture Team will identify insights from workforce data including themes emerging from EWS, OH, People Svcs, Culture work and Staff Survey, to shape	Claire Whiles	~~March~~June 2025	• Developments required to P&C Dashboard to ensure include all relevant measures, e.g. OH and EWS KPIs. Working with HEIW to improve dashboard reporting.

strategic and operational response to themes / emerging trends. This will also be informed by working in collaboration with Clinical Boards.			• OH KPIs regularly reported to WG and KPIs adjusted to align with Welsh Government guidelines (i.e. calendar days). • Internal audit of OH Services postponed due to department re-location, to commence Q1 2025~~planned for Q4 2024/25~~ • NHS Wales Staff Survey 2024 ~~engagement and completion with increase in participation from 21.4% to 27%.,~~results received and analysis under-way. Communication and engagement plan in place for 2025/26 • ~~Investigating implementation of~~ OPAS database to be inplemented within~~into~~ EWS to support effective reporting and user experience. ~~To be implemented April 2025.~~Licences to be procured in April 2025. •
1. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources Improve website navigation and resources	Claire Whiles	~~March~~May 2025	• ~~Draft H&WB Framework to be discussed with stakeholders, to come back for formal adoption by UHB. Influenced by HEIW Wellbeing Principles and AWMGS Framework.~~A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the development of an over-arching framework including retention, health and wellbeing and organisational development. This will be consulted upon in March and April, and presented in May 2025 for approval. • To establish wellbeing area within Viva Engage
2. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) Enhance training and education courses and support for new and existing managers	Claire Whiles	~~March~~June 2025	• Colleague and Manager wellbeing included in all management and leadership programmes, induction. • Will be included within leadership and management principles development and leadership programme development as above. • Management training under review and refresh to focus on wellbeing and keeping people well at work. Training to commence April 2025, supported by digital learning. • Leadership development and talent role to be advertised April 2025, role will enable distinct focus on development of existing and future leaders and managers. • ~~Organisational Development Framework development to support managers with cultural improvement, including wellbeing, inclusion, retention, performance.~~
Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	~~March~~June 2025	• EWS continue to offer evidence based interventions and review and enhance offer, e.g. Spring; EMDR • ~~Evaluation of wellbeing interventions to be improved through implementation of H&WB Framework~~A review of 3 frameworks in development identified cross-cutting themes. This has resulted in the

			development of an over-arching framework including retention, health and wellbeing and organisational development. This will be consulted upon in March and April, and presented in May 2025 for approval. Will contain sections on data driven decision making, and monitoring and evaluation. • Improvement required across UHB to ensure consistency of offer, e.g. Trauma response / psychologist intervention / evidence based practice. • Staff Fast Track Trauma Pathway under review due to increase in waiting times, draft paper for initial consideration ~~February~~ April 2025. • Trauma Risk Management (TRiM) proposal presented at Senior Leadership Board for feedback, business case in development for presentation ~~Februar~~Quarter 1~~y~~ 2025. • Review of EWS and OH service based upon direction of 'Brilliant Basics' to align to organisational priorities and support reduction in waiting times.

Shaping Our Future Wellbeing

Strategic Risks – Digital

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Digital	Shaping our Future Digital Services	Director Digital and Health Intelligence (D&HI)	Digital and Infrastructure	4 October 2022

Risk
CAVUHB has legacy and deficit in human resources, skills and capability, infrastructure, applications and informatics. The digital estate has grown but the supporting resource has not. Without resourcing our Digital and Data transformation plans and Roadmap we risk the achievement of our SOFW objectives

Cause	Impact
CAVUHB IT and digital services are known to be historically underfunded resulting in a legacy and deficit in infrastructure, applications and informatics capability that has built up over at least a decade (e.g. our core applications for UEC, inpatients and outpatients were developed in-house c20 years ago). There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation We have some capability in human resources but insufficient capacity or funding to execute the digital and data transformation plans and road map. Existing resources are fully consumed with tactical short-term on the day-to-day urgency of UHB operational needs Recruitment of suitably skilled D&HI staff is a national challenge as well as affecting CAV. This often requires the use of interim agency support in key areas, especially whilst we continue with legacy solutions as we are tied to old technologies. This of itself diminishes further our existing capacity as resources need to be familiarised with the technical environment and then supervised. Historically CAV has looked to provide much of its core IT and digital services inhouse. This is not always necessarily the optimum route however 'legacy lock' and the resource to support forward plans keeps us where we are. Meanwhile with new initiatives the technical estate grows and the gap between what we have and what we can support/refresh widens.	Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy. Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data) The impact of not managing this risk is that the improvements in safety, quality, outcomes, productivity and financial efficiency that staff and patients expect from D&HI cannot be fully realised, therefore putting at risk the deliverability of the SOFW Strategy.

Strategic Risks – Digital

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 20

Controls	Assurances
• Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 - these will be refreshed by April 2025 • Roadmap to support the strategy shared with DHIC covering 2024/27 - these will be refreshed by April 2025 as part of the Digital Foundations PBC work • Digital components described in IMTP – focussed on in year national and clinical board priorities • £466K is being invested by CAVUHB in the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases. This work will complete in 12 months. • The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS[1] Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The capabilities the PBC and business justification cases will describe are harmonious with and would segue into any nationally agreed and funded EHR solutions through interoperability and concordance with the "All Wales" Infrastructure review. o Work is expected to begin Oct/Nov 2024. o This follows positive discussions with WG IIB and NHS CDIO,	• All Controls are shared and discussed with the DHI Committee which meets quarterly. • The Digital Foundations case was scrutinised and approved by the Investment Group and Strategic Leadership Board. • The Director D&HI shared the intentions of the Digital Foundations investment case and updated WG's chief digital officer, whilst the DoF has discussed with IIB Lead. Both are supportive of approach and our intentions • Recruitment and procurement is underway for the resource to produce the PBC and BJCs • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare (1) • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.
Gaps in Controls	**Gaps in Assurances**
Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure and there is no headroom for innovation	Unable to currently provide assurance that the finance will be provided

Risk Post-Controls and Mitigation		
Impact: 5	Likelihood: 4	Net Risk: 20

Strategic Risks – Digital

Actions			
What	**Lead**	**By**	**Update**
Internal investment case to support the Digital Foundations case approved	Director of DHI	Sept 25	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget. Statement of works produced against which a suitable external partner will be sought
Additional resources brought in on a temporary basis (12 months) to support the Digital Foundations programme	Director of DHI	complete	Enterprise Architect and additional programme manager roles on-boarded Both EA and senior PM positions filled internally;
Presentation of Digital Foundations case to DHIC, SLB and wider organisation	Director of DHI	complete	Wider communications plan to share with the organisation how the digital foundations challenges will be met; work with clinical and operational leads to ensure alignment with current and future service delivery plans. The Digital Foundations programme referenced and discussed at the Senior Management Rapid Planning Event held in December; an agreed output is to communicate the programme more widely across the organisation to include all Clinical Boards and Corporate areas to ensure wide understanding of plans to improve digital solutions and the data which is collected, reported and used.

Strategic Risks – Infrastructure

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Infrastructure	Shaping our Future Infrastructure	Exec Dir Finance	Digital and Infrastructure	12 November 2018

Risk

There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB.
The condition of facilities within our main hospitals and some community facilities are impacting on our ability to continue to provide the full range of services and provide the would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.

Cause	Impact
• Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B (assessed regularly on an all-Wales basis by NHS Shared Services Partnership). • Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. • Lack of investment in IT also means that opportunities to provide services in new and efficient ways are not always possible and core infrastructure upgrading is behind schedule. • Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face.	• The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. • Service provision is regularly interrupted by estates issues and failures. • Patient safety and experience is sometimes adversely impacted. • IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk • Medical equipment replaced in a risk priority order where possible, insufficient resource for new equipment or timely replacement • Staff facilities needed to support good staff wellbeing are inadequate in many areas.

Uncontrolled Risk

Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 15

Strategic Risks – Infrastructure

Controls	Assurances
• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate, which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. This is being updated. • Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 2024/25 Capital Plan will be submitted for Board with the IMTP • Medical Equipment prioritisation is managed through the Medical Equipment Group and there is a process in place for rapid decision making if there is a urgent need to replace a piece of equipment. This part of the Capital Management Group agenda. • Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee at each meeting, every month. • Welsh Government has asked all NHS organisations to provide a prioritised capital programme using a weighting framework developed by the Infrastructure Investment Board. The submission date is 31st March 2024. The Health Board's submission has been scrutinised and approved through the internal governance mechanisms and is coming to the Board on 28th March for oversight. • Discussion with Welsh Government regarding the Shaping Our Future Acute Hospital Programme Business Case is ongoing. We presented to a special Infrastructure Investment Board prior to Christmas where there was agreement to progress testing of options, including a phased approach to developing on the current UHW site. The scope of this work, which is being led jointly with Cardiff University, is currently being finalised for approval by Welsh Government. • In accordance with the prioritised plan the Board approved and submitted to Welsh Government the Tertiary Tower Business Case and the Vascular MTC Theatres Business Case. The Tertiary Tower Electrical Supply business case was approved by Welsh Government and the capital works is progressing. This will remove a single point of failure in the electrical system and provide greater resilience. The Vascular MTC Theatres business case is currently being updated to reflect that the original equipment supplier has withdrawn. A new supplier has been identified but the financial case will need to be updated to reflect the preferred solution, and any changes to costs due to the passage of time since the business case was originally approved. The business case for	• The estates and capital team is in constant dialogue with WG and continues to present business cases to secure the necessary capital to address the major short/medium term service estates issues. This has proven successful in the closing months of the financial year A significant amount of end of year funding has been secured, as in previous years, and this has enabled capital investment in critical digital infrastructure in particular. • The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised and reporting of estates risks to the Health and Safety Committee has been strengthened(1) • The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). • Regular reporting on capital programme and risks to Capital Management, Management Executive and Finance & Performance Committee (1) (2) • IT risk register regularly updated and shared with DHCW (2) • Health Care Standard completed annually (3) • Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) (2) • Finance and Performance Committee continue to oversee the delivery of the Capital Programme (1) • Timely decision making in relation to the Shaping Our Future Hospitals Strategic Outline Case (3)

the BMT, haematology, complex cancer and cancer research hub has been submitted to Welsh Government and a team made up of the three partners (Cardiff University, Velindre NHS Trust and Cardiff and Vale Health Board). • Welsh Government has also provided funding to enable the demolition of the Links Building at CRI which presented a health and safety risk. Additional car parking will be provided temporarily on the space created whilst the longer-term plan (subject to business case approval) for the Health and Wellbeing Centre at CRI comes to fruition.	
Gaps in Controls	**Gaps in Assurances**
• The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the estate and digital infrastructure and medical equipment replacement services which requires the need to prioritise investment and resource allocation based on assessed level of risk and alignment with strategy and IMTP priorities. • In year requirements further impact and require the annual capital programme to be re-prioritised regularly. • Traceability of Medical Equipment • The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. Not all business cases in the Welsh Government capital plan will be deliverable and the UHB needs to be mindful of the potential reputational risk of delays between OBC and FBC approvals with supply chain partners.	• The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. • Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year. • Despite the substantial end of year capital, the recurrent position remains unchanged. • Full condition surveys of all buildings have not been carried out so not possible to fully understand the condition of the estate.

Risk Post-Controls and Mitigation		
Impact: 5	Likelihood: 4	Net Risk: 20

Actions			
What	**Lead**	**By**	**Update**
Risks to infrastructure which have been identified are developed into robust plans for mitigation. These are prioritised through our annual planning work and identified	Geoff Walsh	Annual plan	The discretionary capital is prioritised to meet our annual plan. Prioritised plan is signed off by CMG and SLB and Board. Significant risks or financial requirements are raised regularly with Welsh Government to support when necessary.

Strategic Risks – Infrastructure

Where estate is no longer required for the provision of care or services a programme of decommission, disposal or demolition is undertaken to minimise the estate and infrastructure which the Health Board needs to maintain.	Geoff Walsh	Annual plan	Decommission priorities – Denbeigh and Carmarthen house and Rookwood decant & reprovision Disposal plans – Whitchurch and Rookwood sites Demolition plans – Linc building CRI
A condition survey will be undertaken to understand in detail the status of the Health Board estate with a view to inform a future investment priorities and estate needs.	Geoff Walsh	December 2025	The scope and plan for the condition survey have been shared with and supported by Welsh Government. Funding is pending and this work is anticipated to be undertaken in the next 12 months.
An acute infrastructure group is overseeing the short – medium term priorities and a programme of work is progressing Shaping Our Future in the Community Programme Board oversees the capital infrastructure requirements for community based care and a prioritised business case pipeline is in place. This work dovetails with the RPB 10 year capital plan and the Cardiff PSB Asset Management Group.	Geoff Walsh	Ongoing	The group continues to meet to oversee the priorities and development of a number of business cases that have been prioritised to ensure they progress in a timely way to address significant infrastructure risks.

Strategic Risks – Sustainability

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Sustainability	Shaping our Future Generations	Exec Dir Finance	Finance and Performance	1 April 2022

Risk

If the organisation cannot produce a balanced 3-year plan or a balanced IMTP in any year it will breach its statutory financial duty and will be limited in the ability to deliver on the strategy and so the services to the population that the organisation serves.
If the organisation cannot protect the environment and take the steps required of it regarding waste, carbon footprint and other deliverables, it will not be an efficient service and will jeopardise the health of future generations.

Cause	Impact
The UHB has to manage its operational budget. In the absence of a 3 year approved IMTP the UHB works to One Year Operational Plans from year to year. These still require significant savings achievements within each financial year irrespective of a deficit year end projection. Decarbonisation: • The UHB has to achieve 16% and 34% emission savings from a 2018/19 baseline by 2025 and 2030, respectively, aligned with Welsh government targets. Additionally, the "Shaping Our Future Wellbeing" strategy targets a 40% reduction in directly controlled emissions by 2027. • In the last calculated emission report, total emissions increased by 7% to 217,000 tonnes, while emissions under our control reduced by 7%. CAVUHB is not on track to achieve the 16% reduction target set by the Welsh government for 2025. To meet the aims outlined by UHB in the strategy, we must reduce emissions under our control by 10% annually starting since 2023/24. Chilcott Rachel 21/03/2025 16:18:43 Climate Impacts:	Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss. Inefficient or reduced service delivery Decarbonisation: • UHB will not achieve its targets for decarbonisation in its current pathway and this will render UHB answerable to Welsh Government. • Reputational loss due to not achieving Shaping Our Future Wellbeing" strategy's target of 40% reduction in directly controlled emissions by 2027. • If the yearly emission reduction pathway is not designed and followed it will lead to risk of spending more at a later time to meet the set-out targets. Climate Impacts: • Initial sift of evidence and analysis shows that, given Cardiff's growing older population along with increased climate impact, vulnerability in the region is set to rise. This translates into more hospital admissions, increased patient flow, and ultimately, increased healthcare delivery costs for UHB. • Operationally, given the aging assets and assets exposed to weather events, there will be increased physical impacts on UHB's assets. • As comprehensive risk assessment has not been conducted, and a climate adaptation plan to mitigate the risks is not in place, UHB's understanding of its climate risks is limited and capacity to adapt are limited.

Strategic Risks – Sustainability

- The world has breached the 1.5°C pathway set by the Paris Agreement in 2024. Growing evidence shows that the magnitude of climate impacts is increasing day by day, and Cardiff is projected to be one of the most affected cities in the UK. The Welsh government has made it mandatory for UHB to submit an annual qualitative report on climate adaptation.

- Currently, UHB has not undertaken a comprehensive assessment of current and future climate risks. This renders UHB vulnerable to unidentified climate risks that have a direct impact on healthcare delivery and its financial situation.

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government in March 2024 explaining inability to deliver financial balance over the three-year period 2024-2027. Themed Savings programme managed through fortnightly Sustainability Board chaired by CEO aligned to the National Value and Sustainability Board Decarbonisation: • A decarbonisation action plan is in place to deliver decarbonisation actions aligned with the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030.	The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1) Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Assurance from internal audit annual review of core financial controls including budgeting and planning. Sustainability Programme Board in place, chaired by the Chief Executive. Additional measures implemented IY as set out in actions below

Strategic Risks – Sustainability

• SusQI has been implemented to embed sustainability in Q&I projects. • The Welsh Government has mandated yearly reporting, such as Decarbonisation Co-Ordination Reporting and Emission Reporting, along with all other health boards in Wales. Climate Impacts: • The Welsh Government has made it mandatory to report qualitatively on progress regarding climate adaptation. • A task and finish group has been established to identify pathways for climate risk assessment and climate adaptation pathways. • Initial conversations are being held with the MET Office to collaborate and conduct a comprehensive Multi-Risk Assessment, starting with the impacts of heatwaves on our operations.	Decarbonisation plan is developed annually and overseen by Finance and performance committee
Gaps in Controls	**Gaps in Assurances**
Decarbonisation: • The current financial landscape doesn't allow UHB to meaningfully develop plans to hit NHS Wales targets or the targets set out by the strategy. • Given the complexity of decarbonisation actions across various departments of the UHB, there is a lack of continuous, robust monitoring. This would require the reestablishment of a digital climate change program dashboard, setting of qualitative and quantitative KPIs aligned with targets, and a seamless data collection process for all decarbonisation actions. • Sustainability needs to be embedded in decision-making. • The business plan template needs to capture sustainability from decarbonisation and climate risk perspectives and should be given appropriate weight. Climate Impacts:	Work will be undertaken to workshop the decarbonisation plan and delivery in December 24 Decarbonisation and Climate impacts: • A working group or delivery group needs to be established, comprising staff who are owners of decarbonisation actions, to highlight progress and barriers.

• Given the nascent stage of climate adaptation in UHB, it needs more resources to be properly explored and established. As climate risk exacerbates all existing risks, it ultimately strains UHB's finances in the future if not acted upon appropriately now. • Climate Impacts needs to be included in appropriate risk registries, and risk thresholds needs to be set.	

Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 5	Net Risk: 20

Actions

What	Lead	By	Update
Savings plan for 2024/25 implemented.	Catherine Phillips	End FY	Further schemes are being progressed to improve the expenditure run rate entering 2024/25. A wide-ranging set of measures applying moratoriums to a wholesale spectrum of expenditure has been implemented. Any derogations from this will require Exec level approval. An Exec programme team has been established and will meet daily for the rest of the FY to oversee this enhanced grip and control/
TheA 25/26 Quality Improvement and Efficiency Savings Plan is presented todayrequired. Work will be carried out across the organisation and coalesced at the fortnightly sustainability programme board (SPB) and reported to Finance and Planning Committee.	Catherine Phillips/ Paul Bostock	March 2025	SLB and SPB work and plan delivery issues identified the need to undertake the rapid planning event and work more strategically with the leadership team of the organisation to work on long term sustainability. This will support next years plan and the future model of delivery for the organisation. As part of the annual plan a quality improvement plan will be developed and implemented to deliver the 2025/26 savings programme. A monitoring function for all plan aspects is being developed and will be introduced at F&P Apr 25
The outcomes of the rapid planning event held Dec 24 will be coalesced into 25/26 savings plan and also longer-term work on financial sustainability	Catherine Phillips	Mar 25 and longer term	
The emission gap between the health board's current emission pathway and targets set by the Welsh government and the	Catherine Phillips	September 2025 and longer term	**Currently a SustanabilitySustainability Program Board is being established to review and monitor progress of decarbonisation actions.**

Strategic Risks – Sustainability

SOFW strategy is widening. Hence, the emission reduction targets, and pathway need to be reviewed.			

Report Title:	People & Culture Committee – Chair's Report				Agenda Item no.	6.5a
Meeting:	Board	Public	x		Meeting Date:	27.03.2025
		Private				
Status *(please tick one only)*:	Assurance	x	Approval	x	Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the People & Culture Committee meeting held on the 21st January 2025.

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

The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.

Staff Story – Career Break (Maternity Leave)

A staff story video was shared with the committee focusing on a practice educator, who discussed her experience with maternity leave and flexible working. The story highlighted the impact of policies on staff retention and the importance of flexible management and emphasised the significance of flexible working arrangements in retaining staff and supporting their well-being.

Board Assurance Framework

The following points were highlighted:

- 13% increase in the UHB's workforce from 2018 to 2023, with significant growth in nursing, admin and clerical posts, and healthcare support workers.
- The largest growth was in Nursing, followed by Admin & Clerical and Health Care Support Workers
- The financial impact of the workforce growth demonstrated a £10.5m increase over 5 years
- Strict governance and scrutiny in recruitment and bank / agency spend due to a new Executive approval process implemented to ensure robust checks

The committee emphasized that there were robust processes in place for appointing staff, contrary to any impression that staff were hired without proper scrutiny. All roles have a reason and a process for approval. It was pointed out that the organization structure was not entirely fit for purpose, and there was a need to reorganize to improve productivity and embrace available technology. The clinical boards' overspend was largely due to temporary pay and high sickness rates, noting that the organization was funded at 4% sickness but currently has an 8% sickness rate. The committee stressed that reducing the temporary pay bill could significantly alleviate financial problems. It was noted that operational managers and clinical leaders need better support to manage the organization effectively.

Working in Confidence / Speaking Up Safely

The following points were highlighted:

- The initiative was launched following various NHS inquiries and the Sir Robert Francis review in 2016, which highlighted the importance of enabling staff to raise concerns safely.
- The Welsh Government launched the "Speaking Up Safely" framework, giving health boards the flexibility to determine how to implement it
- CAV UHB conducted a self-assessment to understand their current position with the IMTU appointed as the independent member lead, and the DCG as the senior responsible officer.
- The initiative focuses on building trust through anonymity, creating a single gateway for raising issues, and using staff members as connectors to triage concerns.

- Over 30 staff members volunteered to act as connectors, and the first offering of training was conducted in December 2024
- The System went live on 9th December 2024 with on-going Communications being sent out to raise awareness
- Current status showed that CAV UHB have 13 trained connectors and 2 issues in the system that were being dealt with

2023 Staff Survey: Discrimination Results Data

The following points were highlighted:

- The 2023 Staff Survey revealed that 87% of respondents did not experience discrimination, but around 7-8% did, which translates to nearly 300 people per category
- The survey identified discrimination from colleagues, leaders, managers, and patients/service users with the highest reported discrimination from colleagues related to age and ethnicity, while from leaders/managers, it was related to disability and age. From patients/service users, the highest was related to ethnic background.
- The comments provided in the survey were heavily redacted, making it difficult to interpret. However, indirect references to discrimination included name-calling, accents being made fun of, and intersectionality issues. Many comments related to unfair treatment, favouritism, bullying, and socioeconomic background.
- The Health Board has several plans in place, including the Strategic Equality Plan, People and Culture Plan, anti-racist action plan, widening access agenda, and leadership and management education.
- There was a focus on reinforcing peer support networks, education, and recognizing positive behaviours.
- Staff survey focus groups shows staff want more opportunities to be listened to
- The 2024 Staff Survey data was expected in January, with the detailed data to follow in March. The team will analyse the data quickly and support clinical boards in identifying areas of concern. Progress will be reported through various action plans and the Board Assurance Framework.

2023Staff Survey: Workforce Race Equality Standard (WRES)

The following points were highlighted:

- The WRES was established as part of the anti-racist act wales action plan and would be required each year to report on a set of indicators
- CAV UHB focused on progression and representation, particularly addressing the underrepresentation of ethnic minority staff from Band 6 and above
- Following a meeting with WG in August 2024 it was agreed to focus on progression and representation
- A follow up meeting planned for 5th February with WG

Health & Safety Update (including Violence & Aggression deep dive)

The following points were highlighted:

- Lessons from losses an example incident involved a staff member cutting their finger on plastic teeth while using cling film, resulting in over three weeks of lost time. The incident highlighted the need for proper training and attention to detail.
- 52 RIDDOR entries in the Financial year and estimated for 70 for 2024/25
- The current year shows a reduction in red incidents (those reportable to the Health and Safety Executive) compared to the previous financial year.
- The team is preparing for a move from Denbigh House to Woodlands House, which may present some challenges.
- 6 custodial sentences with one relating to sexually inappropriate behaviour
- Hate Crime at HYC – An incident of racially aggravated public order at the emergency unit resulted in an 18-week imprisonment.
- Racially aggravated public order offence at A&E, UHW – sentences to 18 weeks imprisonment
- Restorative justice is being used more frequently, empowering victims and ensuring perpetrators understand the impact of their actions.
- 36 police ASB referral letters issues
- The lone worker device refresh program has been completed ahead of time, avoiding financial penalties.
- Manual Handling advisor continued to support all staff including community

- The bariatric patient pathway is being improved in collaboration with the Director of Nursing within the Medicine Clinical Board.
- A meeting with Cardiff Bus was scheduled to discuss the findings from the recent incident
- A Health and Safety Executive safety alert regarding laboratory staff exposure to biological agents has been issued, with clinical boards asked to provide reassurance on their processes.
- Six fire incidents have occurred year-to-date, with measures in place to address cooking-related incidents and unwanted fire signals.

Sexual Safety Update

The following points were highlighted:

- SLB gave approval in October 2024 on improving sexual safety in the UHB
- The programme aims to prevent sexual harassment within the UHB and create a culture where colleagues feel psychologically safe to speak up and take appropriate action when concerns are raised
- Sexual harassment can range from sexual remarks to touching and more severe forms like sexual assault or rape. It can occur as a one-off incident or be ongoing, and can happen in person or online
- Sexual harassment can range from sexual remarks to touching and more severe forms like sexual assault or rape. It can occur as a one-off incident or be ongoing, and can happen in person or online
- Equality & human rights act revised a guidance and have an 8 step employer guide
- Developing a procedure & guideline and will go to the employment policy sub group at the end of January 2025
- The new Worker Protection Act, which came into force in October, places a duty on employers to take reasonable steps to prevent sexual harassment of colleagues in the workplace
- Exec sponsors (the COO and the EDPC) and an Action Group were established and meeting every fortnight with trade union representation
- Developing training for all staff for awareness
- The "Speak Up Safely" platform will be used for reporting sexual safety concerns
- A network or group for colleagues with lived experience is being developed, with engagement through the Staff Survey Focus Group
- A comms and engagement plan will be launched once the procedure is approved, with ongoing engagement across the organization

Key Workforce Performance Indicators

The following points were highlighted:

- Staff turnover continued to reduce which indicated positive retention efforts
- CAV UHB use significantly less agency staff compared to other HB's in NHS Wales. The internal reliance on temporary workforce also reduced.
- Sickness absence remained at 6% for some time. The P&C team reviewed long-term sickness cases to ensure appropriate support and management
- Short term absences would be looked at as the all Wales policy may be a prompt and will look at this to improve attendance
- The team plans to continue analysing sickness absence trends and ensure that management practices are consistent and supportive.
- The increase in sickness absence was due to the winter months and would expect to see a reduction from February onwards

Clinical Board Spotlight – Capital, Estates & Facilities

The following points were highlighted:

- Workforce profile December 2024 shows 1494 staff in post with a high number of front-line staff, with 73% at Band 2
- Age demographic leans towards older age groups, posing challenges for succession planning
- Ethnic diversity: 57% declared as white, 42% from various ethnic backgrounds
- Efforts to ensure at least one Welsh speaker on every switchboard shift and 50% of switchboard staff underwent Welsh language training for greetings
- Sickness absence has improved from previous years but saw an increase during the winter months due to influenza and sickness bug
- Statutory & mandatory training showed CEF were above the UHB target at 91%
- Achievement & Initiatives include monthly performance review, creation of environmental and maintenance enhancement teams, dedicated well being champions across all services, providing

opportunities to internal staff members, strong uptake in various qualification and successful introduction of apprenticeships
- Plan to improve communication and engagement with staff
- Annual staff recognition awards take place and participate in the national healthcare estates & facilities day
- Promotion of the My Health Passport and a targeted reduction in workplace incidents through bespoke training and monitoring
- There had been a significant increase in training and development opportunities, including NVQ level 2 in facility services for healthcare
- Keen to roll out email addresses to all staff members and IT have developed a training manual for all staff members
- Targeted reduction in work placed incidents, accidents and RIDDOR's through monthly monitoring and identifying causes and trends
- Cost of absence in December 2024 was £36,658 which didnt include bank staff spend
- Agency spend was ceased and overtime only used for OOH emergency shutdown works
- Unable to recruit in to the Head of Waste compliance & recycling role in 18 months
- Attractiveness of lower grade roles in employment market such as ward based caterer, domestic cleaners following Brexit
- Disparity in banding roles across Welsh NHS within Estates roles

Job Planning Process

The following points were highlighted:
- The job planning process was for senior doctors and provides clarity for clinicians and operations teams
- 100% of CAV UHB consultants have a contract specifying work sessions, with 40% of consultants having their job plans reviewed annually
- It was challenging matching job plans with service needs especially for emergency and urgent care
- The current contract we work from is from 2003
- A new SPA (Supporting Professional Activities) paper was taken to SLB, focusing on non-clinical activities

Digital Communications & Analytics

Staff were encouraged to read through the analytics and would discuss this at a future committee meeting. She noted that a 6-month review was done on CAV communities and Viva Engage and achieved over 500k views from staff watching the videos.

The Board is requested to:

a) Note the contents of the Report.

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	Mental Health Legislation Committee – Chairs Report			Agenda Item no.		6.5b
Meeting:	Board		Public	X	Meeting Date:	27/03/2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Mental Health Legislation Committee meeting held on the 128th of January 2025.

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

The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.

Mental Capacity Act Monitoring Report and DoLS Monitoring: - The Committee were presented with the report which provided a general update on current issues related to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The MLA and DoLS indicators included, but were not limited to:

- Mental Capacity IMCA Referral type
- Awareness Raising / Training Sessions
- Mandatory MCA Training
- MCA Practitioner Led Training – October to December 2024
- MCA Team Advice and Support
- Deprivation of Liberty Safeguards Monitoring Actions
- Quarterly Overview from July to September 2024
- Referrals and Assessments

Regarding the team's effectiveness in handling the complexity of MCA queries, the Committee were informed that the team was managing capacity but they may need to reassess and consider Welsh Government (WG) funding to extend capacity, which was under ongoing review.

The Committee were informed that increasing training would empower staff to feel more confident in the assessment process but noted concern on the uptake of training due to the financial restraints within the organisation and staffing issues. It was noted that the Consent Training post was presently on hold.

It was suggested that more training sessions were held outside of the University Hospital of Wales (UHW) and the University Hospital of Llandough (UHL).

Mental Health Act Monitoring Exception Report: - The Committee were presented with the Mental Health Act (MHA) Monitoring Exception Report to the Committee which provided a summary of the below:

- Use of the Mental Health Act
- Fundamentally defective applications and reports
- Section 136 - A&E and CAMHS
- Nearest relatives discharge requests
- Development sessions

- Audits

The Committee were provided with a summary of the following reported during the quarter:

- One fundamentally defective application
- One fundamentally defective report
- The use of Section 136s had decreased – there were four 136 lapses, and one 136 was unlawful
- Two nearest relative discharge requests.

It was noted that the report highlighted that three quarters of individuals brought to hospital were not detained and flagged restrictive practices by the police. Collaboration with police partners was ongoing, with the implementation of Phase 4 of Right Care Right Person (RCRP) scheduled for March 2025. Cardiff had a disproportionately high number of Section 136 detentions in Wales in 2023, and there were variations across Wales in how police obtained information before bringing individuals into hospitals. National work on conveyancing included exploring the use of video calls prior to enacting a Section 136 or conveyance.

Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy: - The Committee were presented with the report which detailed the consultation responses to the two strategies. The following recommendations were highlighted to the Committee:

- A mapping and scoping exercise needed to be undertaken locally with Public Health teams, the Third Sector, the Mental Health Clinical Board, Local Authorities (LAs), and the Regional Suicide and Self Harm Lead to understand the demand and current landscape.
- Key elements of the published strategies would be communicated widely to teams to understand the implications locally.

It was noted that the local 'The Amber Project' had been closed as funding had been withdrawn.

The Committee were informed that across the organisation and LAs, there may be duplication in the funding of various projects. Future commissioning would involve collaboration with third sector agencies and the wider community to ensure the best outcomes and impactful contracts. The focus was on finding sustainable ways to ensure third sector provision was commissioned correctly and remained a reliable source of support.

Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report: - The Committee was presented with the Monitoring report which provided further information on the UHB Mental Health Measure performance. The performance measures included, but were not limited to:

- Part 1a – target: 28-day referral to assessment compliance target of 80% (Adult) and (Children & Young People)
- Part 1b – target: 28-day assessment to intervention compliance target of 80% (Adult) and (Children & Young People)
- Part 2 – Care and Treatment Planning (over 18) and (Children & Young People)
- Part 3 – Right to request an assessment by self-referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The Committee discussed the increased demand for mental health services, and it was noted that the demand for mental health services had increased by around 10.5% each year. The rise in demand was attributed to the consequences of lockdown, which was

referred to as a “pandemic for mental health”, as well as the internalisation of mental health disorders and the extensive media coverage on mental health and wellbeing.

The Committee noted that potential reforms to the MHA emphasised the need for therapeutic benefits and the routine use of outcome measures to ensure positive experiences for those detained under the act.

Sub-Committee Meeting Minutes: - The Committee received the Sub-Committee meeting minutes for noting.

Policies: - The Committee approved the following policies:

i) UHB 532 - Cardiff & Vale UHB Mental Capacity Act (MCA) Policy

Any Other Business:

Section 117 Verbal Update: The Committee was provided with an update around Section 117 and noted that Health Boards were sharing legal advice for consistency. The JCC mentioned the Mental Health Bill aimed to mitigate some impacts, though details haven't been shared. Currently, there was a dispute with the Integrated Care Board accepting responsibility but debating cost coverage from an NHS England ICB Mental Health Clinical Board perspective.

Funding for Increased Resource for DoLS: - The Committee was presented with a report which outlined how the DoLS process worked within the organisation, and noted the increased demand which had led to a shortfall in completed assessments. The organisation had used surplus WG funding for the MCA and LPS to increase assessment capacity, but concerns remained about future funding and the need for additional best interest assessors and admin support.

The Committee noted that the UHB faced considerable risk post-March 31st 2025 due to the challenging financial landscape. A paper had been submitted to the Investment Group for consideration for next year’s funding allocation. Additionally, the Exeuctive Nursing Director (END) would update the Chief Executive Officer to address the potential impact if the necessary funding for these posts was not secured.

The Committee were informed that due to the uncertainty of additional funding, the organisation currently paid £560 per assessment via liquid. If the assessments were undertaken by salaried BIAs, the cost would be halved. Securing the full amount of funding would allow them to keep up with urgent assessments and double the assessment capacity.

The Committee noted their support for the request of the financial uplift which had gone to the Investment Group.

DoLS and MHA Preference: - The Committee were presented with the following update:

- An issue had been raised regarding the use of DoLS and the preference of the MHA through their liaison psychiatry older people team on medical wards.
- This may be subsequent to case law. There was concern around proportionality, as it could lead to costs through increasing the Section 117 eligibility requirements.
- A paper would be brought to the following Committee to better understand the risks to the organisation.

Recommendation:

The Board is requested to:

a) **Note** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
Putting People First 1. **Click the objective above to view more detail.**		Providing Outstanding Quality 2. **Click the objective above to view more detail.**	X
Delivering in the Right Places 3. **Click the objective above to view more detail.**	X	Acting for the Future 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention		Long term		Integration		Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	n/a

Impact Assessment:
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Report Title:	Audit and Assurance Committee – Chair's Report				Agenda Item no.	6.5c	
Meeting:	Board		Public	x	Meeting Date:	27.03.2025	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Senior Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to provide Board Members with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on 4 February 2025.

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

The standard items of business were discussed at the meeting. These included the following:

- **Progress and Update reports from Audit Wales and Internal Audit**– The Internal Audit Progress Report included the findings and conclusions from the nine finalised individual audit reports received by the Committee (further detail provided later in this report) and outlined the five assignments that had been planned to be reported but had not met the February deadline which included:

  - Surgery Clinical Board – Consultant Job Plans Follow Up
  - Endoscopy Unit Investment
  - Modernisation of Passenger Lifts UHW
  - Local Data Repository
  - Data Quality Strategy

  The Audit Wales report provided information on a number of areas including:

  - Audit of the 2023-24 Annual Report and Accounts
  - Audit of the 2024-25 Annual Report and Accounts
  - Structured Assessment 2024 – core
  - Review of Unscheduled Care
  - Structured Assessment 2023 Deep Dive - review of cost savings arrangements
  - Planned Care Review
  - Structured Assessment 2024 Deep Dive - Review of investment in digital systems
  - Review of eye care services

- **Internal Audit Tracker Update –** The Committee were provided with an update on the Internal Audit Tracker, where brief overview of the work was given showing the work that had been underway since the previous Audit and Assurance Committee which included:

  - Digital migration onto AMAT (Audit Management and Tracking System)
  - Support Staff with using AMAT
  - Oldest open actions update
  - Internal Audit monitoring

- The **Procurement Compliance report** which included a Chairs Action Review, and some Single Tender Actions was received by the Committee

The Committee was provided with the activity where departments had engaged suppliers without Procurement involvement and therefore, had incurred a direct breach of SFI's.

The report received outlined:

- Non-Compliant Activity (40 instances where departments had engaged suppliers without Procurement involvement and therefore, incurred a direct breach of SFI's).
- Contracts value breached/ extended at risk as a result of emergency/unforeseen circumstances (1)
- Other Non-Compliant Activity (9)
- Contracts engaged at risk as a result of Covid-19 requirements (Nil Return)
- Non-Compliant Activity / Contract Breach Summary
- STA/SQA's by Department

all SQA/STA requests during the period the 1 October 2024 to 31 December 2024.

- **Losses and Special Payments Panel –** The Committee received the report which informed them of the items considered at the Losses & Special Payments Panel meetings held on 26 November between the 6 month period 1 April 2024 to 30 September 2024.

  Losses included:

  - Clinical Negligence claims of £4.983m and Personal Injury claims of £0.043m for the period 1st April 2024 to 30th September 2024.
  - Bad Debt write-offs of £17,269 for the period 1st April 2024 to 30th September 2024.
  - Ex gratia and other losses of £3,821 for the period 1st April 2024 to 30th September 2024
  - Small Claims losses of £17,044 for the period 1st April 2024 to 30th September 2024
  - Employment Tribunal losses of £263,840 for the period 1st April 2024 to 30th September 2024.

  The Committee received detailed updates on the losses via reports and the Committee approved the write offs for the period outlined within the report.

- The **Counter Fraud Report** was received which detailed the work undertaken by the Counter Fraud Team during the period from 19 October 2024 to 22 January 2025.

  The key matters of business to highlight to Board Members include: -

  Internal Audit Reports – seven reports had been finalised as follows: -

- Capital Systems (Substantial Assurance)
- Maternity Care – Ockenden Review (Reasonable Assurance)
- Smoking Cessation (Reasonable Assurance)
- Consent Process (Reasonable Assurance)
- Mortuary Refurbishment at UHW (Reasonable Assurance)
- Interventions Not Normally Undertaken (Limited Assurance)
- Follow-up: Implementation of Health Roster System (Limited Assurance)
- Legal Services (Advisory)
- Decision Making (Advisory)

For the audits that received Limited Assurance, a representative from the relevant team attended the Committee to provide further detail and the work being undertaken to improve upon the rating received.

Recommendation:
The Board is requested to: a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
 Putting People First		 Providing Outstanding Quality	
 Delivering in the Right Places		 Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Chilcott Rachel
21/03/2025 16:18:43

Report Title:	Digital & Infrastructure Committee – Chair's Report					Agenda Item no.	6.5d
Meeting:	Board		Public	x		Meeting Date:	27.03.2025
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Corporate Governance Officer						

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Digital & Infrastructure Committee held on 11th February 2025.

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

The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.

This was the first committee meeting of the Digital & Infrastructure Committee since the Terms of Reference had changed to include infrastructure.

Capital Programme 2024/25 & Proposed Capital Programme 2025/26

The following points were highlighted:

- The current capital resource limit is £49.4m, split into discretionary capital (£13.6m) and major capital funding (£35.7m)
- Additional funding received this financial year amounted to over £29m, with a sizeable portion arriving from October onwards
- The challenges in receiving large sums of money towards the end of the financial year were highlighted, which could lead to spending on less prioritized items due to time constraints. However, improvements in risk management and prioritization have helped mitigate this issue.
- The Capital Management Group (CMG) report included a matrix showing all capital schemes, risk-rated based on cost, progress, and impact on patient services. High-risk projects were discussed at CMG for decisions.
- The prioritization process for the next year involved requests from clinical boards and operational teams, scored against Welsh Government criteria. The discretionary capital for next year is £17m, with approx. £2.5m available after commitments.
- Specific projects mentioned include the digital rollout of Windows 11, additional Wi-Fi cabling for non-clinical areas, and a bed replacement program

Digital Roadmap and work programme update

The following points were highlighted:

- The Health Board was working on a five-year programme business case to uplift digital capability to a global digital maturity standard (HIMSS Level 3).
- The programme would include five annual phases, focusing on solidifying digital foundations and infrastructure, and preparing for the implementation of electronic health records.
- CAV UHB was looking for an external party to assist with the work
- CAV UHB were developing further KPI's to cover our use of tools etc. This would look at our capability and our virtual appointments that are offered.

The following points were highlighted regarding AI solutions:

- AI solutions can be grouped into clinical or operational categories. For administrative opportunities, they are looking at further roll-out of Co-pilot as an AI tool to improve productivity and efficiency.
- There are examples of AI being used within the Health Board, such as Brainomics, which helps clinicians read brain scans more quickly.
- They are implementing an AI governance group based on recommendations from the AI Commission led by Welsh Government. This group will manage the use of AI to ensure safety and clear criteria for its use.
- Suppliers are actively working on AI solutions to remain competitive, and the Health Board needs to be clear on what these suppliers are doing

Corporate Digital Risk Register

The following points were highlighted:

- Cybersecurity remained the highest risk, reflecting ongoing concerns about potential cyber threats and the need for robust security measures
- CAV UHB improved the risk rating since the previous meeting on the procurement programme and there were opportunities for each HB to look at procurement
- The risk rating for Welsh Community Care Information System (WCCIS) Replacement had improved due to the folding of the replacement procurement program. However, a new risk will emerge as the Paris system, used for community mental health records, will need replacement within the next three to four years.
- The risk associated with video consultation was removed following the successful procurement and implementation of the T Pro solution, which is set to go live at the end of the financial year.

IG Data Compliance

The following points were highlighted:

- Information Governance staffed to 5 whole time equivalents
- 108 IG related incidents were reviewed between October – December 2024, with 3 of these breaches meeting the threshold to report to the ICO
- The average compliance for Freedom of Information requests over the last 12 months is 92%, with an average of 62 requests per month
- The compliance for medical records requests has dropped to 28% over the last 12 months, with an average of 313 requests per month.
- Non-Health Records Requests: Compliance was high, with 38 out of 39 requests responded to within the regulatory timeframe between September and December.
- NIIAS Monitoring: The team continues to monitor and contact staff identified as accessing records inappropriately, working closely with people services.
- Mandatory IG Training: Compliance has dropped to 72% across the entire workforce. The failure to meet the minimum standard of 85% for IG training impacts the ability to seek CAG approval for certain research studies
- The organization has been granted a one-year remediation period to improve IG training compliance from 72% to 85%.

The minutes form the digital directors peer group were noted from November & December 2024 and January 2025.

The Board is requested to:

a) Note the contents of the Report.

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	Quality Committee – Chairs Report			Agenda Item no.		6.5e
Meeting:	Board		Public	X	Meeting Date:	27/03/2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality Committee meeting held on the 18th of February 2025.

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

The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.

Medicine Clinical Board – Assurance Report: - A Patient Story was presented to the Committee about a gentleman who shared his journey from the initial stroke event through his treatment and rehabilitation process.

The Committee was presented with the Assurance Report which detailed the clinical governance arrangements within the Clinical Board in relation to Quality, Safety and Patient Experience (QSPE).

It was noted by the Committee that eTriage had demonstrably reduced the time to triage, although only about 40% of EU attendees used it. There was still an option to register in EU with the reception team, and efforts were being made to improve accessibility. Patient feedback on eTriage would be available within a few weeks.

The pilot of Stay Questionnaires for staff was discussed, and it was suggested that the feedback come through the People and Culture Committee when available.

The Committee were provided assurance that the increase in the number of open and overdue Nationally Reportable Incidents (NRIs) had monthly oversight by Clinical Boards.

Quality Indicators Report: The Committee were presented with the Quality Indicators Report and slides which provided assurance in relation to several quality, safety, and patient experience priorities.

Regarding medication incidents, the Committee were informed that the Datix system had limitations in classifying patients' incidents, often categorising them as dispensing, administration or prescribing issues. Most incidents occurred at the administration stage. There was some discrepancy across the UHB in how they manage patient safety incidents. The UHB supported staff using a just culture approach, focusing on system improvements rather than individual blame. Nurses underwent competency training when they joined the organisation and if involved in any patient safety incidents.

The Committee noted that research from another organisation showed that pressure damage and falls increased the length of stay, as patients required additional care. Interestingly, patients were more likely to fall either at the beginning of their stay when acutely unwell or near discharge when more mobile. This highlighted the importance of

timely discharge to prevent deconditioning and ensure safety, as patients were often safer at home.

Joint Inspection of Child Protection Arrangements (JICPA) Improvement Plan: - The Committee were presented with the JICPA Action Plan which highlighted the progress made in addressing the issues identified by Health Inspectorate Wales (HIW) and the ongoing work to improve safeguarding practices.

Healthcare Associated Infection (HCAI) Measures: - The Committee was presented with the HCAI 2024/25 Update which highlighted the improvement goals and current status within the UHB for C. difficile infection, Staphylococcus aureus infection, and other infections. The importance of Infection Prevention and Control (IP&C) measures was emphasised, including training, audits, and reviews of cases.

The Committee was informed that IP&C was a major concern for the UHB, particularly focusing on MSSA and C.Diff, but that the IP&C team were actively addressing these issues with national and internal efforts in place. Monthly updates were also presented in Executive Performance Reviews with Clinical Boards to keep on top of this.

It was agreed by the Committee that more time needed to be dedicated to IP&C in the Committee going forward.

Hepatitis B/C Recovery Plan Update: - The Committee were presented with the Hepatits B/C Recovery Plan Update, which highlighted the following:

- There was a global, national and local goal to eliminate Hepatitis B/C by 2030.
- Hep B can be prevented with vaccination, and Hep C has a 90% cure rate with treatment.
- The 2024/25 Elimination Plan for CAV was overseen by a bi-monthly meeting group.
- Key achievements included resumed testing at HMP Cardiff, a mobile outreach van for testing and treatment, and opt-out bloodborne virus testing for substance misuse services.

Gastro Surveillance Verbal Update: The Committee was presented with the following update:

- The Gastroenterology Department had addressed the issue of overdue surveillance, reducing the number of overdue patients beyond their surveillance interval from 2000 (April 2023) to 500, with plans to eliminate the backlog by April 2025.
- Overdue surveillance had led to significant harm for some patients (around 10 patients).
- There had been two false starts due to issues around the triaging of patients and consultant job planning and capacity.
- This work had been at the expense of the diagnostic waiting times, which were in excess of eight weeks.

Policies: - the following policies were approved by the Committee:

i) UHB 322 – Ultrasound Clinical Governance Policy & Procedure
ii) UHB 282 – CAVUHB Reusable Medical Device Decontamination Policy & Procedure

Healthy Eating Standards for Hospital Restaurant & Retail Outlets: - The Committee was presented with the agreed approach for a gradual shift to a 65% healthy to 35% unhealthy food ratio across hospital and retail sites, aiming for a 75% healthy ratio by November 2025.

Food provision at the Children's Hospital for Wales (CHfW) was discussed to consider whether a different approach was needed to accommodate the different healthcare settings. It was noted that this had been discussed at the Nutrition and Catering Group (NCG).

In addition, the food provision for inpatients was discussed and it was noted that recent efforts involved collaboration between catering, public health and dietetics to improve and broaden the food options available, however this was separate to the retail offer.

It was suggested that the review of the healthy/unhealthy food ratio split be revised in January 2026 rather than November 2025.

The Committee approved the proposal.

Good Food and Movement: - The Committee was presented with a summary of the Good Food and Movement Framework'.

The Committee approved the Good Food and Movement Framework and the Implementation Plan.

Smoke Free Legislation Update: - The Committee were presented with a new no smoking enforcement approach for hospital sites. The proposal involved partnering with Vale of Glamorgan Council's litter enforcement officers to issue fixed penalty notices for smoking, with an initial educational phase until March 2025, followed by full implementation with fines up to £100. Sensitive areas like Hafan-y-Coed would have specific sub-groups.

The phased development and implementation of the new enforcement approach was approved.

Minutes from Clinical Board QSE Sub-Committees and the Safeguarding Steering Group (SSG): - The Committee noted the Clinical Board QSE Sub-Committee.

Safeguarding Children and Adults at Risk Annual Report 2023/24: - The Committee noted the Safeguarding Children and Adults at Risk Annual Report 2023/24.

Recommendation:

The Board is requested to:

a) **Note** the contents of the report.

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

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

Chilcott, Rachel 21/03/2025 16:18:43

Five Ways of Working (Sustainable Development Principles) considered									
Prevention		Long term		Integration		Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	n/a

Impact Assessment:
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Report Title:	Finance & Performance – Chair's Report				Agenda Item no.	6.5f
Meeting:	Board		Public	x	Meeting Date:	27.03.2025
			Private			
Status *(please tick one only)*:	Assurance	x	Approval	x	Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report
Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Finance and Performance Committee meeting held on the 19th February 2025.

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

The Committee considered a number of important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.

Financial Report – Month 10 Position & Savings Plan Progress (including Savings Tracker)
The following points were highlighted:

- CAV UHB reached £27.5m overspend as of month 10 (end of January 2025), against a revised forecast year-end position of £27.7m. This marked an improvement in trajectory with only a £50k decline in the month.
- The initial forecast deficit was £15.9m. CAV UHB received £6.8m from Welsh Government, which expected a reduction in the forecast deficit to £9.1m. However, CAV UHB failed to achieve £11m in savings against the target set for the year.
- The main areas of increased spend included the number of beds kept open due to demand, overspend on planned care initiatives, and underachievement of savings targets.
- Enhanced controls were put in place in response to the month 9 position, including a programme management office meeting twice a day and an executive group meeting daily. These controls have contributed to the improved performance.
- The financial risk register showed reduced risk scores around managing budget pressures and achieving the cost improvement programme, though these remain high-risk areas.
- The health board set a target of £47m in savings for the year but achieved £36m, falling short by £11m
- The underlying deficit is assessed to be around £57.1m, which will be the starting point for planning assumptions for the next financial year.
- There were significant concerns about cash flow, with an initial shortfall of £129m in unconfirmed cash at month 9. This has been reduced to around £20-30m due to recent confirmations of pay award funding and other allocations.
- CAV UHB public sector payment compliance remained above the 95% target, though there may be a slight decline due to cash management measures, but the UHB is confident we can manage through to March 31st
- CAV UHB was actively managing capital deployment to ensure full utilization of the capital resource limit by year-end.
- CAV UHB approximately pays £80-£85m via payroll each month
- The financial plans are based on a planned deficit recognized by WG of £9.1m, with the current overspend being £27.553m. Enhanced controls were established to support meeting the revised year-end forecast.

Operational Performance Update
The following points were highlighted:

- Winter challenges were ongoing, with the winter ward opened to manage the situation.
- Average ambulance handover times for the year were 45 minutes, compared to the Welsh average of two hours.
- Plans to de-escalate winter capacity towards Easter, focusing on 60-minute holds and 12-hour waits in the Emergency Unit.
- Number of delayed patients has reduced, but lost bed days have increased due to patient complexity.
- Adult social care has increased support to reduce assessment delays.
- Focus on reducing length of stay, which is currently about a day and a half above the peer average.
- 16% increase in demand for the single cancer pathway this year, with performance holding in the mid-60s and occasionally reaching 70%.

- Detailed demand and capacity analysis ongoing for Cancer Care, with a summit planned in March to develop plans for achieving a 75% standard from Q2 onwards.
- Approximately 2000 patients are expected to be waiting over two years by the end of March, above the target of 1320 for a planned care appointment.
- Ophthalmology displayed significant capacity issues, with 50% of the long-waiting patients in this specialty.
- Plans for Q1 of next year were being developed to address the increased cohort of patients.
- Improvements in endoscopy, with the number of overdue surveillance procedures reduced from 2000 to 500, aiming to clear the backlog by the end of March.
- Non-obstetric ultrasound backlog is reducing, with a trajectory to clear by March 2026.
- Endoscopy remains a significant challenge, with a gap of about 37 sessions per week.
- Adult mental health performance expected to improve in Q4 with additional staff.
- Children's mental health consistently delivering on standards since September.
- Contract for 2024-2025 agreed, with a 6% settlement and £23 million of non-recurrent support for GPs across Wales.
- Positive feedback from GPs on the funding solution
- Community nurses looked after approximately 3600 patients monthly, equivalent to the capacity of 6 Llandough hospitals or 4 UHWs

The committee discussed the health board being an outlier for Endoscopy during the meeting. He mentioned that the health board accounts for almost 40% of the backlog across Wales, highlighting the challenging position they are in.

The significant backlog was acknowledged in endoscopy and noted the following points:

- CAV UHB accounted for almost 40% of the backlog across Wales. He mentioned that while progress is being made, a complete solution is not expected this year or next year.
  The 156-week waits indicated that the committee and board need a clear timeline for when these will be resolved. He also highlighted the challenge of managing the 104-week waits, with a 30% increase in the cohort of patients expected next year without additional funding.
- He suggested that the board development meeting next week would be an opportunity to discuss these issues further and determine a realistic plan for addressing the waiting lists.

The Monthly Monitoring Return for Month 9 was noted.

The Board is requested to:

a) Note the contents of the Report.

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

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: No

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	**Strategic Planning, Commissioning and Partnership Update**			Agenda Item no.	6.6
Meeting:	Public Board	Public	X	Meeting Date:	27.03.2025
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	
Lead Executive Title:	Executive Director of Finance Executive Director of Allied Health Professionals, Life Scientists, Community Services Development				
Report Author (Title):	Executive Director of Finance Executive Director of Allied Health Professionals, Life Scientists, Community Services Development				

Main Report
Background and current situation:

This report provides the Board with an update on key areas of strategic planning, commissioning, and partnership work programme. Its purpose is to give the Board assurance that actions agreed in our annual work programme or Annual Plan are being progressed and risks around delivery are being managed - it includes relevant updates in relation to the following areas:

- Strategy development and delivery,
- Integrated Medium Term Plan (IMTP)/Annual Planning
- Regional and tertiary services planning work programme
- Engagement for service change
- Commissioning
- Partnership planning

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

1. **Regional Planning – Southeast Wales** *(Shaping our Future Clinical Services Portfolio)*

As the South East Wales regional partnership heads into 25/26 there is now clear consensus across partners as to the priority areas for the coming year. These priorities are -

- Progression of Llantrisant Health Park
- Regional Ophthalmology
- A South-Central regional stroke service
- A regional Pathology service- with a focus on microbiology

Llantrisant Health Park (LHP)

Over the course of the first two quarters of 2025/26 the CAVUHB Board will be asked to consider and approve the series of key documents and business cases in regards to the progression of this regional facility. The first two (a strategic outline case and a regional endoscopy business case) are scheduled for Board discussion under a separate agenda item.

CAVUHB Board can expect to then receive the RIBA 3 business case in May 2025 and both an Orthopaedic business case and the final LHP infrastructure business case in September 2025.

Subject to these key documents all receiving approval by all partner Boards it is envisaged the main contractor would subsequently start on site in November 2025 with the completion of a diagnostic hub in early 2027 and the surgical hub by December 2027.

Regional Ophthalmology

The focus of the regional programme for the last 4-6 months has been on ensuring that as of 31 March 2025 across South East Wales no stage 1 patient is waiting over 95 weeks and no stage 4 patient is waiting over 104 weeks for cataract surgery. This follows significant non recurrent investment by Welsh Government in January to support with delivery of this.

At the time of drafting this paper projections from the regional programme show this commitment will be met.

Moving into 2025/26 the programme will continue to focus on both maintaining this WL position but also on developing plans for long-term sustainable regional cataract solutions that does not rely on current outsourcing / insourcing arrangements.

Stroke

Cardiff & Vale and Cwm Taf Morgannwg UHB's recently held a joint meeting to establish the strategic direction for developing stroke services in the South-Central region. Key outcomes included agreement on maintaining an acute stroke service within CTM, with UHW developing as a Comprehensive Regional Stroke Centre (CRSC) for specialised care, including thrombectomy. Workforce sustainability remains a priority, with discussions on a centralised consultant rota and joint appointments. Immediate next steps include stabilising existing services, creating a shared delivery network and developing a regional workforce and organisational development plan.

Pathology

Recognising the criticality of ensuring sustainable and high-quality pathology services, a regional pathology programme with a focus on microbiology has now been created.

The regional oversight board will consider a paper in its April meeting that will set out what the 'journey' towards a single microbiology service for the region would look like in order for the concept to be fully tested with partners.

2. Regional and Specialised Services Provider Planning Partnership *(Shaping our Future Clinical Services Portfolio)*

The specialised services partnership with Swansea Bay UHB, known as the Regional and Specialised Services Provider Planning Partnership (RSSPPP), continues to meet monthly. Below is a summary of the progress across the provider partnership portfolio:

- **Hepato-Pancreato-Biliary (HPB) Surgery**:

- Following the NHS Wales Joint Commissioning Committee's (NWJCC) decision not to prioritise the HPB Shared Delivery Network (SDN) for inclusion in their IMTP, alternative commissioning models are being explored.
- After discussions with the Chief Executive Management Team (CEMT), a letter has been sent to all referring Health Boards seeking their support to include a provision for funding for the SDN in their IMTPs. Concurrently, the HPB Programme is developing a referral protocol for patients with severe acute pancreatitis to support admissions to the two specialist centres and ensure cost recovery for the complex specialist care provided.

- **Specialised Infectious Diseases Services**:

  - The multidisciplinary inter-organisational workshop, initially scheduled for December 6th, has been postponed due to insufficient attendance. It will now be rescheduled for June 24th, 2025.

- **Gynae Oncology Surgery**
  - In response to a request from SBUHB for support with it's gynae oncology surgery service, the team have worked with the clinical and operational teams in both organisations to identify short, medium and long term actions to put the service on a sustainable footing.

- **Chief Executive Management Team**:

  - The tertiary services team presented papers on the following services at the Chief Executive Management Team (CEMT) meeting on February 4th:

    - **Therapeutic Apheresis**: The CEMT approved a request for the Welsh Blood Service and Advanced Therapies Wales to hold a series of stakeholder workshops. These workshops will inform the development of a project plan to create a strategy and service model for therapeutic apheresis.
    - **Clinical Gait Analysis:** The CEMT reviewed a proposal to formalize commissioning arrangements with referring Health Boards for the Clinical Gait Analysis service. However, since the CEMT is not a decision-making body, it requested that the NWJCC team undertake work to consider funding models for services outside its delegated responsibilities

3. Commissioning

- Adult Learning Disability:

  - The update on the National Implementation and Assurance Group Progress Report (against the National Collaborative Commissioning Unit (NCCU) recommendations from the Improving Care, Improving Lives report) has been submitted. Given the commissioner/provider arrangements for adult Learning Disability Services in the region, the update has been developed as a joint collaborative response between Swansea Bay UHB, Cwm Taf Morgannwg UHB and Cardiff and Vale UHB. Within Cardiff and Vale Partnership Region there has also been

collaboration in the development and sign off the update by both Cardiff and Vale Local Authorities and this therefore is also being submitted on both of their behalf's.
- Scoping mechanisms for compliance with the Additional Learning Needs and Education Tribunal (Wales) Act for data reporting. Meetings with the designated education clinical lead officer (DECLO), SB UHB and CTM UHB are ongoing to understand and agree appropriate reporting and monitoring arrangements.

- SBUHB have established a Mental Health and Learning Disability Capital & Estates Task and finish Group. The Terms of Reference are currently being drafted. An updated paper will be presented at the SOFW In Our Community Programme Board Individual Patient Funding Requests and related Commissioning:

  - The IPFR team are engaging with the revision of the Interventions Not Normally Undertaken (INNU) policy.
  - The Functional Neurology Disorder, Autonomic Testing and Double Balloon Endoscopy protocols are almost complete and will be ready for the next Tactical and Strategic Commissioning meetings for authorisation.

- Commissioning representation has resumed at the quarterly Long term agreement (LTA) meetings following the return of the Commissioning Programme Manager from maternity leave.

- A mapping exercise is being undertaken to clarify and ensure appropriate representation from the previous WHSSC, EASC and specialist meetings into the new JCC meeting series currently being established. This includes an information sharing process across the CAV representatives.

4. Cardiff & Vale Regional Partnership Board *(Shaping our Population Health and Place Based Partnerships portfolio)*

The Health Board continues to play an active role in the Regional Partnership Board (RPB) and over the last quarter there has been a focus on the following areas:

- Integrated Community Care System
- As a result of the Rapid Planning Event in December, the Health Board has made a commitment to move towards becoming an Integrated Community Care System, working with partners to improve health and social care services with an emphasis on delivery of services in the community. This builds on the commitment set out in the RPB's Joint Area Plan to deliver an integrated care model focused on primary, community and prevention.

The first phase of this is under development and will be overseen by the Population Health and Places portfolio.

- 2) 50-day challenge

The Health Board continues to work closely with Local Authority Partners to improve Pathway of Care Delays and to support delivery of Care Action Committee priorities. We have seen the delay associated with the top 20 patients with the longest delays reduce from 251-day average delay per patient in October, to 149 days average delay in March.Partners are coming

together for a Discharge Summit on 1st April to continue to improve our processes and approach to improve the experience for patients and enable them to return home as soon as possible after hospital care.

- 3) Digital Care Region
  This programme is driving the development of integrated care records through the development of a Shared Care Viewer, enabling team members to view records across a number of systems across our partner organisations, enabling better coordination of care. The Viewer has now gone live for the Vale Community Resource Service and Neurodevelopmental Services.

- 4) The RPB is hosting its first annual conference and celebratory event on the 16th May at the Temple of Peace. We strongly encourage Board members to attend to explore the significant achievements of the RPB over the last year and recognize the commitment of our staff in developing more integrated models of care across all life stages.
-

Recommendation:

The Board is requested to:

(a) **Note** the progress being made across the Strategic Planning, Commissioning and Partnership portfolio

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered
*Please place an "**X**" in the below boxes as relevant*

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?:

*Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.8
Meeting:	C&V UHB Board	Public	X	Meeting Date:	27/02/2025
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	
Lead Executive:	Claire Beynon, Jason Roberts, Rachel Gidman, Paul Bostock, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report
Background and current situation:

Background and current situation:

The Integrated Performance Report has been updated for this Board Development session as outlined in the Paper brought to Board and F&P Committee last month. The updates bring the report in line with the National Performance Framework for 24/25, the UHBs Annual Plan priorities and recently submitted trajectories to Welsh Government for delivery of the National Performance priorities.

Finance

2024/25 Financial Performance

The UHBs initial draft 2024-25 planning deficit was £15.9m.

Following confirmation of the £22.244m overspend at month 7 and a review of the additional unforeseen cost pressures and demand on services in 2024-25, the UHB revised its projected forecast to a year end deficit of £27.7m as follows:

	2024/25 £m
Draft Planned Financial Position £m	**15.9**
Additional In Year Recurrent Funding	(6.8)
Revised WG Control Target (deficit) £m	**9.1**
Forecast Savings Programme Deficit	11.2
Forecast Operational Deficit	9.5
Further Recovery Actions	(2.1)
Revised Year-End Forecast £m	**27.7**

The UHB relayed an Accountable Officer letter on the 2nd December 2024 to advise Welsh Government of the revision to the UHB's forecast deficit.

At month 11, the UHB is reporting an overspend of £27.591m. This is comprised of £7.808m operational overspend, a savings gap of £11.441m and the revised planned deficit of £8.342m (11 twelfths of the revised planning control deficit of £9.100m) as summarised below:

	Month 11 Position £m	Forecast Year-End Position £m
Revised Planning Control (Deficit)	8.342	9.100
Savings Programme Deficit	11.441	11.200
Operational position (Surplus) / Deficit	7.808	9.500
Further Recovery actions		(2.100)
Financial Position £m (Surplus) / Deficit £m	**27.591**	**27.700**

Public Health

Immunisations

COVID-19 and influenza

- The winter respiratory virus vaccine autumn booster campaign has delivered 79,631 COVID-19 vaccines since the 1st of October when the campaign started. The vaccine uptake is officially 47.97% which is now at the higher end of all Health Boards in terms of uptake and just above the Welsh average of 47.23%.
- With regards to Influenza in Cardiff and the Vale uptake in the over 65 was 70.1% which is in line with the Welsh average of 70.1%. Among patients at risk this sits at 33.3% which is below Welsh average of 36.7%.
- Immunisation in school children between the ages of 4 and 10 is at 57%, with a Welsh average of 60.8% and for ages 11-15 years at 43.7% against a Welsh average of 50.8%.
- Influenza immunisation among staff sits at 36% as of February 2025 which is above Welsh average of 33.5%.

Childhood immunisations

- Percentage of children who are up to date with the scheduled vaccinations by age 5 (4 in 1 preschool booster, the Hib/MenC booster and the second MMR dose): This at 85.2% which is below the target of 95%. The Childhood Immunisation Plan agreed in 2022/23 is being implemented to increase uptake which includes communication and awareness raising, actions to improve access, education and information sessions, training of champions with a focus on our minority ethnic communities and working closely with the local authorities through the Amplifying Prevention partnership.
- A process to provide more support to GP practices with regards to immunisation is underway and a survey has been shared with all GPs in Cardiff and the Vale to collect key information about processes, population characteristics and workforce capacity.
- As part of the investment plan in vaccination we have appointed an analyst to help reinforce our intelligence capability, make our data streams more robust with education and support ongoing efforts to better profile and performance manage primary care provision of vaccines.
- In partnership with Cardiff Council a jointly appointed **Health Improvement officer** is focusing on the health inequalities experienced by ethnic minorities with the aim to build community profiles to inform, guide and target engagement and health messaging. A **Health Fair** was held at the end of February in collaboration with Cardiff Council and C3SC.
- MMR, a comprehensive catch-up programme has been developed and will be deployed in all schools with lower than 90% uptake for 2 doses of MMR during the spring and early summer. A collaboration with Cardiff Council is in place to reinforce processes to make sure the denominator (school population) is accurate and up-to-date to support the immunisation effort in a more targeted and efficient way.
- Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15: This campaign has now ended and uptake is below the target of 90%. Latest data reported by COVER reports an uptake of 62.1% in 15 year olds. Delivery of vaccination targets mainly year 8, children aged 13, and we are in line with Welsh average with 69.9% uptake, in subsequent years, year 9 (age 14) and year 10 (age 15), compared to other health boards we see a decline in uptake.

Healthy weight

- Healthy weight in reception year children aged 4/5 is 77.5% (2022/23). This is the same as the English average for the same period (77.5%). This was above the Welsh average of 74.3%.
  - Steps are being taken to increase healthy weight locally through the creation of the Good Food and Movement Framework (2024-2030) which includes actions for children aged 0-5 years.

Weight management services

- Dietetics have developed an Investment Plan to outline how the service will meet the new Ministerial target of a 10% increase in Level 2 and Level 3 end to end services by the end of financial year. Baseline findings are 1,386 patients for Level 2 and 160 patients for Level 3.

Tobacco

- Targeted communications work is ending and an evaluation of effectiveness will take place.
- Promotion of ESR training to promote Support Smokers in Secondary Care - training underway through a competition supported by the health charity.
- Enforcement work is progressing well, with the establishment of a task and finish group led by Public Health.

Operational Performance

Urgent and Emergency Care

As we moved through Q4 and the winter period, the Health Board has seen periods of intense operational pressures, following unseasonal pressure during Q2 and Q3. As a result, January saw increases in the average ambulance handover delay and the numbers of patients waiting 12 hours in the Emergency Unit. The most recent data shows February saw a reduction in the number of patients waiting 12 hours in EU and an improvement in the average ambulance handover time. The number of 1-hour ambulance handovers reduced for the second month in a row in February.

January saw an increase in both Flu and Covid-19 in the community and healthcare settings, impacting both patients presenting to hospital and the number of inpatient beds closed due to IP&C controls. The bed closure position improved in early February, but in the latter part of the month until the time of writing we have seen an increased number of closures with up to 108 beds closed across our acute sites due to IP&C controls for all conditions (including Flu, Covid-19 and gastrointestinal illness). Flu/Covid prevalence in inpatients and bed closures on the acute sites continues to be monitored and reported to the organization daily through the 'hot reports'.

We continue to review our EU and inpatient data, with deep dives at the COO led Operational Delivery Group following periods of exceptional escalation. We have reviewed, at cluster level, the recent increases in 'majors' attendances to our Emergency Unit and continue to review all breaches of 2-hours for ambulance holds, 4-hours for hip/stroke patient admissions and 24-hour EU waits.

Despite these challenges, the UHB is still the best performing Health Board in Wales regarding ambulance handover delays, as highlighted in the recent BBC News coverage, and we continue to make ambulance handovers an operational priority.

Performance against the standards within the National Falls and Fragility Fracture Audit Programme (FFFAP) has shown improvement against our historic trends. Rapid fracture pathway improvements have led to a significant reduction in the median time taken for patients to get to the ward. Compliance with the KPI for Admission to a Specialist Ward and Prompt Surgery remains well above the NHFD average. Time to specialist beds for hip fracture and stroke patients remain an operational priority and we are conducting regular analysis of breaches to improve implementation of the pathways. We have seen improvements in compliance with the 4-hour standard for admission to a specialist ward through the year and performance remains improved from Q1 where it dipped below 30%. Compliance has suffered though the seasonal pressures in the EU, despite this, monthly compliance in January was 36.2%, against the national annualized average of 9%.

From October 2024 the SSNAP dataset and measures has changed – the new dataset has an increased focus on imaging and hyperacute stroke management, changes to the measurement of rehabilitation and an extension to the community dataset and the ongoing rehabilitation of patients. We continue to measure our performance of against the acute stroke pathway on a daily and weekly basis, through the hot report and COO led operational meetings. The UHB has held a further stroke summit continuing our focus on the stroke pathway. We are also working with colleagues in the NHS Executive around what KPIs will be the focus in Wales. We will continue to update Finance & Performance Committee and Board on the impact of the changes. Our analysis of the latest data has shown that our door-to-ward performance decreased in January, impacted by seasonal operational pressures, while the percentage of patients receiving their CT scan within 1 hour improved. Time to CT scan is one of the metrics which has been revised in the new SSNAP dataset, and performance against the new 20-minute standard has varied from 17.7% - 8.5% since October 2024, with 11.1% of patients scanned within 20 minutes in January.

Hospital Flow and Discharge

The proportion of beds occupied by long length-of-stay patients has fluctuated in recent months as additional beds have been opened and closed in line with our operational plan. The number of delayed pathways of care has reduced since the high point in February 2024. In December we reported our lowest position of 144 delays, but seasonal pressures and associated operational challenges in January and February saw the number of delays increase although not to the volume seen last year. The February census showed 163 delays across all patient groups.

We continue to work with colleagues across the health and social care system to reduce delays in patient's care pathways. Reducing the time patients spend in hospital is a current operational focus. The ongoing work focusses on patients and family, our clinicians, integrated discharge service, hub and flow teams. It is anticipated that this work will result in an improved experience and shorter length of stay for patients, and deliver operation benefits such as improved flow, taking some pressure out of the Emergency Unit.

Delayed Pathways of Care (POCD) remain an area of national focus and our monthly delays are highlighted in Section 1 of the accompanying IPR – we are currently delivering our commitment to reduce against the same period in 23/24.

In addition to the monthly POCD census, patients with a length of stay >7 and >21 days in acute beds forms part of our weekly 'hot' reporting and end of month snapshots are provided in the IPR. We have seen a fluctuating picture as we moved through the year, but the season pressures through January have seen an increase in the length of time many patients are spending in hospital. The number on long length of stay patients reduced during February.

Cancer

Our Single Cancer Pathways compliance has remained above 60% since September 2023 and we reported compliance of over 70% for August, September and October 2024. In January, our most recently reported position 65.6% of patients with Cancer received their first definitive treatment within 62 days. The SCP standard of 75% was met for Brain/CNS, Upper GI, Skin and lung tumour sites. October 2024 saw the highest recorded number of referrals received, accommodating this increase in demand has contributed to the recent reduction in performance and increase in the backlog through subsequent months. The backlog is forecast to reduce in March and April. The cancer PTL is tracked daily through Cancer services and operational teams, with weekly oversight of KPIs by the Cancer Delivery Group. Teams are currently refreshing their demand and capacity work to describe what is required to consistently meet the outpatient, diagnostic and treatment standards.

Every quarter the UHB submits a refreshed position on our historic data to capture any treatments from previous months which have been confirmed as cancer since the original submission. The table below shows the rolling 12-month position including the latest data refresh:

SCP compliance	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Original submission	64.4%	60.8%	62.3%	63.7%	62.1%	64.6%	63.1%	68.4%	70.9%	72.5%	66.8%	66.7%	65.6%
Compliance following quaterly refresh	63.5%	60.2%	62.3%	66.0%	64.4%	63.6%	64.8%	70.2%	73.1%				

Planned Care

The numbers of patients waiting on an RTT waiting list has reduced this during Q4. We continue to focus on long-waiting cohorts and Cancer pathways with weekly scrutiny against the national standards and ministerial ambitions.

At the end of February there were 2,414 patients waiting 2 years for treatment. This is a significant reduction from the previous month and is the lowest number of 2-year waits reported since July 2021 as long waits increased following the Covid-19 pandemic. We are clear that there are still too many patients waiting too long for treatment across a number of key services and continue to work to reduce the length of time patients are waiting for treatment. Four- year waits were eradicated in September 2024, and we have maintained this position. The number of patients waiting over 3-years increased to 45 in February, but the number of specialties with 3-year waits remains reduced to two (Ophthalmology and Spines). As discussed previous Board sessions we have received additional, non-recurrent, financial resource to further improve our 2-year wait position. We submitted an initial trajectory to reduce to 1,326 2-year waits by the end of March 2025, through funding additional activity; in-house and through insourcing/outsourcing. This was reforecast in December, when the volume of available capacity was clearer and we are currently working to deliver our updated position of 1,800 2-year waits at the end of Q4. Our activity and breach numbers are monitored weekly with Welsh Government and weekly updates provided to the Chair, CEO and COO.

Last year we did not deliver our commitment to reduce 52-week outpatient waits to fewer than 9000. Our work to eliminate 3-year outpatient waits and reduce the number of 2-year waits has improved outpatient waiting times, but we continue to see high volumes of 52-week outpatient waits within some of our treatment specialties where we are focusing on reducing long waits across the pathway. We continue to address outpatient waits through activity, validation and pathway redesign to ensure only those who need secondary care intervention are referred. This is not a UHB wide issue and we have seen a reduction in the number of specialties reporting 52-week waits. We continue to work with specialties, particularly in Paediatrics, Medicine and Specialised services, to reduce to or maintain their outpatient waits below 52 weeks.

We have seen a reduction in the number of 100% delayed follow-up outpatient appointments over the last year. We have widened our focus to all patients who are delayed, not just those who are 100% beyond their follow-up target. This year we are tracking the total number of patients who are a delayed follow-up as we work to reduce this cohort of patients. At the time of writing there are 48,749 patients who are past their target date for a follow-up appointment, of these 10 were over 2 years past their target date as shown below:

Overdue Follow-up Outpatients									
Clinical Board	Months past target date	07/02/2024	27/01/2025	03/02/2025	10/02/2025	17/02/2025	24/02/2025	03/03/2025	Trend
Total	Total overdue	61658	49760	49523	48926	48573	48203	48749	
	Over 12 months	12351	2323	2133	2112	2145	2301	2136	
	Over 18 months	2948	93	104	91	90	91	90	
	Over 24 months	1271	8	11	11	11	10	10	
Surgery	Total overdue	31552	25044	24762	24405	24369	24167	24017	
	Over 12 months	7610	2109	1894	1838	1868	1978	1776	
	Over 18 months	1523	71	85	73	69	68	65	
	Over 24 months	643	5	8	7	7	4	3	
Children & Women	Total overdue	10114	7875	8001	7877	7731	7676	7863	
	Over 12 months	1597	18	18	17	18	39	44	
	Over 18 months	500	6	3	1	2	1	2	
	Over 24 months	173	1	0	0	0	0	0	
Specialist	Total overdue	10063	8811	8760	8682	8602	8529	8722	
	Over 12 months	1939	138	171	197	191	210	230	
	Over 18 months	464	9	10	10	10	11	9	
	Over 24 months	196	0	1	1	1	2	1	
Medicine	Total overdue	9879	7949	7917	7880	7782	7755	8064	
	Over 12 months	1183	52	44	54	62	68	80	
	Over 18 months	455	6	5	6	8	10	13	
	Over 24 months	257	2	2	3	3	4	6	

Clinical Boards are working through their action plans to reduce these numbers with specific focus on the longest delays. The table above shows the reduction in the total number of delayed appointments and the impact of the focused work on the longest delays. There remains a small group of patients who have been given appointments in the coming weeks and others who have had their follow-up target extended following clinical validation and notes reviews. We continue to validate the waiting lists and work is ongoing to refine our patient management systems to improve data quality of follow-up outpatient lists.

Our Planned Care Programme is revising its approach Outpatient Transformation, this includes the appointment of a Clinical Lead for Outpatients and alignment with the national Clinical Implementation Networks (CINs) to drive best practice. The use of See on Symptoms (SOS) and Patient Initiated Follow-up (PIFU) pathways is an important tool in the management of follow-up services and we continue to develop their use across our services with additional clinical support from specialties who have successfully implemented these pathways. SOS, PIFU and utilization of outpatient clinics will be an area of significant focus as we move through the remainder of this year and into 25/26.

Diagnostics

The waiting list position for Diagnostics deteriorated through Q1 and Q2, with particular challenges in Radiology and Endoscopy. As part of the £2.8m community diagnostic hub investment to improve imaging waiting times we will continue to use mobile solutions. Since September, we have seen a small improvement in the 8-week position with reductions in Endoscopy and non-obstetric ultrasound during Q3, continued into Q4.

Endoscopy capacity has been focused on Cancer, Urgent and long waiting surveillance patients. The service has an improvement plan, with additional theatre and insourcing capacity, aligned to a longer-term workforce plan to further address the deterioration in the length of wait. The number of 8-week waits increased through the first half of the year, albeit at a slower rate than last year. November saw the first reduction in the number of 8-week waits for the first time since February 2023. To clear the backlog of patients and create enough core capacity is going to require significant investment and support from Welsh Government. Looking forwards, consideration is being given to scale of the opportunity that might be available through the Llantrisant Health Park regional proposals.

At the end of January, 16,088 patients had waited 8 weeks or longer for their treatment, equating to 61% of patients on a diagnostic waiting list. This is over our commitment to Welsh Government.

Diagnostic		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Longest wait (weeks)	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	15	20	23	15	15	12	5	3	0	1	16	4	18	94.4%	5.6%
	Echo Cardiogram	4	0	0	0	0	2	1	0	0	0	6	1	660	100.0%	0.0%
	Dobutamine Stress Echocardiogram	22	10	25	21	6	17	0	1	0	0	5	2	32	100.0%	0.0%
	Stress Test	1	3	1	0	0	0	0	1	0	0	7	1	20	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	0	0	0	0	0	0	6	2	67	100.0%	0.0%
	Heart Rhythm Recording	0	3	0	0	0	0	0	0	0	0	4	1	185	100.0%	0.0%
	Diagnostic Angiography	78	71	33	30	56	66	55	55	52	48	34	14	66	27.3%	72.7%
	Trans Oesophageal Echocardiogram	5	2	0	0	0	3	0	0	0	0	5	2	8	100.0%	0.0%
	Cardiac CT	151	134	107	36	14	6	3	6	8	7	54	2	65	89.2%	10.8%
	Cardiac MRI	203	198	214	209	217	215	186	184	195	183	76	14	269	32.0%	68.0%
	Diagnostic Electrophysiology (EP Study)	2	2	2	0	0	0	0	0	0	0	6	6	1	100.0%	0.0%
Diagnostic Endoscopy	Cystoscopy	160	119	122	147	94	93	100	100	128	158	97	8	310	49.0%	51.0%
	Colonoscopy	1536	1565	1626	1712	1788	1892	1949	1995	1992	1992	129	32	2532	21.3%	78.7%
	Flexible Sigmoidoscopy	1120	1131	1176	1195	1246	1271	1320	1319	1302	1280	116	47	1475	13.2%	86.8%
	Gastroscopy	2499	2603	2692	2761	2864	2949	2979	2845	2748	2565	130	39	3080	16.7%	83.3%
	Bronchoscopy	19	25	14	14	11	12	12	13	17	14	138	79	17	17.6%	82.4%
Imaging	Fluoroscopy	37	30	45	30	30	34	26	15	6	9	11	3	109	91.7%	8.3%
Neurophysiology	Nerve Conduction Studies	0	0	0	0	0	1	0	0	0	0	7	1	127	100.0%	0.0%
	Electromyography	0	1	0	0	0	0	0	0	0	0	6	1	105	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	35	74	76	58	57	71	69	88	74	95	50	8	187	49.2%	50.8%
	Vascular Technology	0	0	0	0	0	2	2	0	0	0	7	2	175	100.0%	0.0%
Radiology	MRI	1116	1045	892	974	1054	1019	865	716	882	944	105	5	2614	63.9%	36.1%
	Non-Obstetric Ultrasound	7773	8130	8808	9036	9462	9469	9114	9153	9315	8711	108	15	12675	31.3%	68.7%
	CT	21	26	20	14	24	27	14	8	24	48	58	2	1521	96.8%	3.2%
	Nuclear Medicine	38	53	62	72	78	49	44	54	27	33	27	2	149	77.9%	22.1%
Total		14835	15245	15938	16324	17016	17210	16744	16556	16770	16088			26467	39.2%	60.8%

The above table shows the scale of the impact that long waits for endoscopy and non-obstetric US are having on performance, while a number of modalities report zero or small numbers of patients waiting over the 8-week standard.

Mental Health

Demand for adult and children's Mental Health services remains high, including an increased presentation of patients with complex mental health and behavioral needs. Part 1a compliance for adults has, as forecast, remained low throughout this year as a result of capacity issues within the team. An additional WTE has been in post since October and two further WTE positions have been appointed to, we expect the increase in capacity to show improved performance as we move through Q4. Our Part 1b compliance remains strong with >99% of patients receiving interventions within 28 days on the vast majority of months. Part 2 compliance remains challenged, an improvement trajectory has been shared with NHS Executive colleagues, with Part 1 service developments supporting improvements.

For children and young people, Part 1a remains compliant, our latest information from January 2025 shows 95% of assessments were completed within 28 days. Part 1b has made a strong return to compliance in September, as per our forecast and compliance with the 80% standard has since been maintained. As part of the improvement work we have seen the size of waiting list and average wait reduce.

Primary and Community Care

We continue to see a high number of GP practices in high escalation (level 3 and 4), reflecting the pressures on all parts of our health system. Our primary care teams continue to support practices as required.

Through this year greater visibility will be brought the activity carried out in Primary and Community Care. Work is ongoing to provide high level data across a number of services; this data will be updated as available and is intended to demonstrate the volume of activity undertaken through primacy and

community care services. The latest available data shows over two million GP appointments have been offered so far this year in Cardiff and the Vale.

GMS activity		December 2024	Year to date 24/25
	Calls to GP surgeries	317,460	3,435,463
	GP appointments offered	237,102	2,372,042
	Items issued via presciption	727,694	6,617,790

Source: Primary Care Information Portal. Note: *The analyses and associated visualizations presented within this tile of the Primary Care Information Portal (PCIP) are a product of source data that has been provided at the initial stages of a quality improvement process and as such the completeness, accuracy, and validity of this source data (and hence any analyses/visualizations derived from such data) cannot be guaranteed. Please note there is a lag in receiving this national dataset.*

We continue to see high utilisation of our Urgent Primary Care Centres across Cardiff and the Vale. Total utilization across all 6 sites was 88% in February, with 3,579 consultations in month.

Our community teams and integrated services continue to support patients out of hospital, including 18,210 District Nursing visits in January – c7,500 more than our reported attendances to EU in the same period. These services continue to provide vital support to patients in the community allowing them to remain at home and reducing the demand for secondary cares services.

Community and Integrated Service teams	January 2025	Year to date 24/25
District Nursing visits to patients	18,210	176,702
Cardiff CRT and Vale CRS - Patients supported to avoid hospital admission	56	450
Cardiff CRT and Vale CRS - Patients supported with early discharge from hospital	87	982
Cardiff CRT and Vale CRS - Patients supported with Therapy in the community	492	4370
Patients supported by Community Nursing to remain at home	3,734	35429
Wound healing service referrals	99	799
Continence service referrals	236	1696

People and Culture

In 2025/26 our emphasis will be on getting the *Brilliant Basics* right—ensuring a strong foundation with a focus around three key themes:

- **Improving Wellbeing and Attendance** - targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing
- **Management and Leadership Development** – support our managers to manage well
- **Build Workforce Planning Expertise** - ensuring that senior leaders are trained in workforce planning principles, enabling strategic decision-making across all departments.

Going forward, the narrative around the People and Culture section of the IPR will focus specifically on these three priorities. Other key performance elements will continue to be monitored and reported through the People and Culture Committee.

Improving Wellbeing and Attendance:

- A multi-disciplinary team (MDT) approach has been adopted, bringing together People Services, Wellbeing, Organisational Development (OD) & Culture, and Occupational Health to drive improvements in wellbeing and attendance.
- An action plan is currently in development, and a task and finish group has been established to oversee its implementation.
- The organisation has set a sickness absence target of 5.5% for 2025-26, with measures being put in place to support achievement of this goal. The cumulative position for February 2025 was 6.32%
- Each Clinical/Service Board has developed an individual, targeted action plan to reduce sickness absence in their respective areas.
- Due to current restrictions on releasing staff for training, the face-to-face Managing Attendance at Work training has been temporarily paused and is now available exclusively online. This pause has provided an opportunity to revise and relaunch the training in April with three key areas of focus:
    - Understanding and implementing the attendance policy
    - Effective conversations around attendance
    - Making reasonable adjustments to support staff
- Work is ongoing to ensure all absence is accurately recorded on the ESR/HealthRoster system. A specific piece of work is being undertaken to improve the recording of absence for medical staff.
- A draft OD, Wellbeing, and Culture framework has been developed and is currently undergoing consultation and feedback. This framework aims to support managers in key areas, including:
    - Staff retention
    - Team cohesion and performance
    - Cultural improvement
    - Staff engagement and wellbeing
    - Management and leadership development
- Efforts are being made to reduce workplace incidents by improving safety training and awareness. Ongoing RIDDOR performance is still well under what was reported for the last financial year. Six incidents reported since the last IPR submission taking the total to 65 this financial YTD. Maintaining this performance will result in ~70 for the year as opposed to 96 that were reported last year.

Management and Leadership Development

- A comprehensive review of management development materials and training is underway to ensure alignment with organisational priorities and strategic objectives.
- Collaboration with Health Education and Improvement Wales (HEIW) and Professor Michael West is ongoing to integrate compassionate leadership principles into leadership development initiatives. Work is also being undertaken to establish measurable outcomes for compassionate leadership.
- Efforts are being made to localise the Compassionate Leadership Pledge and embed it within the organisation. Options for bringing this to life, including the potential development of an accreditation system, are being explored.
- As part of our Culture and Leadership Programme, we are working closely with Professor West to refine our approach. He will also facilitate connections with best practice organisations in England to ensure our work is informed by leading examples in the field

Building Workforce Planning Expertise:

- A draft programme of work for 2025/26 is currently under development, and will describe the priorities for building workforce planning capability and expertise across the Health Board. This will initially focus on refining short term resource planning, i.e. improving efficiency of our current workforce resource and developing operational workforce plans to support the IMTP planning process.
- Work continues to refine the final education commissioning submission by end of March 2025.

- A community of practice has been developed with the Managers from Mental Health who are currently undertaking the Mental Health Operational Workforce Planning Training, which is being delivered by Skills for Health & HEIW.

Quality, Safety, and Experience (QSE) Update

Committee Oversight

The QSE Committee maintains close oversight of key quality, safety, and patient experience metrics. Regular performance reviews enable the committee to assess outcomes and provide strategic recommendations for continuous improvement.

2. Complaint Resolution

A greater emphasis is placed on early triaging and prompt resolution of concerns to prevent escalation. Under the updated 2025 guidelines, a higher volume of inquiries are now resolved on the same day. However, persistent challenges—such as extended wait times and communication barriers—require targeted interventions.

3. Duty of Candour

Commitment to Transparency:
Since April 1, 2023, the Duty of Candour has been enacted 256 times, underscoring a strong commitment to openness and accountability in the management of adverse events.

4. Infection Control Measures

Rising Infection Rates:
An increase in C. difficile and P. aeruginosa cases has prompted executive-led oversight to strengthen infection control measures and enhance outbreak response protocols. An antimicrobial action plan is in place to identify and implement necessary improvements.
Enhanced Communication:

Efforts to engage both patients and staff have been expanded to raise awareness of infection trends in hospital and community settings.

5. Patient Feedback and Engagement

Feedback Collection:
In January and February, 31,162 SMS feedback requests were sent three days post-discharge or appointment, achieving a 15% response rate. Multilingual options were incorporated to enhance inclusivity and accessibility.
Civica Activity Growth:

Continuous monthly increases in Civica activity are improving the efficiency and responsiveness of the patient feedback system.

6. Nationally Reported Incidents (NRIs)

In February 2025, 19 NRIs and one Never Event were reported.

Action Points:
✅ Enhance Communication: Implement measures to reduce complaints related to wait times and improve clarity in patient communication.
✅ Address Rising Infection Rates: Strengthen infection control protocols and expand staff training to

mitigate the increase in C. difficile and P. aeruginosa cases.
✅ Optimise Complaint Handling: Develop strategies to maintain and improve complaint resolution efficiency, particularly for complex cases.

This structured approach reflects our proactive commitment to delivering safer, patient-centered care while effectively addressing key challenges.

Digital & Health Intelligence

Recognising the importance of digital and data as core enablers to the way we want to work and deliver our services in future, we are including Digital (and data) as part of the set of core services to be included in the Integrated Performance Report.

Key performance Indicators
In addition to the core service requests and response times metrics which are captured by the Ivanti IT service desk tool and contained with the Integrated Performance Report itself, the D&HI team are developing additional metrics/KPIs to cover the following:

- % Wi-Fi coverage across main clinical sites
- % staff access to devices and systems
- No of BI products available/in use
- No of dashboards/viewers available/in use
- % uptime of core systems availability
- User satisfaction levels (captured via self-service tool)

Data Insights
The Business Intelligence (BIS) team have developed data products and associated dashboards to replace the externally produced viewers in 6 Goals and the Emergency Unit. The CRT visualisation work is complete, Inpatient Care is in development and the Emergency Unit specification is complete ready for development to start. A wider, broader piece of work around data democratisation is being developed, aimed at providing access to real time data. The new viewers will be ready and available for use before the end of June 25.

Telecommunications
The telecoms' function supports 2 main telephony systems comprising 14,000 extensions with 390 external lines distributed over 2 different suppliers offering multiple levels of resilience; this supports 700,000+ calls per month (there are 4,700 voicemail box accounts and 4,600 mobile phones currently in use). The Telecoms team are seeking to implement MS Teams Voice which transforms Teams into a complete VoIP phone system, which offers phone system capabilities like call park, call forwards, auto attendants, and call queues. A pilot is starting in early April 25 initially and should help drive efficiencies as well as reducing telecoms costs. Rationalisation of the BT traditional telephony estate (PSTN switch off) is being progressed and resulting savings of circa £10K per month are being achieved.

Digital Foundations Investment Case
Recruitment has completed for the two key posts that enable this work, both are internal appointments. Mobilisation of the Digital Foundations programme has commenced.

The procurement process for external support has been completed and Clinical Board presentations are in train. A range of clinical and non-clinical staff have been identified to support this work and will be instrumental in informing it.

The Director of Digital and Health Intelligence and other Executives have held discussions with colleagues in Welsh Government and NHS Wales Executive to help ensure this work continues to be supported by WG.

A key deliverable is to raise our digital maturity from HIMSS Level 1 (EMRAM)[1] to HIMSS Level 3. CAV was assessed against the EMRAM standard designed for acute settings in 2023 as part of an all Wales UHB assessment, which focusses on the electronic medical record and digital capabilities we can give to clinical (and non-clinical) colleagues.

As part of Digital Foundations, we believe we should also complete the infrastructure equivalent Infrastructure Adoption Model INFRAM[1] assessment, as this gives us a guide to the underpinning infrastructure we need to support those capabilities, not just during the five-year Digital Foundations horizon but beyond in support of our aspirations to become a learning health and care system. We expect this assessment to take place during the Summer months.

Digital infrastructure

Getting the basics right is essential to support our digital foundations. Investment has been secured from capital funds to procure a large number of suitable end user devices as part of the PC replacement programme. Good progress is being made in improving the Wi-Fi coverage across the main clinical sites with plans in place to achieve good coverage across the six main clinical sites based on a full audit which took place in 2024. This will be important to support the implementation of both the welsh nursing care record roll-out, switch on of the e-prescribing solution (ePMA) and to support other clinical and administrative applications and tools when accessed via mobile devices, providing greater reliability and user confidence.

Digital strategic programme

Our Digital Foundations are summarised in the roadmap below. The programme has been funded for a 12-month period and will deliver a Programme Business Case to address the digital basics and implement the right foundations for implementing an Electronic Health Record solution across the organisation over the next 3-10 years.

[1] https://gkc.himss.org/news/himss-launches-modernized-infrastructure-adoption-model-support-global-digital-health

Shaping Our Future
Digital Services

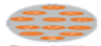
Digital Foundations roadmap

Progress & completion dependent on funding

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

- **Lay the ground ready for modular EHR solution(s) nationally/regionally**
- **Move us up the HIMSS ladder (Level 3+)**
- **(SOFW aim)**
- **Resolve some legacy**
- **Positive impacts for quality, safety, efficiency**

0 to 5 years

		STATUS
 WIFI	Ultimately ubiquitous Initial focus on clinical areas – wards, theatres, labs and relevant connecting corridors	In progress
 Single Sign On	The ability to sign in once and access (almost) everything you need from a single screen Build this capability incrementally starting with context launch from a single landing page that you authenticate into	Starting
 Microsoft licences	All staff have an account and are licensed for Office 365	In progress
 End user devices	Fast, connected, modern end user devices and printers Desktop PCs, laptops including computers on wheels (COWS), tablets, smartphones	Starting (mobiles)
 Applications	Applications that work on (almost) any device	DF dependent
 Local Data Resource	The ability to move data around using open standards. It doesn't matter if data is held in our systems or someone elses – we can extract it and we can share it back	Starting
 Care data repository	Aggregate care data to gain a single (unified) view of the information we hold about a person, enabling better informed decision making at the point of care	DF dependent
 Integrated care record	Single patient record The system care providers use to interact with the content of the CDR; an electronic medical record across acute and non-acute settings	DF dependent
 Capabilities	Tools and capabilities that can be used across acute and non-acute settings e.g. clinical notes, ward abd bed management, bedside observations, clinician order comms, alerts, workflow and so on	DF dependent

Recommendation:

The Board are requested to:

A) **NOTE** the year to date position against key organisational performance indicators for 2024-25 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration	x	Collaboration		Involvement	

Impact Assessment:

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

Risk: Yes/No
N.A
Safety: Yes/No
N.A
Financial: Yes/No
N.A
Workforce: Yes/No
N.A
Legal: Yes/No
N.A
Reputational: Yes/No
N.A
Socio Economic: Yes/No
N.A
Equality and Health: Yes/No
N.A
Decarbonisation: Yes/No
N.A
Welsh Language: Yes/No
N.A

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Cardiff and Vale
Integrated Performance Report

2024/25

March 2025

Report Contents

Click on a hyperlink to navigate directly to the section required

Section 1: Cabinet Secretary Priorities

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The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Enhanced Care in the Community	**Measure:** Number of delayed transfers of care. **National standard/ambition:** 12 month reduction trend **Reporting period:** Monthly	**Reduction against 23/24**	**Yes**	**Mar-25**	**163** Feb-25	Hyperlink to section
Primary and Community Care	**Measure:** General Medical Services – Number of GP practices achieving core access standards **National standard/ambition:** 100% **Reporting period:** Annual – in month position for information	**100%**	**Yes**	**Mar-25**	**98.2%** **Apr-24**	Hyperlink to section
	Measure: General Dental Services - % of contract value fulfilled **National standard:** 30% of contract value by end Q2, 100% Q4 **Reporting period:** Monthly	**25% Q1 50%Q2 75% Q3 100% Q4**	**Yes**	**Mar-25**	**84.5%** (Apr-24 to Jan-25)	Hyperlink to section
Urgent and Emergency Care	**Measure:** Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge **National standard/ambition:** 20% reduction by September 2024, further 20% reduction by March 2025 **Reporting period:** Monthly	**670 Sept-24 532 Mar-25**	**Yes**	**Mar-25**	**801** Feb-25	Hyperlink to section
	Measure: Number of ambulance patient handovers over 1 hour **National standard/ambition:** 30% reduction by December 2024 **Reporting period:** Monthly	**232**	**Yes**	**Dec-24**	**385** Feb-25	Hyperlink to section

Performance Key: Meeting standard / trajectory | off target/trajectory

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental Health	**Measure:** Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	**80%**	**Yes**	**Dec-24**	**93%** Jan-25	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over **National standard/ambition:** 80% by end of December 2024 **Reporting period:** Monthly	**99%**	**Yes**	**Dec-24**	**99%** Jan-25	Hyperlink to section

Performance Key: Meeting standard / trajectory | off target/trajectory

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Planned Care and Cancer	**Measure:** Number of patients waiting more than 52 weeks for a new outpatient appointment **National standard/ambition:** 40% reduction by end of September 2024, 0 by end of March 2025 **Reporting period:** Monthly	**16,004** Sep-24 **15,925** Mar-25	**No**		**16,439** Jan-25	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for referral to treatment **National standard/ambition:** 0 by end of December 2024 **Reporting period:** Monthly	**4,447** Dec-24	**No**		**3,581** Jan-25	Hyperlink to section
	Measure: Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) **National standard/ambition:** 60% by end of December 2024, 70% by end of March 2025 **Reporting period:** Monthly	**70%** Mar-25	**Yes**	Dec-24	**65.6%** Jan-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic **National standard/ambition**: 95% of patients waiting less than 8 weeks by end of December 2024 **Reporting period:** Monthly	**14,796** Dec-24	**No**		**16,088** Jan-25	Hyperlink to section

Performance Key: Meeting standard / trajectory | off target/trajectory

Section 2: Cardiff and Vale Performance Report

The Performance Report section provides detail of UHB performance across the quadruple aims.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

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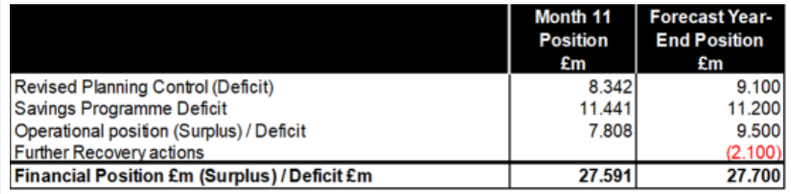
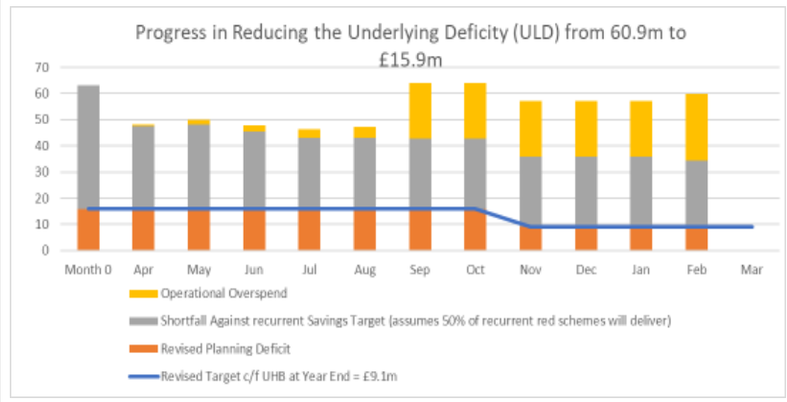
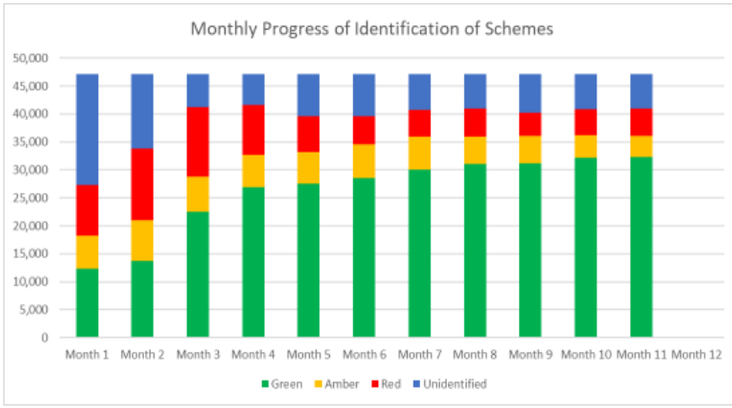
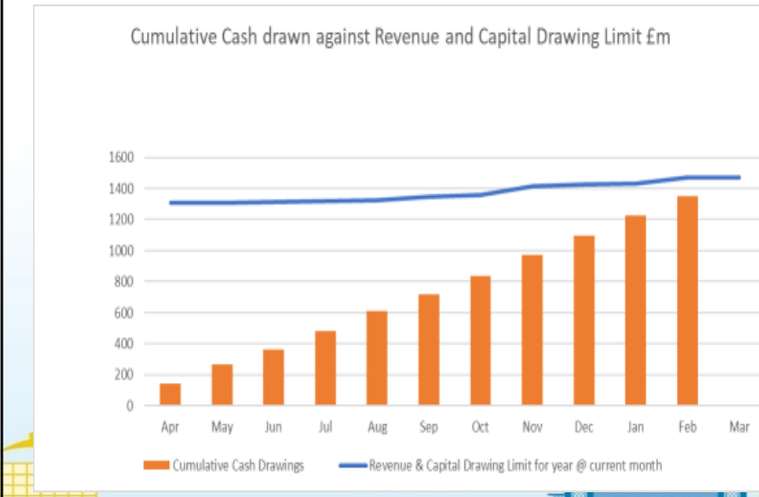
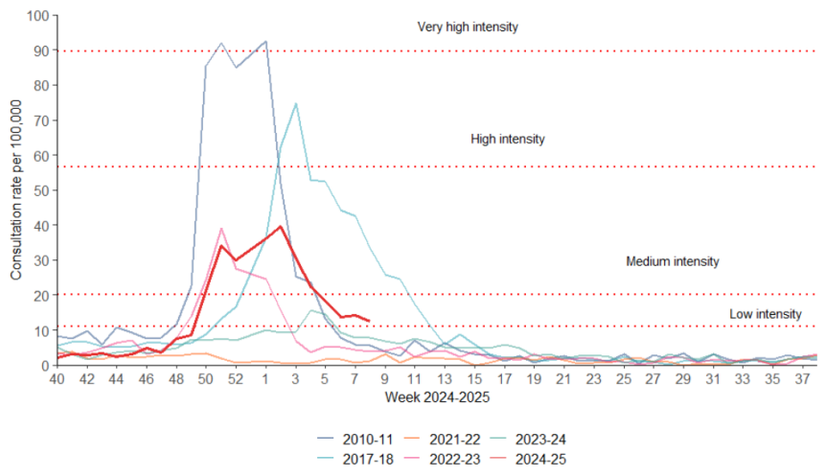
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care Inpatient Flow, Discharge and Front Door Alternatives to Admission Community and Urgent Primary Care Priority Services RTT Waiting Times Planned Care Cancer, Diagnostics and Therapies Primary and Community Care Whole System Evaluation and Supporting Patients Whilst Waiting Mental Health
Aim 3	The health and social care workforce in Wales is motivated and sustainable	People and Culture
Aim 4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

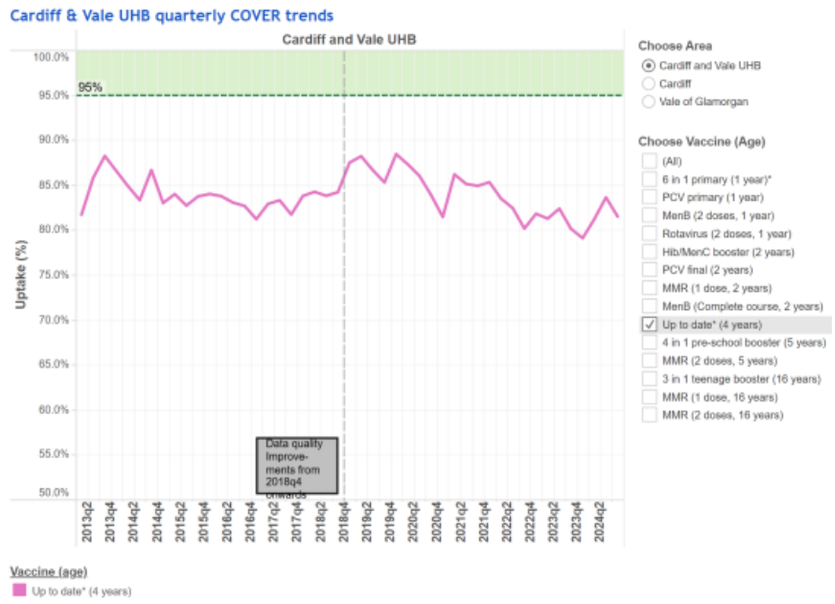
Financial Performance

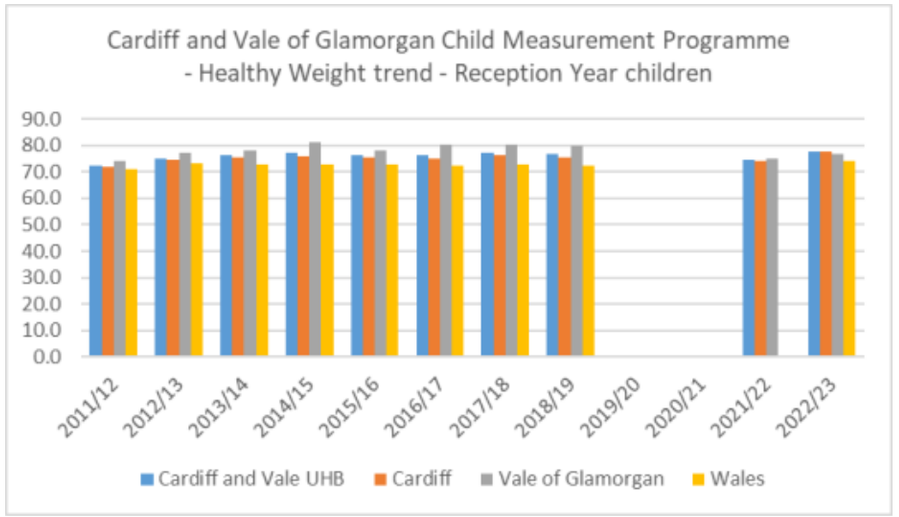
Priority	Performance Summary	Reported Period	Data
Deliver 2024/25 Draft Financial Plan	**Financial Plan Approved by Board and submitted to Welsh Government** The UHBs initial draft 2024-25 planning deficit was £15.9m. Following a review of the additional unforeseen cost pressures and demand on services in 2024-25, the UHB relayed an Accountable Officer letter on the 2nd December 2024 to advise Welsh Government of a revised forecast deficit of £34.5m. Welsh Government issued a revised control target letter dated the 25th November 2024 which indicated that additional funding of £50m would be allocated across the seven Health Boards on a fair-shares basis. For CVUHB, this results in an in-year recurrent allocation of £6.8m and a revised target control total of £9.1m. On this basis the UHB's revised year end forecast is £27.7m as follows: **Draft Planned Financial Position £m** 15.9 Additional In Year Recurrent Funding (6.8) **Revised WG Control Target (deficit) £m** 9.1 Forecast Savings Programme Deficit 11.2 Forecast Operational Deficit 9.5 Further Recovery Actions (2.1) **Revised Year-End Forecast £m** 27.7 The reported position at month 11 is an overspend of £27.591m per the table opposite.	Feb 2025	
Achieve financial sustainability and recurrent financial balance by the end of 2025/26	The planned deficit for 2024-25 is £15.9m. Key elements of financial performance in 2024-25 contribute to an increase in the UHB's underlying deficit from 2025-26 onwards. These include :the planned 2024-25 financial deficit of £15.9m; savings made non recurrently in 2024-25 ;the full year effect of cost pressures including inflation and the full year effect of demand led pressures in 2024-25 Non recurrent savings made in 2024-25, combined with unidentified savings not delivered in 2024-25 add £25.4m to the underlying deficit. The full year effect of demand and inflation pressures is currently assessed at £25.4m. The additional costs are abated by the additional £6.8m recurrent funding provided in 2024/25. This projects an underlying deficit for 2025-26 of £59.9m before the assessment of new year cost pressures and the additional funding available.	Feb. 2025	
Management of operational budget pressures	The UHB reported a £7.808m operational overspend at month 11, which is an improvement of £1.753m from the £9.561m reported at month 10. A number of additional urgent control actions were implemented in January 2025 to slow expenditure run rates and eliminate unnecessary expenditure. This includes a daily Programme Management Office (PMO) which meets twice a day and a daily joint Executive/PMO meeting which convenes at the end of each weekday. The PMO has overseen:- • Authorisation for any necessary remaining agency expenditure • Authorisation for any necessary variable bank expenditure • Authorisation for any training (outside the statutory training required for professional registration or clinical training to ensure patient safety).	Feb. 2025	

	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £47.2m savings target	£36.145m Green and Amber schemes identified at month 11 of which £19.761m were recurrent savings. Savings Graph 1 illustrates progress in the identification of savings. The planned profile and actual/forecast delivery of savings is outlined in Savings Graph 2.	Feb. 2025	**Savings Graph 1- Progress in Identification of Savings Schemes**  **Savings Graph 2- Profile of Savings Plan and Actual/Forecast Achievement** 
	Remain within Cash Limit	The UHB forecasts to remain within its 2024/25 cash limit, on the assumption that all anticipated allocations are fully funded and that working capital cash is provided for movement in working balances. The UHB is continuing to actively plan and manage its cashflow in the final month of the year.	Feb. 2025	

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Seasonal respiratory infections** **Immunisation** – COVID-19 and influenza • The Covid-19 autumn winter booster campaign is underway, and it has delivered 79,631 vaccines since the 1st of October when the campaign started for a total eligible population of 154,079 in Cardiff and the Vale. The vaccine uptake is officially at 47.97%, this is among the highest of all Health Boards, and slighlty higher than the Welsh average of 47.23%. • With regards to Influenza the uptake of vaccines in the over 65 is at 70.1% which is in line with Welsh average. **Surveillance** • Surveillance indicators suggest that the peak of the influenza season has passed, however there remains potential for further increases in influenza B cases • COVID-19 case numbers have fallen in recent weeks • XEC remains the most prevalent variant of Covid-19 in Wales • There is currently **1** Covid-19 outbreak and **0** incidents in hospitals in C&V UHB; and **2** influenza outbreaks and **0** incidents. • Since the start of April 2024, in C&V UHB there have been **92** influenza incidents or outbreaks, with **279** bed days lost. In the same period there have been **187** Covid-19 incidents or outbreaks, with **726** bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the **loss of 1,005 bed days**, representing an estimated opportunity cost of **£502,500** to the UHB since 1 April 2024 • RSV incidence in children aged up to 5y is now at baseline levels	Week 8	Below target	Wales COVID-19 vaccination surveillance weekly report.pdf Infant COVID-19 vaccination. https://public.tableau.com/app/profile/public.health.wales.health.protection/viz/RapidCOVID-19virology-Public/Vaccination Weekly COVID-19 vaccination report by health board https://www2.nphs.wales.nhs.uk/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/cf7a9a9adcddbb0a8025866b003a51a1/$FILE/Wales%20COVID-19%20vaccination%20surveillance%20weekly%20report.pdf  Source: PHW weekly ARI summary (new from Nov 2024)

For areas of underperformance please see cover paper for details on actions being taken

Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	**Routine childhood immunisation** • 81.5% of children are up to date with vaccination at age 4, which although an improvement, is below the target of 95% and a Welsh average of 85.7%, uptake of all childhood vaccinations at age 5 is 85.2% which is still below the Welsh average of 87.8% • The WHC target of 90% uptake of MMR in schools by the end of July 2024 was not reached we have restarted action on this with our local authority colleagues.	Jul-Sep 2024	Below target	 Source quarterly COVER data
Health Protection	**Health Protection System** • The Cardiff and Vale Health Protection Plan (2024) was fully signed off via partnership governance processes (completed April 2024) • An updated action plan for 2024/26 is nearing completion, which further strengthens the agreed approach and has been produced in collaboration with partners across the regional system, seeking views on where the partnership has added value and where there is still the opportunity for further collaborative working. • The UHB is undertaking a range of preparedness actions in response to the World Health Organization's declaration of a public health emergency of international concern in relation to the upsurge of Mpox cases in the Democratic Republic of Congo and surrounding countries; actions include a review of pathways across primary and secondary care. UHB teams and members of the regional partnership, including SRS, participated in a national tabletop exercise on 5th September 2024 to test our response. • Planning for future pandemic response is underway, with workshops gathering learning from COVID-19 currently underway. The UHB will participate in Exercise Pegasus, a Tier 1 exercise recently announced by UK government, in Autumn 2025.	Q4 2024/25	On target	*n/a*

Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	**Healthy weight:** • 77.5% of reception aged children in Cardiff and Vale of Glamorgan are categorised as healthy weight (Child Measurement Programme, 2022/23) this is in line with the English average. Data produced annually. • 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 30% in Wales (NSfW, 2021/22+2022/23) and 68% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 57% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. • Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. **Weight management services** • Dietetics developed an Investment Plan to outline how services will meet the new Ministerial target of a 10% increase in Level 2 and Level 3 end to end services by the end of financial year. Baseline findings are 1,386 patients for Level 2 and 160 patients for Level 3.	Q4 2023/24	**Healthy weight:** On target **Weight management services:** Below target	

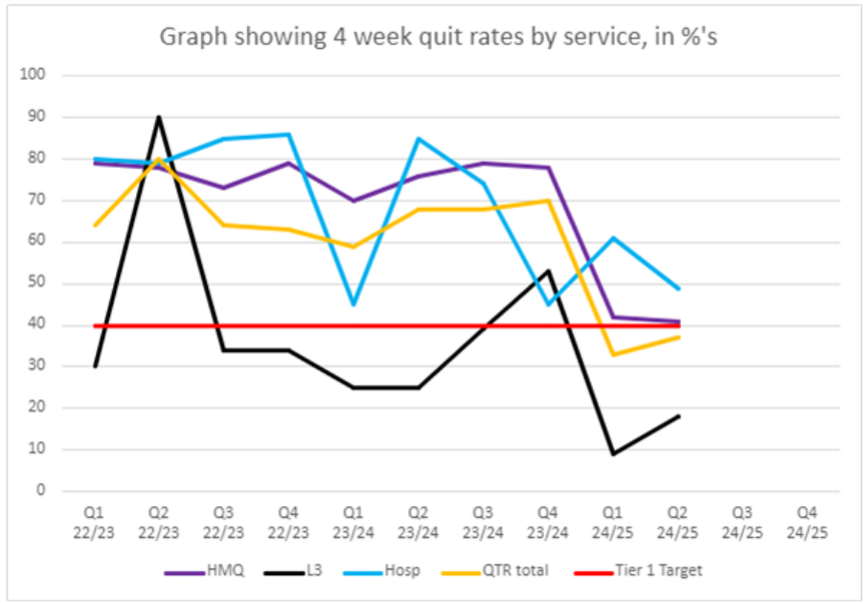
For areas of underperformance please see cover paper for details on actions being taken

Priority	Performance Summary	Reported Period	On target?	Data

Health improvement	**Diabetes**
	• Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
	  • General downward trend since Spring 2024, in CVUHB and across Wales.
	  • Whilst overall completion rates is c. 45%, some processes (e.g. HbA1c check) are substantially higher percentage uptake compared to others (e.g. urine albumin) - some of this may be data artefact rather than actual lack of care process completion.
		Jan 2025	Below target	Downward/static trend – January 2025 45.53% CVUHB

For areas of underperformance please see cover paper for details on actions being taken. Note that the diabetes performance measure is listed under Quadruple Aim 2

Priority	Performance Summary	Reported Period	On target?	Data

Health Improvement	**Tobacco**
	• 13% of Cardiff and Vale of Glamorgan smoke.
	• NHS Wales Performance Measure - Percentage of adult smokers who make a quit attempt via smoking cessation services - Target = 5% annually.
	• In Quarter 2- 24/25 (the most up to date data received) 0.5 % of smokers set a firm quit date. This is below target. 37 % of these quit smoking at 4 weeks,- CO Validated (in total from Help Me Quit [HMQ], Pharmacy Level 3 and Hospital Smoking Cessation Service combined) . Although still below target, this is an improvement from the previous quarter. This breaks down by service as follows:
	  ◦ HMQ community – 41% of Treated Smokers had quit smoking at 4 weeks.
	  ◦ Level 3 Pharmacy –18% of Treated Smokers had quit smoking at 4 weeks.
	  ◦ Hospital Service - 49% of Treated Smokers had quit smoking at 4 weeks.
	• CO validation was re introduced for quits in April 24 by Welsh Gov. This has resulted in a drop in recorded 4 week quits. In Q2 there were an additional 31 self reported quits that have not been included in reporting across all services. For example Pharmacy L3 have reported 16 self reported quits that have not been recorded. Communications have been shared with all services to publicise this change, and CO monitors supplied where necessary.
	• A new Smoking Cessation Adviser started in post at the beginning of Dec. They will work with pregnant women and birthing people and will be part of the Help Me Quit community team at the Public Health Team. We will keep this model under close review. We are working towards implementing an 'opt out' model.
	• A varied programme of commissioned communications activity has been delivered
	• Plans are in place to promote HMQ on No Smoking Day – March 12th
		Q2 24/25	Smokers setting quit date:
			
			Below target for percentage of adult smokers who make a quit attempt
			
			Below target for 4 week quits
				

For areas of underperformance please see cover paper for details on actions being taken

Smoking and substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services	2024/25	0.8% (per quarter) National target is 1.25% per quarter, 5% per year	0.5% Below target	**Q1**	**Q2**	**Q3**	**Q4**
					0.5%	0.5%		
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. ***CO validated quits are being recorded from 1.4.24 as per guidance from Welsh Gov.***	2024/25	40%	37% Below target	**Q1**	**Q2**	**Q3**	**Q4**
					33%	37%		
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)	2024/25	4 quarter improvement	32.8% Below Target	**Q1**	**Q2**	**Q3**	**Q4**
					32.8%			

Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	2024/25	100%	94% Below target Average for 23/24: 90%	**Q1**	**Q2**	**Q3**	**Q4**
					92%	94%	94%	
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	2024/25	100%	15% Below target Average for 23/24: 46%	**Q1**	**Q2**	**Q3**	**Q4**
					16%	15%	16%	

Immunisation and vaccination

NHS Wales Performance Framework measures and Chair's objectives

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Apr-Jun 24	95%	85.2% Below target	**Jan-Mar**	**Apr-Jun**	**Jul-Sept**	**Oct-Dec**
					84.1%	85.8%	85.2%	
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 *Applicable during: 01.04.2023 - 30.06.2023 and 01.01.2024 - 31.03.2024 (still awaiting data for the 2024 HPV campaign)* ***(still awaiting end of campaign data for the 2024 HPV campaign)***	1 January 2024 to 30 June 2024	90%	62.1% Below target	**Q1**	**Q2**	**Q3**	**Q4**
						62.1%		
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *Applicable during: 01.09.2024 - 31.03.2025* ***(autumn booster campaign underway)***	1 Sep 24 to 31 Mar 25	75%	70.1% Below target	**26/11/24**	**31/12/24**	**04/02/2025**	**27/02/25**
					61.2%	66.9%	69.7%	70.1%
7.	Percentage uptake of the COVID-19 vaccination for those eligible *Applicable during: Spring Booster 01.04.2024 - 30.06.2024 Autumn Booster 01.09.2024 - 31.03.2025* ***(autumn booster campaign underway)***	1 Sep 24 to 31 Mar 25	75%	48.0% Below target	**28/11/24**	**2/1/25**	**06/02/25**	**20/02/25**
					30.89%	43.0%	47.9%	48.0%

Weight Management Services

Chair's objectives – ***to note measures updated for 24/25***

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Increase L2 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=1,584)	n/a	**Q1**	**Q2**		
					1440	1680		
n/a	Increase L3 service capacity (against current service standard – Q1 24/25) by 10% by the end of Q4 24/25	Jul 2024	10% increase on Q1 24/25 (=176)	n/a	**Q2**	**Q2**		
					160	160		

Diabetes

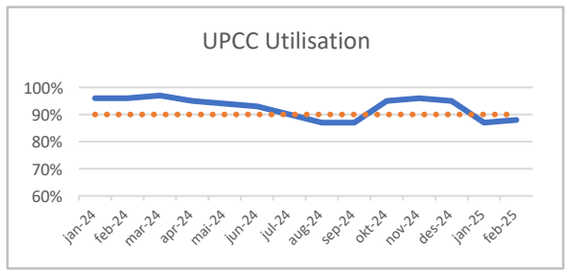
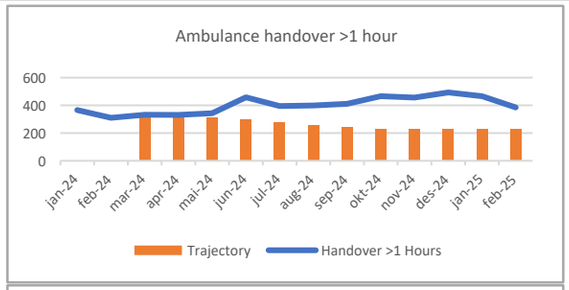
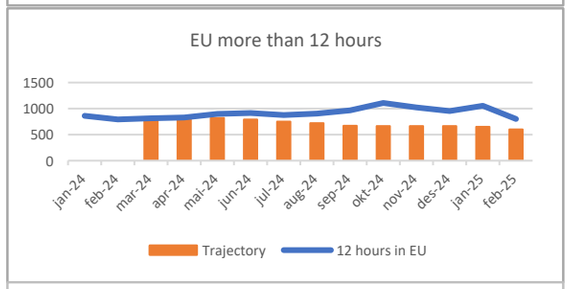
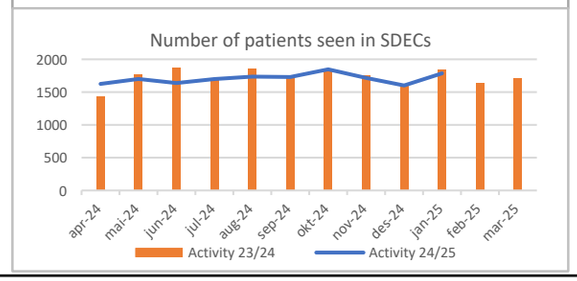
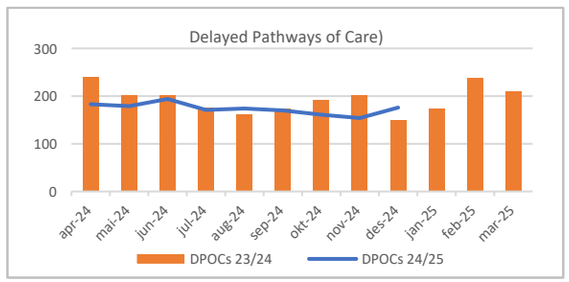
NHS Wales Performance Framework measure

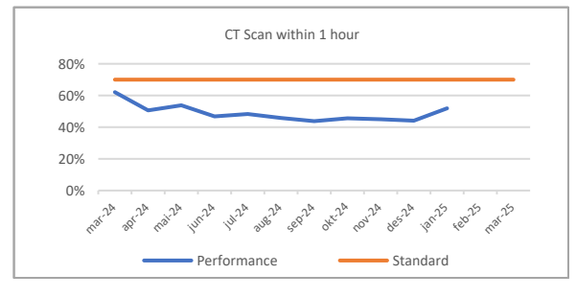
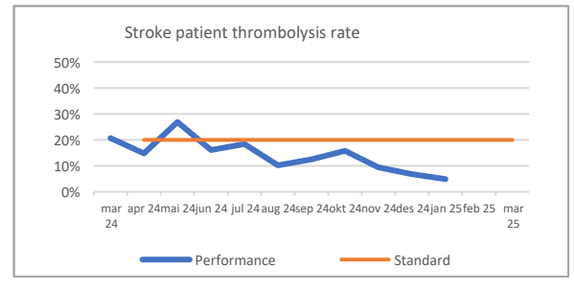
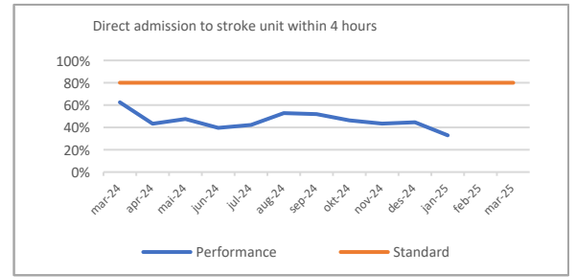
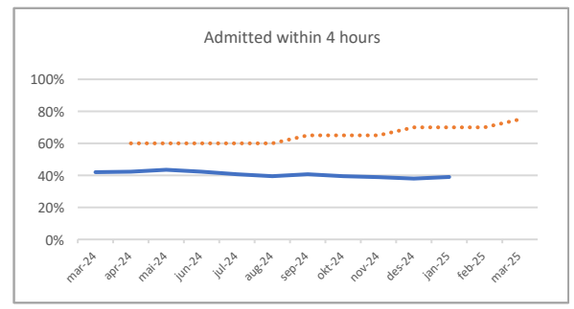
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	See Quadruple Aim 2, measure no. 12			

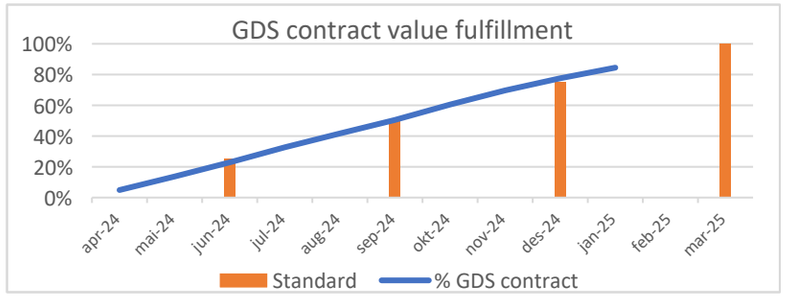
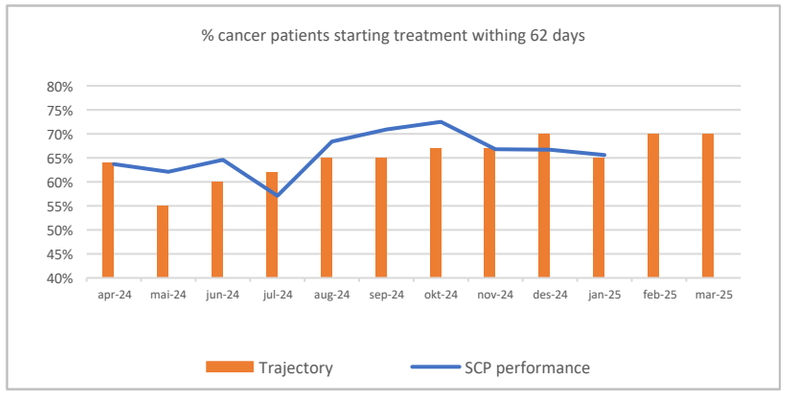
Screening

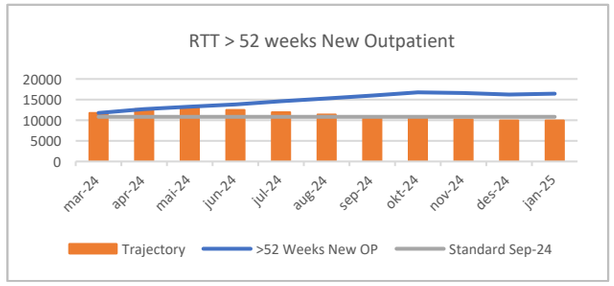
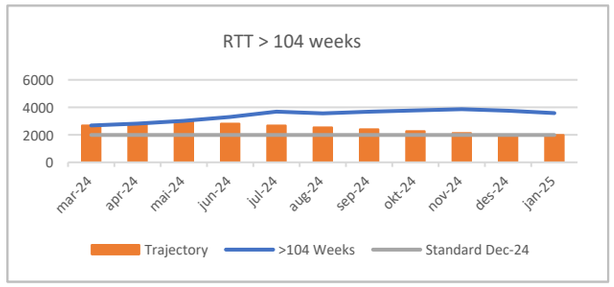
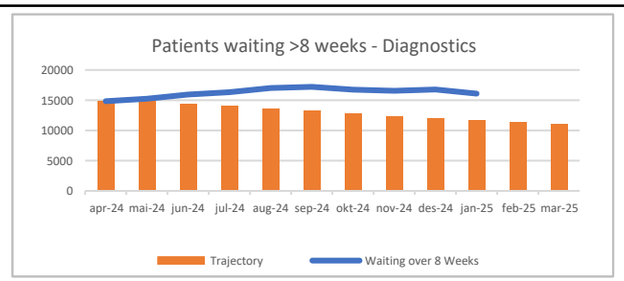
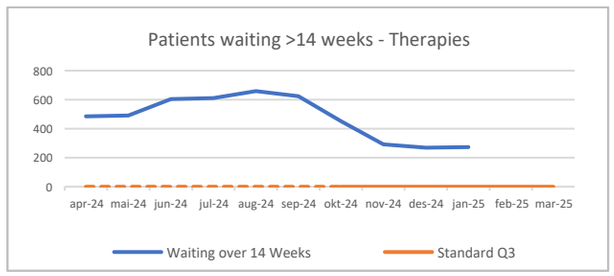
NHS Wales Performance Framework measures

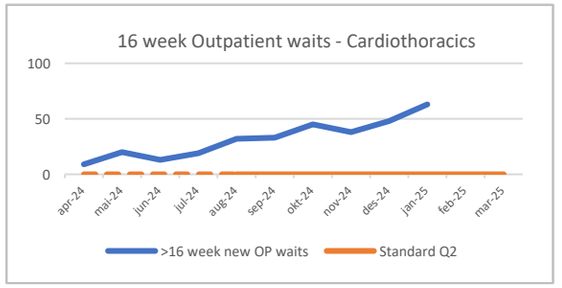
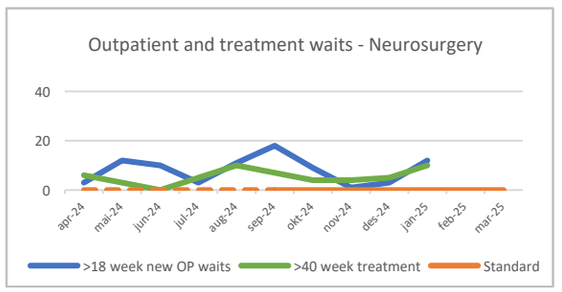
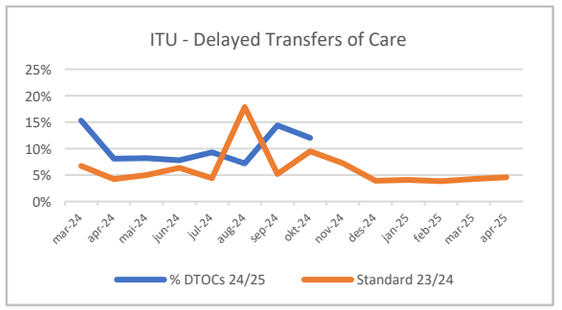
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Dec-24	90%	**7.4%** Below standard	Sep-24: 19.00%; Oct-24: 23.70%; Nov-24: 12.30%; Dec-24: 7.40%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-24	90%	**79.8%** Above standard	Sep-24: 99.20%; Oct-24: 98.40%; Nov-24: 97.60%; Dec-24: 79.80%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jan-25	95%	**96.2%** Above standard	Oct-24: 95.50%; Nov-24: 96.70%; Dec-24: 96.90%; Jan-25: 96.20%

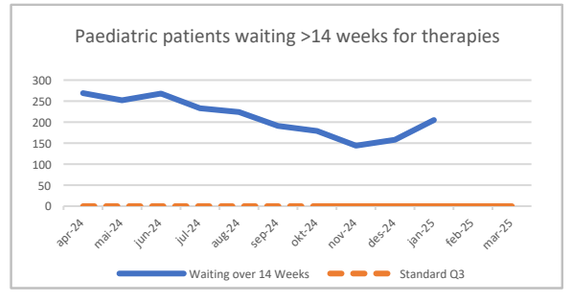
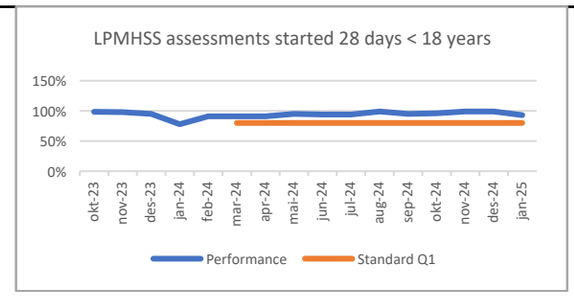
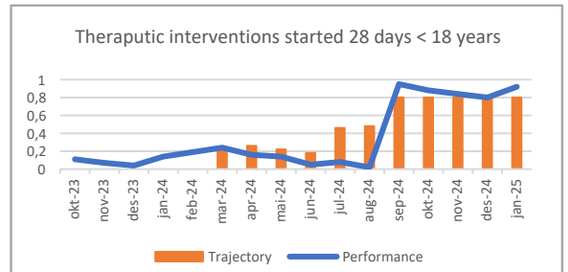
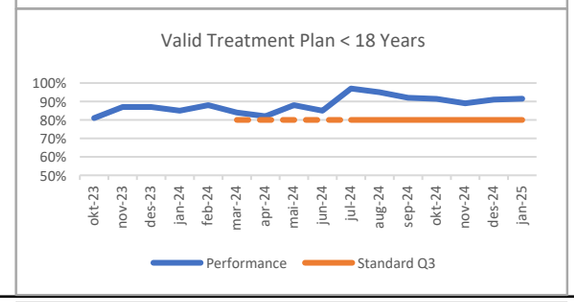
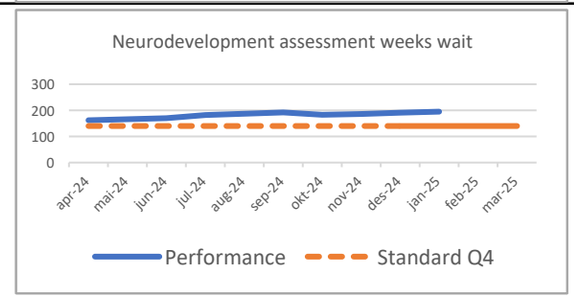
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In February utilisation was 88%, this is below our commitment – work ongoing to right size the capacity across all clusters is expected to bring utilisation back above 90% **Safe@home referrals – Increase to 6 accepted referrals per day in Q1 to 30 per day in Q4** Q1 - 200 referrals were accepted by S@H – Capacity to accept 6 referrals per day from July 2024. Next update end of Q4 **Community visits – 95% of face-to-face visits within 8 hours** Q2 to date 92% compliance with 8-hour standard	Feb-25 Q1 Jan-25	88% utilisation Below standard 200 accepted referrals Q1 Below standard 92% Above standard	
Emergency Department and Same Day Emergency Care	**Ambulance handover delays – eliminate 2-hour delays. Reduce lost minutes per arrival to <20. National Commitment to reduce 1-hour delays by 30% by December** In February we reported 10 2-hour ambulance delays, above our ambition of 0 In February we reported 385 1-hour ambulance delays, above our trajectory to reduce by 30% by Q3. In February lost minutes per arrival decreased to 27 **ED waits - No patients waiting >24 hours in ED, 93% of patients waiting <12 hours in ED in Q1 (94% Q2, 95% Q3, 95% Q4)** In February we reported a decrease in patients waiting 12-hours in EU compared to January. This equates to 92.2% of attendances waiting less than 12-hours and below our ambition for Q3 **SDEC units – Increase attendances compared to the same period 23/24** In January we reported an increase in activity compared to December, but below our January 2024 activity. A drop in medical SDEC has been noted and the team have identified a potential underreporting of attendances which is being investigated – attendances are forecast to increase	Feb-25 Feb-25 Jan-25	10 2-hour delays Above standard 385 1-hour delays Above standard 27 minutes lost/arrival Above standard 92.2% patients <12h Below standard 1786 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of February 59.6% of patients in acute beds had a LOS of >7 days, 34% >21 days – a decrease from January's snapshot but above our ambition **Pathway of Care Delays – Reduction in number of POCD compared to same period in 23/24** In February 2025 the number of POCDs was 163 – this is below the number of	Feb-25 Feb-25	59.6% >7d Above standard 34.0% >21d Above standard 163 Below standard	

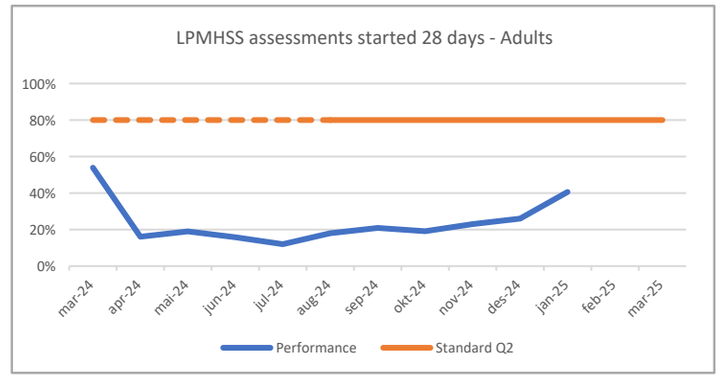
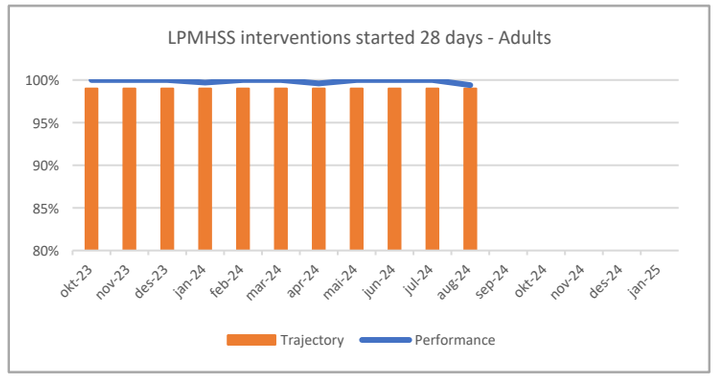
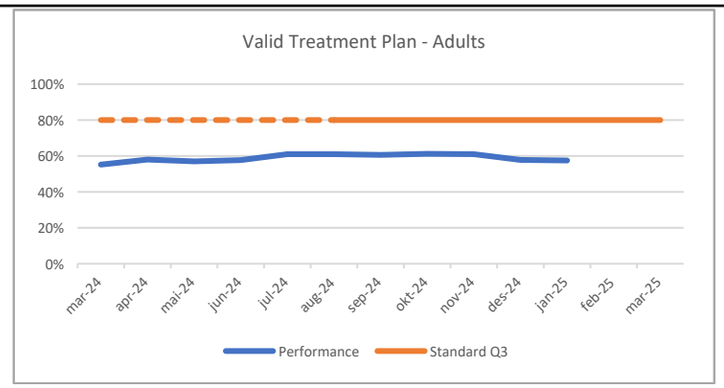
Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In January 51.9% of patients were received their CT scan within 1 hour of arrival at EU, below our ambition. **Thrombolysis – 20% thrombolysis rate** In January 4.9% of stroke patients were thrombolysed, below our ambition. We are clinically reviewing internally and working with colleagues from NHS Executive **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In January 32.9% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward pathways continue to be impacted by operational pressures within the Emergency Unit Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and will allow more sustainable improvements to be embedded Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP dataset has been updated and will be presented here when the data has been validated and released for October and November	Jan-25	51.9% CT Below standard 4.9% Thrombolysis Below standard 32.9% Door-to-ward Below standard	  
High Impact pathways – Hip fracture	**Hip Fracture Door to Ward time – 60% of patients admitted to the ward within 4 hours Q1, 65% Q2, 70% Q3, 75% Q4** Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In January our annualised compliance showed 39% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 8.5%. Our recent breach analysis has shown a high number of 'clinical exceptions' as part of our recorded door to ward and time to theatre breaches which can impact our performance as these times are still recorded in our compliance data.	Jan-25	39.0% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In January 100% of practices met the standard – the official data is provided annual but our monthly tracking data will be updated here for information **GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4** At the end of January 84.5% of the contract value had been delivered. **Pharmacy access – 95% of practices providing Clinical Community Pharmacy Service (CCPS) in Q1, 10% increase PIP sites each Quarter** In January 100% of practices were providing CCPS services **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Jan-25 Jan-25	100% At standard 84.5% At standard (Apr-24 - Jan-25) 100% Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 70% of patients to receive their first definitive treatment within 62 days by Q3, as per nationally submitted trajectory** In January 65.6% of patients received their first definitive treatment within 62 days. This was below our trajectory and ambition of 70% by December and we will aim to remain on trajectory to meet 70% by March 2025.	Jan-25	65.6% At standard, but below SCP standard of 75%	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Outpatient and Treatment waiting times	**Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment** In January there were 16,439 patients waiting 52 weeks for their first outpatient appointment. This is above the Welsh Government ambition. Improvement actions for planned care are outlined in the cover paper **Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment** In January there were 3,581 patients waiting 104 weeks for treatment. This is above the Welsh Government ambition. We are currently reviewing our trajectories for reducing the number of long waiting patients aligned to our ongoing demand and capacity work and additional funding released by Welsh Government to further reduce the number of patients waiting over 104 weeks	Jan-25	16,439 patients Above standard 3,581 patients Above standard	 
Diagnostics and Therapies Chilcott,Rachel 21/03/2025 16:18:43	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In January 16,088 patients were waiting over 8 weeks for a specified diagnostic, A decrease from December but above our trajectory, A diagnostic update was brought to the most recent Board development session and the key specialties and actions are outlined in the cover paper **Therapies – No patients waiting over 14 weeks for Therapy – Q3** In January 273 patients were waiting over 14 weeks for therapies, a increase from December and above our commitment for Q3. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits over the past two months	Jan-25	16,088 patients Diagnostics Above standard 273 patients Therapies Above standard (Q3)	 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Waiting times	**Cardiothoracic Surgery – Reduce wait for outpatients to <16 weeks Q2, reduce wait to treatment to <52 weeks Q2** In January there were 63 patients waiting over 16 weeks for a new outpatient appointment and 23 patients waiting over 52 weeks for surgery **Neurosurgery – Reduce wait for treatment to <40 weeks Q3, reduce wait for outpatients to <18 weeks Q4** In January there were 12 patients waiting over 18 weeks for a new outpatient appointment and 10 patients waiting over 40 weeks for surgery	Jan-25	63 Outpatients Above standard 24 patients Treatment Above standard (Q3) 10 patients Treatment Above standard (Q4)	 
Intensive Care Unit	**Delayed Transfers of Care – Reduce the % DTOC bed occupancy against the same period in 23/24** October saw a decrease in ITU DTOCs compared to September and our performance remained above our ambition to reduce from 23/24 levels due to increased operational pressures through the month. Data for Q4 is currently unavailable, the service are working to provide this dataset	Oct-24	12.0% Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In January there were 0 patients waiting over 52 weeks for a new outpatient appointment **Therapy waits – 0 patients waiting over 14 weeks for Therapies in Q3** In January there were 205 paediatric patients waiting over 14 weeks for Therapies (85 in Dietetics and 120 in Occupational Therapy)	Jan-25	0 Meeting standard 205 Above standard	
Emotional Health and Wellbeing	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days in Q1** In January 93% of assessments were completed within 28 days **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard in Q3** In January 92% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year **Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In January 92% of patients had a valid Care and Treatment Plan, above our ambition	Jan-25	93% Part 1a Above standard 92% Part 1b Above standard 92% Part 2 Above standard	  
Neurodevelopment	**Neurodevelopment assessment - Reduce the longest wait to 140 weeks in Q4** In January the longest wait for a neurodevelopment assessment was 195 weeks, this is above our ambition for delivery in Q4 but is improved from 23/24	Jan-25	195 Above standard (Q4)	

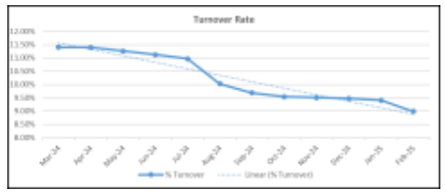
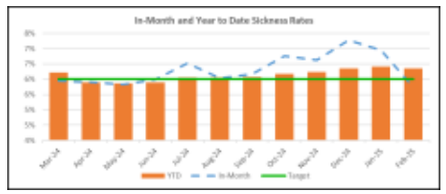
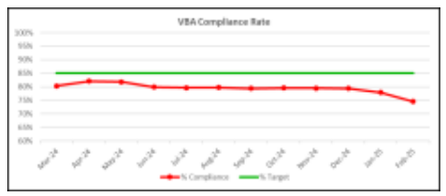
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days in Q2** In January 41% of patients received their assessment within 28 days – this is in line with our forecast position but below the standard we are looking to achieve by the end of Q2. Referrals to the service remain high.	Jan-25	41% Part 1a Below standard (Q2)	
Mental Health Measures – Part 1b	**Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard in Q1** In January 99% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Jan-25	99% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard in Q3** In January 58% of patients had a valid Care and Treatment plan, a small decrease from April following focused work from the teams. Performance remains below the standard for Q3 – the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance	Jan-25	58% Part 2 Below standard (Q3)	

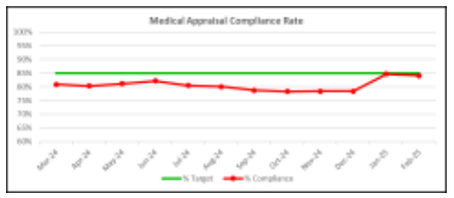
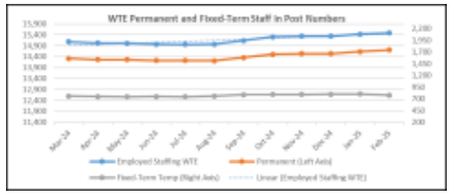
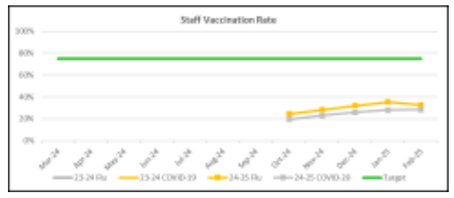
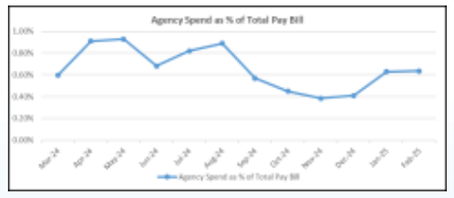
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** Above standard	19/20: 93.4% | 20/21: 95.0% | 21/22: 96.5% | 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Dec-24	Improvement compared to the same month in the previous year	**45.4%** Above standard	Sep-24: 46.90% | Oct-24: 46.30% | Nov-24: 46.20% | Dec-24: 45.40%
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-24/Jan-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**84.5%** Above standard	Oct-24: 61.00% | Nov-24: 69.70% | Dec-24: 77.60% | Jan-25: 84.50%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-24	Increase compared to the same month in the previous year	**2,390** Above standard	Sep-24: 1777 | Oct-24: 2070 | Nov-24: 2085 | Dec-24: 2390
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Jan-25	80%	**93%** Above standard	Oct-24: 96% | Nov-24: 99% | Dec-24: 99% | Jan-25: 93%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Jan-25	80%	**92%** Above standard	Oct-24: 88% | Nov-24: 84% | Dec-24: 80% | Jan-25: 92%
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Jan-25	80%	**40.6%** Below standard	Oct-24: 19.1% | Nov-24: 23.0% | Dec-24: 26.0% | Jan-25: 40.6%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Jan-25	80%	**99.4%** Above standard	Oct-24: 100.0% | Nov-24: 100.0% | Dec-24: 100.0% | Jan-25: 99.4%
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jan-25	65%	**49%** Below standard	Oct-24: 50% | Nov-24: 43% | Dec-24: 49% | Jan-25: 49%
20.	Median emergency response time to amber calls	Jan-25	12 month reduction trend	**02:04:11** Above standard	Oct-24: 01:54:59 | Nov-24: 01:57:37 | Dec-24: 02:39:41 | Jan-25: 02:04:11

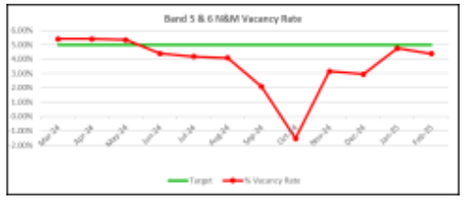
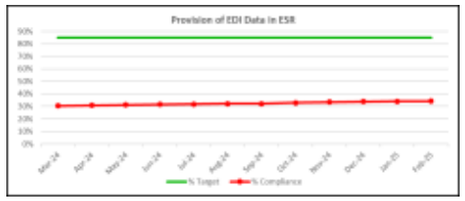
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Dec-24	15 minutes or less	**10** Below standard	Sep-24: 15; Oct-24: 9; Nov-24: 12; Dec-24: 10
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Dec-24	60 minutes or less	**78** Above standard	Sep-24: 75; Oct-24: 71; Nov-24: 83; Dec-24: 78
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Jan-25	Improvement compared to the same month in the previous year, towards the national target of 95%	**63.2%** Below standard	Oct-24: 61.4%; Nov-24: 58.9%; Dec-24: 60.1%; Jan-25: 63.2%
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Jan-25	Reduction compared to the same month in the previous year, towards the national target of zero	**1,054** Above standard	Oct-24: 1108; Nov-24: 1022; Dec-24: 953; Jan-25: 1054
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-25	12 month improvement trend towards a national target of 80% by 31 March 2026	**65.6%** Below standard	Oct-24: 72.5%; Nov-24: 66.8%; Dec-24: 66.7%; Jan-25: 65.6%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Jan-25	0	**16,088** Above standard	Oct-24: 16744; Nov-24: 16556; Dec-24: 16770; Jan-25: 16088
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Jan-25	100%	**82%** Below standard	Oct-24: 85.90%; Nov-24: 87.97%; Dec-24: 86.24%; Jan-25: 82.00%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Jan-25	0	**273** Above standard	Oct-24: 452; Nov-24: 292; Dec-24: 269; Jan-25: 273
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Jan-25	0	**195** Above standard	Oct-24: 48; Nov-24: 52; Dec-24: 117; Jan-25: 195

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Jan-25	0	**16,439** Above standard	Oct-24: 16757; Nov-24: 16598; Dec-24: 16227; Jan-25: 16439
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jan-25	Reduction compared to the same month in the previous year	**20,017** Below standard	Oct-24: 19526; Nov-24: 18940; Dec-24: 20232; Jan-25: 20017
32.	Number of patients waiting more than 104 weeks for referral to treatment	Jan-25	0	**3,581** Above standard	Oct-24: 3776; Nov-24: 3866; Dec-24: 3754; Jan-25: 3581
33.	Number of patients waiting more than 52 weeks for referral to treatment	Jan-25	Month on month reduction towards the national target of zero by 30 June 2025	**35,008** Above standard	Oct-24: 37078; Nov-24: 36377; Dec-24: 35712; Jan-25: 35008
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-25	80%	**9%** Below standard	Oct-24: 15%; Nov-24: 13%; Dec-24: 10%; Jan-25: 9%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-25	80%	**71%** Below standard	Oct-24: 71%; Nov-24: 72%; Dec-24: 69%; Jan-25: 71%

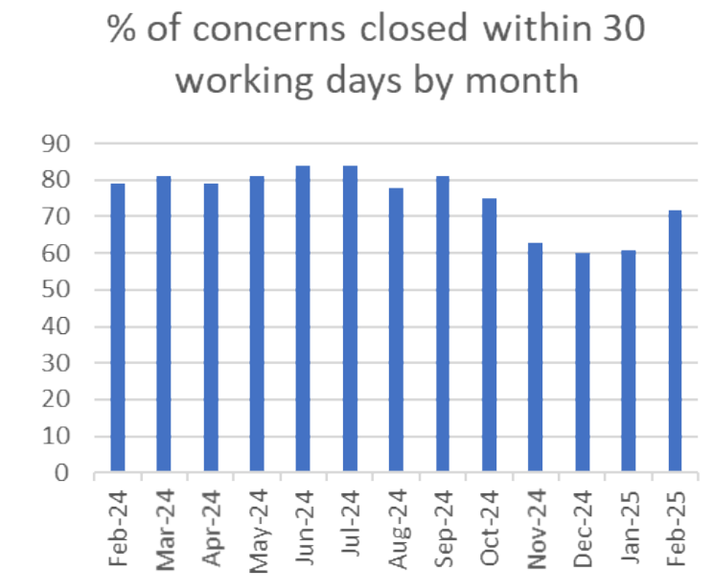
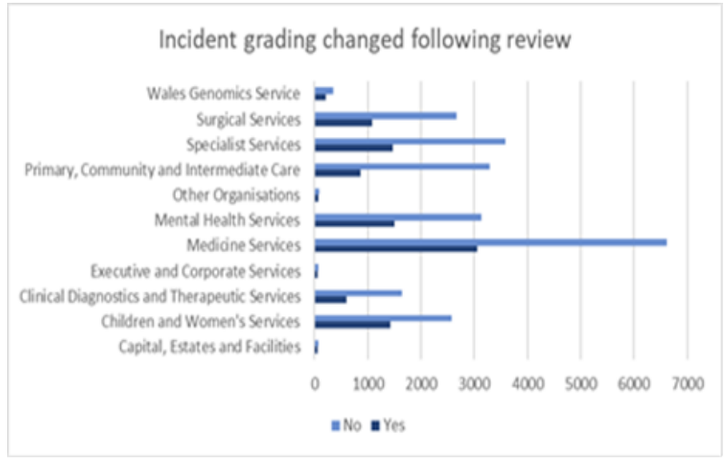
Measure		Internal standard	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Trend
Outpatients	% DNAs - New appointments	5%	10.4%	10.1%	10.1%	9.9%	10.9%	9.5%	9.1%	9.7%	9.7%	10.0%	9.9%	9.9%	10.1%	10.4%	9.7%	
	% DNAs - Follow-up appointments	5%	11.6%	12.7%	12.3%	11.7%	13.0%	11.6%	11.8%	11.9%	11.4%	11.8%	11.9%	11.6%	11.7%	12.0%	12.1%	
Endoscopy	% room utilisation	90%	86%	76%	76%	78%	91%	78%	79%	89%	81%	74%	74%	68%	78%	75%	83%	
	% utilisation (activity points available)	95%								84%	81%	80%	83%	85%	87%	85%	84%	
Theatres	Average turnaround time (minutes)	10	16.5	17.1	18.3	16.4	16.7	17.1	18.6	16.3	17.0	16.0	18.9	19.9	15.9	162	15.9	
	% of theatre session utilisation	95%	88%	80%	75%	77%	73%	84%	84%	81%	80%	75%	79%	83%	84%	75%	88%	
	% in session utilisation	85%	77%	77%	77%	80%	78%	79%	78%	78%	77%	77%	80%	80%	82%	78%	79%	
	<24 hour elective cancellations		285	269	239	226	212	243	289	247	309	249	190	363	198	217	315	
	% theatre activity as Daycase	TBC - will be added following confirmation of GIRFT dataset																
	High Volume Low Complexity' volume	TBC - will be added following confirmation of GIRFT dataset																
Waiting list	Total RTT waiting list volume	N/A	141684	141828	142758	145810	147620	149805	150199	151888	153560	153673	155063	156194	154994	154605	153519	
Inpatient	Delayed pathways of Care - Mental Health	217	41	36	37	38	41	38	39	34	29	36	26	26	32	29	30	
	Delayed Pathways of Care - non-Mental Health		150	114	173	200	170	145	140	160	142	138	144	135	130	115	146	
	7 day LOS on Acute Wards (snapshot)	<40%	57.6%	56.5%	56.8%	59.2%	57.7%	56.8%	55.2%	55.2%	55.5%	58.0%	58.5%	59.4%	57.3%	62.3%	60.5%	
	21 day LOS on Acute Wards (snapshot)	<20%	28.7%	28.0%	29.8%	32.5%	32.9%	32.0%	29.3%	29.4%	30.9%	32.6%	31.8%	31.4%	30.9%	35.5%	37.3%	

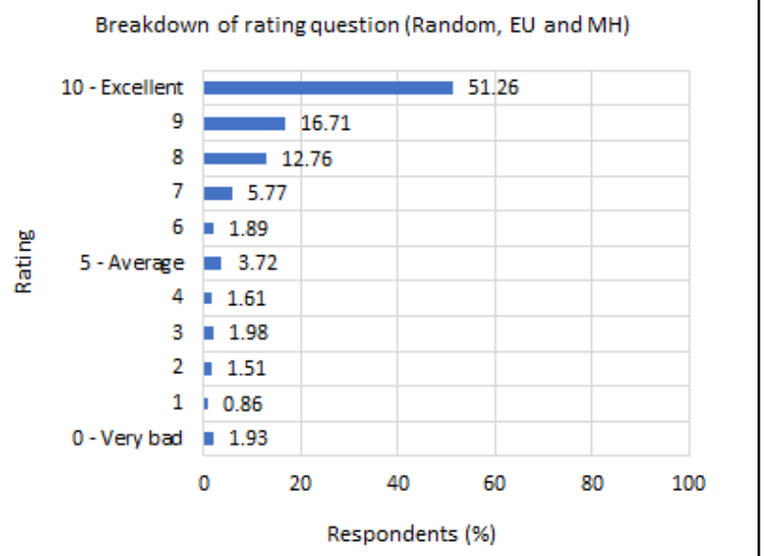
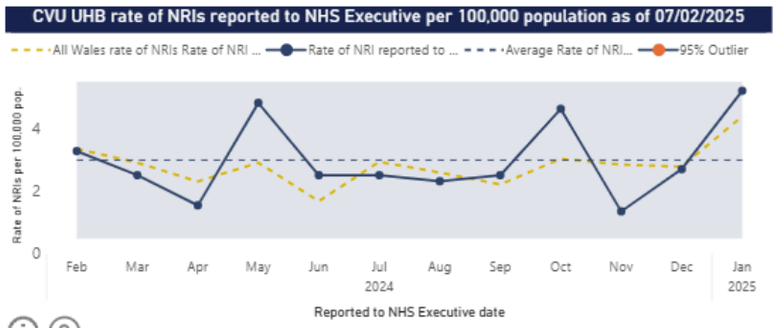
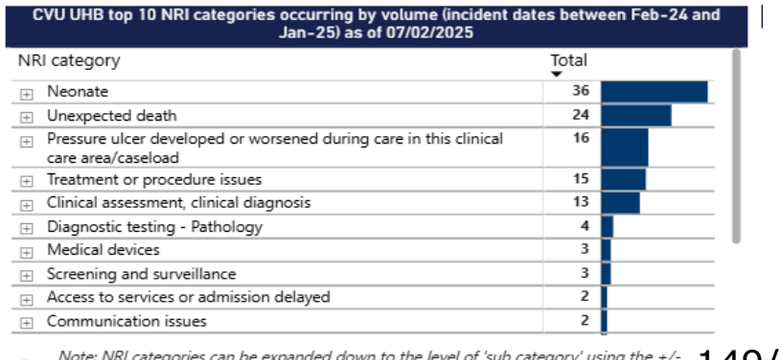
Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Mar-24; the rates have fallen from 11.41% at Mar-24 to 8.98% in Feb-25 UHB wide. This is a net 2.43% decrease, which represents 357 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Work Life Balance'.	February 2025	
Sickness Absence	The monthly sickness rate for Feb-25 was 5.74%. The 12-month cumulative rate has settled over the past year, and is 6.32% at Feb-25 (an increase of 0.07% by comparison with the rate at Feb-24).	February 2025	
Statutory and Mandatory Training	The overall compliance rates rose marginally for Feb-25 to 81.88%, 3.12% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, Clinical Diagnostics & Therapeutics and Corporate Executives are above the 85% target; and Children & Women's and PCIC are above 80% compliance. The compliance with Fire training has fallen to 70.30% for Feb-25 . The compliance for all of the Clinical Boards is below the 85% compliance target.	February 2025	 
Values Based Appraisal	VBA compliance has fallen for Feb-25 to 74.54%, the lowest rate in 12 months. Capital, Estates & Facilities is the only Board presently above the 85% target rate%.	February 2025	
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases has now exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	February 2025	

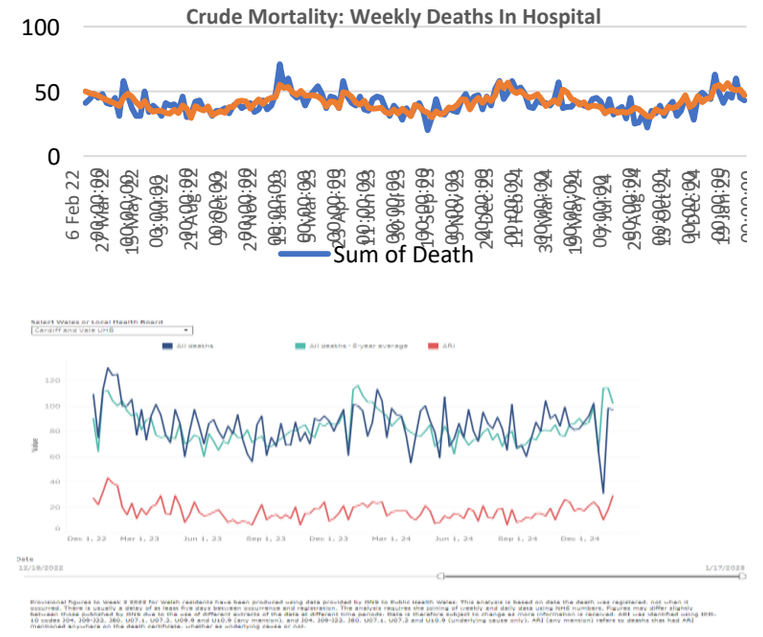
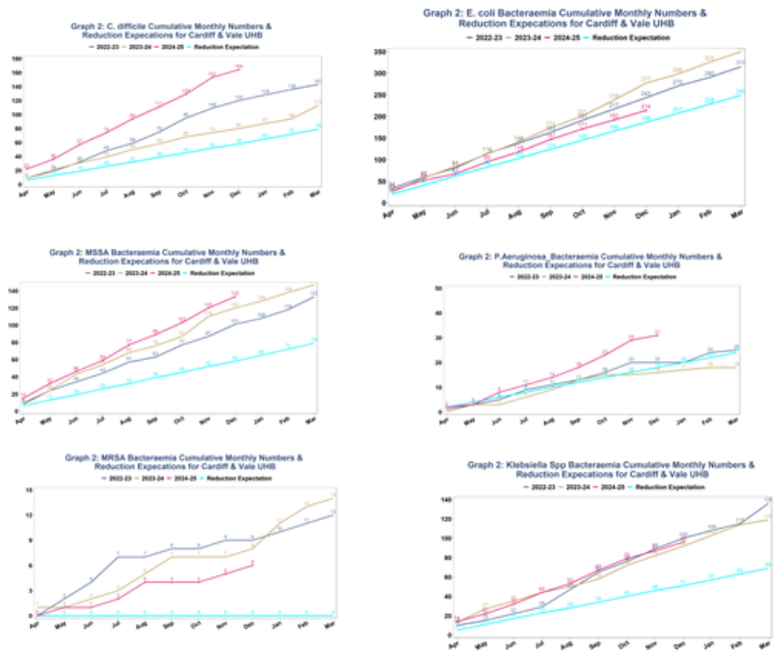
Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 49.33% have an agreed job plan that has been signed off within the past 12 months, and a further 15.37% have an agreed job plan that was last reviewed and signed off before Mar-24.	February 2025	
Medical Appraisals	The rate of compliance with Medical Appraisal fell slightly to 84.11% for Feb-25, slightly below the 85% target.	February 2025	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 406 WTE, to 15,489.16 WTE at Feb-25. This is the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has remained steady during the past 12 months.	February 2025	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Mar-24 the percentage was 9.34% of the total spend on pay, but in Feb-25 had fallen to 7.44%. It must however be borne in mind that the total pay bill is increasing. There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	February 2025	
Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. By the end of Feb-25 32.58% of staff have received the flu vaccine, and 28.31% of staff have received the COVID-19 vaccine.	February 2025	
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency has risen in the past 2 months. At Mar-24 the percentage was 0.60% of the total spend on pay, but after falling during summer months has risen again to 0.63% at Feb-25. It must however be borne in mind that the total pay bill is increasing.	February 2025	

Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 66.7 days. The figure for Cardiff & Vale uHB for Feb-25 was 87.5 days, but over the past 12 months the trend is broadly downwards.	February 2025	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 5.9 days. The figure for Cardiff & Vale uHB for Feb-25 was 10.7 days.	February 2025	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received an direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. At Nov-24 the return rate was 25%.	November 2024	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Feb-25 the rate was 4.38%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	February 2025	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Feb-25 34.18% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	February 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 47% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Feb-25 6.61% of staff have identified their Welsh Skills as between level 2 and level 5.	February 2025	

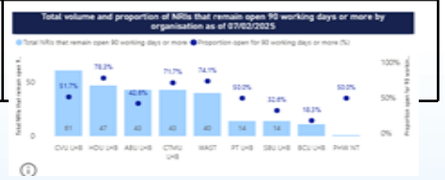
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff	Feb-25	12 month reduction trend (6%)	**5.74%** Below standard	Nov-24: 6.63%; Dec-24: 7.28%; Jan-25: 6.59%; Feb-25: 5.74%
37.	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Feb-25	Rolling 12 month reduction against a baseline of 2019-20 (7-9%)	**8.98%** Above standard	Nov-24: 9.50%; Dec-24: 9.47%; Jan-25: 9.40%; Feb-25: 8.98%
38.	Agency spend as a percentage of the total pay bill	Feb-25	12 month reduction trend	**0.63%** Below standard	Nov-24: 0.38%; Dec-24: 0.41%; Jan-25: 0.63%; Feb-25: 0.63%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Feb-25	85%	**75.12%** Below standard	Nov-24: 79.40%; Dec-24: 79.30%; Jan-25: 78.28%; Feb-25: 75.12%

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Concerns 30 day performance	**During Jan and Feb 25, the Health Board :** •Received 436 Concerns •Closed 383 concerns •67 % closed within 30 working days (including Early Resolution) • 29 % closed under Early Resolution (within 2 days including day of receipt) •Received 506 Enquiries •Received 58 Compliments •We currently have 270 active concerns **Top 3 themes and trends** • Clinical Treatment and Assessment • Concerns around appointments (waiting times/cancellations) • Communication	Jan / Feb 25	66 %	
Duty of Candour	**Key Updates:** •Since April 1st, 2023, 48,597 incidents have been reported across the Health Board. •We continue to support DOC awareness sessions across Primary and Secondary care. •Since April 1st, 2023, we have triggered the DOC on 256 occasions. •We have conducted internal audits of the process and compliance. **Themes and Trends for Triggered Duty of Candour:** · Avoidable pressure damage. · Avoidable falls. · Patients lost to follow-up. · Failure to prescribe or administer appropriate medication. · Administration of incorrect medication. · Missed opportunities to diagnose	Dec/Jan 2025	n/a	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Patient Feedback – Civica	The system went live on Friday 28th October 2022 and we are currently surveying up to 1000 patients daily via text, 600 chosen randomly from general hospital activity, 200 from EU activity and 200 from Mental Health activity. **Over the past 12 months, we have sent over 179,000 texts** and are seeing a response of 16%. In February, we sent 14,560 texts and had 2,224 completions (15% response). Of those respondents who were discharged during January/February and answered the rating question: Using the scale of 0-10 where 0 is bad and 10 is excellent, 86% were satisfied with our service. Currently, our response rate overall is 16% and whilst it's our understanding that this is higher than many organisations, we will be focussing on improving this over the next year.	Jan/Feb 2025		
Patient Safety	Cardiff and Vale reported 19 NRIs in February 2025 and 13 NRIs were closed. In total, at the end of February, there were 121 open NRIs (Nationally Reportable Incidents) and of these 57 were overdue for closure. One Never Event was reported in February (wrong site surgery), 7 have been reported since July 2024. A number of improvement actions are underway to help reduce future risk of Never Event occurrence. Healthcare associated pressure damage was again the highest reported NRI category followed by accident/injury (patient falls). There were 1659 patient safety incidents reported in February 2025, a reduction from 2393 in January. Of this number, 78% were reported with no or low harm attributed, 3% were reported with an initial harm category of severe or catastrophic harm. (Data tables from Beacon dashboard opposite have not been updated to reflect February data at the time of writing this report).	Feb 2025		 

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Inpatient Mortality Crude inpatient mortality continues in line with the five year average, with influenza and flu continuing to have an impact. All deaths are being reviewed by the Medical examiner 20% of all deaths were returned to the UHB for further consideration. These cases are considered at the UHB mortality review group where the approach to propionate investigation is agreed. The identification and escalation of deteriorating patients, mental capacity assessment and advanced care planning and use of treatment escalation plans are recurrent themes. All Cause Mortality The all cause mortality continues to track the seasonal variation noted over the five year average with increased mortality associated with acute respiratory infection since November 2024.	January 2025		
Infection Control	**In January we had 92 infection outbreaks** Covid 19: 22 (24% of total) Flu: 33 (36%) Norovirus: 34 (37%) D&V: 2 (2%) C-Diff: 1 (1%) There is an antimicrobial plan in place to review all outbreaks in detail and action any improvements	January 25		

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-24	12 month improvement trend	**62.4%** Below standard	Aug-24: 66.40%; Sep-24: 67.90%; Oct-24: 67.20%; Nov-24: 62.40%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Nov-24	90%	**26.3%** Below standard	Aug-24: 14.30%; Sep-24: 71.60%; Oct-24: 59.60%; Nov-24: 26.30%
42.	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Apr-24	17% or more	**16.1%** Below standard	Jan-24: 17.00%; Feb-24: 15.30%; Mar-24: 15.00%; Apr-24: 16.10%
43.	Number of Pathways of Care delayed discharges	Feb-25	12 month reduction trend	**163** Above standard	Nov-24: 154; Dec-24: 145; Jan-25: 176; Feb-25: 163
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Jan-25	90%	**91.5%** Above standard	Oct-24: 91.4%; Nov-24: 89.2%; Dec-24: 91.1%; Jan-25: 91.5%
45.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Jan-25	90%	**57.5%** Below standard	Oct-24: 61.2%; Nov-24: 61.0%; Dec-24: 57.8%; Jan-25: 57.5%
46.	Number of service user feedback experience responses completed and recorded on CIVICA,figures lower for this period due to system failure.	Jan/Feb 25	(Some system issues)	↑ **5731**	In January and February we sent 31,162 texts

No.Reducing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
47.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Apr-24 – Jan-25	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**107** **34** Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number
48.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: *E.coli* and; *S.aureus* (MRSA and MSSA)	Apr-24 – Jan-25	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**55.68 cases per 100,000 population** **36.57 cases per 100,000 population** Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate
49.	Cumulative rate of laboratory confirmed *C.difficile* cases per 100,000 population	Apr-24 – Jan-25	25 cases per 100,000 population	**42.23 cases per 100,000 population** Above standard	Not on trajectory to achieve the reduction expectation rate
50.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Jan-25	Reduction compared to the same month in the previous year	**45.1%** On standard	Oct-24: 25.60% | Nov-24: 30.30% | Dec-24: 38.30% | Jan-25: 45.10%
51.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-24	12 month improvement trend towards national target of 95%	**70.3%** Below standard	Sep-24: 63.00% | Oct-24: 66.00% | Nov-24: 67.00% | Dec-24: 70.30%
52	Number of ambulance patient handovers over one hour	Feb-25	0	**385** Over standard	Nov-24: 456 | Dec-24: 493 | Jan-25: 466 | Feb-25: 385
53.	Percentage of ambulance patient handovers within 15 minutes	Feb-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**10.46%** Below standard	Nov-24: 13.45% | Dec-24: 12.10% | Jan-25: 10.62% | Feb-25: 10.46%
54.	Number of National Reportable incidents that remain open 90 days or more	Feb -25	12 month reduction trend	**61**	

Shaping Our Future
Digital
Services

Digital & Health Intelligence

Microsoft | Power BI

Ivanti Management Report

View in Power BI

Last data refresh:
11/03/2025 17:50:17 UTC

Downloaded at:
11/03/2025 17:56:54 UTC

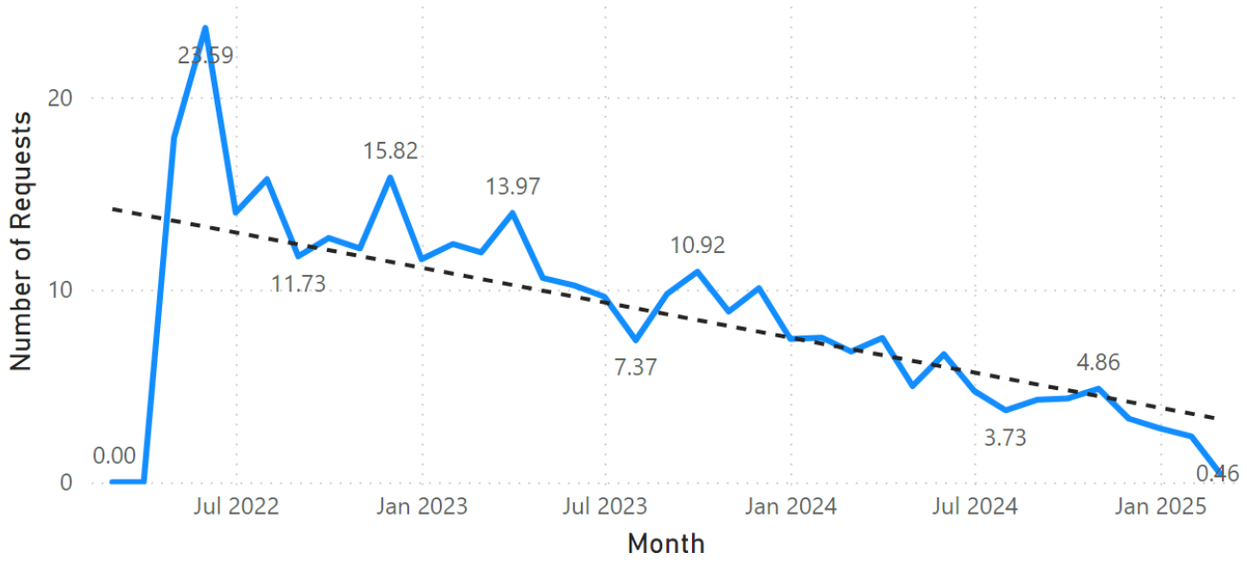
Executive Scorecard

Year 2024		Current Year		Current Month	
Incidents	**Requests**	**Incidents**	**Requests**	**Incidents**	**Requests**
39321 Incidents Opened	50046 Requests Opened	8305 Incidents Opened	11313 Requests Opened	3624 Incidents Opened	5434 Requests Opened
38799 Incidents Closed	45363 Closed Requests	7548 Incidents Closed	9042 Closed Requests	3485 Incidents Closed	4805 Closed Requests
522 Remaining Open	4683 Remaining Open	757 Remaining Open	2271 Remaining Open	139 Remaining Open	629 Remaining Open
3.70 Avg Duration (Days)	5.30 Avg Duration (Days)	1.83 Avg Duration (Days)	2.36 Avg Duration (Days)	2.46 Avg Duration (Days)	2.79 Avg Duration (Days)

Executive Trending

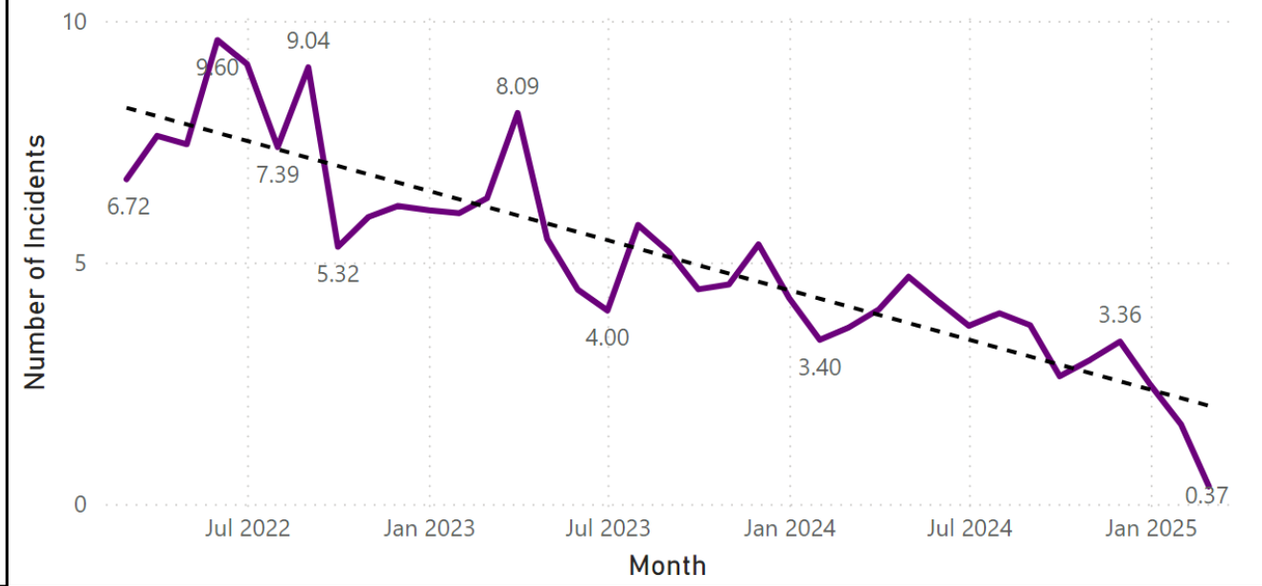
Requests

Average Duration (Days)

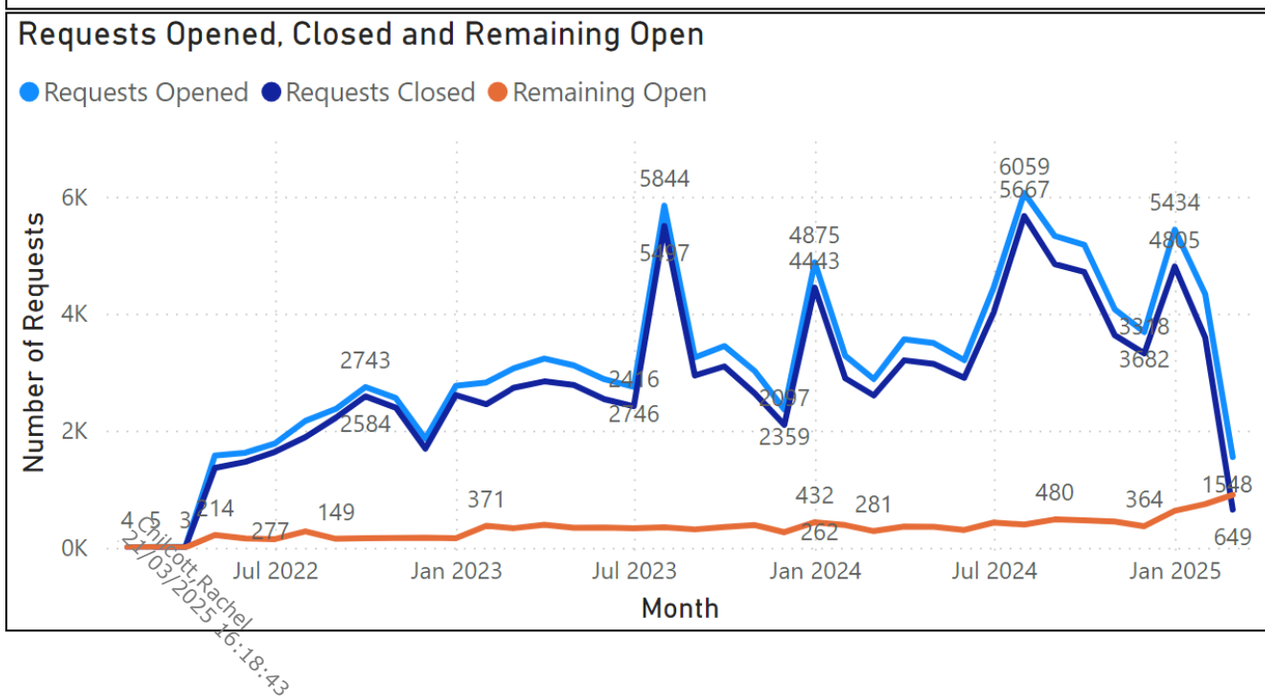


Incidents

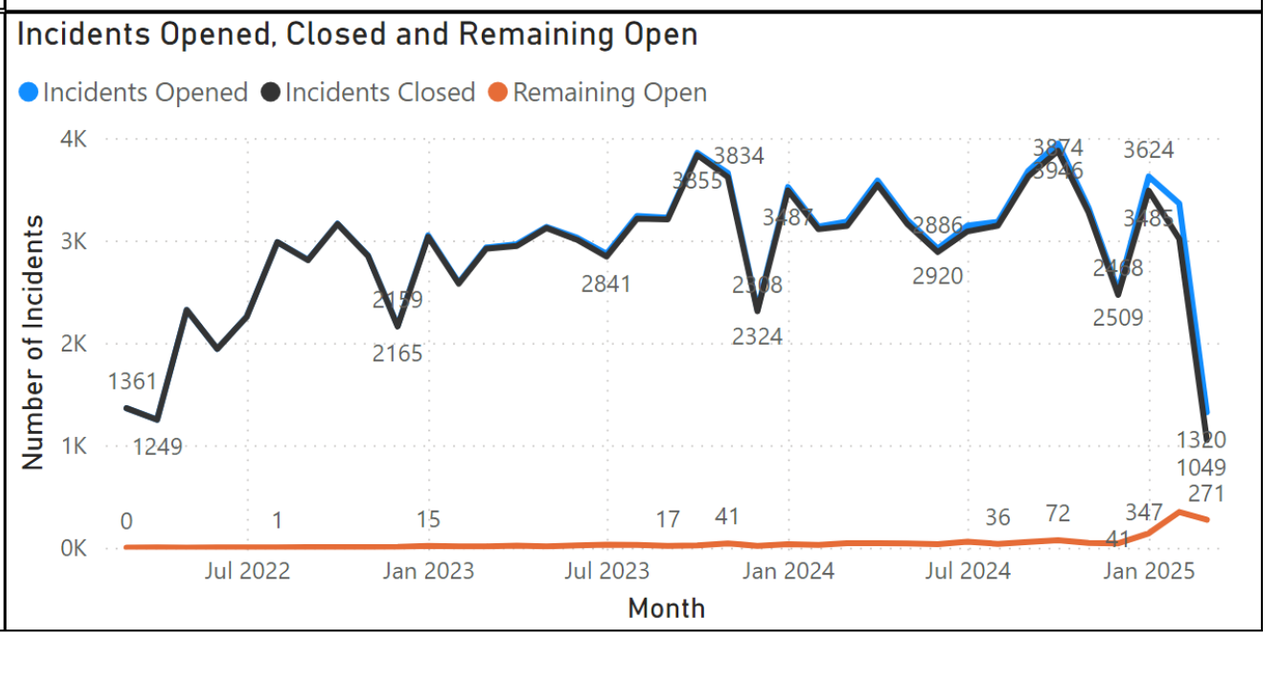
Average Duration (Days)



Requests Opened, Closed and Remaining Open



Incidents Opened, Closed and Remaining Open

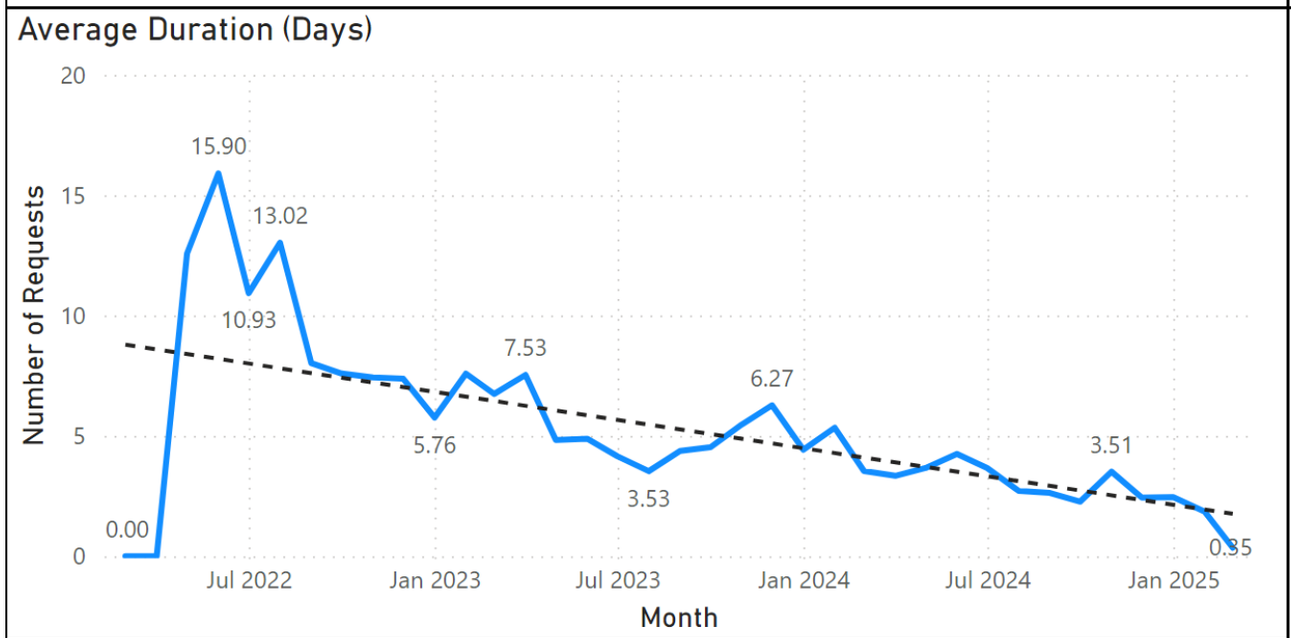


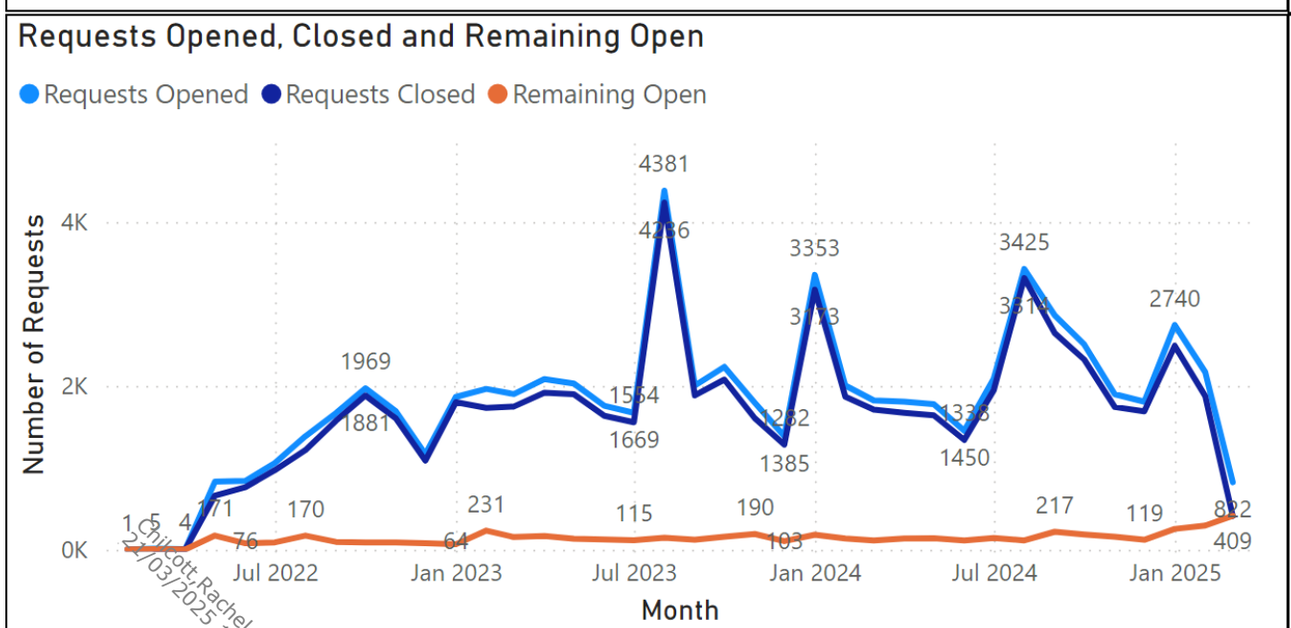
Service Desk Scorecard

Year 2024		Current Year		Current Month	
Incidents	**Requests**	**Incidents**	**Requests**	**Incidents**	**Requests**
18240 Incidents Opened	26781 Requests Opened	3708 Incidents Opened	5728 Requests Opened	565 Incidents Opened	822 Requests Opened
18215 Incidents Closed	25041 Closed Requests	3386 Incidents Closed	4770 Closed Requests	2053 Incidents Closed	409 Closed Requests
25 Remaining Open	1740 Remaining Open	322 Remaining Open	958 Remaining Open	142 Remaining Open	413 Remaining Open
4.06 Avg Duration (Days)	3.43 Avg Duration (Days)	2.50 Avg Duration (Days)	1.95 Avg Duration (Days)	0.54 Avg Duration (Days)	0.35 Avg Duration (Days)

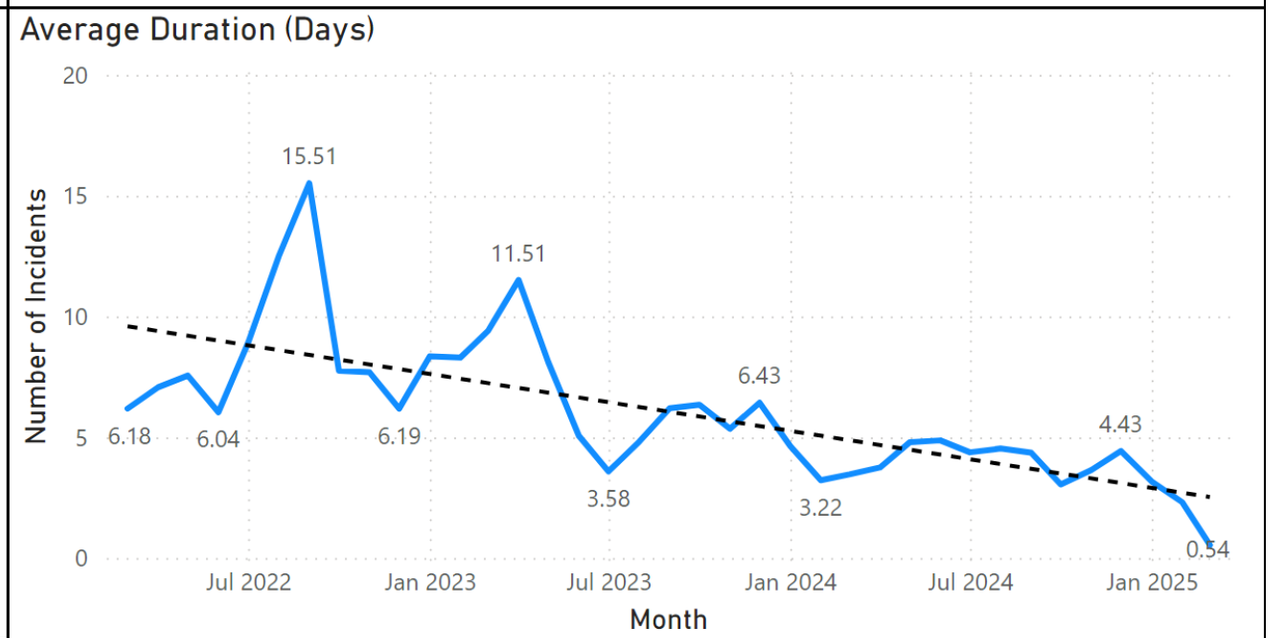
Service Desk Trending

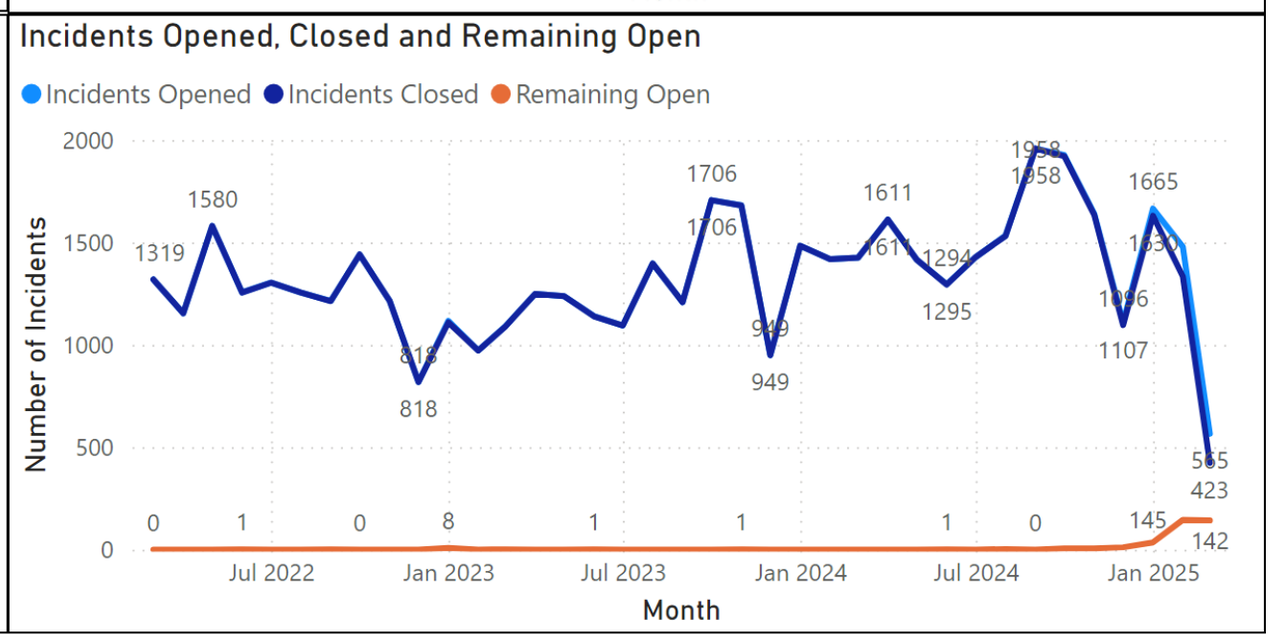
Requests





Incidents





Created by Year

Created by Month

- February 2022
- March 2022
- April 2022
- May 2022
- June 2022
- July 2022
- August 2022
- September 2022
- October 2022
- November 2022

OwnerTeam

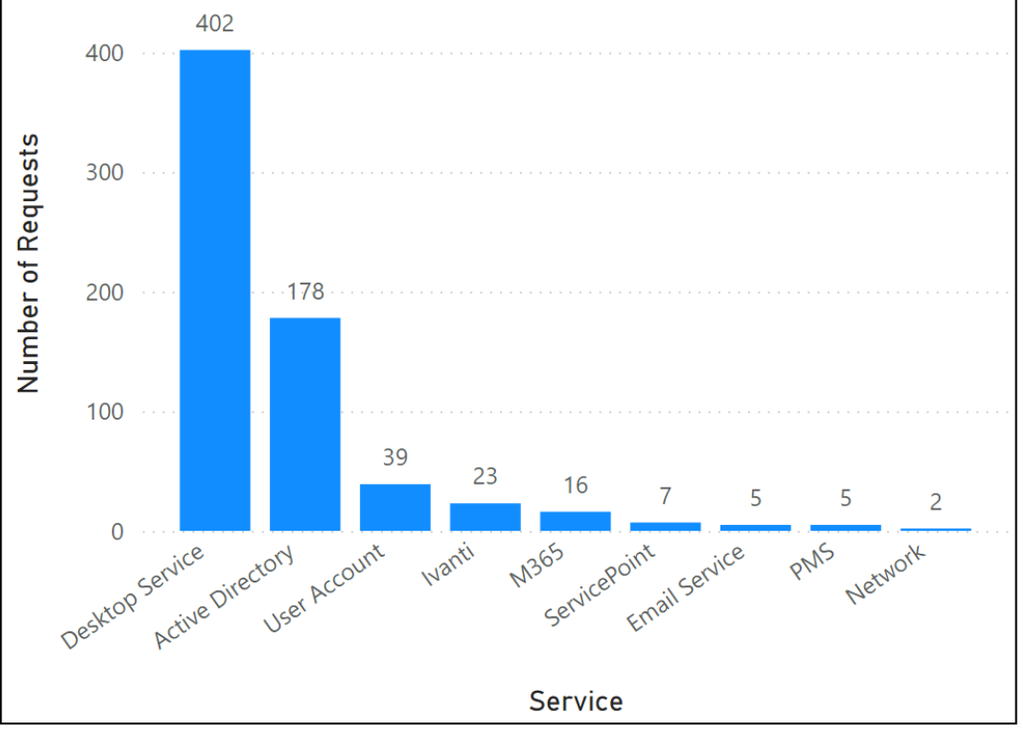
- BI Applications and Warehouse
- Business Intelligence & Informatics
- Digital Services Management (DSM)
- ePMA IT
- EUD
- IM&T Security
- ISM Admin
- IT Procurement
- M365
- Network
- Paris
- Pending Approval
- PMS Administration
- PMS Development
- PMS Implementation
- PMS Support
- Server/Infrastructure

822	409	344
Requests Opened	Closed Requests	Remaining Open
0.34	86	16
Duration (Days)	Older than 30 Days	Pending Approval

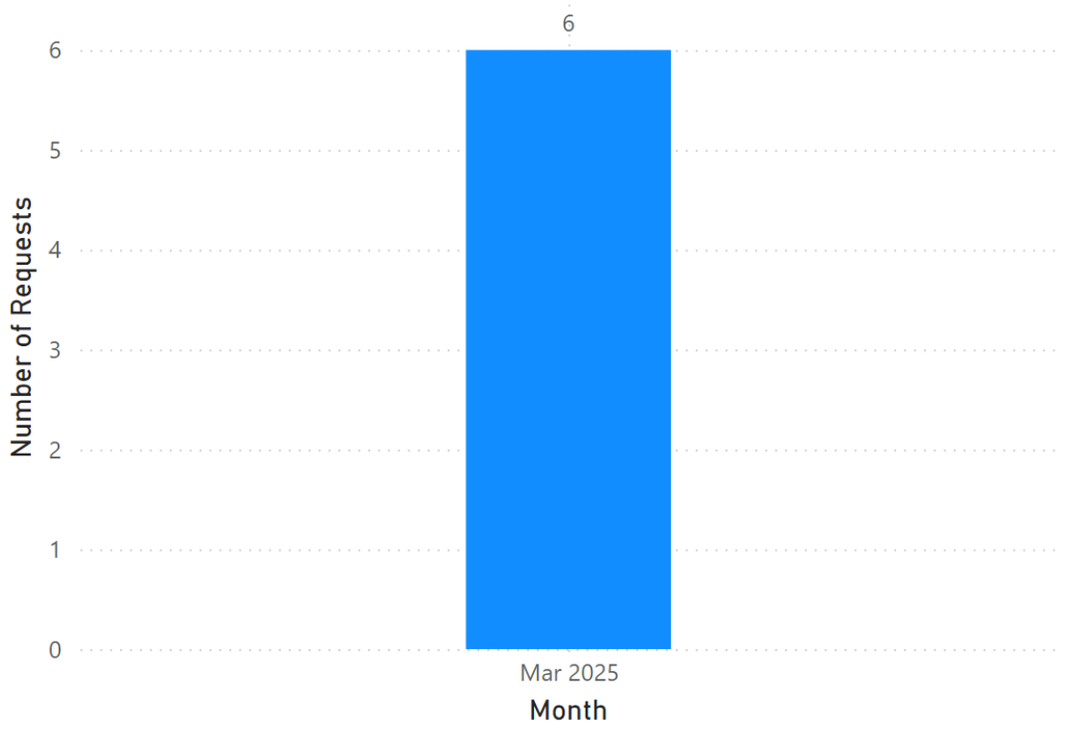
IT Procurement Requests

Status

Number by Service



Automation Requests



Date by Year

Date By Month

- March 2022
- April 2022
- May 2022
- June 2022
- July 2022
- August 2022
- September 2022
- October 2022
- November 2022
- December 2022

OwnerTeam

- BI Applications and Warehouse
- Digital Services Management (DS...
- ePMA IT
- IM&T Security
- Network
- Paris
- PMS Development
- PMS Support
- Server/Infrastructure

Site

- At Home
- Avon House
- Barry Hospital
- Broad Street Clinic
- Cardiff Edge
- CRI
- Hamadrvad Centre

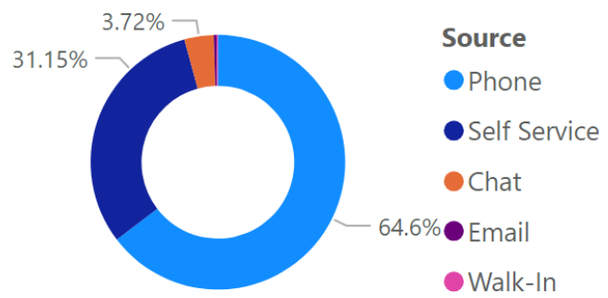
565
Incidents Opened

423
Incidents Closed

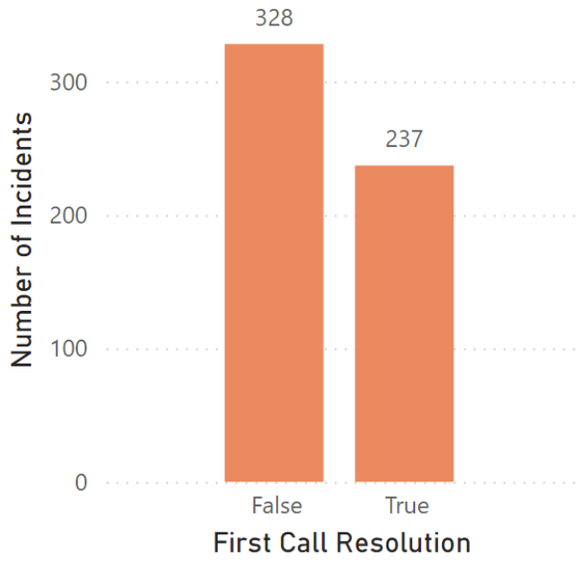
0.54
Avg Duration (Days)

142
Older then 30 Days

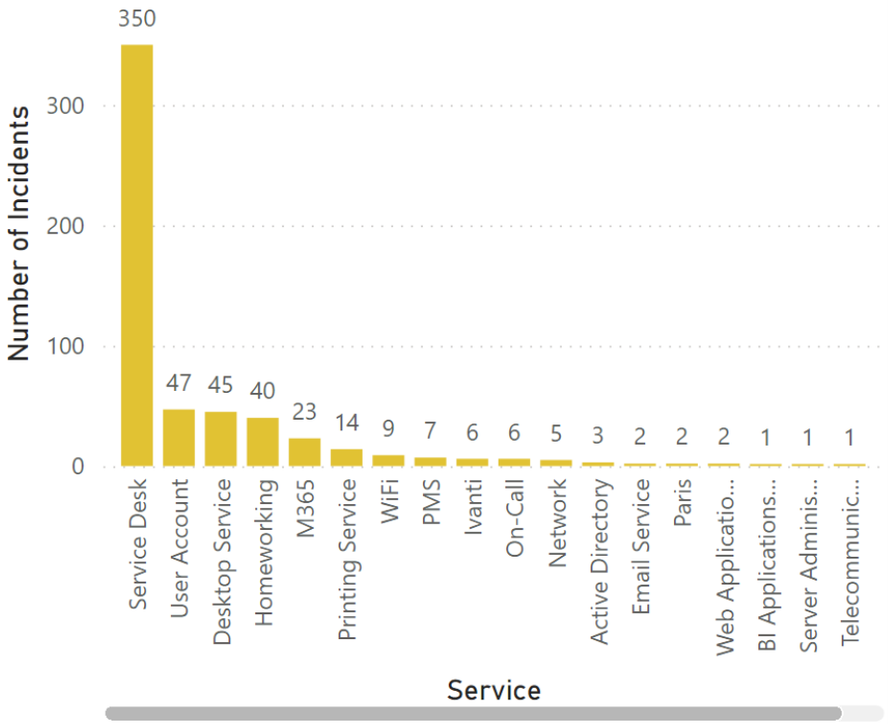
Incidents by Source



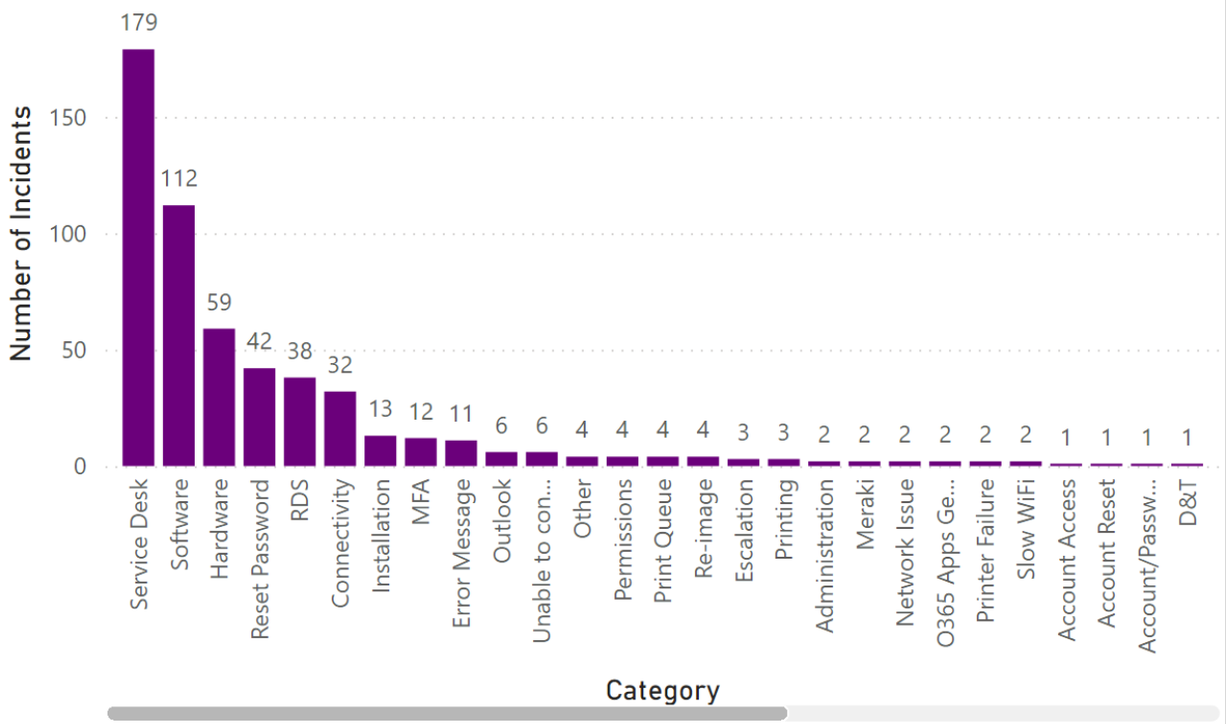
First Call Resolution



Incidents by Service



Incidents by Category

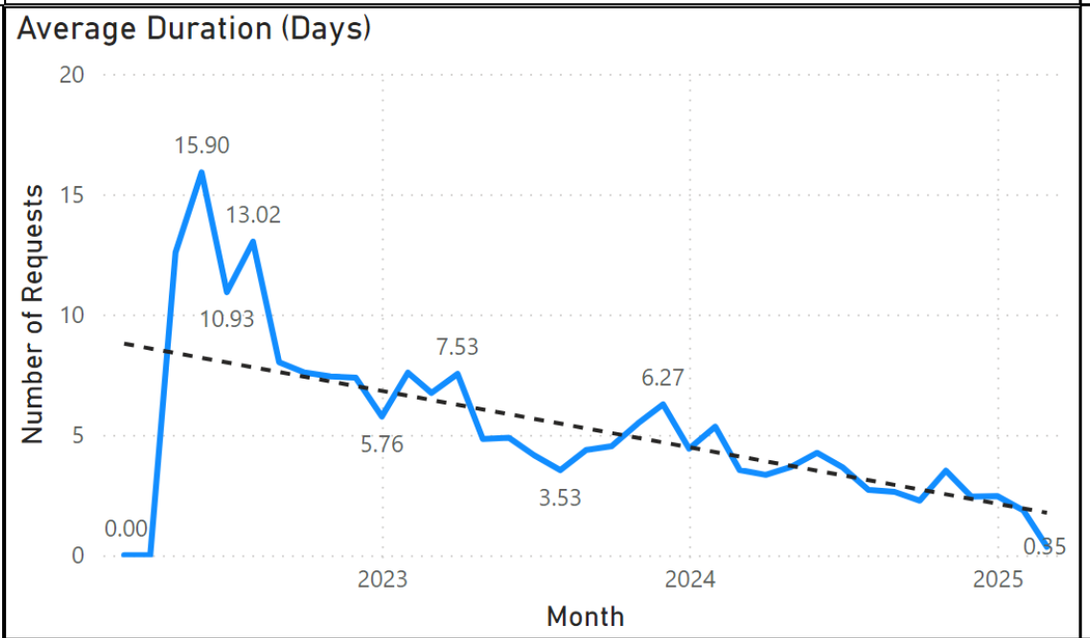


Trending

Requests

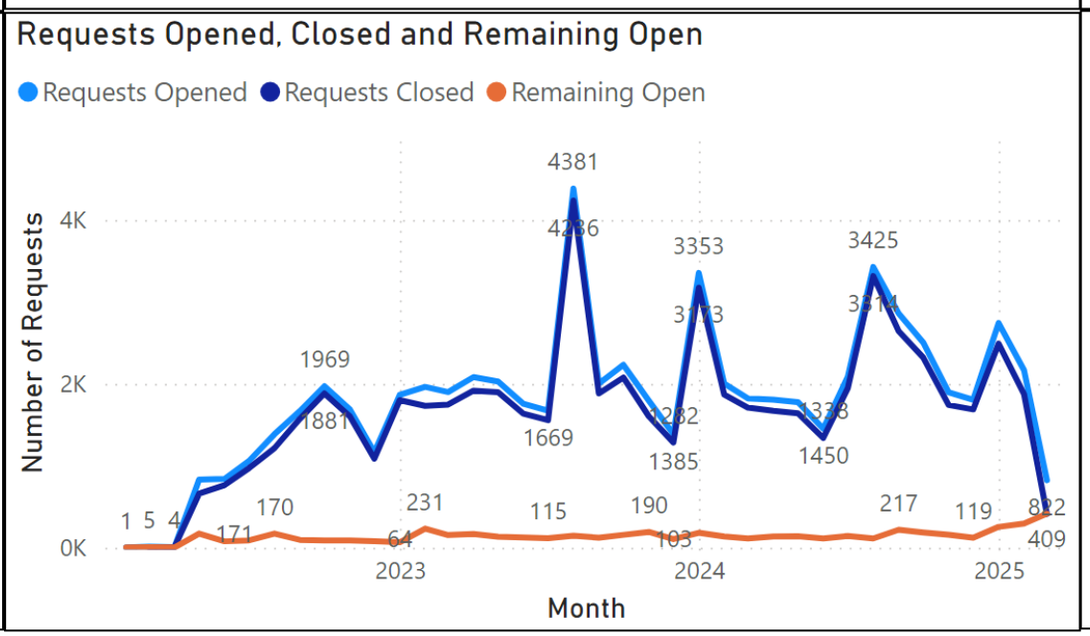
Request Team

- [ ] Applications
- [ ] BI Analytics
- [ ] BI Applications and Warehouse
- [ ] Business Intelligence & Informatics
- [ ] Change Management
- [ ] Customer
- [ ] Digital Integration Development
- [ ] Digital Services Management (DSM)
- [ ] Digital Work Request
- [ ] ePMA IT
- [ ] EUD
- [ ] IM&T Security
- [ ] Information Governance

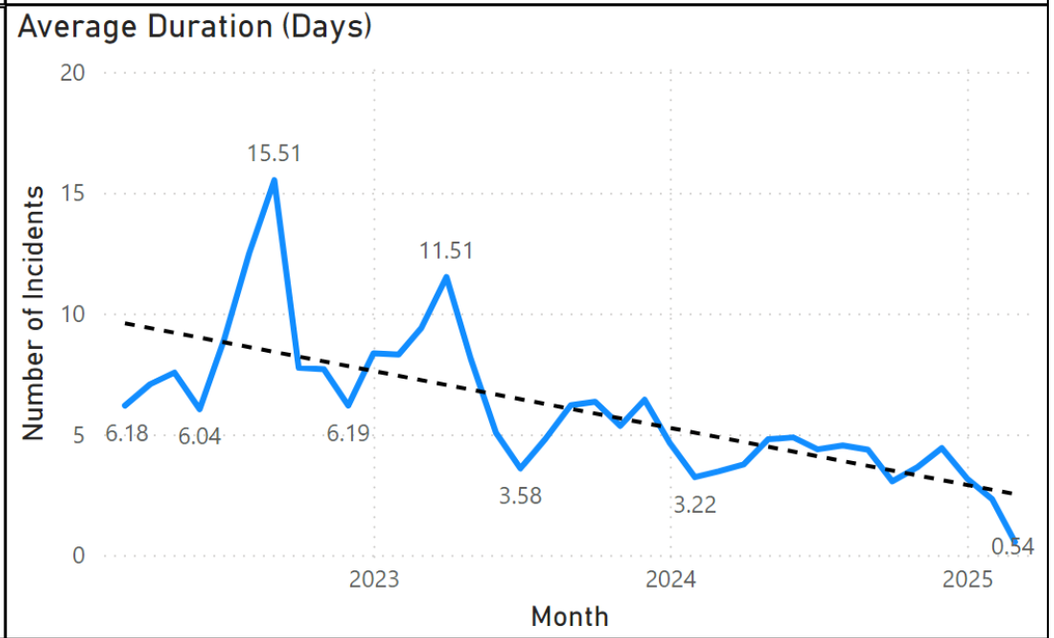


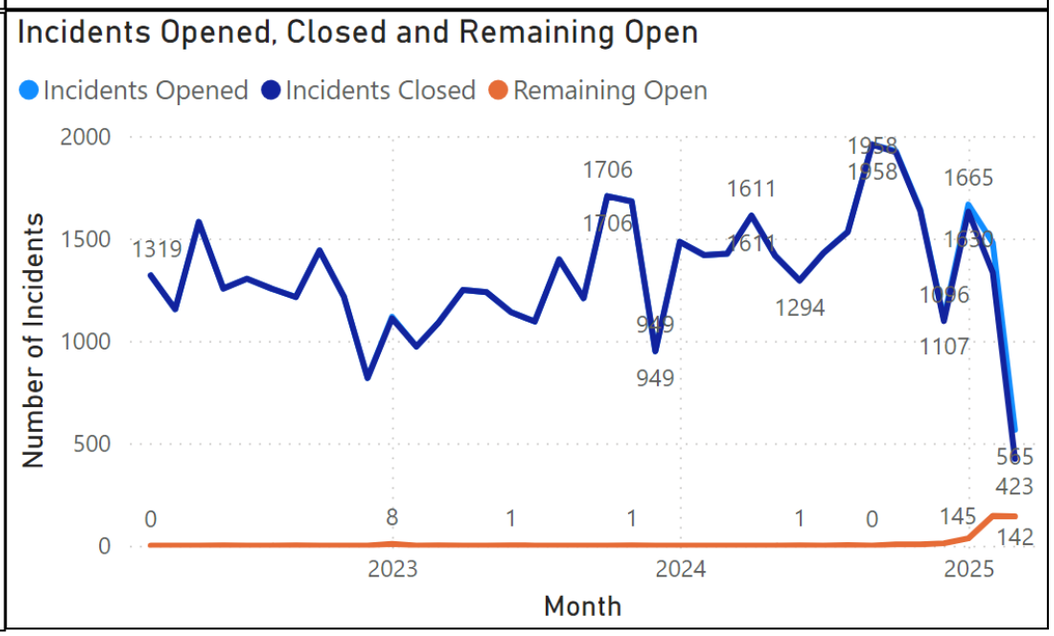
Incident Team

- [ ] Badgernet
- [ ] BI Applications and Warehouse
- [ ] Business Intelligence & Informatics
- [ ] Digital Integration Development
- [ ] Digital Services Management (DSM
- [ ] ePMA IT
- [ ] EUD
- [ ] IM&T Security
- [ ] ISM Admin
- [ ] M365
- [ ] Maternity
- [ ] Network
- [ ] O365/Azure



Incidents





Report Title:	Consultant Job Planning			Agenda Item no.		6.9
Meeting:	Board		Public	X	Meeting Date:	27.03.2025
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Dr David Fluck					
Report Author:	Snr M&D eSystems Advisor					

Background and current situation:

Background

The Senior Medical Workforce is an extremely valuable resource which delivers, and leads, a complex range of clinical and non-clinical activities within C&VUHB. It is important that the processes and systems to deploy this resource lead to:

1. Clarity for clinicians and operational teams as to where and when the senior medical workforce is deployed.
2. Clear expectation around outputs to facilitate demand/capacity planning within the HB.
3. Assurance to the board that this valuable resource is utilised effectively.

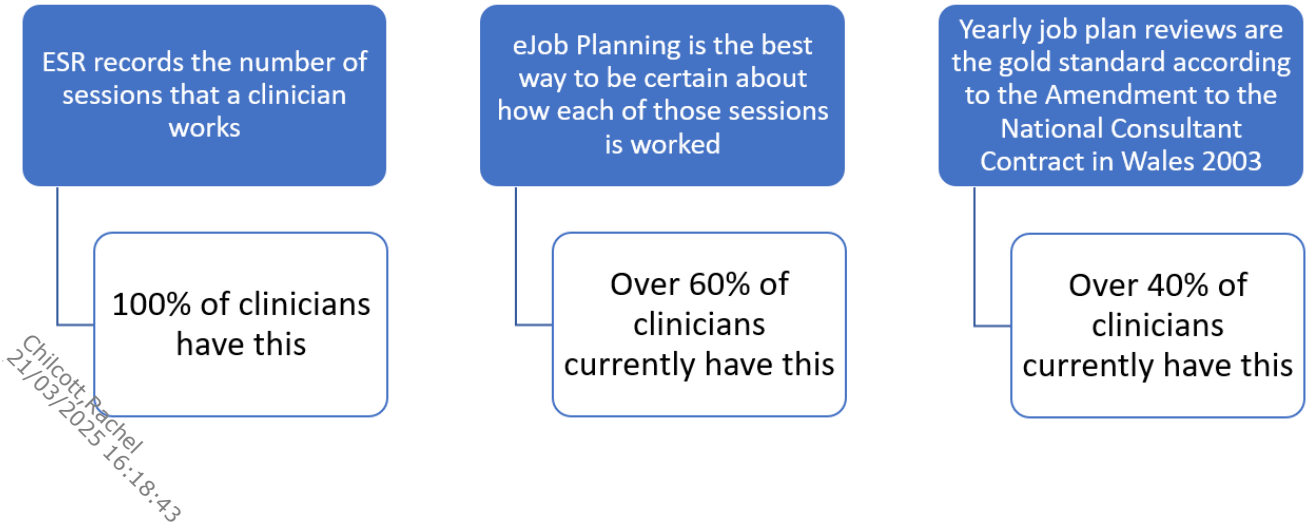
The systems and processes include:

1. A demand assessment on what is needed from our Senior Medical Workforce in terms of clinical and non-clinical activity to deliver care safely and timely.
2. Job planning system and process – an agreement to future activity, reviewed on an annual basis.
3. Roster system and processes to plan actual team deployment – to ensure all required activities are covered and supported and, make best use of resources on a daily basis.
4. Reconciling planned and delivered activities.

The principles that it follows are:

1. Consistent with contractual arrangements unless mutual agreement reached.
2. Transparency, Equity and Fairness between clinicians.

Current Assurance



Demand & Capacity Planning

Vision
An aligned Medical & Dental workforce to the right place, at right time to deliver the best quality service for the patients in the most cost-effective manner

Measurement

As part of business planning all clinical boards carry out an assessment of clinical demand and understanding future demand and how we can meet and/or attenuate this.
Planned care is the most straightforward to predict. Current methods utilise 5 years of activity as well as departmental expertise to predict demand for the following year. This is adjusted for factors such as the pandemic. Urgent and emergency care is much harder to predict. Departments have grown in a reactive way to cover this workload. The operational management department currently have a modelling capacity paper in preparation which will highlight how the Health Board plans to improve demand prediction. This will allow us to plan the clinical capacity required within our workforce and work to provide seven-day care that is sensitive to variation in demand throughout the day, week and year.

Analysis

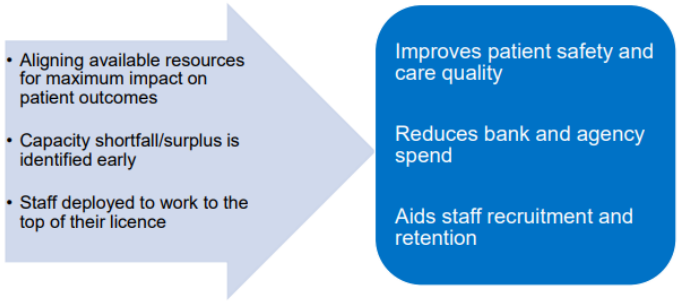
In order to understand how we can meet the demands of the service, we need to understand what we have. Effective Job Planning provides the necessary detailed analysis of the capacity of our medical and dental workforce. So, in order to plan properly for service delivery, job planning must be informed by the relevant demand data.
Direct patient related care activities, within the job plan, should be aligned to the service requirements, ensuring that it delivers wrap around care that meets the challenges and the increasingly complex needs of patients. Clinical time is often simpler to document as much of it will be planned around common regular scheduled activities such as clinics and theatre lists. These can be templated and associated times agreed for fairness and consistency.
Non-clinical time refers to periods of work within the job plan which is not in direct patient contact. Non-clinical roles are vital to the safe delivery of care includes governance roles, leadership roles, education, academic and improvement activity. It comprises between 20 and 30% of a job plan. The Health Board has recently produced a guide which sets out the demand for non-clinical work that allows the safe and efficient running of the system as well as clear line management and outcome measurements. It also includes guidance on allocation of time for personal professional development. A guide to non-clinical time is currently with the Medical Workforce Advisory group who will review and complete the paper at the next monthly meeting and discuss. It will then be brought to SLB for agreement before passing to the People and Culture Committee within the next two months. If ratified, this paper will allocate a job planning lead to replicate the success of Dr Leanne Rees in each clinical board. See Appendix A for Anaesthetic case study and model.
A recent internal audit conducted within the Surgery Clinical Board concluded that there were significant weaknesses in the job planning system and processes and only 27% of the senior medical workforce had an agreed and fully signed off job plan in place, which detailed expected outcomes, and only 13% had undergone an annual review of their job plan – many more clinicians do have recorded job plans but the detail in terms of outcomes is felt to be inadequate – although clarity on what outcomes should be recorded needs to be agreed. Previous audit reports in 2018, 2020 and 2021 had also highlighted deficiencies in the UHB job planning process. See Appendix C, D, E & F

Formulation & Planning

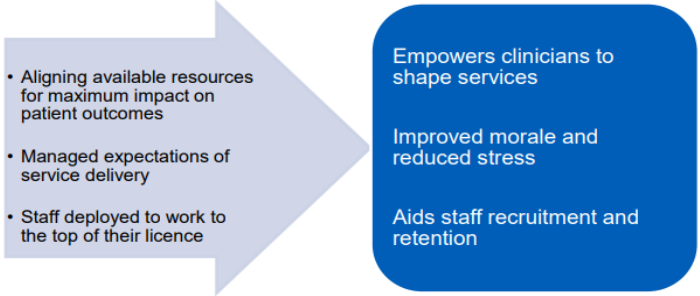
Different clinical boards are using different roster systems usually aligned with differing clinical needs meaning that over 700 of our senior medical workforce and resident doctors are rostered this way. Visibility of these systems is not uniform across the health board and whether this function can be delivered by a single/multi-professional system is not clear. In addition, reconciliation between job plans, roster and outcomes is in its infancy in the Health Board.

Currently, 100% of the senior medical workforce are on ESR which details the number of sessions that they are paid – although the visibility of this to the clinical boards is not clear. For example, a whole time equivalent would show as 1.0 however, individuals may be undertaking additional sessions.
Since the introduction of a Health Board wide digital job planning system and processes in 2021, there has been a steady increase in the number of agreed, documented job plans on allocate. Processes have been put in place and led by Leanne Rees and Kirsten Mansfield. They both regularly meet with The CDs and Directorate teams to support the use of the job planning system, they request evidence of outcomes for both non-clinical, and clinical, activity. They ensure the CD is aware of all the roles within the department that are needed to deliver a service and the importance of Objectives. Objectives, used properly, can help consultants and managers work together to lead improvements to the service, for example through innovation and development of new ways of working, or audit and improvement of existing ways of working.
Currently over 60% of the senior medical workforce now have a fully signed off job plan on record with the number of 'in-year' job plan reviews at 43%. Progress in areas that haven't fully engaged has stalled. It is clear we can only provide limited assurance to the board that we are deploying our medical workforce effectively.
It is evident that we need to change the culture of job planning and the narrative around job planning needs to move to a more positive one. We do need to be clear regarding the benefits to clinicians – transparency, fairness and equity between clinicians and specialty, understanding that clinicians can only provide one role at a time and that the health board is committed to fair remuneration for work provided. It is important to recognise that job plans need to safeguard the wellbeing of our medical workforce so that we do not overstretch or expect the delivery of an impossible task. It also must be recognised that there are specialties that can demonstrate great practice, notably Anaesthetics, but others include genetics, sexual health and neurosurgery, which illustrate the improvement that can be achieved if the process is championed in an area.

Benefits of eJob Planning for the UHB



Benefits of eJob Planning for Clinicians

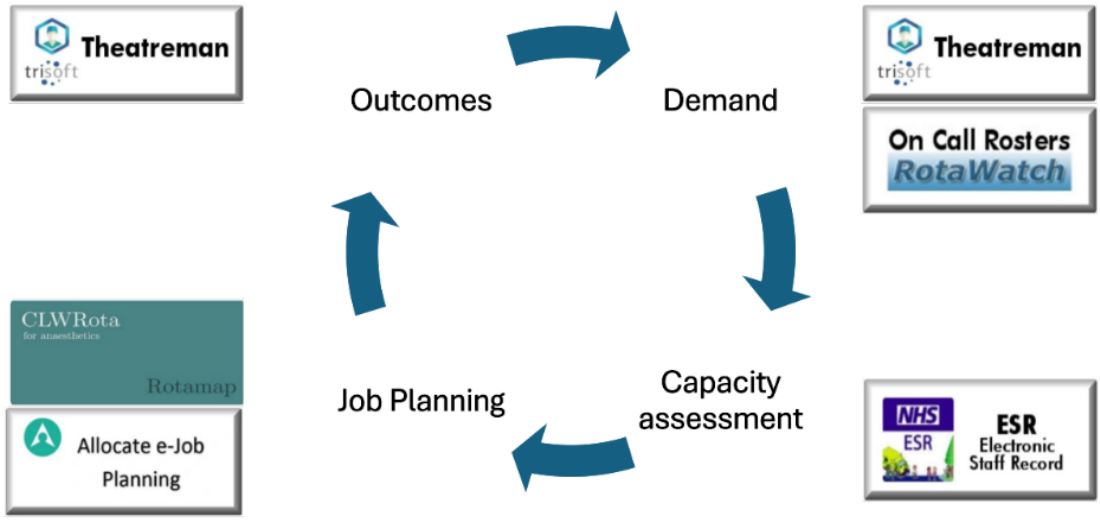


Anaesthetics as the paradigm

Anaesthetics is an example of a specialty that has embraced all the elements in the deployment of their senior medical workforce and is an illustration of where the Health Board needs to reach.

1. **Demand assessment.** There are a number of electronic systems, in use within the department, that allow visibility of clinical demand – Theatreman, Rotawatch and CLW roster system. In addition, a detailed review of non-clinical activity requirement has been made.
2. **Job Planning system and processes.** The department has 110 consultants of which 98% have an active job plan that details the weekly sessions that are available by an individual clinician – clinical and non-clinical. Matching the demand to the capacity allows a review of the job plan and/or a gap to be identified
3. **The electronic roster CLW,** which is well embedded in Anaesthetics, allows the job plan to be scheduled to a weekly plan identifying activity, time and place which is visible to all colleagues via a mobile app. This enables colleagues to know where support is available and that the whole service is covered. The system also records sickness absence, **however this is not fed into ESR**.
4. **Reconciliation.** The sessions delivered by consultants are cross referenced with Theatreman and CLW so that the department, and the board, can be assured that it has deployed its Senior Medical Workforce effectively.

The cycle then starts again assessing current demand and new service developments that will be considered and changes in staffing levels/numbers.



Conclusion

There has been great improvement in the job planning processes within the Health Board with some areas of exceptional delivery – Anaesthetics. These improvements have been championed by Leanne Rees and it should not be under-estimated what has been achieved so far. However, the improvements are not consistent across specialties or clinical boards and full assurance cannot be given to board.

However, the model built by Leanne Rees has the potential to be promoted as best practice within the UHB and should enable us to ensure equity, transparency and consistency in our approach to job planning, across our organisation, in line with the Amendment to the National Consultant Contract in Wales 2003. Work has already begun to build on this model and a new guidance document has been drafted and is due to be presented to the Medical Workforce Advisory group with a view to be presented to the Local Negotiating Committee for agreement by the BMA.

Please see Appendix A below for the Case Study and Appendix B for Draft Guidance

Current Position Job Planning - Total Clinicians 962 (896.3 WTE) across UHB

- 94% (890) of all clinicians have a job plan with content on Allocate
- 63% (593) of all clinicians have a fully signed off job plan
- 43% (450) of all clinicians have fully signed off plans dated within 12 months
- 53% (507) of all clinicians have fully signed off plans dated within 18 months
- 13% (126) are awaiting sign off by clinician or management team

Current Position eRostering - 3 M&D eRostering Systems in place in UHB

- **Healthrota** - 700 rostered staff spread across 5 departments. (Pay as you go model, billed retrospectively)
  - ED
  - Critical Care
  - Integrated Medicine
  - Neonatal
  - Paediatrics
- **MediRota** – 115 staff rostered (Contract renewal April 2025)
  - Obs & Gynae
  - Urology
- **CLW** - 190 staff rostered (Contract renewal April 2025)
  - Anaesthetics

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

Actions

We need to, in the words of the Welsh Minister – 'adopt and adapt' the good practice and processes in anaesthetics across the Health board and have a road map to achieve this.

Current Status	Not Started	In Progress	Completed
Demand Assessment			
Job Planning System & Process			
Rostering System	Paused		
Workforce Support			
Non-clinical output management			
Reconciliation planned against delivery			

1. Demand assessment:

As part of annual business planning, an improved understanding and process of planned and unplanned clinical demand, by clinical boards, to better guide workforce planning is being produced by colleagues in operational management team.

Completion June 2025 Adam Wright

2. Job Planning system and process:

The electronic job planning system put in place to improve the process is designed to improve consistency and transparency. Current compliance is 63% with annual review compliance at 44%.

Anaesthetics have demonstrated that high compliance is possible within the current system and an action plan will be drawn up with the clinical boards to have 90% compliance with an active job on Allocate with a clear timeline for implementation of annual review within the specialties as BAU. This includes a communication exercise to change the narrative regarding job planning to a positive one, highlighting the benefits to our senior medical workforce of a fair and transparent process that aids wellbeing. It will also include an evaluation of the current job planning system and processes against other systems in parallel with the rostering system evaluation and may be subject to an all Wales procurement process.

Completion June 2025 Richard Skone

3. Rostering system:

Rostering systems provide an electronic method of recording and displaying the day to day running of a department as well as translating a job plan into a timetable of activity for individuals. They can also be used to monitor annual, study and sick leave. As with anaesthetics they provide a mechanism for reconciling activity to a job plan.

A variety of rostering systems are in place within the clinical boards and recently there was consideration of moving to a single system. However, it is well recognised that different specialties have different needs and therefore an evaluation of the use of the preferred system in each clinical setting needs to be made. An attempt to identify a single usable system underwent the procurement process in October 2024. There was no clear system from the candidate companies that provided a complete solution. We are now in a process of further clinical engagement to assess whether a hybrid system may be possible. The aim of the executive board will be to procure the fewest systems at the best value while maintaining interoperability and meaningful outcome measures.

Completion June 2025 Lianne Morse & David Fluck

4. Workforce support

Despite education sessions and support it has been challenging for Clinical Directors to find time to manage job plans in a proactive way. It is no coincidence that the departments with a job planning lead or AMD for workforce have the best electronic job planning compliance. Employing a job planning lead for the Health Board had a demonstrable impact on the number of documented job plans. We will replicate and amplify the effect of this appointment by creating Job Planning leads within each clinical board who will be responsible for ensuring effective use of the eJob Planning system.

Completion March 2025 Clinical Board Directors

5. Non-clinical output management

20-30% of a clinician's job plan is used as 'non-clinical' time, it is important to ensure that it is used wisely. Clarification of how non-clinical time will be apportioned, with appropriate outputs, will be defined and line managed appropriately. This will ensure that consultants can set relevant outcomes which they can be supported to achieve while freeing up time for Clinical Directors to focus on clinical or service delivery.

Linked to this area of work is Statutory and Mandatory training compliance, which is currently extremely low within the senior medical and dental workforce. A number of factors seem to be to blame and work is currently underway to identify methods to support individuals and improve compliance. For example:

- Inter-authority transfers could be utilised for importing current compliance from previous employers
- We are also exploring the potential to transfer primary care training records from the Learning@Wales platform into ESR
- A phased priority approach to training completion will be undertaken and in quarter 4 it is suggested that we cover Fire, Infection Prevention & Control Level 2, Aseptic Non-Touch

Technique, Consent and Mental Capacity. Each quarter there will be a different group of training modules

- Medical Workforce and AMD hope to have representation on the UHB Mandatory Training group, established in early 2025
- The C&V Head of Education will be escalating concerns to newly established All Wales Education Leads Group, for which a review of mandatory training processes will be a core priority

Completion March 2025 Richard Skone (non-clinical output) & Hilary Sharp & Lisa Franklin (Mandatory Training)

6. Reconciliation planned against delivery

This will be delivered when 1-5 is complete and full assurance gained.

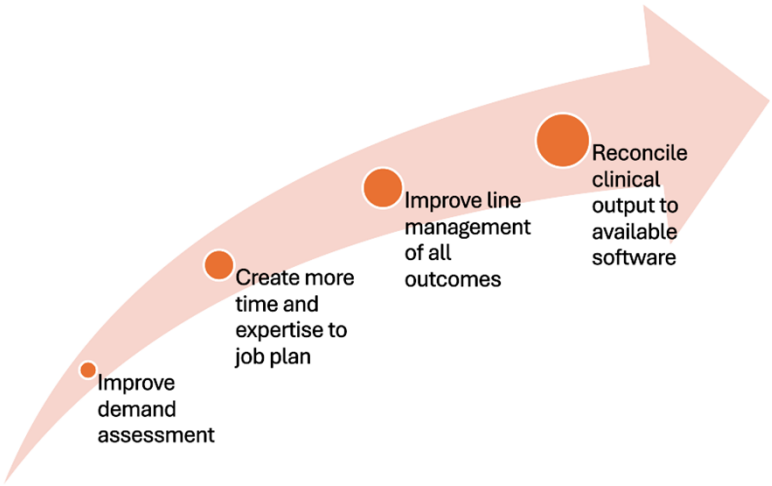


Figure: Proposed approach to final step in improving eJob Planning

Recommendation:

The Board are requested to:

a) Approve the paper for implementation in order to provide the strategy and plan for job planning within CAVUHB (detailed in the accompanying paper).
b) Approve the aim stated at the end of this paper to have 90% of consultants and SAS doctors with agreed job plans on Allocate by June 2025

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

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

Click the objective above to view more detail.		**Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*No change in service, only structure*

Impact Assessment:
Risk: No
It may unmask consultants who are working significantly beyond their job plans
Safety: No
This is a change in approach to the same contractual aim
Financial: No
If consultants are working in excess of their job plans it may pose a financial risk or a service risk
Workforce: No
The paper clarifies expectation and time for how work should be done
Legal: No
Reputational: No
This process reduces risk by replacing a system which is currently underperforming. While ongoing discussions are taking place nationally about job planning, this paper does not materially affect the process other than to follow the amendment to the national consultant contract in a similar way to that which CAVUHB has done previously
Socio Economic: n/a
This process reduces risk by replacing a system which is currently underperforming
Equality and Health: No
This process reduces risk by replacing a system which is currently underperforming
Decarbonisation: No
Welsh Language: No

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

Report Title:	Annual Plan 2025/2026			Agenda Item no.	7.1	
Meeting:	Board	Public	X	Meeting Date:	27th March 2025	
		Private				
Status:	Assurance		Approval	X	Information	
Lead Executive:	Executive Director of Finance					
Report Author:	Head of Strategic Planning					

Background and current situation:

Background

Each year, Health Board's in Wales are required to submit a 3-Year Integrated Medium-Term Plan (IMTP) to Welsh Government (WG) as part of their statutory duties under the NHS Finance (Wales) Act 2014. Powers arising from the Act state that Health Boards and Trusts must prepare a plan which sets out its strategy for securing that it complies with its 'break even' duty, whilst improving the health of the people for whom it is responsible and the provision of healthcare to such people.

In December 2025, the NHS Wales Planning Framework was issued by Welsh Government confirming the policy requirements for the 2025/2026 planning cycle. The framework states that plans must be submitted to Welsh Government by the 31st of March, must align to the 5 Cabinet Secretary Strategic Objectives, 17 Ministerial Delivery Expectations and must assess the opportunities against 35 Enabling Actions. These are summarised on the last page of this report for reference.

Alongside submission of a narrative plan, Health Boards are required to submit a set of technical documents to support the narrative plan, including templates to capture the actions that will be taken to deliver the Cabinet Secretary Strategic Priorities and Delivery Expectations, alongside a Minimum Data Set (MDS) with detailed information on workforce, activity and finance.

The guidance stated that an accountable officer letter must be submitted by 14th February if the organisation is unable to produce a financially balanced Integrated Medium-Term Plan.

Current Situation

On 14th February 2025, the Health Board submitted an accountable officer letter to Welsh Government confirming that due to ongoing sustainability challenges, the Health Board would be submitting an Annual Plan within a three-year context to balance the immediate system challenges with the health and care needs of our population.

Our plan is presented in the context of a significantly challenging operating environment. It aims to respond effectively to these challenges in the short term whilst laying the foundations for a sustainable future.

As such, our Annual Plan is framed by our **Strategy, Shaping Our Future Wellbeing**, and the delivery of the priorities underpinning each of our Strategic Objectives; Putting People First, Providing Outstanding Quality, Delivering in the Right Places and Acting for the Future. It is organised around the six Strategic Portfolios that will deliver these objectives.

Our plan commits to doing the every day well through a focus on delivering "Brilliant Basics"; taking care of people in the right way, preventing avoidable harm, learning and

improving, digitising systems, processes and communications and being increasingly sustainable for the future

There is clear alignment between our objectives and the Cabinet Secretary Priorities, and our commitment towards each of the Cabinet Secretary Delivery Expectations is made clear within the plan document itself, under the appropriate Strategic Portfolio heading.

An assessment against the Cabinet Secretary Enabling Actions and indication of anticipated opportunity is also included within the plan document, with the vast majority of actions assessed as “adoptable”, with rationale for those actions more difficult to achieve in the current context.

This year, we have developed an evolution of the traditional savings plan, the Quality Improvement and Efficiency Plan (QIEP), which emphasises our ultimate aim of improving quality and continuity of care whilst driving up the value of our interventions, maximizing productivity and efficiency and reducing our operating costs. The QIEP reflects our priority improvement, productivity and efficiency key performance indicators, incorporating the Cabinet Secretary Enabling Actions and Value and Sustainability themes, and articulates our efficiency and productivity opportunities for capacity gains, alongside cash releasing savings plans.

Our Shaping Our Future Wellbeing Strategy, which provides the strategic direction for the plan, was coproduced during an extensive engagement period in 2023/2024 with our population, our colleagues and our partners.

Our Annual Plan, which details the first year of execution of this strategy, was developed through engagement with our clinical boards and corporate teams, with regular Board Development Sessions and frequent dedicated Planning Sessions with our Senior Leadership Board.

A Rapid Planning Event in December brought together around 200 leaders within the organisation to support development of key principles and priorities for our 2025/2026 plan.

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

Prior to the submission to Welsh Government, Board are asked to approve the annual plan document and sign up to the commitments within it.

The Health Board is submitting an Annual Plan financial deficit of £58.2 million, against a Target Control Total of £9.1m, which will constitute a position that is unapprovable by Welsh Government.

Therefore, we will be asking the Board to support our assessment of the position and agree that the position is deliverable.

Recommendation:

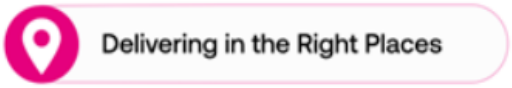
The Board are requested to:

2a) **Approve** the plan for onward submission to Welsh Government

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

Putting People First 1.		Providing Outstanding Quality 2.	X

Click the objective above to view more detail.	X	**Click the objective above to view more detail.**	
 3. **Click the objective above to view more detail.**	X	 4. **Click the objective above to view more detail.**	X

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)	X	No – ***(Please provide reasoning, e.g. not required)***		

Impact Assessment:

Risk: Yes

There are risks inherent within the plan regarding ability to deliver sustainable services within a challenging operational and financial context. Strategic risks will be tracked via the Board Assurance Framework.

Safety: Yes

Maintaining and improving quality and safety is a key principle underpinning the plan. Our organisational mission is to Eradicate Avoidable Harm. The plan describes the intention to implement a Quality Management System within the organisation.

Financial: Yes

The key financial risks for the health board within this financial plan are set out below:

- Achievement of the ambitions set out in the Quality Improvement and Efficiency Plan
- Management of Operational Pressures – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them.
- Inflationary pressures – There are considerable inflationary pressures across the health board with pay and energy being the largest. This will affect the UHB directly and also through its supply chain. We will monitor this closely and work with our partners to find a system wide approach to manage the risk.
- Develop and deliver a programme of transformational savings through the Quality Improvement Plan – Delivering a programme of the scale needed to address the underlying deficit is a key priority and will be subject to robust management arrangements.

The Health Board recognises the risks in the plan and is taking actions in order to ensure that they are appropriately managed and that financial opportunities to support mitigation are fully explored.

Workforce: Yes

The plan focuses on building a workforce that is affordable and sustainable whilst ensuring minimal impact on patient care and staff wellbeing. This includes workforce reduction strategies:

- Service reconfiguration

• Digital transformation – increased use of AI and automated systems to reduce administrative workload. • Utilising monthly natural attrition – don't replace following retirement, resignation, etc (hold vacancies). • Voluntary Early Release Scheme (VERS) • Organisation Redesign, to include Corporate and Clinical Board structures. Staff wellbeing will be prioritised throughout in line with our Putting People First Ambition.	
Legal: No	
Reputational: Yes	
The deficit position of our plan and Targeted Intervention Status is likely to have a reputational impact for the Health Board both from a public perspective and with Welsh Government.	
Socio Economic: Yes - ***Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES***	
Reducing health inequities is central pillar within the plan	
Equality and Health: Yes	
A full EHIA assessment has been undertaken and attached as an appendix to the cover report	
Decarbonisation: Yes	
Decabonisaiton is an objective within the Future Generations section of the plan itself.	
Welsh Language: Yes	
The plan has specific plans and metrics around Welsh Language.	
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Senior Leadership Board	Date: 20th March 2025

Summary of NHS Wales Planning Guidance 2025/2026

Cabinet Secretary Strategic Priorities and Ministerial Delivery Expectations

Strategic Priorities 2025-2028	Ministerial Delivery Expectations for 2025-26 (where applicable)

Timely Access to Care	• Reduce the number of ambulance patient handovers over 1 hour national target – zero • Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero • No patients waiting more than 104 weeks for referral to treatment • 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route), building toward a national target of 80% by 31 March 2026 • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero
Population Health and Prevention	• Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes • Achievement of vaccinations targets in the performance framework
Women's Health	• Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan
Building Community Capacity	• Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard • 100% of GP practices achieving all National Access Standards for Inhours GMS • Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP • Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period • Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible • Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible
Mental Health Access	• 80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral • 80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS

Enabling Actions- Mandated as “Adopt or Justify”

Thematic Area	Action
Operational Productivity – Planned Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including SOS and PIFU by default.
	All new Cataract referrals direct listed to treatment stage of the pathway following an admin triage by the end of Q2
	When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.
	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.
	90% of days planned care capacity should be protected from unscheduled care pressures and outlying patients by the end of Q1.
	Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.
	Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2;
	Cataract 90% of lists to have 7 Cataracts per list by end of Q2
	90% of the time achieve at least 6 HVLC general surgery procedures on an all day list made up of hernia or gallbladders by end of Q2.
	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025
	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.
Thematic Area	**Action**
Operational Productivity and Efficiency - Urgent and Emergency Care	Implementation of community falls response- 6 goals
	Implementation of the remote clinical assessment services framework - 6 Goals
	Implementation of the acute frailty model at the front door (6 goals)
	Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals
	Implement the Optimum Hospital Flow Framework
	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource
Thematic Area	**Action**
Improving Value, Optimising Outcomes and Minimising Variation	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme
	Ensuring full compliance with straight to test guidance
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)
	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.
	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.

Thematic Area	Action
	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26
	Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme
Thematic Area	**Action**
Workforce Productivity	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.
	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025
	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.
	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels
Thematic Area	**Action**
Maximising Value for Money	Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.
	Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis
	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.

Equality & Health Impact Assessment for

Annual Plan 2025/2026

Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHAI for help and support in completing this document.

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Annual Plan 2025/26
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategic Planning Ashleigh O'Callaghan – Head of Strategic Planning Sarah Tipping- Head of Strategic Partnerships and Engagement
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	Our Cardiff and Vale University Health Board Integrated Annual Plan 2025/2026 sets out how we will navigate a challenging operating environment whilst delivering outstanding quality in a sustainable way for the people we serve through: • **Being clear on our priorities**, and focussing on actions that will have the greatest impact for our people and our wider system • **Being bold and brave** in our leadership and in our thinking, to tackle the complex system-wide challenges we face in new and innovative ways • **Being transparent and realistic** about what we can achieve within our constraints. We recognise that our organisation needs to change if we are to mobilise the level of transformation required to deliver our strategy, ***Shaping Our Future Wellbeing 2025-203*5**, and vision, to reduce health inequities and deliver outstanding services for the population we serve.

		We have co-produced a set of **Strategic Shifts** to guide that change and our next steps in delivering our strategy and strategic objectives over the next three years: • From an organisation shaped around **illness and injury** to one purposefully designed to **enable equitable health and wellbeing** • From **variable quality of care** and experience **to utterly consistent quality and outcomes** for all • From **analogue buildings to digitally connected people and places** • From **firefighting today to planning for a sustainable tomorrow** We will direct our organisational effort and resources towards delivering these strategic shifts, giving ourselves the best possible chance to deliver the biggest impact. Underpinning our plan for 2025/2026 is our main effort, "**Brilliant Basics**". We recognise that we cannot achieve our ambition without the right systems, processes and infrastructure in place to enable operational efficiency. Each of our Strategic Portfolios have identified their **Brilliant Basics priorities** and associated Key Performance Indicators, the delivery of which will provide the solid foundations upon which we can build a sustainable future.
4.	Evidence and background information considered. For example • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages	Data Sources: • Cardiff and Vale Public Health Plan • Shaping our Future Wellbeing Strategy • Cardiff and Vale RPB Population Needs Assessment • Cardiff Public Service Board – Wellbeing Assessment • Vale of Glamorgan Public Service Board – Wellbeing Assessment Stakeholders:

	• comments from those involved in the design and development stages	Our Shaping Our Future Wellbeing Strategy, which provides the strategic direction for the plan, was formulated following an extensive engagement period in 2023/2024 with our population, our colleagues and our partners. Our Annual Plan, which details the first year of execution of this strategy, was developed through engagement with our clinical boards and corporate teams, with regular Board Development Sessions , updates to Finance and Performance Committee and frequent dedicated Planning Sessions with our Senior Leadership Board. A Rapid Planning Event in December brought together around 200 leaders within the organisation to support development of key principles and priorities for our 2025/2026 plan. The plan sets out a number of intentions and commitments, but it is important to note that the individual service changes stipulated in the plan will continue to be assessed in detail and engaged upon through our Co-production, Consultation and Engagement Framework to include engagement with Llais, our population, our colleagues and our relevant partners.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The annual impact affects both health board staff and communities across Cardiff and the Vale of Glamorgan.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65 Chilcott Rachel 21/03/2025 16:18:43	We have noted no negative impacts upon specific age ranges within the annual plan. **Positive points to note:** **<u>Under 18s</u>** In 2024 we completed our "Babies, Children and Young People" Plan which was co-produced with young people and designed after an extensive engagement period. The work undertaken in the Babies, Children and Young People Plan has informed the outcomes within the Annual Plan 25/26. **<u>Between 18 – 65 and 65+</u>** We continue to engage with our population which enables us to	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	understand the issues that are most important to them. We are continuously learning how to better engage with populations that are seldom heard. Through effective engagement we are better able to understand the barriers that exist in our communities in regards to health care. Our ambition of developing a place based planning approach will help us have a clearer focus on delivering the right services in the right places, which we hope will have a positive impact upon reducing health inequalities.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health	We have noted no negative impacts upon individuals with a disability within the annual plan.	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
conditions, long-term medical conditions such as diabetes			of a change upon all groups within our local communities.
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender Stonewall Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)	We have noted no negative impact upon people of different genders within the annual plan. **Positive impact to note:** The health board will work to reduce the Gender Pay Gap to 16.63%. The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women. Healthcare services for transgender individuals are provided in accordance with Welsh Government Policy and specialised services commissioning policies	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	including hormone therapy, prescribing and gender identity services. None of these are impacted by this plan.		
6.4 People who are married or who have a civil partner.	We have noted no negative impact upon people who are married or have a civil partner within the annual plan.	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.	We have noted no negative impact upon women who are on a break from having a baby or who are breast feeding within the annual plan. The health board continues to support and encourage mothers wellbeing through health visiting and maternity services including breast feeding support.	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers The Runnymede Trust	We have noted no negative impact upon people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers **Positive impact to note:** • In 2025/2026, we will advance the Workforce Race Equality Standards (WRES), and deliver on our Strategic Equality Plan which includes establishing the baseline and develop a process for ethnicity pay gap reporting	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.
6.7 People with a religion or belief or with no religion or belief.	We have noted no negative impacts upon people with a religion or belief or with no	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief	religion or belief. within the annual plan.		that we fully understand the impact of a change upon all groups within our local communities.
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) <u>Stonewall</u>	We have noted no negative impacts upon people who are attracted to those of the opposite, same or both sexes within the annual plan. **Positive action to note:** In 2025/2026, we will implement and monitor the LGBTQ+ Action Plan.	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	We have noted no negative impacts upon people who communicate using Welsh within the annual plan. **Positive action to note:**	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	As part of our commitment to the Welsh language, we aim to have 85% of our workforce registered their Welsh language skills by the end of 2025/2026. Our target is for 32.5% of staff to possess Welsh language skills at levels 1-5, with a goal for 50% of our staff to achieve at least Level 1 by 2026/2027. Additionally, we plan for 50% of all Health Board vacancies to include a completed Welsh Language Skills Assessment.		of a change upon all groups within our local communities.
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	We have noted no negative impacts upon people according to their income related group within the annual plan. **Positive action to note:** As an anchor institution, we will continue to implement strategies to ensure that our workforce is representative of our local	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	community by widening access to employment opportunities, particularly to those living in areas of deprivation and high unemployment within Cardiff and the Vale.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	We have noted no negative impacts upon people according to their income related group within the annual plan. **Positive action to note:** The shaping our future population health and places portfolio aims to improve population health, through embedding a population needs and place-based planning approach within the organisation and across our partnerships. This approach will ensure that we are delivering integrated models of care and associated pathways that will improve health and wellbeing	N/A	To continue to engage effectively with local communities whenever a service change is considered. Effective engagement will ensure that we fully understand the impact of a change upon all groups within our local communities.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	outcomes for our communities, aligned to the priorities set out in the Cardiff and Vale Long-term Public Health Plan. We will accelerate the pace in which the Primary Care Model for Wales is delivered, by strengthening and growing community, primary and prevention services at home and in communities. Our ambition is to become an ***Integrated Community Care System*** (ICCS) with our partners in local government and the third sector. People's health and wellbeing and experience of our services will be optimized through earlier, proactive, coordinated planning and delivery. This aligns with and supports the delivery of the commitments in the RPBs Joint Area Plan 2023-28. Our work on becoming an ICCS, and delivering the first phase of		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	Enhanced Community Care, is crucial in achieving better outcomes for patients by meeting their needs earlier and in a more proactive way in community settings wherever possible. This will help us to better manage demand across the whole system, enabling us to improve efficiency and workforce productivity and use the skills of our staff to best effect		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service		N/A	

HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	**Potential positive and/or negative impacts and any groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Refer to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	We will aim to minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including	Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health. Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities.		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
smoking cessation services, weight management services etc. Creating healthier places spaces.pdf (wales.nhs.uk)			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Chilcott Rachel 21/03/2025 16:18:43	While sometimes changes in behaviour can be brought about through knowledge and willpower alone, in many cases health behaviours are influenced by other factors such as people's environment, education, employment status and housing. Therefore, to improve the health of our residents, we also need to tackle these wider determinants in partnership with others. We will provide more opportunities for local communities to secure contracts, or employment, to contribute to the planning and delivery of our services.		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	Implement specific projects addressing the employment opportunities for young care leavers in collaboration with HEIW, Local Authority and Cardiff and Vale College. Implement new employment scheme for ex-offenders in conjunction with the Probation Service. Provide Nurse Cadet scheme providing 40 work placement opportunities to young adults from areas of deprivation. Implement work placements and employment opportunities for those with disabilities. Deliver further networking with homeless charities to provide employment opportunities.		
7.4 People in terms of their use of the physical environment:	Refresh and deliver the Health Board's programme for creating integrated health and care		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	facilities in our local communities, where people can access the information and support that they need, under one roof With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future Develop more shared infrastructure with public and private sector partners to get the best value for the Health Board's investment		
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos	Our annual plan sets out our ambition to have an integrated health system across Cardiff and the Vale of Glamorgan. We continue to hold great value in our partnerships across public services and contribute to strategic wellbeing objectives that impact		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	upon the wider determinants of health. Our co-production, engagement and consultation framework ensures that we continue to listen to the voices of our communities in our decision making processes.		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	Empowering staff to make day to day changes to support carbon reduction. Procurement is responsible for over 80% of our CO2 emissions. Procurement is driven by the decisions made by staff every day i.e. who to see, how to treat them, what to use etc. To do this we will: Benchmark other organisations, globally, identifying best practice examples to adopt and spread, and to see how we currently compare with other organisations. Provide education and training, and focus on behaviour change including nudge activities.		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	Incorporate carbon into value as a measure for service change. Review and improve supply chain flows in partnership with NWSSP. Develop climate change adaption plan. We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 we will have reduced the Health Board's carbon footprint by 34% (currently under review) and will have increased our research and clinical innovation activities.		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	There are a range of positive actions throughout the annual plan that are aimed specifically towards reducing inequalities.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	N/A			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?				

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - • Decide whether the strategy, policy, plan, procedure and/or serv proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	Our annual plan will be submitted presented t board on 27th March and submitted to Welsh Government on 31st March. There are no significant negative impacts on a protected characteristic groups within the plar The plan outlines a number of key actions which are designed to reduce health inequalities across our local communities. The health board continues to value the importance of engaging with the public and will continue to do so on any service change.			

The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

Protected characteristics | Equality and Human Rights Commission (equalityhumanrights.com)

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Cardiff and Vale University Health Board Annual Plan 2025/2026

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Our Integrated Annual Plan 2025/2026

Within Wales, and across the UK, we are operating within the most challenging circumstances that the NHS has faced since its inception.

The legacy of Covid and Brexit, the volatile economic environment, the impact of the cost-of-living crisis upon our people, and the increased demands upon our services all continue to contribute to the uncertain context we must plan and deliver within.

Our Cardiff and Vale University Health Board Integrated Annual Plan 2025/2026 sets out how we will navigate this challenging operating environment whilst delivering outstanding quality in a sustainable way for the people we serve through:

- **Being clear on our priorities**, and focussing on actions that will have the greatest impact for our people and our wider system
- **Being bold and brave** in our leadership and in our thinking, to tackle the complex system-wide challenges we face in new and innovative ways
- **Being transparent and realistic** about what we can achieve within our constraints.

We recognise that our organisation needs to change if we are to mobilise the level of transformation required to deliver our strategy, ***Shaping Our Future Wellbeing 2025-203*5**, and vision, to reduce health inequities and deliver outstanding services for the population we serve.

We have co-produced a set of **Strategic Shifts** to guide that change and our next steps in delivering our strategy and strategic objectives over the next three years:

- From an organisation shaped around **illness and injury** to one purposefully designed to **enable equitable health and wellbeing**
- From **variable quality of care** and experience **to utterly consistent quality and outcomes** for all
- From **analogue buildings to digitally connected people and places**
- From **firefighting today to planning for a sustainable tomorrow**

We will direct our organisational effort and resources towards delivering these strategic shifts, giving ourselves the best possible chance to deliver the biggest impact.

Underpinning our plan for 2025/2026 is our main effort, “**Brilliant Basics**”.

We recognise that we cannot achieve our ambition without the right systems, processes and infrastructure in place to enable operational efficiency. Each of our Strategic Portfolios have identified their **Brilliant Basics priorities** and associated Key Performance Indicators, the delivery of which will provide the solid foundations upon which we can build a sustainable future.

How to read our plan

Our 2025/2026 plan aligns to our Strategic Framework and delivery of our strategic objectives. The plan is organised around our six Strategic Portfolios, providing a clear line of sight from year 1 (2025/2026) through to the first 3 years of our strategy (2027/2028).

Our organisational vision and strategic objectives are infused with the goals of the Wellbeing of Future Generations Act and align to the strategic intent within A Healthier Wales. Through a relentless organisational drive toward achievement of our four strategic objectives and the underpinning priorities and milestones, we are confident that we will deliver our wider system obligations on behalf of our population.

Our quality improvement, productivity and efficiency ambitions stated throughout our plan, alongside the national Value and Sustainability themes, will form our **Quality Improvement and Efficiency Plan,** which aims to drive value, cash releasing and productivity and efficiency gains through a focus on our mission to eradicate avoidable harm.

Our Achievements 2024/2025

People and Culture

- The UHB received the Business and Partnership Award from Cardiff and Vale College for their collaborative efforts.
- HEIW provided funding to support work experience and employment opportunities for young individuals raised in care.
- A community of practice was established with Mental Health Managers undergoing operatinal workforce planning training by Skills for Health & HEIW.
- In 2024/25, many new Practice Supervisors and Assessors were trained to support nursing students.
- The 2024 Staff Survey saw a 27% participation rate, a 5% increase from the previous year, with 4607 responses.

Population Health and Places

- Safe@home phase 1: Provides older and frail people a safe alternative to admission.
- Health Improvement officer: Appointed with Cardiff Council to address health inequalities among ethnic minorities, focusing on immunisation uptake.
- Smoking cessation: New opt-out referral pathway for pregnant women and two new community clinics in deprived areas.
- Healthy Weight strategy: "Good Food and Movement" introduced across Cardiff and Vale.
- Food Cardiff: Achieved Gold Sustainable Food Places award, the first in Wales.
- Healthy weight in children: Highest proportion of reception age children who are a healthy weight in Wales (77.5%).
- Digital tool for food standards: Introduced for auditing restaurant and retail food standards.
- Health Protection Plan: First Cardiff and Vale Health Protection Plan (2024) fully signed off.

Quality and Value

- Rapid Hip Fracture Pathway: Implemented, making CAVUHB one of the best performing hip fracture units in the UK.
- eTriage Kiosks: Introduced at the Emergency Unit at the University Hospital of Wales to improve patient experience, efficiency, and support clinical triage.
- Bronze Accreditation: Awarded to four wards in the Ward Accreditation and Improvement Programme for high standards of care and data-driven improvements.
- Call 4 Concern: Launched as a patient safety initiative allowing families or patients to access the Patient at Risk Team for unrecognized or unaddressed patient deterioration concerns.

Clinical Services

- Emergency Unit: Recognised for significant improvements by HEIW.
- Rapid Assessment Treatment Zone: Introduced to reduce waiting times.
- Cancer Care: Best performing health board in Wales, despite some challenges.
- Enhanced Community Care: Reduction in delayed transfers of care compared to 2023-2024.
- Planned Care: 2,414 patients waiting over 2 years for treatment at the end of February 2025, the lowest number since July 2021.

Infrastructure

- Mortuary refurbishment complete
- Reconfiguration of Lakeside Wing to create a suitable environment for medical beds
- Interventional radiology suites upgrade
- Seibiant Sanctuary: Launched as a community-based mental health crisis facility.
- The Hangout Cardiff (Platfform): Expanded to Barry, supporting 11-18 year-olds' mental health.
- DESC project: Saved an estimated £120,000 in energy consumption over 4 months.
- Digital tools for staff: Licensed for all staff, increasing by approximately 2,500.
- Electronic test requests: saving over 20,000 hours of clinical time annually .
- PROMS platform (Promptly): New digital collection platform with over 60 services planning to onboard in 25/26.
- OpenEyes: Enabled wider rollout for all Wales UHBs.
- Shared care record: Developed with Vale of Glamorgan & Cardiff Councils, integrating health and social care data.

Future Generations

- ePMA system: Launching by the end of the year to improve medication prescribing and administration.
- Environmentally friendly 'gas and air': Pioneered as pain relief for women in labour, reducing harmful emissions.
- Decarbonisation Action Plan: Published to address environmental impact.
- QuicDNA clinical trial: Launched to study the use of liquid biopsy blood tests for earlier and faster cancer diagnosis, potentially informing future cancer treatments.

Our Population

Nearly 500,000 people live in Cardiff and the Vale of Glamorgan. Previous trends in population growth in our area had slowed, with a projected increase of 3%-4% over the next 10 years, or around 15,000-20,000 more residents expected. However, in Cardiff specifically, the population growth in the last two years has been more rapid than expected. This is mainly driven by students and young adults seeking work. The proportion of people in our area who are older is likely to continue to increase. Changes in planning, housing or migration policies all impact population growth.

Both Cardiff and the Vale contain some of the most deprived areas of Wales, alongside some of the most affluent.

Over three-quarters of adults (76%) in our area reported being in good or very good health, the highest in Wales. Nearly a third (31%) of people said they were limited by one or more long-term illnesses, though again this was the lowest rate in Wales. Life expectancy for men in our area is nearly 79 years, and for women nearly 83, both above the Wales average, though marginally below the England average.

Within Cardiff and the Vale there is a stark difference in life expectancy between people living in our least and most deprived areas. If you live in one of our least deprived areas, you can expect to live 8.3 years longer as a woman or 9.3 years longer as a man, than someone in our most deprived areas. Despite a concerted effort to reduce this gap over the past decade, the gap has actually increased. A society with large differences in health and health outcomes leaves us more exposed and less resilient to future shocks, such as another pandemic or the effects of climate change.

The number of people living with long term conditions is increasing, along with the number of people living with more than one illness. The number of new cases of type 2 diabetes in particular, is forecast to increase significantly in the coming decade. It is estimated that over a fifth of deaths in England and Wales are avoidable, due to preventable or treatable conditions, and 40% of cases of dementia could be prevented or delayed through changes to modifiable risk factors.

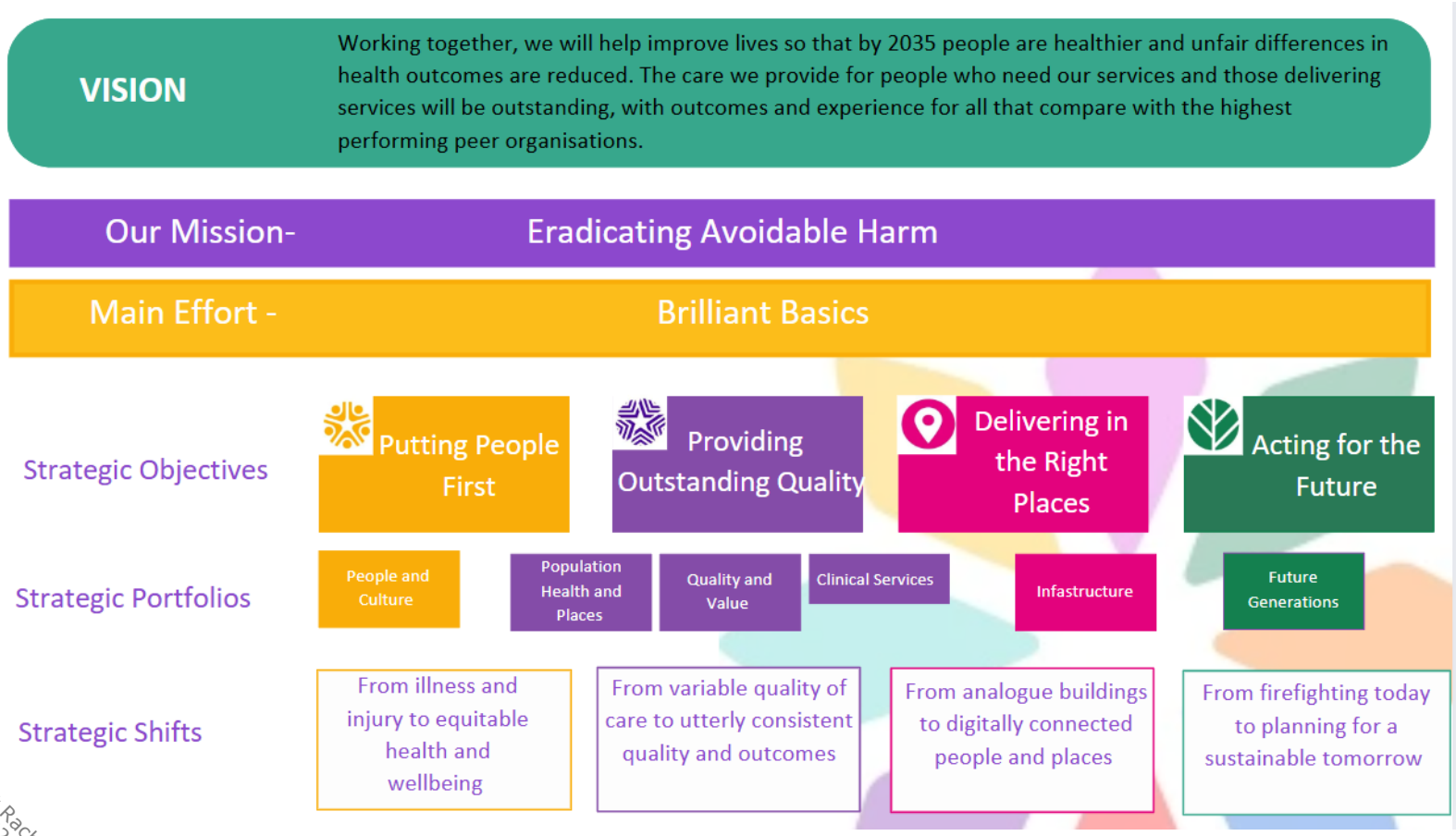
Many of our most common diseases can be prevented by adopting some key behaviours: a healthy diet; regular physical activity; low alcohol intake and not smoking. Staying up to date with vaccinations is a safe and effective way to prevent many illnesses which could otherwise be life-threatening including serious respiratory conditions and some cancers.

While sometimes changes in behaviour can be brought about through knowledge and willpower alone, in many cases health behaviours are influenced by other factors such as people's environment, education, employment status and housing. Therefore, to improve the health of our residents, we also need to tackle these wider determinants in partnership with others.

There is more detailed information on our population's health now and in the future, and our approach to improving health, in our Cardiff and Vale long-term public health plan.

Translating Strategy to Action

Our Plan on a Page 2025/2026



Shaping our Future Wellbeing Strategy: A Summary

Co-produced with our local communities, colleagues and system partners, our strategy, ***Shaping Our Future Wellbeing****,* was launched and adopted by our Board in 2023.

It provides us with a high-level description of what we want to achieve by 2035 and the strategic objectives we will focus on to get there, along with the key milestones that we will aim to achieve over five and ten years to deliver on our priorities.

Our Vision

Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced. The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experience for all that compare with the highest performing peer organisations.

Our Values

We are a values-driven organisation, and our goals will only be realised if our values are at the heart of everything we do. Created by colleagues, patients and their families and carers, our values are:

- We are kind and caring
- We are respectful
- We have trust and integrity
- We take personal responsibility

Our Mission - Eradicating Avoidable Harm

Our emerging organisational mission and purpose is to **"Eradicate Avoidable Harm".**

Avoidable harm refers to unintended or unexpected harm that could have been prevented. It occurs when incidents of harm could probably or totally have been avoided through timely intervention or adherence to evidence-based practices and governance. Essentially it is harm that could have been mitigated with better processes, guidelines or delivery.

Examples of different types of avoidable harm can be seen in the table below. This is not intended as an exhaustive list.

Type of avoidable harm	Examples
Harm to patients	Medication errors, hospital acquired infections, surgical complications, preventable disease, falls and fractures, pressure ulcers, excess waiting times, pathway variation.
Harm to our workforce	Unsafe working environments, lack of training, burnout, prolonged employee investigations, bullying and harassment.
Harm to our resources	Unnecessary tests, treatments or procedures, over-ordering of stock, inefficient staff allocation and rostering, underutilising digital systems.
Harm to future generations	Unnecessary or excess carbon emissions, excess travel, inequitable access to services, excess waste incineration.
Harm to our reputation	Negative interactions, inappropriate values and behaviours, system failures, actions that damage trust.

We believe that by focusing on eradicating avoidable harm, this will lead to better health outcomes, increased trust in the healthcare system and reduced costs. This focus also fosters a culture of continuous improvement and accountability, encouraging staff to adopt best practices and innovative solutions. Ultimately, it results in a more efficient, effective and patient-centred healthcare system, improving overall satisfaction for both patients and our staff.

Our Strategic Objectives

We have set four strategic objectives, the achievement of which will enable us to realise our vision for better health and outstanding care. These objectives are also our well-being objectives under the Wellbeing of Future Generations Act, which we review annually as part of our planning cycle.

We have mapped our objectives against the national well-being goals to ensure we contribute across them all and continue to embed the sustainable development principle (ways of working) across the organisation.

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Putting People First		We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us to great place to work, our workforce will reflect the diversity of our communities, and more people will be living healthier lives.
Providing Outstanding Quality		We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them. We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.
Delivering in the Right Places		By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to ownership of their data to enable them to manage their health and wellbeing. We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.
Acting for the Future		We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future. By 2030 we will have reduced the Health Board's carbon footprint by 34% (currently under review) and will have increased our research and clinical innovation activities.

Strategic Shifts

We recognise that our organisation needs to change if we are to mobilise the level of transformation required to deliver our strategy, ***Shaping Our Future Wellbeing 2025-2035***, and our vision, to reduce health inequities and deliver outstanding services for the population we serve.

We have co-produced a set of **Strategic Shifts** to guide that change and our next steps in delivering our strategy and strategic objectives.

These shifts will help us prioritise the choices we need to make in order to achieve our vision within an ever- challenging context.

Strategic Shift	How will deliver this
From an organisation shaped around **illness and injury** to one purposefully **designed to enable equitable health and wellbeing**	• We will establish ourselves as an **Integrated Community Care System,** placing more emphasis on neighbourhood community care and keeping people well • We will create a culture and mindset that supports these shifts - including evidencing the value for our population • Our financial strategy will create resource to invest in prevention and community care, increasing the share of resource for preventative and community services year on year • We will introduce a currency that measures this shift in resource (people and money) • Our organisational redesign will focus on releasing resource and creating incentives to deliver these shifts
From **variable quality of care** and experience **to utterly consistent quality and outcomes** for all	• We must develop the culture, processes, capacity and capability to embed our Quality Management System across the organisation. This needs to fully engage our frontline teams in quality improvement, research and innovation, equity, assurance and continuous learning.
From **analogue buildings to digitally connected people and places**	• We must deliver our digital roadmap; ensuring engagement and ownership, securing investment, securing our basic digital foundations and developing our team to use data to drive decision making and empowering citizens and patients
From **firefighting today to planning for a sustainable tomorrow**	• We will deliver Brilliant Basics, minimising harm, duplication, waste and variation, creating space to design and develop our organisation so that it supports and delivers our strategy and key strategic shifts

Strategic Portfolios

During 2025/2026, we will launch six Strategic Portfolios to drive delivery of our strategic shifts.

Scoping work began in 2024/2025 to define the portfolios, working on the principle that the portfolios will be the central way we organise our existing leadership resource and programmes to deliver the change required to achieve our vision. As a first step, we reorganised our committee structure during 2024/2025 to align with our strategic objectives.

Each portfolio has a primary alignment to a Strategic Objective, albeit all portfolios are interdependent and contribute across the strategic objectives.

Our plan is organised around these portfolios, providing a clear line of sight from year 1 (2025/2026) through to 2027/2028 (our first 3 years of the strategy).

Brilliant basics

People and Culture

- Improve Wellbeing and Availability to Work
- Management and Leadership Development
- Build workforce planning expertise

Population Health and Places

- Improve public health communications and messaging to the public
- Focus on priorities that deliver reduced health inequities: Vaccination, smoking, diabetes and obesity
- Shift Spend to Best Value Health Buys - expand 'Help Me Quit' Services
- Develop blueprint, governance and commissioning arrangements for our Integrated Community Care System (ICCS)
- Deliver Enhanced Community Care Improvement Plan (phase 1 ICCS)- building more community capacity
- Enhance the role of the Pan Cluster Planning Group in the planning and delivery of our ICC

Quality and Value

- Build a Quality Management System
- Deliver cross system improvement programmes for each quality challenge

* healthcare acquired infections
* lost to follow up
*acute deterioration

- Drive Health Informatics and Data Driven Decision Making
- Build Capacity and Capability
- Embed a Value Based Systems and Culture

Clinical Services

- Transition care to Community Settings- to include redesign of mental health model
- Improve continuity of care in secondary care -to include delivery of 6 Goals for Urgent and Emergency Care Programme
- Increase productivity and efficiency to reduce waiting times across care pathways -to include delivery of Planned Care Programme

Infrastructure

- Develop standard business intelligence dashboards to meet service needs
- Complete Digital Foundations Programme
- Deliver a sustainable clinical coding plan
- Translate the estates condition survey into a plan for sustaining service delivery
- Continue the estates capacity review with a focus on decongesting the UHW site
-

Future Generations

- Fully establish Joint Academic Health Science partnership
- Incorporate R+D, education and innovation into job plans and appraisal
- Expand external funding and identify opportunities to align research with health board priorities
- Empower staff to make day to day changes to improve our sustainability
- Develop a climate change adaption plan
- Drive and embed the strategic equality plan
- Build recruitment opportunities for our local communities

We recognise that we cannot achieve our ambition without the right systems, processes and infrastructure in place to enable operational efficiency. Each Strategic Portfolio has identified Brilliant Basic priorities and associated Key Performance Indicators, delivery of which will provide the solid foundations upon which we can build a sustainable future.

A summary of the priorities is set out in the diagram below. The following chapters outline each portfolio plan for 2025/2026 in more detail.

Alignment with National and Ministerial Priorities

Alignment to the National Plan

Health organisations across Wales have come together over the last few months to consider the challenges facing the NHS in Wales and how we can collectively address these over the coming years. The aim is to build a service delivery blueprint which will describe **what the NHS in Wales will look like in 10 years' time**, and which will deliver improvements in health outcomes and performance and reduce inequalities. This will be a collaborative effort, bringing together the thinking from within NHS organisations in Wales and utilising external expertise and international insights, and will support and enhance the Welsh Government's work on a National Plan.

This will be a blueprint that describes an integrated primary and community care system focused on prevention and early intervention, a future model for hospitals, technology enabled care and a future-focussed and enabled workforce. It will also set out a plan for how these changes will be delivered.

As this national work develops, Cardiff and Vale University Health Board will commit to aligning the thinking into our plans for service change and improvement, working with our partners, through the Regional Partnership Board, to deliver the ambitions for Cardiff and Vale's Integrated Community Care System.

Alignment to Cabinet Secretary Priorities, Delivery Expectations and Enabling Actions

The Cabinet Secretary Priorities and Delivery Expectations as set out in the NHS Wales Planning Framework are embedded within our plan, through our Strategic Portfolios.

A more detailed outline of our plans against each of the Cabinet Secretary Strategic Priorities has been submitted to Welsh Government alongside our narrative plan via the mandated technical templates.

Our commitments towards the Delivery Expectations within the Planning Framework are set out in **orange** under the relevant section of this plan document.

In addition, we have undertaken an assessment against the 35 enabling actions set out in the Planning Framework. This detailed assessment has been submitted to Welsh Government alongside this narrative plan.

Where we have been able to quantify the opportunity against an action, we have done so and incorporated into our Quality Improvement and Efficiency Plan. Where we are unable to easily adopt, we have set out the rationale and will continue to explore the opportunity.

We will monitor progress through Clinical Boards, our relevant programmes (Urgent and Emergency Care, Planned Care, Value), through our Senior Leadership Board and our Finance and Performance Committee.

A summary of the position is below:

Action	Adopt or Justify	What quantifiable gains will this yield?
Operational Productivity – Planned Care		
Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including See On Symptoms (SOS) and Patient Initiated Follow Up (PIFU) by default.	Adopt	Up to 50,000 slots could be redirected from face to face to SOS/PIFU. Potential gains and scale of reutilisation of this capacity at speciality level will be developed through 2025/2026.
All new Cataract referrals direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	Adopt	Capacity released to be quantified.
When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Adopt	Up to 36,000 patient appointments (across all specialities not just RTT). The majority of RTT are already accounted for in the demand and capacity analysis as being achieved.
Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Adopt	As above
90% of days planned care capacity should be protected from unscheduled care pressures and outlying patients by the end of Q1.	Adopt	No gain
Ensure effective utilisation of theatre capacity through: - Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	Adopt	Considering the specialities where the available utilisation improvement is the equivalent to the average case length, an increase of 6% in theatre time utilisation would provide capacity for up to 674 patients. Q1 will be used to understand the true opportunity, in the context of our plans for Surgical Hub. These gains are likely to be double counted with other enabling action measures.
Anthroplasty 90% compliance with GiRFT standard of 4 primary joints/day, 2 by end of quarter 2;	Adopt	Mathematically achieving 4 cases as per GIRFT recommendation could enable a further 720 cases over 42 weeks. However, this is unlikely to be operationally deliverable and needs to be considered in conjunction with overall theatre utilisation to derive an operationally meaningful assessment. This work is underway.
Cataract 90% of lists to have 7 Cataracts per list by end of Q2	Adopt	Expected gain of 608 operations (304 sessions with 2 additional booked per session)

Action	Adopt or Justify	What quantifiable gains will this yield?
90% of the time achieve at least 6 High Volume Low Complexity general surgery procedures on an all-day list made up of hernia or gallbladders by end of Q2.	Justify	We do not currently collect this information or schedule theatres this way. We are currently working to recode High Volume Low Complexity lists within Theatreman in order to disaggregate the baseline data
Deliver improvements in day surgery rates, with an expectation to achieving a BACDS daycase rate of 70% from April 2025, moving to 80% by the end of June 2025	Adopt	Estimated gain of 564 patients through Surgical Hub at Llandough. Further work is required on the approach to this. These gains are likely to be double counted with other enabling action measures.
Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	Adopt	Clerical validation of waiting lists is undertaken each month from Outpatient to Treatment stages by a central validation team which covers duplicate referrals, communication with patients about their waiting list and finalising outcomes for appointments. Long waiting patients for outpatients currently are contacted between 90-104 weeks wait via text message, phone and letter. The ambition is to drive this down during 2025-26 financial year to under 52 weeks wait. Patients at treatment stage will likely be approaching or in excess of 104 weeks wait and are contacted via Phone/ Letter. 1,402 patients (1257 x 104-week breach cohort for 2024-25) have been removed the new outpatient waiting list through central validation between August – December 2024 and 283 patients from treatment waiting lists. Local validation would also have taken place outside of this most noticeably through Endoscopy, Pre-Assessment and Dental Care. Specialities undertake clinical validation at different frequencies.
Operational Productivity and Efficiency - Urgent and Emergency Care		
Implementation of community falls response- 6 goals	Adopt	The falls response programme is transitioning to 6-goals. An outline of our plans will be developed in Q1.
Implementation of the remote clinical assessment services framework - 6 Goals	Adopt	Further work to be undertaken in Q1. 47% of the incidents from care homes were conveyed to hospital in January 2025 (better than the standard of 50%).
Implementation of the acute frailty model at the front door (6 goals)	Adopt	Reduction in 12-hour ED waits Contribution to reducing medicine length of stay (1.8 day reduction) Contribution to improved medicine bed occupancy (110% to 98%)

Action	Adopt or Justify	What quantifiable gains will this yield?
		Reduction in admission rates from Emergency Department (TBC)
Implementation of the Welsh Health Circular - Ambulance Handover Guidance - 6 Goals	Adopt	> 1-hour handovers = average <370 per month
Implement the Optimum Hospital Flow Framework	Adopt	Contribution to reducing medicine length of stay (1.8-day reduction) Contribution to improved medicine bed occupancy (110% to 98%) Improve discharge rate before mid-day from 23% to 33%
Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource	Adopt	Contribution to reducing medicine length of stay (1.8-day reduction) Contribution to improved medicine bed occupancy (110% to 98%)
Improving Value, Optimising Outcomes and Minimising Variation		
Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	Adopt	All tumour sites are undertaking an exercise in measuring compliance against the national optimal pathways in Q4 and this is due to be presented to the local cancer summit on the 26th of March. This exercise will demonstrate clear deviations from the national optimal pathway and allow us to focus on key areas of improvement in Q1. This exercise is being supported by refreshed demand and capacity to maintain a consistent level of activity to meet demand.
Ensuring full compliance with straight to test guidance	Adopt	We will work through potential gains from breast one-stop proposal and quantify gains if deemed deliverable.
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	Adopt	The data and informatics self-assessment being completed. A Diabetes Strategic Programme Board was established as of Q3 24/25 and will support the delivery of the required actions from this work. Capability/capacity and timeline to complete the work will be further developed when the self-assessment has been completed and we have established our baseline in terms of data available etc.
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Adopt	This work will form part of the MSK working group within the planned care programme. The metrics required are available for collection via DHCW from the Health Board. There is however a challenge with data entry due to admin resource limitations, therefore a risk to data quality and accuracy for CAV. Detailed analysis of our opportunities will be undertaken in Q1 25/26
Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	Adopt	This work will form part of the Musculoskeletal working group within the planned care programme. Cardiff and Vale consultant surgeons are leading this work nationally. The metrics required are available for collection via Digital Health Care Wales from the

Action	Adopt or Justify	What quantifiable gains will this yield?
		Health Board aside from partial availability of Patient Reported Outcome Measures. Detailed analysis of our opportunities will be undertaken in Q1 25/26
Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	Adopt	Cardiff and Vale Health Board procured Badgernet Maternity System in June 2024. Staffing training commences February 2025 with a planned go live date of April 2025
Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	Adopt	We are engaged with the Digital Services for Patients and Public Programme (DSPP) with consistent representation at DSPP Programme Board. Implementation of the DSPP roadmap of prioritised deliverables is under way across Primary Care in support of repeat prescriptions. Kainos (the contracted vendor driving digital solutions for DSPP) is actively liaising with relevant CAV services for forthcoming planned roadmap items.
Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	Justify	Some legacy systems will remain. The list of these is well recorded and an update routinely provided to our Digital Committee. The UHB continues to work through upgrading/decommissioning legacy server Operating System. Endpoint Windows 11 is currently being deployed replacing Windows 10. The UHB still manages a limited number of Windows 7 devices to support legacy software. The risk of legacy hardware/software is well recorded and an update routinely provided to our Digital Committee.
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	Adopt	Recently obtained information regarding the 8 priority procedures. Clarification regarding OPCS/procedure codes to report and monitor and if evidence reviews are required before reporting should commence. 2/8 are live on the CAVUHB INNU list and can be reported against.
Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	Adopt	INNU numbers are high but it is not currently known if the procedures are done as they comply with the exception criteria in the policy. INNU report is being updated as per revised national codes. Increasing number of INNUS from 39 to approx. 80. All INNUs to go through review board before listing for surgery. Plan to roll this process out by the end of Q1.
Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme)	Adopt	Community HealthPathways ongoing (flagship health board) however challenges to swiftly onboard pathways/update pathways is limiting effectiveness since the move to National collaboration. Hospital HealthPathways is progressing with 70+ pathways live-

Action	Adopt or Justify	What quantifiable gains will this yield?
across all Health Boards with the rapid adoption of the 282 pathways within the programme		challenges with pace of writing/scrutiny /go live - multifactorial and due complexity of pathways in 2ndary/tertiary care settings.
Workforce productivity		
Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	Adopt	Reducing the reliance on temporary workforce will deliver in the region of £4m in 25/26, supported by effective deployment of the workforce through e-rostering.
Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	Adopt	The proportion of the pay bill attributable to agency will be <0.5%.
Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025	Adopt	As above.
Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	Adopt	>90% agreed job plans will allow the UHB to assess clinical demand and required capacity with defined productivity.
Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels	Adopt	Reducing cumulative sickness to <5.5%, will support the reduction of variable pay and agency. It will have a positive impact on staff wellbeing and patient care.
Maximising Value for Money		
Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Adopt	£5m programme of cash releasing and productivity & efficiency gains
Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering	Adopt	£4m programme of cash releasing and productivity & efficiency gains

Action	Adopt or Justify	What quantifiable gains will this yield?
opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)		
CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis	Adopt	£3m programme of cash releasing and productivity & efficiency gains
Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	Adopt	TBC

Delivering Our Plan

This section describes how we will orientate our resources to deliver the transformation required within our plan.

Strategic Commissioning

We intend to build upon our strategic commissioning approach within the organisation, as the main process for understanding, planning and delivering better health and wellbeing outcomes.

In 2025/2026 we will:

- Co-produce a set of commissioning intentions that will drive an outcomes-focussed planning process
- Integrate Strategic Planning and Commissioning and apply a consistent approach for developing long term plans and service specifications
- Embed core Strategic Planning and Commissioning expertise effectively within clinical boards and corporate teams

Effectively Deploying our Change Resources

In future years, the Quality Management System (QMS), developed through the Shaping our Future Quality Excellence programme, will prioritise change resources and support the delivery of our plan.

Delivery of our 2025/2026 plan will act as a test bed for the QMS development utilising a four-step approach:

1. **Intelligence-based decisions on where change resources should be deployed**
   We have a wealth of change expertise across a number of teams: Shaping Change, Innovation, Research, Value, People and Culture, Strategic Planning and Operations. This resource is limited and there is a need to prioritise and schedule the work to ensure maximum benefit.

2. **Most suitable change approach(s) to deliver priorities determined**
   Different priorities will require different change approaches and methodologies. These may include innovation, research, quality improvement, organisational development, value, spread & scale, programme and project management, operational management.

3. **Deploy change resource according to plan**
   Expert resource may be required in the short-term but for change to be sustained, local capacity will be developed through capability building activities such as training, mentoring and the provision of single structured approaches and systems.

4. **Tracking outcomes and organisational learning**
   Tracking and visualising outcomes and evaluation will provide assurance to the organisation that problems are being solved and change resources are having the desired impact. Organisational learning will support the delivery of quality milestones, accelerate the spread of best practice in CVUHB and beyond, and further develop a culture for quality.

Working in Partnership

We cannot achieve our ambitions alone; we are part of a system, and we know that success depends on each partner working together around clear and common goals for the populations we serve.

Now more than ever, we commit to working in partnership with our health boards, local authorities, third sector, education and industry partners to optimise opportunities for collaborative planning, working and integrated delivery.

Organisation	Interdependencies
Partners	
C3SC and GVS	By working together the voluntary sector and the Health Board can provide a more holistic and accessible approach to healthcare. They work together on health promotion, community-based care, social prescribing, volunteering, and addressing health inequalities.
Cardiff University, Cardiff Met and University of South Wales.	Areas of partnership include medical education, research, clinical trials and healthcare innovation. This includes student placements for the School of Medicine as well as nursing, midwifery, AHP and dentistry training.
Digital Health Care Wales	Delivering digital transformation, digital infrastructure and systems (including national system) data management and IT services
Emergency Services	WAST, South Wales Police, South Wales Fire and Rescue Service and the Health Board work together as part of a coordinated response during emergencies. During large-scale emergencies, there is a joint command structure to ensure a coordinated approach.
Health and Care Research Wales	This partnership with Health and Care Research Wales promotes research and innovation, allowing clinical research to be integrated into a practical setting, leading to improvements in patient care and public health outcomes across the region.
Health Education and Inspectorate Wales	Close collaboration between Health Boards and HEIW is required to ensure that we have the right number of staff with the right skills to meet future healthcare demands
Joint Commissioning Committee	The JCC plays a significant role in the commissioning of specialised and tertiary healthcare services; the interdependencies between JCC and our organisation is crucial for ensuring that patients receive appropriate care, particularly for services that require regional or national collaboration
LATCH	The partnership between Latch and the Health Board enhances the experience of children and their families in Noah's Ark Children's Hospital, providing family accommodation, raising funds for hospital services and therapeutic play, and offering emotional and practical support.
Llais	The patient feedback gathered by Llais helps to shape services, informs decision-making and influence service improvements.
Local Authorities	Our relationship with the local authorities is deeply interwoven, particularly in the areas where health and social care intersect. By collaborating effectively, we can deliver integrated services that improve outcomes, reduce inequalities and provide person centred care in our communities
Local Health Board Partners	There is collaboration our Health Boards, particularly as a South East Region and with Swansea Bay University Health Board to coordinate patient care when services cross regional boundaries and to identify opportunities where regional working will benefits patient outcomes and drive efficiency and value.
Natural Resource Wales	In the event of flooding, water contamination or environmental hazards there is a coordinated approach between Natural Resource Wales and the Health Board to manage the health risks.
Noah's Ark Children's Hospital Charity	The Noah's Ark Children's Hospital Charity raises funds to ensure the Children's Hospital is a more welcoming and friendly environment for children, with improved facilities and services, and overall provides patients with a better experience in hospital.
Primary Care Providers	Primary care providers, including GPs, opticians, community pharmacists, and dentists, are key partners providing accessible and high-quality healthcare for the local community. The Health Board and primary care providers work together on preventative care, managing chronic conditions, and reducing pressure on hospitals.

Organisation	Interdependencies
Public Health Wales	The close working relationship is focused around improving health outcomes across Cardiff and the Vale of Glamorgan from infectious disease control, vaccination and screening programmes, health promotion and prevention campaigns.
Shared Services	Delivery of essential support functions that enable frontline services to operate effectively and critical to ensuring seamless operations including the securing of cost-effective contracts and essential supplies, payroll and workforce services, legal services, facilities and estates management, finance and audit services
St John's Ambulance	The first aid charity supports the work of the Health Board by treating injuries at major events and ensuring a wider proportion of the population are trained to give CPR and first aid in situ.
Unions (BMA, RCN, Unison, Unite, GMB)	The Health Boards works with each union to uphold fair employment practices, staff wellbeing, and health and safety measures. In instances of industrial action, there is collaboration to work through local requirements.
Velindre University Health Board	Work closely together to provide specialist cancer services and palliative care across South East Wales. There is also close collaboration on research and clinical trials.
Wales Air Ambulance	The teamwork between the Air Ambulance and the Health Board enables patients in critical conditions to receive specialised care at the scene and the quickest travel to hospital for ongoing treatment particularly around trauma, neurology and cardiac care.
Welsh Ambulance Service Trust	There are close dependencies with the treatment of patients needing emergency care, critical-care transfers and non-emergency transportation. There is also a strategic relationship in developing alternative pathways to reduce EU visits and major incident planning.
Stakeholders	
Environment Agency	The Health Board works with the Environment Agency to ensure its own facilities and healthcare services comply with environmental regulations. In the event of an environmental emergency—such as a chemical spill, flooding, or an industrial accident—the Environment Agency and Health Board provide a coordinated response.
Healthcare Inspectorate Wales	HIW inspects and monitors CAVUHB's healthcare services, providing feedback and recommendations for improvement. This relationship helps ensure that CAVUHB maintains high-quality, patient-centered care, remains compliant with regulations, and continuously works toward improving the health and well-being of the population it serves.
NHS Wales Executive	The NHS Executive in Wales provides strategic direction, financial governance and policy guidance.
Welsh Government	Welsh Government sets the overall health strategy, provides financial resources, and monitors health board performance, while the Health Board is responsible for implementing policies, providing direct healthcare services, and meeting local health needs.
Welsh Language Commissioner	The Welsh Language Commissioner works with the Health Board to promote the use of the Welsh language in health services. The Commissioner ensures compliance with Welsh Language Standards, and promotes equality for Welsh-speakers in health care messaging and service provision.

Co-production, Engagement and Consultation

Ensuring that we are designing and delivering services in partnership with our people is essential.

Approved in November 2023, we have a dedicated “Co-production, Engagement and Consultation” framework and toolkit. These have been created to provide a consistent approach to how we engage with the public, our patients and partners across Cardiff and the Vale of Glamorgan and across South Wales where this is appropriate.

This will ensure that we have a standardised, effective and meaningful approach, based around ten key principles:

- The activity is designed to make a difference
- Invite and encourage involvement without pressure
- Activity is planned and delivered in a timely and appropriate way
- Utilise partnerships
- Keep information clear and easy to understand
- Make it easy for people to take part
- Ensure people benefit from the experience
- Resource the activity properly
- Keep people informed
- Evaluate, learn and share

Service change will be appropriately co-produced and engaged upon throughout this plan period, in line with this framework.

Shaping Our Future People and Culture

Portfolio Summary:

This portfolio will coordinate the delivery of our People and Culture Plan.

The People and Culture Plan 2022-25 is now in its final year, and it is pleasing to see how well it has been embedded into the Health Board. Clinical/Service Boards have demonstrated how we are delivering against our strategic objective of 'Putting People First'.

For 2025/2026, our emphasis will be on getting the Brilliant Basics right, ensuring a strong foundation of employee wellbeing and availability to work, management and leadership, workforce planning, and diversity & inclusion. One of the key priorities for 'Putting People First' is that people will feel valued, developed, supported and engaged. Over recent years there has been an increasing body of research which demonstrates that employee engagement is linked to a variety of individual and organisational outcome measures, including staff absenteeism, turnover, patient satisfaction, mortality rates, and safety measures. We will focus on ensuring that our workforce feels supported, engaged, and well-equipped to deliver high-quality care to support organisational recovery and enable the necessary changes and improvements this year and beyond. As an anchor institution, we will continue to implement strategies to ensure that our workforce is representative of our local community by widening access to employment opportunities, particularly to those living in areas of deprivation and high unemployment within Cardiff and the Vale.

This portfolio contributes to the following Strategic Priorities within our Strategy:

- People will feel valued, developed, supported and engaged and we will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.

This portfolio contributes to the following Strategic Milestones (2027) within our Strategy:

- The National Staff Survey will show an improved engagement score with more staff taking part in the survey and other engagement activities.
  - We will achieve a workforce engagement score of 4.0 (National index-highest score 5).
  - 50% of our colleagues will take part in the National staff survey.
  - Key workforce indicators as highlighted in the People and Culture plan will be met e.g.

- Turnover rate < 10%,
- Value-based appraisals > 75% with an aim of 85%
- Sickness < 6%

The Health Board's equality, diversity and strategic equality plans will ensure our workforce profile becomes more representative of the demographic profile of the Cardiff and the Vale population.

As part of our commitment to the Welsh language, we aim to have 85% of our workforce registered their Welsh language skills by the end of 2025/2026. Our target is for 32.5% of staff to possess Welsh language skills at levels 1-5, with a goal for 50% of our staff to achieve at least Level 1 by 2026/2027. Additionally, we plan for 50% of all Health Board vacancies to include a completed Welsh Language Skills Assessment.

The actions we will take in Year 1-2025/2026: Foundational priorities

Priority	Action we will take
Improving Wellbeing and Availability of staff	Recovery often requires extra effort and resilience from our workforce. Our focus on well-being ensures colleagues are supported during demanding times. In 2025/2026, we will: • Take targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing • Reduce sickness absence to < 5.5% • Focus on reducing long-term sickness, supporting staff experiencing stress, anxiety, and depression, and enhancing workplace safety to lower the number of workplace accidents • Our Occupational Health and Employee Wellbeing service will be enhanced to reduce waiting times and explore the possibility to incorporate primary care support for staff • Use sickness absence data to identify areas that require additional support through a multi-disciplinary approach with areas such as application of the policy, management of cases and expert advice

	• Staff experience will be assessed through regular pulse surveys and feedback mechanisms to ensure a compassionate and proactive approach to wellbeing
Management and Leadership Development	Effective management and leadership capability are critical in these challenging times. We will equip our managers and leaders with the skills and tools they need to effectively support their teams and embed a positive culture, starting with getting the basics right. In 2025/2026, we will: • Standardise people practices ensuring consistency in HR and management approach across the organisation • Expand leadership training programs at all levels, including digital literacy • Foster an inclusive leadership culture that empowers staff • Implement mentoring and coaching schemes to support career growth
Building Workforce Planning Expertise	To build a sustainable workforce, we will ensure that senior leaders are trained in basic workforce planning principles, enabling strategic decision-making across all departments. We will: • Develop data-driven workforce models for better resource allocation • Strengthen partnerships with educational institutions to expand talent pipelines • Improve forecasting to anticipate workforce demands • Develop plans to embed new roles and ensure that educational commissioning supports long-term workforce sustainability • Develop workforce plans for all areas, aligned to service needs and ensuring affordability

We will measure our success through the KPI's outlined below. Additionally, we will triangulate workforce data with other key organisational metrics, ensuring alignment with quality & safety outcomes, vaccination rates, and overall workforce resilience.

Priority	Overall Target	Q1	Q2	Q3	Q4
Sickness Absence	<5.5% cumulative	6%	5.8%	5.6%	5.5%
Engagement Score	Increase from 72% to 74%	72%	-	-	74%
Turnover	<9%	9%	<9%	<9%	<9%
Job Planning	>90%	70%	75%	80%	90%
Values Based Appraisal (VBA)	85%	80%	82%	84%	85%
Medical Appraisal	85%	85%	85%	85%	85%
Statutory & Mandatory Training	85%	82%	84%	85%	85%
Monthly agency spend as a % of total pay bill	Reduction	0.41%	0.38%	0.35%	0.3%
Monthly variable pay as a % of total pay bill	Reduction	7.60%	7%	6.5%	6%
Welsh Language Skills Registration	85%	58.75%	67.5%	76.25%	85%
Welsh Language Skills Ability (Level 1-5)	32.5 %	20%	25%	30%	32.5%
Welsh Language Skills Assessments	50%	10%	20%	35%	50%

Our Enablers

Collaboration is key to achieving our strategic objectives. We will work in partnership with our staff and trade unions to foster a positive, supportive, and fair working environment. Strengthening relationships with our workforce representatives will ensure that staff voices are heard. We will also continue to engage with local, regional, and national partners to align workforce strategies with broader health and social care needs, ensuring a joined-up approach that benefits both our employees and the communities we serve.

As one of the largest local employers, we are committed to ensuring that our efforts to attract staff to work within our organisation are targeted to those groups within the local community who may face barriers to employment.

- As an anchor institution, we fully embraces our responsibility to widening access, by being an inclusive employer, paying people the real living wage and creating opportunities for local communities to develop skills and access jobs especially to those experiencing inequalities. Our objectives of widening access are:
- **Increase Participation:** Attract more young people to NHS careers by promoting the vast range of opportunities and benefits available.

- **Improve Representation:** Support individuals from low-income families, people with learning and physical disabilities and others facing employment barriers.
- **Enhance Community Impact:** Build a workforce that reflects our community's diversity to improve service delivery and outcomes.

We are committed to building a workforce that reflects the diverse communities we serve. In 2025/2026, we will implement and monitor the LGBTQ+ Action Plan, advance the Workforce Race Equality Standards (WRES), and deliver on our Strategic Equality Plan, embedding equity across recruitment, career progression, and workforce policies. We will continue to strengthen our Welsh Language commitments to ensure accessibility and cultural competence in service delivery and patient experience.

We will also embrace and develop systems that support the Health Board in its drive to improve efficiency and effectiveness. This will include the procurement and implementation of a unified e-rostering system for the Medical & Dental workforce, moving the Managed Medical Bank in-house and continuing to implement e-rostering to new clinical areas to optimize workforce deployment. We will also ensure that we have effective medical job planning that is reviewed annually.

Our Workforce Plan 2025/2026

Our Plan for 25/26 focuses on building a workforce that is affordable and sustainable, while ensuring minimal impact on patient care and staff wellbeing. As of February 2025, we employed 15,489WTE.

a) Continuing to reduce our over reliance on temporary workforce (agency, overtime & bank) ~£5.5m, this be achieved through:

- Reducing sickness absence and improving availability of staff
- Implementing and embedding effective rostering principles across the clinical workforce.
- A multi-professional workforce Hub (previously PMO) will ensure that robust scrutiny is applied to requests for agency, bank and overtime and support the continued improvement.
- Improving annual job planning for medical workforce.
- Procuring and implementing a unified e-rostering system for our medical workforce.

b) Workforce Reduction Plan to deliver ~£5.5m in year through:

- Service reconfiguration – consolidate/streamline under-utilised services, e.g. CAV247, Mass Immunisations, Critical Care advance teams.

- Digital transformation – increased use of Artificial Intelligence and automated systems to reduce administrative workload.
- Utilising monthly natural attrition – don't replace following retirement, resignation, etc (hold vacancies).
- Voluntary Early Release Scheme (VERS).
- Organisation Redesign, to include Corporate and Clinical Board structures.

During 2026/2027 we will: Continue to build on the foundational priorities, with a year 2 focus on retention, digital transformation and integrated workforce models.

Retention and Career Progression

- Introduce clear career pathways with structured progression opportunities;
- Expand mentorship programs to support junior staff and prevent burnout;
- Offer flexible career options and mid-career development programs.

Digital and Technological Workforce Readiness

- Enhance digital literacy across all roles, including frontline and administrative staff;
- Upskill people to effectively use automation, and electronic patient records;
- Implement training programs to prepare staff for evolving healthcare technologies.

- **Integrated Workforce Models**

a. Strengthen collaboration across primary, secondary, and social care;
b. Expand multidisciplinary teams to reduce reliance on specific workforce groups;
c. Foster workforce mobility across the organisation to optimise staffing.

In 2027/28 we will focus on ensuring long-term sustainability. The third year will focus on embedding long-term workforce resilience and adaptability.

Workforce Sustainability and Future proofing

- Enhance workforce analytics to improve planning and forecasting;
- Address demographic shifts, due to the decrease in supply, with targeted recruitment strategies;
- Promote workforce diversity and inclusion to reflect patient needs.

Embedding a Culture of Continuous Learning

- Strengthen access to learning, education, and professional development programmes;
- Create a culture of learning that encourages innovation;
- Implement cross-sector training opportunities to support career flexibility.

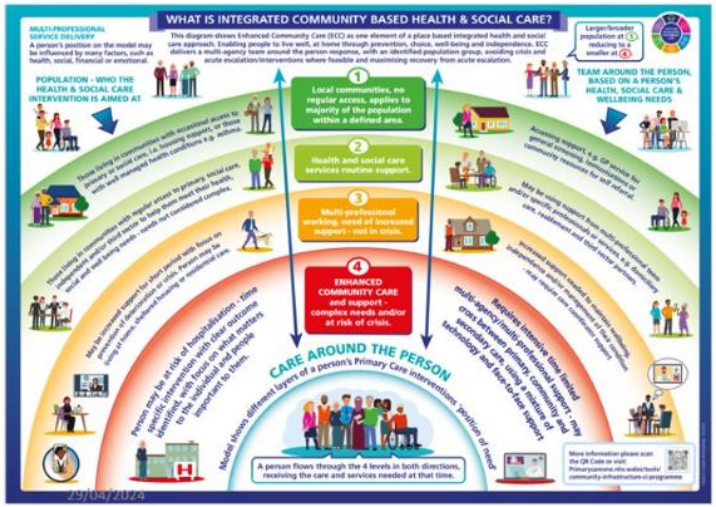
Agility and Adaptability in Workforce Deployment

- Develop flexible staffing models to respond to seasonal and crisis-related pressures;
- Explore new staffing structures, such as rotational roles and community-based care models;
- Leverage workforce insights to enable agile decision-making.

The three-year phased approach will enable the organisation to build a workforce that is resilient, adaptable, and capable of meeting future healthcare demands. Investing in staff wellbeing, leadership, technology, and sustainability will ensure the health board continues to provide high-quality care for all.

Shaping Our Future Population Health and Places

Strategic Portfolio Summary:



This portfolio aims to improve population health, through embedding a population needs and place-based planning approach within the organisation and across our partnerships. This approach will ensure that we are delivering integrated models of care and associated pathways that will improve health and wellbeing outcomes for our communities, aligned to the priorities set out in the Cardiff and Vale Long-term Public Health Plan.

We will accelerate the pace in which the Primary Care Model for Wales is delivered, by strengthening and growing community, primary and prevention services at home and in communities. Our ambition is to become an ***Integrated Community Care System*** (ICCS) with our partners in local government and the third sector. People's health and wellbeing and experience of our services will be optimized through earlier, proactive, coordinated planning and delivery. This aligns with and supports the delivery of the commitments in the RPBs Joint Area Plan 2023-28.

Our work on becoming an ICCS, and delivering the first phase of Enhanced Community Care, is crucial in achieving better outcomes for patients by meeting their needs earlier and in a more proactive way in community settings wherever possible. This will help us to better manage demand across the whole system, enabling us to improve efficiency and workforce productivity and use the skills of our staff to best effect.

We will enhance and foster the development of our Pan Cluster Planning Group, linking diverse and interconnected needs, assessment and plans from across the system, identifying and prioritising areas of collaboration and identifying where joint working can be strengthened and delivery better outcomes for people.

This portfolio contributes to the following Strategic Priorities within our Strategy:

- Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health.

- Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities.

This portfolio contributes to the following Strategic Milestones (2027) within our Strategy:

- Life expectancy for men will rise to 79.6 years, and for women to 84 years and by 2035 this will rise to 80.5 years for men and 85 years for women

- The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women

- We will see a reduction in inequity identified in a number of indicators across healthy behaviours, access to clinical services and health outcomes

The actions we will take in Year 1-2025/2026:

Priority	Action we will take
Shaping Our Future Population Health	
Reducing inequalities: Focus on priorities that deliver reduced health inequities	
Vaccination	• Extend collaborations with schools to include immunity as one of the 'health and safety' priorities and support school nursing to deliver multiple vaccines as an opportunistic catch-up campaign. • Shift to an outreach model of delivery for vaccination programmes using mobile services and community venues to reach low uptake populations and reduce health inequalities.
Obesity – whole system approach and diabetes	• Implement year 2 of the Good Food and Movement Implementation Plan at pace and scale, and further develop actions for the subsequent 2 years. • Complete health needs assessment for diabetes. • Facilitate a review of the whole pathway for diabetes for the organisation including prevention (project 1). • Work with partners to develop a 'dashboard' for Diabetes to show progress against indicators (project 2).
Tobacco – whole system approach	• Use Whole System Approach to develop support from partners. • Review and implement options for digital offer for smoking. • Explore all opportunities for free or low-cost advertising of 'Help Me Quit' with partners and internally to maximise triggers for change including increasing advertising on the UHW site.
Health protection	• Agree regional and organisational pandemic response plan/approach.
Shift spend to best value health buys: Expand 'Help Me Quit' services	
Tobacco - expand Help Me Quit services	• Identify additional internal capacity to support Help Me Quit (HMQ) delivery, exploring options with Clinical Boards. • Increase capacity for the Help Me Quit service in the community.

	• Increase referrals to the smoking cessation service from primary and secondary care settings.
Effective communication: Improving public health communications and messaging	
Making Every Contact Count	• Agree clear public health messages for three priority areas that can be used by every member of staff. • Embed the 'Making Every Contact Counts' initiative into induction and explore adding as mandatory training for all staff groups.
Shaping Our Future Places	

Development of Integrated Community Care System (ICCS) blueprint and case for change	• Describe our Integrated Model of Care with our partners (Q2).
	• Begin scoping of enabling plans (Q4)
	  • health economic case for change and financial strategy
	  • impact metrics
	  • workforce and OD
	  • identification of digital solutions to enable integrated service delivery

Delivery of phase 1 of the Integrated Community Care System	• Design target operating model for phase 1- Enhanced Community Care (ECC) (Q2).
	• ECC Scope: Primary Care Intermediate Care clinical board, Allied Health Professionals, Mental Health clinical board, Learning Disabilities, diagnostic capacity, community infrastructure
	  ○ Community hospitals prepare to shift into Primary Care and Intermediate Care Clinical Board
	  ○ Connected communities – Multi Disciplinary Team (including. Social Prescribing) roll out
	  ○ Development of care navigation and scope digital hub
	  ○ Admission avoidance integrated delivery model through Safe@home and Community Resource Teams

	• Integrate Allied Health Professions Supported Health & Well Being programmes (Live Well, Make Every Contact Count, Compassionate Conversations) into the ICCS approach (Q2). • Coproduction and engagement with public and partners, supported by Llais. • Revolutionise our approach to end of life and supportive care through delivery of our improvement plan in conjunction with Macmillan- Phase 1 implemented in Q1, Phase 2 in Q3 and Review in Q4. • Implement an effective community-based falls response service in partnership with the LAs. • Build on our Single Point of Access for Urgent and Emergency Care through the recently combined CAV24/7 and Urgent Primary Care Centre (UPCC) model. • Learn from our Barry UPCC to develop our proposal for an Urgent Treatment Centre. • Work with our local partners to develop proposals for a Children's Respite Care Unit. • Development of a Women's Health Hub consolidating existing services and ensuring provision of integrated, community-based services. • Review phase 1/year 1 delivery of our Health Inclusion Programme Plan (Q1).
Establish Governance and Commissioning arrangements	• CEOs agree explicit alignment of HB and LA activities to ICCS ambition: active pursuit of integration with LAs and third sector (Q2). • Develop the leadership capability of our Pan Cluster Planning Group and begin to embed within the Partnership and Health Board planning and governance structures (Q1). • Draft Place Based Plans for Cardiff and Vale regions, informed by cluster plans and wider partnership input (Q3).

	• Place Based Plans developed by the Pan Cluster Groups inform the refresh and alignment of regional plans (Q4). • Explore opportunities to maximise our infrastructure and assets with all partners, aligned to Pan Cluster priorities and the Regional Partnership Board Capital Plan.

How we will measure success in 2025/2026:

Cabinet Secretary Delivery Expectations are identified in orange

Priority	Q1	Q2	Q3	Q4
Shaping Our Future Population Health				
Reducing inequalities: Focus on priorities that deliver reduced health inequities				
Vaccination		• **Covid spring booster: 63% (increase from 61.3%)**		• **Flu vaccine over 65s: 72% (increase from 67%)** • **Up to date at age 5: 84.7%** • **Covid autumn booster: 45% (increase from 43%)** • **HPV by age 15: 67% (increase from 62.1%)**
Obesity – whole system approach				• Reception age children 77.7% healthy weight (increase from 77.5%)

Priority	Q1	Q2	Q3	Q4
				• Adults 40.2% healthy weight (increase from 40%)
Obesity - diabetes				• **Patients (aged 12 years and over) who received all eight NICE recommended care processes – 48% (increase from 46.6% Dec 2024)** • Reduction in inter-cluster variability in completion of care processes, from baseline of 19% difference
Tobacco – whole system approach	• 0.8% of adult smokers making a quit attempt via smoking cessation services (each quarter, increase from 0.51% in Q2 24/25)	• 0.8% of adult smokers making a quit attempt via smoking cessation services (each quarter, increase from 0.51% in Q2 24/25)	• 0.8% of adult smokers making a quit attempt via smoking cessation services (each quarter, increase from 0.51% in Q2 24/25)	• 0.8% of adult smokers making a quit attempt via smoking cessation services (each quarter, increase from 0.51% in Q2 24/25) • Adult smokers CO-validated at 4 weeks 40% per quarter (increase from 37% Q2 24/25)
Shaping Our Future Places				
Transition Care to Community Setting	• **<160 pathway of care delays p/m**	• **<160 pathway of care delays p/m**	• **<160 pathway of care delays p/m**	• **<160 pathway of care delays p/m**

Priority	Q1	Q2	Q3	Q4
	• **>2185 accessing pharmacy independent prescribing services p/m** • **45% adults and 78% children access NHS dental over 12/24 months** • **Increase % of ECC capacity vs. 24/25**	• **>2185 accessing pharmacy independent prescribing services p/m** • **45% adults and 78% children access NHS dental over 12/24 month** • **Increase % of ECC capacity vs. 24/25**	• **>2185 accessing pharmacy independent prescribing services p/m** • **45% adults and 78% children access NHS dental over 12/24 month** • **Increase % of ECC capacity vs. 24/25**	• **>2185 accessing pharmacy independent prescribing services p/m** • **45% adults and 78% children access NHS dental over 12/24 months** • **Increase % of ECC capacity vs. 24/25**

During 2026/2027 and 2027/2028 we will:

- Continue to mature our population health insights and intelligence, including improving the Population Needs Assessment as a tool to support commissioning and planning decisions.
- Continue to extend reach of smoking cessation services, working with people who smoke to design delivery models and improve accessibility.
- Further develop granular use of immunisation data to target areas and communities with low uptake.
- Develop and implement actions to follow Good Food and Movement year 2.

- Fully implement the recommendations from Programme Budgeting and Marginal Analysis as part of the diabetes programme.

- Continue to mature the role of the Pan Cluster Planning Group, moving towards the ambition of taking the leadership of the development and delivery of the ICCS for the Health Board and our partners. The initial 2 Pan Cluster Planning Groups will merge into one.

- Develop a clear understanding of the organisational implications of and route map towards delivering an ICCS, articulated in a comprehensive ICCS strategic plan.

- Continue to mature the digital capability, business intelligence, planning and wider support to enable delivery of an effective PCPG and ICCS.

Spotlight on our Cluster Plans and Pan Cluster Planning Groups

In Cardiff and Vale, we have 9 clusters, operating across 2 localities, aligned to 2 Local authorities including:

- 55 General Medical Service Providers
- 65 General Dental Service Providers
- 60 Optometry Providers
- 101 Community Pharmacies
- Professional Collaboratives for Nursing and AHPs

Our clusters have developed plans and priorities 2025/2026 aligned to both their population needs and our organisational commitment to developing our Integrated Community Care system.

The two original Pan Cluster Planning Groups (PCPGs) are supporting clusters to assess and prioritise successfully delivered initiatives, to inform the mainstreaming of pathways and models of care which should be delivered closer to home/in the community.

The PCPGs are committed to embedding a population needs and place-based planning approach, influenced and informed by Cluster working. During 2025/2026, the intention is to combine both into one forum, with the ambition of driving the commissioning and delivery of Integrated Community Care System for the region, focussing initially on infrastructure and resource alignment, underpinned by a whole population health approach.

We intend to invest more time in the organisational development needs of the Pan Cluster System partnership, ensuring everyone understands both their contribution and stake in this model of working so we can maximise influence across the system.

New Priorities/Areas of focus for Clusters 2025/26		
Western Vale •Develop the Frailty model •Develop Chronic diseases especially hypertension, Diabetes and obesity interventions •Develop Wellbeing Programme / Health Lifestyles Events	**Eastern Vale** •Develop Wellbeing Programme/Health Lifestyles Events •Develop Young Persons mental health & neurodiversity •Develop the Frailty model	**Central Vale** •Expand Children and young people's mental health 1:1 and Group Sessions •Expansion of pain clinic – Increased psychological support •Develop early intervention of chronic disease •Pilot – Central Vale Hospital Discharge Service •Improve uptake of childhood vaccinations
Cardiff North •Explore a diabetes prevention project that encompasses GMS, Dental, Optometry and Community Pharmacy. •Explore potential ways it can collaborate with secondary care to impact services with significant waiting lists/times •Extend WAST home visit service to continue to keep housebound patients safe at home	**Cardiff West** •Implementation of a social prescribing model •Develop the Helping our Ageing Population live well model	**Cardiff South West** •Develop healthy lives events across the locality footprint focused upon PHW national priorities in preventative interventions, screening and vaccination •Explore Service development in the context of 'community delivery by default' for diabetes care •Continue to develop work with young people and Gateway Workers from the Cardiff Family advice and support service
Cardiff City & South •Increase the Number of Multi-Lingual Link Workers •Increase Community Heart Failure Clinics •Develop Wellbeing Programme/Health Lifestyles Events •Explore Frailty & Chronic Conditions Practitioner	**Cardiff South East** •Develop defibrillator Community Initiative Phase 2 •Develop Wellbeing Programme/Health Lifestyles Events	**Cardiff East** •Develop engagement with the MDT & Hub model •Continue to develop teen talk programme to identify innovative and outreach models of delivery •Develop collaborative approaches to meeting targeted health needs of the population such as care pathways between GMS and GDS •Prevention focused community-based events

Shaping Our Future Quality and Value

Portfolio Summary:

This portfolio will be key in driving the delivery of our strategic shift **From variable quality of care and experience to utterly consistent quality and outcomes for all.**

We must develop the culture, processes, capacity and capability to embed our Quality Management System across the organisation. This needs to fully engage our frontline teams in quality improvement, research and innovation, equity, assurance and continuous learning. Our Shaping our Future Quality Excellent programme will be our vehicle for delivering this change.

This section also describes the Value in Health programme priorities.

Value Based Healthcare is infused throughout our service planning and the long-term strategy, with the ambition that it becomes embedded in the way we do business as part of our operating model. The organisation has taken great strides in embedding the Value-Based approach in all we do, our systems and processes and this is evolving at pace.

The programme will support the organisation to deliver across our strategic portfolios by:

- Building capacity and capability to apply the Value-Based healthcare principles into practice
- Embedding robust measurement and reporting of patient outcomes, financial outcomes and societal outcomes across our pathways
- Establishing a Value-Based healthcare approach to strategic planning and operational delivery

This portfolio contributes to the following Strategic Priorities within our Strategy:

- Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs.
- Achieve the best outcomes for patients in line with what matters most to them, their families and carers

- Develop the Health Board's approach to continuous quality improvement
- Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money.

This portfolio contributes to the following Strategic Milestones (2027) within our Strategy:

We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.

We will increase the proportion of the Health Board's resources to support people to live healthy lives, to reduce risk of ill health and to increase the services delivered in the community.

Shaping Our Future Quality Excellence Programme

The actions we will take in Year 1-2025/2026:

Priority	Action we will take
Programme success measures (quality indicators)	This programme, once established and implemented, aims to contribute to the delivery of the following quality outcome indicators, alongside Shaping Our Future Clinical Services, Population Health and Places Portfolios: • Reduction in length of time in hospital • Keeping patients well in the community • Mortality • Patient Experience This reflects the organisation's commitment to measuring outcomes rather than process and are outcomes that support the organisation's ambition to become an Integrated Community Care System. The Programme will develop a baseline assessment and design a measurement approach that includes benchmarking with other healthcare organisations as referenced in the strategic milestones. The Programme will agree which 'comparable healthcare providers in the UK' the UHB uses in the benchmarking exercise referenced in the Strategic Milestone (2027).

	Individual projects reporting to the programme will have their own suite of measures which will be determined by their project teams. Numerical targets will be agreed by the Programme Board once the baseline established.
Launching four key projects of work	**1. Quality Management System (QMS) project** This project will build a system for quality for the UHB, and will include: • The system, processes and architecture of a Quality Management System (consisting of four aspects: quality planning, quality assurance, quality improvement, and quality control). • The structures and flows of governance, risk and assurance, including roles and responsibilities. • The learning system – tying the other components of the learning system together – through a cyclical approach. • Working with teams across the UHB and beyond, including (amongst others): Clinical teams, Allied Health Professions, Quality and Safety, Research and Development, Strategic Planning, Corporate Governance, Shaping Change and partner organisations, including Cardiff University, HEIW and industry, alongside patients and citizens.
	2. Hospital Acquired Infections (HAI) project This project will undertake data analysis to create baselines, determine requirements and then design and deliver approaches to reduce HAI with specific project deliverables to be confirmed, but likely to include implementing evidence based best practice, targeted communications and staff training.
	3. Lost to Follow Up (LTFU) project There are currently a significant number of patients at risk of LTFU, meaning they are at risk of coming to avoidable harm. This project will understand the harm caused by the current process and work to eradicate the avoidable harm through process redesign and the spread of best practice.
	4. Acute Deterioration project Utilising internal best practice examples and external learning through the Safe Care Partnership, this project will aim to eradicate avoidable harm caused by acute deterioration.

Project sequencing – Preparing and mobilising future projects	**Where and when appropriate, mobilising projects due to start later in the programme plan (2026/7-2027/8)** • Building Capability Project • Engagement and Influence Project

How we will measure success in 2025/2026:

Priority	Q1	Q2	Q3	Q4
Healthcare Acquired Infections project	• Baseline data set established.	• Improvement metrics identified.	• Routine reporting	
Lost to Follow Up Project		• Baseline data set established • Improvement metrics identified.	• Routine reporting	
Acute Deterioration Project		• Baseline data set established. • Improvement metrics identified.	• Routine reporting	
Delivering our key quality performance ambitions	• Month on month improvement of patient experience surveys completed and recorded	• Month on month improvement of patient experience surveys completed and recorded	• Month on month improvement of patient experience surveys completed and recorded	• Month on month improvement of patient experience surveys completed and recorded **Health board specific improvement targets for**

Priority	Q1	Q2	Q3	Q4
				• Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp (48) • Cumulative number of laboratory confirmed bacteraemia cases: Pseudomonas aeruginosa (19) • Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli (34) • Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population:S aureus (MRSA and MSSA) (22) • Cumulative rate of laboratory confirmed C.difficile

Priority	Q1	Q2	Q3	Q4
				cases per 100,000 population (26%)

During 2026/2027 and 2027/2028 we will:

- Continue delivery of projects launched in 2025/26 (QMS, HAI, LTFU and Acute Deterioration).
- **Building Capability Project** This project will:
    - Build the quality capability of the UHB to include:
    - Determining requirements
    - The commissioning of capability training for quality planning, quality improvement and quality control, and capability to support the improved use of resources
- **Engagement and Influence Project Team**
    - Building a person-centred approach and culture for quality across the UHB.
    - Influencing and collaborating with other strategic programmes that contribute to our programme purpose, for example, Shaping our Digital Future, Shaping our Future People and Culture.
    - This project will focus on the programme's interdependencies with the following areas (this is not an exhaustive list):
        - People and Culture
        - Digital
        - Equity, Equality, Experience and Patient Safety Framework
        - Six Goals Programme

- Operations
- Regional Partnership Board
- Values Based Healthcare
- Other Strategic Programmes

Quality Statements: Our Approach

The purpose of our Clinical Effectiveness Committee is to ensure clinical effectiveness throughout the organisation by monitoring the implementation of NICE, national and local evidence, guidelines and standards to ensure best practice across the organisation.

In 2025, the scope of the committee will broaden to include oversight of the implementation of quality statements, and as such will include representation from Planning, Research and Development and clinical advisory groups including Transition, Medical Devices group and the End-of-Life group.

This approach will support a whole systems approach to the delivery of the quality statements and will ensure that they are embedded within our strategic planning processes.

Our approach to Quality Impact Assessments (QIA)

QIAs are a mechanism through which we consider and record the impact of strategic decision on the quality of the care that we provide.

In 2023/24 the UHB introduced the use of QIAs, which support decision making in the Quality Safety and Experience Committee.

A QIA policy is being developed to support a standardised approach to use across the organisation.

Our approach to embedding the quality standards and Duty of Quality

The health and care quality standards form the basis of quality reporting across the organisation.

The quality standards will underpin the development of the quality management systems and a review of quality reporting structures across the organisation to ensure that quality is considered in the broadest sense.

Value in Health

The actions we will take in Year 1-2025/2026:

Priority	Action we will take
Core Programme Funded Projects	Progress our core projects to deliver and realise value and move to BAU if desired outcomes are achieved. • Diabetes Community Hub Project - evaluation stage • Supportive Care Project - evaluation stage • Heart Failure Project- project execution stage • Hospital Health Pathways Project - project execution stage • PROM Programme - project execution stage • Frailty Project - project planning stage (part of wider 6 goals work) • Cellulitis Project - evaluation stage
Health informatics and data-driven decision making	Support portfolios and services to define outcome measures including those that matter to our service users, to demonstrate patient and system benefits for our existing and new activities. This will support the delivery of the Shaping our Future Population Health priorities to reduce inequalities and help support the shifting of resource to deliver more prevention-based healthcare. This will also support Shaping our Future Places priorities in terms of benefits realisation against the allocation of resource. Support the onboarding of PROMS and the benefits realisation of its application at a health board and service level. This will support the delivery of the Shaping our Future Clinical Services priorities.

	Develop methods to aggregate data within the system, including costing data, to support services in establishing their baseline 'value metrics' to identify areas of low value and waste, which supports the priorities of Shaping our Future Infrastructure as well as others. Support the All Wales INNU Approach within CVUHB to monitor and report activity within this policy to ensure we eliminate the delivery of low value interventions.
Building capacity and capability	Provide tools and resources, as well as education, advice and guidance for all portfolios and teams to embed Value-Based Healthcare principles in their BAU thinking and service delivery. Continue to provide clinical leadership from the programme to support all portfolio priorities, apply a Value-Based lens, particularly Shaping our Future Population Health, Clinical Services and Future Places.
Systems and culture	Develop a 'Value Tracker' which aims to aggregate data to support benefits realisation that can be utilised by all portfolios to evaluate their activities against their priorities. Develop a value currency that will support decision making and benefits realisation across all portfolios. Support portfolios with a framework to review pathways and conditions which ensures Value-Based principles are embedded within the process.

How we will measure success in 2025/2026:

Priority	Q1	Q2	Q3	Q4
PROM Onboarding		Complete onboarding of ~20 services Review benefits realisation for live services where data is available		Complete onboarding of 50 services (TBD by PROM Programme)
All Wales INNU Approach implementation at CAVUHB	Monthly monitoring of INNU activity and trend graphs provided		Complete coding and reporting on 8 priority INNU procedures and evaluate benefits to	

			the system e.g. released capacity 0 INNUs that do not meet clinical exception criteria	

Shaping Our Future Clinical Services

Portfolio Summary:

This portfolio will reconfigure clinical services across care pathways in order to deliver on our strategic priorities and ministerial delivery expectations for our urgent and planned care systems.

We continue to recognise that many services across Wales can be enhanced and optimised when Health Boards plan collaboratively to maximise benefit to the wider population. Whilst not every service will lend itself to regional service provision, we continue to see the benefits that wider partnership working can provide to a sustainable future.

This portfolio will coordinate delivery of our contribution to the South East Wales Regional portfolio. The Llantrisant Health Park (LHP) programme (delivered by Cwm Taf Morgannwg UHB) is the key priority for the partnership. This programme of work will see the creation of a regional diagnostic and treatment centre on a brownfield site adjacent to the Royal Glamorgan Hospital. This section sets out our key commitments to progress this work.

Crucially, this portfolio will also focus on collaborative delivery of tertiary and specialised services, through our Regional and Specialised Services Provider Partnership with Swansea Bay University Health Board (SBUHB).

Tertiary services are a critical component in our system, and Cardiff and Vale UHB is the largest provider of specialised services in NHS Wales. Our tertiary and specialised services form a crucial part of the care pathway for patients across the whole of the country. These services cannot be delivered in isolation, and it is important to recognise the interdependencies and co-dependencies with other services provided within the Health Board and other organisations, to ensure that all patients in Wales have timely and equitable access to safe, effective and sustainable services.

This portfolio contributes to the following priorities within our Strategy:

- Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the Health Board's communities

- Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers
- Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money

This portfolio contributes to the following Strategic Milestones (2027) within our Strategy:

- We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm, and mortality
- We will see a reduction in inequity via a number of indicators, across healthy behaviours preventative services, access to clinical services, and health outcomes
- The historic trend of widening inequity gap in life expectancy will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women

Our Demand and Capacity Assumptions

Our Clinical Services Portfolio Priorities and associated performance commitments for 2025/2026 are aligned to effective delivery of our two significant systems; Urgent and Emergency Care and Planned Care. These priorities and commitments are underpinned by key assumptions.

Urgent and Emergency Care Assumptions

Demand 2024/2025

Our increased demand in non-elective care was not sufficiently predicted and planned for during 2024/2025. This is due in part to the immaturity of our data forecasting abilities. Addressing this in 2025/2026 is a key organisational priority within Shaping Our Future Infrastructure Portfolio. Additional beds, above plan, were opened to mitigate the impact, creating operational, workforce, clinical and financial pressure.

The impact of this increased demand bears out in our key indicators:

- Current medicine bed occupancy is 110% (including medically fit patients and outliers)
- Medicine non-elective average Length of Stay is 13.7 days against peer mean of 11.9 days

We know this results in poor quality and experience of service for our patients; this isn't the level of service we aspire to for our population and our plan for 2025/2026 aims to address this.

Approach for 2025/2026

Our current forecast is that there will be 4.5% demand growth through our Urgent and Emergency Care stream when comparing 25/26 to 24/25. This will be driven in part by demographic growth but more considerably by a general increase in need through declining health and an increase reliance on health care from our population. We are working through our demand management options to help mitigate and reduce this increase in demand which form an integral part of our 6 goals programme through the Enhanced Community Care and Integrated Community Care Model. As this work is not yet finalised the benefits have not been factored in to our 2025/26 plan.

Using this forecast increase in demand we have worked to develop a bed model which will help to avoid the challenges we have seen in 24/25. This is currently focused on medicine clinical board beds, which accounts for approximately 50% of our adult beds. Our plan for medicine beds is to:

- Achieve 98% occupancy
- Aim to improve Length of Stay to peer mean by the end of 2025/2026 (1.8 days improvement in non-elective length of stay)

This is an ambitious improvement which will be delivered through key actions within our 6 Goals for Urgent and Emergency Care Programme and which are set out across the following page in more detail to include:

- Delivery of our model ward
- Delivery of the optimal hospital flow framework
- Continued focus on continuity of care

Factoring in an assumed 4.5% demand growth and our current Length of Stay, our modelling anticipates that we will have a gross bed-gap of 168 beds by February 26. Clearly this is not a tenable situation and the table below outlines our current approach to mitigation this gap:

Funded Medicine Beds	618
Beds required to meet 4.5% demand growth, 98% occupancy and current LOS	786 (Feb 26)
Gross bed-gap	-168
Bed equivalence gained through LOS improvement to peer mean	+72
Additional temporary bed capacity during winter capacity	+40
Net bed-gap	-56

Delivering a Length of Stay equivalent to our peer mean will mean that we will be able to close some of that gap, in addition to additional winter capacity that is planned to open in December 2024. Despite this it will leave us with a net bed-gap of 56 beds, which we aim to mitigate through demand management and through the realisation of some benefits from improvements in our Health Inclusion, End of Life Care and Stroke services.

Based on the above, our current plan has not built in closure of beds, and instead our plan focusses on mitigating the impact of increased demand. We will closely track our demand assumptions over the year to test the validity of our forecast and ensure our efficiency gains are factored in to our bed plan, and adjust our planning accordingly.

Planned Care Assumptions

Demand over time

Our overall waiting list has grown significantly since 2021, and each year, we have more patients waiting in the longer wait bands than the year before.

Clinical Board	23/24 cohort	24/25 cohort	% change 23/24-24/25	25/26 current cohort	Numerical change 24/25-25/26	% change 24/25-25/26
Total UHB	22664	31124	37.3%	36904	5780	18.6%
Children & Women	2006	2361	17.7%	2631	270	11.4%
Medicine	1504	5819	286.9%	7720	1901	32.7%
Specialist	1522	1954	28.4%	3659	1705	87.3%
Surgery	17135	20528	19.8%	22870	2342	11.4%

The number of patients in the 104-week cohort is forecast to be approximately 19% higher in 25/26 than it was in 24/25. This follows a significant increase from 23/24.

Capacity

Our demand and capacity model is built up from clinic and treatment capacity. Significant productivity and efficiency assumptions are taken into consideration when calculating capacity, to include:

- Outpatients at 95% capacity
- Theatres at 85% of utilisation

At a speciality level, conversation rates from Outpatients/Diagnostics/Follow Up to Treatments set with speciality teams are applied alongside additional opportunities to reduce capacity gaps (validation, See on Symptom and Patient Initiated Follow UP, job planning, treat in turn improvement, review of clinic templates).

Our inpatient and day case activity from our planned care specialities in 2025/26 is predicted to be at a similar level to 2024/25 (Inpatient = 13192 and Day Case = 32057), however this level of activity is planned to be delivered through the baked in productivity and efficiency rather than through additional capacity.

104 Week Performance

For 2025/2026 we forecast that we will have a total of 9861 patients waiting longer than 104 weeks by end of March 2026 and this takes in to account the significant productivity and efficiency improvements in outpatients and theatres.

Diagnostics Assumptions

Our plans for diagnostics are to deliver the 8-week standard for all specialities excluding endoscopy. This performance is subject to ongoing discussions in relation to endoscopy capacity, in particularly plans for Llantrisant Health Park which would require additional central support. Our challenge across endoscopy is significant, the shortfall in recurrent capacity has been calculated and would require a financial and workforce solution to be mitigated. We currently estimate we have 10436 patients waiting longer than 8-weeks in March 2026. There is a small risk to performance in relation to non-obstetric ultrasound which is mitigated with a delivery plan in place from Q2.

Six Goals Funding and Risks

National Six Goals Programme Funding has been critical in supporting us in local programme delivery, with an emphasis on supporting people to access urgent care closer to home and safely avoid admission through Urgent Primary Care Centres (UPCC) and same day emergency care services (SDEC). We currently have funded allocated to substantive posts in these areas.

Welsh Government have set the expectation that from April 2025, the funding allocation is focussed on delivering the enabling actions described in the planning framework.

Currently our funding is fully allocated to substantive posts to support delivery of UPCC and SDEC and is not available for redistribution without significant operational impact and long lead times.

At the time of plan submission, this remains an unresolved risk and an assessment of options and impact are being work through.

The actions we will take in Year 1-2025/2026:

Priority	Action we will take
Development of our Clinical Services Plan	• Development of a detailed delivery plan to underpin our Babies, Children and Young Persons Plan (launched Nov 24). • Development of a longer-term strategic plan for our services, setting out new models of care in the community and hospitals, spanning prevention to highly specialised services for all the populations we serve. It will act as a blueprint for further detailed service and infrastructure planning (Q3)
Continuity of care in secondary care	• Deliver the optimal hospital flow framework, Discharge 2 Recover and Assess pathways, and Red 2 Green principles. • Create our model wards that exemplify best practice, process and culture (Q3). • Finalise plan for acute system reconfiguration in medicine, including reshaping the acute medical footprint, to optimise for clear patient pathways focusing on Frailty and High-Risk Adult Cohorts (Q4).

Priority	Action we will take
	• Fully assess our options for delivering 5-day continuity of care across all inpatient wards. • Undertake feasibility assessments on our options for delivering geriatric and respiratory ambulatory care units at University Hospital Llandough, for winter 25/26.
Increasing productivity and efficiency to reduce waiting times across care pathways	• Mandate the use of See On Symptoms (SOS) and Patient Initiated Follow Up (PIFU) on all Clinical Implementation Network approved pathways. • Deliver Getting it Right First Time (GIRFT) standards and achieve planned activity levels for our Surgical Hub @ Llandough. • Deliver the national cancer pathways, including the one-stop optimal pathway in breast cancer. • Deliver at least 80% of the recommendations from the national GIRFT reports in Urology, General Surgery, Ophthalmology, Gynaecology, and Trauma and Orthopaedics. • Increase the number of services that have undertaken GIRFT and/or national benchmarking. • Through our theatre improvement board, we will strive to deliver the GIRFT standards for theatre utilisation, booking, late starts, early finishes. • Focus on transformation of ophthalmology services including directing listing, cataract efficiency, and progressing plans in University Hospital of Llandough. • Baseline, monitor, and develop our plans for the High Value High Impact Pathways in Diabetes, Bone Health and Arthroplasty.
Deliver our Mental Health Improvement Priorities	• Engage and consult on our desire to transform community mental health services to improve alignment with primary care and provide more effective, responsive, and co-produced care and treatment across our services. • Deliver our safety programme to progress towards QNWA and CQC standards for care in line with national benchmarking and best practice.

Priority	Action we will take
	• Plan the first phase of our Mental Health estates transformation to provide 'right place, for the right care, with the right person'. • Develop plans to address a number of challenged areas including ADHD, low secure, eating disorders, and out of area placements.
Contribute to Specialised Services Provider Priorities	In partnership, we will: • Deliver a Hepato-Pancreato-Bilary (HPB) Network to ensure service delivery and coordination, and to address significant gaps in service provision for patients with Severe Acute Pancreatitis (Q4) • Develop plans for a fully integrated HPB centre. • Develop interim arrangements for gynae oncology to support SBUHB and implement a regional MDT. (Q1) • Establish a gynae oncology project to develop a long-term regional model for gynae oncology. • We will support the Joint Commissioning Committee review of cardiac surgery services to ensure the delivery of high-quality care and the development of sustainable service models.
Contribute to Regional Portfolio Priorities (South East Wales)	In partnership, we will: • Implement regional business case for endoscopy service provision at Llantrisant Health Park (funding dependant). • Develop a regional business case for radiology service provision at Llantrisant Health Park (Q1). • Develop a regional business case for orthopaedic service provision at Llantrisant Health Park (Q3). • Take a collaborative approach to understanding and agreeing additional opportunities that the Llantrisant Health Park offers.

Priority	Action we will take
	• Implement the interim regional cataract plan to collectively address the immediate pressures around cataract services. • Develop plans for regional rollout of 'Open Eyes'. • Develop plans for regional glaucoma services. • Agree a regional clinical care model, and develop a regional business case for sustainable stroke services (Q4). • Develop a single management model for pathology in the region to address the fragility of the services due to workforce, infrastructure, and demand challenges.

Velindre University NHS Trust and Cardiff and Vale University Health Board Partnership Working	• Re-establish robust Partnership working arrangements between the Health Board and Velindre University NHS Trust
	• Step up a programme of work to evaluate opportunities for shared clinical models and pathways. To include:
	  ○ Support Velindre Cancer Centre (VCC) with the development of complex oncology pathways and an enhanced care clinical model
	  ○ Evaluate opportunities to create capacity at UHW by relocating low acuity, higher volume cancer activity to the VCC or new VCC site
	  ○ As part of this, exploring wider opportunities for regional haemato-oncology (South-East Wales)
	• Contribute to the development of a revenue case for the Cardiff Cancer Research Hub (CCRH).
	• Finalise the CCRH Partnership Agreement.
	• Align reporting arrangements within and between organisations for complex and advanced therapies, both in research phase and approved as standard of care.
	• Progress capital plan for new South Wales Blood & Marrow Transplant (SWBMT) facility. Assess the sustainability of the programme following outcome of the JACIE accreditation visit and risk associated with current facilities on UHW site.

How we will measure success in 2025/2026:

Cabinet Secretary Delivery Expectations are identified in orange

Priorities	Q1	Q2	Q3	Q4
Continuity of Care	• 0.45-day LOS reduction in non-elective medicine • <365 1-hour ambulance delay p/m • <700 12-hour ED waits p/m	• 0.9-day LOS reduction in non-elective medicine • <350 1- hour ambulance delay p/m • <650 12-hour ED waits p/m	• 1.35 -day LOS reduction in non-elective medicine • <365 1-hour ambulance delay p/m • <650 12-hour ED waits p/m	• 1.8-day LOS reduction in non-elective medicine • <400 1-hour ambulance delay p/m • <750 12-hour ED waits p/m • <160 pathway of care delays
Increasing productivity and efficiency	• 2 additional services benchmarked against GIRFT • Achievement of mental health Part 1a and 1b 80% standard – adults and CYP	• 60% achievement of GIRFT recommendations for core specialities • 2 additional services benchmarked against GIRFT • Achievement of mental health Part 1a and 1b 80% standard – adults and CYP	• 70% achievement of GIRFT recommendations for core specialities • 2 additional services benchmarked against GIRFT • Achievement of mental health Part 1a and 1b 80% standard – adults and CYP	• 80% achievement of GIRFT recommendations for core specialities • 20% SOS/PIFU for CIN • <9861 104-week RTT waits • 75% single cancer pathway performance

			• **85% theatre utilisation** • **7% DNA rate** • **7 cataracts per list**	• **>8-week diagnostic waits – 10436 (endoscopy only)** • **Achievement of mental health Part 1a and 1b 80% standard – adults and CYP** • **5% DNA rate**

During 2026/2027 and 2027/2028 we will:

- Transition to become an Integrated Community Care System - placing more emphasis on community care and keeping people well.
- Deliver our long-term medicine strategic plan, focused on redesigning our use of community and acute facilities to provide outstanding care and coherent pathways.
- Transform our approach to productivity and efficiency to deliver upper quartile performance for key performance indicators across planned and emergency care.
- Deliver our mental health programme, focusing on community pathways, estate transformation, and safety.
- Implement a long-term model for complex gynae oncology (2026/2027).
- Work in partnership to develop plans for sustainable regional cataract services through the South East Wales Regional Portfolio.
- Implement a transformative model for regional stroke services through the South East Wales Regional Portfolio.
- Produce a single management model outline business case for pathology through the South East Wales Regional Portfolio.

Provider Implications of the Joint Commissioning Committee Integrated Medium Term Plan 2025/2026

Cardiff and Vale University Health Board is the largest provider of specialised services in Wales, serving regional (South-East Wales), supra-regional (South Wales), and national (All Wales) populations. Nearly half of these tertiary services are commissioned by the NHS Wales Joint Commissioning Committee (JCC) on behalf of the Local Health Boards.

It is crucial to acknowledge that these specialised services are often integrated within a broader suite of services, including secondary care provision. Therefore, it is essential to consider the implications of commissioning decisions on specialised services within the context of the entire patient care pathway, rather than in isolation.

As the JCC is the largest single commissioner of the specialised services provided by Cardiff and Vale University Health Board, it is important to consider any implications arising from their foundational Integrated Medium-Term Plan (IMTP) from a provider perspective. At the time of writing, the JCC Foundational Plan has not been agreed upon by the Joint Committee. However, it is anticipated that Health Boards are likely to agree to a 4% financial uplift, which is significantly lower than required to maintain delivery and address the risks within its portfolio of services.

Unlike NHS England, which mandates a 0.5% contingency for Specialised Services, the 4% financial uplift would not include a contingency to manage demand, cost pressures, and emerging risks. There are also further challenges for Cardiff and Vale University Health Board associated with this JCC Foundational Plan, including:

No Investment in Services with Known Sustainability or Financial Risks: Without investment, it is crucial to understand the full implications of the decision not to invest on patient experience and outcomes, as well as waiting times and service sustainability.

Inability to Progress Transformation Schemes: Without the necessary investment, transformation schemes that could avoid and/or release costs may not progress, leading to inefficiencies and potential financial strain.

Increasing Inequity of Provision: There is a risk of increasing inequity across NHS Wales, particularly where patients are accessing services from NHS England providers, which could lead to disparities in care.

Inability to Delegate Commissioning: The inability to delegate commissioning for specialised services to the JCC, which would benefit from a national/supra-regional/regional approach, could lead to variations between Local Health Boards and increased workload for Cardiff and Vale University Health Board in managing multiple Long-Term Agreements.

Inability to Progress Funding Commitments: The inability to progress previously agreed funding commitments and address known demand pressures could impact service delivery and patient outcomes.

Impact on Secondary Care Services: There could be significant implications for secondary care services that interface or are co-located with specialised services, potentially affecting the overall patient care pathway.

The only service provided by Cardiff and Vale University Health Board that has been prioritised by the JCC for commissioning is the Syndrome Without a Name (SWAN) Clinic, which was previously funded by the Welsh Government.

Notwithstanding, the implications for Cardiff and Vale University Health Board as a provider, meeting the 4% financial uplift will require the organisation to find significant efficiencies.

As a provider of specialised services, we will need to work closely with the JCC to understand the risks inherent within this plan.

We will undertake an impact assessment and where services are deemed unsustainable and/or unaffordable to maintain a safe standard of care we will begin negotiations to decommission in full or novate to a CAVUHB population only delivery. The JCC, working with the Commissioning Health Boards will be required to seek alternative provision on this basis to ensure sustainable service delivery.

Shaping Our Future Infrastructure

Portfolio Summary:

This portfolio is designed to ensure our estate is fit for now and the future.

It will also drive forward progression of our digital maturity, ensuring that data, digital and technology support the health board's strategic requirements, laying the foundations to support the digital programme, progress the electronic health records capabilities, support the data strategy, and implement digital systems that support delivery of high-quality services.

This portfolio contributes to the following Priorities within our Strategy:

- Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities, where people can access the information and support that they need, under one roof
- With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future
- Develop more shared infrastructure with public and private sector partners to get the best value for the Health Board's investment

This portfolio contributes to the following Strategic Milestones (2027) within our Strategy:

- We will have progressed plans to redevelop University Hospital of Wales and University Hospital Llandough, to provide 'smart' hospitals to deliver our redesigned clinical services
- We will have realised the collaborative plans to deliver the regional Elective and Diagnostic Centres, Health Science Facilities, and the All Wales Genomics Centre

- 50% of C&V population will have access to services from an Integrated Wellbeing Hub

- We will have in place a digitised health and care system, with integrated care records supporting decision making and service planning in real-time and will have delivered 50% of the digital roadmap. Our measure of success will be to achieve at least Level 3 of the HIMSS (Healthcare Information and Management Systems Society) standard for electronic medical record adoption (EMRAM) digital maturity model, which we are aligning with

The actions we will take in Year 1-2025/2026:

Key Area of Focus	Action we will take
Sustainable Service Delivery	• Undertake estates condition survey, which will assess the condition of our infrastructure, likely longevity, likely cost of replacing, and over what time scale. • Translate the condition survey into a prioritised plan for capital investment over time. • Provide a baseline for the development of the refreshed Estates Strategy.
Estates Capacity Review	• Progress capacity review with a focus on decongesting the UHW site. • Identify what services need to remain on UHW site, find suitable accommodation for those services on the existing site, or identify options to relocate services into the community. • Closure of Monmouth House and Glamorgan House. • Review mental health estate in the community and find solutions to the current accommodation issues in-keeping with the community 'placed based needs assessment'.

Key Area of Focus	Action we will take
Data Insights	• Deliver additional dashboard and viewers, initially against the existing legacy warehouse. Deliver a range of bespoke, operationally commissioned data models through the LDR, (Local Data Router and Repositories) in support of corporate planning and clinical delivery. • Establish a data intelligence commissioning group to determine the sequencing of this work. • Migrate dashboards away from the legacy warehouse data model into LDR as those data models are commissioned.
Digital Foundations	• Completion of Digital Foundations Programme Business Case, to progress digital maturity plan and prepare for electronic health record. • Continue working with the All Wales Directors of Digital group on developing a Full Business Case for a modular Electronic Health Record. • Mental Health and Community setting – with the expected/predicted closure of the national WCCIS/Connecting Care programme, produce a strategy for how we will manage the sunset of its community Electronic Patient Record solution, 'PARIS'.
Sustainable Clinical Coding Plan	• Develop a plan to have paperless medical records with organisational support secured. • Move to digital only coding for cataract surgery. • Explore options to move to digital coding where possible. • Develop a sustainable workforce and training plan to deliver coding requirements of the Health Board.
Digital enablers	Specific deliverables:

Key Area of Focus	Action we will take
	• Extend WIFI in clinical areas aligned to Electronic Prescribing and Medicines Administration programme implementation schedule • Staff licenced for PowerBI as appropriate • c2,200 additional staff licenced and using corporate applications • Establish M365 champions, alongside a M365 Steering peer group to drive the operational value exploitation of M365 and Co-Pilot AI

How we will measure success in 2025/2026:

Key Area of Focus	Q1	Q2	Q3	Q4
Sustainable Service Delivery	• No. of infrastructure disruption events and severity by month • Year on year comparison to be provided for trend comparison	• 99% availability on core IT systems		
Data Insights	• Measure of the number of dashboards and viewers available to services	• 50% of existing signals from noise viewers developed and in use	• 80% of existing signals from noise viewers in place and being used	• 100% increase in number of signals from noise viewers and dashboards being used

Key Area of Focus	Q1	Q2	Q3	Q4
Sustainable Clinical Coding Plan	• Coding compliance 75%	• Coding compliance 75%	• Coding compliance 80%	• Coding compliance 85%
Digital operations	• All Digital Operations systems including IT Support, Telephony, Server Based Applications and Network Infrastructure measured against 99.8% service uptime • Additional KPIs to be developed for IT Operations	Start reporting against new KPIs • % WIFI coverage across all clinical areas (main acute sites initially) • No. of BI dashboards/viewers developed and in use • % uptime of our core IT systems • User satisfaction (derived from service desk calls) • Digital maturity assessment (HIMSS/INFRAM) • % virtual appointments offered/available • Telecoms - % uptime	• Increasing digital literacy via WNCR and EPMA application implementations. Success will be measured using service desk calls	• 90% uplift in WIFI in all clinical areas across the 6 main sites • 70% uplift in WIFI across existing community sites

During 2026/2027 and 2027/2028 we will:

- Operationalise the Digital Foundations Programme Business Case and Year 1 Business Justification Case (BJC) (investment dependant) and complete and submit the Year 2 BJC to WG Infrastructure Investment Board
- Progress the national business case for a modular Electronic Health Record
- Measure Mental Health and Community readiness and undertake business migration mapping (183 clinical teams)
- Ensure replacement PARIS plans are in place from 2026 onwards as a key enabler to the delivery of our Integrated Community Care System and Mental Health Transformation Programme

Delivering Our Capital Priorities

Capital and Estates are key enablers for the delivery of our strategic priorities

Our 2025/2026 major capital priorities are as follows:

Priority	Status
Integrated Wellbeing Hub at Park View	• Submission of Full Business Case to Welsh Government (Q2)
ITU expansion and refurbishment	• Submission of ITU expansion and refurbishment Business Justification Case to Welsh Government (Q1)
Hybrid/Major Trauma Theatres at UHW	• Submission of Hybrid/Major Trauma Theatres at UHW Full Business Case to Welsh Government (Q1)
South Wales Blood & Marrow Transplant (SWBMT) Programme / Haematology Footprint	• Submission of BMT/Haematology Business Justification Case to Welsh Government (Q1)
Newborn Screening Enabling Works	• Submission of Business Justification Case

Shaping Our Future Generations

Portfolio Summary:

This portfolio will enable the transformation (and continuous improvement) of the health and wellbeing of our communities, through innovation, research and education. It will enable our staff to deliver great care and empower our citizens to have healthy and well lives.

This portfolio contributes to the following priorities within our Strategy:

- Develop and expand the Health Board's research, teaching, and innovation portfolios in collaboration with Cardiff University and other partners including Health Education and Improvement Wales
- Contribute to the development and adoption of cutting-edge and novel treatment, techniques, and technologies, where they deliver improved patient outcomes, and improved value
- Maximize the Health Board's contribution to the foundational economy
- Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff, and visitors, to patients. Promote, reward, and embed successful waste reduction as part of our quality programme of continuous improvement

This portfolio contributes to the following Strategic Milestones (2027) within our Strategy:

- We will aim to increase, year on year, the number of opportunities for our patients and staff to access cutting edge novel treatments, techniques, and technologies, through research
- All eligible patients will have access to advanced therapies as defined in the Welsh Policy Guidance

- We will provide more opportunities for local communities to secure contracts, or employment, to contribute to the planning and delivery of our services

- Through our contribution to the Human Health Industries sector, we will see an increase in its Gross Value Added (GVA) for the Cardiff and Vale Region by at least 1.5%

- We will continue aiming to achieve the targets for delivering our carbon emission reduction (currently the target is 34%) and supporting active and sustainable travel for staff, and visitors, to patients

- Our ambition is to reach a 40% reduction for emissions that we directly control

The actions we will take in Year 1-2025/2026:

Key Area of Focus	Action we will take
Joint Academic Health Science Partnership (JAHS)	• Launch the programme with initial partners and signed contractual agreement. • Establish governance structure and Boards. • Commence workstreams • Align and identify wider interdependencies.

Develop Strategic Plan for Research embedding research into core business	• Research Managment Board to lead on the develop a strategic plan for research. Incorporating the features of a supportive NHS organisation as outlined in the Research Matters framework.
	• Areas of focus to include
	  ○ embedding research into core NHS business
	  ○ aligning with clinical needs within the health board
	  ○ articulating the impact of research to drive quality and improvement

Key Area of Focus	Action we will take
	○ developing staff through research opportunities • Develop a detailed delivery plan utilising research leadership to lead on required workstreams.
Incorporate R&D, education and innovation into job plans and appraisals	• Establish and implement centralised process for the oversight and allocation of sessions for research, innovation, and education within medic job plans. • Establish and implement centralised process; for oversight and mentoring clinical research fellows and research trainees. • Work to identify an education quality & governance lead for each department to undertake regular review of training provision. • Provide a for a where learners can raise concerns and issues and make suggestions for improvement and such feedback informs learning delivery. • Registered Medical Educators must undertake education related CPD aligned with the requirements of their role and informed by the GMC standards (evidence presented at appraisal).
Deliver active innovation projects	• Delivery of Phase 3 Cardiff Capital Region Endoscopy Challenge - single use endoscopes. • Implementation of Acute Coronary Syndrome Lipid Optimisation Project - in partnership with external pharma. • Work with respiratory teams to improve lung cancer pathways e.g. through the use of ION Bronchoscopy. • Develop an internal position on adoption and implementation of AI tools in Radiology/Pathology. • Ongoing mentorship and guidance for colleagues, e.g. intellectual property and commercialisation, signposting, and external partnerships and funding opportunities. • Continue to align and benchmark across NHS Wales. • Support implementation of harmonised training policies and procedures.

Key Area of Focus	Action we will take
Expand funding and identify opportunities to align research with Health Board priorities	• Develop and implement governance structures and processes to facilitate the delivery of a growing Advanced Therapy Research portfolio. • Collaborate with Primary Care and Intermediate Care (PCIC) Clinical Board to implement a primary care and community research team to focus on Health Board priorities, such as diabetes and weight management in collaboration with the Diabetes Hub. • Continue to support the Cardiff Cancer Research Hub (CCRH) to identify appropriate clinical facilities required for delivery of complex study portfolio within the UHB and establish associated patient pathways. • Increase commercial research activity.
Carbon reduction	• Empowering staff to make day to day changes to support carbon reduction. Procurement is responsible for over 80% of our CO2 emissions. Procurement is driven by the decisions made by staff every day i.e. who to see, how to treat them, what to use etc. To do this we will: o Benchmark other organisations, globally, identifying best practice examples to adopt and spread, and to see how we currently compare with other organisations o Provide education and training, and focus on behaviour change including nudge activities o Incorporate carbon into value as a measure for service change • Review and improve supply chain flows in partnership with NWSSP. • Develop climate change adaption plan.
Foundational economy	• Drive and embed the strategic equality plan for the UHB including our staff being representative of the community we serve. • Complete Annual Plan for promoting UHB careers to the 64 schools within the Southern Arc of Cardiff and the Vale (identified as areas of deprivation).

Key Area of Focus	Action we will take
	• Implement specific projects addressing the employment opportunities for young care leavers in collaboration with HEIW, Local Authority and Cardiff and Vale College. • Implement new employment scheme for ex-offenders in conjunction with the Probation Service. • Provide Nurse Cadet scheme providing 40 work placement opportunities to young adults from areas of deprivation. • Implement work placements and employment opportunities for those with disabilities. • Deliver further networking with homeless charities to provide employment opportunities. • Implement Work Experience placements for schools in the Southern Arc of Cardiff. • Further cohort of Project Search interns (young adults with learning disabilities and/or autism) placed/employed. • Implement Individual Placement support for those with long term mental health conditions. • Develop and deliver the annual programme of careers promotions and opportunities to Global majority groups. • As an anchor organisation, we will create recruitment opportunities for our local communities. • Review and improve supply chain flows in partnership with NWSSP.
Genomics	
Digitisation	• Undertake a review of all paper related work. Evaluate how we can digitise these elements and/or include digital development to improve service delivery, including physical records, Family History Questionnaires, SMS etc.
Newborn screening services	• Evaluate closer links between genomic and metabolomic analyses. R&D opportunities related to metabolomics. • Aligned to expansion of New-born Screening Programme.

Key Area of Focus	Action we will take
Genomic-enabled clinical trials	• Provide the reporting of expanded pharmacogenomic and tumour panels/whole genome sequencing, to include relevant trial inclusion genomic targets. Commercial clinical trials in the UK: the Lord O'Shaughnessy review - GOV.UK (www.gov.uk) report states that all patients receiving cancer genomic testing within the NHS should have access to clinical trials. We will work with Health and Care Research Wales (HCRW), and with industry, on the delivery of the national voluntary scheme for branded medicine pricing and access (VPAG) investment to enable this ambition.
Adoption of cutting-edge technologies	• Implementation of new innovative genomic technologies at pace and scale, to accelerate the preparedness of healthcare systems across Wales to deliver improved patient outcomes and improved value (e.g. QuicDNA is recognised as a flagship innovation strategic programme). These ambitions will align to clear and ambitious governmental policies, strategies, and infrastructure.
GLIMS	• Implementation of New Laboratory Information Management System – will improve staff accessibility to flexible working options, reducing on site travel. Decrease in paper-heavy process – drive towards electronic communication methods, reducing postal demands.
Mainstreaming	• Interaction with different specialties across Wales to improve access to tests from mainstream clinicians. This would allow access to testing for patients earlier in their pathway, leading to improved patient outcomes.

How we will measure success in 2025/2026:

Key Area of Focus	Q1	Q2	Q3	Q4
Cardiff Capital Region Endoscopy Challenge			• Phase 3 complete: 200 endoscopes delivered for evaluation	
Incorporate R&D, education and innovation into job	• Quantifying baseline activity		• 10% increase in number of research-active clinicians, with	

Key Area of Focus	Q1	Q2	Q3	Q4
plans and appraisals			research activity recognised in job plans	
Increase Research Activity and research income	• 60% of commercial studies recruiting to time and target at closure Quantifying Baseline Activity of publications with an impact factor >10			• Increase number of new studies open to 188 studies (increase by 10%) • Increase the number of commercial studies approved in-year to 55 (increase by 10%) • Increase number of patients recruited into studies by 10% to 4200 patients. • Generate £3.2million of commercial income (10% increase from £2.9million) • 70% of commercial studies recruiting to time and target at closure • 10% increase in number of publications with an Impact Factor >10
Drive the implementation of		• Establish the baseline and develop a process		• Reduce the Gender Pay Gap to 16.63%.

Key Area of Focus	Q1	Q2	Q3	Q4
the strategic equality plan		for ethnicity pay gap reporting		• Improve capture of workforce equality data to 85%. • Improve the capture of workforce Welsh language skills data to 85%. • Increase the number of staff with Welsh language skills level 1-5 to 32.5%. • Reduce ethnic disparity in representation and career progression per WRES indicators 1-5.
Carbon reduction	Develop measures for: • % clean/solar energy • Use of single use items as a proxy for organisational behaviour			

During 2026/2027 and 2027/2028 we will:

- 2026-2027 - Fully active JAHS Programme.

- 2026-2027 - Open first research project within PCIC Diabetes Hub setting.
- 2026-2027 - Expand development of research workforce into AHPs and nursing.
- 2026-2028 – Continuous improvement of digitisation/automation of process.
- 2026-2028 – Continuous involvement in Clinical Trial Initiatives.
- 2026-2028 – Consistent collaboration with specialities supporting mainstreaming.

Quality Improvement and Efficiency Plan 2025/2026

Our organisational mission is to eradicate avoidable harm.

Our Quality Improvement and Efficiency Plan (QIEP) sets the actions we will take towards this mission, through a relentless focus on achieving two key outcomes:

- Quality and continuity of care that benchmarks in the upper quartile against comparators, and improves patient outcomes
- Value of our interventions, productivity, and efficiency maximized, and our operational costs reduced

The key drivers towards our two outcomes within our QIEP are:

- Optimising patient journeys
- Improving team wellbeing and availability to work
- Improving the way we do things- implementing the 'Brilliant Basics,' and improving productivity and efficiency through our operational and clinical processes
- Maximising financial opportunities

The QIEP reflects our priority improvement, productivity and efficiency KPIs and articulates our efficiency and productivity opportunities for capacity gains, alongside cash releasing savings plans. It incorporates the quantifiable gains from the Cabinet Secretary Enabling Actions and it builds upon the National Value and Sustainability themes.

Each clinical board has developed a more detailed plan that demonstrates their contribution to our health board ambitions.

A QIEP report will be built up from the Clinical Board plans and be built down from the key organisational improvement ambitions. Once fully developed the QIEP report will support governance arrangements at Directorate, Clinical Board and Board level ensuring we have the right decision making and assurance, based on the right information at the right level of the organisation

Summary of our Quality Improvement and Efficiency Plan Ambitions for 2025/2026

High Value Opportunity	Scope	Current Position	Target Position by Q4	Indicative Opportunity £m	Indicative Opportunity £m
Housekeeping / Grip and Control	• All areas maximising non recurrent opportunities	N/A	N/A	8.0	
Optimising time spent in hospital	• Reducing non-elective medicine LoS to peer median / upper quartile (medicine)	13.7 days	1.8 reduction		3.0
	• Reducing elective surgery LoS in surgical specialities to peer median / upper quartile (various)	GS - 2.1 / ENT - 0.7 / Ortho - 1.2	TBC		
	• Pathway of Care delays per month	176	160		
	• Bed growth avoidance metric	0	72		
	Improve infection rates	N/A	N/A		
Brilliant Basics - Theatres productivity	• Improving "in" theatre session utilisation to GIRFT standard:	79%	85%		3.0
	• Improving "of" theatre utilisation	80%	90%		
Brilliant Basics - Outpatients efficiency	• Reducing DNA rates	11%	5%		2.0
	• Follow Ups - see on symptoms / patient initiated follow up for nationally mandated pathways	3.4% / 0.8%	20%		
Income generation	• Exploring sponsorship and advertising opportunities • Recovery of overseas patient income • Increase private patient activity • Explore further opportunities for VAT efficiency	TBC	TBC	1.0	
Medicines management	• Remove unwarranted variation at primary / secondary care interface • Generic v branded opportunities • National resource Utilisation Group opportunities	N/A	N/A	3.5	0.5

High Value Opportunity	Scope	Current Position	Target Position by Q4	Indicative Opportunity £m	Indicative Opportunity £m
	• Outpatient precsribing				
Continuing Healthcare	• Commissioning – performance management • Joint packages of care review • Step down / new models of working • Prevention models	N/A	N/A	2.0	1.0
Mental Health	• OOA PICU placements	2,860 bed days	2,300 bed days		1.0
Facilities and Estates	• Reducing the costs of running and maintaining estate • Space utilisation: operating with a maximum of 35% non-clinical floor space. • Space utilisation: Unoccupied or underused space to be set at a maximum 2.5%. • Energy: reducing energy consumption • Supply contracts: Achieving value for money from existing contracts, including PFIs. • Land management**:** Identification of surplus land	TBC	TBC	1.0	
Brilliant Basics - Procurement	• Contain and Reduce non-pay expenditure by tactical application of the procurement discipline • Increasing Clinical Board in the management of the Health Board's supply Chain. • Streamline the variation in product lines contained in the catalogue with clinical support • Reviewing current expenditure control and implement improved systems and processes	TBC	TBC	3.5	1.5

High Value Opportunity	Scope	Current Position	Target Position by Q4	Indicative Opportunity £m	Indicative Opportunity £m
	• Increase clinical Procurement knowledge to challenge variation within a clinical pathway				
Workforce - including improving wellbeing and availability to work	• Improved Attraction and Retention- Turnover	9.40%	< 9%		0.5
	• Increased engagement score	72%	74%		
	% headcount personal appraisal and development review in past 12 months	79%	85%		
	Improved medical job planning	43%	> 90%		0.5
	• Agency usage (30% reduction on 24/25 outturn)	£6.5m	£4.05m	4.1	
	• Improved sickness absence rates / availability of staff	6.25%	<5.5%	1.4	1.0
	Workforce reduction strategies	TBC	TBC	5.5	
	New workforce models, role redesign, skill mix, working differently & digital efficiencies	N/A	N/A		1.0
	• Effective rostering - driving efficiency through systems	TBC	TBC		
Commissioning	• Health Board LTA provider / commissioner contracts optimisation	N/A	N/A		
	• JCC provider / commissioner contract optimisation			TBC	TBC
	• Clinical Coding % compliance	70.0%	85.0%		
Brilliant Basics- Public Health – Protecting and improving the health of the local population	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	66.9%	72.0%		
	Percentage uptake of the COVID-19 vaccination for those eligible. Spring and Autumn Booster 2025: All eligible people- AUTUMN	43.0%	45.0%	TBC	TBC
	Percentage uptake of influenza vaccination amongst staff	36.0%	56.0%		

High Value Opportunity	Scope	Current Position	Target Position by Q4	Indicative Opportunity £m	Indicative Opportunity £m
	Maintain levels of healthy weight children	77.5%	77.5%		
	Recruit Public Health Volunteers (measure man hours)	0.0%	200/year		
	Reduce smoking rates	13.0%	12.9%		
Environmental Sustainability	Implement the measures in the Intensive Care Environmental Sustainability Recipe Book	TBC	TBC	TBC	TBC
Total Indicative Targets				**30.0**	**15.0**

Our Financial Plan

	2025/26 Financial Plan £m
2025/26 planned underlying deficit	(9.1)
2024/25 recurrent operational pressures	(25.4)
2024/25 non-recurrent savings delivery	(25.4)
Brought forward underlying deficit	**(59.9)**
2025/26 estimated new cost pressures	(51.1)
2024/25 Demand / Cost growth	**(51.1)**
Total Deficit before allocations	**(111.0)**
2025/26 allocation uplift	
Core net allocation uplift 1.77%	20.3
LTA pass through 1.77%	2.5
Total 25/26 allocation uplift	**22.8**
Gross Planning Deficit	**(88.2)**
2025/26 quality and efficiency improvement requirement:	
Recurrent quality and efficiency improvement plan	(25.0)
Non-Recurrent quality improvement and efficiency plan	(5.0)
Cash releasing savings to be delivered	**(30.0)**
Planned Deficit	**58.2**

The 2025/2026 annual financial plan aims to manage all in-year cost pressures and demand growth, with an ambition to deliver a £58.2m deficit position.

Delivery of the 2024/2025 financial plan has been challenging, with the Health Board not achieving our £9.1m deficit control total. The Health Board is on track to deliver against the revised planned deficit position of £27.7m. It is anticipated that 2025/2026 will provide both challenges and opportunities as the Health Board drives delivery of a robust financial Quality Improvement and Efficiency Plan, in what continues to be a very difficult operational and financial environment.

The Health Board sees its responsibilities for its population and patients as core to its service improvement and delivery, and as such wants to deliver the best possible financial performance by ensuring it is driving improved quality and outcomes for patients. We want to take a 'Value in Health' and prevention approach to drive the services that our population need, and this will be a more sustainable model of healthcare for our population. In doing this, we want to achieve the best quality and access, within the resources available to our health system. We will also need the help and support of our local authorities, and other partners, in order to deliver change on the scale required.

The 2025/2026 financial settlement provides a Health & Social Care budget 1.77% core allocation uplift in funding, with pay awards to be separately funded.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months. Whilst inflationary pressures are stabilising, they continue to impact both directly on the Health Board, and our supply chain partners.

It is assumed in the plan, that the commissioning approach from the JCC and neighbouring LHBs, does not financially destabilise the UHB.

The UHB has continued to receive an allocation of £16.0m to accelerate planned care recovery in 2025/2026, plus a further £6.9m to support regional priorities. We will continue to aspire towards the achievement of ministerial priorities.

Progressing regional solutions and accessing funding whilst plans are developed, will continue to be key to driving performance in 2025/2026.

The draft annual plan demonstrates an ambitious programme of service improvement, with quality, value, and outcomes being the lens through which we are focusing our actions, set in a three-year context as we continue to develop high quality sustainable services.

The plan aims to deliver a 2% Quality and Efficiency Improvement Plan that builds on the work undertaken at the latter end of this year and continues to include all National Value and Sustainability Workstreams. The programme includes a £30m cash releasing target, with delivery of non-cash releasing productivity and efficiency opportunities supporting the plan.

Summary

This Annual Plan sets out our commitment to delivering high-quality, patient-centred care, improving population health outcomes, minimising inequities and ensuring financial and operational sustainability.

We will prioritise work aligned to delivering our strategic shifts, which will ultimately take us towards achievement of our strategic objectives and our vision:

- From an organisation shaped around **illness and injury** to one purposefully designed to **enable equitable health and wellbeing**
- From **variable quality of care** and experience **to utterly consistent quality and outcomes** for all
- From **analogue buildings to digitally connected people and places**
- From **firefighting today to planning for a sustainable tomorrow**

We recognise the challenges posed by the volatile environment we are operating within; by focusing on the Brilliant Basics, we will ensure that we are building towards our ambitions from firm foundations and maximising our productivity and efficiency to deliver best value and quality outcomes for the population we serve.

We are committed to holding ourselves to account for our plan delivery through our performance monitoring and governance, ensuring regular reporting and assessment of our progress and engagement with our people to ensure we stay on track to meet our objectives.

By working together, with our communities and partners, we will deliver a more sustainable and equitable system for our population.

Report Title:	Cardiff and Vale University Health Board Annual Safeguarding Report 2023-2024			Agenda Item no.	7.2	
Meeting:	Board Meeting	Public	X	Meeting Date:	27.03.2025	
		Private				
Status:	Assurance		Approval		Information	x
Lead Executive:	Executive Nurse Director					
Report Author:	Head of Safeguarding					

Background and current situation:

This report outlines the Cardiff and Vale Regional Safeguarding Agenda for people resident and working within the Health Board region. The annual report provides the committee with the details of safeguarding themes, data, training, supervision and performance for the corporate safeguarding team who are responsible for providing a multi-agency service for safeguarding children and adults at risk.
During this period a Joint Inspection of Child Protection Arrangements in Cardiff (JICPA) and an Internal Audit by NHS Wales Audit and Assurance Services were undertaken.
The Action plan for the JICPA is completed in a number of areas with further consideration required for some outstanding actions.

The report can be found in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

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

The 2023/24 Safeguarding Report considers the workstream from April 2023 to March 2024, demonstrating and evaluating the breadth of the safeguarding agenda and the progression made across the UHB.

Recommendation:

The Board are requested to:

a) Consider the information enclosed in the report
b) Approve the performance and direction of the safeguarding agenda

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		

Impact Assessment:
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Report Title:	Strategic Vision for Llantrisant Health Park and South East Wales Regional Endoscopy Plan			Agenda Item no.	7.3
Meeting:	CAV UHB Board	Public	x	Meeting Date:	27.03.2025
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Catherine Phillips, Executive Director of Finance				
Report Author (Title):	Jonathan Watts, South East Wales regional Planning Programme Director & Victoria Le Grys, Shaping Our Future Clinical Services Programme Director				

Main Report

Background and current situation:

Health boards in south east Wales have committed to active collaboration where this delivers added value to clinical service delivery, access and sustainability. Since 2022 this commitment has been progressed via a regional partnership overseen by a Regional Oversight Board.

Through this partnership each health board partner has led a formal programme for the region, with Cwm Taf Morgannwg University Health Board (CTMUHB) overseeing the diagnostics (consisting of endoscopy, pathology and community diagnostic hubs) programme.

In February 2023 following confirmation of Welsh Government funding, CTMUHB completed the purchase of the Llantrisant Health Park site (LHP). The site is close to the Royal Glamorgan Hospital and has the potential capacity and infrastructure for a wide range of clinical services, including as a regional diagnostic and treatment centre. Since this acquisition, partners, via the regional oversight board having been working with the LHP programme (owned by CTMUHB) to consider the opportunities that this site offers.

In January 2025, a letter was received by the Chief Executive of NHS Wales regarding the development of LHP. The letter expressed the wish for the LHP programme to proceed at greater pace, and specifically requested the following:

1. Development of an outline strategy which supports the development of a regional service model to utilise the proposed facilities at Llantrisant.
2. Development of a cross-health board demand and capacity mapping exercise to cover endoscopy, radiology and pathology, together with the setting out of a strategic delivery plan to meet this demand across a regional footprint
3. Setting out of a clear plan for utilising LHP for a short stay elective orthopaedic facility, supported by a demand and capacity model for the region
4. An outline of further future development opportunities for the LHP site and collaborative regional working in general

The Regional Portfolio Oversight Board has considered the letter and agreed an appropriate action plan. This included the need for a series of documents to be developed for submission to Welsh Government over the next few months. It was acknowledged these documents will require partner Board approval before submission.

An overall LHP outline strategy and regional endoscopy plan were signaled to WG as being the first such documents to be prepared in order to address the first action and the first component part of the second action point above. The LHP outline strategy is attached.

Also attached is the regional endoscopy plan. However, following late dialogue between the three Health Board CEO's some further revisions to the plan have been noted and agreed as being required. ABUHB have subsequently chosen not to share the current plan with their Board.

Boards can expect to receive a regional orthopedic plan in September 2025 whilst also receiving the RIBA 3 LHP capital business case in May 2025 and the full capital case in September 2025.

Subject to these timescales being met it is envisaged the main contractor would subsequently start on site in November 2025 with completion of the diagnostic hub forecast for early 2027 with the surgical hub completed by December 2027.

The outline strategy for the LHP

This document sets out the vision and approach to the use of LHP as an option to address a range of service issues, including growing demand, capacity gaps, workforce sustainability and the need for dedicated, protected elective activity for the region.

The core service model includes; a community diagnostic hub, an Orthopaedic unit focusing on high volume low complexity joint replacements, a multi-modality day surgery unit and endoscopy capacity alongside a training academy.

Regional Endoscopy Plan

This document concentrates on the specific issues affecting endoscopy services, setting out the demand & capacity positions for each health board, individual plans alongside activity to subsequently be commissioned from a new LHP development. The working assumption (taken from previous national endoscopy programme modelling) is that the region as a whole will require additional recurrent capacity equivalent to approximately six full time endoscopy theatres, inclusive of a future training academy facility.

The required revisions (referenced above) to this plan that are subsequently now being progressed include;

- A greater level of context as to what the region currently has in terms of endoscopy capacity- *sites where the procedure is offered, days of operating, sessions per day etc.*
- A tighter demand and capacity section (including assumptions regarding productivity and efficiency) by putting more of previous National Endoscopy

Programme (NEP) work into the plan thus ensuring the demand and capacity history is clear and recognised by external stakeholders.
- A clearly articulated engagement trail setting out all internal / external groups, Clinical leads etc that have shaped the developed of the plan.

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

CAVUHB specific assessment of the documents

CAVUHB agreed and set out a number of principles to regional partners when developing these documents. The key elements of which were:-

- Full support in principle for the proposal to establish a regional screening & surveillance centre in LHP (closely adjacent to Bowel Screening Wales), with a working intention that Bowel screening Wales would commission directly from CTM (as legal owners of the facility rather than via CAVUHB).

- Full support in principle for the proposal to establish a new endoscopy training academy in LHP, subject to a full business case being prepared by Health Education and Improvement Wales (HEIW). Details of this case are currently awaited.

- In regards to revenue funding of the endoscopy plan;

    - Where activity at LHP is derived from displacing activity from other sites the revenue will follow the patient.
    - Additional activity driven by Bowel Screening will be met by Bowel Screening Wales, commissioned via Public Health Wales directly with CTMUHB
    - Demand driven by population growth and increases in activity in planned care and diagnostics need to be met. Funding allocations relating to population assessments are part of negotiations with Welsh Government, it is anticipated that appropriate revenue funding aligned to demographic demand will be provided.

The latest request from the NHS Wales Chief Executive for a comprehensive regional endoscopy plan is seen as the appropriate vehicle to provide all respective health board demand & capacity positions and proposals in one document, starting from 2025/26 and leading through to the full operation of a LHP facility. As part of this CAV has detailed:

- A weekly capacity shortfall of 22 theatre sessions
- A requirement to commission 17 of these from the Llantrisant Health Park
- The remaining 5 session deficit will be met through improved efficiency, and an increased focus on transnasal endoscopy and capsule endoscopy procedures
- A requirement to invest in our nursing workforce
- Details of activity and costs are set out within the plan

It is not anticipated that the revisions to the endoscopy plan currently being progressed will affect either the activity or cost figures provided. Rather the revisions are intended to further strengthen the case for investment from Welsh Government. On this basis it was assumed appropriate to share the plan in its current guise and seek initial Board endorsement.

Subject to there being no changes to activity or finances it is proposed that Board give delegation to the Chair and CEO to provide ultimate sign off on the final version of plan. If unforeseen changes are made to activity or finance numbers it is recommended a special Board be convened to allow Board to fully re-discuss the document.

CAVUHB specific risks and issues

If backfill funding is not secured, the health board may need to explore alternative actions to mitigate the weekly sessional deficit. Rapid plans are being developed to address these risks.

The move of BSW activity for the Cardiff and Vale population to a facility out of area is likely to represent what is considered a significant service change and consequently requires a robust level of patient level engagement in order for patient advocate groups to be assured on the appropriateness of these changes. CAVUHB will work rapidly to agree what these patient engagement activities look like.

Recommendation:

The Board are requested to:

- Note the overall position in respect of regional service planning and the recent direction from the NHS Wales Chief Executive
- Note the attached documents that have been prepared as an initial response
- Note and endorse the local assessment / position statement
- Endorse the commitment to commission additional capacity and associated growth as set out in the plan, from the LHP facility from 2027/28 with a commitment to maximising internal efficiencies and detailed workforce planning as a part of the developing regional plans.
- Endorse a delegation to Chair and CEO to give final sign off on the endoscopy plan (subject to no changes to finance and activity numbers) when final revisions have been made.

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

Putting People First	X	Providing Outstanding Quality	X
Delivering in the Right Places	X	Acting for the Future	X

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

Prevention		Long term	x	Integration		Collaboration	x	Involvement	x

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

Risk: Yes

The LHP programme and wider regional portfolio regularly monitor and manage a full risk and issues registers for all programmes and constituent projects

Safety: No	
Financial: Yes	
Contained within the papers	
Workforce: Yes	
Contained within the papers	
Legal: Yes	
To be considered through the regional programme	
Reputational: Yes	
To be considered through the regional programme	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Investment Group	13.03.25
CAV UHB Board	27.03.25

GIG CYMRU NHS WALES
Rhanbarth De-ddwyrain Cymru
South East Wales Region

Regional Endoscopy Plan

March 2025

1. Purpose of this document

This document sets out the collective planning undertaken by Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards for endoscopy services in the south east Wales region, with the aim of delivering high quality sustainable endoscopy services through collaborative working. This incorporates both shorter-term developments within individual health boards and longer-term proposals to develop joint capacity for use across the region.

2. Aims of regional collaboration

Health Boards in south east Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability. Health Board planning teams (joined by clinical, operational, and other colleagues where beneficial) continue to meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Collaborative planning has involved each health board leading a formal programme with Aneurin Bevan UHB overseeing ophthalmology and cancer, Cardiff & Vale UHB overseeing orthopaedics and stroke and Cwm Taf Morgannwg UHB overseeing diagnostics (consisting of endoscopy, pathology, and community diagnostic hubs)

The regional endoscopy project was initiated with the aim of achieving the following:-

- 'A single regional service model' philosophy across a range of sites, with appropriate differentiation of procedures undertaken at each facility where indicated – as determined by D&C data and providing capacity to support bowel screening activity if / as appropriate
- 'Single service team' philosophy, with common roles, responsibilities, standard operating procedures, skill mix and staff rewards (banding etc.), together with a philosophy of learning and sharing of best practice at all levels of the service
- Professional Joint Accreditation Group (JAG) accreditation across all facilities (actual or equivalent)
- Movement towards management of a shared waiting list and addressing the longest waiters on a regional basis
- Collaborative approach to training arrangements, working with HEIW via an academy model
- IM&T systems to enable the sharing of data, including e-referral, reporting and onward referral and appropriate interface with FIT testing results.
- Enhanced shared understanding of demand and capacity data, with common approaches and definitions.

3. Scope

Phase one of the endoscopy project is focused on addressing the collective demand and capacity gap for non-complex gastroscopy, colonoscopy, and sigmoidoscopy (including screening and surveillance), working towards several key enablers including workforce

development and movement towards a shared waiting list. Complex procedures have been agreed for consideration in a later phase of the project.

This document sets out this first phase of the project, focussing on individual / collaborative capacity plans over the next 3-4 years and recognising the development of a regional staff training academy as a key enabler to successful and sustainable endoscopy services in the future.

4. Drivers for change

4.1 Policy and guidance drivers

The regional endoscopy planning has been informed by the following guidance and policy documents.

- *Our programme for transforming and modernising planned care and reducing waiting lists in Wales*, Welsh Government (2022)
- *Diagnostics Recovery and Transformation Strategy for Wales* (2022-2025)
- *Independent Review of Diagnostics Services* (Professor Sir Mike Richards)

4.2 Workforce

The national census of UK endoscopy services - published in 2024 - confirmed that workforce challenges are evident across the UK. The conclusion of this census was
"*The census presents a system under strain. While overall activity is above pre-pandemic levels, this is set against workforce concerns, increasing staff absences and reliance on insourcing for additional activity. This census re-emphasises the need to proactively plan for rising demand, while maximising all current available resources*."[1]

As a region, workforce has been identified as a key constraint to delivering high quality and timely care across 7 days in the current service environment. This is further impacted by the expansion of bowel cancer screening colonoscopies. A snapshot analysis of workforce across the region was undertaken to inform the appraisal of delivery model options for regional endoscopy. Key messages from this snapshot were:

- 68% of Nurse Endoscopists are aged between 30 and 50 and 59% of Registered Nurses are between 30 and 50 years old. However, 25% of Registered Nurses are between 50 and 60 years old, highlighting a quarter of the workforce nearing retirement, which may lead to a worsening of the current skills gap in the coming years.
- 74% of the Registered Nurse population in Endoscopy are AfC Band 5, indicating limited career progression opportunities, which could affect retention and workforce development.

[1] Frontline Gastroenterol: first published as 10.1136/flgastro-2024-102834 on 29 October 2024. Downloaded from http://fg.bmj.com/ on November 22, 2024 at British Society of Gastroenterology.

The significance of the workforce challenge is a primary concern for the regional endoscopy partners and there is a commitment to the development of a workforce plan and recognition of the importance of the contribution of the proposed regional endoscopy academy (section 5.4) to delivering sustainable endoscopy workforce.

4.3 Increasing demand

The regular demand and capacity assessments facilitated for NHS Wales organisations by the National Endoscopy Programme have evidenced sustained growth in demand. This growth is evident for both symptomatic cases and for screening activity, due to the expansion of the Bowel Screening Wales programme to incorporate people aged between 51 and 55 years.

The impact of the growth in screening demand is set out by health board below and equates to a requirement for an extra ten screening lists (one theatre) per week by 2027-2028.

Cwm Taf Morgannwg UHB					
	Year 3 *Oct 23 to Sept 24*	Year 4 *Oct 24 to Sept 25*	Year 5 *Oct 25 to Sept 26*	Oct 26 to Sept 27	Oct 27 to Sept 28
Index procedures	828	1,112	1,112	1,112	1,112
Repeat procedures	196	264	264	264	264
Surveillance procedures	78	67	72	132	178
Total Procedures	**1,102**	**1,443**	**1,448**	**1,508**	**1,554**
***Lists per week**	**7**	**9**	**9**	**9**	**10**

Cardiff and Vale UHB					
	Year 3 *Oct 23 to Sept 24*	Year 4 *Oct 24 to Sept 25*	Year 5 *Oct 25 to Sept 26*	Oct 26 to Sept 27	Oct 27 to Sept 28
Index procedures	819	1,100	1,100	1,100	1,100
Repeat procedures	194	261	261	261	261
Surveillance procedures	60	72	88	131	176
Total Procedures	**1,073**	**1,433**	**1,449**	**1,492**	**1,537**
***Lists per week**	**7**	**9**	**9**	**9**	**10**

Aneurin Bevan UHB					
	Year 5 *Oct 23 to Sept 24*	Year 4 *Oct 24 to Sept 25*	Year 5 *Oct 25 to Sept 26*	Oct 26 to Sept 27	Oct 27 to Sept 28
Index procedures	1,116	1,499	1,499	1,499	1,499
Repeat procedures	264	355	355	355	355
Surveillance procedures	89	115	136	179	240
Total Procedures	**1,470**	**1,969**	**1,990**	**2,033**	**2,094**
***Lists per week**	**9**	**12**	**12**	**13**	**13**

The National Endoscopy programme (NEP) has facilitated several national demand and capacity assessments, with the autumn 2023 assessment of data identifying a total capacity gap (symptomatic and screening demand) across the south east Wales region of 6.3 rooms by 2027/28.

	2027/28		2027/28		2027/28 Rooms
	D&C "balance"	Backlog (one time)	D&C "balance"	Backlog (one time)	D&C "balance"
Recurrent	25695	107688	50 per week	10,769 total	**6.3**
Non Recurrent	25071	90151	49 per week	9,016 total	**6.1**

5. Plans to bridge the gap between capacity and demand

The project undertook an option appraisal to identify options to meet the collective capacity gap. Key assumptions were that health boards would firstly work to fully utilise existing internal capacity, and then collaborate to address remaining capacity gaps, noting that workforce was a key constraint. On this basis, the appraisal identified a preferred option of the development of a regional endoscopy centre with a co-located regional training academy. The regional training academy is described further in section 5.4.

The subsequent site option appraisal identified Llantrisant Health Park (LHP) as the only suitable site within the south-east Wales region for a development of this nature and size.

Individual health board plans (covering the interim period prior to the opening of a regional facility) are set out below:

5.1 Aneurin Bevan University Health Board

Aneurin Bevan UHB has reviewed its projected demand and capacity position, based on NEP assumptions of 5% core demand growth per annum and the published future commissioning

intentions of Bowel Screening Wales. It is intended to move to full utilisation of the Royal Gwent Hospital endoscopy facility from April 2026, with all four theatres extended to seven days working from that date. Based on a 49-week per year operation (inclusive of backfill), this would deliver an additional 392 lists and enable the health board to maintain all relevant diagnostic targets until 2027/28.

If the additional activity is delivered from April 2026, the resulting capacity gap in 2027-2028 is minimal, equating to approximately one list per week. From 2028-2029 the recurrent gap amounts to approximately five half-day sessions per week, or half a theatre. It is intended that this activity would be delivered through the new regional unit (made up of screening and surveillance procedures), thereby enabling continued maintenance of all relevant diagnostic targets. This equates to 1,176 procedures being undertaken at the regional unit annually.

5.2 Cardiff and Vale University Health Board

Cardiff and Vale University Health Board has extended its capacity in University Hospital Llandough with two new theatres in 2024. The plan for the health board incorporates maximising the use of these theatres, noting workforce constraints have been a limiting factor.

The health board has undertaken a demand and capacity assessment and has identified a minimum requirement for 17 sessions or 1.7 theatres to be sourced from a regional centre from 2027/28. Details of the requirements are set out in the finance section.

The Cardiff Health Board currently shortfall of 28 sessions per week. However, once all vacancies are fully recruited, this deficit is expected to reduce to 22 sessions. Of these, 17 sessions will be allocated to the regional hub. This equates to 3504 procedures annually. The Health Board aims to backfill these 17 sessions, ultimately bringing the shortfall down to 5 sessions per week. This remaining deficit will be managed internally through productivity gains and an increased focus on TNE and capsule endoscopy procedures which would both require investment in nursing workforce.

The plan to backfill involves retaining the workforce time used to deliver the initial 17 sessions. However, there is a risk of not backfilling these sessions which would require the health board to mitigate the weekly sessional deficit through other actions / funding.

5.3 Cwm Taf Morgannwg University Health Board

Cwm Taf Morgannwg University Health Board extended its internal capacity in 2024 with the opening of an additional endoscopy theatre at Prince Charles Hospital. The health board is currently experiencing reduced capacity from the impact of the critical incident at Princess of Wales Hospital. During 2025-26 the health board will recover this capacity and will work towards the implementation of phase two of the internal endoscopy plan. This plan incorporates:

- Expansion to the substantive staffing of the third unit at Prince Charles Hospital.

- Development of the trans-nasal endoscopy service. This will review the requirements for gastroscopy.
- Implementation of manometry services.

Notwithstanding these developments, the health board will have a residual capacity gap equivalent to approximately twenty sessions or two theatres of activity from 2027/28 onwards.

The anticipated requirement for Cwm Taf Morgannwg University Health Board is equivalent to 7,200 procedures based on the case mix as set out in the table below (40% gastroscopy, 40% sigmoidoscopy and 20% colonoscopy).

Procedure	**Volume annually**
Gastroscopy	**2,880**
Sigmoidoscopy	**2,880**
Colonoscopy	**1,440**

5.4 Workforce requirements for a regional service

The option appraisal undertaken by the project identified workforce as a limiting factor for all models. On this basis, the project recommendations were as follows:

- A comprehensive workforce plan would be developed for the long-term operation and sustainability of a regional endoscopy centre, based on in-house NHS staffing enabled by the training academy
- For the short to medium term, operation of the regional centre would be most readily facilitated through the appointment of an independent service provider.

5.5 Regional Endoscopy Training Academy

Endoscopy is a complex and evolving specialty requiring specialist education and training for all staff. Tailored training improves recruitment, retention, competency, and patient care. The JAG Endoscopy Training System (JETS) provides a structured framework for workforce training, progressing staff from foundation to leadership levels, with mandatory training requirements for JAG accreditation.

Endoscopy Training Academies have been established in the UK to enhance multi-professional learning, innovation, and workforce development.

Endoscopy Training Academies have the potential to provide greater health system value than traditional education models as they:

- Enable training and supervision capacity to be expanded quickly and much more cost effectively

- Enable innovation in training through rapid at-scale adoption of technology enhanced learning and new multi-disciplinary learning models
- Accelerate independent working and service delivery productivity of trainees
- Enable more geographical equity in the distribution of training and hence the health professional workforce;

Through the Endoscopy Training Academy, training is provided to the whole endoscopy workforce, including nurses and support staff, in a multi-disciplinary environment. A south-east Wales Endoscopy Training Academy, co-located with the regional endoscopy suite, is proposed to support sustainable workforce training.

The development of a regional endoscopy training academy is a priority for Health Education and Improvement Wales (HEIW), as set out in its 2024-2027 intermediate medium-term plan. HEIW has developed a formal proposal for the training element of the academy, but this does not include consideration of the required physical infrastructure. The current working assumption for the LHP programme therefore includes the provision of a minimum of one theatre for the development of the academy. HEIW have committed to regular meetings with the regional endoscopy planning team to develop plans in alignment and will provide confirmation of the recurrent cost model for the academy for inclusion in the LHP business case which will be prepared for health boards' consideration in May 2025.

The requirements from health boards to facilitate a regional academy are to be confirmed. A trial of the academy function was planned to be undertaken by Cardiff and Vale UHB in quarter four of 2024-25. The health board secured £300,000 to run a regional accelerated training programme which secured 3 days and 6 lists of Endoscopy training. The funding was non-recurrent and only for Q4, so the scheme will cease at the end of March 2025. Review of this training programme trial will inform the academy planning.

6. Financial requirements

In order to deliver the capacity requirements of the south east Wales region, a total capacity of 42 sessions per week will be required from a regional unit, equating to just over four theatres. The costs to each organisation of their commissioning requirements are set out below.

6.1 Aneurin Bevan University Health Board

The cost of establishing the additional capacity at the Royal Gwent Hospital from 2026/27 is set out below.

	Cost per annum (£k)	
Consultant / clinical staffing	259	
Nurse staffing	324	
Non-clinical staffing	51	
Total staffing		**634**
Drugs	21	

Consumables	138	
Maintenance	43	
Other non-pay	34	
Total non-pay		**236**
Facilities	39	
Decontamination	106	
Histopathology	257	
Total support services		**402**
TOTAL COSTS		**1,272**

Based on existing case mix, the subsequent requirement for five sessions of screening and surveillance capacity annually at LHP from 2028-2029 would be broadly as follows:

	Procedures per week	Annually	Indicative managed contract cost
Colonoscopy	16	784	£0.5m
Flexi - sigmoidoscopy	8	392	£0.2m

It should be emphasised that this breakdown for 2028/29 is illustrative at this stage, and will depend upon forthcoming clinical trends, BSW requirements etc.

6.2 Cardiff and Vale University Health Board

The estimated financial impact of delivery of the additional activity through LHP and associated backfill within C&V UHB is based on the following case mix assumptions, and on the assumption that current income supporting BSW activity is returned for a direct commissioning arrangement by PHW.

Screening	Procedures per week	Annually	Indicative managed contract cost
Colonoscopy	31	1,488	£0.92m
Flexi - sigmoidoscopy	2	96	£0.043m

Surveillance	Procedures per week	Annually	Indicative managed contract cost
Colonoscopy	21	1008	£0.51m
Flexi - sigmoidoscopy	3	144	£0.051m

Diagnostics	Procedures per week	Annually	Indicative managed contract cost
Colonoscopy	6	288	£0.18m
Flexi - sigmoidoscopy	3	144	£0.064m
Gastroscopy	7	336	£0.13m

Costs have been based on uplifted 23/24 costing data with backfill predicated on lost capacity compared to recurrent funded baselines, excluding non-recurrent income.

Estimated impact of Regional Plan and sustained internal capacity	**£k**
Colonoscopy	2,372
Sigmoidoscopy	293
Gastroscopy	886
	3,551
LTA Income	(1,623)
Net impact before backfill	**1,928**
Backfill of capacity	2,990
Indicative Total	**4,918**

6.3 Cwm Taf Morgannwg University Health Board

From 2025 to 2027, Cwm Taf Morgannwg UHB is deploying £1m of Planned Care Recovery funding to endoscopy and in 26-27 developing the PCH endoscopy unit (phase 2) at a cost of £500k.

The health board's requirements for two theatres with a case mix as per the original specification results in total annual costs of £3.3m.

	Cost
Gastroscopy	£1,200,000
Flexi – sigmoidoscopy	£1,300,000
Colonoscopy	£800,000
Total	£3,300,000

Projected funding sources

The current assumptions regarding revenue funding for the plan are as follows:

- Where activity at LHP is derived from displacing activity from other sites the revenue will follow the patient
- Additional endoscopy activity driven by bowel screening will be met by Bowel Screening Wales, commissioned via Public Health Wales
- Demand driven by population growth and increases in activity in planned care and diagnostics need to be met. Funding allocations relating to population assessments are part of negotiations with Welsh Government, it is anticipated that appropriate revenue funding aligned to population-based demand growth will be provided

Whilst detailed cost breakdowns will be prepared as part of a full business case, a summary of the total projected funding requirements for the period 2025/26 – 2028/29 is shown below:-

		2025/26	2026/27	2027/28	2028/29
Additional costs by health board					
AB		£0.083m	£1.272m	£1.272m	£1.972
C&V		£0.083m	£4.918m	£4.918m	£4.918m
CTM		£1.183m	£1.300m	£4.800m	£4.800m
Total additional costs		**£1.350m**	**£7.490m**	**£10.990m**	**£10.990m**
Offset funding					
BSW Growth Investment (unconfirmed)		-£0.250m	-£0.250m	-£0.250m	-£0.250m
HB commissioning (including planned care funding)	AB	-	-	-	-
	C&V	-	-	-	-
	CTM	-£1.000m	-£1.000m	-£1.000m	-£1.000m
Total offset funding		**-£1.250m**	**-£1.250m**	**-£1.250m**	**-£1.250m**
TOTAL NET FUNDING REQUIREMENT		**£0.100m**	**£6.240m**	**£9.740m**	**£9.740m**

7. Project delivery

It has been agreed by regional partners that the project will continue to run until the health boards have formally considered the endoscopy plan and committed to LHP as the basis for commissioning additional activity from 2027/28.

A procurement timeline has been established, which enables the appointment of an independent service provider by summer 2025. Please refer to appendix 1 for the timeline.

The LHP Programme Board will manage the delivery of the regional endoscopy centre following approval of the full business case.

The LHP programme formally reports to the SEW Regional Oversight Board at which all Health Board Chief Executives are represented. Health Education and Improvement Wales, Public Health Wales' Bowel Screening Wales team and the National Endoscopy Programme have all been represented on the regional endoscopy project and will now be co-opted into the LHP programme as required.

8. Procurement project management and governance

NHS Wales Shared Services Partnership (NWSSP) procurement leads have been allocated to support the procurement processes for the regional programme working collaboratively with the programme leads.

In the previous phases of this work the Regional Diagnostic Programme Board has been designated by partners to act as the steering group for the procurement processes. The board appointed a procurement evaluation team (PET) which comprises experts covering a range of disciplines (planning/ commissioning, clinical, operational management, workforce, digital, finance specialist facilities/equipment, estates), representing all health boards in the regional and relevant regional/ national bodies.

The LHP Programme will now take over the role of steering group for the final tender stages of procurement and will be supported by a new PET team reflecting the revised nature of the service specification (this will be the regional endoscopy unit and one radiology community diagnostic hub for the CTMUHB region).

9. Independent Service Provider Contractual Arrangements

The service specification developed for market testing was prepared on behalf of all three health boards in the region by the PET and signed off by health boards at the Regional Endoscopy Project Board.

The final specification for tender will require the confirmation of partners of the confirmed commissioning arrangements. Initial discussions have indicated a preference for the contract for the ISP to be held by Cwm Taf Morgannwg University Health Board on behalf of the region, as the organisation with responsibility for the LHP site.

The ISP contract mechanism is based on the premise of using an NHS site (LHP) with a long-term cost per procedure contract arrangement. The contract will require a minimum activity commitment from partners and the contract will be devised based on the basis of the guaranteed minimum commitment of all health boards.

Appendix 1 – Independent Service Provider Procurement Timeline

Procurement for the Provision of Community Diagnostics Hubs

Timescales Updated: January 2025

Section	Activity	Task Activity Lead	Activity Start	Activity Close	Comments	Points of Risk of Delay in Process
Stage 2a	Issue of ITPD(2) rollback from Bidders	Procurement	26/01/2024			
	Deadline for submission of 2nd ITPD from Bidders and Evaluation of Bids for reduction of bidders for ISFT	Procurement	16/02/2024		3 weeks to allow bidders that didn't submit at ITPD2 sufficient time	RISK Point - May need to extend
	ITPD(2) submissions issued to Procurement Evaluation Group for review prior to evaluation meeting	Procurement	19/02/2024			
	Evaluation of ITPD(2) Questions for pass/fail and scoring to enable shortlisting to 3 suppliers	Procurement Evaluation Group	22/02/2024	26/02/2024		RISK Point - Potential clarifications may extend this duration
	Agreement of shortlisted top 3 suppliers	Procurement Evaluation Group	27/02/2024			
	Notification to bidders on top 3 suppliers	Procurement	28/02/2024		Top 3 suppliers will have dates from ITPD(2) release, however, will need to be notified of the week they will be having dialogue so will require a few days notification	RISK Point - Clarification or Challenge by a bidder who was not progressed to dialogue

					Parallel notification to bidders who have failed or not scored within top three suppliers will also occur	
	Supplier Dialogue Days	Procurement / Project Team	04/03/2024	22/03/2024	5 days per supplier as agreed in workshop 25/01/24	
	Project Board Update (i.e. reduction of bidders)	Project Team	Week of 25th March 2024		Need dates for Steering Group meeting	
Stage 2b	ISFT Development of specification		25/03/2024	29/03/2024	Can run in parallel with Stage 2a to develop final specification using supplier dialogue weeks and updating information as known Easter Holiday week for awareness	
	Finalise ISFT (Invitation to Submit Final Tender) - Specification - Evaluation Methodology - Evaluation Panel (panel members and date to be agreed so date can be placed in diaries)	Procurement / Project Team	22/04/2024	26/04/2024		RISK Point - If final specification not agreed by end date
	Sign Off of ISFT document	Project Board	29/04/2024	03/05/2024		
Stage 3	Issue ISFT (Invitation to Submit Final Tender)	Procurement	03-Mar-25			Tender Specification and criteria needs to finalised
	Deadline for return of ISFT	Procurement	02-Apr-25		30 days for tender release	RISK Point - May need to extend
	Issue of ISFT submissions to Procurement Evaluation Group	Procurement	03-Apr-25			

	Evaluation of ISFT	Project Team	03-Apr-25	18-Apr-25	Supplier Presentation (if part of Evaluation) Dates to be pre-agreed to ensure all panel members are available. 2 weeks provided to capture any bidder clarifications	RISK Point - Potential clarifications may extend this duration
	Procurement Evaluation Team Recommendation	Project Board	Week of 21st April 2025			
Stage 4	Three Health Boards Approval	Procurement	w/c28 April 2025		Dependent on Board dates of the Health Boards and pre discussion on recommendation with approvers	RISK Point - Delay if one or more Health Board does not agree/delays approval
	Welsh Government Approval	Procurement	w/c28 April 2025			RISK Point - Delay if WG has any clarifications
Stage 5	Issue Intention to Award Letter to Bidders	Procurement	May-25			RISK Point - Clarification or Challenge by a bidder
	Start of Standstill Period	Procurement			10 days from the day after letters are issued	
	Award Letter Issued	Procurement			Subject to successful standstill period	
Stage 6	Contract Award	Project Team	Jun-25			
	Contract Implementation and mobilisation	Project Team			Dependent on lead times and models chosen	

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
Cwm Taf Morgannwg University Health Board

Llantrisant Health Park Programme – Strategic Overview

Status DRAFT

Date 7th March 2025

CTM 2030 Ein Hiechyd Ein Dyfodol
DATBLYGU CYMUNEDAU IACHACH GYDA'N GILYDD

CTM 2030 Our Health Our Future
BUILDING HEALTHIER COMMUNITIES TOGETHER

Contents

1. Strategic overview

During autumn 2022, Cwm Taf Morgannwg University Health Board (CTMUHB) became aware of the intention of British Airways Avionics Engineering (BAAE) to sell their former engineering site in Llantrisant. The site was vacant, as BAAE had relocated their service provision to St Athan during early 2022 (but remained as tenants of the site).

The total site covers over 20 acres with a developed area comprising three separate buildings totalling over 10,300sqm. There is parking on site for around 300 cars. The site has the potential capacity and infrastructure for a wide range of clinical services, and in addition to the existing buildings, there is also an area of cleared ground that is available for further on-site development.

In December 2022 CTMUHB submitted a case to Welsh Government (WG) to support the purchase of the site – to be known as Llantrisant Health Park (LHP) - and setting out the initial development aims and aspirations. Approval was given and £8M funding released to support the site purchase as a regional elective care facility. The purchase completed in February 2023.

The vision for LHP is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards. LHP will also act an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, "Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales" (April 2022).

The need to introduce diagnostic and treatment capacity to the South Eest Wales region has never been greater. Since the COVID pandemic, waiting lists have increased to their highest ever levels and Health Boards have struggled to address this within existing capacity and working practices. Set alongside this is the increasing aging population and acute medicine pressures which indicate that a significant change to current practice and how we use our existing infrastructure is essential if performance and access to treatment is to be improved. LHP offers the region a unique opportunity to deliver new ring-fenced elective capacity, encompassing innovative developments and state of the art practice. The site will provide efficient and proven effective models of care to deliver increased diagnostic and treatment facilities across the region. These models are fully in line with the Getting it Right First Time surgical hub models, recognised as best practice across the UK. The proposal incorporates:

- **Imaging capacity** – incorporating MRI, CT and ultrasound as part of a Community Diagnostic Hub (CDH)
- **Endoscopy capacity** – elective and screening services to increase capacity across the region and address the projected six suite shortfall across the region by 2027/28 and to introduce a training academy to respond to workforce shortfalls.
- **High-volume, low-complexity orthopaedic inpatient unit** - providing capacity for up to six theatres to deliver arthroplasty (knees and hips) surgery for patients meeting the criteria for treatment without critical care support. An inpatient unit adjacent to the theatres will accommodate patients requiring an overnight stay.
- **Multi-modality day surgery unit** – principally focused on addressing the significant shortfall in dedicated day surgery capacity across CTMUHB, it will be a dedicated and fully efficient centre of excellence that reduces wait times.

It is recognised that Health Boards have obligations in respect of public engagement and consultation when introducing significant service changes, and these will have some application when progressing a model of regionally-based provision of elective and diagnostic services.

The principle of patients travelling further to access more timely care has been tested in a regional context with a recent engagement exercise for cataract surgery, when positive feedback was received from both public and Llais. Close contact with Llais will be maintained as the LHP plans progress, to ensure that the required arrangements are in place and that any concerns / issues arising are addressed and mitigated as appropriate.

2. Existing arrangements and drivers for change

2.1 Background

Current service provision for the region is primarily delivered on a Health Board population basis within each health board's geographic footprint. Patients from each health board currently access services in other health boards as part of agreed patient flows for specific service pathways. Additional capacity is delivered through a range of means including internal additional capacity using NHS clinicians (commonly referred to as waiting list initiatives) and in-sourcing arrangements, when teams come into NHS Facilities. Outsourcing to providers in the independent sector in Wales and in England also provides alternative short term elective capacity.

Currently there are waiting lists in all affected areas and a capacity shortfall against demand. With a rapidly aging population, the demand for diagnostic procedures as well as orthopaedics treatment (in particular for hips and knees) is likely to grow significantly. The following section sets out the demand capacity challenges which are seeking to be addressed by the LHP development.

2.2 Demand and capacity summary

2.2.1 Endoscopy

The National Endoscopy programme (NEP) has facilitated a number of national demand and capacity assessments with the Autumn 2023 assessment of data identifying a gap across the South East Wales region of 6.3 rooms by 2027/28.

Table 1 - Endoscopy capacity gap by 2027/28

	2027/28		2027/28		2027/28 Rooms
	D&C "balance"	Backlog (one time)	D&C "balance"	Backlog (one time)	D&C "balance"
Recurrent	25695	107688	50 per week	10,769 total	**6.3**
Non Recurrent	25071	90151	49 per week	9,016 total	**6.1**

The ability of the infrastructure to accommodate up to six endoscopy theatres plus associated recovery and supporting space needs to be considered in ascertaining which option delivers a sustainable solution to the capacity shortfall across the region. The regional endoscopy plan sets out the proposals to meet the shortfall across the region, incorporating health board short and medium term developments and sets out the residual gap to be commissioned from the regional facility once this is operational.

2.2.2 Radiology

Demand and capacity modelling has been undertaken as part of the Community Diagnostic Hub (CDH) work stream, jointly by Cardiff and Vale, Aneurin Bevan and CTM UHBs. It is recognised that understanding regional demand and capacity is complex due to the variation in working practices between organisations.

The demand and capacity exercise undertaken in 2023 highlighted a capacity as set out in the table below.

Table 2 - Annual regional capacity gap

Modality	Capacity gap (scans)
CT	47,383
MRI	19,844
NOUS	72,833

This exercise is currently being refreshed by the Health Boards, and it is intended to deliver a regional radiology plan by July 2025, based on common definitions and capacity assumptions. This refreshed exercise will also now take account of capacity and opportunities available at Velindre University NHS Trust.

The current assumption for the health park is that it will comprise a community diagnostic hub for the Cwm Taf Morgannwg area. The pathway work within CTM indicates the desirability of a future proofed service by including two MRI and two CT scanners in the design and infrastructure solution (potentially with the second scanners included as shells within the building for straightforward future development). In addition, up to four ultrasound rooms will be included within the design, alongside a number of procedure and clinical rooms.

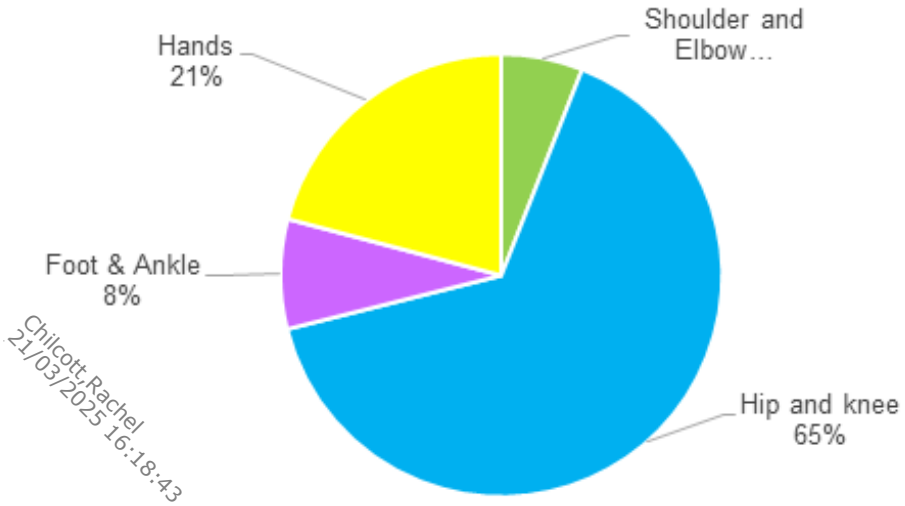
2.2.3 Orthopaedics

The South East Wales Regional Orthopaedic Programme has led on the confirmation of the clinical model and clinical specification for the elective inpatient orthopaedic unit. This work is being reviewed and updated to present to Boards in Q2 of 2025/26

The Programme has analysed anticipated demand data from each health board and considered the suitability of patients. It has been concluded that between 77- 85% of residual elective activity may be suitable for treatment at LHP.

Based on regional demand and capacity, hips and knees are reported as the largest proportion of the waiting lists across SE Wales region (65%), therefore an arthroplasty unit would have the most positive effect on the region's waiting list.

Figure 1 - Orthopaedics waiting list (% by procedure)



2.2.4 Day Surgery

Currently, each health board has its own dedicated day surgery units, except for CTMUHB, where the Royal Glamorgan Hospital lacks such a facility. This leads to mixed lists and no dedicated space for day surgery, reducing efficiency. To address this, it is proposed to establish a dedicated day surgery hub at LHP. This hub (separate from the arthroplasty hub) would aim to increase the number of procedures done as ambulatory day surgeries, leading to better patient outcomes and higher treatment volumes.

3. Why Llantrisant Health Park

The demand and capacity analysis clearly demonstrates shortfalls in capacity across the region. In addressing capacity challenges, it is essential that existing facilities are maximised before consideration of investment in additional assets. Within CTMUHB, estate challenges, the need for consolidation and the limited space for protected day surgery are drivers for a new site solution.

LHP has the potential to:

- Provide capacity for CTMUHB to consolidate day case activity
- Provide additional capacity for regional diagnostics and orthopaedics
- Provide an opportunity to develop and test best practice models for Wales
- Provide a centre for training to support the region in meeting workforce shortfalls, working in partnership with HEIW.

The vision is to create a standalone site for high volume low complexity care and diagnostics that provides uninterrupted, effective, efficient services to address capacity shortfalls. The orthopaedic element will see the creation of a stand-alone elective surgical hub in a dedicated building, that will undertake high volume low complexity (HVLC) procedures.

The LHP building is located adjacent to the Royal Glamorgan Hospital, but is separate from any acute provision. The proximity to the hospital site will enable greater flexibility in determining the eligibility criteria for patients to be treated at LHP - this can increase the cohort of qualifying patients and make a greater impact on waiting times than for a centre which is more remote from supporting acute services. Despite being separate, the site is directly adjacent to Royal Glamorgan Hospital which will provide essential support and promote efficiency on site. LHP is easily accessible from the road network.

The LHP facility will be utilised to undertake both core and additional capacity for CTM and additional capacity for the region. For CTM there are significant efficiencies that can be realised in taking day surgery activity from an acute site and providing it from LHP, as well as in co-locating with orthopaedic theatres in terms of plant and infrastructure. The benefits in location of the unit should see much improved day case conversion numbers and an improved patient experience. The proposal would be to offer capacity to regional partners and develop a collaborative model of regional day case service delivery.

Within the Surgical Hub, the challenge is to move away from a traditional inpatient concept, and to move to an ambulant patient model in a fully supportive environment, thereby optimising outcomes and length of stay. The proposed LHP model will adopt the following principles:

- Clinical pathways and supporting infrastructure designed to meet GIRFT Surgical Hub accreditation, including flexibility to support future innovation
- Planning based on ‘zero-day’ length of stay as default

- Standardised clinical pathways
- Productivity meeting or exceeding GiRFT guidelines.
- Supporting physical infrastructure that is comfortable but will not encourage unnecessary overnight stays.
- Ring-fenced unit and staff.
- Activity delivered through regular, job-planned consultant sessions
- A multi-disciplinary team approach, using competency frameworks to support staff working across traditional role boundaries.
- Stand-alone unit philosophy, with the Royal Glamorgan Hospital supplying logistics only.

It is critical that throughout the design process the teams continue to engage with and learn from exemplar units from across the United Kingdom and even further afield to support the development of forward thinking and innovative clinical pathways feeding into the physical infrastructure. The protocols developed alongside this will be clinically developed and support standardisation, innovation and patient safety with senior clinical MDT sign off throughout. This development model is also being developed for both endoscopy and imaging services as part of the proposed CDH.

4. The programme investment objectives and benefits

In considering the strategic drivers for change and the increasing demand for services, a series of investment objectives have been developed as set out below:

- To deliver a high-volume low-acuity elective model of care for the south east Wales region on a phased basis. The first phase to focus on the following core services with services operational by the end of the 2027/28 financial year.
  - Elective orthopaedic arthroplasty
  - Day Surgery
  - Imaging
  - Elective Endoscopy screening
  - Future phases to consider further regional services.
- To maximise clinical capacity on the LHP site, ensuring that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring Royal Glamorgan Hospital site.
- To facilitate and support the use of innovative design and delivery solutions in both clinical and non-clinical services. To implement standardised regional protocols and practices to promote efficient service delivery offering improved value for money reported via comprehensive patient level costing over the English tariff
- To develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services
- To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities.
- To enable further opportunities for future additional service provision for the region and for further regional coordination / possible estate rationalisation.

The key benefits to be delivered by the development will therefore be:

- Reduced waiting times for patients awaiting diagnostic tests and elective treatment
- Additional sustainable capacity for the NHS across Southeast Wales to meet demand for elective and diagnostic services
- Greater certainty of planning for health boards, with reduced reliance on short term / premium cost capacity solutions and improved options for future development
- Optimised workforce planning and improved recruitment and retention in key services
- Improved efficiency of services and better value for money from public investment

5. Proposed delivery model

Following the purchase by CTM UHB of the LHP site in February 2023, a design team was appointed and work commenced on developing the scope and design of the proposed service development.

5.1 Capital development

The development proposal for the site has focussed on use of NHS capital for the surgical hub (containing the theatres and wards and all associated supporting space) and a capital build but revenue managed service contract for the equipping and staffing of the regional diagnostic hub. This ensures a continuity of build for the main infrastructure but provides flexibility for the service provider in specification of equipment and overall operational management of the building.

The capital development process commenced shortly after the successful lease surrender negotiations with the incumbent tenant, BAAE. For this first 4 months a series of intrusive and extensive building and site surveys took place to inform how the design was to progress. This led to an early option appraisal and conclusion that the best option for the programme would be to replace the existing buildings on site which were over 20 years old and designed for light infrastructure only, with modern purpose designed and built infrastructure that could provide a further 60 year life.

The replacement of the existing buildings removed constraints over size, layout and clinical adjacencies to further support the clinical teams to develop efficient and clinically tested layouts to maximise efficiencies in working and supporting the requirements for GiRFT and JAG accreditations. Opportunities to build in efficiencies around the infrastructure process could also be realised. Whilst the buildings are proposed to remain on the same footprint within the on-site raised plateau, changes in shape and configuration provide significantly more space whilst still retaining most of the development plateau for a future phase and to support further services moving onto the site.

In January 2025, WG approved the early commencement of demolition, and a specialist demolitions contractor has been appointed to undertake the same. Planning licences are expected to be granted during March to enable demolitions to commence shortly thereafter and complete by late August / early September, this is subject to ecology and planning.

In terms of the main building design, WG undertook a technical infrastructure review at the end of RIBA (Royal Institute of British Architects) design stage 2. Further funding was released to continue to develop the design through RIBA stage 3 with the understanding that, during this stage, a main contractor appointment would be tendered to complete the design process. This is an essential appointment to maintain the pace of the current programme and enable a timely planning application.

The tender process commenced in November and closed on 31st January 2025. Extensive analysis and clarification work was undertaken, and a preferred contractor has been identified.

This is being discussed with NWSSP-SES and WG to enable an appointment by mid March to enable completion of the RIBA 3 design stages to inform the RIBA 3 business case required by WG.

Figure 2 – Proposed Building Configuration for LHP

The latest cost plan has been produced at close of RIBA 2, a more updated version will be produced at close of RIBA 3. The latest cost plan is based on benchmarked cost per M2. Once a main contractor is appointed, they will develop the cost plan.

Table 3 shows the current forecast outturn capital cost however as previously stated this is subject to the main contractor appointment.

Within these capital costs, it is assumed that the diagnostic hub is equipped by the appointed private partner. The capital cost of this building is now included in these figures.

Table 3 - Current forecast outturn capital cost

Cost Type	Total Cost £000
Works Cost	105,633
Preliminaries & profit	24,926
Fees	17,423
Risk / Optimism Bias	23,479
Sub -Total Excluding VAT	**171,461**
Inflation Allowance	7,233
Total Including Infl	178,694
VAT	31,816
Total Forecast Cost	**210,510**
Sunk Costs	9,001
Total Incl Sunk Cost	**219,511**

The sunk costs refer to the site purchase and all associated costs and design works up to the end of RIBA2. To date circa £14M funding has been approved leaving a balance of £205M to be funded based on this cost forecast.

On appointment of a main contractor partner a more detailed design, cost envelope and programme will be confirmed, and this will all be presented in the RIBA 3 business case.

5.2 Revenue

The proposed revenue funding approach to LHP is based on the commissioning of activity from the site both internally and by partners with additionality of cost being met by appropriate revenue uplift linked to population and demand growth.

The assumptions being made include;

- Where activity at LHP is derived from displacing activity from other sites the revenue will follow the patient
- Additional endoscopy activity driven by Bowel Screening will be met by Bowel Screening Wales, commissioned via Public Health Wales
- Demand driven by population growth and increases in activity in planned care and diagnostics need to be met. Funding allocations relating to population assessments are part of negotiations with Welsh Government, it is anticipated that appropriate revenue funding aligned to demographic demand will be provided.

Inevitably there will need to be some additional staffing alongside the estate costs associated with an additional site however there are ways that these can be mitigated and managed, initial staffing for the diagnostic element will be provided via the managed service contract. Efficiencies drawn from the model of delivery will also need to factored in.

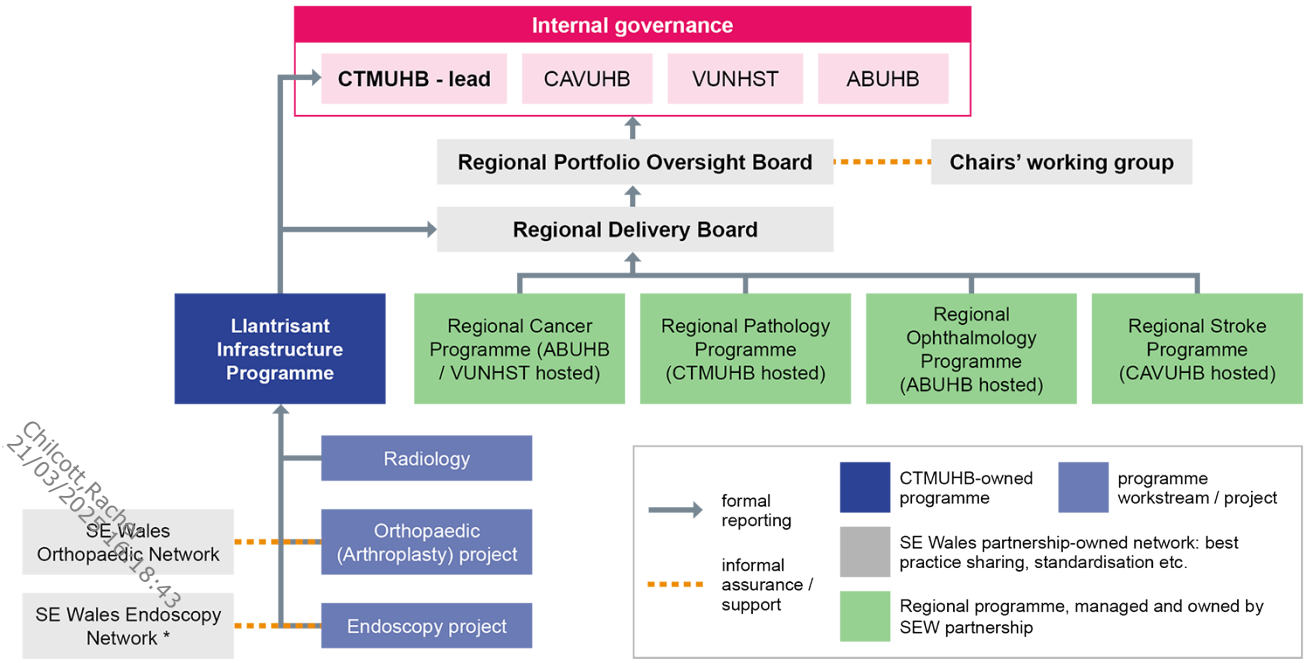
The current working model is for CTMUHB to act as a lead provider managing the site with activity commissioned from all partners. Considerations of the most appropriate governance model will be taken forward through the regional structures.

6. Governance

As the legal owners of the site and the responsible organisation for successful site development and implementation CTMUHB stood up an LHP programme early in 2024. The programme has lines of accountability to the CTMUHB Board and onwards to the Infrastructure Investment Board (IIB) of Welsh Government.

Owing to the regional nature of this development the programme is also wired into the wider South East Wales regional planning governance arrangements which are overseen by the South East Wales regional oversight board. This ensures that all partner organisations remain fully engaged and influencing the development. This is articulated in the high-level organogram below.

Figure 3 - High level programme governance arrangements



7. Timeline and next steps

This strategic overview case which is being commended to all partner Boards and consequently Welsh Government is the precursor to a series of further documents and business cases which all partner Boards can expect to receive in the first two quarters of 2025/26. These key documents and milestone dates are described below.

Figure 4 - Timeline

Subject to these timescales being met it is envisaged the main contractor would subsequently start on site in November 2025.

Completion of the diagnostic hub would then be forecast for early 2027 with the surgical hub completed by December 2027.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg

Cwm Taf Morgannwg
University Health Board

CTM 2030
Ein Hiechyd
Ein Dyfodol
DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD

CTM 2030
Our Health
Our Future
BUILDING HEALTHIER
COMMUNITIES TOGETHER

Report Title:	Standing Orders Update			Agenda Item no.	7.4
Meeting:	Board	Public	X	Meeting Date:	27 March 2025
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

Standing Orders are provided by direction from Welsh Government (WG). They look to cohere the myriad legislative and policy requirements and powers that the organisation has into a coherent, overarching document.

There are 2 accompanying documents: Standing Financial Instructions (SFIs) and a Scheme of Delegation which can be found in the supporting documents folder.

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

WH has recently issued updates to Standing Orders that require Board Approval:

Ref	From	To	Why
1.1.1	…and officer members (appointed by the Board).	and officer members (appointed by non-officer Members of the Board and the Chief Executive).	Making it clear that Execs cannot be part of the decision to appoint other Execs
1.1.3	A total of 9 (including the Chief Executive), appointed by the Board, whose responsibilities include the following areas:	A total of 9 (including the Chief Executive), appointed in accordance with the Constitution, Membership and Procedures Regulations, whose responsibilities include the following areas:	This refers to Execs again. Same reason as above
1.1.4	…a trade union official…	…a nominated trade union official…	The process for
7.4.3	Board members shall be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Board meeting	Board members shall be sent an Agenda and a complete set of supporting papers at least 5 clear days before a formal Board meeting	Relaxation of deadline on Board papers
7.4.7 and 7.4.8	7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh): • On the LHB's website, together with the papers supporting the public part of the Agenda; as well as • Through other methods of communication as set out in	7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, ~~and the public part of the agenda,~~ shall be displayed bilingually (in English and Welsh): ▪ On the LHB's website, ~~together with the papers supporting the public part of the Agenda~~; as well as ▪ Through other methods of	As above

	the LHB's communication strategy. 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.	communication as set out in the LHB's communication strategy. 7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.	

The Scheme of Delegation (SoD) is also included as part of this review. The only changes made to the SoD since last seen by Board are the changes to the financial thresholds for decision making that were approved by Board in January 2024. Otherwise, they remain unchanged.

SFIs are also attached for review. No changes have been made.

Recommendation:

The Board is requested to:

- **Approve** the changes to Standing Orders.
- **Note** the change to the scheme of delegation to reflect Standing Orders.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered
*Please place an "**X**" in the below boxes as relevant*

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?:
*Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	There is no impact on the Duty of Quality

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

Risk: No

Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
Decarbonisation: No
Welsh Language: No

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

Report Title:	Palliative and Supportive Care Strategy and Deliver Plan			Agenda Item no.		7.5
Meeting:	Board	Public		X	Meeting Date:	27.03.25
		Private				
Status:	Assurance		Approval	X	Information	
Lead Executive:	Chief Operating Officer					
Report Author:	Director of Operational Planning and Performance					

Background and current situation:

Patients with life-limiting conditions of whatever cause, once they fully understand their situation, frequently choose to reprioritise quality of life over prolongation of life. Yet our increasingly overburdened healthcare system ends up admitting dying patients for more than 4 weeks out of the last year of their life.

The End of Life and Supportive Care Strategy seeks to deliver integrated End of Life (EOL) care for the population of Cardiff and Vale alongside partner organisations, with a value-based focus on patient experience and outcomes.

This strategy aims to support patients who are in the last 1-2 years of life to have more personalised and tailored care which frequently will need to be organised around facilitating care at home and avoiding hospital to achieve patient preference

The implementation of a comprehensive and innovative strategy for palliative and end-of-life care is imperative but also makes huge logical sense if we wish to relieve some of the currently unnecessary burden on our healthcare services.This strategy offers a cultural change in end-of-life care stewardship which could potentially ease pressure on the whole system through rationalising rather than rationing care delivery within a context of improved personalised value for the individual.

Key parts of the approach include:

- **Tidal Zone 1: C&VUHB front door:** expansion of service to focus on identifying more patients who are destabilising/deteriorating and present to ED or medical assessment unit who may be in last days/weeks of life through proactive identification at front door to give early palliative input to improve symptom control, support decision-making and avoid/shorten hospital admissions.

- **Tidal Zone 2 enhanced urgent community response service**: to deliver urgent focused palliative care input for patients who are destabilising/deteriorating where home-based assessment with point of care testing (POCT) and emergency supportive/palliative care symptom control plans (ESP-SCP) may avoid admission through early urgent decision-making and management tailored to the patient.

- **Supportive Care service expansion**: to improve equity of palliative access for non-cancer patients by increasing referral rates from teams who actively manage patients with difficult to predict prognoses.

- **ALISE project:** working towards moving patients off expert clinical areas in hospital and instead transfering to specialist end-of-life care beds capable of managing more complex EoL inpatients in the Hospice. Audit has demonstrated that approx. 250 patients per year die on the cardiology, respiratory, renal and liver expert wards.

- **Daily hot review Palliative Care/Supportive Care clinics:** access to daily Supportive/Palliative hot clinics with supportive/palliative assessment will enable prompt decision-making, symptom control and tailored management with appropriate stewardship.

The UHB has been working with Social Finance to finalise approval of a bid against their Macmillan fund to support the financial model of this strategy. Social Finance would provide a ‘social bond’

allocation to fund the investment up front, which would then be repayable subject to delivery against the agreed set of KPIs and savings, demonstrating the value-added. This supports the initial cashflows but also significantly de-risks the overall investment / return on investment plan.

The realisation of benefits includes length of stay (LOS) savings based on admission avoidance and reduced AvLOS for the cohort. The primary KPI for the social bond repayment model will be LOS reduction modelled on £450 per day. The projection is an equivalent 30 beds based on prudent assumptions, and a commitment to reduce the UHB bed base would support delivery of this on a cash releasing as well as efficiency / cost avoidance basis. The business case **(which can be located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website)** provides a recurrent benefit impact of (£4.9m) for the UHB. The 30 beds have been agreed to be closed during financial year 26/27 to ensure payback. The Medicine Bed Plan considers the forward bed requirement based on demand trajectories, seasonality, CHKS peer LOS ambitions and occupancy assumptions. Actions to mitigate demand (and consequently shift the trajectory) are key for sustainability. It is important to note that a commitment to close 30 beds in support of the EOL model and equivalent savings is no worse than the 'do nothing' trajectory on both. However, it also potentially releases capacity to support wider redesign and changes in care models. Should the programme not deliver the forecasts benefits then pay back to Macmillan would not be due.

The indicative financial model is set out in the case and summarised below:

Indicative Social Bond / Benefits Realisation Model		**25/26**	**26/27**	**27/28**	**28/29**
		£m	**£m**	**£m**	**£m**
Social Finance: Macmillan	Social Bond Income	(1.199)	(2.468)	(0.333)	0.000
	Social Bond Repayment (indic')	0.000	1.500	2.250	0.000
Business Case	Resource input costs	1.199	2.468	2.558	2.558
	Benefits realisation Wards incl. AHP	0.000	(1.506)	(2.957)	(2.957)
	Benefits realisation Medical & Other			(1.971)	(1.971)
		0.000	**(0.006)**	**(0.453)**	**(2.370)**

It should be noted that the above is still subject to the final contract agreement with Social Finance/Macmillan and assumes 30 beds are closed mid 26/27, with direct and indirect cost savings (e.g. ward non-pay, nursing, AHP, medical) being realised recurrently.

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

- Transforming the care offered to patients at the end of their life is a key priority for the Health Board
- The Palliative and Supportive Care strategy is in full alignment with our Health Board ambition to become an Integrated Community Care System
- The Macmillan Social Finance agreement is an innovative approach to de-risk investment. If the benefits are not delivered, the Health Board does repay the bond income.
- The full delivery of the anticipated benefits is estimated at £4.9m per year once fully operational.

Recommendation:

The Board are requested to:

a) APPROVE the Palliative and Supportive Care Business Case

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
Putting People First 1. **Click the objective above to view more detail.**		Providing Outstanding Quality 2. **Click the objective above to view more detail.**	
Delivering in the Right Places 3. **Click the objective above to view more detail.**		Acting for the Future 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?				
		No		

Impact Assessment:
Risk: Yes/No (delete as appropriate)
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No
Welsh Language: Yes/No

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

Report Title:	Annual Equality Report			Agenda Item no.	7.6
Meeting:	Public Board	Public	X	Meeting Date:	27 March 2025
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive Title:	Executive Director of People & Culture				
Report Author (Title):	Head of Equity & Inclusion				

Main Report
Background and current situation:

The Public Sector Equality Duty, as set out under the Equality Act 2010, requires the UHB to report annually on its progress against its strategic equality objectives.

CAVUHB's objectives for the purpose of these reports are set out in the *Strategic Equality Plan: Caring about Inclusion 2020-2024*.

The Annual Equality Report 2023-2024 (Appendix 1 which can be located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website) captures organisational progress in meeting the objectives between April 2023 – March 2024.

This will be the final report outlining our progress against the *Strategic Equality Plan: Caring about Inclusion 2020-2024.* The next iteration of the report will outline our progress against the Health Board's *Strategic Equality Objectives and Plan: Shaping Our Inclusive Culture 2024-2028;* which was approved by the People & Culture Committee and Board in March 2024.

Going forward, the Annual Equality Reports will be published in the summer of the reporting year. Therefore, the Annual Equality Report 2024-2025 will be drafted for approval in the June/July 2025.

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

The People and Culture Committee recommended that Board approve the report during the meeting on 11 March 2025.

I am pleased with the progress we have made in achieving our strategic equality objectives over the past four years. This final report under the current Strategic Equality Plan showcases our dedication to creating an inclusive environment and the advancements we have made.

Key points I want to highlight for the Committee include the transition to our new Strategic Equality Plan: Shaping Our Inclusive Culture 2024-2028. This plan outlines ambitious goals to further integrate equality and inclusion into our organisational culture. Your support will be essential for the successful implementation and monitoring of these goals.

Additionally, the change in the publication timeline for the Annual Equality Reports to the summer months will be a positive step in more timely reporting.

The final version of the report will be redesigned by Medical Illustration.

Recommendation:

Board is requested to:

a) Approve the Annual Equality Report 2024 for publication on the Health Board's website.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant.*			
1. Putting People First **Click the objective above to view more detail.**	X	2. Providing Outstanding Quality **Click the objective above to view more detail.**	X
3. Delivering in the Right Places **Click the objective above to view more detail.**		4. Acting for the Future **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	X

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	QIA not required for this report.

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: Yes
The risk assessment has been addressed in the main body of the report. The primary risk involves the potential failure to meet our legal obligations under the Equality Act 2010, which could lead to intervention by the Equality and Human Rights Commission. Additionally, there is a risk related to ensuring compliance with Welsh Language standards.
Safety: No
N/A
Financial: No
N/A
Workforce: No
N/A
Legal: Yes
The main legal risk is the potential failure to meet our obligations under the Equality Act 2010, which could result in intervention by the Equality and Human Rights Commission.
Reputational: Yes/No
The main reputational risk is failing to provide updates and assurance to our communities regarding the progress we are making against our objectives.
Socio Economic: Yes - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
The report covers progress in socio-economic areas in line with our Public Sector Equality Duty.

Equality and Health: Yes/No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
The report covers progress in equality and health areas in line with our Public Sector Equality Duty.
Decarbonisation: No
N/A
Welsh Language: Yes
There is a risk associated with ensuring compliance with Welsh Language standards.

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

Report Title:	Eye Health Needs Assessment			Agenda Item no.	8.1	
Meeting:	Board Meeting	Public	X	Meeting Date:	27th March 2025	
		Private				
Status:	Assurance		Approval		Information	X
Lead Executive:	Emma Cooke, Executive Director of Allied Health Professionals, Health Scientists and Community Services Development					
Report Author:	Jane Brown, Head of Dental and Optometry, PCIC, Rukaiya Anwar, Optometry Advisor					

Background and current situation:

In October 2023, a new national Optometry Contract was introduced in Wales. As part of the legislation directions an eye health needs assessment was mandated:

(1) Each Local Health Board must prepare and publish, for its area, an eye health needs assessment in accordance with these Directions.
(2) Each Local Health Board must prepare and publish its first eye health needs assessment within 12 months of the commencement date.
(3) Subject to paragraph (3), each Local Health Board must prepare and publish a revised eye health needs assessment no later than 3 years after it has published its first eye health needs assessment in accordance with paragraph (2) and every 3 years thereafter.

Welsh Government agreed an eye health needs assessment template and required the 7 Health Boards across Wales to complete their own individual sections within this. The All Wales National Clinical Leads who are employed by NWSSP and act in an advisory capacity to Health Boards will produce the All Wales component of the eye health needs assessment by the end of the financial year. This Cardiff and Vale eye health needs assessment (along with those of other Health Boards) will be slotted into that All Wales document and reported via the All Wales Eye Care Wales Committee in April 2025. It should be noted that some of the data sets outlined in the template are not available at the time of writing (e.g. workforce, demand/unmet need) but to ensure completion within Ministerial deadlines it is required that plan will be published by the Health Board by the end of this financial year, after consideration through Health Board governance processes.

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

- Note the Eye Health Needs Assessment which is located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website
- Note the population needs assessment as set out for Cardiff and Vale
- Note the progress of WGOS implementation across Cardiff and Vale since its launch in October 2024
- Accept that data sets will evolve as WGOS moves to full implementation in 2025 to provide a more robust needs assessment by 2026/2027

Recommendation:

The Board is requested to:

a) Confirm adequate assurance has been provided to meet the requirement as set out in the Optometry Directions for the Health Board to prepare a Cardiff and Vale Eye Health Needs Assessment, to be published by the end of March 2025, and which is an evolving document to be reviewed every 3 years.

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
Putting People First Identifies the current state of eye health across the population. and existing eye care services, disease prevalence, accessibility challenges, and gaps in service provision		**Providing Outstanding Quality** Under contractual arrangements, Welsh General Ophthalmic Services (WGOS 1-5) are delivered in accordance with a national framework and quality standards	
Delivering in the Right Places The New Optometry Contract facilitates the shift of work to primary care, enabling suitably skilled practitioners provide care closer to home via structured care pathways, enabled by Electronic Patient Record (EPR) system, which allows for seamless information sharing between primary and secondary care providers.		**Acting for the Future** This Eye Health Needs Assessmwent provides a structured approach to identify the current provision of eye care services to the Cardiff and Vale population and enables teams to consider the ongoing needs of the population currently and into the future.	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No, not required – ***(Please provide reasoning, e.g. not required)***		N/A

Impact Assessment:
Risk: No
This is a mandatory requirement set by Welsh Government
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational:
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: Yes/No

Approval/Scrutiny Route *(please note anywhere else this paper has been before)*: ***N/A***	
Committee/Group/Exec	Date:

Quality Committee	18.02.25

Report Title:	Corporate Risk Register				Agenda Item no.	8.2	
Meeting:	Board Meeting		Public	x	Meeting Date:	27 March 2025	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive (**Title**):	Director of Corporate Governance						
Report Author (**Title**):	Corporate Archivist and Records Management Manager						

Main Report
Background and current situation:

The Corporate Risk Register ("the Register") has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Register includes risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The register can be located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

Our risk registers have traditionally been managed using an Excel spreadsheet. However, the Corporate Governance team is working to streamline and digitise this process across the Health Board by implementing a new Risk module within the AMaT (Audit Management and Tracking) system. As early adopters of this evolving module, we have had the opportunity to trial its functionality and participate in regular workshops to provide valuable feedback for system enhancements. These improvements will help create a more robust system for all Clinical Boards and Directorates.

In parallel, comprehensive project plans and implementation schedules have been developed in collaboration with the Shaping Change Team and the Medicine Clinical Board to ensure a smooth transition throughout the Health Board. Our goal is to make the transition as seamless and manageable as possible, while minimizing any impact on workloads. To date trails have been conducted with Medicine Clinical Board, Capital and Estates, with ongoing discussions to inlcude Local Public Health and the Health & Safety teams to bring them into the trail phase to gather robust data to demonstrate effectiveness and impliment wider throughout the health board.

Appendices (located in the suppporting documents folder):

1. Corporate Risk Register
2. CEF – Corporate Risk Register

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

The Corporate Governance Team ("the Team") continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board's Risk Management and Board Assurance Framework Strategy and associated procedures.

The Team's predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks, and the refinement of their internal risk management processes. In addition, the Team continue to support requests from senior risk managers to deliver risk assessment and risk management training to their teams and newly appointed risk managers.

The Board should note that Clinical Board risks are also monitored and scrutinised at Monthly Clinical Board Review meetings. Clinical risk is addressed through the Clinical Safety Group governance framework.

The risks presented in the register can be viewed through a lens of cause and effect. There is an identifiable pattern from a cause perspective that predominantly falls into estate and infrastructure risks with a proportion that also fall under the umbrella of workforce.

The Capital, Estates, and Facilities (CEF) risk register is now reported by discipline and has been introduced so that risks can also be identified in general terms, due to volume these are now provided in a separate appendix.

The Director of Corporate Governance continues to review the risk register in order to establish a coherent structure of risk moderation and engagement across the Health Board. Work is ongoing to work with Clinical Boards and other areas to refine the risk register in parallel to Clinical Board reviews etc.

Work continues to pilot an electronic risk reporting system via the Audit Management and Tracking (AMAT) system. Medicine Clinical Board have been the first adopters of the Risk Module and been working with corporate governance team. The roll out of the pilot is now being extended to Corporate teams which includes Capital, Estates & Facilities, Health & Safety and Public Health.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The presence of risk registers in CB and Corporate planning functions e.g. Capital and Investment decisions.
- The programme of education and training that is being implemented by the Corporate Governance team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.
- The Reasonable Assurance rating provided by Internal Audit for the Health Board's Risk Management processes.
- Mapping of risk across departments and directorates and aligning it to the evolving strategy and planning work.
- Imminent introduction of digitalised platform to track and manage all risks ratings providing increased awareness through dashboards and data reports

Recommendation:

The Board is requested to:

Note the Corporate Risk Register and the work in this area which continues to progress.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered ***Please place an "X" in the below boxes as relevant***									
Prevention	X	Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed? *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)	X	No – ***(Please provide reasoning, e.g. not required)***	X	*Not required*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: Yes
The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processed and procedures.
Safety: No
Financial: /No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Archwilio Cymru
Audit Wales

Structured Assessment 2024 – Cardiff and Vale University Health Board

Audit year: 2024

Date issued: February 2025

Document reference: 4431A2024

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report

About this report

1 This report sets out the findings from the Auditor General's 2024 structured assessment work at Cardiff and Vale University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

2 Our 2024 Structured Assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on;

- corporate approach to planning;
- board transparency, cohesion, and effectiveness;
- corporate systems of assurance; and
- corporate approach to financial management.

We have not reviewed the Health Board's operational arrangements as part of this work.

4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:

- model Standing Orders, Reservation and Delegation of Powers
- model Standing Financial Instructions
- relevant Welsh Government health circulars and guidance
- the Good Governance Guide for NHS Wales Boards (Second Edition)
- other relevant good practice guides

We undertook our work between May 2024 and September 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was conducted in accordance with the auditing standards set by the International Organisation of Supreme Audit Institutions.

5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

Key findings

6 **Overall, we found that the Health Board's corporate governance arrangements continue to operate effectively. The Health Board is taking positive steps to operationalise its long-term strategy, ensuring governance arrangements support its delivery. Whilst the Health Board has ambitions to achieve financial sustainability, the financial position remains challenging.**

- We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that arrangements for producing, overseeing, and scrutinising strategies and corporate plans continue to strengthen, and the Health Board is taking positive steps to operationalise and embed its refreshed strategic objectives.
- We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We found that the Board and its committees continue to conduct their business transparently, operate effectively, and remain committed to continuous improvement. There are opportunities to improve some aspects of administrative governance and to enhance learning from patient safety walkabouts and Board effectiveness reviews.
- We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. We found that the Health Board continues to strengthen its corporate systems of assurance. There are opportunities to clarify oversight arrangements for strategic and corporate risks and to update the Performance Management Framework.
- We considered whether the Health Board has a sound corporate approach to managing its financial resources. We found that whilst the Health Board maintains clear processes for financial planning, management and monitoring, the financial position remains challenging. The Health Board must address overspends and strengthen its approach to the identification and delivery of recurrent savings in order to achieve its financial sustainability ambitions.

Recommendations

7 **Exhibit 1** details the recommendations arising from our work. The Health Board's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: 2024 recommendations

Recommendations
Annual Plan monitoring R1 To ensure ongoing scrutiny of the Annual Plan, as part of the Integrated Performance Report, the Health Board should reintroduce the quarterly high-level overview of achievements against Annual Plan milestones and highlight how delivery of the milestones is impacting performance in priority areas (**see paragraph 20**).
Administrative Governance R2 In order to strengthen its administrative governance arrangements, the Health Board should ensure that: R2.1 all relevant Board and committee meeting papers are publicly available and published on its website in a timely manner (**see paragraph 26**). R2.2 standing Financial Instructions are reviewed annually and that changes are formally documented or equally that no amendments are required (see **paragraph 30**). R2.3 up to date Board and committee workplans are available to the public (see **paragraph 36**). R2.4 all Board and committee papers use the correct cover report template (see **paragraph 39**). R2.5 the public is signposted to the current Board Assurance Framework (see **paragraph 55**).
Patient Safety Walkabouts R3 As part of its review of arrangements for Patient Safety Walkabouts, the Health Board should consider how to ensure learning and resulting actions from walkabouts is reported to the Board (see **paragraph 43**).

Recommendations

Board effectiveness and improvement

R4 As part of its continuous approach to reviewing Board and committee effectiveness, the Health Board should capture and report improvement activities and consider whether they are achieving the intended benefit (see **paragraph 49**).

Risk management

R5 The Health Board should ensure that arrangements for scrutinising strategic and corporate risks are clarified and consistent across all committees (see **paragraph 55**).

R6 The Health Board should refresh the Risk Management Strategy to ensure it includes new arrangements for recording and escalating operational risks (see **paragraph 56**).

Finance and Performance Committee deep-dives

R7 The operational performance deep dives received by the Finance and Performance Committee should be triangulated with financial performance information (see **paragraph 92**).

Detailed report

Corporate approach to planning

8 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.

9 We found that **arrangements for producing, overseeing, and scrutinising strategies and corporate plans continue to strengthen, and the Health Board is taking positive steps to operationalise and embed its refreshed strategic objectives.**

Corporate approach to producing strategies and plans

10 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:

- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
- the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;
- appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
- the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.

11 We found that **the Health Board's corporate planning arrangements continue to strengthen. Corporate plans are appropriately aligned to and support delivery of the organisation's long-term strategy**.

12 In July 2023, the Board approved the Health Board's refreshed long-term strategy, including its updated strategic objectives / wellbeing objectives. Since its approval, the Health Board has been focusing on operationalising its long-term strategy by developing processes and systems to support its delivery and aligning wider governance arrangements (see **paragraph 35**). Central to this is developing a strategic portfolio framework, which is a group of programmes aligned to six change portfolios[1] to support the achievement of the strategic objectives[2]. This approach is designed to establish clear monitoring arrangements for the delivery of

[1] Our People and Culture; Our Population Health and Place Based Partnerships; Our Quality, Value and Sustainability; Our Clinical Services; Our Infrastructure and Our Future Generations.

[2] Putting People First; Providing Outstanding Quality; Delivering in the Right Places; and Acting for the Future.

the long-term strategy, a clear line of sight between the programmes / portfolios and strategic objectives, and ensure a consistent approach to programme management. The Health Board has agreed appropriate governance arrangements to manage and monitor delivery of the strategic portfolios. Whilst it is too early to judge the effectiveness of these arrangements, we have seen evidence that the Board has been well engaged in the framework's development.

13 The 2024-25 Annual Plan (see **paragraph 15**) commits to launching the Health Board's 10-year Clinical Services Plan by Quarter 4. However, recent updates to the Board suggest the plan is more likely to be launched in Quarter 1 of 2025-26. This will be the first product from the Our Clinical Services strategic portfolio. The Board received an update at its April 2024 Board Developments Session, which included a commitment to continue to engage the Board at key stages of the plan's development. It also highlighted key risks to developing the plan on time; these relate to the organisation's limited capacity and capability in certain areas such as modelling and workforce planning. To mitigate these risks, the Health Board has extended the development timeline and revised the depth of the plan to make it a high-level, strategic plan. The Health Board reported that the plan would not be costed because it is designed to be high-level and also because there are several unpredictable variables, such as the availability of capital funding. However, our 2024 Review of Cost Savings arrangements in the Health Board recommends that once developed, plans underpinning the 10-year clinical services plan should clearly set out the costs and savings associated with transforming services.

14 The Health Board's strategic objectives are also its well-being objectives. Last year, we found that whilst the Health Board's new strategic objectives / well-being objectives are underpinned by clear priorities, they do not encompass all aspects of sustainable development, for example, priorities relating to biodiversity or climate adaptation. The Health Board reported that work to broaden the coverage of its well-being objectives is in progress (see **Appendix 2 R1a 2023**). Some of the environmental aspects, such as biodiversity, are being incorporated in the Decarbonisation Action Plan. But overall, the Health Board intends to ensure all aspects of sustainable development are incorporated in the strategic portfolios. The re-established Well-being of Future Generations Group will also ensure the strategic portfolios support all aspects of sustainable development. It is clear in the 2024-25 Annual Plan how the Health Board's strategic objectives / well-being objectives align to the national well-being goals and to the well-being objectives of partners (see **Appendix 2, R1b 2023**).

15 The Health Board was unable to produce a Welsh Government approved Integrated Medium-Term Plan (IMTP) for 2024-27 due to its planned financial deficit. Therefore, it developed an Annual Plan for 2024-25. In August 2023, the Board set guiding principles for the development of the 2024-25 Annual Plan, namely that it should be set in the context of a low investment environment and focus on driving value and quality. Within that context, clinical boards and corporate teams identified their priorities for delivery. The 2024-25 Annual Plan was approved by the Board and submitted to the Welsh Government in March

2024. Welsh Government have received the Annual Plan and set accountability conditions related to delivering and improving on the deficit plan, further de-risking the financial plan to ensure the savings plan is delivered in-year, maximising opportunities for efficiency and productivity and progressing regional solutions for endoscopy and other clinical challenges. The Health Board intends on using the strategic portfolios to guide development of its 2025-28 IMTP.

16 In June 2024, Internal Audit issued a reasonable assurance report on the Health Board's IMTP / Annual Plan development process. The review found the Health Board has good governance arrangements to oversee the development of the Annual Plan, with good engagement from the Board and relevant committees. All areas reviewed received substantial or reasonable assurance, except for governance arrangements specifically relating to the Minimum Data Set, due to inadequate oversight. Overall, the review made two high and one medium priority recommendations.

Corporate approach to overseeing the delivery of strategies and plans

17 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:

- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART[3] milestones, targets, and outcomes that aid monitoring and reporting; and
- the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.

18 We found that **the Health Board continues to have good arrangements for maintaining Board oversight of key corporate strategies and plans. The 2024-25 Annual Plan contains a clear delivery plan, supported by new reporting arrangements, however, it is too early to comment on their effectiveness**.

19 Through its 2024-25 Annual Plan, the Health Board continues to focus on five key delivery priorities for the year[4]. For each delivery priority, the 2024-25 Annual Plan clearly sets out an aim, key areas of focus, the actions the Health Board intends to deliver, and the measures of success for each quarter. The 2024-25 Annual Plan continues to link to other corporate plans, such as estate, digital, decarbonisation, and people and culture, with appropriate, high-level actions included in the respective sections. Internal Audit's review of the IMTP / Annual Plan development

[3] Specific, measurable, achievable, relevant, and time-bound.

[4] Urgent and Emergency Care; Planned Care, Cancer, and Diagnosis; Specialist Services; Mental Health; and Children and Women.

process found that the plan included clear measurable targets and actions towards delivering the priorities set by the Cabinet Secretary for Health and Social Care[5].

20 In May 2024, the Board received the Quarter 4 2023-24 Integrated Annual Plan delivery report. The report highlighted that of the 169 specific milestones in the 2023-24 Annual Plan, 78 were not achieved and have been rolled over into the 2024-25 Annual Plan. For 2024-25, the Health Board has stopped using the quarterly Integrated Annual Plan report. Instead, as reported to the Board in July 2024, going forward, the existing Integrated Performance Report (IPR) will be used to report the Annual Plan's delivery. As the IPR is a monthly report, this ensures more regular scrutiny of Annual Plan delivery. Whilst it is too early to comment on the effectiveness of the new arrangements, on reviewing the IPR received by the Board in September 2024, we found that having one performance report linking Annual Plan priority delivery alongside key performance measures reduces duplication (see **Appendix 2 R6 2023**). However, an obvious omission is the high-level quarterly overview of achievements against Annual Plan milestones, which the Health Board should consider reintroducing as part of the existing report. There is also opportunity to highlight how delivery of the milestones is impacting performance in priority areas. **(Recommendation 1)** We discuss the Integrated Performance Report further in **paragraph 59.**

Board transparency, effectiveness, and cohesion

21 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.

22 We found that **the Board and its committees continue to conduct their business transparently, operate effectively, and remain committed to continuous improvement. There are opportunities to improve some aspects of administrative governance and enhance learning from patient safety walkabouts and Board effectiveness reviews**.

Public transparency of Board business

23 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of:

- Board and committee meetings that are accessible to the public;
- Board and committee papers being made publicly available in advance of meetings; and

[5] The Cabinet Secretary for Health and Social Care has set six priority areas; these relate to improving: delayed transfers of care, access to primary care services, urgent and emergency care, planned care, cancer, and mental health services.

- Board and committee business and decision-making being conducted transparently.

24 We found that **whilst the Board remains committed to conducting its business transparently, opportunities remain to improve some aspects of administrative governance to further increase public access to Board business.**

25 Since January 2024, the Health Board has enhanced public transparency of Board business by routinely live streaming public Board meetings and making the recordings available on its website shortly after (see **Appendix 2 R2 2023**). The Health Board also promotes public Board meetings on social media, which includes a link to the livestreamed meeting (see **Appendix 2 R3a 2022**). Committee meetings continue to be livestreamed and recorded; links for which are clearly signposted on the Health Board's website. Occasionally there are technical issues with recordings, and in these instances, a note is added on the website. The Health Board is taking steps to move to a more stable platform to support the recordings of meetings.

26 Board and committee papers remain accessible to the public and generally continue to be published on the Health Board's website seven days in advance of meetings. Occasionally, papers have not been published on the website in a timely manner or have been missing[6]. Whilst we appreciate the Health Board is quick to publish recordings, to maintain public transparency, the Health Board should ensure all public Board and committee meeting papers remain accessible to the public **(Recommendation 2.1)** In addition, whilst up to date Local Partnership Forum papers are available, the Stakeholder Reference Group papers have not been made publicly available since May 2023 (see **Appendix 2 2022 R3b**).

27 The Health Board continues to reserve private Board and committee meetings for sensitive matters. If a private meeting is scheduled, private agenda items continue to be published publicly. In most cases, a reason for why the item was discussed in private is provided, for example due to commercial sensitivity or ongoing legal cases. In our 2022 Structured Assessment report, we recommended that the Health Board should make abridged minutes of private Board and committee meetings available publicly. Whilst the Health Board has not adopted this approach, it has processes in place to ensure appropriate decisions are made in public where initial discussions are held in private sessions. (see **Appendix 2 2022 R3c**).

[6] Papers for the July 2024 Special Board and Audit and Assurance Committee meetings have not been published, but papers can be requested from the Corporate Governance Team. As at 03/10/2024 the following committee papers are not available on the Health Board's website: no supporting documents for the Audit and Assurance Committee held on 20/05/2024, and no papers for the Digital and Health Intelligence Committee held on 28/05/2024, the Finance and Performance Committee held on 17/04/2024 and 19/06/2024, and the People and Culture Committee held on 10/09/2024.

Arrangements to support the conduct of Board business

28 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:

- a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
- formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
- formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.

29 We found that **arrangements continue to support the effective conduct of Board business, and the Health Board has taken positive steps to improve its policy management process to tackle the backlog of outdated polices**.

30 The Health Board continues to review its Standing Orders, and Scheme of Reservation and Delegation at least annually to ensure it reflects current arrangements, and we continue to see evidence of compliance. The Board approved amendments to its Standing Orders in January, May and November 2024 to reflect, respectively, changes to its financial delegations, the establishment of the Joint Commissioning Committee[7] and updated committee arrangements (see **paragraph 35**). The Standing Financial Instructions (SFIs) were reviewed in July 2023. Whilst there have not been any amendments to the SFIs it would be good practice to review annually and formally document whether changes are required or not. **(Recommendation 2.2)** The most recent versions of the Standing Orders (see **Appendix 2 R3 2023**) and SFIs are available on the Health Board's website. During quarter 3 2024-25, Internal Audit plans to undertake an advisory review of the Health Board's Scheme of Reservation and Delegation.

31 We continue to observe declarations of interest requested routinely in all Board and committee meetings. Since our previous structured assessment, the Health Board has updated its oversight process for declarations of interests, gifts, and hospitality[8]. The Audit and Assurance Committee will now receive the Declaration of Interest, Gifts and Hospitality Tracking Report annually, instead of at most meetings, with in-year exception reports if needed. An up-to-date register of

[7] In April 2024, the NHS Wales Joint Commissioning Committee replaced the Emergency Ambulance Services Committee (EASC), the Welsh Health Specialised Services Committee (WHSSC) and the National Collaborative Commissioning Unit (NCCU).

[8] The Health Board uses the Electronic Staff Record to record declarations of interests, gifts, and hospitality.

interest for all staff continues to be published on the Health Board's website. Unlike staff, Board members are required to declare their interests annually. Last year, we highlighted that the separate register for Board member interests on the Health Board's website was out of date. This has now been resolved as Board member interests are included in a single register alongside staff interests. We are assured that the Health Board is following procedures for Board members to declare interests annually as this is reviewed to support our annual audit of accounts.

32 In May 2023, Internal Audit issued a limited assurance report on the management of policy documents, which highlighted the Health Board's substantial backlog of outdated policies. Since then, the Health Board has made substantial progress in addressing the findings and Internal Audit's follow-up review in May 2024 gave a reasonable assurance rating. The Health Board now uses the Audit Management and Tracking (AMaT) system to host and manage its policies. This is a positive development, as it streamlines and automates policy management. By July 2024, all 401 policies had been transferred to AMaT, of which 65% were overdue for review. The Health Board continues to identify policy owners to ensure out of date policies are reviewed as clear policy ownership should reduce the risk of policies becoming out of date and leading to a breach of regulatory and statutory requirements. The Health Board is also conducting an exercise to ensure all policies on its website are the most recent version.

Effectiveness of Board and committee meetings

33 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:

- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
- Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
- well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge;
- committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board; and
- clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance.

34 We found that **the Health Board is taking positive steps to ensure clear alignment between its committee structure and strategic objectives, change portfolios, and risks. Board and committee meetings continue to operate**

effectively, supported by good quality, timely papers that focus on key matters.

35 The Health Board has reviewed its committee arrangements (see **Appendix 2 R4 2023**) as part of work to strengthen the line of sight and alignment between the committees and the strategic objectives, strategic change portfolios, and strategic risks (see **paragraph 54**). The committee structure remains largely unchanged, except for establishing a Digital and Infrastructure Committee[9], and the names of the Quality, Safety and Experience and Mental Health Legislation and Mental Capacity committee have been shortened to the Quality and Mental Health Legislation committees respectively. Amendments to the committee arrangements, associated updates to the Standing Orders and new Terms of Reference were approved by the Board in November 2024 (see **Appendix 2 R1c 2022**). The Health Board reported that the amendments will clarify oversight responsibilities for each strategic objective, and for some areas, such as matters relating to the estate and public health which do not obviously fall within the remit of any of the current committees. Board members we spoke to reported that they have been fully consulted, both through Board Development Sessions and individually.

36 The Health Board has an up-to-date Board and Committee Forward Workplan, but its website is showing Board and committee workplans for the previous year. **(Recommendation 2.3)** Positively, the Forward Workplan is now a live and dynamic document, which is updated straight after Board and committee meetings. It is accessible by all staff and also includes the workplan for Board Development Sessions. The amendments to committee arrangements provide a good opportunity to review the Forward Workplan to ensure committees fulfil their new remits in a way that does not overburden them.

37 We have continued to observe well-chaired committee meetings, which follow agreed processes, run to time, and are well supported by the Corporate Governance Team. We noted new processes in place to help the efficient running of meetings, for example the Teams Chat is used to support time keeping for each item, and committee chairs are now provided with annotated agendas to guide them through the meeting. Independent and Executive Board Members provide good challenge, delivered in a constructive, supportive way. There continues to be a healthy relationship between Executive and Independent Board Members, which is encouraging given recent changes within the Executive Team (see **paragraph 47**).

38 The Health Board's arrangements continue to support good flows of information, and where appropriate, cross referral of matters between committees and escalation to the Board. Independent Members continue to meet prior to each Board meeting (Governance Co-ordinating Group) and hold a further monthly meeting. These meetings ensure all Independent Members are kept up to date on key matters, can ask questions and raise any issues.

[9] This replaces the Digital and Health Intelligence Committee.

39 The Health Board continues to produce good quality meeting papers, which focus on key matters. Whilst the cover report template has been updated to reflect the refreshed strategic objectives, it is not being used consistently. **(Recommendation 2.4)** The Health Board continues to use a publicly available 'supporting documents' folder to support the streamlining of Board papers. This process has been extended to committee meetings to reduce the volume of papers. The Health Board has also started to use a hybrid approach to producing minutes, where discussion points and decisions are briefly noted, with an accompanying link to the recorded discussion.

Board commitment to hearing from patients/service users and staff

40 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:

- the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.

41 We found that **while the Health Board remains committed to hearing from service users and staff and is improving its processes to do so, there is scope to enhance how learning is shared following patient safety walkabouts**.

42 The Board continues to open each meeting with a patient story, which focuses on a range of services and service users. The Health Board ensures a balance of positive and negative stories. Relevant committees also continue to hear stories as appropriate to their remit. The Quality, Safety, and Experience Committee now also hears a patient story at most meetings (see **Appendix 2 R5 2023**) which is told as part of the Clinical Board Assurance Report. This ensures good coverage as each clinical board is scrutinised on a rotational basis. However, there is potential to extend patient and / or staff stories to more committees to give Board members further opportunity to hear from a range of stakeholders and understand the impact of its decisions on service delivery.

43 Board members continue to conduct Patient Safety Walkabouts, which were temporarily paused for Independent Members to prevent overburdening them while there were vacancies amongst the Independent Member cadre (see **paragraph 48**). Board members continue to value the opportunity to visit services. Walkabout notes are recorded on the Tendable App[10], reviewed through Clinical Board Executive Reviews, and made available for Board members to access through the Admin Control[11] system. The Health Board is planning on reviewing its Patient

[10] Tendable is an application used to record, report, and manage health care quality inspections in real time.

[11] Admin Control is a system used to manage meeting papers.

Safety Walkabouts to clarify the purpose both for those conducting the walkabout and for operational staff. As part of this review, the Health Board should consider how learning and resulting actions from walkabouts are reported more formally to the Board. **(Recommendation 3)**

44 The Health Board is also investing in its speaking up safely process by investing in a third-party system called 'Working in Confidence'. It is hoped the new system will give staff the confidence to raise concerns, as it is not managed by the Health Board and is anonymous. This is a positive development, especially given some of the negative trends seen in the recent NHS staff survey results for the Health Board[12], which indicate an increase in reporting of incidences of bullying and harassment.

Board cohesiveness and commitment to continuous improvement

45 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:

- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
- the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
- a relevant programme of Board development, support, and training in place.

46 We found that **the changes to Board membership and the impact of Independent Member vacancies are well managed. While the Board maintains a good focus on continuous learning and development, opportunities exist to better understand the impact of activities aimed at improving Board effectiveness.**

47 The Executive Team has seen several changes over the past year. In the latter part of 2023, the Health Board had already welcomed a new Executive Director of Public Health and Director of Corporate Governance. The Executive Medical Director and Executive Director for Therapies retired in March and April 2024, respectively. The Executive Director of Strategic Planning was seconded to the NHS Wales Joint Commissioning Committee in March 2024, and has since secured a new role elsewhere. The Health Board has managed these changes well, and most posts have been filled on a substantive basis, except for the Executive Director of Strategic Planning which is being covered on an interim basis. Given the recent changes, the Health Board is taking the opportunity to consider some amendments to executive portfolios.

[12] The Health Board had a 21.4% participation rate for the 2023 NHS Staff Survey.

48 Over the year, the Health Board has needed to manage Independent Member vacancies, but this position is settling. Three new independent members joined the organisation in April 2024, October 2024 and January 2025 respectively. Positively, in the interim, Independent Members have continued to work well together to ensure meetings remained quorate. As reported in previous years, Independent Members continue to feel supported by the Chair. The Health Board has developed an induction pack for new independent members, which gives a good overview of key information, for example about the long-term strategy, the Board, Welsh Government and NHS Wales.

49 The Board maintains its focus on continuous learning and development and continues to hold bi-monthly Board Development Sessions. The Health Board has moved away from annual Board and committee effectiveness surveys, instead reviewing Board effectiveness as part of routine business at the end of each meeting. From our observations of public Board and committee meetings, members rarely comment on their effectiveness, although we understand there are opportunities to provide feedback informally after meetings. Twice a year, Board Development Sessions have an agenda item related to Board effectiveness. In June 2024, focus was given to personal and team resilience, with a follow-up session planned for December 2024. The Chair's report to the Board includes a brief overview of Board Development Sessions. But it should develop a way of capturing and reporting on how its improvement activities are making a difference to Board and committee working. **(Recommendation 4)**

Corporate systems of assurance

50 We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.

51 We found that **the Health Board continues to strengthen its corporate systems of assurance. There are opportunities to clarify oversight arrangements for strategic and corporate risks and update the Performance Management Framework.**

Corporate approach to overseeing strategic and corporate risks

52 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities / objectives. We were specifically looking for evidence of:

- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives;
- the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks;

- an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities; and
- the Board providing effective oversight and scrutiny of the effectiveness of the risk management system and corporate risks.

53 We found that **the Health Board continues to take positive steps to improve its strategic and corporate risk management arrangements. However, opportunities exist to clarify risk escalation and corporate risk scrutiny arrangements**.

54 Last year, the Health Board updated its Board Assurance Framework (BAF), aligning its existing strategic risks with its new strategic objectives and workstreams. In May 2024, Internal Audit issued a reasonable assurance report on Risk Management and the BAF. Positively, it found that strategic risks are aligned to the strategic objectives, were well-articulated, and clearly linked to key operational areas. The review is also complimentary about the BAF being a live document with clear links to the corporate and operational risk registers. In September 2024, the Board approved a new BAF as part of its work to better align governance arrangements to support the long-term strategy (see **Paragraph 12** and **Appendix 2 R1a 2022**). The BAF now comprises six strategic risk groups: quality, health equity, people, digital, infrastructure and sustainability, which are split into delivery or enabling risks[13]. Each of the risks has a risk appetite, defined as either 'open' or 'cautious'[14]. The new BAF is logical, maintains good alignment with the strategic objectives and it is easy to understand which committee is responsible for each risk area.

55 At each meeting, the Board continues to receive the BAF for assurance and the Corporate Risk Register (CRR) for information. The BAF is in the public domain as part of the bi-monthly Board papers, and the Health Board's website also includes a standalone link to the BAF, but this is not kept up to date. **(Recommendation 2.5)** Each strategic and corporate risk area has a lead committee, but oversight arrangements differ between committees and are not explicitly clear. **(Recommendation 5)**

56 Internal Audit's risk management and BAF review made three recommendations, relating to some operational risks being out of date, delays in escalating relevant operational risks to the CRR and the use of excel spreadsheets to manage risks. On the latter point, the review highlights that the Health Board has approximately 70 individual operational risk registers to manage, which is time consuming and

[13] Quality and health equity have been classed as 'delivery risks', and people, digital, infrastructure and sustainability have been classed as 'enabling risks'.

[14] An 'Open' risk appetite is defined as 'willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)' and a 'A Cautious' risk appetite is defined as 'reference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward'.

creates the risk of making errors. In August 2024, the Health Board started work to create a risk management module on AMaT, which will be piloted on the CRR before being rolled out further. Creating a digital solution should lead to improved risk management processes. The Risk Management Strategy was last reviewed in March 2023; it will need to be refreshed once the AMaT risk module has been implemented. **(Recommendation 6)**

Corporate approach to overseeing organisational performance

57 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:

- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
- the Board and committees providing effective oversight and scrutiny of organisational performance.

58 We found that **while the Board and its committees maintain good oversight of organisational performance, with steps taken to further improve the Integrated Performance Report, the Performance Management Framework requires updating.**

59 The Health Board does not have an up-to-date Performance Management Framework (PMF). Its PMF was last approved in 2020, which means it is not supporting the monitoring and delivery of the refreshed strategy. Nor does it support the updated committee scrutiny arrangements or any subsequent changes to operational performance management, for example clinical board escalation arrangements (see **paragraph 77**). Our recommendation from 2022, which the Health Board should expedite, remains open (see **Appendix 2 R1b 2022**).

60 In August 2024, Internal Audit issued a reasonable assurance report on performance reporting, specifically focused on the Integrated Performance Report (IPR). The Board receives the IPR each month through the Finance and Performance Committee, Board meetings and Board Development Sessions. At Board, Executive Directors continue to show collective leadership by providing updates for areas of work within their remits. Internal Audit made four medium priority recommendations related to data accuracy, timeliness of data, finalising guidance, and establishing a structured approach to reporting underperformance.

61 In April 2024, the Board Development Session and Finance and Performance Committee both received a paper detailing changes to the IPR for 2024-25. Some of the changes were based on the recommendation we made last year. Recognising that improving the IPR is an iterative process, we note that progress to address this recommendation is ongoing (see **Appendix 2 R6 2023**), specifically:

- Internal Audit's review found an inconsistent approach to reporting on underperformance.
- the report is clearer about whether metrics in one section of the IPR are on target or not, but not consistently across the report (for example in the people and culture, and finance sections).
- on the whole data charts are provided for each metric, and where there is a gap, a reason is provided.
- there is little benchmarking data provided within the IPR. A link to the National Performance Framework[15] monitoring data is provided, but the link is not publicly accessible.

Corporate approach to overseeing the quality and safety of services

62 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:

- the Board providing effective oversight and scrutiny of the effectiveness of the quality governance framework
- clear organisational structures and lines of accountability in place for clinical/quality governance; and
- the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.

63 We found that **there is appropriate oversight of the quality and safety of services, and the Health Board is committed to improvement, however establishing the Organisational Learning Committee has been delayed.**

64 'Providing Outstanding Quality' is one of the Health Board's four strategic priorities. There is a strategic programme, 'Shaping our Future Quality Excellence', in place to support its delivery. At each Board meeting, the Chief Executive's Report focuses on one of the four strategic priorities. In September 2024, the focus was on quality, specifically on the Health Board's plans to build an effective quality management system.

65 The Health Board continues to embed the duties set out in the Health and Social Care (Quality and Engagement) Act (2020). In compliance with the Duty of Quality, the 2023-24 Annual Quality Report, which outlines the Health Board's achievements and ambitions set against the Health and Care Standard's, was presented at the Annual General Meeting held in July 2024. The Quality, Safety, and Experience (QSE) Committee maintains oversight of quality and safety of

[15] The link provides access to National Performance Framework monitoring data available from Digital Health and Care Wales (DHCW), which shows relevant performance data for health boards and trusts in Wales.

services and, where appropriate, assurance reports are themed around the six domains of quality[16]. The committee continues to receive Clinical Board Assurance Reports at each meeting, and a deep dive at every other meeting[17]. At alternate meetings, the committee continues to receive the Quality Indicators Report, which provides updates against key quality metrics[18]. The Quality Indicators Report continues to be data rich and supported by a cover report drawing attention to key issues and notable information. The Board and appropriate committees continue to receive assurances related to the Duty of Candour, for example the IPR includes a section on the Duty. The QSE Committee also routinely receives updates through the quality indicators report, Clinical Board Assurance reports and minutes of clinical board QSE committees.

66 The QSE Committee also maintains oversight of the Health Board's 2021-26 Quality, Safety, and Patient Experience Framework. In February 2024, the committee received an effectiveness review which provided an update on the framework's implementation. The Health Board reported that of the three sub-groups approved as part of the framework, two are well established, these being the Clinical Effectiveness Committee and Clinical Safety Group. But there have been delays in establishing the Organisational Learning Committee. The Health Board reported that arrangements for organisational learning will be developed through the Shaping Our Future Quality Excellence programme and become part of the Health Board's quality management system.

Corporate approach to tracking recommendations

67 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:

- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.

68 We found that **the Health Board is taking positive steps to further strengthen audit and review recommendation tracking arrangements.**

69 Last year, we reported that whilst the Health Board has strong arrangements for tracking audit and review recommendations, there were opportunities for

[16] Safe, Timely, Effective, Efficient, Equitable and Person-Centred care.

[17] Deeps dives this year have covered topics such as never events, nationally reportable incidents and medication safety.

[18] The Quality Indicator Reports includes data on nationally reportable incidents and never events, infection prevention and control, medication incidents, patient safety solution, progress against Health Inspectorate Wales recommendations, clinical effectiveness, mortality, Covid-19 investigations, data from the Tendable quality improvement auditing app and patient experience data. including App.

enhancement. Specifically, to formally refer recommendations and/or audit and review reports to relevant committees. We have seen evidence that limited assurance reports are referred for deeper scrutiny to appropriate committees (see **Appendix 2 R7a 2023**). We also recommended developing a report for the Audit and Assurance Committee pulling together common themes, issues and learning from audit and review recommendations. This work is in progress (see **Appendix 2 R7b 2023**).

70 The Health Board is now using AMaT to manage its recommendations tracking process, with most trackers now uploaded to the system. As with other digital systems introduced by the Health Board, this should streamline and automate audit tracking, and the system could potentially provide a platform to pick out trends/themes in audit/review recommendations. As part of the process, the Health Board is also working to either update or close down, as appropriate, Internal Audit recommendations made prior to 2022. This validation process should ensure that recommendations remain relevant and provide an opportunity to refocus where progress has been slow.

71 Frequency of reporting to Audit and Assurance Committee has also been updated. The committee now receives the full recommendation trackers; internal, external and regulatory compliance, at every other meeting, with a highlight report at the meetings in between. In November 2024, the committee will receive all three tracking reports using the new AMaT system. In July 2024, there were 21 open Audit Wales recommendations, 8 partially complete, and 13 with no action taken.

Corporate approach to managing financial resources

72 We considered whether the Health Board has a sound corporate approach to managing its financial resources.

73 We found that **whilst the Health Board maintains clear processes for financial planning, management and monitoring, the financial position remains challenging. The Health Board must address overspends and strengthen its approach to the identification and delivery of recurrent savings in order to achieve its financial sustainability ambitions**.

Financial objectives

74 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:

- the organisation meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
- the organisation being on course to meet its objectives and duties in 2024-25.

75 We found that **the Health Board did not achieve its financial duties in 2023-24 and is unlikely to meet its duties for 2024-25. Furthermore, it urgently needs to address overspends and identify sufficient suitable savings schemes to meet its ambition to achieve financial sustainability by the end of 2025-26.**

76 The Health Board did not meet its financial duties in 2023-24. Like the previous year, it did not operate within its resource limit for the year or within its cumulative resource limit for the three-year rolling period 2021-22 to 2023-24. However, as agreed with Welsh Government, the Health Board met its revised planned deficit[19] of £16.4 million. The Health Board continues to meet its financial duties against its capital resource limit.

77 In recent years, the Health Board has been unable to submit a balanced financial plan to support its IMTP. The Financial Plan for 2024-25 sets out a forecast deficit of £15.9 million. The Health Board, therefore, is working to an Annual Plan instead and is unlikely to meet its financial duties for 2024-25. It has ambitions to stabilise the financial position and achieve financial sustainability by the end of 2025-26. To achieve this, the Health Board has set itself an ambitious savings target of £47.2 million in 2024-25. At Month 7 2024-25, the Health Board reported a £22.2 million overspend, £12.9 million above the planned deficit for the month. Given the Health Board's ambitious financial plan, it needs to urgently address operational overspend (£5.2 million) and unidentified savings (£7.6 million) to achieve its 2024-25 planned deficit (see **paragraph 81**). To help achieve the savings plan, our 2024 Review of Cost Savings Arrangements highlights the need to strengthen accountability arrangements, set realistic and achievable targets for individual savings schemes, and enhance staff skills and capacity on delivering savings plans. The Health Board has introduced an internal escalation process[20] to manage and support underperforming clinical boards.

Corporate approach to financial planning

78 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:

- clear and robust corporate financial planning arrangements in place;
- the Board appropriately scrutinising financial plans prior to their approval;
- sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and

[19] In October 2023, the Health Board's revised its planned deficit from £88.4 million to £16.4 million. This was based on receiving £63.1 million funding from Welsh Government and the Health Board achieving an additional £8.8 million in savings, in addition to its £32 million savings programme.

[20] There is one escalation level, 'enhanced monitoring'.

- the Board appropriately scrutinising savings and cost improvement plans prior to their approval.

79 We found that **whilst the Health Board has a good approach to financial planning, it needs to strengthen its approach for identifying and delivering recurrent savings.**

80 The Health Board continues to have a robust and integrated approach to developing its financial plan, with appropriate Board and operational level engagement. Like last year, from December 2023, the Finance and Performance Committee discussed the Financial Plan's development at its private meeting, with the final version reviewed at its public meeting in March 2024. The Board has also been engaged in the plan's development through Board Development Sessions. The Board approved the final plan in March 2024, alongside the approval of the 2024-25 Annual Plan.

81 In 2023-24, the Health Board delivered £40.6 million savings, against an overall target of £40.8 million. This total reflects the Health Board's original £32 million savings target for 2023-24, plus an additional £8.8 million savings required to meet the Health Board's £16.4 million revised planned deficit. The Health Board did not update its savings target to include the additional requirement. Our 2024 Review of Cost Savings Arrangements found that whilst the Health Board met its agreed deficit target for 2023-24, it needs to strengthen its approach to identifying and delivering recurrent savings and ensure its service transformation plans align with wider plans to return the organisation to financial sustainability. As at Month 7 2024-25, the Health Board had a £7.6 million savings plan shortfall compared to the forecast position. Performance against savings targets continue to be scrutinised at the monthly Finance and Performance Committee.

82 The Health Board has drafted a long-term financial model, which the Board discussed at its Board Development Session in June 2024. Once approved, the model will be used to inform next year's financial and investment plans (see **Appendix 2 R1d 2022**).

Corporate approach to financial management

83 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:

- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
- the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
- effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and

- the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.

84 We found that **the Health Board continues to strengthen its approach to overseeing and scrutinising financial management and controls**.

85 As reported in previous years, the Audit and Assurance Committee routinely receives assurance reports on financial controls, related to counter fraud, procurement compliance, including single tender actions, losses and special payments, and over payments of Health Board salaries.

86 The Health Board continues to improve its procurement processes[21]. For example, on identifying the high volume of decisions taken via Chair's Actions[22] last year, it has strengthened its procurement decision making processes and decisions taken via Chair's Actions have recently started to reduce[23]. The Health Board is also strengthening financial controls by extending the use of the Docusign e-approval system. Initially introduced for procurement, Docusign is now also used to approve Chair's Actions and legal and estate related decisions. This system, which the Health Board intends to roll out further, provides an evidence trail of decisions. In April 2024, Internal Audit completed a review of core financial systems, specifically focusing on asset register management. This received substantial assurance.

87 Our 2024 Review of Cost Savings Arrangements found that the Health Board has a good understanding of its cost drivers, which are clearly set out in the 2024-25 Annual Plan. Based on feedback from clinical boards, management of cost pressures has improved. This year, the process provides more clarity about which cost pressures clinical boards are expected to manage within their budgets, and which will be supported corporately. There is potential to further improve this approach, as recommended in our 2024 Review of Cost Savings Arrangements, by issuing clinical boards with accountability letters.

88 The Health Board submitted its draft 2023-24 Financial Statements within the required timescales, and they were received by the Audit and Assurance Committee and the Board in July 2024. We issued an unqualified true and fair audit opinion, except for a qualified regularity opinion because the Health Board did not meet its revenue resource allocation over the three-year period.

Board oversight of financial performance

[21] In 2021, the Health Board identified procurement breaches on some capital expenditure projects. Since then, it has been working through a procurement improvement plan.

[22] Last year, the Health Board reviewed Board approvals for 2021-22 and up to December 2022. In April 2023, the Audit and Assurance Committee received a report highlighting that in 2021-22 of 72 approvals 70 were via Chair's Actions, and that by December 2022 (2022-23) of the 36 approvals sought so far, 34 were via Chair's Actions.

[23] The following Chair's Actions have been reported at Board meetings so far during 2024-25: May 2024 – none, July 2024 – two and September 2024 – two.

89 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:

- the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
- the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.

90 We found that **whilst the Health Board continues to maintain robust arrangements for overseeing and scrutinising financial performance, there is scope to strengthen deep dives received by the Finance and Performance Committee and reporting on financial savings.**

91 The Finance and Performance Committee continues to receive the finance report at each of its monthly meetings. The report is written clearly and continues to provide a clear and open narrative on the Health Board's financial performance, risks, and challenges. The finance report also provides a progress update against achieving financial sustainability by the end of 2025-26, which shows the Health Board's commitment to this ambition. The Board continues to receive assurance from several reports such as the Finance and Performance Committee Chair's Report, the committee's minutes, and the finance section of the Integrated Performance Report, which the Executive Director of Finance presents. Our 2024 Review of Cost Savings Arrangements makes recommendations to strengthen reporting on financial savings.

92 The Finance and Performance Committee continues to receive deep-dives, although it is unclear how often these are expected. The committee received its last deep-dive in March 2024. This year's deeps dives have focused on operational performance such as diagnostics and mental health. Given the committee's remit, there is scope to strengthen operational performance deep dives by triangulating with financial performance information, for example performance against budgets and actions to achieve savings targets. **(Recommendation 7)**

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: • Audit and Assurance Committee • Digital Health Intelligence Committee • Finance and Performance Committee • Mental Health Legislation and Mental Capacity Act Committee • Quality, Safety and Experience Committee; and • People and Culture Committee

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes; • key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality; • key organisational strategies and plans, including the IMTP; • key risk management documents, including the Board Assurance Framework and Corporate Risk Register; • key reports relating to organisational performance and finances; • Annual Report, including the Annual Governance Statement; • relevant policies and procedures; and • reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.
Interviews	We interviewed the following Senior Officers and Independent Members: • Chair of Board • Chief Executive Officer • Executive Director of Finance • Executive Director of Strategy and Planning (Interim) • Director of Corporate Governance • Vice Chair • Chair of Audit and Assurance Committee • Chair of Finance and Performance Committee • Independent Member (Local Government)

Appendix 2

Progress made on previous-year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports.

Recommendation	Description of progress
2023 Structured Assessment R1 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. The Health Board, therefore, should: a) consider incorporating additional priorities that encompass all aspects of sustainable	See paragraph 14: • R1a – **In progress** • R1b – **Complete**

Recommendation	Description of progress
development, particularly those that relate to the environment; and b) set out how each individual well-being objective aligns to the national well-being objectives and the well-being objectives of it partners.	
2023 Structured Assessment R2 The Health Board should improve public access to Board meetings by: • livestreaming and recording public Board meetings; and • making the recordings available on the Health Board's website shortly after each meeting.	**Complete** – see paragraph 25
2023 Structured Assessment R3 The Health Board should review its website, ensuring the latest versions of governance documents and papers are available.	**Superseded** – see Recommendation 2 2024 (administrative governance)

Recommendation	Description of progress
2023 Structured Assessment R4 The Health Board should review the effectiveness of its new committee structure. The review should pay particular attention to whether: • the committee structure supports sufficient oversight of the refreshed strategic objectives; • committee terms of reference and workplans adequately cover all aspects of Board business; • there is merit in instigating a regular meeting for committee chairs; • there is an appropriate training and development for new committee chairs and new committee members; and • officers and Members have the capacity and resources to support more frequent committee meetings.	**In progress** – see paragraph 35.
2023 Structured Assessment R5 The Quality, Safety and Experience Committee should start every other meeting with a patient story to usefully set the tone for the remaining meeting	**Complete** – see paragraph 42.

Recommendation	Description of progress
and to ensure that members hear about patient experiences and related learning.	
2023 Structured Assessment R6 The Health Board has improved its Integrated Performance Report (IPR). Whilst we recognise it is a new and evolving report, we have found potential to enhance it by: a) strengthening its links with the Annual Plan Delivery Report to ensure the relationship between some of the delivery milestones and key performance indicators is clearer; having a more consistent focus on actions being taken to tackle underperformance in both the IPR and its cover report; b) being clearer about whether the metrics in section two of the IPR are on target or not; c) being consistent in providing reasons why data charts are unavailable in section two of the IPR, instead of leaving the section blank; and	**In progress** • R6a – **In Progress** – see paragraph 20. • R6b – **Complete** – see paragraph 61. • R6c – **In Progress** – see paragraph 61. • R6c – **In Progress** – see paragraph 61.

Recommendation	Description of progress
d) providing benchmarking data (where available) to show how the Health Board compares to other health bodies.	
2023 Structured Assessment R7 The Health Board should: a) formally refer recommendations and/or audit and review reports to relevant committees for deeper scrutiny, with the committees reporting back to the Audit and Assurance Committee for assurance, and b) develop a report for the Audit and Assurance Committee pulling together common themes, issues and learning from the internal, external and regulatory compliance reports.	See paragraph 69. • R7a – **Complete** • R7b – **In Progress**
2022 Structured Assessment R1 The Health Board plans to refresh its ten-year strategy by 2023. It should seek to use this opportunity to review and reshape its wider processes, structures, resources, and	**In progress** • R1a – **Complete** - see paragraph 54. • R1b – **No Progress** - see paragraph 59. • R1c – **In Progress** - see paragraph 35.

Recommendation	Description of progress
arrangements, to ensure they are fully aligned to the organisation's refreshed strategic objectives and associated risks, with a particular focus on its: a) Board Assurance Framework b) Performance Management Framework c) Committee structures, terms of reference, and workplans d) Long-term financial plan	• R1d – **In Progress** - see paragraph 82.
2022 Structured Assessment R2 The Integrated Performance Report provides a good overview of the Health Board's performance. However, details of the actions being taken to sustain or improve performance that falls below target appear in some sections of the report but not others. The Health Board, therefore, should ensure this information is provided consistently throughout the report to strengthen the assurances provided to the Board that appropriate action is being taken to sustain or improve performance.	**Superseded** by Recommendation 6 2023.

Recommendation	Description of progress
2022 Structured Assessment R3 The Health Board, therefore, should: a) post more frequent reminders about Board and committee meetings on social media and provide links to papers; b) ensure the papers for all Advisory Group meetings are published on the Health Board's website in a timely manner; and c) make abridged minutes of private Board and committee meetings available publicly as soon as possible after each meeting;	**In progress** • R3a – **Complete** – see paragraph 25. • R3b – **Superseded** – see Recommendation 2 2024 (administrative governance) • R3c – **Complete** – see paragraph 27.

Appendix 3

Management response to audit recommendations

Exhibit 4: Cardiff and Vale University Health Board response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	**Annual Plan monitoring** To ensure ongoing scrutiny of the Annual Plan, as part of the Integrated Performance Report, the Health Board should reintroduce the quarterly high-level overview of achievements against Annual Plan milestones and highlight how delivery of the milestones is impacting performance in priority areas.	This will be reviewed in line with the lessons taken form the rapid planning event held in Dec 24.	July 2025	Interim pending review of Exec roles is Director of Finance and COO

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R2	**Administrative Governance** In order to strengthen its administrative governance arrangements, the Health Board should ensure that: • R2.1. all relevant Board and committee meeting papers are publicly available and published on its website in a timely manner. • R.2.2. Standing Financial Instructions are reviewed annually and that changes are formally documented or equally that no amendments are required. • R2.3. up to date Board and committee workplans are available to the public. • R2.4. all Board and committee papers use the correct cover report template.	• 2.1 The website is currently being reviewed to incorporate the changes to the Committee structure and will incorporate this recommendation. • 2.2 SFIs and the Standing Orders documents will be reviewed as required and the update to SFIs will be made. • 2.3 A static copy of the dynamic forward plan will be periodically shared via the website. • 2.4 The templates have been updated and released and so the work to QA reports being done on old templates is in train.	July 2025 July 2025 July 2025 July 2025	Head of Corporate Governance Director of Corporate Governance Head of Corporate Governance Senior Governance Officer

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	• R2.5. the public is signposted to the current Board Assurance Framework.	• 2.5 The latest set of Board papers will be the correct point of reference.	July 2025	Senior Governance Officer
R3	**Patient Safety Walkabouts** As part of its review of arrangements for Patient Safety Walkabouts, the Health Board should consider how to ensure learning and resulting actions from walkabouts is reported to the Board.	These will be reviewed in a Board Development Session.	July 2025	Executive Director of Nursing
R4	**Board effectiveness and improvement** As part of its continuous approach to reviewing Board and committee effectiveness, the Health Board should capture and report improvement	A periodic report will be taken to Board and put in the public papers.	July 2025	Director of Corporate Governance

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	activities and consider whether they are achieving the intended benefit.			
R5	**Risk management** The Health Board should ensure that arrangements for scrutinising strategic and corporate risks are clarified and consistent across all committees.	Strategic risks, via the BAF, will be addressed at Committees as part of the reinvigoration of the structure. Corporate risks will feature if required, but following the transfer to AMAT will be dealt with at Clinical Board and SLB level.	December 2025	Head of Corporate Governance
R6	**Risk management** The Health Board should refresh the Risk Management Strategy to ensure it includes new arrangements for recording and escalating operational risks.	This will follow the completed transfer of all registers to a single one on AMAT	December 2025	Head of Corporate Governance

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R7	**Finance and Performance Committee deep-dives** The operational performance deep dives received by the Finance and Performance Committee should be triangulated with financial performance information.	Triangulation of deep dives with financial performance will take place in the meetings between the Chair and DoF which in turn will update the forward plan.	July 2025	Director of Finance

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Archwilio Cymru
Audit Wales

Annual Audit Report 2024 – Cardiff and Vale University Health Board

Audit year: 2023-24

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

Summary report

About this report

1 This report summarises the findings from my 2024 audit work at Cardiff and Vale University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- audit of accounts; and
- arrangements for securing economy, efficiency, and effectiveness in the use of resources.

3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.

4 We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.

5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.

6 The focus and approach of my performance audit work continue to be aligned to the post-pandemic challenges facing the NHS in Wales and are conducted in line with INTOSAI[1] auditing standards.

7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

[1] INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

8 **Appendix 2** presents the latest position against the audit fee set out in the 2024 Audit Plan.

9 **Appendix 3** sets out the audit-of-accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.

10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Assurance Committee on 4 February 2025. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

12 I concluded that the Health Board's 2023-24 accounts[2] were properly prepared and materially accurate and I therefore issued an unqualified true-and-fair opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my financial audit).

13 However, I qualified my regularity opinion because the Health Board breached its revenue resource limit. For the three-year period 2021-22 to 2023-24, the Health Board expended £42.961 million over the three-year revenue limit that the Welsh Government had authorised. The Health Board did not exceed its authorised capital resource-limit for the for the three-year period 2021-22 to 2023-24.

14 I found no other regularity matters of a material adverse nature. I did, however, report that the Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan in place for the period 2023-24 to 2025-26. This financial duty requires health boards to prepare, and have approved by the Welsh Ministers, a rolling three-year integrated medium-term plan.

15 I reported five audit recommendations to the Health Board's Audit and Assurance Committee. Management fully accepted all the recommendations and have put actions in place to implement them. I also reported that some past audit recommendations (ie prior to the 2023-24 audit) are ongoing actions and remain open. I will review the Health Board's progress with all new or ongoing actions as part of my 2024-25 audit.

[2] I audit and certify the Health Board's Performance Report, Accountability Report, and Financial Statements. 'Accounts' is a generic term.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

16 My programme of Performance Audit work has led me to draw the following conclusions:

- in terms of primary care, the Health Board is progressing work to improve strategic planning, cluster maturity, and leadership. However, capacity within the Health Board's central primary care team remains stretched, and more work is required to establish a financial baseline and strengthen its approach for evaluating and mainstreaming new ways of working. Whilst there is reasonable oversight and scrutiny of primary care at Board and committee meetings, reporting on delivery of plans, patient experience, and primary care performance and outcomes needs strengthening.
- whilst the volume of patients experiencing delayed discharge remains a concern, there have been notable improvements in ambulance handover and emergency department waiting time performance in the region. However, patient flow within hospitals is impacting negatively on other pathways of care, and regional partners will need to maintain their joint commitment to secure the improvements which are necessary.
- the Health Board has made reasonable progress in addressing our previous recommendations relating to discharge planning, but there remains more to do, including ensuring the discharge policy is up to date and that training and awareness raising activities are resulting in improved understanding of the landscape of community health and social care services.
- whilst the Health Board met its agreed deficit target for 2023-24, it needs to strengthen its overall approach to the identification and delivery of recurrent savings and ensure its service transformation plans align with wider plans to return the organisation to financial sustainability and balance.
- the Health Board's corporate governance arrangements continue to operate effectively. The Health Board is taking positive steps to operationalise its long-term strategy, ensuring governance arrangements support its delivery. Whilst the Health Board has ambitions to achieve financial sustainability, the financial position remains challenging.

17 These findings are considered further in the following sections.

Detailed report

Audit of accounts

18 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.

19 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4**, **Appendix 3**.

20 My responsibilities in auditing the accounts are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2023-24 accounts

21 I concluded that the Health Board's accounts were properly prepared and materially accurate (true and fair), and I issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my financial audit).

22 I reported five audit recommendations, to management and to the Health Board's Audit and Assurance Committee. Management accepted all the recommendations and formally agreed management actions and dates of implementation. I also reported on management's progress with any recommendations from my previous audits, which are yet to be fully actioned. As part of my 2024-25 audit, I will review management's progress with all my live recommendations.

23 I must report issues arising from my work to those charged with governance (the Members of the Board), for their consideration before I issue my audit opinion on the accounts. My audit team reported these issues on 11 July 2024. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors' comments
Uncorrected misstatements	There was one uncorrected misstatement. I identified two buildings that had been demolished but not removed from the Health Board's fixed asset register, financial ledger, and accounts. While the buildings had been fully depreciated, and had a nil net book value, the asset register and the accounts still incorrectly recorded their gross cost and accumulated depreciation of £1.091 million.

Issue	Auditors' comments
	Based on the audit work undertaken, we were satisfied that there was not a wider material risk to the 2023-24 accounts.
Corrected misstatements	I reported the six most significant areas of corrected misstatements. They related mainly to accounting classifications and disclosures. One of the matters related to a pay award that was confirmed by the Welsh Government after the Health Board's submission of the draft accounts, and therefore could not be known when the accounts were prepared by management.
Other significant issues	I reported five recommendations for improvement, with management's formal responses. Management formally accepted all the recommendations. On 3 September 2024, the Health Board's Audit and Assurance Committee considered the recommendations and management's responses.

24 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.

25 My separate audit of the Health Board's Charity's annual report and accounts is completed, and I reported my findings to Trustee Members on 23 January 2025. I certified the annual report and accounts on 26 January. The Charity Commission's annual deadline is 31 January.

Regularity of financial transactions

26 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.

27 Where a Health Board does not achieve financial balance, its revenue and/or capital expenditure exceed its powers to spend, and so I must qualify my regularity opinion.

28 I qualified my regularity opinion, because the Health Board breached its revenue resource limit. For the three-year period 2021-22 to 2023-24, the Health Board expended £42.961 million over the three-year revenue limit that the Welsh Government had authorised.

29 The Health Board did not exceed its authorised capital resource limit for the for the three-year period 2020-21 to 2022-23. For the three-year period 2021-22 to 2023-24, the Health Board expended £201,000 below the three-year capital limit that the Welsh Government had authorised.

30 I have the power to place a substantive report on the Health Board's accounts, alongside my opinions, where I want to highlight an issue(s). Due to the regularity issue set out above, I issued a substantive report setting out the factual details of my qualification of my regularity opinion.

31 My substantive report also highlighted that the Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan in place for the period 2023-24 to 2025-26. This financial duty requires health boards to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. The duty is an essential foundation to the delivery of sustainable quality health services.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

32 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- assessing the extent to which the Health Board has implemented my 2018 recommendations on primary care, as well as the extent to which there is appropriate capacity and capability to deliver priorities as well as the extent to which the Board and/or its committees consider matters relating to primary care;
- reviewing the effectiveness of the Health Board's arrangements, in partnership with social services, to support timely patient flow out of hospital across the Cardiff and Vale of Glamorgan region;
- assessing the extent to which the Health Board has implemented my 2017 recommendations on discharge planning;
- reviewing the effectiveness of the Health Board's cost savings arrangements; and
- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.

33 My conclusions based on this work are set out below.

Primary care follow-up review

34 My review examined the extent to which the Health Board has implemented my previous 2018 recommendations relating to primary care. I also assessed the extent to which the Board and its committees regularly consider matters relating to primary care, and whether the Health Board's central primary care services team has the appropriate capacity and capability.

35 My work found that the Health Board is progressing work to improve primary care strategic planning, cluster maturity, and leadership. However, the capacity of the Health Board's central Primary Care Services Team remains stretched, and more work is required to establish a financial baseline and strengthen its approach for evaluating and mainstreaming new ways of working. Whilst there is reasonable oversight and scrutiny of primary care at Board and committee meetings, reporting on the delivery of plans, patient experience, and primary care performance and outcomes needs strengthening.

36 The Health Board has addressed recommendations relating to primary care strategic planning and it has also taken positive steps to strengthen cluster maturity and support cluster lead training and development. Although the Health Board has shifted some resources from secondary to primary care, progress has remained slow. In addition, it has yet to establish a financial baseline to support this shift in resources and enable monitoring. The Health Board also needs to strengthen its arrangements for evaluating and mainstreaming new ways of working within primary care clusters.

37 Primary care is reflected in key Health Board strategies and plans. Whilst there is reasonable oversight and scrutiny of primary care at Board and committee meetings, there are opportunities to strengthen reporting around the delivery of primary care plans, the experiences of patients accessing primary care services, and primary care performance and outcomes.

38 Whilst the Health Board has increased the number of roles within its central Primary Care Services Team, capacity remains stretched due to increasing workloads associated with local and national priorities. Whilst there are good arrangements in place to support the development of staff within the team, its succession planning arrangements require strengthening.

Urgent and emergency care

39 My work examined different aspects of the urgent and emergency care system focused on patient flow out of hospital, progress against my previous discharge planning recommendations, and arrangements for managing demand. My work on arrangements for managing demand is due to be reported in February 2025.

Patient flow out of hospital

40 My regional review examined whether the Health Board and its social services partners have effective arrangements to ensure the timely discharge of patients out of hospital. It focussed on the scale of the challenge, and the factors impacting on effective and timely flow out of hospital. My work also considered the action being taken by the Health Board and its statutory partners, including through the Regional Partnership Board, and what more can be done to reduce some of the challenges currently being experienced by the health and social care system.

41 My work found that whilst the volume of patients experiencing delayed discharge remains a concern, there have been notable improvements in ambulance handover and emergency department waiting time performance in the region. However, patient flow within hospitals is impacting negatively on other pathways of care, and regional partners will need to maintain their joint commitment to secure the improvements which are necessary.

42 In line with trends across Wales, the numbers of patients whose discharge from hospital in the Cardiff and Vale region has been delayed have grown significantly in recent years. Between April 2023 and February 2024, each month there were on average 194 medically fit patients whose discharge was delayed, with completion of social care assessments and social worker allocation the main causes for delay. While this position compares favourably to other health boards in Wales, it remains a cause for concern. For the period April 2023 to February 2024, the total number of bed days that had been lost to delayed discharges was 50,668 with a full-year cost equivalent of £27.637 million.

43 The Health Board has had significant success more recently in preventing delayed discharges from impacting on patient flow within its urgent and emergency care system. Its performance on metrics for waiting times in emergency departments and ambulance handovers has consistently been either the best in Wales or well above the all-Wales average performance. These have contributed to significant reductions in the number of emergency ambulance hours lost to handover delays. However, data indicates that the commitment to easing pressure on some aspects of urgent and emergency services at University Hospital Wales may be contributing to patient flow issues elsewhere within the hospital. For example, data indicates that access to beds on specialist wards, such as stroke, is inconsistent[3] and that increasing numbers of scheduled (planned) care appointments are cancelled due to the lack of available beds within the hospital.

44 Several factors are contributing to delayed discharges. The region has an ageing population with a correlating increase in people who live with complex, long-term conditions including mental health problems. There are also workforce challenges

[3] Between April 2022 and April 2023, performance for the Health Board was volatile with the percentage of stroke patients with direct access to a stroke ward within four hours fluctuating between a low of 3.3% and a high of 54%. Since April 2023 performance has improved, with performance ranging between a high of 72.5% in June 2023, and a low of 43.5% in April 2024.

within the social care sector, which is resulting in delays in the allocation of social workers and in completing social care assessments. My work also identified weaknesses in the practice and documentation of discharge planning and a need to include the Discharge to Recover and Assess (D2RA) model within Health Board policies. However, the region is successfully managing to meet demand for care support, and it is able to provide care in line with its commitment to providing domiciliary care over care home provision. This is something many other regions in Wales are finding challenging.

45 Improving patient flow is a key feature of plans across the partners which align to the Welsh Government's six goals for urgent and emergency care. Partners are working together effectively, both strategically and operationally, to improve patient flow. Financial resources are being applied to improve discharge planning with evidence of evaluation of the impact of projects and initiatives. While there is regular monitoring of performance within individual organisations, partners lack arrangements to oversee patient flow across the whole health and care system. This limits opportunities to examine whole system solutions, embed learning and to focus on the impact of activity within performance and progress reports.

Discharge planning: progress update

46 In undertaking my regional review of arrangements to support patient flow, I have also taken the opportunity to consider progress made by the Health Board in addressing my previous 2017 recommendations relating to discharge planning.

47 My work found that the Health Board has made reasonable progress in addressing our previous recommendations, but there remains more to do, including ensuring the discharge policy is up to date and that training and awareness raising activities are resulting in improved understanding of the landscape of community health and social care services.

48 Specifically, my work found that:

- the Health Board has introduced mechanisms to monitor the use of community health and social care services and has taken action to improve staff understanding of the landscape of services, although it is not clear whether these actions are having the intended impact;
- while the Discharge Policy was revised in 2020 it is unclear what impact the involvement of patients and carers had on changes, noting also that the policy is overdue for further review and there is a need to ensure the most recent version of the policy is on the Health Board's website; and
- while the Health Board provides regular training related to discharge planning, we found limited evidence that it monitors completion rates for training.

Review of cost savings arrangements

49 My review examined whether the Health Board has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Health Board's 2023-24 year-end financial position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.

50 My work found that whilst the Health Board met its agreed deficit target for 2023-24, it needs to strengthen its overall approach to the identification and delivery of recurrent savings and ensure its service transformation plans align with wider plans to return the organisation to financial sustainability and balance.

51 The Health Board has a good understanding of its cost drivers and has a clear process in place for identifying cost savings opportunities. However, the Health Board needs to improve the way it uses data and intelligence to identify sustainable savings opportunities and ensure its plans for service transformation are sufficiently well developed to support its wider plans for achieving financial sustainability.

52 The Health Board's 2024-25 savings target looks extremely challenging in the context of its recent poor record of delivering recurrent savings. To achieve its 2024-25 savings target, the Health Board needs to take action to strengthen accountability arrangements, set realistic and achievable targets for individual savings schemes, and enhance staff skills and capacity in respect of savings plans delivery.

53 The Health Board's arrangements for monitoring and reporting savings require strengthening to provide more robust assurance to the Board on delivery. In addition, the Health Board needs to improve the management of in-year savings risks and introduce a more systematic approach to learning lessons from savings planning and delivery.

Structured assessment

54 My 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

55 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing

financial resources. Auditors also paid attention to progress made to address previous recommendations.

56 At the time of my structured assessment work, the Health Board was subject to Level 3 escalation for finance, strategy and planning under the Welsh Government's escalation and intervention arrangements.

Corporate approach to planning

57 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:

- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium Term Plan; and
- overseeing the delivery of corporate strategies and plans.

58 My work found that arrangements for producing, overseeing, and scrutinising strategies and corporate plans continue to strengthen, and the Health Board is taking positive steps to operationalise and embed its refreshed strategic objectives.

59 The Health Board's corporate planning arrangements continue to strengthen. The Health Board has been focusing on operationalising its long-term strategy, which was approved by the Board in July 2023, by developing processes and systems to support its delivery and aligning wider governance arrangements. Other corporate plans, such as the 2024-25 Annual Plan, are appropriately aligned to and support delivery of the organisation's long-term strategy.

60 The Health Board continues to have good arrangements for maintaining Board oversight of key corporate strategies and plans. The 2024-25 Annual Plan contains a clear delivery plan, supported by new reporting arrangements; however, it is too early to comment on the effectiveness of these arrangements.

Board transparency, effectiveness, and cohesion

61 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:

- Public transparency of Board business
- Arrangements to support the conduct of Board business
- Board and committee structure, business, meetings, and flows of assurance
- Board commitment to hearing from staff, users, other stakeholders
- Board skills, experiences, cohesiveness, and commitment to improvement

62 My work found that the Board and its committees continue to conduct their business transparently, operate effectively, and remain committed to continuous improvement. There are opportunities to improve some aspects of administrative governance and to enhance learning from patient safety walkabouts and Board effectiveness reviews.

63 The Board remains committed to conducting its business transparently, and it has enhanced its arrangements further this year by livestreaming and recording its

public meetings. However, opportunities remain to improve some aspects of administrative governance related to keeping documents on the Health Board's website updated. The Health Board's arrangements continue to support the effective conduct of Board business, and it has taken positive steps to improve its policy management process to tackle the backlog of outdated polices.

64 The Health Board is taking positive steps to ensure its committee structure is clearly aligned to its strategic objectives, strategic change portfolios, and strategic risks. In November 2024, the Board approved amendments to its committee arrangements to clarify oversight responsibilities for each strategic objective, and those areas of business which do not obviously fall within the remit of any of the current committees. Board and committee meetings continue to operate effectively and are supported by good quality, timely papers which focus on key matters.

65 The Health Board remains committed to hearing from service users and staff and is improving its processes to do so. But there is scope to enhance how learning is shared following patient safety walkabouts. The Health Board has managed changes to Board membership and the impact of Independent Member vacancies well. However, while the Board maintains a good focus on continuous learning and development, opportunities exist to better understand the impact of activities aimed at improving Board effectiveness.

Corporate systems of assurance

66 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:

- overseeing strategic and corporate risks;
- overseeing organisational performance;
- overseeing the quality and safety of services; and
- tracking recommendations.

67 My work found that the Health Board continues to strengthen its corporate systems of assurance. There are opportunities to clarify oversight arrangements for strategic and corporate risks and to update the Performance Management Framework.

68 Whilst the Health Board continues to take positive steps to improve its strategic and corporate risk management arrangements, opportunities exist to clarify risk escalation and corporate risk scrutiny arrangements. The Board and its committees maintain good oversight of organisational performance, with steps taken to further improve the Integrated Performance Report. However, the Performance Management Framework requires updating.

69 The Board maintains appropriate oversight of the quality and safety of services and demonstrates a committment to improvement. However, establishing the Organisational Learning Committee, which is one of three sub-groups approved as part of the 2021-26 Quality, Safety, and Patient Experience Framework, has been delayed. The Health Board has indicated that arrangements for organisational

learning will be developed through the Shaping Our Future Quality Excellence programme and become part of the Health Board's quality management system. The Health Board is taking positive steps to further strengthen its arrangements for tracking audit and review recommendations.

Corporate approach to managing financial resources

70 My work considered whether the Health Board has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:

- achieving its financial objectives;
- overseeing financial planning;
- overseeing financial management; and
- overseeing financial performance.

71 My work found that whilst the Health Board maintains clear processes for financial planning, management and monitoring, the financial position remains challenging. The Health Board must address overspends and strengthen its approach to the identification and delivery of recurrent savings in order to achieve its financial sustainability ambitions.

72 Although the Health Board met its agreed deficit target for 2023-24, it did not achieve its statutory financial duties in 2023-24 and it is unlikely to meet these duties in 2024-25. As a result, it urgently needs to address overspends and identify sufficient suitable savings schemes to meet its ambition to achieve financial sustainability by the end of 2025-26. The Health Board has a good approach to financial planning, but it needs to strengthen its approach for identifying and delivering recurrent savings as indicated earlier in this report.

73 The Health Board continues to strengthen its approach to overseeing and scrutinising financial management and controls. Whilst the Health Board continues to maintain robust arrangements for overseeing and scrutinising financial performance, there is scope to strengthen deep dives received by the Finance and Performance Committee and reporting on financial savings.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2024.

Report	Date
Financial audit reports	
Health Board: Audit of Accounts Report	July 2024
Health Board: opinion on the accounts	July 2024
Health Board: Audit of Accounts Addendum Report	August 2024
Charitable Funds: Audit Accounts Report (2022-23); and the opinion on the accounts.	January 2024
Performance audit reports	
Primary Care Follow Up Review	April 2024
Unscheduled Care: Flow out of Hospital – Cardiff and Vale Region	September 2024
Discharge Planning: Progress Update	September 2024
Review of Cost Savings Arrangements	September 2024

Report	Date
Structured Assessment 2024	October 2024
Other	
2024 Audit Plan	May 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Urgent and emergency care: Arrangements for Managing Demand	April 2025
Review of Planned Care Services Recovery	April 2025
Review of Eye Care Services	June 2025
Review of Digital Transformation	July 2025

Appendix 2

Audit fee

My 2024 Audit Plan set out my fee estimate of £465,673 (excluding VAT, which is not chargeable). I also set a fee estimate of £25,306 in the 2024 Audit Plan for my audit of the Health Board's charity's annual report and accounts. My staff will determine the final audit costs once all audits are fully concluded. My audit team will then notify management of the closing position, which I will set out as usual in my 2025 Audit Plan.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	I will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and • I may add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.	I reviewed numerous accounting estimates and samples of transactions, which included journal entries. I did not identify any significant transactions outside the normal course of business. No significant risks arose relating to management override. The overall results of my testing in in these areas was satisfactory.

Audit risk	Proposed audit response	Work done and outcome
There is a significant risk that the Health Board will fail to meet its first statutory financial duty to break even over a rolling three-year period; against its revenue and capital resource limits. The reported revenue position at month 12 is a year-end deficit of £16.4 million for 2023-24, which would result in a deficit of some £43 million for the three years to 31 March 2024. The reported capital position at month 12 is a year-end surplus of £72,000 for 2023-24, which would result in a surplus of £201,000 for the three years to 31 March 2024. The current financial pressures increase the risk that management judgements and estimates could be biased in an effort to meet key financial targets such as its agreed control totals for 2023-24.	I will: • monitor the Health Board's financial position for 2023-24 and the cumulative three-year position to 31 March 2024; • consider the cumulative impact of any relevant uncorrected misstatements over the three years to 31 March 2024; and • undertake cut-off testing around the year-end; and classification testing across revenue and capital expenditure. If the Health Board fails to meet the three-year resource limit for revenue and/or capital, I would expect to qualify my regularity opinion on the 2023-24 financial statements. I would also expect to place a substantive report on the statements to explain the basis of the qualification and the circumstances under which it had arisen.	As set out in this report, my audit confirmed that the Health Board met its three-year capital resource limit, but did not meet its three-year revenue resource limit. I therefore qualified my regularity opinion and placed a substantive report on the statements to explain the basis of the qualification and the circumstances under which it had arisen. I also reported on the fact that the Health Board did not meet its financial duty to have a Welsh-Government-approved three-year integrated medium-term plan, for the period 2023-24 to 2025-26.

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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	March 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 21 January 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted January 2025 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	• **Emergency Ambulance Services**: Ongoing concerns about performance and capacity. A risk review was discussed at the JCC Strategy session in December 2024; and • **Ambulance Staff Re-banding**: The Welsh Ambulance Services University NHS Trust (WAST) proceeded with the Emergency Medical Technician (EMT) re-banding proposal on the basis the in-year costs will be absorbed by WAST for 2024/25. The JCC noted that this will remain a provider issue, rather than a JCC issue going into 2025/26. Skill mix changes will be required to mitigate future financial impacts.
Advise	• **Chief Commissioner Recruitment**: The recent recruitment process undertaken failed to secure the appointment of a permanent Chief Commissioner. Stacey Taylor continues to cover the role on an interim basis. • An update was received from the Interim Chief Commissioner: ○ **Quarter 3 Progress & Future Priorities**: Work is ongoing under transition to establish 'routine business' for the JCC. Priorities include delivering the 2024/25 plan, finalising the organisational structure, and preparing the 2025-28 Integrated Medium Term Plan (IMTP), ○ Key achievements were highlighted; and ○ Next developments include the Directory of Services and the JCC Commissioning Framework. • Members received reports from each of the three Commissioning Directors; • Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted:

Status	Update
	○ Issues with mental health service facilities under NHS England (NHSE) contracts, particularly environmental concerns, ○ A review of Traumatic Stress Wales (TSW) services is underway; the JCC hosts this service which is funded by the Welsh Government, ○ An internal audit assessment on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating; and ○ A fire at a low-secure unit commissioned by the JCC led to patient transfers to medium-secure facilities. Further discussions would take place related to the future strategy of the Mental Health portfolio at a future JCC Strategy Session. • Update from the Director of Commissioning for Ambulance and 111 provided updates on: ○ Pressures on emergency ambulance services, ○ The ongoing judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS), ○ Ongoing work by WAST responding to the recommendations of the Manchester Arena Inquiry, ○ Recommendation 4 - the bespoke road based service. Due to financial and operational implications and performance disparities across Wales, further discussions are needed, and these will continue through the Collaborative Commissioning Leadership Group (CCLG), ○ Welsh Government has established a group to consider revised performance metrics in relation to emergency ambulances and the outputs will be presented to the Cabinet Secretary for Health & Social Care in the near future, ○ The draft long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' would be finalised by March 2025; and ○ Key risks to the ambulance service in Wales. • The update from the Director of Commissioning for Specialised Services included: ○ Concerns over delays in plastic surgery with the target of no patients waiting longer than 104 weeks,

Status	Update
	○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and ○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level.
Assure	• **Governance & Risk Management**: • Updated financial delegated limits approved for the Interim Chief Commissioner, • Concerns raised over funding for new medicines for very rare diseases, with JCC proposed as the preferred planning body (National Institute of Clinical Excellence (NICE), • National approach to Continuing Healthcare (CHC) commissioning endorsed with workstreams planned, • Risk register received, with further work needed to assess risk appetite, • Assurance reports presented on governance, including the approval of the sub-committee terms of reference, finance and audit matters relating to WHSSC.
Inform	• **Patient Story**: A patient attended the meeting to reflect on personal experience and highlight the benefits of a microprocessor knee in improving mobility and quality of life. • **Strategic Planning (IMTP 2025-28)**: ○ NHS Wales Planning guidance highlights a 1.77% budget uplift with a 2% efficiency savings target, ○ Highlighted the importance of collaboration and prioritisation of resources, ○ Key priorities include urgent care and planned care recovery, ○ Early estimates suggest JCC will require between 5.5%-6.4% financial growth requirement, ○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, ○ A further strategy workshop would be arranged to support the ongoing work to develop the JCC IMTP. • The Committee received the following assurance reports: ▪ CTMUHB Audit and Risk Committee Assurance Report ▪ Legacy WHSSC Management Group Briefings for November and December 2024

Status	Update
	▪ Individual Patient Funding Request (IPFR) Panel Chairs report ▪ Welsh Kidney Network (WKN) Chairs report.
Appendices	None

Note that an "in committee" meeting was also held. A formal update will be given to the next public JCC meeting on 18 March 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe

Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

Report Title:	Local Partnership Forum Report			Agenda Item no.	
Meeting:	Board	Public	x	Meeting Date:	
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				

Main Report
Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum usually meets 6 times a year, but was cancelled in December 2025 due to a clash with another event and the number of apologies received.

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

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

Key items discussed at the meeting held on 13 February 2025 can be summarised as follows:

The Chief Executive provided an update report to the Forum. Key points included:

- Reflection on the winter plan and the reset process
- WAST critical incident on 31 December 2024 and the implications for the Health Board
- The low uptake of vaccinations for winter respiratory viruses
- The financial position and what this meant for the next year
- The 2024 staff survey response rate and headline results

There was a discussion around the Executive Moderation Panel and the approval process for flexible retirement applications, including applications to Retire and Return, and the need to address a general perception that the Moderation panel that it is an additional hurdle for people to overcome despite the data showing otherwise.

Trade Unions raised concerns about the understanding of the Rostering Principles for booking Annual Leave. Agreement was made to define the correct interpretation to align with the current financial year.

It was discussed that those staff with overtime shifts booked prior to the recent CEO directive should have those pay rates honored.

The Director of Corporate Governance, provided a presentation on Speaking Up Safely and the launch of the Work in Confidence Platform. It was noted that the success of the platform will be slow, relying on trust in the process to grow.

The Deputy Director of People and Culture provided a presentation on Sexual Safety. Highlights included:

- The context, specifically in terms of legislation and the staff survey results. The Worker Protection Act was introduced in October 2024 and puts a duty on employers to take reasonable steps to prevent sexual harassment.
- The Sexual Safety procedure has now been launched and will be communicated throughout the organisation.
- Awareness training for all staff has been developed, along with specialised training for investigating officer who are handling complaints.
- Enhanced wellbeing support is available for individuals going through processes related to harassment

The Head of Equity and Inclusion was in attendance and provided a presentation on the WRES (Workplace Race Equality Standards). A summary of the key points from the WRES report was provided, and it was noted that work will focus initially on progression and representation. A review of Staff Networks is taking place with the intention of improving the support and ensuring that these networks are more effective in supporting underrepresented groups. Resources for self-education have also been developed, including fact sheets on anti-racism and microaggressions, and these have seen a good level of engagement.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by the Board.

A copy of the minutes of the Employment Policy Sub Group (EPSG) meeting held on 4 December 2024 were received for noting.

Recommendation:

The Board is requested to:

a) NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered
*Please place an "**X**" in the below boxes as relevant*

Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?:

*Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*				
Committee/Group/Exec	Date:			

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	03 February 2025

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair's Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- Introducing the All-Wales Planning Programme for Learning Autumn Event hosted by NWSSP in November 2024, which was very successful and received positive feedback from participants; and
- Chairing both Welsh Risk Pool Committee meetings that took place on 19 November 2024 and 21 January 2025.

The Committee **NOTED** the Chair's Report.

Managing Director Update

The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool (WRP) Committee met on 26 November 2024, ratifying 240 cases with a reimbursement value of £18.6m. WRP continues to face challenges with the timeliness and quality of learning submissions, as well as the provision of additional evidence. Efforts are being made to improve these areas and avoid imposing penalties, although some remain in the system, with 29 recently authorised. Revised consent forms were ratified, addressing ongoing challenges in defending cases. Collaboration with Welsh Government is ongoing to secure funding for the MoNET Wales programme. An update on Covid litigation was provided to Chief Executives in December 2024, noting that the number of cases in Wales is currently low. Further updates will follow the outcome of the Module 3 report of the UK Covid Public Inquiry.
- A year-to-date surplus of £3.522m was reported at Month 9, with a surplus of £2.832m in core operational budgets and £0.690m against the recurrent Covid allocation. Capital expenditure to date is £3.703m against a £7.810m limit. Additional funding was approved in December 2024 and we are working with Services to ensure funding can be fully utilised within the financial year, reviewing progress at our Capital Prioritisation meetings.
- Progress on the South East Radiopharmacy and Hub was noted with a positive review of the plans by the Medicines and Healthcare products Regulatory Agency

(MHRA), with minor adjustments to be incorporated. Planning permission is progressing with Newport Council and once confirmed the funding letter from Welsh Government will be issued for next phase of works. For the South East Wales Hub, the business case is being developed in consultation with the Welsh Government and would be brought to the Committee, for approval. Efforts are ongoing to finalise site options in South West Wales. A review of hospital medicines supply and logistics is underway, with a report expected by March 2025. The HIV Action Plan, a pilot project for pre-exposure prophylaxis (PrEP) in Community Pharmacy will commence in 2025, aiming to improve access, whilst reducing inequalities and stigma by normalising the care of people at risk of HIV. The preferred model would be Hub and satellite supply arrangements with specified community pharmacies.

- The establishment of the statutory Medical Examiners Service has been successful, with positive early stages despite initial challenges. Recent media coverage highlighted delays in releasing bodies from mortuaries, but the Service has no authority over this process. Efforts are ongoing to clarify the Medical Examiner's role in certifying non-coronial deaths and to address family concerns and we continue to work closely with funeral directors, mortuaries and bereavement services.
- The recent International Recruitment visit to Kerala resulted in 19 appointable doctors, with 7 offered immediate positions in psychiatry, 12 on a holding list, and 30 identified during the interview process. There is confidence that 23 declared vacancies can be filled. The Chief Dental Officer is awaiting an announcement to support dental practitioners. From the June visit, 191 healthcare professionals were recruited.
- Formalising tenure at Laundry sites in Church Village and Carmarthen to align with North Wales and Greenvale remains ongoing, with discussions about maintenance and operating footprint.
- Regarding accommodation, leases at Charnwood Court and Companies House to be further extended for the medium term, with a review of space usage to support agile working. The footprint at Companies House will be much reduced.
- NWSSP continues to hold the level of Personal Protective Equipment (PPE) stock requested by Welsh Government and we continue to await their decision on the future position. Significant time has been spent in responding to extensive requests relating to the Covid-19 Public Inquiry.
- The procurement process for the future Electronic Staff Record (ESR) workforce solution remains ongoing, with outcomes expected by June 2025. Wales accounts for 5-6% of the overall contract and the business case is yet to be ratified by His Majesty's Treasury. The first wave is expected in 2027 and organisational rollouts require representatives to attend Programme Board meetings to provide feedback.
- Installation of photovoltaic (PV) panels at Matrix House and plans for electric vehicle charging points and battery backup are underway. The IP5 Solar Farm is boasting encouraging benefits with nearly 90% of the power being generated on a sunny day in November 2024.
- Sessions with Chief Executives and Peer Group Chairs discussed NHS challenges and future strategies. A Joint Executive Team meeting highlighted the need for funding to support Primary Care Services.
- NWSSP's Annual Staff Recognition Awards event is scheduled for 13 February 2025. The virtual Health and Wellbeing Conference on 16 January 2025 was well attended and positively received. NWSSP has been recognised in multiple categories at the GO Awards Wales, and Millie Tottle won the Rising Star Award at the Shared Services Forum UK Awards.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Deep Dive of NWSSP Integrated Medium Term Plan 2025-2028

The Committee received a comprehensive Deep Dive into NWSSP's Integrated Medium Term Plan 2025-2028.

The development of the Plan has been a significant undertaking, showcasing extensive collaboration and engagement, and aligning with strategic direction and Ministerial priorities.

The Plan emphasises financial sustainability, equality and staff well-being, whilst outlining key contributions NWSSP brings to the NHS in Wales.

Overarching principles such as doing the basics well, converting challenges into opportunities, and supporting our staff and our partners, have been embedded in the Plan. The themes aim to empower staff and enhance efficiency through self-service, standardisation, and consistent outcomes. Throughout the Plan, equality impact assessment and the duty of quality have been embedded. There is a strong focus on maximising returns on digital system investments, ensuring benefits realisation and value for money.

The financial overview acknowledges the strong foundations built upon, while noting pressures amounting to over £12 million, with more than £7 million expected from Welsh Government funding, primarily due to the pay award. Additionally, 2.36% savings on the core allocation, amounting to over £2 million, have been identified by NWSSP. A 1.77% uplift is applied to Service Level Agreements, affecting chargeable income streams such as Health Courier Services, Legal and Risk, and Laundry Services. Despite the anticipated pay award, there are additional inflationary pressures on these services. A breakdown of income anticipated from various sources was set out in the plan, with an expected turnover of £800 million over the next three years.

A scrutiny meeting with Welsh Government Finance and the NHS Executive Financial Planning and Delivery Team discussed the risks and opportunities to 2028, including transformational change projects such as the ESR replacement and the Transforming Access to Medicine Services (TrAMS) programme. The discretionary capital pot is small, but an uplift for next year has been received. Several bids are being submitted as part of the process, and business cases involving Welsh Government are in progress. The organisation is dependent on the pay award funding, with ongoing discussions with Welsh Government about next year's arrangements. It is critical that divisions deliver on their savings plans, with tight monitoring in place. The Plan reflects the challenges posed by Committee Members and has been developed with extensive engagement from all staff within NWSSP.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Engagement sessions and the comprehensive nature of the IMTP were praised. Constructive financial touchpoint meetings with Welsh Government were noted, with the approval process beginning upon submission. There was discussion on the interpretation of the governance framework and the Committee's role in endorsing the IMTP. It was

clarified that the Committee was the appropriate mechanism whereby NWSSP seeks approval of the IMTP.

The majority of Committee Members supported the ongoing work to finalise and approve the IMTP, with one organisation not agreeing the plan. Further discussions would be held outside of the Committee meeting regarding the governance arrangements.

The Committee resolved to **APPROVE** the IMTP for 2025-28.

Medical Examiner Pay Scale

A report relating to the Medical Examiner Pay Scale proposal, effective from 1 January 2025, was received by the Committee.

Since 2019, the basic Consultant pay scale has been used for Medical Examiners. The preferred option recognises entry-level requirements, placing Medical Examiners at pay point 4, step 5, with an annual salary of £130,380. Engagement has been made with the British Medical Association, who are content with the approach. There is a central model in Wales being operated and the Service is funded by the UK Government, with no recharge to Health Boards. Medical Examiners are employed directly by NWSSP. It was clarified that all Medical Examiners in Wales were assimilated to the same pay point on entry, aiming to maintain equity and the importance of competitive pay to attract and retain was emphasised.

Committee Members requested time to seek assurance from Medical Director colleagues on the proposal and therefore the proposal was supported in principle, subject to feedback received by 10 February 2025.

The Committee resolved to **ENDORSE** the proposal for Option 1, subject to any feedback received from Health Boards by 10 February 2025.

Customer Service Charter

NWSSP's updated Customer Service Charter had recently been endorsed at the January 2025 Formal Senior Leadership Group meeting. The Charter had been reviewed and refreshed at the SSPC Autumn Development Day, with feedback incorporated to further develop and rebrand. In addition, customer service training would be rolled out to staff, especially in areas with high customer engagement, to support the Charter's relaunch. Further, a newly appointed Head of Communications would start in March 2025, to help formalise the rollout.

The Committee resolved to **APPROVE** the Customer Service Charter.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position, as at 31 December 2024, was a year-to-date surplus of £3.522m. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against the recurrent Covid allocation, due to seasonal variations in workload and vacancies. A redistribution of £2m to partners for the current financial year was proposed, with any further increase dependent upon pay award funding.

A full-year underspend of £0.542 million against the Covid allocation is forecast, with additional costs expected from Months 10-12 (excluding potential changes in PPE stock holding volumes or provisions for PPE expiry). There are ongoing discussions with Welsh

Government (WG) colleagues to progress a decision on PPE stocks which we urgently await, and WG has confirmed they will recover the forecast in-year underspend against the Covid allocation, although this funding will be required for future years, as outlined in our IMTP assumptions.

Additional capital funding announced in January 2025 would enable a number of decarbonisation initiatives to be funded across the estate. Early indications showed anticipated energy savings in 2025-26 and updates from the Wales Energy Group would continue to be fed directly into the Committee.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased to 3.37%, compared to 2.98% for the same period last year, this was slightly over NHS target of 3.30%.
- Turnover was reported at 22.44%, which had decreased by 2.79%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 9.41%, against the NHS Wales average of 7.1% as at September 2024.
- Statutory and mandatory e-learning compliance remained very high at 93.45%, excluding the SLE Division.
- Agency spend decreased to £6,371 for December 2024, compared to £15,577 in November 2024. One member of staff was engaged via agency within Procurement, during December 2024.
- Achievement of the time to hire target at 49.8 days, against the 71 day target, where the NHS Wales average is currently 59.3 days. This progress was thanks to the extensive work done internally.
- A comprehensive piece of work reviewing the PADR process for NWSSP would be taken to Formal Senior Leadership Group in March 2025.

Performance - Key Performance Indicators (KPIs) from September to December 2024 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 39 of 42 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £288m, as at the end of December 2024 and the Time to Hire target within Recruitment continued to be achieved over the past 11 months. Each organisation could expect to receive its individual performance reports for quarter 3 of 2024-25, forthwith, as these were in the process of being issued.

Outcome Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 3 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Additional scrutiny would be applied to objectives identified as off track or at risk.

Project Management Office & Service Improvement Update Report – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. Since the last update provided, 2 projects transitioned from amber to green status, demonstrating significant progress.

Corporate Risk Update - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the de-escalation of risk scoring for both the accommodation and the Primary Care Workforce Intelligence System risks, which was a result of positive management actions taken. There was an increase in the risk scoring for the Covid-19 UK Public Inquiry resource demand on key staff in responding to Inquiry Team requests. The remainder of the Corporate Risk Register position remains stable.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 8 and 9 of 2024/25).
- Personal Protective Equipment (PPE) Report (December 2024 and January 2025).
- Shared Services Partnership Committee Forward Plan.

Any Other Business (AOB)

No further items were brought to the Committee's attention.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

No further matters were referred to other Committees.

Date of next meeting	Tuesday 25 March 2025, 10.00am to 12.00pm