

Public Board Meeting

Thu 29 January 2026, 09:30 - 15:00

Microsoft Teams

Agenda

09:30 - 09:30 **1. Welcome, Introductions & Apologies for absence**
0 min
Kirsty Williams

09:30 - 09:30 **2. Declarations of Interest**
0 min
Kirsty Williams

09:30 - 09:35 **3. Minutes of the Board meeting held 27.11.2025**
5 min
 3. Minutes of the Public Board Meeting 27.11.2025.pdf (19 pages)

09:35 - 09:40 **4. Action Log – following meeting held on: 27.11.2025**
5 min
Kirsty Williams
 4. Action Log.pdf (1 pages)

09:40 - 14:30 **5. Items for Review and Assurance**
290 min

5.1. Patient Story – Help Me Quit (How 3 Participants Quit Their Smoking Habit) - (15 MINUTES)
Claire Beynon

5.2. Chair’s Report & Chair’s Action taken since last meeting - (10 MINUTES)
Kirsty Williams
 5.2 Chairs Board Report Jan 26.pdf (8 pages)

5.3. Chief Executive Officer Report - (20 MINUTES)
Suzanne Rankin
SLT Updates can be located in the supporting documents folder.
 5.3 CEO Jan Board Report Final.pdf (6 pages)

5.4. Finance & Performance Committee Chairs Report - (10 MINUTES)
Catherine Phillips / Rhian Thomas
 5.4 F&P Chairs Report 21.01.2026.pdf (3 pages)

5.5. Board Assurance Framework - (10 MINUTES)
Matt Phillips
 5.5 BAF Board Cover Report.pdf (2 pages)
 5.5a Board Assurance Framework.pdf (43 pages)

Saunders Nathan
23/01/2026 20:10:05

5.6. Chairs' reports from Committees of the Board: - (15 MINUTES)

Matt Phillips

A. People & Culture 25.11.25

B. Digital & Infrastructure 11.11.25

C. Audit & Assurance 18.11.25

 5.6.a P&C Chairs Report 25.11.2025.pdf (5 pages)

 5.6b D&I Chairs Report 11.11.2025.pdf (4 pages)

 5.6c Audit & Assurance Committee Chairs Report 18.11.2025.pdf (3 pages)

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

Catherine Phillips

 5.7 Strategic Planning Commissioning and Partnerships Update1.pdf (7 pages)

5.8. Targeted Intervention (30 MINUTES)

Catherine Phillips

 5.8 TI Report - Jan26 (1).pdf (12 pages)

5.9. BREAK - 10 MINUTES

5.10. 2026/27 Annual Plan Update - (20 MINUTES)

Catherine Phillips

 5.10 2026-27 Annual Plan Update.pdf (7 pages)

 5.10a Annex 1 - Year 1 Minimum Delivery Expectations.pdf (3 pages)

 5.10b Annex 2 - Enabling Actions for Delivery in 2026-27.pdf (5 pages)

5.11. Enabling Actions and Ministerial Advisory Group Update - (10 MINUTES)

Paul Bostock

 5.11 Enabling Actions and MAG Update.pdf (5 pages)

 5.11a Enabling Actions and Ministerial Advisory Group Update - January.pdf (9 pages)

5.12. Operational Updates: - (20 MINUTES)

Paul Bostock

- **Theatres** (*The Theatres Together Programme can be located in the supporting documents folder*).

- **Cardiology**

- **HSDU**

 5.12 Operational Updates.pdf (6 pages)

5.13. LUNCH – 30 MINUTES

5.14. Integrated Performance Report: - (75 MINUTES)

- *Finance*

- *Public Health*

- *Operational Performance*

- *Quality, Safety & Experience*

- *People & Culture*

- *Digital*

- 📄 5.14 C&V IPR Cover Report Jan 26.pdf (32 pages)
- 📄 5.14a C&V Integrated Performance Report Jan 26.pdf (47 pages)

5.15. Infrastructure Safety Risks (verbal update) - 5 MINUTES

Catherine Phillips

14:30 - 15:00 6. Items for Approval / Ratification

30 min

6.1. Standing Orders Amendments - (5 MINUTES)

Matt Phillips

Appendices for this item are located in the Supporting Documents Folder.

- 📄 6.1 Board_Standing Orders_SFI_Report.pdf (3 pages)

6.2. Individual Patient Funding Requests (IPFR) - (10 MINUTES)

Catherine Phillips

Appendices for this item are located in the Supporting Documents Folder.

- 📄 6.2 IPFR Policy Report Board.pdf (4 pages)

6.3. UHW Ward Block Roof Replacement Business Justification Case (BJC) - (5 MINUTES)

Catherine Phillips

- 📄 6.3 UHW Ward Block Roof Replacement BJC.pdf (4 pages)
- 📄 6.3a Roof Replacement Scheme Project Mandate.pdf (6 pages)
- 📄 6.3b Ward Block Roof Replacer.pdf (1 pages)

6.4. Procurement Outcome Report: Provision of External Quality Assessment (EQA) Material for Wales External Quality Assessment Scheme (WEQAS) - (5 MINUTES)

Catherine Phillips

The appendix for this item is located in the Supporting Documents Folder.

- 📄 6.4 Procurement for provision of EQA material.pdf (6 pages)

6.5. Acquisition of Fieldway - (5 MINUTES)

Catherine Phillips

- 📄 6.5 Acquisition of Fieldway site.pdf (4 pages)

15:00 - 15:00 7. Items for Noting and Information

0 min

7.1. Corporate Risk Register

- 📄 7.1 CRR Board Report - Jan 2026.pdf (5 pages)
- 📄 7.1a Corporate Risk Register Jan 2026.pdf (19 pages)

7.2. Reports from Advisory Groups and Joint Committees:

- 1) South East Wales Regional Joint Committee
- 2) Shared Services Partnership Committee 14.11.2025
- 3) Joint Commissioning Committee 25.11.2025
- 4) Joint Commissioning Committee (special) 16.12.2025

Saunders Nathan
23/01/2026 20:12:06

All of the reports are located in the Supporting Documents Folder.

7.3. Committee and Advisory Group Minutes:

1. *People & Culture 14.10.2025*
2. *Quality 09.12.2025*
3. *Finance & Performance 19.11.2025*
4. *Local Partnership Forum 08.10.2025*

All of these minutes can be located in the Supporting Documents Folder.

15:00 - 15:00 8. Agenda for Private Board Meeting: 0 min

- i. *Approval of Private Board minutes*
- ii. *Welsh Riskpool Update*
- iii. *People & Culture Update*
- iv. *Private Committee minutes*

15:00 - 15:00 9. Declaration for Private Board Meeting 0 min

Kirsty Williams

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]

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23/01/2026 20:12:05

**Minutes of the Public Board Meeting
Microsoft Teams
27 November 2025**

To view a recording of the meeting, [please click here](#).

Chair:		
Kirsty Williams	KW	Chair of the Cardiff and Vale University Health Board
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
Lauranne Cullen	LC	Llais Representative
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member – Trade Union
Vina Patel	VP	Aspiring Board Member (AM session)
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CPVC	University Health Board Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Judi Rhys	JRIM	Independent Member – Third Sector
Jason Roberts	JR	Executive Nurse Director
Mike Stephens	MS	Assistant 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
Adam Wright	AW	Director of Operational Planning and Performance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Clive Curtis	CC	Independent Member - Community
David Fluck	DF	Executive Medical Director
Susan Lloyd Selby	SL	Independent Member – Local Authority
Vina Patel	VP	Aspiring Board Member (Apologies for PM session)
Steve Riley	SR	Independent Member – University

Ref	Agenda Item	
UHB 25/11/1	Welcome, Introductions & Apologies for Absence Kirsty Williams (KW), The Chair of Cardiff and Vale University Health Board (The Health Board) welcomed everybody to the meeting in English and Welsh. Apologies for absence were noted.	
UHB 25/11/2	Declarations of Interest No declarations of interest were raised.	
UHB 25/11/3	Minutes of the Board Meeting held 25.09.2025 The minutes of the Board meeting held 25.09.2025 were received.	

	The Board resolved that: a) The minutes of the Board Meeting held 25.09.2025 were approved as a true and accurate record of the meeting.	
UHB 25/11/4	Actions – Following Meeting held 27.05.2025 All actions were received and reviewed. The Board resolved that: a) The Actions – Following Meeting held 31.07.2025 were noted.	
UHB 25/11/5.1	Patient Story The Patient Story was received. Jason Roberts (JR), the Executive Nurse Director, introduced the story, advising the Board that the video highlighted a patient whose life was saved after a fall led to the discovery of a serious underlying disease. The story highlighted both the quality of care and the challenges faced when patients must travel outside their local area for specialist treatment, specifically to London for a lung biopsy. Several points were raised during the discussion following the video which included: • Travel and Indirect Costs: Judi Rhys, Independent Member (JRIM) – Third Sector, emphasised the financial and emotional burden on patients and families who must travel for care, suggesting more support and training within Wales to reduce such needs. • Service Provision: Suzanne Rankin (SR), Chief Executive Officer assured the Board that work was underway to establish navigational bronchoscopy services in Cardiff, with a pilot and business case in progress, aiming to reduce the need for travel and improve patient pathways. • Early Detection and Screening: Rachna Upadhyia (RU), Independent Member raised the importance of earlier cancer detection and integrating learnings into public health and screening strategies. Claire Beynon (CB), Executive Director of Public Health responded that a lung cancer screening program was being planned for Wales to improve early diagnosis rates. • Surgical Readiness: Mike Stephen (MS), Assistant Medical Director noted preparations with the thoracic surgery team, including robotic surgery, to handle increased workload from earlier cancer detection. • Reciprocal Support for Visitors: David Edwards (DE), Independent Member – ICT pointed out that Cardiff also received patients from other areas, and their families may need support navigating the city and hospital services. JR agreed and mentioned ongoing efforts to improve communication and support for those visitors. • Learning and Next Steps: The board recognised the need for improved local service provision, better support for patients and families facing travel, and the importance of early diagnosis and screening. The Board resolved that: a) The Patient Story was noted.	
UHB 25/11/5.2	Chairs Report The Chairs Report was received. KW presented the written report and confirmed that the report would be taken as read.	

	She expressed appreciation for the warm welcome and support received from colleagues since joining the organisation and noted the kindness and patience shown during the transition period. The Board was asked to approve the Chairs Action and application of the Health Board seal which they did The Board resolved that: - The Chairs Report was noted. - The Chairs Actions undertaken were approved. - The application of the Health Board Seal and completion of the agreements detailed within the report.	
UHB 25/11/5.3	CEO report The CEO report was received. SR introduced inclusion of Strategic Leadership Team (SLT) briefing notes and terms of reference for transparency. She advised the Board that she would take the report as read and identified key points for discussion which included: - Earlier and potentially more severe influenza season, where it was urged that vaccination was the most important preventive measure and continual communications around the vaccination would be key. JRIM asked about low staff flu vaccination uptake and staff survey completion rates, expressing concern and seeking suggestions for improvement. SR acknowledged both were key engagement challenges and noted improved uptake but that the Health Board were still below target and explained broader societal vaccine hesitancy post-pandemic. She emphasised ongoing efforts and the need for persistent communication. CB shared that a detailed staff survey identified barriers to vaccination (e.g., accessibility, needle phobia), and the model was adapted to address those. - Staff survey engagement had improved but remained below desired levels and further participation was encouraged. KW asked how the Board ensured that staff saw action from their feedback, to close the feedback loop and encourage participation. SR described efforts to strengthen "you said, we did" communications, use of formal and informal channels, and co-production of action plans at the clinical board level. Joanne Brandon (JB), Director of Communications, Arts, Health Charity and Engagement added that local management teams discussed survey themes and conducted focus groups to address issues directly with staff. Rachel Gidman (RG), Executive Director of People & Culture highlighted the need for more localised, co-produced feedback mechanisms, citing successful podcast initiatives in some clinical boards. RU linked low staff survey engagement to the issues raised in the Senior Medical Staff Committee letter and asked about reasons for low participation, escalation clarity, and how the Board would monitor progress.	

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23/01/2026 20:12:05

	SR agreed that there was a link and cited historical concerns about anonymity and survey length and described open forums to address those. She stated that escalation domains aligned with Board strategy and reporting would be integrated for assurance. MS pointed out survey fatigue due to multiple concurrent surveys and the need for clear communication about the purpose of each. • An update on the NHS app deployment: it was noted that the launch had been delayed to the new year due to technical issues and to ensure the prioritisation of patient data safety. • Addressing the estate and infrastructure resilience where increasing estate failures were addressed and the associated patient safety risks. SR noted that the Board needed to be assured that immediate action and governance reviews were taking place when incidents occurred. SR added that there were two main areas to focus on around the recent Public Accountability meeting with Welsh Government and a letter that had been received from the Senior Medical and Dental Staff Committee raising concerns about clinical leadership, engagement and infrastructure. SR advised the Board that Executives were committed to improving communication and collaboration. DE commented on the challenge of maintaining aging infrastructure under financial pressure, despite ongoing risk assessment and prioritisation. SR agreed and emphasised the importance of detailed site surveys to identify and prioritise critical risks but acknowledged the maintenance backlog could not be resolved quickly. CP stressed the need for compliance monitoring, risk prioritisation, and the role of digital transformation in reducing estate demands and improving resilience. • Escalation Status: Catherine Phillips (CP), Executive Director of Finance, explained that each Executive was working with Welsh Government on de-escalation criteria and that the Finance & Performance Committee would be overseeing progress and reporting. The Board resolved that: a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.	
UHB 25/11/5.4	Finance & Performance Committee Chairs Report The Finance & Performance Committee Chairs Report was received. Rhian Thomas (RT), the Independent Member – Capital & Estates, introduced the report noting that it was drafted following the Finance & Performance (F&P) Committee that was held on 19.11.2025. She advised the Board of key areas identified, reviewed and discussed by the F&P Committee which included: • Significant progress had been made towards achieving the planned deficit position, with improved risk management in expenditure. • Savings actions had reached their target. • Updates on delayed transfer of care activity and cancer services performance and risks. • Reflection on organisational planning maturity and completion of the Welsh Government's planning maturity matrix, which would be discussed later on in the Board meeting.	

Saunders, Nathan
23/01/2026 20:12:05

	• A deep dive on decarbonisation noting current progress and a plan for updates in six months. The Board resolved that: a) The Finance & Performance Committee Chairs Report noted.	
UHB 25/11/5.5	Board Assurance Framework The Board Assurance Framework (BAF) was received. Matt Phillips (MP), the Director of Corporate Governance, explained the BAF's role in identifying strategic risks that could obstruct or slow delivery of the Board's 10-year strategy, grouped into six strategic risk themes. He highlighted that the narrative and high-level actions were key, and tracked changes helped show movements between meetings. It was noted that the recent Committee discussions, such as those around decarbonisations were now reflected in the BAF. KW commented that the tracked changes were helpful for engaging with the document and seeing where movements occurred. It was noted that the Health Board had missed the Welsh Government's 16% reduction carbon emissions target, and it was agreed that the issue needed to be brought back to the Board for further work and internal review. The Board resolved that: a) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.	
UHB 25/11/5.6	Committee Chairs Reports The Committee Chairs Reports were received. Quality Committee Ceri Phillips, Vice Chair of the Cardiff and Vale University Health Board (CPVC), highlighted two main points within the report: • Lead nurse, Victoria Heyman-Teer, was recently recognised at the RCN Nurse of the Year awards and highlighted that innovative "ANCLE Cafe" (Allied Health and Nursing Collaborative Leg Engagement) wound care service, which was resource-intensive but not always a performance priority. • The Ombudsman's letter: It was noted that out of nearly 3,500 complaints, only about 150 were referred to the Ombudsman. The Health Board were performing reasonably well compared to other Health Boards, but it was not yet fully compliant. JRI raised concerns about the cost of providing healthy patient food, stressing it must remain a priority for patient recovery despite budget pressures. KW noted that food inflation was a broader financial challenge and asked CB for an update on the Women's Health Hub. CB provided the update on the Women's Health Hub, mentioning a completed training needs assessment in primary care, establishment of a Pathfinder Hub operational group, and awaiting formal Welsh Government funding confirmation.	

Saunders Nathan
23/01/2026 20:12:05

	RU asked about reconciliation processes for NRIs (Never Events/Reportable Incidents) and how to prevent future reconciliations by capturing information in real time. JR explained that learning from NRIs was being applied to minimise future incidents, and processes were being reviewed to ensure accurate, timely reporting. Mental Health Legislation Committee CPVC presented the Mental Health Legislation Committee update, highlighting the following key points: • Legislative Compliance: The Committee reviewed compliance with the Mental Capacity Act, Mental Health Act, and the Mental Health Measure. Emphasis was placed on improving training for Deprivation of Liberty Safeguards (DoLS) and addressing defective or lapsed Mental Health Act applications through targeted training interventions. • Performance Against Mental Health Measure: Part 1A & 1B: Compliance was achieved for timely assessments and treatment packages in both adults and children/young people. Part 2: Care and treatment plans – compliance was achieved for children and young people, but adults remained below compliance due to staffing challenges. It was noted that the NHS Performance & Improvement Team was supporting improvement. • Neurodevelopmental (ND) Referrals: The Committee noted significant concern regarding over 200 new ND referrals in September 2025, resulting in waiting times exceeding three years for assessment. This was acknowledged as a national issue across Wales. Work was underway with Welsh Government to redesign the model of care from a diagnosis-led approach to a needs-assessment approach, with co-production involving families and the education sector. • Strategic Alignment: The Committee reviewed alignment with the new Mental Health and Well-being Strategy and Suicide & Self-Harm Prevention Strategy, noting the shift towards prevention and greater third-sector involvement. External support from 36° consultancy was acknowledged for service transformation planning. People & Culture Committee RT highlighted recent impactful staff stories, including "Speaking Up Safely" and the apprentice programme for individuals with care experience, which contextualised the Committee work. It was noted that the current People & Culture Plan was ending, with the next phase to focus on well-being, inclusion, and retention. The Board was advised the Committee had reviewed and would continue to review key workforce indicators: sickness levels, staff turnover, and persistent challenges with mandatory training compliance. RG noted that health and safety topics from the People & Culture Committee had been referred to the Quality Committee for January, specifically the plus-size patient pathway and medical gases, emphasising the need for clinical or operational leadership in those areas The Board resolved that: a) The Chairs Reports were noted.	
UHB 25/11/5.7	Strategy Planning Update	

Saunders, Nathan
23/01/2026 20:12:05

The Strategy Planning Update was received.

CP advised the Board that she would take the detailed report as read and noted key points which included:

- The Clinical Services Plan (CSP) was now at a key stage, with over half of the engagement events completed, and engagement continuing with the public, clinicians, primary care, partners and internal staff.

CP described how emerging themes were shaping thinking about future services and highlighted the importance of aligning this work with the broader strategic context, including commissioning and regional planning arrangements.

- The Planning Maturity Matrix, which had been completed and assessed by Welsh Government.

The improved overall score was highlighted, having moved from a Level 1 to Level 2 maturity rating, and it was noted that this would now require a formal action plan that the Finance & Performance Committee would oversee.

CP explained that the planning work was increasingly focused on interdependencies across portfolios: digital, workforce, estates, finance, and clinical strategy and acknowledged that a more structured approach to synchronising those programmes was needed. She confirmed that the work was now underway.

Emma Cooke (EC), Executive Director of AHPs, Health Scientists & Community Services supplemented the update, clarifying that the CSP's public engagement had to begin early due to programme timescales. She reassured the Board that extensive staff-side and clinical engagement was happening in parallel, including two major engagement summits scheduled for 16 December 2025 and 16 January 2026.

EC stressed that staff engagement was essential to co-production and described the ambition to create space for clinicians to help shape the proposed future models of care.

RU raised a detailed question regarding interdependencies across the organisation's plans. She noted that many system risks shown elsewhere in the Board papers, such as diagnostics, workforce, specialist pathways and digital requirements were clearly interconnected, and asked how the planning process would ensure that those interdependencies were explicitly mapped and that the impact of one change on other parts of the system would be understood and mitigated.

EC responded Emma responded that one of the challenges had been the way the organisation had historically described system-wide work under labels such as "integrated care system". She explained that the CSP was now being used to reset the narrative, focusing on "our future model of care" and ensuring that all portfolios, including digital, estates, workforce and finance were aligned underneath it.

She added that the CSP would provide the "front end" vision from which the organisation could build a synchronised operating mode.

SR expanded on this, saying that the Board's strategic portfolios were deliberately set up with both Executive leads and an Executive chair, to ensure cross-portfolio coordination.

CPVC welcomed the direction of travel but emphasised that resources must shift if the ambition to move more care upstream (into community and prevention) was to be realised.

He highlighted that nationally hospital consultant numbers had risen significantly, GP numbers had fallen and 80% of resources remained in secondary care.

He urged further clarity about how the Health Board intended to rebalance resources to enable transformation.

Saunders Nathan
23/01/2026 20:13:05

	CP agreed with Ceri's analysis, noting that although the organisation had presented a long-term financial model previously, it still lacked the detailed "now-to-future" map that the CSP would enable. She emphasised that the organisation needed the CSP to determine what needed to change before resource decisions could be aligned behind i KW highlighted the importance of ensuring that public expectations, clearly expressed during CSP engagement, aligned with what clinicians and operational teams felt was deliverable. She asked how the organisation was ensuring this alignment, noting that early engagement suggested the public wanted services closer to home, which may require significant workforce and service redesign. EC confirmed that the engagement work was carefully structured so that both the public and staff perspectives would be included. She reiterated that the January 2026 summit would focus specifically on clinical consensus around future models of care, ensuring alignment before the next stage of planning. The Board resolved that: Note the progress being made across the Strategic Planning, Commissioning and Partnership work programme.	
UHB 25/11/5.9	Integrated Performance Report The Integrated Performance Report (IPR) was received. <u>Finance:</u> CP confirmed that the Health Board had made significant progress in de-risking delivery of its £56.2m planned deficit. She highlighted that the organisation had now identified almost all remaining mitigations, leaving £1m outstanding, and that Month 7 showed a strong improvement to the operational position. She cautioned that many savings were non-recurrent, meaning the organisation would enter the next financial year with an £8m pressure, unless mitigations were found. [CP also updated the Board by noting that band 2–3 pay adjustment funding had been confirmed as non-recurrent. It was noted that Welsh Risk Pool liabilities remained under discussion with Welsh Government and efforts were ongoing to stop legacy costs from rolling into next year. RU asked what proportion of the Month 7 improvement represented true recurrent savings rather than temporary benefits. CP responded that the majority of the Month 7 movement came from operational improvements rather than additional recurring savings and agreed that the recurrent/non-recurrent balance remained a material issue for 2026–27. <u>Public Health:</u> CB advised the Board that she would take the report as read and highlighted key points: ● Obesity & Food Environments – CB noted that Cardiff had recently been awarded the Food Cardiff Gold Award, and a follow-up public engagement session had been held to test further ambitions for food system improvement.	

Saunders, Nathan
23/01/2026 20:12:05

- Physical Activity – CB highlighted ongoing work on the Active Soles social movement, with new employer organisations—including St David’s College—signing up.
- Diabetes Prevention - A refreshed focus on the eight diabetes care processes was underway with primary care colleagues, supported by cluster-level sharing of best practice.
- Vaccination - CB highlighted an early and more intense influenza season, creating pressures on staff well-being and demand. She confirmed that over 6,000 staff had been vaccinated so far and that uptake was mid-table nationally, a significant improvement for the Health Board.

It was noted that targeted outreach to low-uptake communities had continued and that data on staff uptake was being fed regularly into the Strategic Leadership Team meetings.

- Smoking Cessation - CB noted the Board’s Help Me Quit service remained highly effective, and that an opt-out referral pathway for pregnant women had been implemented. Uptake was expected to rise significantly once the lung cancer screening programme began, requiring additional staffing.

JRIM welcomed the opt-out smoking cessation model and highlighted the opportunity to connect more systematically to the lung screening programme.

CB confirmed this was already planned through automatic referral pathways.

KW asked specifically whether maternity services were consistently offering smoking cessation referrals.

CB confirmed this was already established as an opt-out pathway, supported by follow-up prompts and repeated offers throughout pregnancy.

RU asked about the number of patients waiting over 52 weeks for outpatient appointments, the long-term impact on morbidity/mortality, and effects on deprived communities.

CB acknowledged harm from long waits but said the impact had not been quantified, especially regarding inequalities and emphasised the need for more prevention investment.

CPVC noted that the Quality Committee had commissioned work to quantify harm from long waits, and **it was agreed that deconditioning data would be shared with the Board.**

Operational:

Paul Bostock (PB), Chief Operating Officer advised the Board that he would take the report as read and highlighted key points:

- Urgent & Emergency Care - Demand had increased by 3.3%, equating to an extra day’s worth of Emergency Department (ED) attendances per month. Overcrowding and extended waits to be seen persisted.

Despite pressures, ambulance handover times remained strong, averaging 27 minutes, the best in Wales.

It was noted that national proposals to introduce a 60-minute maximum handover rule risked pushing patients into corridor care—a model the Health Board was clear it would not implement.

Saunders, Nathan
23/01/2026 20:12:05

- Cancer Pathway – A challenging picture was reported with referrals up 38% over three years.

PB noted that the Health Board was treating more patients than ever before (250 a month vs 190 in 2022) and that the issue was timeliness, not throughput and backlogs had grown again to 413 patients over 62 days.

Pressure points included:

- Dermatology, where referrals had grown from 210 to 710 in 10 months
- Urology, where surges appeared to track media campaigns and high-profile cancer cases
- GI tumour sites, where outpatient and diagnostic waits remained the main limiting factor.

PB confirmed full demand & capacity modelling would be refreshed and that additional outpatient/diagnostic capacity would likely be required. Regional collaboration options were also to be explored.

It was reported that the Health Board had seen the lowest number of >8-week waits since July 2023, with strong reductions in endoscopy and ultrasound. MRI/CT dips were due to equipment outages but were expected to recover and it was noted that the Health Board remained on track to reach the March target.

- Flow & Delayed Transfers of Care (DTOC) – PB advised the Board that DTOC numbers had risen again in November to 187, driven primarily by adult social care vacancies.

He acknowledged the fragility of the system and highlighted the positive early impact of Vale social workers embedded in University Hospital Llandough (UHL), which appeared to have improved flow. Further analysis was being conducted to understand the impact.

JRIM emphasised welcoming increased cancer referrals because earlier presentation reduced mortality.

She noted that improved help-seeking in the population should be seen as a positive trend.

PB agreed, confirming that the Health Board had no intention to suppress referral volumes and that conversion rates indicated referrals were appropriate.

KW asked whether the referral surge was unique to Cardiff & Vale.

PB confirmed that the trend was UK-wide, with national growth seen in dermatology and urology pathways.

CP asked whether increased cancer demand represented new activity or displacement from other pathways.

PB modelling would determine how much was true additional demand but noted conversion rates suggested it reflected real incidence rather than pathway inefficiency.

KW asked that updated data on the Rapid Diagnosis Clinic, be included in the next meetings Integrated Performance Report.

Quality:

JR advised the Board that he would take the report as read and highlighted key points:

- Concerns & Complaints - 611 concerns were received with a median response time of 20 working days, the best in Wales.

Saunders-Nathan
23/01/2026 20:11:05

A spike in Nationally Reportable Incidents (NRIs) had been observed and reflected reconciliation of pressure damage cases, not new incidents.

- Infection Prevention – There had been five hospital-acquired MRSA cases, with community cases linked to IV drug use and antibiotic behaviours.

JR advised the Bord that work was ongoing with community teams and GPs around that.

SR noted difficulty interpreting the Never Events Reporting chart, as the “days since last Never Event” graph appeared inverted.

KW agreed and asked for a clearer visual in future IPRs.

Jason confirmed that no Never Events had occurred in the past five months and the graphic would be corrected.

People & Culture:

RG advised the Board that she would take the report as read and highlighted key points:

- Job Planning – it was noted that medical job-plan compliance was now 80%, with a further 10% close to sign-off, giving confidence that 90% compliance was near.
- Sickness Absence remained high at 6.4%, equivalent to approximately 1,000 staff off daily.

RG noted that significant levels of mental-health related absence were noted, especially in Estates and Facilities.

She added that work continued on sickness panels, fast-track Occupational Health (OH) referrals and redeployment options.

- Training & Appraisals – it was noted that mandatory training compliance and value-based appraisals required improvement and that Clinical Boards had been asked to submit trajectories to reach 85% by March 2026.
- Workforce Growth – RG clarified that the Health Board had 34 Band 9 roles, not 100 and that only 12 had been added in six years.

She added that a detailed growth analysis would be brought to the People & Culture Committee.

- Culture Measures – it was noted that work was underway to create a “culture signals dashboard”, incorporating insights from staff surveys, sickness, Datix reports and HR metrics

RU asked about modelling for workforce gaps over winter, which services were most at risk, and how to mitigate that.

RG confirmed that sickness rates trend upward in winter, especially with early flu season. She added that Nursing rostering and headroom were monitored, but no specific modelling for professional groups had taken place yet.

She added that she would take that away for further work.

PB noted that the organisation had 200 more nurses than last year, providing greater resilience and less reliance on temporary staff.

Saunders, Nathan
23/01/2026 20:12:05

	He stressed that reducing cultural sickness and consistent policy adherence would further build capacity. Michael Stephens (MS), Assistant Medical Director addressed medical workforce flexibility, noting plans to explore a flexible pool of doctors who could move between areas, making roles interesting and educational. Digital David Thomas (DT), the Director of Digital & Health Intelligence advised the Board that he would take the report as read and highlighted key points: • Digital Capacity & Performance – it was noted that the organisation was continuing to improve its digital reporting infrastructure, particularly around clinical data capture and interoperability. • Digital teams were supporting operational pressures, for example, improving tracking of staff vaccination uptake and enabling real-time dashboards for performance teams. DT noted that in areas like cancer and diagnostics, digital capability remained essential to understanding live demand signals, ensuring that performance data teams and operational clinical boards were working from the same datasets. SR reinforced that digital infrastructure was an essential enabler of operational recovery, particularly for cancer pathway tracking, discharge planning, and clinical workflow automation. KW acknowledged the growing reliance on digital capability in performance reporting and asked whether the Board should expect additional investment requirements as part of the strategic portfolios. DT noted that digital enablement was factored into the broader synchronisation planning exercise, coordinated with CP and EC, and that aspects of digital transformation would return to Board through the Strategic Planning agenda rather than the IPR. The Board resolved that: a) The year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.	
UHB 25/11/5.10	Ombudsman Annual Letter The Ombudsman Annual Letter was received. JR highlighted key points which included: • The Public Services Ombudsman sent an annual letter to each public service organisation, summarising their activity and performance, with recommendations for reporting and sharing with the Board. • The Health Board had 149 complaints referred to the Ombudsman out of 3,471 received, a referral rate of 4.2%, which was considered very low. • The highest category of complaints was clinical treatment, with mental health complaints rising from 10 to 18 compared to the previous year, reflecting a Wales-wide trend. • Last year, 13 complaint handling responses were referred to the Ombudsman; this year, there were zero, indicating improvement in complaints management.	

Saunders, Nathan
23/01/2026 20:12:05

	- Four key quality improvement programmes had been established to address frequently reported themes: care of the deteriorated patient, patient lost to follow-up, medication safety, and infection prevention/control. - The intervention rate (early resolution or voluntary settlement) was 18%, below the national average of 27%. - A targeted compliance strategy was being developed to further reduce Ombudsman referrals. The Board resolved that: a) The contents of the report and actions to be taken were noted.	
UHB 25/11/6.1	Winter Plan The Winter Plan was received. Key points were identified by PB which included: - The winter plan was developed with the initial Welsh Government message to treat winter as "business as usual," but later multiple letters and 40 actions/requests for assurance were received, increasing complexity. - Some requested actions (e.g., increasing medical same day emergency care unit to 50% of take, supplementary GP service for vulnerable patients) could not be delivered due to lack of funding or capacity. - Existing initiatives included Safe at Home (keeping 25 patients out of hospital daily), Urgent Primary Care Centre (1,000 extra appointments/week), and managing 3,500+ patients daily in their own beds. - Demand for urgent/emergency care was up 3.6% in the last year and 5% above pre-COVID levels, with more admissions among both frail elderly and working-age adults. PB advised the Board that the plan modelled bed requirements weekly from mid-November 2025 to Easter 2026, with additional capacity opened as needed. He added that this year, 26 extra beds were planned (vs. 40 last year), due to improved alternatives to admission and affordability constraints. It was noted that that cost for extra beds was about £750,000, with a £1 million provision in the financial model. Risks included delayed pathways of care, flu/respiratory illness, and infection control. PB noted that as of the meeting, flu and respiratory illness were not yet causing major issues, but 32 beds were closed due to norovirus and sickness rate was about 6.5%. PB concluded that that plan was submitted to Welsh Government, was robust, but not guaranteed to mitigate all pressures. He added that if more beds were needed, planned care may be impacted or costs may exceed the control total. JRIM asked about the increased rate of Emergency Unit attendance post-COVID, what was driving the difference, and how it could be researched. PB noted that the increase was seen in both frail elderly and working-age adults, with conversion rates unchanged (i.e., those admitted needing admission).	

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	He added that work was ongoing with clusters to understand drivers and missed opportunities for admission avoidance. RT asked when surplus winter funding could be released back to financials, and about the need for extensive assurance from Welsh Government. PB responded that £1.7m was originally in the control total, £700k was already banked, £1m was kept for winter and noted that if costs exceeded £1m, it would impact the control total. He added that assurance requests from Welsh Government weren't always received but expected improvement with new Director General. The Board resolved that: a) The Cardiff and Vale Winter Plan for 25/26 including the plan for the opening of additional beds using option 2 was noted and approved.	
UHB 25/11/6.2	Nurse Staffing Update The Nurse Staffing Update was received. JR reminded the Board that the Nurse Staffing Levels (Wales) Act required Health Boards to calculate nurse staffing levels twice yearly, covering acute medical, surgical, adult, and paediatric wards (25B), with Cardiff and Vale UHB also applying the same approach to other areas (25A). JR advised the Board that he would take the paper as read and identified key areas for discussion which included: • A financial gap – it was noted that three acute wards (gynaecology, paediatric, adult medical) did not have staffing levels that fit the financial allocation, especially in mental health, relying on temporary staff to maintain safety. Jr advised the Board that a paper would go to the Value and Benefits Realisation Group in March 2026. • Service expansion – it was noted that there were more 25B wards due to reconfiguration. • Uplift debate – it was noted that the 26.9% uplift for leave/sickness was under review by the Chief Nursing Officer for Wales. JR offered to circulate a briefing for Board members on the complexities of the Act. RT welcomed the offer of a refresher session for board members. She asked if staff perceptions of staffing levels matched the data, and whether the data could be used to clarify reality for staff. JR responded that perceptions across the Organisation varied. He added that the SafeCare digital platform was used daily to input quality, dependency, and staffing data, with red flags raised/escalated if acuity was high or staffing was low. It was noted that senior nurses reviewed and redeployed staff as needed. The Board resolved that: a) The annual presentation of Nurse Staffing Levels as required by the Nurse Staffing Levels (Wales) Act 2016 was received.	

Saunders, Nathan
23/01/2026 20:12:05

	b) The continued use of the triangulated methodology and robust governance arrangements for nurse staffing calculations was endorsed. c) The complexities described, particularly regarding mental health establishments and variation in headroom within different clinical areas were noted. d) The clinical areas where there was a difference between the budgeted and professionally agreed nurse staffing levels was acknowledged. e) The development of business cases for submission to the Values, Benefits and Realisation Group with submissions from the relevant Clinical Boards should be consolidated into a single overarching paper for progression through the organisation's governance structures and was endorsed and supported.	
UHB 25/11/6.3	Director of Public Health Annual Report 2025 The Director of Public Health Annual Report 2025 was received. CB summarised the purpose of the statutory Annual Report, explaining that it provided an independent assessment of population health in Cardiff and the Vale that highlighted key determinants of health, and outlined the progress and challenges across the year. She emphasised the report's role in supporting strategic decision-making and informing partnership work with local authorities, Public Health Wales, and community organisations. CB advised the Board that she would take the long report as read and identified key areas for discussion which included: • Focus on a whole systems approach to preventing obesity and type 2 diabetes, titled "What surrounds us shapes us." It highlighted that 60% of adults in Cardiff and Vale were overweight or obese, and evidence showed a whole systems approach could reduce that by 3% (about 15,000 people locally). • The "layers of the onion" model, showing how individual, environmental, policy, and cultural factors all influenced obesity and diabetes. • Data that showed that an increase of 10 fast food outlets raised childhood obesity by 1%, while a 1% increase in accessible open space reduced it by 2%. Fast food outlets were double in deprived areas. • Policy and cultural norms (e.g., advertising, school practices, sports culture) being discussed as key levers for change. CB advised the Board that the report included driver diagrams and three calls to action: • Focus on prevention, • Create supportive places/spaces • Put communities at the heart of change. She added that the Public Health (PH) team was working with local authorities and partners, and monitoring progress through an implementation plan with 31 actions. RT praised the report's clarity and accessibility and asked about hopes for translating the document into tangible action beyond public health. CB responded that there was a clear action plan, senior-level engagement with local authorities, and a realistic approach based on available resources. She added that partners were committed, and the plan was designed for collective action. KW asked about supporting breastfeeding, given its link to healthy weight and cost savings, and how to help women to continue breastfeeding.	

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23/01/2026 20:12:23

	CB noted that research was ongoing into barriers/facilitators, and the PH team was working to normalise breastfeeding and support women, with tailored interventions for different groups. RG suggested practical collaboration between employee well-being services and PH to support staff, especially around sensitive conversations about obesity. PB asked what specific actions the Health Board should take, noting the report focused on influencing others. CB responded saying that the Health Board should focus on prevention, review diabetes spending, and shift resources toward prevention and early intervention, aligning with organisational redesign. The Board resolved that: a) The Director of Public Health Report 2025 was noted.	
UHB 25/11/6.4	Business Cases The Park View Business case was received. <u>Park View:</u> CP presented the business case for the Parkview Health and Well-being Hub, which would replace the closed Parkview Health Centre, and provide community health, well-being, outpatient, and mental health services in partnership with the local authority. The Board was advised that the capital investment was nearly £37 million and that the project was not revenue neutral CP noted that it was expected to be revenue positive by £700,000, with most of the gap already addressed, leaving £334,000 to be covered by efficiencies from the PCIC Clinical Board. The Board was advised that the case had been scrutinised by the Finance and Performance Committee and was a priority for the South-west cluster. No questions were raised by Board members, and the Board approved submission of the business case to Welsh Government. The Board resolved that: • The submission of the FBC to Welsh Government (WG) for £36.801m capital funding from the IRCF was supported and approved. • The revenue impact of the FBC and the proposed financial management of the revenue tail through the financial plan and the wider mitigating and offsetting savings was noted. <u>Llantrisant Health Park:</u> CP presented the Outline Business Case (OBC) for a regional arthroplasty (joint replacement) facility at Llantrisant Health Park (LHP). The case addressed significant orthopaedic waiting times across the region and Cardiff and Vale, with demand and capacity analysis showing current provision was insufficient. She noted that the proposal was for six theatres, associated beds, and infrastructure, developed through a clinically led, regional approach. The Board was advised that the capital investment was not specified, but the revenue cost for Cardiff and Vale was estimated at £6.5 million per year once operational.	

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23/01/2026 20:12:05

	CP added that there was currently no line of sight on how that revenue would be funded and that all three regional Health Boards were seeking an external funding source. The Board was asked to approve submission of the OBC to Welsh Government, noting the associated risks and revenue consequences. PB emphasised his concern that there was no clear funding source for the £6.5 million annual revenue cost, warning that Welsh Government could approve the case and expect the Health Board to fund it, which would be a significant financial risk. SR reinforced that it was a strategic risk noting that the region needed the capacity and that LHP was the only capital investment option, and not participating would mean exclusion from the facility. She added that the commissioning arrangement meant the Health Board pays for what it used, but the risk remained if funding was not secured by the time the facility opened (expected 2028). The Board approved submission of the business case, with explicit recognition of the financial risk. The Board resolved that: a) The submission of the Phase 2 LHP OBC was approved. b) The associated risks and potential revenue consequences and approach to seeking national support was noted.	
UHB 25/11/6.5	Accountable Officer letter in support of a request for Strategic Cash Support The Accountable Officer letter in support of a request for Strategic Cash Support was received. CP explained to the Board that, as the health board was running a deficit for the fourth consecutive year, it must submit an annual request for strategic cash support to Welsh Government. She added that the current deficit was £56.2 million, which matched the cash need being requested. Over four years, the cumulative deficit (and thus total cash support requested) was £109 million. It was noted that last year, although the deficit was £27 million, only £9.1 million was funded by Welsh Government, highlighting that requesting the full amount did not guarantee that it would be provided. The Board was advised that the plan for this year was £2 million higher than the £56.2 million, but the expectation was to request the £56.2 million. No questions were raised, and the board approved the submission. The Board resolved that: a) The UHBs current assessment of £17.000m working cash balance support was noted. b) The UHB's application to Welsh Government for £56.233m Strategic Cash Support in support of its 2025/26 forecast deficit was approved.	
UHB 25/11/6.6	Car Parking Management Services The Car Parking Management Services contract was received. CP presented the paper for Board approval regarding the procurement of car parking management services, as the contract value required Board sign-off.	

	She noted that the procurement aimed to bring capital investment to improve car parking and wayfinding across Health Board sites at no cost to the organisation. The Board was advised that the specification for the tender was developed with input from unions and staff representatives with five or six bidders responding to the tender. It was noted that following evaluation, the recommended winning bidder was National Parking Control (NPC). The Board resolved that: c) the award of the contract for the Car Parking Management to National Parking Control was approved.	
UHB 25/11/7.1	Health Care Support Worker (HCSW) Band 2/3 (verbal update) The HCSW Band 2/3 verbal update was received. RG provided an update following the Welsh Government's ratification of the Band 2 to Band 3 framework agreement for healthcare support workers. It was noted that the change reflected new clinical duties, meaning most support workers would move to Band 3. She added that the Health Board had completed assessments and validation of staff, finding that 95% of healthcare support workers were performing Band 3 duties. It was noted that the financial impact was an in-year cost of £8.9 million, which Welsh Government would cover, but the recurrent cost of £2.3 million would need to be managed by the Health Board in future years. JR clarified that the number of affected staff was 1400 and outlined the next steps which included: Each clinical area would assess the required ratio of Band 2 to Band 3 staff, with some areas likely needing 100% Band 3. This work would be completed before the next formal staffing sign-off in April 2026 and pay protection would apply during the transition. PB welcomed the recognition for staff but cautioned that the recurrent cost would add financial pressure that must be addressed in future planning. The Board resolved that: a) The HCSW Band 2/3 verbal update was noted.	
UHB 25/11/7.2	Corporate Risk Register The Corporate Risk Register was received. The Board resolved that: a) The Corporate Risk Register was noted.	
UHB 25/11/7.3	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.	
UHB	Committee, Advisory Group and Joint Committee Minutes:	

25/11/7.4	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.	
UHB 25/11/9.1	Any Other Business No other business was raised.	
UHB 25/11/9.2	Time & Date of the next Meeting: 27 January 2026 at 09:30	

Saunders, Nathan
23/01/2026 20:12:05

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
PUBLIC BOARD	Chairs Report: Digital & Infrastructure Committee	UHB 25/09/6.6	Present the infrastructure safety risks to the Board at the next meeting.	Catherine Phillips	Geoff Walsh	25/09/2025	29/01/2026	ON FORWARD PLAN	On Forward Plan for January 29 Board Meeting	Chair requested update to inform new Board members.
PUBLIC BOARD	Board Assurance Framework	UHB 25/09/6.5	Present update on Welsh Government's 16% reduction carbon emissions target at March's meeting.	Catherine Phillips	Ruth Jordan	25/09/2025	26/03/2026	ON FORWARD PLAN	On Forward Plan for March Board Meeting.	The Board missed the Welsh Government's 16% reduction carbon emissions target; it was agreed that the issue needed to be brought back to the Board for further work and internal review. Reported to Finance & Performance (F&P) on 19.11.25 where it was agreed that the Committee would monitor and review at the May 2026 F&P meeting.
PUBLIC BOARD	Integrated Performance Report: Quality	UHB 25/09/6.9	Health Protection Exercise Paper to go to Quality Committee	Claire Beynon	Claire Beynon	25/09/2025	03/03/2026	ON FORWARD PLAN	Item scheduled for the 03.03.2026 Quality Committee meeting.	
PUBLIC BOARD	Chief Executive's Report	UHB 25/11/5.3	Agree de-escalation criteria with Welsh Government	Executives	Suzanne Rankin	27/11/2025	29/01/2026	IN PROGRESS	Waiting for WG responses. Targeted Intervention on agenda for 29.01.2026	Each Executive to agree de-escalation criteria with Welsh Government
PUBLIC BOARD	Integrated Performance Report: Public Health	UHB 25/11/5.9	Deconditioning data to be shared with the Board	Claire Beynon	Ceri Phillips	27/11/2025	29/01/2026	COMPLETE	Matt Phillips circulated to Board Members early December 2025	Quality Committee commissioned a piece of work to quantify harm from excessive waiting times. Ceri also mentioned significant data on deconditioning in hospitals and offered to share that with the Board.
PUBLIC BOARD	Integrated Performance Report: Operational	UHB 25/11/5.9	Updated data on the Rapid Diagnosis Clinic to be included in the next Integrated Performance Report	Paul Bostock	Andrew Hall, Gary Williams, Andrew Ford	27/11/2025	29/01/2026	COMPLETE	On IPR for January 2026 Board	Has been included in the IPR for January's Board Meeting
PUBLIC BOARD	Integrated Performance Report: Quality	UHB 25/11/5.9	Update the Never Events Graph for the next IPR	Jason Roberts	Alexandra Scott	27/11/2025	29/01/2026	COMPLETE	On IPR for January 2026 Board - More data available compared to previous IPR	Kirsty requested that the graph be made more accessible for public understanding
PUBLIC BOARD	Integrated Performance Report: People & Culture	UHB 25/11/5.9	Band 9 growth and overall workforce growth to be received by People and Culture Committee and via IPR at Board	Rachel Gidman	Rachel Gidman	27/11/2025	29/01/2026	ON FORWARD PLAN	On Forward Plan for February P&C meeting (Staffing Data) and will be presented via the IPR at March's Board meeting	

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23/01/2026 20:12:05

Report Title:	Chair's Report to Board				Agenda Item no.	
Meeting:	Public Board	Public	X	Meeting Date:	29 January 2026	
		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:						

Welcome and post Christmas reflection

On behalf of the Board, I would like to extend my heartfelt thanks to every member of staff for your exceptional commitment and teamwork throughout the festive period. This time of year brings unique challenges, and the dedication of Colleagues to delivering outstanding care and support for our patients, families, and communities has been truly inspiring.

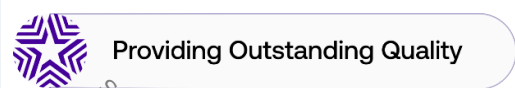


Teams willingness to go above and beyond—often making personal sacrifices—ensures that our services remain safe, compassionate, and effective, even at the busiest of times. The Board deeply appreciates Colleagues professionalism, resilience, and the spirit of collaboration that defines the Health Board.

I am pleased to inform you that, following a robust and competitive recruitment process, Adam Roberts has been appointed as the new Executive Director of Planning and Partnerships for Cardiff and Vale University Health Board.

Adam brings extensive experience in strategic planning, system-wide partnership working, and delivering sustainable service transformation across complex health and care environments. His leadership and collaborative approach will be instrumental as we strengthen our regional partnerships, deliver our strategic objectives, and continue to improve outcomes for the populations we serve. Adam will take up the role in April and on behalf of the Board, I would like to congratulate Adam on his appointment and offer him our full support as he steps into this key executive role.

On behalf of the Board, I would like to place on record our sincere thanks to Mike Jones, Independent Member (Trade Union), who will be retiring in February and joins us today for his last Board meeting. Drawing on over four decades in the trade union movement and more than thirty years as a representative and officer within the NHS, Mike has brought deep expertise, integrity and a steadfast commitment to partnership working and the voice of our staff. His contributions across the Board's business — including his membership of the **People & Culture Committee** — have strengthened our governance and supported safe, compassionate services and a positive workplace culture. On behalf of the Board, I extend our heartfelt gratitude for Mike's dedicated service to Cardiff and Vale University Health Board and wish him a long, healthy and very happy retirement



2026 New Year's Honours

Board will wish to note the delightful news that Dr Eleri Davies, Consultant in Oncoplastic Surgery has been honoured with a Member of the Order of the British Empire (MBE) in the 2026 New Years Honours List for her



services to Breast Care.

Eleri has been a Consultant Breast Surgeon at the Breast Centre at the University Hospital Llandough since 2010. She has a particular interest in patients who have an inherited predisposition to Breast Cancer and manages a regional risk reducing service for these women. As well performing breast cancer surgery, Eleri also works within Public Health in the breast screening programme as well as running clinics for symptomatic breast care alongside teaching and training of junior doctors and leading the breast unit. The sheer determination, dedication and hard work of Eleri and the team she leads ensures that the best possible outcomes are provided for patients at the Breast Centre. On behalf of the Board I want to pass on a very well-deserved congratulations to Eleri on her MBE and well-richly deserved recognition.

Medicine Clinical Board Staff Celebration December 2025

I was pleased to attend the Medicine Clinical Board Staff Celebration. The event offered an important opportunity to recognise the exceptional professionalism, compassion and dedication demonstrated across the Clinical Board. Peer-nominated awards highlighted the deep appreciation colleagues hold for one another and reflected the significant impact that their work has on patient care and on the wider team. It was encouraging to see staff take the time to acknowledge outstanding contributions, and I would like to extend my thanks to all those involved in organising and participating in this uplifting celebration.

National Maternity and Neonatal Assurance Assessment (NMNAA)

The NMNAA is a national programme commissioned by Welsh Government to assess the quality, safety, leadership and culture of maternity and neonatal services across Wales. I attended a Self-Assessment meeting along with some Board Colleagues where we were subject to robust scrutiny regarding the organisation's maternity services. The session was challenging and appropriately rigorous, reflecting the seriousness of national expectations around safety, governance, and assurance in perinatal care. Leaders were questioned in depth on service quality, culture, data reliability, and the actions being taken to strengthen maternity pathways.

I welcomed the opportunity for open challenge and emphasised the Board's commitment to learning, transparency, and continuous improvement. The meeting reinforced the importance of sustained focus on maternity safety and the need for strong organisational leadership as part of the national assurance process.



Delivering in the Right Places



Acting for the Future

Welsh Government and National Priorities

Targeted Intervention

The Board will wish to note that the Health Board's Targeted Intervention status remains unchanged following the update in the Senedd on the 16 December 2025. The Health Board remains committed to working closely with Welsh Government as the Health Board progresses to improve its performance.

South East Wales Regional Joint Committee

In November, I attended the inaugural meeting of the South East Wales Regional Joint Committee which provided a valuable opportunity to strengthen collaborative working across our regional partners. The session focused on shared priorities for regional delivery and reinforced the importance of continued joint working to support consistent, sustainable services across organisational boundaries. I welcomed the constructive discussion and remain committed, on behalf of the Board, to working closely with partners to progress the areas of joint commissioning that will deliver real improvement for our populations across South East Wales.

Visit from Mental Health and Wellbeing Minister

It was a pleasure to meet Sarah Murphy, Minister for Mental Health and Wellbeing, in December for the launch of new women's health resources designed to support young people. This initiative allows all secondary school pupils access to new education materials designed to help increase understanding about common women's health conditions. Members of the Cardiff and Vale University Health Board Youth Panel, who played a key role in developing the materials, were also present at the launch held at the Children's Hospital in Cardiff. The event provided an excellent opportunity to see our Youth Board actively engaging in national priorities, and I was encouraged by the Minister's positive feedback and her recognition of the high-quality resources developed to support the Women's Health Strategy.

Women's Health Hub & Neurodevelopment Assurance Request

The Board will wish to note that the Health Board has recently received correspondence from Welsh Government seeking assurance on the progress of both the Women's Health Hub and the Neurodevelopmental (ND) pathway for children. The Health Board has responded to both letters, providing detailed assurance on the actions underway and our continued focus on improving access and service quality in these important areas. We have also reaffirmed our commitment to eliminating all three-year waits within the Neurodevelopmental pathway, and work continues at pace to achieve this.



Putting People First

Listening to our Staff and Patients

NHS Wales Awards 2025

I was pleased to attend the NHS Wales Awards 2025 on behalf of the Health Board. It was a privilege to see Cardiff and Vale UHB recognised with three national awards, celebrating excellence in palliative care, digital innovation, and workforce sustainability. These achievements highlight the outstanding commitment of our colleagues and the meaningful impact their work continues to have on the quality of care provided to our patients and communities. On behalf of the Board, I pass on my Congratulations to all of the winners and to all of the exceptional Cardiff and Vale UHB projects that were shortlisted.

Royal College of Nursing Nurse of the Year Awards 2025

I was delighted to attend the Royal College of Nursing Nurse of the Year Awards 2025 which saw two colleagues recognised for their outstanding achievements for the significant impact they have made on advancing nursing practice and improving care across Welsh communities.

I was delighted to meet Practice Educator in Community Children's Nursing, Claire Loveridge and Senior Nurse in the Vale Locality, Victoria Hayman-Tear who received awards in two categories for their commitment to advancing key areas of work at the UHB. Their achievements reflect exceptional clinical expertise, dedication, and the compassion and professionalism that underpin the values of this Health Board. I extend sincere congratulations and appreciation to both award recipients.



Meeting with Julie Morgan, MS

It was great to meet with Julie Morgan MS in December in her constituency office in Whitchurch to discuss a range of issues that her constituents are interested in. Our discussion covered a range of issues raised by her constituents, including access to local services, pressures across primary and community care, and areas where closer collaboration can further support the population we serve. I welcomed the opportunity to hear these concerns directly and reaffirmed the Health Board's commitment to ongoing engagement and transparent dialogue with elected representatives.

Visiting our Sites

In the period just before Christmas, I undertook an evening walkaround of the University Hospital of Wales alongside Mike Jones, Independent Member for Trade Union. As I continue to settle into the organisation, I am keen to gain a deeper understanding of colleagues' experiences, the environment in which they work, and the day-to-day realities of delivering high-quality care across our services.

The visit was highly insightful, providing a real-time appreciation of both the exceptional dedication of our staff and the significant pressures placed upon the system during the winter period. It reinforced the importance of ongoing visibility, engagement, and listening to colleagues as we work together to support safe, effective, and compassionate care for our patients and communities.

In the past month, I have also visited University Hospital Llandough, meeting colleagues across a number of wards within the main hospital, in addition to spending time at Hafan y Coed. I was also pleased to join a round-table discussion with several cluster leads in the community, which provided valuable insights into local service pressures, collaborative working, and the opportunities ahead.

I am committed to continuing to meet colleagues from across the Health Board, and will also be doing so via the Leaders Who Listen initiative which all Board members participate in. This ongoing engagement is an essential way for the Board to hear directly from staff, understand their experiences, and ensure that their insights shape how we lead and improve our services on behalf of the Board.



Acting for the Future

Clinical Services Plan Workshop

I was pleased to attend the Clinical Services Plan Workshop in December and open the event, which proved to be a brilliant, energising and forward-looking event. It brought together a wide range of colleagues—clinical and non-clinical—as well as members of our local population to contribute to the co-design of our future models of care. The level of engagement throughout the day was exceptional, and it was encouraging to see so many people committed to shaping the next decade of health and care across Cardiff and Vale.

The workshop provided a valuable opportunity to reflect collectively on the challenges and opportunities ahead, informed by population insights, national perspectives and examples of innovation already underway across our services. The discussions were thoughtful, constructive and ambitious in considering how we can redesign care to better meet the needs of our communities. I would encourage Board Members to review the [slides shared with participants](#), which offer a comprehensive overview of the themes explored and the emerging strategic direction. Following the success of the first workshop which focused on the Context and Vision of the Health Services in our communities, the second workshop scheduled for the 16 January



focused on bringing together colleagues, key partners and patients to co-design our future care model and roadmap to 2035.

I would like to extend my thanks to all colleagues and partners who took part. The energy and commitment shown on the day reflect the strength of our organisation and our shared determination to shape services that are sustainable, high-quality and person-centred for the future.

Board Development and Strengthening Governance

Over the past year, the Board has continued to invest in its own development to ensure we lead the organisation with clarity, cohesion and a strong focus on good governance. A structured programme of development activity has now been set for the year ahead and I will share updates on the Boards development journey via my Board reports.

Decembers Board development session had a focus on Strengths in Action. The Board focused on strengthening its effectiveness and collective leadership ahead of the development of the 2026–27 Annual Plan. Members considered the organisation’s planning and financial context and discussed the importance of prioritising a small number of clinical pathways to drive meaningful system improvement. The session also reaffirmed the Board’s commitment to progressing an Integrated Community Care System, improving understanding of core clinical and operational processes, and ensuring alignment with regional and national partners. This development work will continue to shape how the Board leads, scrutinises and supports the organisation through the months ahead.

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 3 x documents since as listed below;

Seal No.	Description of documents	Background Information
1127	Lease	WH Smith - Unit 2&3 The Plaza UHL
1128	Licence for Alterations	WH Smith - Unit 2&3 The Plaza UHL
1129	Extension & Associated Works UHW	Hematology – UHW – Full Business Case Approved at Board Sept 2025 - Item 7.1.2

The following 19 x Legal Documents are reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
19.11.25	WH Smith Unit 2&3 The Plaza UHL Lease	£80,000.00 (excluding VAT)
19.11.25	WH Smith Unit 2&3 The Plaza UHL Licence for Alterations	NA
19.11.25	SANITARY WARE WORKS (CAV-MIN-60736) Repair and replacement of sanitary ware within wards at University Hospital of Wales (UHW) and University Hospital Llandough (UHL). This requirement aligns with Infection Prevention and Control (IP&C) compliance objectives.	£54,857.00 (excluding VAT)
19.11.25	BT Wayleave (UHL Mortuary) Proforma & Engrossed Wayleave	NA

	To permit BT to install Underground duct and Cables with all associated fixtures & fittings. Location: Opposite the Mortuary, Llandough Hospital, Penlan Road, Penarth, CF64 2XX	
19.11.25	DC25086 - UHL Main Boiler Feed & Expansion Tank Replacement Schem	£113,280.00 (excluding VAT)
24.11.25	Licence for short term occupation relating to Rookwood Hospital, Fairwater Rd, Cardiff, CF5 2YN between Cardiff and Vale University Local Health Board and BBC Studios Productions Limited	Licence Fee £6000
24.11.25	DC25071 – UHW Charity and Parking Office Partial demolition of the existing parking office at University Hospital of Wales (UHW) and the construction of a new combined parking and health charity hub	£49,583.46 (excluding VAT)
26.11.25	DC25013 – UHL Fire Alarm Works Upgrade and enhancement of fire alarm systems across CVUHB. Implementation of a hard addressable system	£362,725.95 (excluding VAT)
26.11.25	DC25067 - UPS Remedials remedial works on Uninterruptible Power Supplies (UPS) systems at several critical healthcare sites. These systems are essential for providing uninterrupted power to life support areas such as Critical Care Beds, Theatres, X-ray, CT Scanners, and Emergency Lighting during power outages	£85,686.10 (excluding VAT)
28.11.25	Q10179 - UHW EM UPS Works annual upgrade and replacement plan for Uninterruptible Power Supplies (UPS) within CVT to prevent power supply complications to critical care equipment	£193,452.48 (excluding VAT)
09.12.25	BT Wayleave agreement - UHL EE Mast permit BT to install Electronic Communication apparatus for the purpose of the EE Mast at UHL	£2,000.00
09.12.25	DC25106 – Medical Gas Works identified a need for specialist medical gas installation works. This requirement arose to ensure the continued safe and effective operation of medical gas systems at University Hospital Llandough (UHL) and University Hospital of Wales (UHW)	£176,208.00 (excluding VAT)
12.12.25	CT Whole Body Scanner Room Works phased refurbishment of an existing CT scanner room and its central control room within a live clinical environment at University Hospital of Wales (UHW)	£337,519.29 (excluding VAT)

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23/01/2026 20:12:00

12.12.25	DC25097 UHL MHSOP Anti Ligature Bathroom Works Upgrading the current ward bathrooms within Hafan y Coed (HYC) and Mental Health Services for Older People (MHSOP)	£120,000.00 (excluding VAT)
18.12.25	DC25104 – Western Basement Asbestos Remediation for asbestos remediation in the western basement of Cardiff Royal Infirmary	£59,220.00 (excluding VAT)
22.12.25	Licence to Occupy on short term basis The Police and Crime Commissioner for South Wales to use Room's 1,2&3 at Cardiff Royal Infirmary	NA
18.12.25	DC25028 – CAVOC Heating Mains replacement of heating mains and associated systems within the CAVOC theatres	£290,926.00 (excluding VAT)
19.12.25	DC25103 - UHW Theatres 3 & 4 Refurbishment a full refurbishment of Theatres 3 and 4 and associated rooms (Anesthetic, Scrub, Prep, Sluice)	£274,308.58 (excluding VAT)
06.01.26	UHW Jubilee Courtyard Canopy Removal prepare Jubilee Courtyard for a new timber-framed Haematology Unit	£140,974.78 (excluding VAT)

The following **4 x Chairs Actions** have been taken on behalf of the Health Board; The Board is requested to ratify these decisions in accordance with Standing Orders;

Date Approved	Chairs Actions Details	Background Information
03.12.25	Continuous renal replacement therapy (CRRT) hemofiltration units	5 Years with the option to extend for a further 2 years in 12 month increments Primary Term: 15th December 2025 – 14th December 2030 £432,078.45 plus VAT = £518,494.14 Total Contract Value: £3,024,549.14 plus VAT = £3,629,458.97
16.11.25	The Endoscopy Directorate at Cardiff and Vale UHB requires continued insourcing to support and improve patient waiting times, particularly for diagnostic and therapeutic endoscopy procedures. The contract is funded by the Welsh Government's Planned Care Budget	Contract Duration: 15th November 2025 – 31st March 2026 Contract Value: Up to £1,235,000 (VAT Exempt)
31.12.25	Security Services Contract Approval consolidated contract for all Security Service needs, replacing multiple short-term and emergency agreements with a single, competitively tendered contract	1st February 2026 – 31st January 2029 (with extension options up to 2031) Annual Value: £520,811.20 / Total Contract Value (5 years): £2,604,056.00 Total Contract Value (including VAT):

Saunders, Nathan
23/01/2026 20:12:05

		£3,124,867.20.
22.12.25	DC25029 – UHW Main Theatre Recovery Extensive refurbishment works within the UHW Main Theatre Recovery area	The agreement is a one-off works contract valued at £1,499,930.43 (excl. VAT)

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.

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
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23/01/2026 20:12:05

Report Title:	Chief Executive’s Report to Board				Agenda Item no.	5.3
Meeting:	Public Board		Public	x	Meeting Date:	29 January 2026
			Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					
Main Report						

EXECUTIVE SUMMARY

This report is focused on the execution of the Winter Plan thus far, key updates and also provides an update on specific elements of work associated with the Strategic Objectives.

The early weeks of January consistently present the most challenging period of the winter season, and this year has been no exception. In line with national trends, the University Health Board (UHB) has experienced sustained and significant pressures across the system. Teams continue to work closely with local authority colleagues and wider system partners, maintaining a strong focus on key operational priorities such as timely ambulance handovers and effective patient discharge processes. This coordinated approach is essential to ensuring that this demanding period is managed as safely and efficiently as possible. I can report a good degree of organisational resilience has been seen thus far which is a positive reflection of the preparedness, the winter respiratory virus vaccination programme uptake both in our community and by colleagues and of colleague's commitment and professionalism for which I thank all. No doubt we will continue to see periods of intense demand pressure as the winter proceeds over the coming months, and work will continue to support and enable a continued and effective response right across the UHB.

During December, we were pleased to welcome Jacqueline Totterdell, Director General for Health, Social Care and Early Years and Chief Executive of NHS Wales, to University Hospital Wales (UHW). The visit provided Jacqueline with valuable firsthand insight into the services teams deliver daily to the communities we serve as well as an opportunity to meet colleagues. Jacqueline toured the Maternity Unit, Cardiology, Theatres and the Emergency Unit, where she heard directly from colleagues about their services and their challenges but also and importantly about their improvement work and opportunities for service development. Jacqueline explored some of the cultural challenges and rightly sought assurance on the organisational response and support.

The visit offered an important opportunity for Clinical Board Directors and Executive Colleagues to showcase the excellent work taking place across the organisation, while also enabling colleagues to openly share the daily challenges they face.

The visit concluded with a constructive discussion on organisational priorities and the continued support available from NHS Wales, which was warmly welcomed. Jacqueline provided positive feedback on the commitment and professionalism demonstrated by team.

The UHB continues to adopt a whole system approach to strengthening culture, leadership behaviours and colleague experience. Significant improvement work has been underway for some time as set out in my previous Board reports across departments where long-standing

behaviours and poor dynamics have been identified. This remains a key priority and is progressing.

Recent media coverage has highlighted concerns relating to the Hospital Sterilisation and Decontamination Unit (HSDU) and a service review undertaken during 23/24 as a result. The issues raised were very concerning and the UHB responded with a robust review that has led to a number of recommendations and changes. The oversight and monitoring of the subsequent action plan has continued via the People and Culture sub-committee. A more detailed update will be provided by the Chief Operating Officer later in the meeting.

I want to assure the Board more broadly that cultural improvement activity is firmly embedded, actively monitored, and delivering progress as reported by many colleagues. No doubt there is more to do especially with regard to embedding a systematic approach to real-time identification, reporting and escalation of concerns. The Board has received and will continue to receive updates on cultural hotspots and associated improvements, as this work is essential to embedding the values, behaviours and management capability required to deliver a safe, compassionate and high performing organisation.

Planning for 2026-2027

The development of the Annual Plan for 2026–2027 is progressing in accordance with the agreed approach. Planning workshops and discussions have continued, and the Board will receive a more substantive update later in the Board meeting. The planning guidance and requirements alongside the budget allocation were received very shortly before Christmas and detailed analysis alongside the implications for the UHB is well progressed. Initial insight is clearly pointing to an extremely challenging planning round particularly in respect of access and activity requirements alongside a significant financial challenge. Colleagues have been challenged to think creatively, bring innovation to bear, eradicate waste and duplication, and to work towards an extremely stretching financial savings plan. In addition, we must plan for the delivery of the highest quality intervention and care, bringing equitable outcomes to those we serve and sustaining organisational resilience and wellbeing. This is an extraordinarily tough ask, and I seek the Board's challenge, insight and support as that work progresses.



Putting People First

Annual Undergraduate Teaching Review

I am pleased to report that I attended the Annual Undergraduate Teaching Review meeting on 28 November 2025, held in partnership between the University Health Board and the Cardiff & Swansea Schools of Medicine, with a focus on the 2024–2025 academic year. The meeting provided an opportunity to review formal student feedback on clinical and specialty placements, which highlighted the UHB's strong performance across all years. This achievement is a testament to the dedication and professionalism of teachers and supervisors and all who support the delivery of high standards of education and support despite ongoing pressures across the UHB.

The Department of Medical Education within the Health Board, supported by its established structure and leadership, remains committed to using student evaluations to drive continuous improvement in medical education. Furthermore, the UHB is actively working to strengthen partnerships with the Medical Schools, ensuring that the programmes remain responsive to feedback and aligned with best practice. I wish to assure the Board that these efforts will further enhance the quality of clinical education and reinforce a reputation for excellence in this field.

Cardiff Metropolitan University Collaboration

Alongside the UHB Chair I visited Cardiff Metropolitan University's Allied Clinical Health Hub this month to strengthen partnerships and explore how we can work together to build the future health and care workforce. The visit included a tour of the Hub where superb facilities within which to learn and importantly also to deliver health care have been established. We discussed with university leaders how we can strengthen our partnership to expand subject areas, develop MedTech opportunities as well as deliver a broader range of patient facing services. This partnership is essential to ensure the UHB is enhancing future workforce pipelines and improving skills and training aligned to modern service needs. The visit reaffirmed clear opportunities for joint work that will benefit patients, colleagues and communities and will be strengthened through the implementing of a formal partnership programme. A further visit to the Ankle Clinic will be reported via the next Board report.



Providing Outstanding Quality

Winter Sprint

The Winter Sprint is a time limited, systemwide operational initiative designed to rapidly improve patient flow, reduce delays, and create essential hospital capacity during the busiest winter months. The UHB has been working with partners to deliver the Winter Sprint initiative and has continued to deliver focused operational improvement during the most pressured period of the year. Across December and early January, teams have worked at pace to strengthen patient flow, improve early and weekend discharge, and reduce avoidable delays. Early results show some improvements in discharge timeliness and greater consistency in implementing "brilliant basics" across key pathways but there remains much work to do to optimise patient flow. The next phase of the Winter Sprint cycle is underway with a focus on sustaining flow, maintaining firm operational grip, and ensuring consistent multidisciplinary working across acute, community and social care partners. This will help us manage continued demand safely and effectively through the remainder of winter. I want to thank colleagues and especially Local Authority partners whose collaboration and adaptability has been central to the progress of this work. Their collective efforts have made a real difference during an exceptionally pressured period, and the insights gained will strengthen approach as we move into the next phase.

Cardiff Haemophilia Centre

I am pleased to inform the Board of a significant milestone for the UHB. The Cardiff Haemophilia Centre at UHW has become the first facility in Wales to deliver the new Hemgenix gene therapy for patients with Haemophilia B. This one-time treatment has the potential to significantly reduce or even remove the need for lifelong preventative infusions, representing a major advancement in care for individuals living with this rare condition.

The Board will wish to proudly acknowledge the outstanding dedication of the Haemophilia Centre and Pharmacy teams. Their expertise, compassion and meticulous preparation have been central to delivering such high quality, pioneering patient care. Their commitment ensures that people living with haemophilia continue to receive the highest standards of treatment and support.

This achievement also reflects exemplary partnership working, the collaboration with Advanced Therapies Wales, NHS Wales Joint Commissioning Committee and colleagues across regional haemophilia centres has been vital in strengthening services and enabling the safe delivery of this national programme. As Senior Responsible Officer for the Advanced Therapies Wales Programme, I am extremely proud to see this major breakthrough in the treatment of haemophilia and together, these efforts demonstrate our shared mission to improve the quality of lives and advance care across Wales.

Transforming End of Life Care

Work is progressing to transform end of life and supportive care across Cardiff and the Vale UHB. In partnership with Macmillan Cancer Support, we are redesigning services to ensure people receive the right care, in the right place, at the right time responding to significant local need, with 3,900 people currently dying from a palliative condition each year, rising to an estimated 5,000 by 2040.

Key improvements include an expanded Supportive Care Service, which has already reduced hospital bed days by more than 1,200 for patients in their last year of life while maintaining excellent patient experience. We are strengthening coordination across hospital, community and hospice services, prioritising earlier symptom management, reducing emergency admissions and supporting more people to remain at home where appropriate.

This directly supports the UHB's mission to deliver outstanding quality through more personalised, compassionate care, improved safety and experience, and services built around what matters most to patients and their families. By integrating teams and embedding supportive and palliative care earlier, we are creating a proactive, person-centred approach that ensures people receive dignified care tailored to their wishes. This represents an innovative approach and a meaningful shift towards a more sustainable and equitable system for the future.



Delivering in the Right Places

NHS Wales App – Go Live Update

The new NHS Wales App feature, enabling patients to view their hospital referrals and first outpatient appointments, is now live across the UHB as of 8 January 2026. This enhancement developed by Digital Services for Patients and Public (DSPP) at DHCW was previously referenced in the November Board Report, though its launch was subsequently delayed. It is now fully operational for eligible patients. This feature gives Cardiff and the Vale patients quick, convenient access to their referral and appointment information, improving clarity and reducing the need to contact services.

Cardiff Health Partners (CHP) Prospectus Publication

I am pleased to share the publication of the Cardiff Health Partners prospectus. As previously reported to Board CHP is a strategic collaboration between the UHB, Cardiff University, and Velindre University NHS Trust. This partnership brings together combined strengths in research, clinical care and education to accelerate innovation and ensure that new discoveries translate more rapidly into patient benefit.

CHP will initially focus on three areas where Cardiff has internationally recognised capability:

- Brain Therapies-advancing treatments for neurological and mental health conditions.
- Next-Generation Cancer Care- expanding research and clinical trial capacity.
- Precision Medicine-creating a centre of excellence at Cardiff Edge to deliver personalised, data driven care.

The partnership is expected to contribute at least £840 million to the economy over the next decade and create thousands of skilled jobs in life sciences. It will also open up new opportunities for colleagues to collaborate across research, clinical care and education, access cutting-edge projects that directly improve patient outcomes, and develop new skills that drive innovation benefiting patients, communities and the wider population across Wales and beyond. Board can be assured this work is progressing and a formal CHP launch is now being planned building the foundations for a more capable, connected and future focused health system. The prospectus can be found here: https://bpb-eu-w2.wpmucdn.com/cuwp.cardiff.ac.uk/dist/c/12/files/2025/11/CU-Cardiff-Health-Partners-Prospectus_Eng.pdf



The UHB continues its work to deliver the vision and strategy Living Well, Caring Well, Working Together (https://shapingourfuturewellbeing.com/app/uploads/2023/09/SHAPING-OUR-FUTURE-WELLBEING-STRATEGY_FINAL.pdf)

alongside work to articulate the future operating model and Clinical Services Plan. Board will be aware of the many moving parts to this work which is visually presented in the “house” framework below.

The alignment of core strategic plans, Population Health, Clinical Services, People & Culture, and Digital & Estates supported by service and organisational redesign work right across the UHB is underway to create a coherent roadmap for transformation. Recent Clinical Services Plan workshops on 16 December and 15 January were particularly valuable, providing colleagues with a meaningful opportunity to shape the future model of care across the UHB. This whole system approach seeks to enable co-production participation and influence for all involved with the ultimate aim of ensuring every part of the organisation is moving in the same direction, supporting the development of a safe, sustainable and person-centred model of care that is fit for the future. Board will continue to be involved and updated as this work progresses.



KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Targeted Intervention

The UHB fully acknowledges the gravity of its current escalation status and is unwavering in its commitment to tackling the challenges and securing approved deescalation. We appreciate the additional support offered through the announcement by the Cabinet Secretary to the Senedd on 16 December and look forward to continuing to work with Welsh Government colleagues to define the details of the support for improvement.

Month 9 Finance

The UHB has reported a month 9 deficit of £43.250m against a month 9 planned deficit of £42.175m. This is a variance of £1.074m against plan at month 9 with a clear forecast line of sight to delivery of the £56.2m deficit. The focus is now on maintaining this position and

increasing the level of recurrent savings through the challenging winter period and to keep driving all opportunities as we move into the 2026/27 financial year.

For Information

My Chief Executive report includes a summary of action & decision logs from Strategic Leadership Team meetings.

These meetings are held tri-monthly between the Executive Team and Clinical Board Directors and their leadership teams, alongside other senior corporate directors and leaders. The summaries for the meetings held since the last Board meeting can be found in the appendix to this report (in the supporting documents folder).

Recommendation:

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
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Saunders, Nathan
23/01/2026 20:12:05

Report Title:	Finance & Performance – Chair’s Report			Agenda Item no.	5.4
Meeting:	Board	Public	x	Meeting Date:	29.01.2026
		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 21st January 2026.					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
The Committee considered several important items of business at the meetings and a brief synopsis of some of the items discussed are set out in this Report.					
Financial Position (Month 9) The following points were highlighted under the Financial Position for month 9: - Reported Deficit: £43.25m year-to-date, slightly above plan (£42.2m). - Forecast Deficit: £56.2m for year-end, with confidence in achieving this target. - Savings Plan: £32.8m identified against £32m target (surplus of £0.6m). - Majority of schemes now rated green; only £1.5m remains amber. - Operational Pressures: - Mental health out-of-area placements remain high. - Critical care and cardiac contract performance improving but still challenging. - Positive Offsets: - Lower vaccine prices and reduced demand. - Winter plan costs reduced. - Additional radiology/research income and accounting gains. - Risks: - Underlying deficit projected to rise to £68m next year (from £59.9m). £92.4m cash shortfall risk; Welsh Government support expected but not yet confirmed. - Capital Programme: £48.7m CRL on track, no major delivery issues.					
Operational Performance The following points were highlighted under the Operational Performance item: - Urgent & Emergency Care: - Ambulance handover times improved (33 mins vs 45 mins last year). 82% of patients handed over within 45 mins over Christmas/New Year. - Delayed discharge bed days reduced by 2,000 compared to December 2024. - Stroke Services: - Thrombolysis rates improved but timeliness remained an issue. - CT scan delays and long rehab stays highlighted; strategic plan refresh was underway. - Planned Care: - Cancer performance dipped in November 2025; recovery actions in progress. 104-week waits reduced to 609 patients (better than forecast). - Diagnostics backlog significantly reduced; near-zero target expected by March. - Mental Health: - Out-of-area placements remained costly; review by external consultancy (36 Degrees) underway.					

- Children's neurodiversity waits targeted for reduction to 3 years by March, but sustainability remained a concern.

Annual Plan (Q3 Update)

- Actions Completed: 61 of 201 (49 in Q3 alone).
- Forecast: 74% completion by year-end; 26 actions at risk.
- Challenges:
 - High dependency on external/regional factors.
 - Need to shift from activity-based reporting to outcome-based planning.
- Next Steps: Align remaining actions with 2026/27 plan and prioritise strategic objectives.

The Business case for UHW Lift Block Roof Replacement was approved to go to CAV UHB Board meeting on 29th January 2026.

Recommendation:

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 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 tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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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:

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23/01/2026 20:12:05

Report Title:	Board Assurance Framework			Agenda Item no.	5.5
Meeting:	Board	Public	X	Meeting Date:	29 January 2026
		Private			
Status <i>(please tick one only):</i>	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:					
There have been no changes to overall net risk scores. Board Members will note that the updates to the Health Equity strategic risk actions reflect the patient story that is on today's agenda. It is worth drawing attention to the updates made in the digital risk theme regarding the resourcing and sequencing of the digital foundations work. The sustainability risk theme looks like it has undergone a lot of change but it is in part a result of realigning causes and impacts under decarbonisation which has previously been discussed at F&P Committee and will continue to be, but there are some updates to the financial element as well that reflect the scale of the challenge currently being faced.					
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 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.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1. Click the  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. Click the  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
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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 –		No	X	No impact on the Duty of Quality
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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

Board Assurance Framework

Updated 29 Jan 26

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23/01/2026 20:12:05

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.

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					

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13/01/2026 20:12:05

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.

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23/01/2026 20:12:05

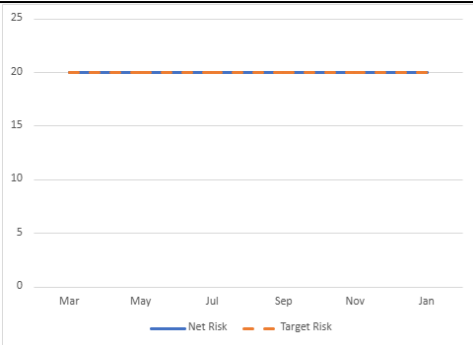
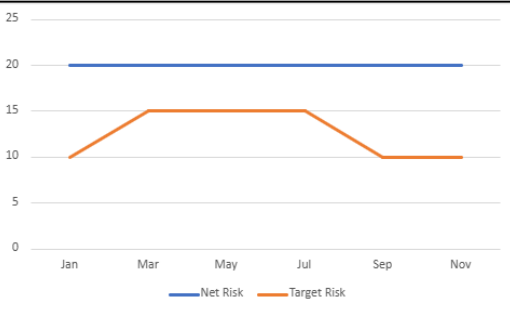
Strategic Risks – Quality

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	Series1: 15, Series2: 10	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	Net Risk: 12, Target Risk: 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	Net Risk: 16, Target Risk: 10	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

Saunders Nathan
23/01/2026 20:32:05

Strategic Risks – Quality

Digital	Cautious	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
	20					
Infrastructure	Open	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
	15					
Sustainability	Cautious	25	20		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
	10					

Saunders Nathan
23/01/2026 20:32:05

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

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23/01/2026 20:12:05

Strategic Risk	Strategic Portfolio	Exec Leads	Committee	Date Added
Quality	Shaping our Quality, Value & Sustainability	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 capacity, Capacity, 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.		Safe The UHB continues to see a number of same cause patient safety incidents, complaints, redress cases and claims where the harm to patients is potentially avoidable. These include health care associated infections, failure to ensure continuity in clinical pathways, failure to recognise the deteriorating patient, failure to escalate, issues with communication and Never Events. The health, safety and welfare of our staff is not universally maintained.		
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		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 - 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, clinical coding 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		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 - 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		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 - providing care that is respectful and responsive to patient's values and needs In order to 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.		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 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.		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 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. The Shaping our Future Quality Excellence Programme is designed to address emerging patient safety themes. The Theatres Together programme is overseeing improving work in theatres that has emerged from the recent theatres review. 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 are in place 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. Work is planned as part of the Sharping our Future Quality Excellence – Quality Management System Project to standardise the collection of national audit data and to embed it into quality governance structures. 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. The UHB is rolling out a new PROM platform “Promptly” throughout the organisation to provide reliable opportunities to collect this information.	• Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • People and communities experience framework • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • PSOW REPORTS • WRP assessments • Accessibility standards • 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

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. Progress against the implementation of our co-production approach will also be important for improvements to equity. Our Shaping our Future Quality Excellence Programme is focussing on developing a Quality Management System for the UHB and on improving performance against specific quality challenges; Hospital Acquired Infections, Acute Deterioration, Lost to Follow-up and Medication Errors.			
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. Staff retention and recruitment vulnerabilities are impacting on case ascertainment for national audits. Many local improvements aligned to patient safety incidents are within the gift of the clinical boards to 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	

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23/01/2026 20:12:05

Strategic Risks – Quality

Actions			
What	Lead	By	Update
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	~~31/12/25~~ 30/06/25	- Business case approved for stroke model, funding to be released from Q4 2024/25 - Delays in recruitment for agreed stroke post - Recruitment is now underway to the additional posts, but it will be some time before all posts are in place. There is continued focus on stroke performance and a real increase in regional working to deliver sustainable models moving forwards. - Stroke performance remains stable – new SSNAP measures to be reported to Board in August. - Go-live of phase of regional thrombectomy service in July <u>Performance is consistent despite operational pressures. Increases in thrombolysis rates, work remains on % in time. Detailed review of thrombectomy undertaken</u> <u>Stroke summit to review progress planned for 15th January</u>
Develop and deliver improvement plan for cancer and long waiting patients, including a plan to reduce diagnostic waiting times.	PB	31/03/26	- Delivery against revised trajectories is monitored internally and by WG - Challenging position in select specialities including ophthalmology - End of year positions in Cancer and 104 weeks for 24/25 good in comparison to recent years but still too long and not in line with WG expectations. Revised plans in place to deliver reduction during 2025/26 - Cancer performance remains best in Wales – further work to do to reach 75% - Long waits significantly reduced, meeting agreed trajectories for each quarter. - Q2 performance slightly ahead of trajectory for 104 week waits.
Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production	PB	~~31/12/25~~ 31/03/25	- The design development continues. However, discussions are ongoing with WG in relation to a combined ITU/Haematology and Hybrid theatres schemes. - Interim plan for releasing capacity on 3rd floor in progress through discretionary capital programme – Work to C1 to accommodate Cardiology from C3 has commenced and is due to complete October 2025, releasing capacity ahead of the ITU work - C1 work will completed in December. Planning in place to install updated UPS <u>C1 work completed. UPS completed.</u> <u>Detailed request for funding for C3 refurbishment, and indicating plans for subsequent A3, B3 upgrades, will be sent to WG in Q4</u>
Deliver the Theatres Together Programme which includes important quality elements such as the WHO checklist and productivity improvements	PB	31/03/2026	- Theatres Together Programme is underway, and updates provided through Board. Initial focus on 6 immediate actions and cultural priorities - Work on further tranches now underway

Strategic Risks – Quality

Review, design and improve mental health services which are noted to carry risks to quality	PB/DF	31/03/2026	- External consultancy appointed to support with review of mental health services – work ongoing - Plans for neurodevelopment services undergoing significant scrutiny 3-year ND waits for children and young people likely to be >450 by March 2026 – working with WG and NHS P&I
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 - Publication and analysis of clinical board and directorate mortality dashboards
Development of the Quality prospectus to populate the quality academy – Up skill staff across the clinical boards in patient safety review technique, improvement planning and clinical governance	JR	31.03.26	- PSLR training developed - Improvement plan training in development - Human factor prospectus planning - 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

Saunders Nathan
23/01/2026 20:12:05

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			Impact	
- 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 of the least deprived. - In 2021 the <i>undiagnosed</i> diabetes rate was double for those in the bottom Index 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. - Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home are the strategic priorities of the			- 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 experiencing homelessness 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. - Lower levels of immunisation in the population have significantly increased the risk of outbreaks of diseases like measles. These will impact disproportionately more on our most deprived communities, with direct risks to health and by further negatively impacting on wider determinants such as education or employment. - 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	

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 environment, 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.
- Deprivation correlates strongly with rates of vaccination in the population, the gap in immunisation between the most and least deprived has been widening in recent years.
- Deprivation also correlates strongly with rates of smoking in the population. Second hand smoke affects others, including babies and children.
- 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).

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.
- In Wales in 2020-2022, 14.5% of deaths in adults aged 35+ and living in the most deprived areas of Wales were attributable to smoking, compared to 7.7% of those living in the least deprived areas (PHW, 2024). In Cardiff and Vale in the same period, 9.8% of all deaths in adults aged 35+ were attributable to smoking involving 5,573 admissions to hospital.

Uncontrolled Risk			
Impact: 4	Likelihood: 4	Gross Risk: 16	Target Risk: 12
Controls		Assurances	
1. Statutory duty - The Health Board has a statutory duty: to improve the health and well-being of the local population. - 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.		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 Standards. Risk Registers Integrated Performance Report Papers to SLT	

- The Health Board is implementing and periodically reviewing its strategy to tackle the lower and unequal uptake of vaccination in our most deprived communities. - The Health Board has developed a co-ordinated programme of action to reduce smoking in areas/populations where prevalence is highest.	
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): - 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, <i>beyond</i> complying with our statutory duty, and to always consider the unintended consequences of our actions	Claire Beynon/ Rachel Gidman	2025/26	- We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. - The Equality and Health Impact Assessment (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. - The UHB has now recruited an Equity & Inclusion Manager, who took up post in October 2025. This will improve organisational capacity to support Clinical and Service Boards, including with awareness and training on completing EHIAs.

Within the UHB and through our PSB and RPB partnerships, continue to develop and deliver a suite of focused preventative actions to tackle inequalities in health	Claire Beynon	March 2026	Work to tackle inequalities needs to take place over prolonged time periods. In 2025/26 we will continue to work with PSB and RPB partnerships to address the three priority areas where we know we can make a significant impact on reducing health inequalities: smoking, vaccination and obesity. The Amplifying Prevention Board, held jointly with Local Authority (LA) 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. • ~~An ongoing, opportunistic programme of MMR vaccination catch ups will continue. This programme is delivered in school and community environments, also using the vaccination van to support outreach efforts in communities with lower uptake. The wider community delivery model of vaccination is also continuing, with an enhanced focus on delivering vaccination closer to home.~~ • <u>We are working with 5 secondary schools across Cardiff and the Vale of Glamorgan to increase uptake of the MMR vaccine amongst pupils and teachers. The work involves targeted, behaviourally informed communications and engagement, utilising pastoral teams to reach out to the families of under-vaccinated children. Clinics are booked into two of the five schools for January and March with conversations on-going to schedule the remainder.</u> • ~~A more targeted, intelligence driven approach is being discussed with Cardiff Council and appropriate data sharing agreements are under development. It is expected to take some time before the correct information governance will be in place to support this and a Task and Finish group meets fortnightly to maintain focus on this. Digital Health and Care Wales (DHCW) will support with automating the currently manual process of updating the school population data provided from Cardiff Council into the child health record system, CYPRIS.~~ • <u>A similar</u> ~~The same~~ intelligence driven approach is being used for analysing inequities of childhood vaccination in primary care. This work will help us to support General Practices in targeting and following up children in areas or communities with lower uptake. The Public Health Team's Data Analyst is developing dashboards that can be used to support discussions with individual GP surgeries in an accessible and interactive way. • <u>Over 1000 injectable gelatine-free flu vaccinations have been delivered as part of the school flu vaccination programme, which has contributed to the significant increase in number of children vaccinated this season. Through a dedicated engagement approach, the Cardiff Muslim school have chosen to participate in the school flu vaccination programme for the first time this year. Final data is pending however early feedback suggests that some families have switched from nasal spray flu vaccine to gelatine-free to align more closely with their religious beliefs.</u> • ~~Delivery of the injectable gelatine-free flu vaccination in the school setting is underway. Community engagement activities are gathering insight on awareness of the gelatine-free options, and behaviourally informed communications, including an updated consent form, are being developed.~~ • <u>Our Health Improvement Officer works across Cardiff Council and the UHB's Public Health Team as part of a collaboration to improve our understanding of and engagement with ethnic minority communities. The aim of their</u>
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Saunders Nathan
23/01/2026 20:12:05

		work is to build trust with these communities, supporting us to understand and break down barriers to good health and wellbeing. The Officer is employed in this role by Cardiff Council, funded, via the Public Health Team, by a Welsh Government grant. Our Health Improvement Officer who holds a joint post with Cardiff Council and the CAVUHB Public Health Team has completed a draft community engagement handbook providing insights into the cultures, practices and beliefs of the Chinese community in Cardiff. This handbook provides a guide for professionals working for Cardiff Council and CAVUHB to engage with the Chinese community and provides a template for development of other handbooks. • We have engaged with the Himilo Alliance (a collaboration of 14 Somali voluntary sector organisations) to initiate conversations with their communities to understand barriers to uptake of vaccination. Early insight is informative, and we are actively building on this with learning from the parents' Vaccine Champions project at Cathays High School. • We have identified vaccination champions across the CAVUHB workforce. Development of training to support champions to hold vaccination conversations with hesitant parents and patients is underway. We will pilot the delivery of a training module known as 'VaxChat' in January 2026 and will deliver bespoke versions of this training to both volunteer and workforce champions. • 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 with the most recent update being provided on August 5, 2025. <u>As the actions are being completed, a review is being undertaken to identify any outstanding actions and create future actions using the framework. As the actions are being completed, a review is being undertaken to identify further actions and steps. Highlights since the last update include:</u> • ~~There are~~ GP and nurse outreach clinics ~~that have been newly established in the last 3 months~~ into probation services and parlours. ~~The outreach clinics into the frontline single persons' hostels and the EU / Secondary care in-reach continue.~~ Plans are in place to develop an outreach service in partnership with LA and third sector partners to Roma, Gypsy and Travelling people who present at unauthorised encampments. • A national review of the Vaccine Equity Strategy has been completed and recommendations are being fed in to update the strategy. The Amplifying Prevention Board continues to be involved in the development of collaborative work to promote vaccination in schools and to address inequity in vaccination uptake. • The Supporting Patients Whilst Waiting action has been implemented, and the team are expanding provision to more surgical pathways soon. • People and Culture continue working on a number of initiatives to promote the UHB as an employer, aiming to build a workforce that genuinely reflects the rich diversity of the communities it serves.
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Saunders Nathan
23/01/2026 20:12:05

			• Work continues to meet targets in the existing plan, especially in relation to data collection to support data availability, linkage and analysis. A new action includes creating and developing an equity indicator dashboard. The next update on this work will be presented to the QSE in a further 6 months. • Smoking is a major contributor to health inequalities; smoking prevalence is typically higher in areas of greatest deprivation and has a significant influence on morbidity and mortality. Using an NHS service such as 'Help Me Quit' can increase a person's chance of successfully quitting by 3 times. 'Help Me Quit' clinic provision is aligned with areas where smoking prevalence and deprivation are highest to help reduce barriers to service access. Further work is also planned to improve outreach e.g. with housing association tenants. • <u>Additionally, the Health Board has taken strong and decisive action to introduce enhanced enforcement of no smoking legislation on hospital sites across Cardiff and the Vale of Glamorgan; this is helping to protect vulnerable people.</u> • Alongside more traditional advertising methods, innovative approaches to promoting 'Help Me Quit' are being trialled, including digital advertising in Cardiff city centre, 'in app' advertising direct to mobile devices, and partnerships with Cardiff City and Barry Town football clubs. In addition, the 'Help Me Quit' community service is working in partnership with local primary care practices and networks to take targeted action in deprived areas to promote smoking cessation services and encourage referrals and uptake amongst high-risk patient groups such as those with chronic respiratory diseases. • Evidence shows that smokers are 36% more likely to be admitted to hospital than non-smokers. The 'Help Me Quit' service within Cardiff and Vale Public Health Team is working closely with the Hospital Smoking Cessation Service to maximise the opportunity to support <i>all</i> patients to quit, not only while in hospital but also long-term. • There have been improvements made to the way that pregnant smokers are identified and contacted with stop smoking support. An 'opt out' process has been adopted (all pregnant smokers will be contacted by smoking cessation services unless they explicitly request for this not to happen). • To support work on smoking cessation, partner organisations have shared materials, resources and information. This includes information on the introduction of the ban on sale of disposable vapes, and a new online resource to help people reduce vaping, and therefore dependence on nicotine.
Improve the routine data collection in relation to equality and inequity across the UHB. Saunders 23/01/2026 11:05	Claire Beynon	March 2026	In 2025/26 there is an ongoing need to improve 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.

Useful training tools and guidance are now available via the Health Board's sharepoint pages to support staff in engaging more effectively with patients and service users, helping them gather meaningful feedback about their experiences. This will be complemented by monthly feedback-in-focus sessions held across sites.

Starting early 2026: Feedback in Focus sessions running monthly on different sites, this will support patients, staff and carers in completing and understanding the many ways we collect feedback, offering support where needed.

Currently a range of methods is used to gather feedback with the aim of ensuring all patients can 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
- QR coded bedside surveys

The All-Wales People's Experience Framework was launched in April 2025. The new People's Experience Survey (PES) was implemented in May 2025 at the Health Board.

Rollout of Children's Services feedback will commence in the coming weeks
National Surveys on Maternity and Endoscopy services will be rolled out in 2026

Since September the Patient Experience Team have taken over the responsibility for updating the Translation and Interpretation pages on SharePoint. These new updated pages have been advertised via Comms weekly roundup, Viva engage and as screen savers throughout September and October. Part of this update

Saunders Nathan
23/01/2026 20:12:05

			<u>includes useful training videos from WITS. Guidance to support d/Deaf patients at CAVUHB has also been developed by a staff member with lived experience.</u>
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Saunders Nathan
23/01/2026 20:12:05

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			- 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			- 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 employer 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	

Saunders Nathan
23/01/2026 20:12:05

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

Saunders Nathan
23/01/2026 20:12:05

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
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	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

Strategic Risks – People

- 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	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
Agreed Retention Framework to support retention for all staff groups, aligned to HEIW Principles and HEIW Nurse Retention Plan. 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.	Claire Whiles	MarchJan 2026	- The All Wales self-assessment was due on the 31 March 24. The organisation completed and submitted. - Draft OD, Wellbeing and Culture Framework and Toolkit produced and engagement process underway for review and feedback. To bring to People and Culture Committee in January 2026 prior to UHB launch. - The annual Defence Career Transition Partnership event was held at Cardiff City Stadium on Wed 5 Nov 25. This event serves 2 x purposes, to attract Service leavers at a recruitment fair and to build better relationships between the Armed forces and Health. There is ambition to increase the employment of service leavers/reservists into CAVUHB who will come with a suite of strong L&M skills. - Ambition is to softly prepare CAVUHB to support the Strategic Defence and Security Review(SDSR) by better aligning Health and Defence in Wales. (WG aspiration)
To develop management and leadership development where compassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	March 2026	~~Management programmes continue to be delivered and evaluated using the Kirkpatrick model (introduced Q1 2024). Lessons learned is part of the ongoing L&M Review.~~

- ~~Compassionate Leadership masterclasses developed via 'train the trainer' session with Professor Michael West. Delivered regularly. Ongoing review and evaluation in place. Lessons learned is part of the ongoing L&M Review.~~
- ~~Leadership, Management and Skills programme for Band 8C and 8B (Optimising Ops) agreed and commenced in September 2025 for 8C managers. 2 x ABUHB delegates are attending, demonstrating mutual support, shared and regional working.~~
- Elev8 Programme launched September 2025 to support Advancing Clinical Leadership. A multi-disciplinary programme to support Band 7 clinical leaders in order to successfully lead compassionate, accountable and improvement focused teams. The compassionate leadership principles are embedded throughout the Elev8 Clinical Managers Programme which launched in September 2025, and this will be replicated in all future clinical management programme provision.
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- ~~Hd of L&M appointed Sep 25 — new role that will increase capacity within L&M team and contribute to development of a new strategic L&M plan~~
New HEIW led Leadership and Competency Framework due to be rolled out across Wales in the next 1-3 yrs (based on NHS England work). This work is now paused due to changes to NHS England Infrastructure and opportunity for them to prove the concept. Launch in England February 2026.
- Deep dive of existing L&M packages underway to ensure alignment with HEIW leadership principles and expectations.
- Analysis underway of a new strategic L&M plan to ensure it aligns with other P&C work , WG and Future Generations expectations and is mutually supportive.
- Ambition is to deliver an inaugural CAV Leadership & Management Conference in Summer 2026 with a view to creating a CAV L&M Community of Practice. This will involve CAV Ambassadors across the org co-creating a CAV L&M network that can share best practice across the organisation.
- CAV L&M Team are scheduled to share plan of work and to advertise 26-27 activity at 'Ask Suzanne' in May 26.
- CAV Talent and Succession Planning is underway to draft a long term plan

Saunders Nathan
23/01/2026 20:12:05

Strategic Risks – People

			• <u>CAV L&M SharePoint site is being updated with ambition to be the single-point-of-contact for L&M portfolio work, including CAV L&M Plans and Policy, Core L&M offer, External L&M offers, coaching and mentoring, apprenticeships, VBA, VBR, .</u> • <u>CAV Back-to Basics campaign being prepared to roll out in Spring 26 in order to align to Ask Suzanne Session in May 26</u> • <u>Ongoing Collaboration with DHI commenced</u> to develop additional offers using a joint capability to improve effectiveness across the system. This mitigates seeking costly external <u>trainingrg</u> delivery . • <u>HEIW Audit of L&M confirmed for Feb 26. Review of previous advisory in Jul 2023 has been undertaken and</u> preparation for the audit is underway.<u>All programmes underpinned by compassionate and inclusive leadership principles and aligned to the all-Wales leadership competencies and principles.</u> • <u>Connected to Isle of Wight and Portsmouth NHS Trusts to identify key learning around the Culture and Leadership Programme. Two meetings held to date, documents reviewed and key learnings considered.</u> • 'Cultural Safety Zones' concept taken to 'Spread and Scale Academy' in October 2025, . Outcomes under review to assess opportunities to expand / introduce – <u>to form paer of Culture Proposiion Paper April 2026.</u> • Thorough TNA <u>will be required and analysis of L&M team capacity is underway to support effective leadership and management development. Looking Consideration of a at</u> Management Passport for all <u>leaders/managers to ensure recognise knowledge, skills and experience underpinning knowled</u>ge. Self, Team and Team of Teams pilot leadership programme delivered to Peri-Natal Colleagues April 2025. Evaluation with HEIW to review next steps.
Equality, Diversity and Inclusion	Claire Whiles	<u>Dec 2025</u> <u>March 2026</u>	• Continue to monitor the delivery of the Strategic Equality Objectives and Plan through annual reporting <u>and the People and Culture Committee.</u>
Welsh Language Standards being implemented.	Claire Whiles	<u>Dec 2025</u> <u>March 2026</u>	• Continue to improve capture of Welsh language skills data through 'making every contact count' approach (<u>e.g.i.e. Staff Survey roadshows Corporate Induction</u>). ○ Current registration is <u>60.9858.7%</u>, an increase of <u>8.6748%</u> from <u>October December 2024</u> to <u>OctoberDcember 2025</u>.

Strategic Risks – People

			○ <u>Welsh Language Skills to be made a mandatory requirement in ESR in February 2026.</u> ● <u>Resolve the three Standard Enforcement Investigations currently open with the Welsh Language Commissioner. Meeting with the Welsh Language Commissioner's Office and Welsh Government on 1st December 2025 supported the Health Board in better understanding focus and priority.</u> ● <u>Assurance provided to Welsh Government on implementation of the More than just words national strategy in the IQPD review in October 2025.</u> ● <u>Continue to communicate and deliver Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.</u> ● <u>Adopting a targeted approach with Cwrs Croeso by targetting teams and working closer with the Mental Health Clinical Board as a priority area in the More than just words national strategy.</u>
Inclusion - Nine protected Characteristics	Claire Whiles	Dec 2025 March 2026	● <u>LGBTQ+ Action Plan development on pause due to capacity, to be revisited once guidance received from the Welsh Government on implementation of Supreme Court ruling on definition of sex.</u> ● <u>Equity and Inclusion Team has contacted Clinical Boards to discuss specific challenges in their area using the Workforce Race Equality Standard (WRES). Meetings being arranged with the Clinical Boards to discuss.</u> ● <u>Health Board provided assurance on WRES and Anti-racist Action Plan at IQPD with Welsh Government in December 2025.</u> ● <u>Sessions delivered by NATTC to support neurodivergent staff and managers to better understand functionality of MS365 and how it can support.</u> ● <u>Health Board contributing to all Wales work through task and finish groups established by the Equality Leadership Group (including WRES and Accessible Communication and Information Standards). WRES report received by UHB, currently being reviewed and meeting with Welsh Government planned for 15 September 2025 to discuss findings and proposed actions. Papers will also be taken to SLT and P&C Committee</u> ● <u>UHB met with Welsh Government on 15 September 2025 to discuss findings of WRES report. WRES papers presented at People and Culture Committee, Senior Leadership Team, and Local Partnership Forum.</u> ● <u>UHB retained Disability Confident Leader (Level 3) status in October 2025.</u>

Saunders Nathan
23/01/2026 20:12:05

Strategic Risks – People

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	5 March 2026	• Connect to current review of L&M packages. • Feasibility assessment being undertaken to understand what on-the-shelf training can be approved by L&M team but delivered by Team leaders/managers across the organisation • Feasibility review being undertaken to understand if existing L&M team has capacity to deliver/create bespoke trg for the organisation whilst concurrently <u>implementing-considering</u> the new competency leadership framework. • 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. Meeting with Portsmouth and Isle of Wight NHS Trusts has taken place and shared documents and reports in review. • 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, but action plans now shared and OD/P&C input identified and in planning stage. • Progress on OD, Wellbeing and Culture Framework detailed above.
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 strategic and operational response to themes / emerging trends. This will also be informed by working in collaboration with Clinical Boards. Saunders Nathan 23/01/2026 20:12:05	Claire Whiles	March 2026	• 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. Exploring post-graduate 'project-based' support via local universities. • OH KPIs regularly reported to WG and KPIs adjusted to align with Welsh Government guidelines (i.e. calendar days). Collaboration review took place in September 2025. Currently exploring opportunities to introduce one-system across both UHB's to enable more effective and prudent collaboration. • NHS Wales Staff Survey <u>results expected February 2026. ENgagement and communication plan in place to support local analysis, cascade and response. engagement underway, including roadshows, attendance at evening / night and weekend shifts multi-site. Current participation approx 8% points higher than this time last year.</u> • <u>Scoping work to commence January 2026 to review the employee wellbeing model at CAVUHB. A 10-12 week project, supported by a working group, and co-production activities across the uHB.</u>

Strategic Risks – People

		April 2026 Q1 2026/27	- OPAS database implementation underway in EWS to support effective reporting and user experience. Licences procured, in initial stage of handover. - a Wellbeing Outcomes Framework will be developed by Q1 2026 to track progress using absence, engagement and psychological safety indicators, ensuring consistent measurement across the organisation
1. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources Improve website navigation and resources	Claire Whiles	April Jan 2026	- Draft OD, Wellbeing and Culture Framework and Toolkit produced and <u>currently being</u> shared for feedback / useability. To be ready for publication Jan April 2026. <u>People Health and Wellbeing Services currently reviewing sharepoint pages for staff following move to Woodland House and staffing changes to ensure most up-to-date information available.</u> <u>Occupational Health, Senior HW Business Partner</u> Working closely with Public Health Team to ensure consistent engagement around health priorities, including vaccination <u>and research work on health and wellbeing of staff living in CAV.</u>
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 2026	- Connect to review of all existing org L&M trg packages(above). This includes adding more EDI training into packages as EDI contributes to improvement in wellbeing. <u>L&M Back-to-basics plan, which is being developed will contribute to improvement of wellbeing</u> <u>Colleague and Manager wellbeing included in all management and leadership programmes, induction.</u> <u>This is included within leadership and management principles development and leadership programme development as above.</u> - Management training under review and refresh to focus on wellbeing and keeping people well at work. Managing Attendance at Work training reviewed and re-launched April 2025, supported by digital learning. Positive responses to training to date – e-learning launched <u>Successful recruitment into Head of Leadership and Management post, role will enable distinct focus on development of existing and future leaders and managers.</u> The multi-professional Elev8 Clinical Managers programme launched in September. 22 managers attended the first 3 workshops and provided overwhelmingly positive feedback. Wellbeing is included in the programme and subject matter expert feedback indicates that more time is required for the People Management element to support managers in supporting their staff.

Saunders Nathan
23/01/2026 20:12:05

Strategic Risks – People

		Q1 2026/27	- We are seeing that participants would benefit in being able to access Restorative Supervision to enable them to process their own experiences and will be considering embedding this into the programme, as per the nursing Preceptorship Programme model. - Stakeholder engagement to support the development of three additional clinical management programmes is underway. The Eleve8:2 Senior Clinical Managers' programme, an Aspiring Clinical Managers' programme and a Shift Management programme for nurses who are required to take charge of a clinical area early in their careers, will all launch in Q1 of 2026/27.
Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	AprilMarch 2026	- EWS continue to offer evidence based interventions and review and enhance offer, e.g. Spring; EMDR - Operating model under review ~~and 3-year plan to be developed to support delivery of the People and Culture Plan and organisational priorities (please see above)~~, including trauma informed support and pathways. - Improvement required across UHB to ensure consistency of offer, e.g. Trauma response / psychologist intervention / evidence based practice. Paper developed and to be presented to Management Executives in first instance. - Staff Fast Track Trauma Pathway under review due to increase in waiting times, proposal within paper as outlined in bullet point above. - Communications and education around Trauma Pathway to be enhanced following feedback and collaboration with the Trauma Pathway Multi-Disciplinary Team. ~~Trauma Risk Management (TRiM) proposal presented at Senior Leadership Board for feedback, business case in development for presentation as part of paper detailed above.~~ ~~Review of EWS and OH service based upon direction of 'Brilliant Basics' to align to organisational priorities and support reduction in waiting times.~~ - The UHB is extending its focus beyond traditional workplace wellbeing to adopt a population health approach to staff health. This work, developed jointly with Public Health Wales, aims to understand the wider determinants of workforce health (including socio-economic and demographic factors), identify risk patterns, and co-design targeted interventions to improve long-term staff outcomes

Saunders Nathan
23/01/2026 20:12:05

Strategic Risks – Digital

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).			Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy.	
There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation			Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data)	
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			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.	
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.				

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. - Work is expected to begin Oct/Nov 2024. - 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 BJs - 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

Saunders Nathan
23/01/2026 20:12:05

Strategic Risks – Digital

Actions			
What	Lead	By	Update
Internal investment case to support the Digital Foundations case approved	Director of DHI	~~Sept-25~~ <u>Mar 26</u>	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 Digital Foundations Programme Business Case and supporting Business Justification Cases for Year 1 (of the 5 year case) complete. PBC being taken through the internal governance process comprising Capital Management Group, Value & Benefits Realisation Group, Senior Leadership Team, F&P and D&I committees before presenting to the November Board meeting and thereafter submission to Welsh Government for their consideration/approval. <u>The existing Digital Foundations PBC seeks funding from the all Wales makor capital budget but has a revenue tail which is currently unfunded. additional work is taking place, including detailed discussion with each Clinical Board, to idenitfy the funding source to enable the PBC to progress through intneral CAV UHB governance process – this will likley not happen until the new financial year.</u>
Development of the Digital Programme Business case to support the digital foundations ambitions is underway.	Director of DHI	~~Dec-25~~ <u>May 26</u>	External partner identified and service procured which has enabled the works to commence on the Programme Business Case. Co-production approach with all Clinical Boards and corporate services involved via workshops taking place during May and June 2025. July 25: Draft plans and outputs from workshops shared with Clinical Boards for comment prior to feeding into the Programme Business Case in Sept/October 25. Digital Foundations work to support the development of the Programme Business Case and supporting Year 1 Business Justification Cases complete. Workshops held with input from all Clinical Boards and services to ensure full co-production and alignment with the organisation's strategic objectives. Nov 25: Further scoping and detailed workshop being held with each Clinical Board during November and December to capture the detail of where savings can be made arising from automation and digital changes which will be used to off-set the revenue shortfall. The DF PBC has been shared with digital team at WG following the Digital presentation made at the November IQPD meeting. The intention is to submit the final case to Board for approval prior to formally submitting to WG for consideration via the Infrastructure Investment Board <u>Jan 26 – additional work to identify the funding source for the asociated revenue costs – especially in year 1 of the PBC means that the process will slip into 26/27. Decisions on allocating WG major capital are not expected until well into Qtr 1 26/27.</u>

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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. - 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

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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 2025/26 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. - The outcome of the WG prioritisation process was confirmed and the schemes which they have indicated support include The Vascular/MTC theatres, Haematology including BMT and ITU refurbishment. Following discussions with WG colleagues the UHB are developing options for the delivery of these projects which could include an integrated new build facility. - Discussion with Welsh Government regarding the Shaping Our Future Acute Hospital Programme continues, albeit that there has been somewhat of a hiatus over the last 9 months. The initial focus will be on the delivery of a master planning exercise to determine the most appropriate direction of travel to deliver new facilities to support the delivery of clinical services into the future. The tender documentation and specification is being finalised with the intention to procure a supplier by the end of 2025.	- 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)) - 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) - A way forward in relation to the Shaping Our Future Hospitals Strategic Outline Case is being progressed by the Health Board(3) - Risk Register reporting to D&I Committee

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 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. WG Targeted Estates Funding received which will address some of the highest risks identified on the CEF Risk Register. Schemes which received approval have been reported to CMG and SLB
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 have been vacated, and planning permission is being sought for their demolition, along with Brecknock House and the recently vacated Sports and Social club CEF are working with the Specialist Clinical Board on options to re-locate ALAS and deliver a single site option for the service Disposal plans – Rookwood the UHB have identified a preferred bidder following a comprehensive disposal exercise and are working with them to develop the proposal, including Heads of Terms etc.

<u>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.</u>	<u>Geoff Walsh</u>	<u>Initial commission complete</u>	<u>The survey work has been completed and a comprehensive data base including risks cost and a draft 10-year plan is being finalised for completion by the end of the calendar year as planned.</u> <u>An overarching document is being produced to socialise with the wider UHB and a paper is being presented to the C & I committee in February 2026.</u>
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Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Sustainability	Shaping our Future Generations	Exec Dir Finance	Finance and Performance	1 April 2022
Risk				
Decarbonisation and Climate				
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.				
Finance				
If the organisation cannot deliver a financially sustainable position or demonstrate the required progress toward strengthening financial control and prioritisation, it will remain in Targeted Intervention and be unable to meet Welsh Government expectations or deliver its strategic objectives. Quality of care will ultimately be impacted.				
Cause			Impact	
<u>Decarbonisation and Climate</u>				
<u>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.</u>			<u>Initial findings from our ongoing heatwave survey reveal that 80% of staff reported high levels of discomfort, with 32% experiencing health effects during recent heatwaves. Preliminary analysis of climate data also indicates a projected increase in the frequency and intensity of heatwaves. These figures underscore the urgent need to protect our workforce and adapt our care environments to ensure resilience in the face of escalating climate risks.</u>	
			<u>Initial findings from the heatwave survey indicate a ~30% of clinicians have observed an increase in patient footfall during and immediately after heatwave periods. Additionally, there were reports of extended patient length of stay, attributed to poor rehabilitation outcomes and delayed recovery.</u>	
			<u>Both of the above factors present a financial risk.</u>	

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<u>In 2024-25 the UHB's emissions increased by 44% to c260,000 Tons of Co2 compared to 2023-24 emission of c180,000.</u> <u>Currently, UHB has ~~not~~ undertaken an initial climate risk assessment however a comprehensive assessment of current and future climate risks is yet to be conducted.</u> <u>CAV UHB has limited resource for Sustainability and Climate response.</u>	<u>The UHB has already missed Welsh Government target of reducing its emission by 16% by 2025.</u> <u>CAV UHB does not have a line of sight to achieve the 40% reduction in directly controlled emissions required by the strategy by 2027 nor the 34% emission by 2030. (from a 18/19 baseline).</u> <u>This renders UHB vulnerable to unidentified climate risks that have a direct impact on healthcare delivery and its financial situation.</u> <u>This will impact on embedding sustainability and building climate response.</u>
<u>Finance</u>	
<u>The conditions required to stabilise the financial position are not yet in place. The organisation does not currently have a sustainable medium-term financial plan, and recurrent cost growth continues to exceed available resources.</u> <u>Collectively this includes:</u> <u>Planned deficit of £56.2m in 2025/26 with no identified recurrent route to balance.</u> <u>Recurrent cost growth (pay, workforce, drugs, CHC, demand pressures) outpacing allocation uplift.</u> <u>Limited progress to stop, reduce, or redesign low-value or unfunded services.</u> <u>High reliance on non-recurrent mitigations as part of savings plans.</u> <u>Growth in unfunded operational commitments.</u> <u>Underdeveloped internal commissioning and weak demand and cost control.</u> <u>Variable financial delivery and accountability across Clinical Boards.</u>	<u>It is unlikely that the continuation of this situation will enable the delivery of the Health Board's objectives or meet Welsh Government expectations.</u> <u>The HB will need to demonstrate strengthened financial grip, consistent decision-making, and alignment between performance, workforce and resource allocation to de-escalate from targeted intervention.</u> <u>The collective impact may be:</u> <u>Breach of statutory financial duty.</u> <u>Continued or escalated NHS Wales intervention.</u> <u>Inability to invest in service redesign, digital, estates or workforce.</u> <u>Requirement for short-term corrective action with potential impact on quality and performance.</u> <u>Reduced flexibility and organisational resilience.</u> <u>Loss of credibility with Welsh Government.</u> <u>Inability to deliver the Health Board's strategy.</u>

<u>Planning cycles not grounded in realistic workforce, activity or cost parameters.</u>			
Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
Decarbonisation and Climate	
<u>A decarbonisation action plan is in place to deliver decarbonisation actions aligned with the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030.</u> <u>SusQI has been implemented to embed sustainability in Q&I projects.</u> <u>The Welsh Government has mandated yearly reporting, such as Decarbonisation Co-Ordination Reporting and Emission Reporting, along with all other health boards in Wales.</u> <u>The Welsh Government has made it mandatory to report qualitatively on progress regarding climate adaptation.</u> <u>A task and finish group has been established to identify pathways for climate risk assessment and climate adaptation pathways.</u> <u>Initial conversations are being held with the MET Office to collaborate and bid for external funding and conduct a comprehensive Multi-Risk Assessment, starting with the impacts of heatwaves and flooding on our operations.</u>	<u>Decarbonisation plan is developed annually Climate Response plan is under development and will be overseen by Finance and performance committee</u> <u>First Iteration of CAV UHB Climate Risk Assessment has been undertaken and a Climate Adaptation plan is under development. The identified risks will be uploaded in AMaT.</u>
Finance	
<u>Scheme of Delegation and financial governance framework for expenditure approval.</u> <u>Annual Operational Plan aligned to savings requirements and control totals.</u> <u>Savings Program monitoring through:</u>	<u>Monthly financial reports and savings delivery updates to the Finance & Performance Committee.</u> <u>Board receives monthly Integrated Performance Report including financial risk assessment.</u>

– <u>Senior Leadership Team</u> – <u>Monthly Executive performance reviews / Finance deep dives</u> – <u>CEO-chaired Financial Summits</u> <u>Finance Business Partnering providing forecasting, reporting and corrective action support.</u> <u>Monthly Finance & Performance Committee scrutiny.</u> <u>Internal audit reviews of financial controls, planning and budget management.</u> <u>Workforce controls and recruitment approval processes aligned to financial plan compliance.</u>	<u>Internal audit provides assurance on the adequacy of financial systems and controls.</u> <u>Welsh Government oversight through Targeted Intervention with regular feedback.</u> <u>Forecasts and financial deep-dives reviewed by SLT and Management Executive.</u>
Gaps in Controls	Gaps in Assurances
Decarbonisation and Climate	
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 needs to be included in appropriate risk registries, and risk thresholds needs to be set.	A working group or delivery group needs to be established, comprising staff who are owners of decarbonisation actions, to highlight progress and barriers.
<u>Finance</u>	
<u>No approved medium-term financial strategy addressing the recurrent deficit.</u> <u>No formal decommissioning framework for low-value or unaffordable services.</u>	<u>No independent validation of savings assumptions or deliverability.</u> <u>Insufficient triangulation of financial, workforce, activity and quality data.</u>

<u>Internal commissioning and demand management not sufficiently developed.</u>		<u>Improving but limited benefits-realisation reporting for previous investments.</u>	
<u>Structural savings pipeline incomplete and over-reliant on non-recurrent measures.</u>			
<u>Weak enforcement of accountability for non-delivery of financial targets.</u>			
<u>Decision-making not consistently aligned with affordability constraints.</u>			
Risk Post-Controls and Mitigation			
Impact: 4	Likelihood: 5		Net Risk: 20
Actions			
What	Lead	By	Update
The emission gap between the health board's current emission pathway and targets set by the Welsh government and the SOFW strategy is widening. Hence, the emission reduction targets, and pathway need to be reviewed.	Catherine Phillips	September 2025	A Sustainability Program Board has been established to review and monitor progress of decarbonisation actions.
<u>The 25/26 Quality Improvement and Efficiency Plan has been developed as part of the 2025-26 financial plan</u>	<u>Catherine Phillips/ Paul Bostock</u>	<u>Ongoing during 2025-26 Financial Year</u>	<u>Clinical Board Performance Reviews and Deep Dives to drive QIEP delivery including the management of operational pressures with a greater focus on recurrent positions. A monitoring function for all plan aspects has been developed and is being utilised in the Finance & Performance Committees during 2025-26. The monitoring reports also support all other fora in which the QIEP delivery is being discussed and supported.</u>
<u>A procurement process is underway to secure external financial scrutiny to assist in continuing to build a realistic multi-year recovery plan</u>	<u>Catherine Phillips</u>	<u>Feb 26</u>	

Report Title:	People & Culture Committee – Chair's Report			Agenda Item no.	5.6A
Meeting:	Board	Public	x	Meeting Date:	29.01.2026
		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 25th November 2025.

Key Issues to bring to the attention of the Board:

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

Staff Story

The Executive Director of People & Culture - Rachel Gidman (RG) introduced the staff story, providing context about the corporate parenting charter (2023) in Wales and CAV UHB's responsibility towards young adults brought up in care. CAV UHB submitted a bid to widen access, aiming to go beyond work experience by conducting research with universities and collaborating with local authorities and HEIW, who supported the funding. The featured story was about Chloe, a participant in the "Bright Starts" programme, which supported care-experienced young people. RG noted Chloe's significant personal growth from being initially very reserved to confidently sharing her story.

Board Assurance Framework – Wellbeing

The following points were highlighted under the board assurance framework for Wellbeing:

- Staff well-being was a high organisational risk, noting a slight rise in cumulative sickness absence (6.4%) and that the UHB's target of 5.5% would not be achieved.
- Stress, anxiety, and depression remained the leading causes of absence, consistent with national trends, and referenced ongoing interventions to support staff.
- The need to move from reactive to preventative approaches was noted and emphasised that well-being was everyone's responsibility and mentioned the development of an early warning system to integrate data for leaders.
- Efforts to strengthen leadership and management training, collaboration with public health, and the importance of the staff survey to assess changes and support needs were all noted.
- The committee was asked to note the sustained risk, endorse the shift to prevention, support data integration for assurance, and request an updated well-being outcomes framework in the next quarter.

People & Culture Plan Refresh

The following points were highlighted under the people & culture plan refresh:

- The People and Culture Plan, originally launched in 2022 as a three-year plan, would have its refresh intentionally delayed aligning with the upcoming clinical service plan and organisational redesign work.
- Staff engagement on the new or refreshed plan would begin in the new year, with a focus on whether to refresh or fully renew the plan.

- Digital, AI, automation, and digital literacy would be more prominent themes in the next plan.
- All current themes remain relevant, with retention and regional working (especially with local authorities) continuing as priorities, and that Welsh language and inclusion will remain golden threads.
- The committee was asked to note and support the proposed approach for developing the 2026–2030 People and Culture Plan.

Key Performance Indicators

The following points were highlighted under the key performance indicators item:

- VBA (Values Based Appraisal): Reviews took place with clinical boards, and all areas were asked for an improvement trajectory to reach 85% by the end of March.
- Job Planning: Currently at 77%, with significant work ongoing and further details to be presented by the Associate Director of Medical Workforce Resourcing - Martyn Capel (MC) and the Assistant Medical Director - Mike Stephens (MS).
- Workforce Planning Capability: The team was reviewing and improving the education commissioning process, running workshops with clinical boards, and encouraging managers to undertake workforce planning training, including embedding it in the general manager leadership programme.
- Employee Relations: There were 51 formal investigations, which was higher than desired. The main issue was the length of time investigations take, not the appropriateness of the cases. The team was looking at investigation training, durations, and options for dedicated investigating officers to speed up the process.

Sickness Absence

The sickness absence item was discussed with the following points highlighted:

- The UHB sickness absence target was 5.5%, with September 2025 rate at 6.41%.
- Anxiety, stress, depression, and other psychiatric illnesses were identified as the top reason for sickness absence, followed by cough/cold/flu/influenza and gastro-related issues.
- Contributing factors included increased workload, operational pressures, personal circumstances, financial pressures, caring responsibilities, and bereavement.
- Mental health was highlighted as the clinical board with the highest proportion of absence related to stress, anxiety, and depression (44.86%), and nursing/midwifery registered staff at 37.46%.
- Monthly sickness panels were held within clinical boards to identify hotspots and provide targeted interventions.
- Enhanced occupational health support was mentioned as well as, fast-track referrals, access to counselling, and training for line managers to recognise and support staff experiencing stress.
- Proactive completion of stress risk assessments, introduction of mindfulness sessions, and promotion of flexible working arrangements was described.
- Next steps were outlined: continued monitoring, targeted interventions, maintaining sickness panels, further education, guidance on reasonable adjustments, early intervention, and further analysis of causes.

Health & Safety including Tracker

The health & safety item was discussed with the following points highlighted:

- A paper on the plus sized patient's pathway was ready to go to the next Quality meeting, aiming to transfer governance of this issue to a clinical risk register.
- An incident involving the transfer of a patient with a medical gas cylinder was highlighted, which resulted in staff injury due to improper use of brackets.
- Work on the health and safety culture plan was ongoing, which had guided departmental focus and was being integrated with the people and culture plan for the next phase, with collaboration underway to define the future approach.

Medical & Dental Deep dive

The medical & dental deep dive was discussed with the following points highlighted:

- **Staffing Levels & Vacancies:** Data on whole time equivalent staffing, showed growth trends and current consultant vacancies (52 WTE), with 16 pending starters and a 4.2% vacancy rate.
- **Flexible Working Trends:** Showed a significant increase (420%) in flexible working applications among resident doctors from 2021 to 2025, impacting operational delivery and variable pay.
- **Variable Pay & Bank Expenditure:** A reduction in bank variable pay was noted (23% lower than prior year, or 10% lower excluding industrial action), with vacant posts being the largest driver of spend.
- **Waiting List Initiatives (WLI):** Increased spend on WLI year-on-year, driven by patient demand, ongoing work to reduce reliance on WLIs.
- **Agency Spend:** A major reduction in agency spend (66% less than previous year), with only nine active agency workers, mainly in areas with national recruitment challenges (psychiatry, gastro). Discussed ongoing efforts to convert agency roles to substantive posts.
- **Job Planning Compliance:** Reported job planning at 80% completion, with an additional 10% in process, showing significant improvement over two years. Stressed commitment to reaching and maintaining 90% compliance and noted improved quality of job plans.
- **Sickness Absence:** Shared that medical staff sickness absence is very low (1.87%), though actual rates may be closer to 3% due to underreporting. Noted that sickness cover spend is about 4.9% of the medical budget.
- **Statutory & Mandatory Training:** Identified underperformance in statutory and mandatory training among medical staff compared to the rest of the organisation. Outlined ongoing interventions and referenced national discussions about reducing the number of required modules.
- **SAS Doctors & Rostering:** Mentioned efforts to improve representation and support for SAS doctors, active management of fatigue and fertility requirements, and ongoing work on e-rostering, which may be accelerated by the new resident doctor contract.
- **New Resident Doctor Contract:** Explained that the proposed contract would require job planning for resident doctors, likely driving further adoption of e-rostering and operational changes.
- **Summary of Performance:** Concluded that vacancies and sickness are low, appraisals are over 90%, extra contractual hours are decreasing, but statutory/mandatory training remains the main area needing improvement.

Clinical Board Spotlight – Mental Health Clinical Board

- The Mental Health Clinical Board consists of three directorates: adult services, mental health services for older people, and psychology/psychological therapies.
- The board undertook a large programme in response to WG's mental health strategy and strategic programme requirements.
- CAV UHB were working with an external company (36°) to review and support the model of care across both community and hospital-based services.
- Secondary care services are mainly based at Llandough Hospital, with a wide range of community services across CAV UHB, highlighting the complexity and spread of services.
- A revised governance structure was being implemented, including new groups for people and performance, and finance, to improve engagement and shared planning across directorates.
- The performance group focused on metrics related to people and culture, aiming for better planning and accountability.
- Promoting staff health and well-being, with deep dives into sickness absence and targeted positive initiatives.
- Strengthened governance structure for strategic workforce planning and clearer decision-making frameworks.
- Initiatives to reduce avoidable harm and improve staffing practices, with consistent themes of performance and quality.

- Exploring opportunities to optimise mental health estate and provision for staffing efficiencies.
- Advancing digital improvements and automation in work processes.
- Workforce size was 1,384, with adult services as the largest directorate.
- Majority of workforce were nursing staff and healthcare support workers.
- Workforce planning considered current demographics and future needs, aligning with strategic planning.
- Reviewing correlation between employee relations cases, sickness absence and working with safeguarding colleagues to improve investigation processes.
- Enhancing welfare support for staff undergoing processes and maximising use of digital database systems for data analysis, including protected characteristics.
- Stress, anxiety, and depression were significant contributors to sickness absence, with focused work to prevent or mitigate these issues.
- Emphasis on early intervention, reasonable adjustments, and wraparound support for staff returning to work.

Policies

The All-Wales Flexible Working Policy was approved.

Recommendation:

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
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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:

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Report Title:	Digital & Infrastructure Committee – Chair’s Report				Agenda Item no.	5.6B
Meeting:	Board	Public	x	Meeting Date:	29.01.2026	
		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 Health & Intelligence Committee meeting held on the 11.11.2025.

Key Issues to bring to the attention of the Board:

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

Estates Risk Register

The following points were highlighted under the estates risk register:

- Very high risks were managed across estates and infrastructure, with all risks above 20 transferred to the corporate governance risk system, and those between 15 and 20 in the process of being transferred.
- Attention was drawn to three key areas: main theatres' feasibility, important refurbishment, and infrastructure issues identified in a service review.
- Approximately £4.5m in short-to-medium-term work was identified, mainly for infection prevention and control, but this did not address ventilation and air conditioning upgrades, which required an additional £61m. Even with this investment, full compliance with health building standards would not be achieved due to theatre size limitations.
- Annual validation showed current ventilation was within parameters, but the building was not designed to the latest standards, which was a significant point for awareness.
- For ITU, issues were highlighted with UPS (backup power) systems, noting that only one of seven areas currently meets the required N+1 standard. Work was underway to upgrade all areas to N+1 before Christmas.
- Problems with infrastructure availability, such as obsolete trunking systems for medical gases and electrical sockets, and ongoing discussions about implementing changes.
- "Operation Poet," a total power outage test at UHW, was considered successful despite minor issues. Lessons learned and an action plan would follow, and a similar exercise was planned for UHL in the future.

Digital Roadmap & Work Programme Update

The following points were highlighted under the digital roadmap & work programme update:

- The focus for the Committee meeting was the Digital Foundations Programme business case, which was the primary vehicle for advancing the digital maturity journey.
- The Digital Foundations Programme business case outlined a five-year plan seeking investment from WG. It was described as a response to the need for improved digital maturity, aiming to reduce avoidable harm caused by missing data and poor infrastructure, and to prepare for a future national electronic health record solution.
- The programme’s objectives were detailed, alignment with national strategies, and the importance of securing a revenue funding stream for its implementation

Corporate Digital Risk Register

The following points were highlighted under the corporate digital risk register item:

- The corporate digital risk register scores were unchanged, but there were updates in the template regarding progress.
- Cybersecurity remained the top risk. Other risks have actions underway, but none could be materially reduced at this time.
- Discussions to capture Clinical Board cyber risks had begun, with actions in progress to engage with clinical boards and complete the work within the next month or two.

Information Governance Data Compliance

The following points were highlighted under the information governance data compliance item:

- The department was resourced to five whole time equivalents (WTE) and continued to review a substantial volume of incidents via the Datix system, with 129 incidents reviewed between July and September.
- Two breaches met the threshold to report to the Information Commissioner's Office.
- Freedom of Information compliance remained largely unchanged at 63 requests and 90% compliance per month.
- Medical Records request compliance improved to 48%, with a steady month-on-month increase since November 2024, but still below an acceptable threshold. Request volumes average 318 per month, response times were within regulatory timeframes, and outstanding requests were relatively low.
- For non-health records requests, compliance was achieved in 30 out of 34 cases, and 56 requests for CCTV footage were mainly to investigate vehicle damage incidents in car parks, which rose significantly.
- Over 12,150 letters were sent to staff regarding accessing clinical systems inappropriately
- Mandatory IG training figures had increased to 74% for all staff but remained below the required 85% for a satisfactory ITIG toolkit submission.

Board Assurance Framework – Digital

The following points were highlighted under the Board Assurance Framework – Digital:

- Actions were taken to progress the Digital Foundations business case, emphasizing its importance for achieving many planned developments.
- The Digital Foundations programme business case set out a five-year plan seeking investment from WG, aiming to improve digital maturity, reduce avoidable harm, and prepare for a future national electronic health record. The programme involved annual iterative planning, alignment with national strategies, and ongoing engagement with clinical and non-clinical colleagues.

Records Management Policy & Procedure / Procedure for External emails

The following points were highlighted under the Records Management Policy & Procedure / Procedure for External emails:

- The records management framework was updated to reflect the implementation of the WG's records management code of practice.
- The purpose of these documents and the overall framework was to ensure all departments, whether dealing with health or corporate records, were aware of records management requirements and do not retain records longer than necessary, which helped manage storage, cost, and regulatory risks.
- New guidance was produced for clinical teams to communicate directly and timely with patients outside of traditional phone calls and letters. While this guidance was previously provided informally, it was formally documented. The guidance was designed to balance the relatively low cyber risk with the clinical benefits and cost-effective communication, provided it is used in appropriate circumstances.

Disaster Recovery Policy

The following points were highlighted under the disaster recovery policy:

- A new document was introduced outlining key roles and responsibilities once a business continuity event has been declared, such as a major incident.
- The policy established a disaster recovery (DR) team responsible for responding to and managing the recovery effort following a cyber incident.
- It covers legal reporting thresholds requiring certain incidents to be reported to Welsh Government and provides a definition of what constitutes a mission critical service.

The minutes from the digital directors peer group from September & October 2025 were noted.

Recommendation:

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
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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:

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Saunders Nathan
23/01/2026 20:12:05

Report Title:	Audit & Assurance Committee Chairs Report			Agenda Item No:	5.6C
Meeting:	Board	Public	X	Meeting Date:	29.01.2026
		Private			
Status	Assurance	X	Approval	Information/Noting	
Lead Executive Title:	Director of Corporate Governance				
Report Author Title:	Senior 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 Audit & Assurance Committee meeting held on the 18.11.2025					
Key Issues to bring to the attention of the Board:					
1. Internal Audit Progress and DoLS Audit					
The Committee received a comprehensive update on the delivery of the Internal Audit Plan. Progress remained broadly on track despite some delays due to complex fieldwork, resourcing pressures, and one audit postponed at the request of the Health Board.					
Three audits had been finalised and four issued in draft. It was noted that Management response times had significantly improved, with all responses now received within required timeframes.					
Committee Members raised concerns around the clustering of audit reports at year-end and the need for improved scheduling in future planning cycles. The Committee approved proposed adjustments to the 2025/26 Internal Audit Plan.					
A focused update was presented on the Deprivation of Liberty Safeguards (DoLS) audit, which received Reasonable Assurance. Key issues included the absence of a compliant policy, lack of a Standard Operating Procedure (SOP), staff training gaps, and additional unfunded assessment costs currently being borne by the Health Board.					
It was noted that a business case was in development to address those pressures and that the DoLS report would be escalated to the Mental Health Legislation Committee for noting.					
2. Audit Wales Update					
Audit Wales reported that the charitable funds audit was progressing with no major issues identified. Planning for the 2025–26 main accounts audit would commence early in the new year.					
Performance audit activity was advancing, with the eye care review and the 2025 structured assessment nearing completion and scheduled for presentation to the Committee in February 2026.					
Work also continued on digital transformation and clinical coding follow-up reviews.					
The Committee noted the ongoing National Fraud Initiative (NFI) work, with Cardiff and Vale UHB actively reviewing data matches. Outcomes from the NFI assessment would feed into the national report due in autumn 2026.					
3. Deep Dive: Procurement and Non-Pay Spend					

A detailed six-year trend analysis of procurement and non-pay spend highlighted a significant rise in expenditure alongside an increase in Purchase Order (PO) compliance, strengthening data visibility and control.

Key strategic developments included:

- Transition of Continuing Healthcare (CHC) payments onto the PO system for improved tracking.
- Training and workforce development aligned to new procurement regulations.
- Exploratory work on AI-supported analytics.
- Collaborative working across regional networks.
- Progress towards decarbonisation and greater supply chain resilience.

The Committee discussed delegated authority thresholds, compliance management, and the balance of supplier resilience vs. diversification. A further analysis of single and multiple suppliers was requested to provide assurance on risk mitigation.

4. Procurement Compliance and Chair's Actions

The Procurement Compliance Report evidenced strong improvement, with non-compliance cases reduced by 50%. Contract value breaches had fallen sharply and were being tightly managed, particularly across capital, estates, and planning.

By exception, the number of Chair's Actions had dropped from 45 to 3, driven by revised delegated authority levels (raised from £0.5m to £1m) and strengthened process controls. The remaining actions related primarily to urgent Welsh Government-funded service pressures.

5. Triannual Audit Tracker Update

The Committee received the Audit Tracker update, noting significant progress in moving from disparate spreadsheets to the centralised AMAT system for audit action management.

While historic actions were reducing, a notable proportion of overdue actions remained, prompting a review of how due dates were set.

The Committee agreed to receive the tracker at alternate meetings going forward to maintain strong oversight. Discussion also focused on ensuring due dates were realistic, jointly agreed with auditors, and supported by enhanced executive scrutiny.

6. Counter Fraud Progress Update

The Committee received and noted the Counter Fraud Progress Update, with national NFI activity also referenced earlier in the Audit Wales report.

7. Items for Escalation to the Board/Committees

Deprivation of Liberty Safeguards (DoLS) Internal Audit Report – to be received by the Mental Health Legislation Committee for noting.

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

n/a

Recommendations:

The Board are asked to:

- a) **NOTE** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “x” in the below boxes where relevant – *Click each item for further information.*

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

Five Waves of Working (Sustainable Development Principles) considered:

Please place an “x” in the below boxes where relevant

Prevention	x	Long Term		Integration		Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

Please place an “x” in the below boxes where relevant

Yes		No	x	Not required.
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Impact Assessment

Please place an “x” in the below boxes where relevant

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: <https://www.gov.wales/socio-economic-duty-guidance>*

Equality & Health: No

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:

Saunders,Nathan
23/01/2026 20:12:05

Report Title:	Strategic Planning, Commissioning and Partnership Update			Agenda Item no.	5.7
Meeting:	Public Board	Public	X	Meeting Date:	29.01.2026
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive Title:	Executive Director of Finance & Interim Executive Director of Planning Executive Director of Allied Health Professionals, Health Scientists, Community Services Development				
Report Author (Title):	Executive Director of Finance & Interim Executive Director of Planning Executive Director of Allied Health Professionals, Health Scientists, Community Services Development				
Main Report					
Background and current situation:					
This report provides the Board with an update on key areas of the strategic planning, commissioning, and regional partnership corporate work programme. It includes relevant updates in relation to the following areas: 1. Strategy development and delivery a. The Clinical Services Plan b. Provider Partnership planning 2. Engagement for service change 3. Commissioning 4. Regional Partnership planning 5. 2025-26 plan: Q3 update There is no update on the 26-27 annual plan as this forms a separate agenda item for the Board.					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
1. Strategic Development and Delivery - Portfolios and plans Strategic Planning support plan development and programmes across the strategic portfolios. The team are working to schedule a second Executive strategy committee meeting in February to review progress in 25/26 and confirm priorities set out within the draft annual plan for 26/27. Feedback for discussion will be brought to a future board development session. One of the key deliverables for 25/26 was the development of a Clinical Services Plan. A progress update is provided below. <i>Shaping Our Future Clinical Services – Clinical Services Plan (CSP)</i> The CSP will be a high-level framework describing the future single integrated model of care. It aims to set out the 'why' in relation to the case for change, principles and the 'what' good looks like in the future. It will also identify priorities for the organisation in the coming years. This will be followed by more detailed plans describing changes to services, our organisational structure, our estates and digital infrastructure and our people and culture. Collectively these provide detail on the 'how' for delivery. Collectively these provide detail on the 'how' for delivery. Planning and engagement work continues with 20 weeks of engagement now completed with the public. Engagement continues with colleagues from across the organisation and partners					

over the next 2 months (see section 2 of this report for further details). 2 full day workshops were held 16th December 2025 and 16th January 2026 respectively. With over 270 people in attendance at each event with representatives from across the organisation, our patients and key partnerships. Work will now take place to assess the outputs, test this through engagement sessions and develop a draft plan for review at Board in March 2026.

Shaping Our Future Clinical Services - Provider Partnership Planning & Programmes

Regional and specialised Services Provider Planning Partnership (RSSPPP) CAVUHB & SBUHB

At the meeting on 19th December 2025, members received an update on the recent joint workshop with cardiac surgeons and anesthetists. Key outcomes included:
Implementing a twin-track approach to reduce waiting times in South East Wales by utilising capacity within Morriston Hospital. The twin track approach involves:

- Prioritising patients with the longest waiting times to ensure timely access to care.
- Adopting a cohort-based referral model, enabling the referral of patients from specific areas in South East Wales directly into Morriston Hospital.
- Establishing an Operational Delivery Network for cardiac surgery across South Wales.

Members recommended that these proposals be submitted to each organisation's Board for approval.

The group also received an update on the development of the NHS Wales Joint Commissioning Committee (NWJCC) Integrated Medium Term Plan (IMTP) and agreed to apply the Tertiary Services Development Group (TSDG) prioritisation process to review provider risks not addressed within the NWJCC IMTP.

Further discussion focused on strategic delivery models for specialised services. Members agreed that additional engagement with TSDG is required to refine the models and criteria for identifying candidate services before submission to the Management Board.

Of note – the South Wales Blood & Marrow Service received (9th Jan 2026) the formal report from the JACIE accreditation committee.

As in previous inspections, it was noted to be a report of two halves, with examples of good practice across the clinical and laboratory teams but with significant shortcomings regarding facilities. As a result, they have deferred a final decision pending submission of corrective actions (deadline for submission 8th July 2026). They have therefore not automatically reaccredited and will await our corrective actions before making a final assessment.

Specialist Services Clinical Board are preparing a response that will be shared via TSDG and Strategic Leadership Team (SLT).

SEW regional partnership – CAVUHB, ABUHB, CTMUHB, Velindre and WAST

The partnership and programmes within this portfolio continue to develop. The South East Wales Regional Joint Committee (SEWRJC) met in November 2025 and received progress updates across priority programmes—orthopaedics, diagnostics, ophthalmology, stroke and cancer services in addition to the programme for the Llantrisant Health Park.

The South East Wales Regional Joint Committee (SEWRJC) outlined plans for the coming year to; formalise the next phase of the regional work programme, including strengthening collective

narratives, Organisational Development work to further develop engagement, focus on delivery of existing priorities and identifying shared opportunities.

CAVUHB & VUNHST Partnership

This is a recently established partnership planning programme, with the scope collective planning assumptions and governance structure agreed in the last month. An Executive Partnership Group has been established and priority workstreams confirmed for Phase 1 with Executive lead identified, including:

- Joint Clinical Model (inc. delivery of Regional AOS Business Case)
- Therapeutic Apheresis
- PET-CT & PETIC
- Transforming Access to Medicines (TrAMs)

2. Engagement for Service Change

Public engagement on the Clinical Services Plan closed on the 18th December 2025 and 3576 responses were received. The final engagement report is now being drafted.

Engagement with colleagues from across the organisation and with our partners continues with staff engagement sessions being held throughout February and early March and a number of discussions being held at partnership meetings.

The CSP engagement period has provided an opportunity to test the principles for regional working in SEW and had a positive initial response from the public regarding the idea of travelling further for faster care. In partnership with CTMUHB and ABUHB engagement leads are beginning to develop the potential of a patient sounding board to initially be used for the LHP programme however with the vision that the board could be utilised for the whole regional programme in the future. Llais representatives from across the region have confirmed they are supportive.

Stakeholder Reference Group

Internal review has highlighted that the current format of the Stakeholder Reference Group (SRG) is no longer providing the most effective means of engagement for either stakeholders or Health Board participants. While attendance has been low in recent years, this reflects wider challenges in ensuring that the format supported meaningful contribution from all parties, rather than any lack of willingness or commitment from members.

Over the past year, the organisation has strengthened a range of alternative mechanisms that enable broader, more inclusive and more impactful engagement on service change and wider organisational priorities. These include established partnership forums and the internal co-production group, whose approach was recently endorsed by the Senior Leadership Team following a paper presented by Emma Cooke. This model has already demonstrated significant value, particularly through the Clinical Services Plan work, where co-production has enabled richer insight, stronger relationships and more representative decision-making.

Taken together, these developments provide an opportunity to move beyond traditional engagement and towards a more ambitious, co-produced model of working with stakeholders. This aligns with the SRG's stated purpose:

“Facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB’s decision making.”

Subject to Board approval, the SRG membership will be informed that the group will pause its current meeting format while we work with a wide range of stakeholders to design a more effective and future-focused model. This will ensure that the SRG evolves into a strengthened forum that not only meets its formal remit but exceeds it, supporting deeper collaboration, broader participation and a more meaningful contribution to the Health Board’s work.

3. Commissioning

Individual Patient Funding Requests (IPFR)

All Wales IPFR Policy

In July 2022 the Welsh Government agreed that a specific and limited review of the All-Wales IPFR Policy would be undertaken to clarify how the policy should be interpreted. The changes made to the policy clarify the wording of the policy where the KC felt that there were legal ambiguities following the Judicial Review.

The updated All Wales IPFR Policy was adopted at Quality Committee in December 2025 and is presented for ratification at Board January 2026.

4. Cardiff & Vale Regional Partnership Board

With the retirement of Jan Janczewski, the Chair of the RPB has transferred to Sam Austin, Chief Executive of Llamau. This is the first time that the RPB has had a Chair from the Third Sector.

The focus of the RPB is on improving health and wellbeing outcomes for people through better, seamless care across the NHS, Local Authorities and third sector. Our priorities have recently been reviewed and remain:

- 1) Integrated Community Care System for Cardiff and Vale
- 2) First 1000 Days
- 3) Improved population health
- 4) Digital and data solutions
- 5) Community infrastructure

The RPB is working more closely with the Public Services Board’s (PSB) to deliver on these areas.

The RPB will hold its second annual conference on 19th June 2026 bringing together all of our partners to celebrate its achievements and plan for the future. Our first conference was very well received and we hope that the Board will join the event.

An overview of the achievements of the RPB can be found in the Annual report for 24/25 [here](#).

The Annual Delivery Plan for 25/26 has been approved and is available on request from hsc.integration@wales.nhs.uk

Finally, the Board should be aware of the significant risk associated with the end of the Regional Integration Fund (RIF) in March 2027 remains. The region currently receives £19.4m

with £6.4m directly allocated to the funding of CVUHB services. Additionally, a significant proportion allocated to the Local Authorities supports Health Board activities, in particular admission avoidance and discharge arrangements. Any successor fund will be subject to the future programme for government, post-election. There is currently no indication of whether there will be any continuity of funding beyond the original term of the RIF.

5 2025-26 plan: Qtr 3 update

A detailed 2025-26 Qtr 3 annual plan delivery update was shared with Finance and Performance committee on the 21st January 2026. It is a requirement to submit these reports to Welsh Government once they have been considered by a Board sub committee or Board itself.

In the UHBs 2025-26 annual plan 201 actions were set out and committed to.

During Quarter 3, there has been a notable increase in delivery activity, with 49 actions completed in this period. This brings the total number of completed actions to 61, which represents progress close to the target set for this stage of the plan.

A significant improvement has also been observed in the number of actions that had not yet started. This figure has reduced from 17 at the end of Q2 to just 4 at the end of Q3. The four actions that remain unstarted at the end of Q3 have been validated with leads, with assurance given that they are dependent on Q3 work before they can commence

The UHB is now forecasting that approximately 74% of actions within the annual plan will be completed by year end. This means that 26% of actions (52 in total) may be outstanding at year end. Of these:

- 4% (9 actions) have been closed as they are no longer relevant or have been identified as duplications of actions already listed within the plan.
- 4% (8 actions) have been placed on hold (due to either a conscious decision to delay until dependent/ complimentary work is complete or external dependencies such as awaiting funding agreements). These actions are not expected to progress during Q4.
- 3% (5 actions) have been assessed as RED, indicating they are off-track and unlikely to complete by year end.
- 13% (30 actions) have been assessed as AMBER, meaning that work is progressing but there are issues that present a risk to delivery within the timeframe.

Building on discussions throughout Q3, as the UHB finalises the 2026–27 plan in Q4, a formal review will be undertaken to identify all actions that are unlikely to complete or are at risk of non-delivery. These actions will be included in the 26/27 plan prioritisation process to confirm which actions remain organisational priorities and should be incorporated into next year's plan.

It is recognised that the UHB is not yet operating at the level of planning maturity it aspires to in translating completed actions into measurable improvements in population outcomes. This has been reinforced by the recent planning maturity assessment which the organisation undertook last November.

While progress has been made in strengthening delivery oversight and assurance, the current focus of progress reporting remains largely on action completion rather than demonstrable impact. As planning processes evolve (aligned to the planning maturity action plan), a key priority will be embedding a stronger outcomes-based approach, ensuring that future plans not only set out what will be delivered but also define how these actions will contribute to tangible improvements in health and wellbeing for our populations.

Recommendation:

The Board is requested to:

- (a) **Note** the progress being made across the Strategic Planning, Commissioning and Partnership work programme.

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

P r e v e n t i o n	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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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 <i>(please note anywhere else this paper has been before):</i>	
Committee/Group /Exec	Date:

Saunders,Nathan
23/01/2026 20:12:05

Report Title:	Targeted Intervention Progress Report			Agenda Item no.	CG to complete
Meeting:	Board	Public Meeting		X	Meeting Date: 29.01.2026
		Private Meeting			
Status:	Assurance	X	Approval		Information
Lead Executive:	Executive Director of Finance and Planning				
Report Author:	Strategic Planning and Delivery Manager & Head of Strategic Planning				

Background and current situation:

Situation

This report seeks to provide assurance to Board on progress being made by the UHB on de-escalation from its current level.

Escalation levels in Wales are overseen and set by Welsh Government (WG) through the *NHS Wales Oversight and Escalation Framework*. This framework provides the rules, criteria, and processes for placing each Health Board, Trust, or NHS body at a particular “level” of escalation.

NHS Wales Health Boards / Trusts will always be assigned one of the following levels with Level One being the aspiration.

Level	Description
Level 1 – Routine Arrangements	Normal oversight; organisation progressing as expected.
Level 2 – Area of Concern*	Newly added level to flag early concern before escalation worsens.
Level 3 – Enhanced Monitoring	Increased scrutiny where significant risks or performance issues exist.
Level 4 – Targeted Intervention	Serious and persistent concerns requiring structured intervention and support.
Level 5 – Special Measures	Highest form of intervention where there are systemwide, persistent, and significant failures.

* Level 2 was officially added as an escalation category by WG in January 2024 to support the response to early or emerging concerns before they escalate further.

Saunders, Nathan
23/01/2026 20:12:05

Background



In June 2025 CAVUHB was placed at level 4 escalation (the whole organisation) covering six domains (see image).

In July 2025 a draft escalation framework was issued and comments from the UHB invited so that it could be collaboratively finalised and collectively agreed. Feedback was provided but to date a finalised TI framework is to be agreed.

Notwithstanding the need to agree an escalation framework the UHB recognises the need for further improvement across parts of the organisation. In order to facilitate this improvement an Executive officer has been assigned to each domain to not only work with Welsh Government (WG) counterparts on finalising specific de-escalation criteria but to also drive improvements in the respective area(s). Executive leads for the respective domains are shown below.

Domain	CAV Exec SROs
Performance & Outcomes	Paul Bostock
Quality	Jason Roberts / David Fluck / Emma Cook
Clinical Services	Jason Roberts / David Fluck / Emma Cook
Population health and prevention	Claire Beynon
Finance, strategy & planning	Catherine Phillips
Governance and leadership	Matt Phillips

Assessment

The following sections provide an overview of progress within each escalation domain. This includes work agreed with Welsh Government (WG) as well as areas where, in the absence of defined criteria, the Health Board has identified improvements that will support de-escalation. Each section includes a RAG-rated assessment of progress, accompanied by a narrative outlining actions completed, those currently underway, and the next steps planned.

Finance, Strategy and Planning

For the Finance, Strategy and Planning domain, the required areas of improvement are accepted between the UHB and WG owing to the fact that the organisation has been in escalation for these domains for a comparatively longer period of time.

Criteria	RAG status	Progress update	Next phase of work
Finance			
Demonstrate that there is robust financial governance and a robust financial control environment in place with risks minimised.		Regular meetings with FP&D NHS Executive in demonstrating controls in place through the level 4 action plan	Await feedback from FP&D regarding any gaps in controls and best practice whilst progressing the level 4 action plan

Substantial progress to be made in delivering the level 4 action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.		Underlying deficit assessment re-provided to FP&D NHS Executive detailing key deficit drivers and the organisations granular understanding of the position. High level opportunities pipeline provided as part of the planning submission.	Positive feedback received from FP&D on articulation of the underlying deficit. Further granular opportunities and choices to be developed though the 2026/27 planning round.
Annual plan developed with Board approval demonstrating a substantial financial improvement trajectory and delivering as a minimum the target control total.		Plan under development. Currently no clear line of sight to stabilising the financial position or delivery of the minimum target control total (£9.1m)	Further granular opportunities and choices to be developed though the 2026/27 planning round.
Strategy and Planning			
Submission of a balanced and credible three-year medium-term plan or an acceptable and credible annual plan in line with the current planning framework.		Board have agreed the ambition of delivering an 'acceptable' 26-27 annual plan. An internal planning process has been taking place since October 25. Current projections suggest the UHB is not yet seeing the emergence of what will likely be considered an acceptable plan due to the likely financial gap it will describe.	The planning cycle will conclude with mitigating actions which have been discussed with Board and sub committees such as Finance and Performance. There will follow a post submission review of the planning process to seek lessons for 27-28
Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.		Commitment has been given to develop a high-level Clinical service plan by the end of March 2026. This remains on track alongside the conclusion of a broad local population engagement exercise, and staff and partner engagement including two large co-production workshops.	Moving into 26/27 the organisation will start developing and implementing a series of implementation plans.
Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.		A planning maturity assessment has been undertaken and the outcome endorsed by Board. This was submitted to WG in November-feedback awaited to determine if they concur with the assessment and identified actions.	An action plan has been developed with actions assigned to relevant individuals. These are being progressed with Finance and Performance committee receiving a half year assessment on progress of actions

Quality

Constructive discussions have taken place between the UHB's Medical Director and Nurse Director, and the Director of Nursing at Welsh Government. As a result of this engagement, a draft set of Quality de-escalation criteria has now been developed. This represents a positive step

forward in clarifying expectations for this domain and provides a foundation for aligning ongoing improvement work.

There remains the need for further clarity on several points of the proposed criteria, particularly regarding the definitions and measurement approaches that will be applied. The UHB will continue to engage with WG to ensure these aspects are fully understood and agreed, enabling consistent application and robust assurance.

Criteria	RAG Status	Progress to date	Next phase of work
Quality Governance			
Robust quality governance map that demonstrates Board oversight and assurance on quality, Clinical effectiveness, patient safety and learning.		Review and mapping underway	Development of a clinical governance framework
The Health Board has clear roles and responsibilities in relation to quality governance.		Review of all ToR of Clinical safety groups underway with Patient Safety Team. Representation of each group to be reviewed. Migration of all clinical risk to AMaT risk register	Development of a clinical governance framework
A fully operationalised quality management system: with clearly defined, well-understood processes for identifying opportunities for quality improvement, for identifying potential risks to quality, and for escalating and resolving issues.		Baseline assessment underway across all clinical boards. Cardiology to commence work with NHS PI to deliver a QMS	Position statement and operational framework with a robust plan
Refreshed governance to support implementation and oversight of NatSSiPs2 - including full compliance with WHC 030.		Identification of NatSSiPs chair underway and sessional requirement. Development of draft ToR. Agree membership	Deliver first NatSSiPs meeting
Leadership			
The Health Board promotes a quality-focused culture.		Quality embedded in the UHB leadership programme ELEV8	Refresh of the UHB Quality and Patient Safety Framework

Improvement in staff engagement theme scores *		Staff survey participation increased from 21% (2023) to 35% (2025), indicating improved engagement with listening mechanisms. Full staff survey results, including updated engagement theme scores, due end Jan/ mid-Feb 2026, providing a refreshed baseline. A structured approach to culture and staff engagement assurance is in development to strengthen leadership insight and response. Leadership capability is being strengthened through the in-house Leadership & Management (L&M) offer, including Optimising Ops (Band 8c), HEIW Band 6/7 pilot participation, and Elev8 MDT Clinical Managers Programme. Work underway to integrate engagement, culture, wellbeing and leadership insight into a single dashboard / heat-map view to support early risk identification.	Analyse and respond to engagement theme scores at organisational and service level. Implement culture and engagement assurance approach (including cultural safety zones and pulse listening). Embed staff experience, leadership behaviour and psychological safety within the Quality Culture component of the organisational QMS. Progress development of an integrated culture and engagement heat-map dashboard for leadership and Board assurance. Further develop leadership capability through L&M programmes and targeted support aligned to organisational need and national programmes of work.
Demonstrate how the top themes from Civica and patient feedback is actively used to improve clinical services.		Targeted surveys have been conducted to establish baseline data for specific service areas. We currently provide Clinical Board management and designated teams with weekly summary reports derived from the feedback received. All feedback is reviewed for potential concerns, which are escalated to management at the point of distribution. Additionally, 'You Said, We Did' reports are produced upon request to demonstrate actions taken in response to feedback.	In line with Duty of Quality and always on reporting we need to share with the public what actions we have taken based on their feedback.
Patient Safety & Quality			
Improvement in Health Board HCAI rates and		Engagement in the Wales C diff collaborative to support reduction and national learning.	Development of a programme of work to achieve reduction expectations.

improvement support in services of concern.			
Reduction in mortality in areas of highest concern		Continued development of UHB mortality dashboard. ED and inpatient mortality indicators now able to be collected and expanding to develop surgery indicators and to consider similar in PCIC. Patient level data to be built into the dashboard to support triangulation with data from the medical Examiner and HMC.	Work commencing to standardise the UHB M&M approach. Module on AMaT developed. M&M framework to be developed Work will be undertaken with each speciality to support delivery of the framework.
Improved patient experience		Implementation of the People's Experience Framework is underway Current feedback when people are asked about their experience of care, they rate this as 88% are happy with the care received	The establishment of the People and Community Reference Group in 2026 will provide a structured approach to reviewing all forms of feedback, ensuring triangulation of data, and enhancing engagement with our communities. To support this, we have introduced 'Feedback in Focus' sessions across all sites from 26 January, offering opportunities for individuals to share their views and experiences in person.
Reduction in never events and learning to be demonstrated.		Mandated WHO checklist principles communicated. Team Brief white board design co production complete. WHO Checklist co-produced design complete and being designed.	Ongoing audit to be delivered and development of " Work as Done" visits model
Reduce the no. of neonatal deaths and stillbirths per 1,000 total births		The UHB stillbirth rate was below the national rate in 2025 and continues this trend. CO monitoring in the community at booking. 28 and 36 weeks has been implemented to support and strengthen the smoking cessation offer. There is an enhanced offer of uterine doppler screening in the midwife sonography clinic adding strength to the fetal surveillance and fetal growth restriction package of care. There is a continued drive to discuss fetal movements at every contact and the UHB is actively involved in the national listen to baby	Ongoing engagement with the Wales Matneo safety programme.

Saunders,Nathan
23/01/2026 20:12:05

		project and fresh drive for fetal surveillance compliance.	
Improvement in the raising concerns sub-score		In relation to PES Patient surveys nationally the scores remain consistently high	Further support for staff to utilize all methods of feedback in line with the People's experience survey with planned support workshops running throughout 2026

*The criterion relating to staff engagement is currently expressed in very broad terms, making it difficult to apply consistently. In response, the UHB has reported on staff engagement from a workforce perspective, drawing on existing initiatives and data to provide assurance.

Population Health

The UHBs Director Public Health has agreed with their WG counterpart the inclusion of the three national priorities - smoking, healthy weight, and vaccination - within the working de-escalation criteria. Agreement was reached on the metrics for smoking and healthy weight. For vaccination, the UHB will work to propose a set of appropriate metrics across the life course (children, teenagers, adults, and older adults). It has been confirmed that screening will not be included within any finalised de-escalation criteria, as screening services fall under the responsibility of Public Health Wales rather than CAVUHB.

Criteria	RAG status	Progress update	Next phase of work
Population Health			
Smoking: Reduction in the percentage of smokers within Cardiff and Vale.		National data shows reduction in number of smokers from 13.1% to 9.0% (Welsh Average 10%).	- Work continues on increasing the number of people who quit smoking and reducing the number of children who start smoking to support this. - Seek support for the Business Case for an expanded and integrated smoking service when funding allows.
Healthy Weight/Obesity: Increase in the percentage of children aged 5 at a healthy weight.		National data shows percentage of children who are a healthy weight across Cardiff and the Vale increased to 77.7% from 77.5% the previous year (Welsh Average 73.5%).	- Continue to progress Good Food and Movement Implementation Plan actions in line with Healthy Weight: Healthy Wales National Obesity Strategy. - Seek support for the Business Case for a Whole System Approach to Obesity when funding allows.

Vaccination: Metric to be agreed for children, teenagers, adults, and older adults.		Historically, vaccination rates below Welsh Average. However, National data shows improvements across a range of vaccinations, particularly staff vaccination this winter. 2025 Vaccination Saves Lives Team Award received for Best Team in Wales	- Executive Director of Public Health to review all indicators and send a selection of vaccination metrics to Welsh Government to be agreed as priorities for 2026/7 to meet population need. - Continue to focus on vaccine equity and engage with communities with low uptake to reduce inequalities. - Fully funded from Welsh Government- maintain this level of resources on this high value, quick return intervention
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Performance & Outcomes

A key assurance forum between the UHB and WG on performance and outcomes is the *Integrated Quality, Planning and Delivery Meeting / Escalation touchpoint forum*. Whilst de-escalation criteria for this domain are still to be finalised a key focus of this recent meeting has been on aspects of planned care and cancer, urgent and emergency care including Six Goals programme, and mental health. These areas are highlighted here to provide Board with visibility of the priorities WG is currently seeking assurance on as an indication of the improvements they expect to see in order to support de-escalation in this domain.

Criteria	RAG status	Progress update	Next phase of work
Planned care and cancer			
52-week outpatients and 104-week RTT pathways		104 week: Delivered Q3 commitment - reduced 104 week waits to 609 patients 52 week NOP: Reduced to 11,049 patients waiting 52 weeks or more at the end of Q3	- Q4 additional activity plan funded by Welsh Government – commitment to reduce to 450 patients, the majority of breaches remaining will be spinal treatments - National HBS and C&V internal programmes continue with over 10,000 appointments delivered so far
8-week diagnostics and 14-week therapies wait		8-week Diagnostics: Improved by >1,000 in November; lowest since July 2023 - Additional CT and NOUS capacity online in October. - Radiology on track to eliminate 8-week waits by end of 2025/26. - Endoscopy improving with mobile unit live since September. - Cardiology breaches in December due to insourcing demand; plan to clear in Q4.	- Insourcing and mobile unit to deliver 8w endoscopy - Additional non-obstetric ultrasound capacity being delivered - CT and MR recovery plan underway - Targeted outsourcing for highly specialised diagnostics (Cardiac CT and MR)

Saunders,Nathan
23/01/2026 20:12:05

		14-week Therapies: 91% compliance achieved in August return.	
Cancer performance and trajectories for improvement		Single Cancer Pathway compliance: 53.3% in January - Challenging areas in 3 tumour sites – Skin, Urology, Lower GI 14-day first contact performance in December was 61.6% 28-day patient informed compliance was 50% 31-day DTT to treatment compliance was 70.9%	Focused efforts in the 3 tumour sites - Skin: WLI working in place for the increased surgical demand; 2 new consultants starting Jan/Feb - Urology: Surgical/MDT capacity plans underway after new challenges due to TP biopsy backlog improvement. - Lower GI: Additional GA capacity at UHL in new year to reduce backlog.
Urgent and emergency care including Six Goals programme			
Delivering the principles in the national SPOA framework		- CAV247 has established the groundwork for developing the SPoA - Ongoing efforts to enhance collaboration with WAST, expanding on current pathways (111) and APP navigation features within Safe@Home. - Collaborating closely with Cardiff Local Authority and WAST to create a falls pathway incorporating Telecare, supported by remote monitoring (DOCCLA).	- EPS out of hours pilot scheduled for March/April 2026 - Investigate integration with E-Triage software used in EU, directly interfacing with Adastra
Delivery of ambulance patient handover- 45		- December compliance was 85% of handovers within 45 minutes. - Three daily site management meetings in place with >2-hour delays logged and reviewed via Datix. - Discharge activity increasing; community pathways (Safe@Home) supporting admission avoidance and early discharge. - Joint work with WAST on conveyance reviews and pathway utilisation.	Local readiness assessment submitted to WG; full implementation by January not achievable due to sustained demand pressures and UHB desire to avoid corridor care. Ongoing work to progress implementation safely and effectively.
Progress against direct SDEC access pathways		- WAST have had access to the pathway via Consultant Connect for over a year - General Practitioners (GPs) also have access to Consultant Connect as part of the referral process.	The Acute Medicine Directorate has agreed that GP Out-of-Hours services will have direct booking access to MSDEC.

Progress in achieving 33% discharges before midday and increasing weekend discharges		2 Week Sprint (Reset) carried out 8th –22nd December - Embedding Optimising Hospital Flow Framework - Strong focus on working towards earlier in the day discharges and increased weekend discharges through:- - Earlier enablers such as bloods, TTH's and transport. - Strong emphasis on early review of PDD's - Enhanced weekend outlier support	- Funding received from WG to secure 2 Champion practitioner posts working to identify suitable candidates - Recent NHS P&I audit undertaking of D2RA & R2G processes. Further improvements identified, supported by educational programme
Mental health			
Mental health performance – adult and CAMHS		Adult - Part 1a – 100% compliant since October - Part 1b remains compliant. - Part 2 - Weekly performance review meetings with CMHT managers to track performance changes. CAMHS - Part 1a, 1b and 2 target compliance maintained - Continued implementation of the National CAMHS Service Specification - Engaged in national developments of Stepped Care 2.0.	Adult Services is being targeted for the first Part 2 improvement programme due to this area holding the bulk of the relevant patients. Improvement plan is a staged profession specific focus starting with medical staff. Individual CMHT's are developing site specific sustainability plans
Neurodiversity improvement actions and performance		- Trajectory has been updated based on: internal efficiencies, additional internal capacity ,additional outsourcing 2025 outsourcing continues to provide challenges and utilise clinical capacity	Delivery of additional internal and external capacity to achieve 0 patients over 3-year by the end of March 2026.

Leadership & Governance

Whilst there remains no emerging set of de-escalation criteria for the Leadership and Governance domain the UHB continues to adopt a proactive, internally-led approach to strengthening governance, Board effectiveness, and leadership arrangements. Work is progressing through the Director of Corporate Governance's work programme to improve governance processes and enhance assurance structures. These actions reflect areas independently identified as opportunities to strengthen practice.

The UHB will continue to seek clarity on the governance lead within WG and remains committed to engaging constructively.

Clinical Services

Similar to the Governance and Leadership domain, the UHB has not yet received guidance on the de-escalation criteria for Clinical Services. In the meantime, the organisation is progressing a significant programme of work to strengthen clinical services. Internal review has highlighted potential overlaps between this domain and others, including Strategy & Planning, Quality, and Performance & Outcomes, which will need to be addressed within the finalised framework. Current

activity includes the development of a Clinical Services Plan (CSP), which is aligned with the Strategy and Planning deescalation criteria, as well as initiatives to improve timely- access to care and patient outcomes, which are reflected within the Performance & Outcomes domain.

Summary of position

Overall, the UHB continues to make active and sustained progress across all Targeted Intervention domains with the organisation deliberately not standing still until the publication and agreement of a de-escalation framework.

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

It remains important that the UHB obtains a full and the final escalation framework which includes a full list of the agreed de-escalation criteria for all domains. This finalised document will provide the formal baseline position which the organisation is working from and from which progress can be measured and readiness for de-escalation demonstrated. Without this clarity, there remains the risk that expectations shift and the UHB has no credible route to ever achieving de-escalation.

In order to ensure ongoing assurance regarding the progress the UHB is making in regard to de-escalation it is proposed that each escalation domain reports into an appropriate Board sub-committee (below).

- Performance & Outcomes domain – Finance & Performance sub committee
- Quality – Quality sub committee
- Clinical Services - Quality sub committee
- Finance, strategy & planning - Finance & Performance sub committee
- Population health and prevention - Quality sub committee
- Governance and leadership - Finance & Performance sub committee

Board will then continue to receive a consolidated escalation update at regular intervals, ensuring transparency and alignment across all domains.

When an agreed framework is in place and there is clarity on the domains, and their constituent criteria. the UHB will seek to rapidly build a dashboard to support effective monitoring of progress being made.

Appendices *(Please list any appendices that will accompany this report)*

N/A

Recommendation:

The Board is requested to:

- Note** the UHBs escalation status and the de-escalation criteria that have currently been agreed (or agreed in draft) with Welsh Government for the Finance, Strategy & Planning, Quality and Population Health Domains.
- Note** the areas of focus for the UHB across the Performance & Outcomes, Clinical Services, and Leadership & Governance domains in the absence of emerging de-escalation criteria
- Note** the progress being made to date across each domain.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered:

Prevention		Long term		Integration		Collaboration		Involvement	
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Quality Impact Assessment Completed?

Yes		No		x	Not required
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Impact Assessment:

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

Decarbonisation: No

Welsh Language: No

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

Committee/Group/Exec	Date:

Saunders, Nathan
23/01/2026 20:12:05

Report Title:	26-27 Annual Plan update			Agenda Item No:	5.10
Meeting:	Board	Public	X	Meeting Date:	29.01.2026
		Private			
Status (please only tick one)	Assurance	X	Approval		Information/Noting
Lead Executive Title:	Catherine Phillips, Executive Director of Finance and Interim Executive Director of Planning				
Report Author Title:	Head of Strategic Planning				

Main Report

Background and Current Situation:

Situation

Each year, Health Board's, Trusts and Special Health Authorities 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 organisations must prepare a plan which sets out its strategy for ensuring 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.

The Board Development session on the 18 December saw a discussion on the progress being made on developing the UHBs 26-27 annual plan. The purpose of this paper is to;

- Reaffirm for Board the progress made and the steps being taken following decisions / actions agreed by Board.
- Provide Board with a precis of the NHS Wales Planning Framework which was published on the 19 December.

Background

In the August Board Development session, it was agreed that the UHB would seek to submit an 'acceptable annual plan'. Whilst this deviates from the legislation described above it was noted that this aligns with de-escalation criteria WG have issued the UHB in term of its current level 4 Targeted Intervention (TI) status.

Between September and December a three-step planning process was run with Clinical Boards to understand and agree their plans for 26-27. Clinical Boards were asked to plan within the key question '*What it would take to live within your budget to eradicate the deficit and what this would mean?*'

On the 16 December Welsh Government issued the 2026-27 Planning framework which for the first time also provided the financial allocation all within a single publication.

Assessment

Internal Planning

The organisations internal planning was successful in terms of seeking to collaboratively develop an annual plan in partnership with the wider organisation and its component Clinical Boards and corporate teams. The internal approach surfaced risks, dependencies and medium/longer term service re-design opportunities. However, it has not yet been able

to fully answer the question set and produce prioritised deliverable solution(s) at scale required to meet the challenges facing the organisation.
The planning process has to date identified £6m savings with a further £8.6m of red schemes needing validation / quantification.

As a result the UHB is not yet seeing the emergence of what will likely be determined to be an 'acceptable integrated annual plan' from the perspective of Welsh Government.

The following areas of work were confirmed at Board development as continuing to support an improvement on this situation -

- I. A continued focus between the Chief Operating Officer (COOs) office and Clinical Board triumvirates to;
 - Finalise clinical board plans to ensure that work across risk, quality, activity, productivity and efficiency and beds is understood, finalised and agreed. This will be completed by the 30 January and will support the development of a fully integrated plan that seeks to align operational delivery with finance and workforce.
 - Progress is made on current 'red' schemes in order to seek to turn them amber or green.
 - Continue to identify our "business as usual" efficiency and productivity savings though procurement, CHC, medicines, workforce.
- II. A Corporate and Capital, Estates and Facilities (CEF) deep dive to explore any additional budgets, efficiencies and opportunities through 26-27 from these parts of the organisation.

These are important processes to run and conclude. They address clear expectations in the planning framework (discussed in more detail below) regarding organisations being able to robustly demonstrate and evidence improved productivity and efficiency in its planning for next year.

It remains important to note though that any further incremental productivity improvements these areas of work produce will, in isolation, not fully bridge the gap currently being projected.

In recognising the organisations current limitations regarding demand and capacity planning (noted as structural constraints rather than effort and capability) Board agreed that the organisation should seek to engage with an external partner to support it moving further out of exploratory discussions and into a space of identifying choices (immediate and medium term) which the organisation could face into.

The 2026-2027 NHS Wales Planning Framework

On the 19 December '25 the 26/27 NHS Wales Planning Framework and 26/27 financial allocation was published. The overall aim of the framework it states is to *"Balance immediate challenges with long-term transformation for better health outcomes"*.

The framework sets the Minister's expectation of organisations annual plans / IMTP's. This includes a focus on;

Timely Access to Care	Reduce waiting times, improve patient flow (45min handover as standard practice), meet cancer pathway targets, explore opportunities to strengthen the way in which they communicate with their patients on waiting lists, think differently about how we deliver care in the future by utilising the opportunity we have of
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	integrated health boards and maximising what can be done in primary and community care via Community by Design.
Population Health and Prevention	Focus on reducing health inequalities, obesity, smoking and increasing vaccination uptake
Community by Design	Shift care closer to home, integrated model with social care, increase spend on primary/community services
Mental Health Access	Implement open access support, improve safety and physical health for MH patients.
Women's Health	Expand Women's Health Hubs, improve maternity outcomes.
Quality and Safety -	Address harm, waste, variation; embed Duty of Quality and Health & Care Standards

The construct of the UHBs emerging narrative plan means the organisation will be very overt across these areas with dedicated sections of the plan for each of these areas.

Across these priority themes the minister sets out a number of “minimum delivery expectations” for year one (**annex 1**). There will be a mandated ministerial template that has to be completed which will describe how these minimum expectations will be delivered.

In addition, and similarly to last year, a number of enabling actions have been set out which Health Boards must “adopt or justify” within plans (**annex 2**). There is the expectation of a clear organisational assessment of the baseline position, and the improvements that will be delivered, by enabling action, and that this feature as an annex in plans.

Plans must also include an assessment of progress in delivering the MAG recommendations on performance and productivity and priorities set out in *Improving Performance Together*, as well the UHBs ongoing commitment to deliver them.

Taken together the minimum delivery expectations, enabling actions, improving performance together actions and the Ministerial Advisory Group (MAG) actions total 85 specific instructions. The majority are recommendations or actions the UHB is already undertaking or planning for, however ‘new’ expectations will require the UHB taking an explicit view within its plan on the full deliverability of all these.

UHBs in increased levels of escalation must ensure plans respond to de-escalation criteria. Board will be considering the current TI position of the organisation within a sperate discussion and will note that the organisation still awaits an agreed escalation framework. The annual plan will seek to set out commitments to areas of work which the UHB itself has identified as being needed to be progressed in order to seek de-escalation from level 4 (targeted intervention).

The planning framework also makes clear the need for plans to;

- Demonstrate clear delivery commitments, milestones, and financial sustainability for Year 1.
- Demonstrate that Boards have identified risks and mitigations before submission.
- maximise transformation opportunities, digital solutions, and productivity gains.
- align with Cluster, Pan Cluster Planning Groups (PCPG), Regional Partnership Board (RPB), Public Services Board (PSB), and regional planning requirements.
- consider Well-being of Future Generations Act, Social Partnership Act, Provider Selection Regime, Duty of Candour.
- Consider System Leadership with an Emphasis on compassionate leadership, workforce engagement, clinical leadership / greater transparency, streamlined

accountability, need for adoption of best practice and digital innovation / regional collaboration for service delivery will be necessary.

- Cross-Government Priorities including decarbonisation, anti-racism, Welsh language, and Wellbeing of Future Generations Act compliance.

The key finance messages within the planning framework include;

- Plans setting out how the organisation will secure compliance with our break-even duty over a rolling 3 year period plus expectation of financial balance
- All opportunities are explored to enable organisation to deliver priorities in line with allocated resources and in a sustainable way.
- Greater financial improvement at pace
- That plans are free of any discretionary investment i.e. all planning framework expectations to be managed within existing resources.
- 2026/27 1.11% core uplift to meet unavoidable inflationary pressures and inescapable demand growth (£12.614 CAV additional funding)
- 2026/27 1.11% Mental Health uplift (£1.367m CAV additional funding)
- 1.11% mandated pass through between commissioners and providers (c.£1.893m CAV net additional funding)
- £20 million is being retained centrally within Welsh Government to support access targets across NHS Wales once stipulated criteria has been met in 2026-27.
- GMS Contract 5.8% increase in 2026/27 based on the finalisation of contract negotiations underpinning the community-by-design transformation programme (£5.470m CAV contract pass through)
- Pay awards to be fully funded in addition to the 1.11% core uplift
- Any financial pressure for the difference between the recently announced National Living Wage and the Real Living Wage, will need to be identified by Health Boards through the 2026-27 planning process
- There will be a £12.3m increase in discretionary capital allocations across NHS Wales, which is a 12% uplift on the baseline allocation, to support local plans and resilience (An additional £1.718m for CAV taking total discretionary capital to £16.035m)
- No funding support for Welsh Risk Pool in 2026/27 (2025/26 increase covered non recurrently by WG) – a £21.5m pressure in 2026/27

The confirmed timetable moving forward is:

- **13 Feb 2026:** Accountable Officer letter to be submitted is UHB is unable to produce balanced plan.
- **27 Feb 2026:** Direct Confirmation to NHS Wales CEO on organisations ability to agree LTAs and plans for commissioned/provider services.
- **31 Mar 2026:** Final Board-approved plan, Ministerial templates, Minimum Data Set (MDS) submission submitted to Welsh Government.

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

The UHB continues to manage a series of risks and issues as part of plan development.

Break even duty: The scale of the outstanding financial gap described earlier in this report confirms the UHB is in a challenged position to deliver a balanced financial plan. Consequently, the Chief Executive will have to determine by the 13 February whether they submit an Accountable Officer (AO) letter to the Chief Executive of NHS Wales. The expectation will be that the plan submission on the 31 March does not show a deterioration on the position described in the AO letter.

Ability to meet expectations set out in the planning framework. As described the framework sets a series of minimum delivery expectations and enabling actions. There will likely be choices that the organisation and Board need to take in regards to these as it seeks to deliver a financially acceptable plan whilst speaking to clear quality and safety considerations. An assessment is currently being undertaken on all these expectations in order to allow these discussions and decisions to be made. An Executive officer and lead manager has been assigned to each expectation to initially determine deliverability, implications of doing / not doing / partially doing.

The NHS Wales Directors of Finance and Planning recently held briefing sessions with NHS body Finance and Planning Directors and Deputy Directors. These sessions confirmed that there is an open acknowledgment by the Minister that organisations will have choices to make. He welcomes early, open and transparent dialogue on choices under consideration.

The NHS Wales leadership board (constituting Health body Chief Executives and Welsh Government Executives) are also due to discuss choices which could be made at an all Wales level when it next meet in late January. The adoption of common choices across the system could avoid the perception of access to some health services in Wales being the subject of a 'post code lottery'.

Provider risks. The UHB is one of the major providers of specialist services in Wales that are commissioned by the NHS Wales Joint Commissioning Committee (JCC). As part of plan development the UHB is seeking to resolve, with the JCC, a number of provider risks it is currently holding. There remains a risk that these will not be fully acknowledged or responded to within the JCC plan.

The UHB continues to require clarity on the rationale for potentially excluding any risks within the JCC plan and it may need reinforcing to all partners / commissioners that should these risks not be taken forward through the JCC IMTP the UHB may need to review the viability of continuing to deliver certain services.

This will be discussed further at the next Collaborative Commissioning Leadership Group (CCLG) meeting on 22 January, where a final decision will be made on which risks will be recommended for inclusion in the draft JCC plan being submitted to Joint Committee on 27 January.

Alignment with turnaround. The procurement of an external partner to support with identifying further opportunities and choices for the organisation is under way but it remains unlikely that a preferred partner will be secured and starting to work with the organisation until later in February. The materiality to which this support will therefore influence what the plan sets out when submitted on the 31 March should therefore not be over-estimated. It nevertheless remains a highly valuable exercise given a sustainable route to financial breakeven is required to support the organisations de-escalation.

Shortly after Board supported the intention to seek external support the Minister gave an updated position to the Senedd on NHS bodies escalation levels. Whilst CAVUHBs did not change the announcement did confirm that turnaround support would be given to the organisation. In light of this it remains important that the intention to procure external support aligns with Welsh Governments expectations on the remit of this support. No partner will be formally engaged until there is confirmation that Welsh Government are supportive.

Alignment with 25-26 Plan. As the UHB moves in Qtr 4 detailed work continues to take place to ensure that assurance / tracking of 25-26 plan delivery and 26-27 plan

development happen concurrently. This will support ensuring those 25-26 actions which are either 'on hold' or are projected not to be complete by year end as initially planned are appropriately rolled forward (or not) into next years work programme. This was explored with Finance and Performance committee as part of the presentation of the Boards Q3 25-26 position.

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

Annex 1: Year 1 Minimum Delivery Expectations
Annex 2- Enabling Actions for Delivery in 2026/27

Recommendations:

Board is requested to:

NOTE the progress made by the organisation on the development of its 26-27 annual plan and the key challenges it is facing.

NOTE the key observations made on the recently published NHS Wales Planning Framework

NOTE the risks and issues being managed as part of plan development

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

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

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	☐	Long Term	☐	Integration	☐	Collaboration	☐	Involvement	☐
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Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes	☐	No	☐	x	Not required	☐
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Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: No	☐
Safety: No	☐
Financial: No	☐
Workforce: No	☐
Legal: No	☐
Reputational: No	☐

Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance</i>	
Equality & Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:

Saunders, Nathan
23/01/2026 20:12:05

Annex 1 – Key Delivery Expectations for 2026-27

Strategic Priorities for 2026-29	Ministerial Delivery Expectations for 2026-27 (where applicable)
Timely Access to Care	• Ensure no ambulance patient handover waits over 45 minutes • Ensure no patient spend spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge. • No patients waiting more than 104 weeks for referral to treatment. • Number of patients waiting more than 8 weeks for a specified diagnostic – target zero • Health boards to achieve the suspected cancer pathway target of 75% through implementing the nationally agreed pathways, while reducing the backlog of patients waiting more than 62 days by end of March 2027.
Population Health & Prevention	• Increase the proportion of children in Wales who are a healthy weight by halting the rise, and contributing to a year-on-year decrease in the levels of overweight and of obesity as measured and reported through the National Child Measurement Programme, focusing on those most disadvantaged. • Reduce inequity in the uptake in the most and least deprived areas in preventing ill-health especially in relation to vaccination, screening and diabetes prevention and care. • At least 90% of individuals identified via the Audit Plus Frailty Tool (or its replacement) to receive proactive care in line with their agreed care plans.

Saunders, Nathan
23/01/2026 20:12:05

	• Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes.
Community by Design	• Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard. • 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. (National requirements and expectations will be specified by the Community by Design Transformation Programme Board)
Mental Health Access	• Implement and evaluate Open Access Mental Health Support by March 2027. • Improve safety in Secondary Care Mental Health services (measured through agreed mental health safety matrix and PROM ReQuol) by March 2027. • Improve Physical Health of People with long term MH problems by carrying out mortality reviews and implementing improvement plans from the learning by March 2027.
Women's Health	• Further expansion of the Women's Health Hub model in each health board area by March 2027 (aligned to the Women's Health Plan) • Improving the quality of our maternity services by reducing perinatal mortality rates.

Saunders, Nathan
23/01/2026 20:12:05

Quality and Safety	• Downward trend in 12-month rolling average crude mortality while maintaining a flat 7-day readmission rate. • Days of safe care delivered since the last never event, monitored using SPC T-Chart • Percentage proportion of complaints dealt with via early resolution - target 40% by March 2027 • The clinical coding service must ensure that at least 95% of inpatient and day-case episodes are fully coded within one reporting month of discharge, in line with Welsh Government delivery measures. In addition, 90% of all identified coding errors must be corrected within 35 days of identification, ensuring timely and accurate data quality improvements across all health boards. There must be a focus on quality of coding with an emphasis on specificity, and comorbidity capture demonstrated by an increase in depth index by 10% year-on-year.
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23/01/2026 20:12:05

Annex 2- Enabling Actions for Delivery in 2026/27

New Actions for 2026/27

Strategic Priority	Enabling Action
Productivity	Health boards to ensure utilisation of the total factor productivity model, and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.
Mental Health	Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.

Actions to be rolled over to 2026/27 using the existing definition

Strategic Priority	Enabling Action
Timely Access to Care	Improvement in the implementation and delivery of High Volume Low Complexity Theatre lists, with an initial focus on - Cataract 90% of lists to have 7 Cataracts per list by end of Q2, Arthroplasty 90% of lists to have 4 Primary joints per day and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
Building Community Capacity	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.
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 programme areas.
	Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.
	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.
Improving Value, Optimising Outcomes, &	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health

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23/01/2026 20:19:00

minimising Variation	
Workforce Productivity	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 2026 and aligned to service demand and capacity plans.
	Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.
	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
	Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.
	Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.

Actions to be rolled over to 2026/27 with re-defined action definition

Strategic Priority	Newly defined action for 26/27
Timely Access to Care	Ensuring the full implementation of the National Optimal Pathway (NOPs) in Cancer
	Theatre session utilisation is improved to achieve GiRFT standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard
	Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits
	Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.
	Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.

Saunders Nathan
23/01/2026 20:12:05

	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges.
	Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme <i>Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals</i>.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.
	Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.
Population Health & Prevention	Ensure progress of the focused Diabetes High Value High Impact pathway
Improving Value, Optimising Outcomes, & minimising Variation	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.

Saunders Nathan
23/01/2026 20:12:05

Appendix 1

Actions not rolled forward from 2025/26

Strategic Priority	Enabling Action	Note
Timely Access to Care	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists.	Action completed
	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	Action completed – should now be considered as business as usual
	Ensure monitoring of DNA/CNA rates is in place for every Outpatient clinic. When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	Action completed – should now be considered as business as usual
	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure. This includes delivery of effective outpatients through See on Symptom (SOS) and Patient Initiated Follow-up (PIFU) by default. Individual CINs will establish PIFU / SOS targets by specialty & sub-specialty on an ongoing basis by March 2025.	The action should become BAU but should continue to be monitored through programme and performance meetings
	Deliver improvements in day surgery rates, with an expectation to achieving a BACDS day case rate of 70% from April 2025, moving to 80% by the end of June 2025.	Action completed – should now be considered as business as usual
	Maintaining the actions within the 50 Day challenge that can be delivered consistently with minimal additional resource, within organisations and as a priority within regional partnership arrangements.	Action will be taken forward under OHFF under UEC.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2.	Action completed – should now be considered as business as usual
	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.	Remove and propose performance management via optimisation framework
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26.	Remove and propose performance management via optimisation framework

Saunders Nathan
23/01/2026 20:12:05

	Ensuring full compliance with straight to test guidance	Remove as included in the rolled over Cancer National Optimal Pathway (NOPs in Cancer action
Improving Value, Optimising Outcomes, & minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee).	Remove and propose performance management via optimisation framework

Saunders Nathan
23/01/2026 20:12:05

Report Title:	Enabling Actions Update				Agenda Item no.	5.11
Meeting:	Board		Public	X	Meeting Date:	29.01.2026
			Private			
Status (please tick one only):	Assurance	X	Approval		Information	
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Director of Operational Planning and Performance					

Main Report
Background and current situation:

As part of the NHS Planning Framework for 24/25, several enabling actions were published across a range of themes. In addition to these actions, the Ministerial Advisory Group (MAG) on Performance and Productivity produced a series of recommendations, for Health Boards and Welsh Government, which were published and responded to by Welsh Government in April 2025. This update is provided to Board and gives an overview of Cardiff and Vale performance predominantly against each of the enabling actions. Where there is complementary or correlating MAG recommendation, progress has also been provided within the accompanying slide deck for completeness and comparison.

Delivering of enabling actions was understood to be a pre-requisite for additional central support in areas such as planned care. With the new issuing of the NHS Planning Framework there has been a revision to the enabling actions. Whilst some will remain, others will be updated for future reporting.

The current 2025/2026 Enabling Actions are divided into 4 overarching strategic priorities.

- 1. Timely Access to Care
- 2. Improving Value, Optimising Outcomes and Minimising Variation
- 3. Maximising Value for Money
- 4. Workforce Productivity

As with previous months, quantitative metrics have been attributed to the actions where possible however the overall RAG status has been applied to deliver of the action, irrespective of the corresponding performance.

Red – action not being delivered and not expected to deliver
Amber – action being partially delivered and/or expected to deliver
Green – action being delivered

Due to a reorganisation of actions between the strategic priorities, quarter to quarter comparison has been aggregated for ease.

Tracking	Q1	Q2	Q3
	Green - 12 Amber - 26 Red - 0	Green - 20 Amber - 14 Red - 4	Green - 22 Amber - 13 Red - 3
Total			

Timely Access to (Urgent) Care

Tracking	Q3
Timely Access to Care (Urgent and Emergency)	Green - 6 Amber - 0 Red - 0

- Ambulance plan is active. 45-minute holds dropped from 606 in July to 79 in September, seasonal pressures led to an increase to 276 in December. 45-minute holds remain lower than last year despite more conveyances in Q3 24/25.
- The total number of bed days relating Pathway of Care Delays have reduced by over 25%
- Community falls response programme is being delivered and we have seen a 15% reduction in the number of fallers transported to hospital by ambulance in December
- SPoA development is ongoing with Falls SOP & Pathway with Cardiff LA live.
- ICCS Steering Group in place overseeing phase 1 of multi-agency approach to delivery. Supporting RPB and 6 Goals ambitions, including Urgent Care Centre delivery, community hospitals transfer and crisis response in the community.

Timely Access to (Planned) Care

Tracking	Q3
Timely Access to Care (Planned)	Green - 6 Amber - 6 Red - 0

- Strong progress has been made in relation to clinical validation of the waiting list which has been achieved down to 36 weeks, further work is underway in relation to clinical review
- Overbooking in clinics with high DNA rates is underway, hence this action is considered green, however DNA rates (11.9%) are stubbornly high, and dedicated work continues to reduce
- Increased throughput of cataract theatres has been achieved with all lists now meeting 7 cases
- Overall theatre utilisation remains slightly above 24/25 baseline despite challenges with late starts and early finishes. There is further opportunity here as utilisation in the most recent month was 78%, below the 85% standard. Theatre Delivery Group will become fully operational in Q4.
- BACDS day case rate has improved – exceeding the national standard in December (81.2%)

Improving Value, Optimising Outcomes and Minimising Variation

Tracking	Q3
Value, Outcomes, Variation	Green - 6 Amber - 5 Red - 0

- Breast is the only service currently not clinically aligned to the national optimal cancer pathway due to the absence of 1 stop triple assessment clinic. This has been delayed by the departure of 2 clinical staff members.
- Reported measures for hip and knee are broadly as expected with notable areas of strength including 91.0% of patients aged over 65 received fully cemented or hybrid hip implants, which is substantially higher than the Wales average (65.5%) and demonstrates strong alignment with best practice guidance
- Challenges with the reporting of Bone Health measures leading to concern with data quality – recruitment underway to address
- Diabetes 8 care process performance has reduced slightly to 44.85%. Cluster variation – number of people with Type 2 Diabetes (T2D) all 8 care processes complete ranges from 36% to 58%. Working group with project management support set up to look at care process completion in primary care with cluster representation. Several actions are being delivered including developing Standard Operating Procedure for the ideal diabetes review.
- Additional functionality has been rolled out in the NHS app to improve visibility of appointments and contact information
- Windows 10 extended support procured so that all Devices are now protected from a cyber security point of view. Very significant progress on deployment of Windows 11 replacements/upgrades that the remaining windows 10 devices are now circa 3,000 with a plan to address them all over the next few months.

Maximising Value for Money

Tracking	Q3
Maximising Value For Money	Green - 2 Amber - 2 Red - 0

- £6m Non-Pay Green and Amber Cash Releasing savings to end of Q3
- Estates - diabetes service continues to operate from Denbigh House however there are plans to relocate in Q4 which will allow the building to close
- CHC is an area of significant cost growth so whilst there a number of actions underway there remains a real challenge moving forwards in this area

Workforce Productivity

Tracking	Q3
Workforce Productivity	Green - 2 Amber - 0 Red - 3

- 82.54% of consultant and SAS job plans have gone through a robust sign off process by the Directorate and Clinical Board. Work continues to increase compliance to >90% by 31st March 2026.
- Based on expenditure in 24/25 we are on track to reduce agency by 30% in 25/26 however areas with ongoing agency use include clinical coding, specialing and estates/facilities security.
- Actions outlined in the WHC framework for variable pay and agency control have been implemented.
- The 12-month cumulative rate for Dec 25 is 6.43% compared to 6.27% in Nov 24, showing a slight increase

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

- The Health Board continues to deliver a range of enabling actions with particularly good progress in urgent and emergency care
- Delivery of actions does not always correlate with improved performance metrics
- There remain significant challenges and opportunities with productivity and efficiency in planned care

Recommendation:

Board is requested to **NOTE** progress on the enabling actions

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

Pr e v e n t i o n		Long term		Integration		Collaborati on		Involveme nt	
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Impact Assessment:

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

Risk: na

Safety: na

Financial: na

Workforce: na

Legal: na

Reputational: na

Socio Economic: na

Equality and Health: na

Decarbonisation: na

Approval/Scrutiny Route:

Committee/Group/
Exec

Date:

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23/01/2026 20:12:05



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

Cardiff and Vale University Health Board

Enabling Actions and Ministerial Advisory Group Update

January 2026



Saunders, J.
23/01/2026 11:12:05

Urgent and Emergency Care

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
UEC1 - Falls	Enabling Action	Implementation of community falls response	No of level 1 & 2 fallers transported by ambulance to emergency department	10% reduction by end of December; 25% reduction by end of March 2026	192	226	226	162		Weekly implementation group continues to meet: - SOP Completed and adopted by all partners - Recruitment progressed to key roles - Dataset established to support monitoring of demand/impact
			Level 1 & 2 fallers admitted to Hospital	10% reduction by end of December; 25% reduction by end of March 2026	194	228	236	170		
UEC2 - SPOA	Enabling Action	Implementation of the remote clinical assessment services framework (Single Point of Access)	Reduce conveyance from care home by ambulance to ED	< 50% rate by end Dec 2025	58%	54%	-	50%		SPOA development ongoing with monthly activity data set collection. Falls SOP & Pathway with Cardiff LA complete – go live date 12/01. Pathways with MSDEC and PRU. Safe@Home calls to transfer to SPOA during latter part of January.
UEC3 - Frailty	Enabling Action	Implementation of acute frailty model at the front door	Average LOS for 65+ year olds in Assessment Unit	<24 hours (C&V)	25.3	24.5	29.2	23.2		Strengthened senior clinical decision-making and standardizing processes across acute care. Efforts include developing a pilot CFS toolkit for Majors, improving early CFS identification and documentation, creating patient-facing materials and planning training resources to enhance staff understanding and use of the CFS.
			Number of 65+ year olds discharged on same day	-	1294	1469	1369	1418		
UEC4 - Ambulance	Enabling Action	Implementation of Ambulance Handover Guidance	Ambulance patient handover delays >1 hour	Zero by September	381	146	147	172		Ambulance plan is active with 2 dedicated assessment bays and 1 treatment area to support faster handovers. 45-minute holds dropped from 606 in July to 79 in September, seasonal pressures led to an increase to 276 in December. 45-minute holds remain lower than last year despite more conveyances in Q3 24/25. Theme leads are driving effective changes across UEC pathways through targeted clinical schemes detailed in our Winter Plan.
	MAG	No ambulance handover will exceed 45 minutes, with a focus on achieving the 15 minute-target wherever possible	45-minute handovers	Zero by September	-	220	248	276		
UEC5 - Flow	Enabling Action	Implement the Optimum Hospital Flow Framework	Pathway of Care Delays	Reduction in number of days delayed by 20%	10069	9793	8441	7556		Winter sprint reinforced core board round principles and consistent HPFF application. Increased senior clinical and operational oversight has helped frontline teams focus on timely, high-quality STAMP updates. NHS P&I assessed D2RA and R2G processes, found strong D2RA compliance for clinically optimised patients. System-wide collaboration progressing: Trusted Assessor report shared with stakeholders, UHB and LA plan to develop a memorandum of understanding in the new year. POCD risen over three months due to increasing patient complexity, highlighting the need for ongoing partnership with LAs to improve care pathways. OHF champion posts re-advertised, interviews set for Thursday January 15th
			Pathway of Care Delays	Reduction in total number of delays by 15%	163	177	187	158		
	MAG	Hospitals must endure that all admitted patients are placed on D2RA pathways in line with the national Hospital Discharge Guidance, and delays by pathways should be published within 3 months	% admitted patient placed on D2RA pathways	100%	88.5% (metric captured is within 48h of admission)	90.0%	89.1%	88.2%		
UEC6 -	Enabling	Maintaining the actions within the	Pathway of Care Delays (see	Pathway of Care Delays (see	See above	See above	See above	See		ICCS Steering Group in place overseeing phase 1 of

Planned Care

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
PC1 – Out-patients	Enabling Action	Implement national guidelines with thresholds by Clinical Implementation Network (CIN) and procedure.	% SOS / PIFU	20% (C&V)	4%	5.2%	5.6%	5.4%		SOS/PIFU is 8.7% in CIN specialties New COF form issued as planned - went live Nov 25. Audit of impact of new COF form in Feb 26.
	Enabling Action	Implementation of CIN follow up criteria both prospectively and retrospectively to established follow-up waiting lists	As above	As above	As above	As above	As above	As above		Retrospective application of SOS & PIFU pathways continues - 2,000 patients to date. Paeds and General Surgery day cases to be SOS by default from Q4
	MAG	Develop a plan to reduce referrals to traditional outpatients in high volume specialties	Accepted referrals per month (all specialties)	<	16142	17054	14240	13318		Outpatient focus has predominantly been on HBS insourcing.
	MAG	Reduce variation in outpatient waiting times by adopting best practices in outpatient service management (GIRFT / CIN)	CIN Maturity Matrix – Outpatients % compliance	100%	51%	-	-	-		A review of CIN specialties outpatient maturity is planned for Q4
	Enabling Action	When DNA/CNA as a combined rate is greater than 5%, overbooking additional patients should be implemented and monitored.	% DNA	5%	11%	10.3%	11.0%	11.9%		Overbooking of clinics commenced- continue to work with on targeted improvements with Ophthalmology
PC2 - TiT	MAG	Better prioritisation of long waits (Treat in Turn) to be a prerequisite before receipt of additional funding	Treat in turn 104 cohort	-	-	-	-	-		We have continued to address long waits utilising non-recurrent funding from Welsh Government. We continue to work on a treat in cohort model and track delivery of this in a weekly return. Delivered on our planned care commitments to WG on long waits in each quarter
PC3 - Cataract	Enabling Action	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2	% cataracts direct list	100% by Q2	0%	-	-	-		Achieved
PC4 - PESU	Enabling Action	On 90% of days planned care inpatient/day case/theatre recovery capacity should be protected from unscheduled care pressures and outlying of patients by the end of Q1.	% days with protected capacity	90%	97%	-	-	-		Protected Elective Surgical Areas in place



Planned Care

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
PC5 - Theatres	Enabling Action	Ensure effective utilisation of theatre capacity through	Late Starts	<20% by March 2026	55%	48%	49%	TBC		Overall theatre utilisation remains slightly above 24/25 baseline despite challenges with late starts and early finishes. Theatre Delivery Group will become fully operational in Q4.
			Early Finishes	<10% by March 2026	51%	51%	50%	TBC		
			In session utilisation	85% by March 2026	77%	79%	78%	TBC		
	MAG	Reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management (establish Theatre Optimisation Boards).	N/A	N/A	N/A	N/A	N/A	N/A		
	Enabling Action	Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists	Primary joints per list	4 (90% of lists) by end Q2	3.2	-	-	-		Manual audit planned for Q4 to confirm current performance. Targeted Arthroplasty lists to go live with 4 patients from Q4.
			Cataracts per list	7 (90% of lists) by end Q2	4.7	-	-	-		Cataract operating moved to UHL in July – lists regularly being booked with 7 patients. Additional throughput 54 patients per month.
			Hernia / gallbladders per HVLC list	6 (90% of lists) by end Q2	0	TBC	TBC	TBC		HVLC - Live and embedded from middle of Q3. Quantifiable benefit from Q4. Dedicated HVLC sessions, preserving tertiary sessions.
	Enabling Action	Deliver improvements in day surgery rates	BACDS day case rate (excludes Regular Day Admission)	80% by June 2025	69.4%	76.4%	76.9%	81.2%		Current focus on cancer and long waits (Inpatient/complex).
	MAG	Seek GIRFT accreditation for all current Surgical Hubs	Within 12 months	Within 12 months	N/A	N/A	N/A	N/A	N/A	NHS P&I likely to undertake GIRFT style review for GIRFT accreditation likely to be in in Q1 26/27.
PC6 - Validation	MAG	Welsh Government should set a target for all patients to be validated down to 36 weeks by the end of 2025/26 and introduce a new national dataset to track progress.	Week wait validated – new outpatients	36 weeks by March 2026	90 weeks	52 weeks	42 weeks	36 weeks		MAG requirement for clerical validation to 36 weeks met for outpatient; in progress for treatment. Clinical validation remains a big opportunity.
	Enabling Action	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	Number of patients validated (all stages)	N/A	1957	464 *support HBS Booking	4685	3219		Consistent validation in place through dedicated team.



Diagnostics

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
D1 - Path	MAG	Regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Regional pathology project - site options appraisal complete, Cardiff Edge the only suitable site identified. Standardisation group stood up to look at staffing, demand. Single management model group to be established.
D2 - NOUS	MAG	Cardiff and Vale University Health Board should submit a clear plan detailing how it intends to clear its Non-Obstetric Ultrasound (NOU) backlog over the course of 2025/26	>8week waits in NOUS	0 by March 2026	7371	4971	4781	5012		Plan in place to reduce the NOUS waiting list throughout 2025/26, with a third-party supplier planned to deliver capacity to address waiting list backlog throughout Q4. Trajectory submitted. Currently 400 patients off trajectory, with plans in development to recover this activity.

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23/01/2026 20:12:05



Improving Value, Optimising Outcomes and Minimising Variation

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
IV1 - Cancer	Enabling Action	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	% of specialties following clinical pathway structure as standard	100%	96%	96%	96%	96%		Breast is the only service currently not clinically aligned to the national optimal pathway due to the absence of 1 stop triple assessment clinic. This has been delayed by the departure of 2 clinical staff members.
			First appointment within 14 days	90% (C&V)	61%	57%	57%	57%		Reporting lag for cancer performance. We have seen a growth in the PTL in Q3 with a reduction in SCP compliance reported in November. Our main challenge is in skin, urology and lower GI and actions to address this have been discussed through F&P and Board
			Patient informed they do have cancer within 28 days	80% (C&V)	57%	35%	41%	41%		
			Treatment within 21 days of DTT	TBC	65%	65.8%	TBC	TBC		
			First definitive treatment within 62 days	75%	69%	60.7%	53.3%	TBC		
	Enabling Action	Ensuring full compliance with straight to test guidance	% compliance with straight to test	80%	82%	82.1%	-	-		Best performing Health Board for straight to test
IV2 – High Value	Enabling Action	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	% 8 Care Process Compliance in Primary Care	TBC	45%	44.9%	45.0%	44.8%		Care process performance for December was 44.85%, with T2D completion rates between 36% and 58% across clusters. A working group is developing an SOP for diabetes reviews to improve primary care completion. The Diabetes Workshop on 28 November 2025 addressed prevention, care plans, challenges, opportunities, and set an action plan. Progress will be reviewed by the Diabetes Strategic Board in January.
	Enabling Action	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	%BMI >40 (Hip)	<0.9%	4.2%	-	-	-		Annual data. Refreshed quarterly with YTD averages below. Knee - 3.8% of patients had uncontrolled pre-operative HbA1c, marginally above the national position (3.1%). CVUHB's significant trauma intake and complex case-mix may influence optimisation metrics however as per last NJR report, all indicators are within standard and have visibly improved over the last 10 years. Hip – data coding issues but service are performing in line with GIRFT standards.
			%BMI >40 (Knee)	<0.49%	8.4%	-	-	-		
			% Pre-op HbA1C uncontrolled (Hip)	<0.9%	0%	-	-	-		
			% Pre-op HbA1C uncontrolled (Knee)	<4.9%	0%	-	-	-		
	Enabling Action	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	Assessment within 90 days	>80%	76.4%	100%	100%	TBC		CAV is reporting on Non-spine fractures, Assessment within 90 days, DXA within 90 days and Bone Treatment. There remains a risk that activity is not reflected in this dataset. There has been an improvement in identification of non-Spine 51.9% and, Spine 21.7% , with position being maintained for Assessment within 90 days 89.2% and Bone treatment 82.6%. The DXA wait times are significant, and are impacting KPI5 - DXA within 90 days 3.7%. The workforce challenge is on the service risk register. Ongoing
			DXA within 90 days	>80%	19.6%	TBC	TBC	TBC		

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

Improving Value, Optimising Outcomes and Minimising Variation

CAV Ref.	Framework	Action / Recommendation	RAG	Latest Month Update (Dec 25)
IV3 - Digital	Enabling Action	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	●	We are now live with Badgernet. CAV Digital regularly attends the National Digital Maternity Cymru board, which is mainly focused on deploying the solution to other Health Boards. Locally, we have some remaining work to integrate our CTG devices into Badgernet, beginning soon with a meeting scheduled for January 5th.
	Enabling Action	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.	●	CAV rolled out functionality on 8 th January to allow patients to view new GP referrals for hospital waiting lists, view details of first outpatient appointments, access health board contact details and access information on waiting times. The later go-live date compared to the rest of Wales is due to the added complexity of integrating a separate PAS feed into the CDR, which requires extensive development and testing between CAV and DHCW to ensure patient information is accurate and safe.
	Enabling Action	Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.	●	Significant progress has been made across all areas. Extended support for Windows 10 was secured before the end-of-support deadline, ensuring all devices remain protected. Windows 11 upgrades are well underway, with only about 3,000 Windows 10 devices remaining, all under extended support and scheduled for upgrade in the coming months. Legacy server OS removal is proceeding as departmental applications allow.

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
IV4 - INNU	Enabling Action	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.	Number of the 8 priorities implemented	0	0				●	Cardiff and Vale, Aneurin Bevan and Cwm Taf have established a regional Evidence Based Interventions. The group will agree a unified approach to priority INNUs and ensure alignment to the national programme which has not provided a substantive update since the last meeting.
	Enabling Action	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26	Number of INNUs on Policy and monitored, standardised to the All-Wales Approach	Of the 140 on the All-Wales list 82 should be listed on the CAVUHB policy, 19 require discussion to be added and 38 require National Evidence Review prior to adding. Therefore potential 101 interventions.	45				●	INNU policy has been reviewed and approved via the appropriate committee
IV5 - HP	Enabling Action	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	Number of Community Health Pathways	282	600	N/A	N/A	N/A	●	Community HealthPathways national programme contract expires end February 2026, following review at VBRG, the UHB is required to make a decision on continuation of the programme via annual plan process.

Maximising Value For Money

RAG. Red – breaching standard; Amber – breaching standard, time remains to correct; Green – meeting or exceeding standard

CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Actual Performance			RAG	Key Points of Note
				Oct-25	Nov-25	Dec-25		
VFM1 – non-pay	Enabling Action	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	Value of non-pay savings delivered	-	-	-		£6m Non Pay Green and Amber Cash Releasing savings to end of Q3
VFM2 – MM	Enabling Action	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)	Value of meds management savings delivered	-	-	-		Q3 has focused on maximising opportunities through targeted initiatives. - Biosimilars - a dashboard was developed with finance to identify gaps and new opportunities. A draft policy now sets expectations for biologic changes at treatment initiation, aiming for smoother transitions and quicker adoption. - Efforts continue to target top brands in primary care, yielding results but also prompting patient queries. Progress with DOACs is slower due to a practice's reluctance following a clinical incident. - The low value list offers minimal savings, so resources have shifted to areas with greater potential. The team regularly reviews this list, with discussions on the Lidocaine patch underway.
VFM3 – CHC	Enabling Action	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	Value of CHC savings delivered	-	-	-		The UHB continues to engage with and support the national work around CHC, including the development of the framework and all-Wales digital solutions to provide greater insight. Clarity around the national role of JCC and local implementation alongside LA partners is important. Initial work around high-cost case reviews has concluded, although routine assessment process remains clearly in place. The UHB has continued to work through difficult choices and limits to balance market forces, affordability and the goal of supporting appropriate care for individuals in their homes or as close to home as possible. This includes continued sharing and working with our RPB partners on market stability, joint packages and D2RA. The planned introduction of Direct Payment following Welsh Government legislation needs careful planning and clear guidance at an all-Wales level. The UHB is engaged in these discussions as well as learning sessions from English organisations. Again, clarity on the role of JCC alongside local implementation alongside our LA partners is important, to ensure the necessary governance, systems and flexibility exists.
VFM4 - Estates	Enabling Action	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	N/A	-	-	-		The diabetes service is still based at Denbigh House. However, the Health Board has now confirmed that the seminar room needed for the service's relocation is available for use. Some work must be completed before the move, which is planned for quarter 4 of the 2025/26 year.



CAV Ref.	Framework	Action / Recommendation	Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance			RAG	Key Points of Note
						Oct-25	Nov-25	Dec-25		
W1 – variable pay	Enabling Action	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular	See below	See below	See below	See below	See below	See below		Actions outlined in the WHC framework for variable pay and agency control have been implemented.
	Enabling Action	Deliver a further continued and sustained reduction in agency expenditure	Reduction in 2025/26 from 2024/25 outturn and ensuring no off-contract expenditure.	30% reduction Non-Medical & Medical	24/25 £6m	£282,509	£465,446	£480,390		Based on expenditure in 24/25 we are on track to reduce agency by 30% in 25/26.
	Enabling Action	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff	Reduction in spend	0 by 30 September 2025	24/25 A&A = £45k A&C = £397K HCSW = £105K	E&A = (£34K) A&C = (£3K) HCSW = £37K	E&A = £2.8K A&C = £36K HCSW = £97K	E&A = £3.3K A&C = £5.7K HCSW = £93KK		Whilst a reduction in agency spend for A&C, HCSW and Estates/Facilities has been achieved, we have not met the target of zero by 30/09/25. Areas where we are still using agency following a robust risk assessment include: - A&C - covering service critical gaps in Clinical Coding, whilst a national shortage remains, the service have been working through a plan to 'grow our own' which will allow us to significantly reduce agency from April 2026. - HCSW Agency - only used in exceptional circumstances for special packages of care, where we are unable to cover with substantive or bank HCSWs. - Estates/Facilities - Security officers have been sourced through an agency, it's less expensive and provides greater flexibility.
W2 – job planning	Enabling Action	Ensure effective implementation of job planning policy	% of job planned signed off	90% by 30 September 2025	Mar 25 65.5%	77.13%	80.90%	82.54%		Following communication from the Medical Director to all Consultants and SAS grade Doctors, job planning compliance has approved. As at 31/12/25 82.54% of job plans have gone through a robust sign off process by the Directorate and Clinical Board. Work continues to increase compliance to >90% by 31st March 2026.
W3 - sickness	Enabling Action	Reduction in sickness absence	Reduction in sickness absence	Reduction compared to 24/25	Cumulative rate 6.34%	6.42%	6.41%	6.43%		The cumulative 12-month rate for December 2025 stands at 6.43%, a slight increase from 6.27% in November 2024. In-month figures between April and November 2025 closely mirror those for the same period in 2024. Enhancing wellbeing and attendance remains a key priority with targeted initiatives underway to reduce staff absence and improve workforce availability through proactive health and wellbeing support, effective management of sickness absence, robust data analysis, and examination of how population health affects our employees. Despite these interventions, trend data indicates that sickness absence levels are unlikely to decrease in 2025/26.

Report Title:	Operational Updates				Agenda Item no.	5.12
Meeting:	Board	Public	X	Meeting Date:	29.01.2026	
		Private				
Status (please tick one only):	Assurance	X	Approval		Information	
Lead Executive:	Chief Operating Officer					
Report Author:	Director of Operational Planning and Performance					

Main Report

Background and current situation:

This cover paper forms part of the agreed regular updates to Board following recent comprehensive reviews into the culture and leadership within the Health Board’s Main Operating Theatres and Cardiology departments. Given the scale and complexity of the comprehensive review in operating theatres, this paper is supplemented by the full Theatres Together Improvement Plan. This plan details progress against each of the recommendations as well as providing a more comprehensive overview of pertinent performance and actions.

In light of recent media coverage, this month’s update is also expanded to include an update on the previously commissioned Hospital Sterilisation and Decontamination Unit (HSDU) review.

1. Theatres Together Programme

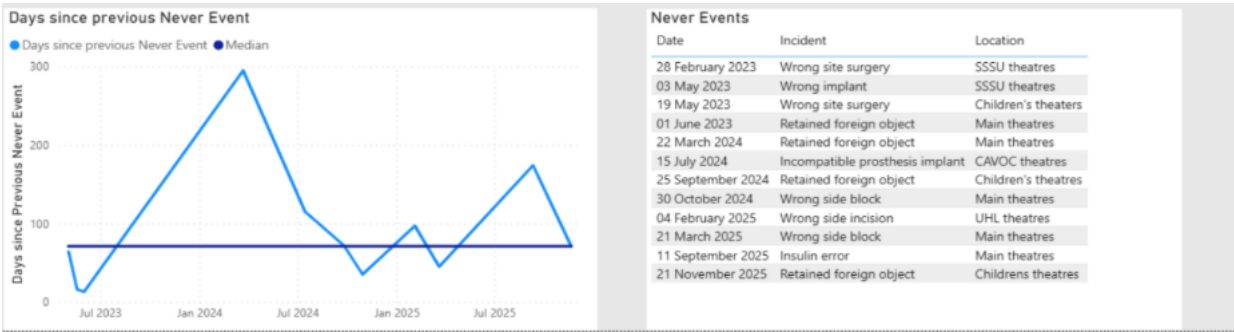
The Theatre Together Programme continues to deliver on the 66 recommendations made following the Theatre Review which took place during 2024/25. The robust and detailed review uncovered a number of concerning themes, ranging from failures of leadership practice, variable compliance with policies and procedures, and a poor culture all of which was impacting upon behaviours and psychological safety of colleagues.

Programme highlights since the last update to Board in September 2025 include:

- Completion of the refurbished theatre staff room
- Completion of the improve security measures including additional TDSI installation
- Further delivery of our communication and senior leader visibility including regular staff forums
- The Theatre cleaning working group has recommended final proposal for revised schedules
- Closure of the Foundation Tranche with the initial actions for all eight recommendations completed. Three of these recommendations having subsequent actions which have moved to appropriate tranches

An internal PowerBI dashboard has been developed to plan, track, and evidence the impact of the work. This dashboard will not only support the delivery of recommendations but provides a view of programme benefits, extending beyond the original objectives. The dashboard is newly developed and only recently beginning to be used. Further detail is provided within the Improvement Plan, some of the key updates include:

Never Events:



Never Event data is being continually monitored and situations actively managed within standardised processes. The Theatres Together project is working closely with the WHO collaborative to improve processes relating to the 8 steps to surgical safety. Although this data set is small, it appears that the interventions made are having a positive impact on the never event frequency. The reported insulin error in September 2025 identified a wider insulin administration concern which has been managed with an internal improvement approach while also engaging with National Safety Organisations (SALG) to attempt to scope the breadth of the issue

World Health Organisation (WHO) Checklist:

Compliance with the WHO Surgical Safety Checklist is now monitored routinely as part of the Theatres Together programme, supporting assurance around safe surgery and consistent application of perioperative safety controls. The latest audit (October 2025) reviewed 85 Patient Records across four theatre suites.

There were only 2 examples of incidents where there was no evidence of WHO being completed in the notes. On these occasions following further reviews, 1 was misfiled and the second was a Local anaesthetic case that required a Local Safety Standards for Invasive Procedures

Further work is required to ensure the sign-out process is being recorded consistently with the correct use of stickers and dual signatures.

Staff Feedback:

A structured and blended approach has been implemented to capture both qualitative insight and real-time indicators of staff experience. A variation of face-to-face sessions, and digital feedback has been collected and collated since launch of theatres together, examples include

- “What matters most to you at work?” co-production survey
- Daily pulse-check feedback (“How was your day?”)
- Communications, belonging and recognition survey

Key Themes Emerging from Feedback

- Teamwork, kindness and supportive colleagues remain a clear strength
- Patient-centred care and professionalism remain evident and valued
- Leadership engagement and communication are important to staff experience
- Pressures remain present, particularly staffing and interdepartmental demand

Staff feedback is actively being used to shape delivery and strengthen assurance, including:

- Targeting cultural and leadership development interventions

- Improving communication routes and ensuring messages reach all staff groups
- Reinforcing recognition, celebration and wellbeing initiatives
- Strengthening workforce planning and operational improvements
- Supporting psychological safety and speaking up

A planned session in February 2026 will also be the focus of a more in-depth survey seeking staff interpretation of the already delivered improvements and seek their valuable opinion and insight into the current priorities helping shape the next stages of work. The programme will maintain a strong focus on “closing the loop” by sharing progress and outcomes with staff, ensuring feedback leads to visible change and supports sustained cultural improvement. Further detail on encouraging workforce metrics in provided in the Improvement Plam.

Theatre Utilisation

Quantifiable Measure	Standard	Baseline (March 2025 or 24/25)	Actual Performance	
			Oct-25	Nov-25
Late Starts	<20% by March 2026	55%	48%	49%
Early Finishes	<10% by March 2026	51%	51%	50%
In session utilisation	85% by March 2026	77%	79%	78%

Theatre Utilisation has remained broadly at the same level as the previous year with a slight improvement in the % of late starts. The theatre delivery group is not yet fully established as the team balance the operational day to day with the Theatre Together Programme. This will be fully stood up in Q4.

A full update on the recommendations is provided as an appendix to this paper.

2. Cardiology Review

In August 2024 the Health Board commissioned a focused review of the Cardiology Service at following concerns with trainee feedback, Quality, Safety and Experience (QSE) reports, operational reviews, and staff wellbeing surveys. In addition, medical training in Cardiology at UHW was placed under Enhanced Monitoring by the General Medical Council in July 2024 due to ongoing concerns relating to the training of resident doctors. The review included more than seventy interviews with staff of all professions and levels, analysis of clinical incidents and operational data and the review of over two hundred documents and papers relating to the service.

The Review made over 50 recommendations which have been divided into clear areas of focus:

- **Foundation for Change** – delivery the right values, behaviours, governance and structures.
- **Rhythms and Routines** - creating consistent ways of working - clear communication, decision-making, and operational routines
- **Process Improvements** - streamlining workflows, improving efficiency, and embedding continuous improvement.
- **Building Our Team** - fostering engagement, ownership, and a positive mindset for change, while building capability and capacity

Since the last update to Board in September 2025, a number of recommendations have been completed, these include:

- **Weekly Directorate Team Meetings** - a multidisciplinary meeting, supported by the management team, now takes place weekly to review directorate business and address any concerns.

- **Professional Investigations** - all allegations of unprofessional behaviour highlighted during or since the Review have now been investigated. Some of these are still under review.
- **Cardiology Consultant of the Week** - model standardised and SOP written to ensure consistent approach.
- **WHO Checklist** - implemented and mandated in Cath Labs
- **Consultant Job Planning** - meetings are now facilitated by the both the Clinical Director and General Manager
- **Quality & Safety Meetings** - Directorate Quality and Safety meetings are held monthly, chaired by the Q&S lead. Non-emergency work is paused to allow full participation.

The programme is being supported by Shaping Change and the Directorate have recently appointed a Service Manager to provide much needed additional capacity, something which had been raised in the September update to Board. Key areas of focus for the coming weeks include demand and capacity analysis, improvements within outpatients and a relocation of pacing theatre as part of the wider site reorganisation programme.

The Cardiothoracic Directorate are one of only two services in Wales to be accepted onto a new quality programme supported by NHS Wales and the Health Foundation. This will support us to develop a Quality Management System (QMS) for our clinical services. This will be a really positive lever of change and will complement the Quality and Safety work already underway across the Directorate and, in time, although a consistent and clear approach to monitoring performance across all quality domains.

Hospital Sterilisation and Decontamination Unit (HSDU) Review

In June 2023 a formal respect and resolution process commenced in HSDU involving 15 staff, the process ran for 10 months and individuals impacted by the process raised concerns to the Chief Executive. Given the serious nature of some of the concerns raised the organisation commissioned a comprehensive service review in 2024.

As part of the review 68 people from within the service were met with, in addition to 10 senior leaders who had current or previous responsibility for the service. The review highlighted cultural issues including behaviours which were not in keeping with the values of the organisation. There was a view that the development of a poor culture was in part due to a lack of fairness and transparency and that a failure to follow policies and procedures resulted in a breakdown of trust within the team and towards management.

23 recommendations were made across 6 themes:

- Values and Behaviours
- Leadership and Management Capability
- Team Dynamics
- Communication and Engagement
- Fairness and Equity
- Incidental Findings

The response to these recommendations was overseen by the Chief Operating Officer who held regular meeting with the department leadership team. Since publication the department has undergone a series of improvements, this includes the recruitment of additional leadership capacity, improvements to the physical infrastructure and disciplinary procedures for five members of staff, one of which has recently concluded.

The findings from the review, and the associated ongoing actions, have been presented to the People and Culture Committee in September 2024 and March 2025. From January 2025 the oversight of the recommendations will form part of the Theatres Together Programme

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

Theatres Together

- The theatre together programme continues to deliver against the comprehensive review recommendations
- The establishment of Programme Dashboard allows for a more detailed review of the outputs and outcomes from the programme and wider work within Perioperative Care
- Staff feedback remains central to the programme with a department meeting in February providing the next opportunity

Cardiology

- Following the last update to Board, the Cardiology Programme has been fully established and completed a number of actions
- The previously reported need for additional capacity has led to recruitment of additional support for the team

HSDU

- There continues to be progress against the recommendations for the HSDU review and formal monitoring of these will now form part of the Theatres Together Programme

Appendices:

5.12a Theatres together Improvement Plan – **located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.**

Recommendation:

Board is requested to **NOTE** the operational updates

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		Involvement	x
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Impact Assessment:

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

Risk: No

Safety: No

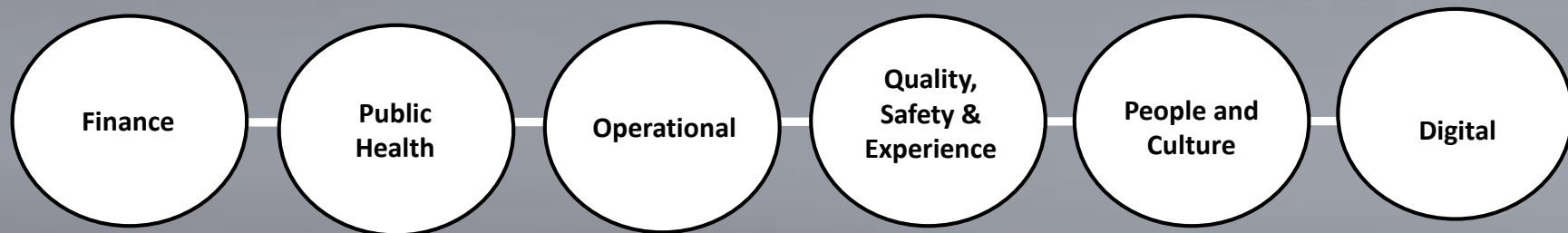
Financial: No

Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
23/01/2026 20:12:05

CARDIFF & VALE UHB INTEGRATED PERFORMANCE REPORT COVER PAPER – January 2026





Capital

Conclusion

The UHB's Financial Plan in 2025/26 reflected the following key components:

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	59.900
2025/26 Demand/Cost Growth/Improvement	51.100
Draft Deficit	111.000
Additional Allocations	(22.768)
Savings Plans	(32.000)
Initial Planned Deficit	56.233

The UHB initially planned a deficit of £58.2m for submission to Welsh Government (WG), with the draft plan submitted at the end of March 2025. Following this submission, WG requested further actions to reduce the forecast deficit. In response, the UHB confirmed that progress in identifying savings provided sufficient assurance to increase planned savings delivery by £2m, reducing the forecast 2025/26 deficit to £56.2m.

The submitted plan still projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval.

At Month 9, the UHB is reporting a year to date overspend of £43.250m.

	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	7,286	7,286	0	64,013	64,013	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(2,599)	(2,799)	(200)	(21,838)	(22,420)	(582)	(32,000)	(32,778)	(778)
Operational Variance	0	(1,447)	(1,447)	0	1,657	1,657	0	778	778
Clinical/ Service Board Variance	4,687	3,040	(1,647)	42,175	43,250	1,074	56,233	56,233	0

The overall £43.250m deficit at month 9 was made up as follows:

- Planning Deficit **£42.175m**
- Savings Programme surplus of **(£0.582m)**
- Operational Position deficit **£1.657m**.

The forecast £0.778m surplus against the £32.0m savings target is expected to support ongoing operational pressures.

At Month 9, the UHB had identified £32.778m (102.4%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.177m were also identified and continue to be reviewed for progression to Green/Amber where possible.

2025/26 UHB Savings Programme: Identified vs Requirement



Forecast savings of £32.778m are reported against the £32m recurrent savings at month 9. The level of recurrent savings identified is lower at £27.097m leaving a gap of £4.903m to target. The combined impact of this savings gap and the full-year effect of in-year operational pressures is projected to increase the underlying deficit carried forward into 2026/27 by £11.800m, unless additional savings schemes are implemented as illustrated below:

Planning Assumption	£m
Underlying Deficit (ULD) brought forward	59.900
Demand and cost growth and unavoidable investments	51.100
Quality Improvement Programme - savings	(32.000)
Additional Recurrent Allocations	(22.767)
Planned Underlying Deficit (ULD) at end of 2025/26	56.233
Shortfall against Recurrent Savings Target & Recurrent Operational Pressures at month 9	11.800
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	68.033

The underlying deficit will deteriorate further if the year to date operational pressures are not mitigated.

The UHB is pressing for further recurrent schemes to be developed to close the gap.

Obesity and Diabetes

- The Director of Public Health Report 2025 outlines the approach we are taking for Good Food and Movement and asks for three calls to action to prevent both obesity and type 2 diabetes.
- Food Vale has been successful in gaining funding from The National Lottery to support the roll out of their approach to tackling household food insecurity across the Vale of Glamorgan.
- The All-Wales Diabetes Prevention Programme business case for local delivery was reviewed at the Value Benefits Realisation Group on 3 December but funding was not agreed. The programme is evidence-based, providing targeted dietary and lifestyle interventions for those identified as high risk for developing type 2 diabetes and is effective at reducing the rate of progression from pre-diabetes to diabetes. Currently funding streams (cluster funding and Strategic Programme for Primary Care funding) cease on 31 March 2026. Alternative models of care are being considered.

Vaccination

- As part of the Autumn Influenza campaign, we began vaccinating health and social staff on 1 September 2026. CAVUHB has incorporated a roaming delivery model for staff vaccination in 2025/26 and utilised an enhanced approach to communications. We are leading in Wales for staff vaccination uptake based on Vaccination Programme Wales (VPW) data. 63.3% staff have been vaccinated as of 12 January 2026, which is above the All-Wales average of 49.9%. We are significantly ahead of previous programme benchmarks. For example, on this date last year 5,783 staff had been vaccinated, an uptake of 33.1% (12 January 2025). A staff influenza vaccination feedback survey received 914 responses (5% of CAVUHB workforce) providing valuable insight into vaccination behaviour and learning for future campaigns.
- 1,077 gelatine-free influenza vaccinations have been administered to pupils during the 2025/26 campaign. This addresses a historic inequity in access to the influenza vaccination, as previously children requiring a gelatine-free option would require an additional appointment at a GP practice. Feedback and learning from this approach will inform the national evaluation exercise.
- We are working with five secondary schools across Cardiff and the Vale of Glamorgan to increase uptake of the MMR vaccine amongst pupils and teachers. The work involves targeted, behaviourally informed communications and engagement and utilising pastoral teams to reach out to the families of under-vaccinated children. Clinics are booked in two of the five schools for January and March with conversations on-going to schedule the remainder.

Smoking prevention

- The Smoke-Free Ambassador Scheme has been successfully piloted with two primary schools. Feedback was extremely positive- resources are being updated to reflect the feedback and changes suggested by the children. An easy read version is also being developed at the suggestion of the pilot schools to ensure children with additional learning needs can take part.

Smoking cessation

Help Me Quit Promotion:

- An 'In App' advertising project commenced on 1 January, primarily targeting areas of deprivation in the Vale of Glamorgan. On opening an app on their mobile phone, users will be prompted to contact Help Me Quit to obtain help to quit smoking. Interaction with the advert will be monitored.
- A case study video describing the successful journey of a 41-year-old man in quitting smoking using the Help Me Quit service has been widely promoted. The story was taken up by media from across the UK.

Actions to increase referrals to Help Me Quit:

- Project launched January 2026 to deliver text messages from GP surgeries to patients who smoke in the City and South and SE Cardiff Clusters. Message to encourage patient to contact the HMQ service for help to quit. Take up will be monitored.
- Maternity Smoking Cessation SOP drafted to formalise the pathway and procedures required to ensure pregnant smokers are CO monitored and referred for smoking cessation support at every opportunity in the antenatal pathway. CO monitoring at the 28-week community appointment to be introduced in January.

Smoke-free environments

- Following on from the start of enhanced no-smoking enforcement patrols at UHW, the enforcement officer is now covering all UHB sites (UHL, CRI, St Davids and Barry Hospital). Activity is being monitored by Shared Regulatory Services and will be reported to the Public Health Team.

Women's Health Hubs

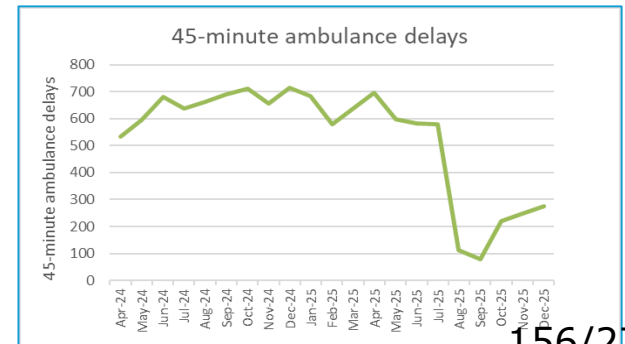
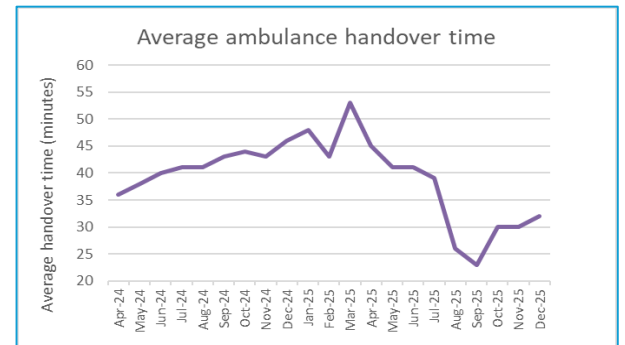
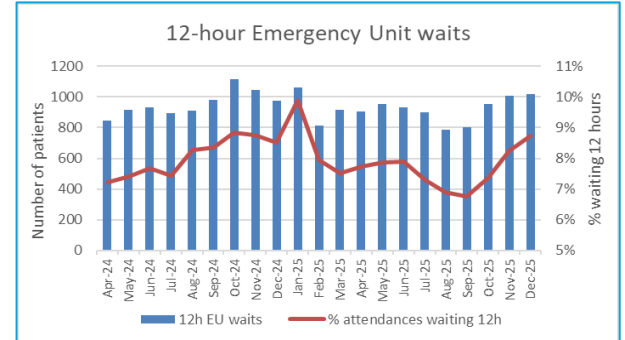
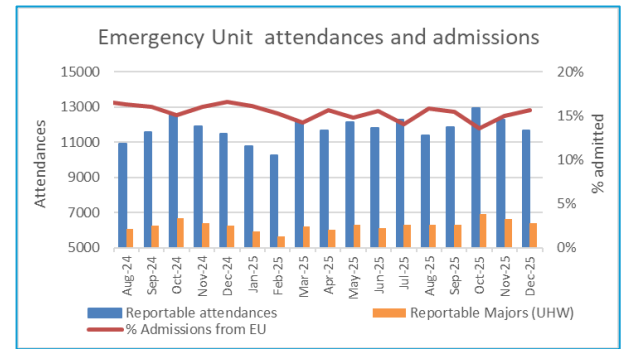
- A pathfinder hub plan has been agreed with funding approved. A pathfinder hub operational group has been established to rapidly mobilise the first women's health hub. The hub will be based in a primary care cluster in an area of deprivation, providing a cluster-based menopause clinic with a holistic approach to menopause care (e.g. social prescribing, mental health support and menopause cafe in addition to medical and pharmaceutical interventions). Work is underway to start clinical sessions in this hub in February 2026.
- Patient and public engagement has been undertaken through the concurrent Clinical Services Plan (CSP) engagement process. One of the 5 key areas of the CSP is 'Women and people registered female at birth', therefore this has been used as the basis of initial public engagement for Women's Health Hubs development within the Health Board. This process has been developed through close partnership with third sector organisations via third sector lead organisations C3SC and Glamorgan Voluntary Service. The engagement finished end Dec 2025. Over 3,500 individuals have engaged in the process, with in-person engagement reaching over 2,000 people. Feedback specifically from individuals living in the Cardiff East cluster catchment area has been extracted ahead of the engagement process completion to inform Hub development.

Health protection

- The Hepatitis C Trust, with support and funding from the public health team, has successfully appointed to the vacant Criminal Justice Worker post, with the new postholder to start in January 2026. The role has been vacant since September and plays a crucial role in supporting people leaving prison with a BBV diagnosis.

Urgent and Emergency Care – Out of Hospital and Front Door

- In December attendances at the Emergency Unit reduced from those in November but were increased by around 1.9% compared to December '24. The number of Majors attendances was reduced from November '25. The proportion of patients admitted via EU increased to 15.7% but is reduced when compared to December '24
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%. This is putting pressure on EU as we move into winter
- Following periods of sustained operational pressure, the number of patients waiting 12 hours or more in EU increased and the proportion of attendances resulting in a 12 hour wait increased to 8.7%. The number of patients waiting 24 hours in the EU footprint was 61, the majority associated with periods of intense pressure at the beginning of the month
- The number of 1-hour ambulance holds increased in December – c9% of conveyances waited >1h at UHW. In line with the Ministerial Advisory Group recommendations, we have moved our operational focus to reducing and eliminating 45-minute ambulance holds. This has included ringfencing majors capacity to facilitate timely handovers. Operational pressure in month led to an increase in 45-minute holds, but the average handover time remains improved from the summer



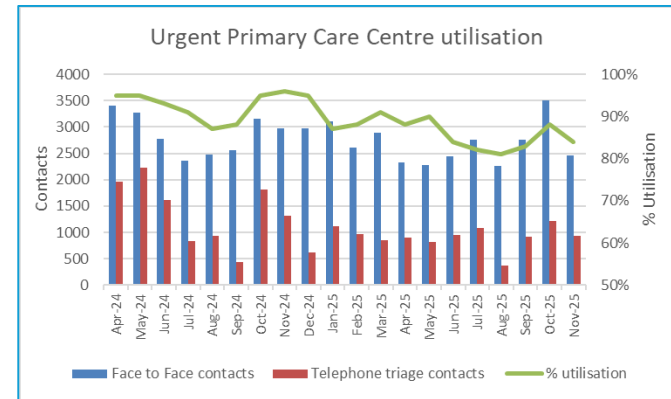
Urgent and
Emergency

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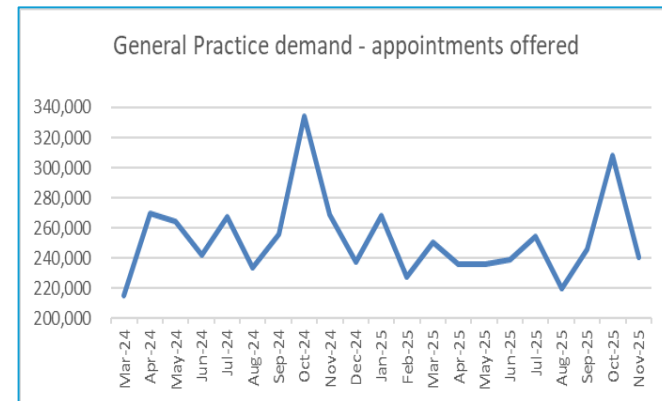
Urgent and Emergency Care – Out of Hospital and Front Door

- In November, 2,454 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 940 patients triaged by telephone. In November 84% of the available slots were utilised, reduced from October
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year nearly 2 million appointments have been offered across Cardiff and the Vale, fewer than as this point last year
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased
- The number of appointments offered in November reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

Urgent and Emergency



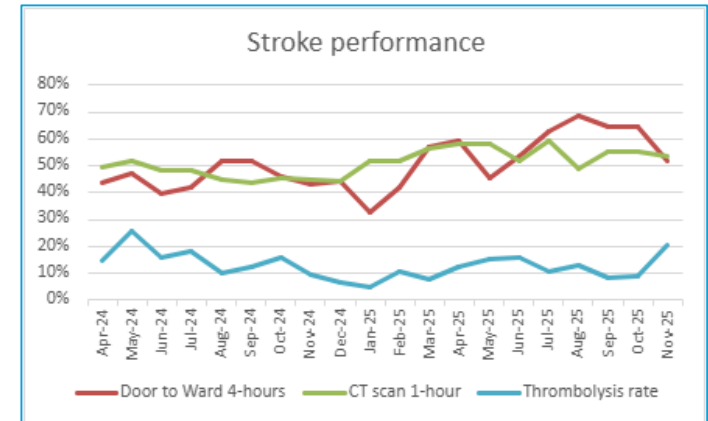
GMS activity		November 2025	Year to date 25/26
	Calls to GP Surgeries	296,668	2,519,848
	Digital requests to GP practices	80,920	620,988
	GP appointments offered	240,657	1,979,832
	Items issued via prescription	675,596	5,860,906



Urgent and Emergency Care – Hospital Flow and Discharge

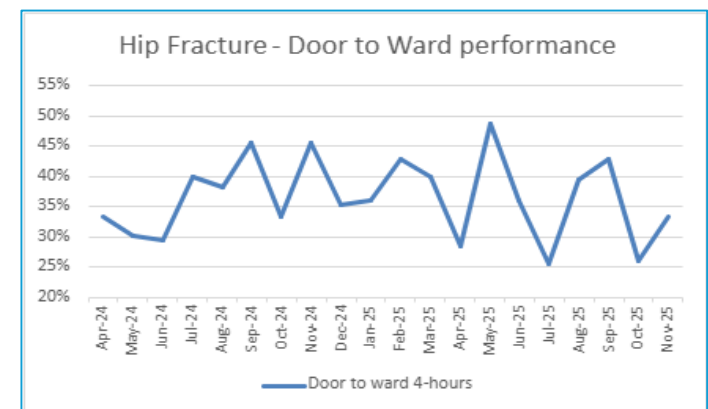
Stroke

- The most recent data from November showed a drop in compliance with the Door to Ward standard for Stroke patients. Compliance fell from 64.4% to 51.6%. In November 53.6% of patients receiving their CT scan within 1-hour, a small drop from October. The thrombolysis rate improved to 20.3% in November – our best performance since May 2024 and above Welsh Governments 20% standard. Time to needle was improved from October, but no patients met the 30-minute standard. We are holding a follow-up stroke summit in January 2026 to allow a deep dive into key aspects of the stroke pathway



Hip fracture

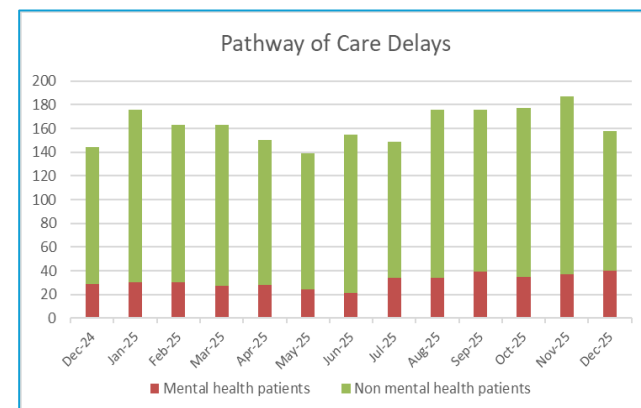
- In November, 33.3% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an increase in performance from October and remains significantly above the national average of 9.9%



Urgent and Emergency Care – Hospital Flow and Discharge

Urgent and Emergency

- Pathway of Care Delays reduced in December to 158, the number of non-Mental Health delays reduced to 118 with an average length of stay since becoming clinically optimised of 33 days. Mental Health delays increased to 40, with an average length of stay since becoming clinically optimised of 92 days. We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 7,556 bed days were lost in December, reduced by c900 from last month and by 2,300 from the same month last year, equating to 75 beds across adult and mental health wards. This improvement was driven by actions in partnership with Cardiff Local Authority
- In partnership with our Local Authority colleagues, we are taking the following actions:
 - Delivering the trusted assessor model
 - Named social worker for medical wards in UHL
 - Forensic review of patients who've stayed >10 days
 - Check and challenge in our community hospitals by GPs and community clinicians
 - Daily touch points with Cardiff and VoG Local Authorities
 - Reviewing 'reason for attendance'
 - Forensic review of all non-clinically optimised patients



Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	33
Awaiting Social Worker allocation	11
Awaiting joint assessment	9
Mental Capacity assessment delay	6
Awaiting start of new community care package funded by social care	5
Awaiting reablement community care package	5

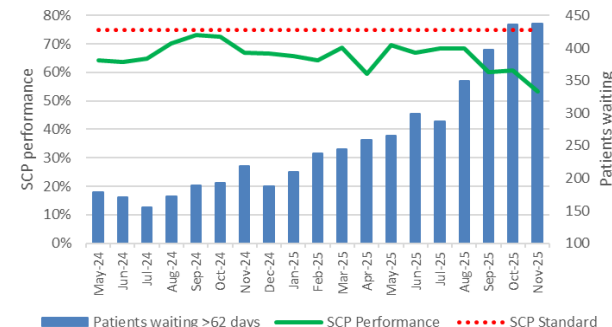
Top 6 reasons for MH delays	Number of delays
Awaiting funding decision FNC/CHC	6
Awaiting joint assessment	5
Awaiting specialist bed availability	4
Awaiting care home manager (Nursing) to visit and provide outcome	3
Identifying Nursing Home	3
Awaiting Dementia nurse availability	2

Planned Care, Cancer and Diagnostics

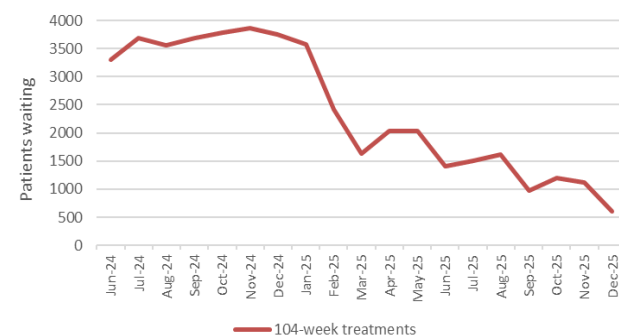
- As forecast, our SCP compliance fell to 53.3% in November, as we treat patients from the increased backlog of 62 waits. We continue to work through the actions described last month in key tumour sites – Skin, Urology and lower GI. Urology and LGI are meeting their improvement trajectories, the new Skin Consultants are starting in January and February. We are forecasting an improvement to c60% in December
- In Q3 the UHB delivered on our commitment to Welsh Government to reduce the number of patients waiting. At the end of December 609 patients had waited 2 years for treatment
- We have committed to reducing this further in Q4, to 450 patients. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair
- Diagnostic 8-week waits reduced in November 2025 to 10,138, mainly driven by reductions in endoscopy and radiology waits. This is the lowest position since July 2023
- A verbal update will be given at the meeting on the formal December position

Planned Care

Single Cancer Pathway performance



104 week Treatment waits



8 week Diagnostic waits



Planned Care, Cancer and Diagnostics

Cancer – Rapid Diagnosis clinic

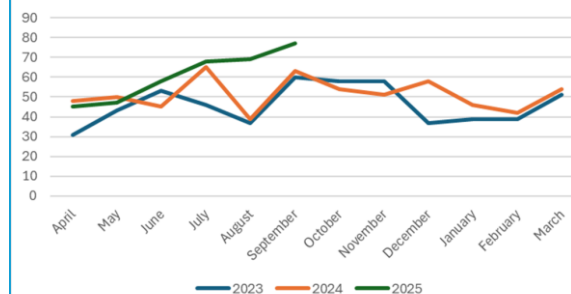
- A new service, approved in 2022, which aims to provide rapid assessment and diagnosis for patients with vague symptoms, which could be cancer but don't often meet the traditional criteria

25/26 update

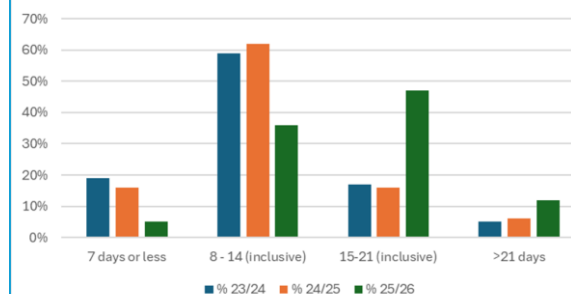
- Increasing demand:
 - Increased awareness and regular educational events for primary care
 - Increased number of 'straight to CT' requests from GPs are being redirected appropriately to RDC by radiology
 - More public awareness of vague symptoms suggestive of cancer prompting increased patient presentation
- Time to appointment:
 - Increased waiting times for patients on RDC pathway in 2025 due to rising demand and challenges with access to locum cover
 - Need to undertake updated demand and capacity review to respond to increasing demand
- Cancer diagnoses:
 - Since the launch of the service 80 cancer have been diagnosed – overall conversion rate of 8%
 - The range of tumour sites highlights the importance of the vague symptom pathway
- Non-Cancer diagnoses:
 - Significant number of non-cancer diagnoses across medicine, specialist, surgical and mental health and services

Planned Care

RDC Total Referrals by Year



Time from Referral to RDC Clinic

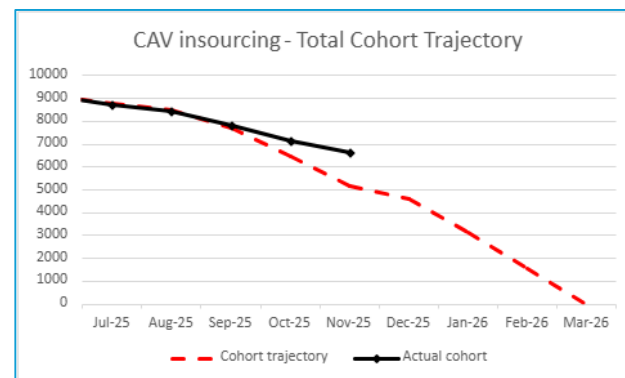
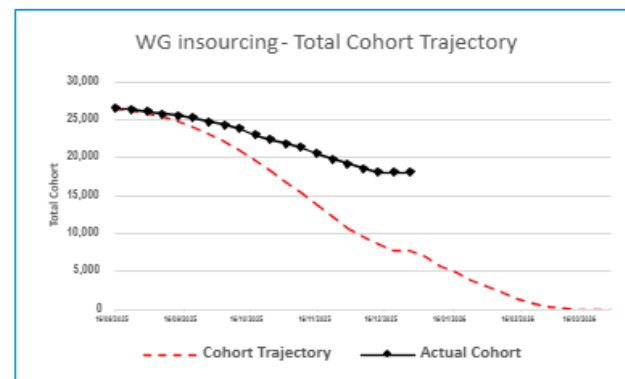
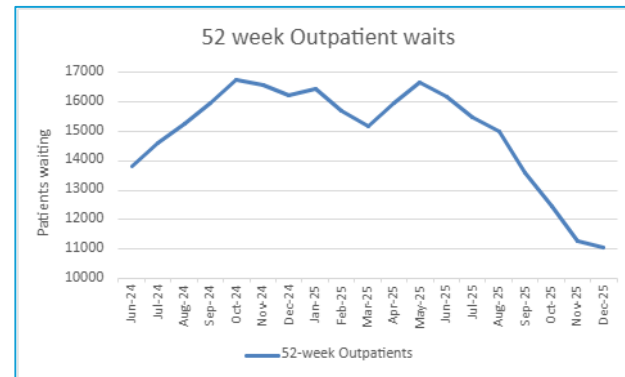


Cancer site - diagnosis	No.
Lung	19
Prostate	7
Hepatocellular	6
Renal	6
Lymphoma (subtypes)	5
Pancreas	5
Breast	4
Colorectal	4
Bladder	3
Cholangiocarcinoma	3
Ovarian	3
Leukaemia (subtypes)	2
myeloproliferative disease	2
Oesophageal	2
Gastric/GIST	2
Mesothelioma	1
Sarcoma	1
Endometrial	1
leiomyosarcoma	1
Squamous cell (metastatic)	1
Kaposi Sarcoma	1
Cancer of unknown primary	1

Planned Care, Cancer and Diagnostics

Planned Care

- The number of patients waiting 52-weeks for an outpatient appointment reduced again in December 2025 driven mainly by surgical specialties. We are anticipating further improvement in line with the outpatient work below
- We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- To date we have delivered c7400 appointments through the Government insourcing contract and over 2500 appointments through C&V schemes
- We hold weekly senior meetings with HBS (WG insourcing provider) and are working with Welsh Government to ensure facilitate delivery of appointments, flexing capacity between specialties to maximise delivery

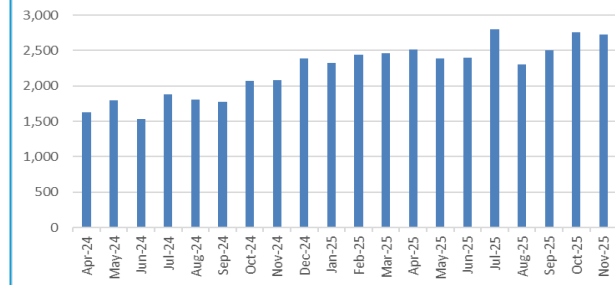


Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,723 consultations delivered in November 2025, increased from November last year
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services

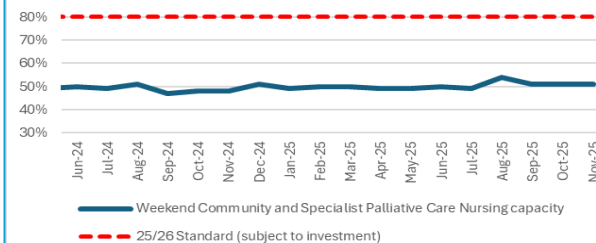
Primary and Community Care

PIPS consultations

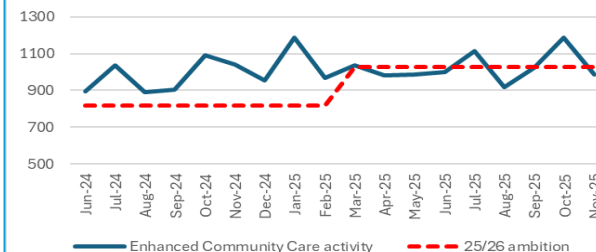


Community activity		Nov-25	Year to date 25/26
	District Nurse visits to patients	16,487	137,282
	Patients supported by Safe@Home	66	593
	Patients supported by CRT/VCRS to avoid admission	35	307
	Patients supported by CRT/VCRS with early discharge	111	768

Weekend Community and Specialist Palliative Care Nursing capacity

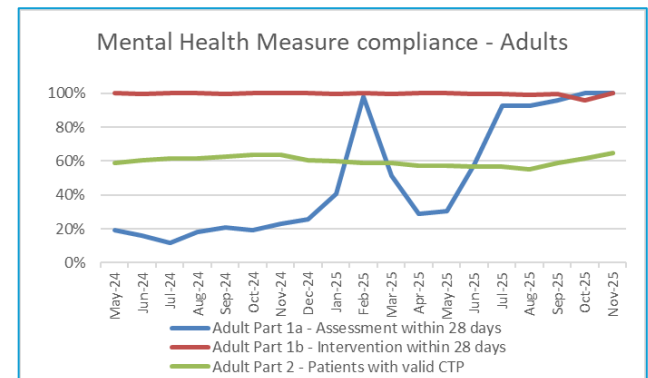
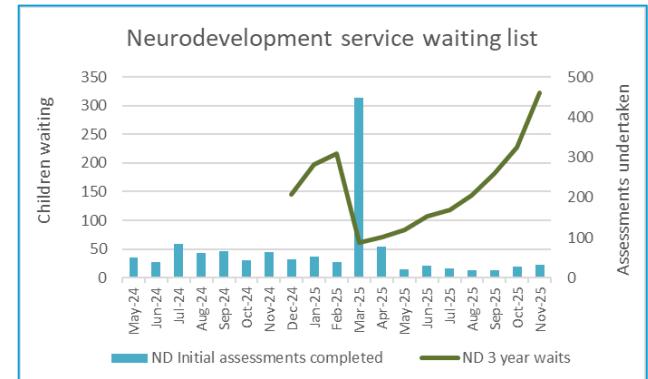
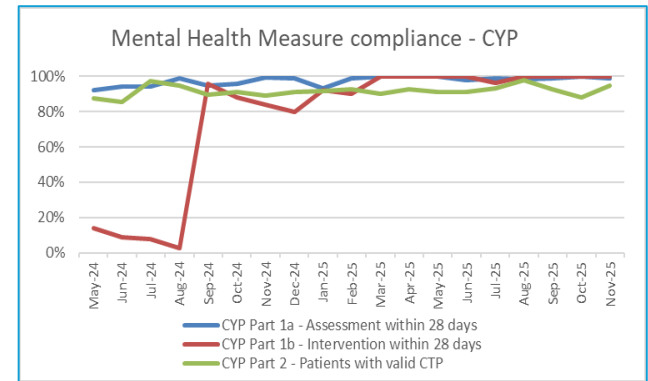


Building Community Capacity - Enhanced Community Care (Safe@Home, CRT/VCRS, Virtual Wards)



Mental Health

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, >99% compliance reported for November 2025. Part 2 performance improved in November 2025 and is above standard
- The Neurodevelopment service waiting list continues to grow with 236 referrals in November. The number of 3-year waits increased to 323 in November. We have agreed a recovery trajectory through additional assessment capacity to achieve 0 x 3-year waits by end of March 2026. In total there are 4,989 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average
- For Adult and older people's mental health services, November saw Part 1a compliance maintained over 95%, despite referrals remaining high. Part 1b remains compliant with 100% reported in November. Part 2 remains below standard but has improved in line with our trajectory, increasing to >60% for October and November. The health board has developed an improvement trajectory with the clinical teams over a 5-month period. This approach has been shared and agreed with NHS Performance and Improvement



Mental Health Measures:

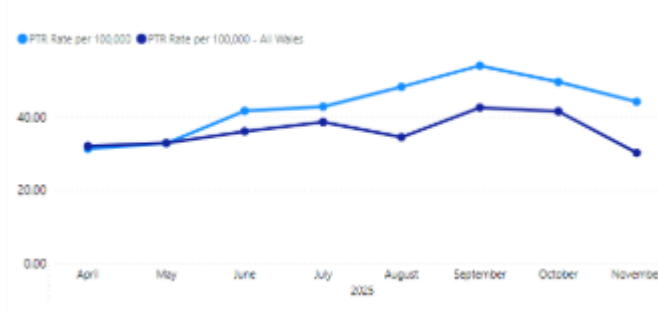
1a – assessments undertaken within 28 days

1b – therapeutic interventions undertaken within 28 days following assessment

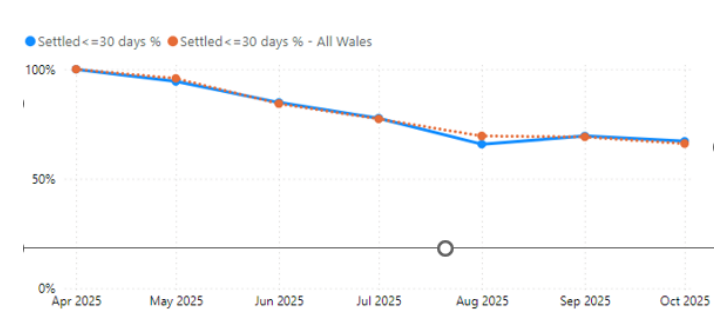
2 – residents with a valid health and care treatment plan

Concerns: December 25

CVU UHB - PTR Concerns per 100,000 population



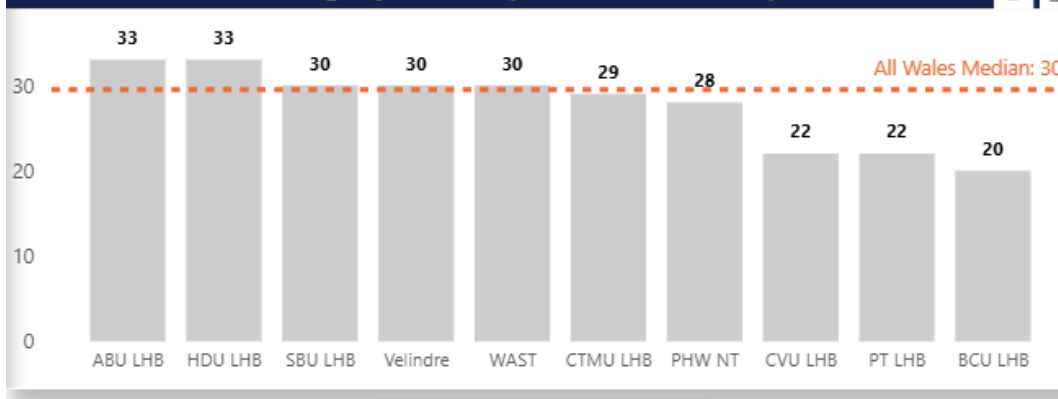
CVU UHB - % PTR Concerns Settled in 30 Working Days - by Month o...



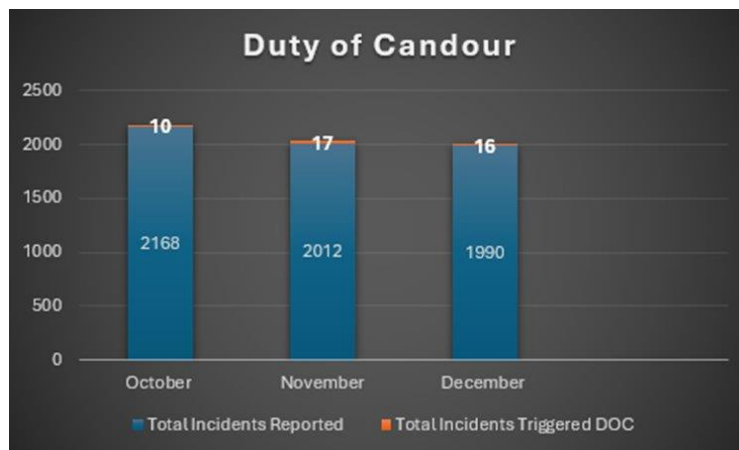
Quality,
Safety and
Experience

We continue to see an increasing volume of concerns and enquiry's key themes are waiting times and communication

All Wales - Median working days for a response (includes still open concerns)



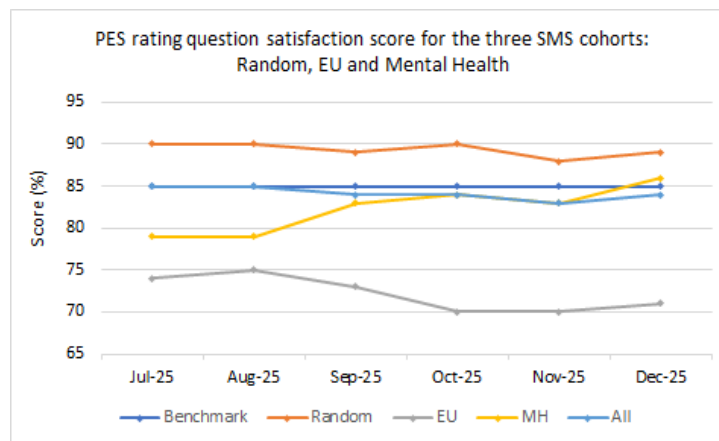
Quality Excellence work has identified key themes from concerns and Inquests-Failure to recognise or escalate a deteriorating patient, Infection control and Medication safety



Duty of Candour:

Themes and trends:

- Falls
- Pressure damage
- Lost to follow-up
- Delays / cancellations in diagnosis or treatment
- Missing/unclear documentation contributing to missed assessments and escalation



• **Total Surveys sent: 185,000 since commencement between 12 and 140000 per month**

• **Completed Surveys: (16% response rate)**

• **Average Satisfaction Score:—85%**

• **Ethnicity: 88% White subgroup**

• **Key Indicators:**

• Communication in preferred language: 95%

• Overall experience rated “Very Good” or “Good”: 86%

• Involvement in care decisions: 76%

- 
- C difficile – hospital onset accounts for 33% of the total number of cases, lower than the equivalent period last year
 - S aureus (MRSA and MSSA) – reduction noted in MSSA bacteraemia but increasing MRSA rates 40% of cases are hospital onset and 30% of these are related to vascular devices. Compliance with *S aureus* on admission is being submitted after a reduction from previous years. Screening allows treatment for colonised patients.

Brilliant Basics: What we are Doing

Brilliant Basics promote shared responsibility for infection prevention and patient safety, aiming to embed these fundamentals into daily practice across the organisation.

1. Your Hands – CLEAN

1. Follow the Five Moments of Hand Hygiene.
2. Gloves are not a substitute for handwashing.
3. Maintain a bare below the elbows policy.

2. Your Uniform – SMART

1. Adhere to the updated Dress Code Policy.
2. Wear clean uniforms; avoid wearing scrubs outside clinical areas.
3. Theatre scrubs must remain within theatre environments.

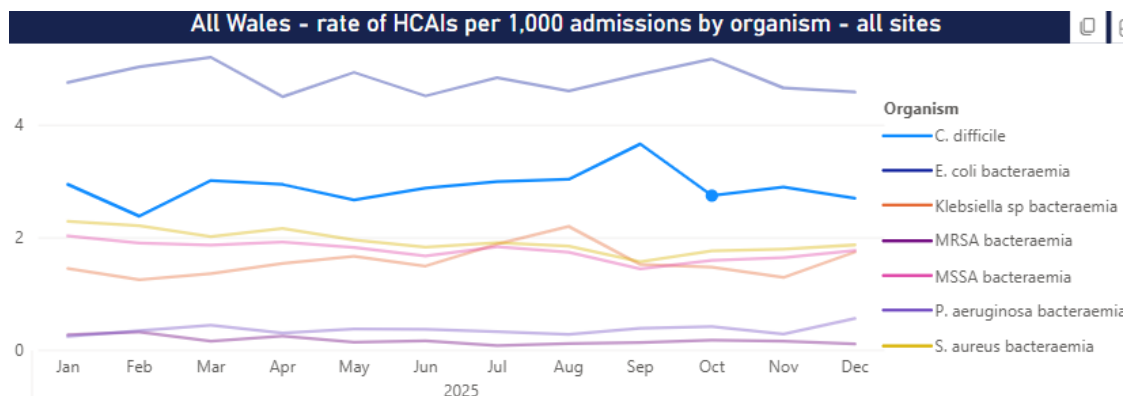
3. Your Technique – SAFE

1. Use Aseptic Non-Touch Technique (ANTT) consistently.
2. Treat every patient interaction as a potential infection risk.
3. Follow correct procedures and seek help when unsure.

4. Your Standards – SURE

1. Maintain high standards at all times, even under pressure.
2. Be vigilant and report concerns.
3. Empower staff to challenge lapses in quality constructively

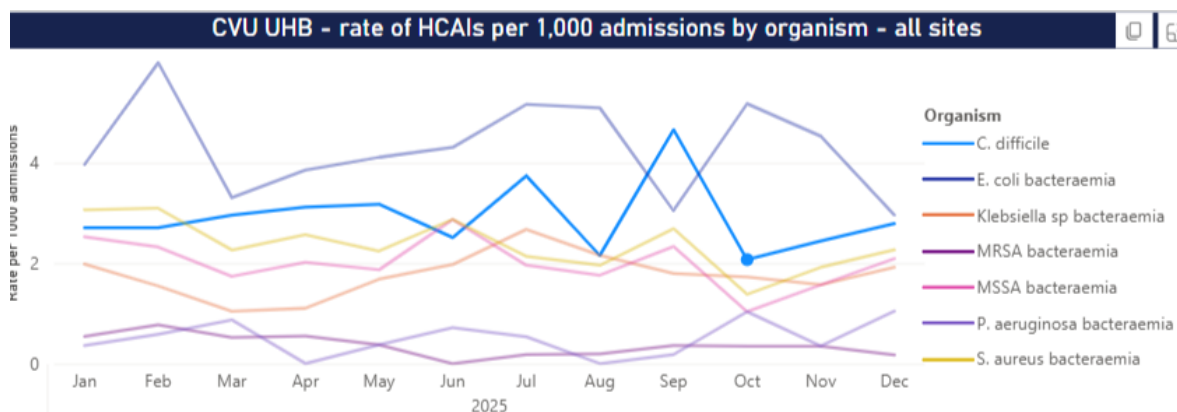
Quality,
Safety and
Experience



Key Points – October 2025

1. HAI Dashboard Development

- Infection prevention and control surveillance dashboard is in development, with implementation.



Cardiff and Vale reported an NRI rate of 2.32 per 100,000 population, (All-Wales rate of 2.50 per 100,000). Between 01 January 2025 and 31 December 2025, the UHB has reported **188** Nationally reportable Incidents in 2025 . Analysis of all incidents closed between September 2024 and September 2025 demonstrated that 73% had a post investigation harm level of No / low or moderate harm.

The highest reported category of incidents in 2025 were: Disruptions to the patient pathway

The Quality Excellence Lost to Follow up Project was implemented in response to recognition that variation in administrative processes had resulted in delays in care or failure to follow up . In response there has been standardisation of clinic follow up processes through the Shaping our Future Wellbeing Quality Excellence Lost to Follow Up project. Training has been delivered to over 400 clinic coordinators and administrative staff and will continue through January and work continues to develop a report of uncached clinics to support monitoring.

Medication Incidents

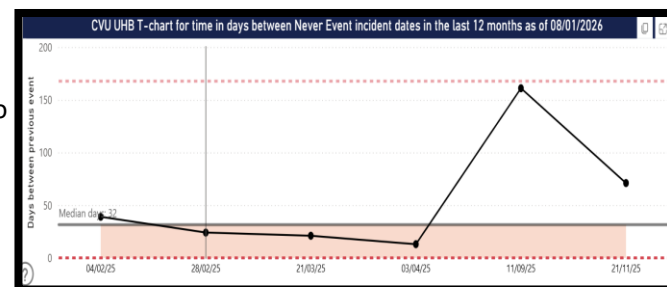
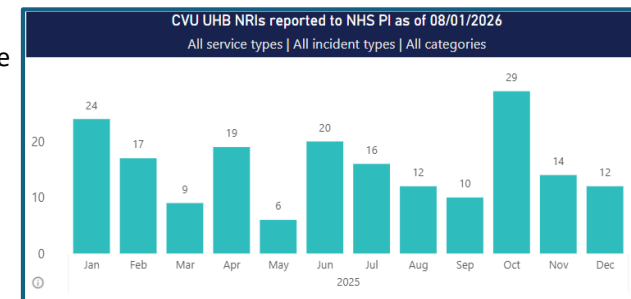
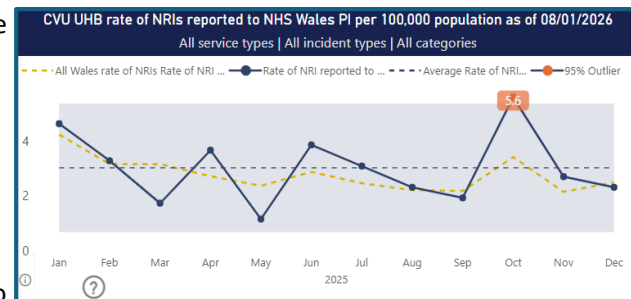
The Quality Excellence Medication Safety programme was implemented in response to reported incidents including omissions in administration or prescribing of medication . A Critical time medication task and finish group convened to strengthen education, patient information and prescribing governance and the development of alerts to prescribers and those administering medicine using the ePMA system will provide some safeguards to support the timely administration of medications. Initial data extraction from ePMA will be focused on measuring omissions in medication , with an initial focus on Parkinsons medication.

Perinatal deaths

All will be subject to completion of a Perinatal Mortality Review Tool review and those where there is further scrutiny required will be subject to a full patient safety learning review. The majority of these case are identified as having resulted in no harm as a result of healthcare

Patient assessment and escalation

The Quality excellence deteriorating patient project was implemented in response to the WHC and patient safety incidents. Delivery of NEWS 2 was completed in inpatient setting in July and associated education programme with roll out to primary care in December 2025.



CVU UHB Never Events occurring (by incident date, Jan-25 to Dec-25) as of 08/01/2026

Year	2025											
Never Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Overdose of insulin due to abbreviations or incorrect device	0	0	0	0	0	0	0	0	1	0	0	0
Retained foreign object post procedure	0	0	0	1	0	0	0	0	0	0	1	0
Wrong site surgery	0	2	1	0	0	0	0	0	0	0	0	0
Total Never Events	0	2	1	1	0	0	0	0	1	0	1	0

Quality,
Safety and
Experience

Mortality

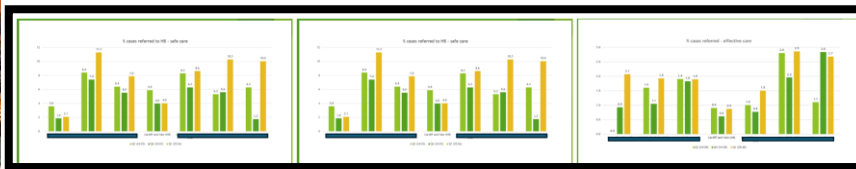
The Medical Examiner provides oversight of all deaths in the community and as an inpatient. In the first quarter of 2025/26 the ME referred 19.2% of cases that they reviewed back to the UHB for further consideration.

0.9% of cases reviewed were referred for consideration around effective care, with care at the end of life being the most common theme.

4.7% of cases reviewed were referred for consideration around the timeliness of care with delays in intervention, diagnosis, treatment and escalation observed equally

4.0% of cases reviewed were referred for consideration around safe care with clinical documentation the predominant theme

13.2% of cases reviewed were referred for consideration around person centred care with communication and individualised treatment the most common reasons for referral.



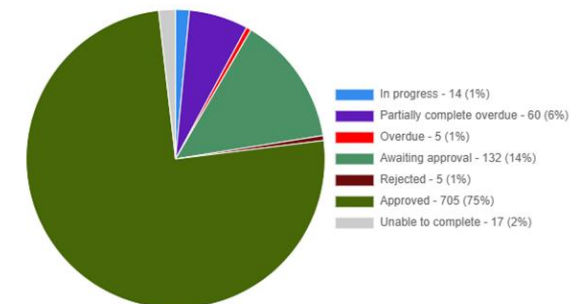
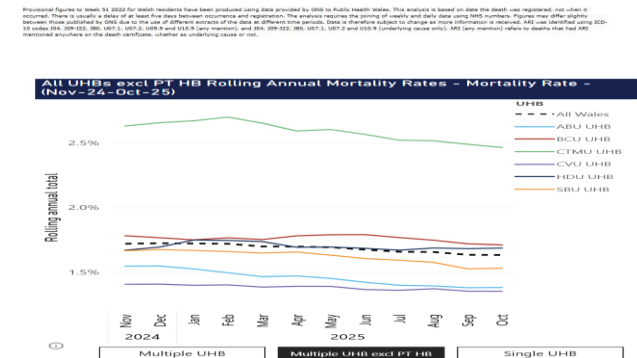
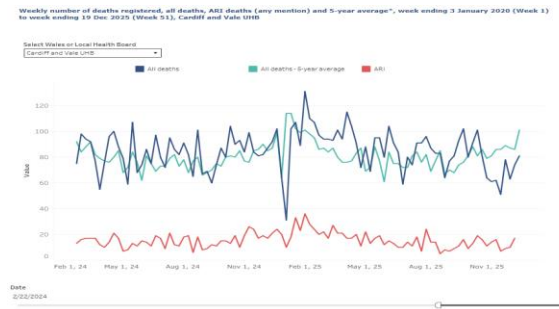
Quality,
Safety and
Experience

A UHB Mortality dashboard has been developed to support oversight of mortality at Clinical Board, speciality and ward level. There is continued development with the inclusion of surgical indicators and patient level information underway and primary care indicators planned. This in conjunction with the development of a standardised M&M process and digital system will allow triangulation with the information from the ME.

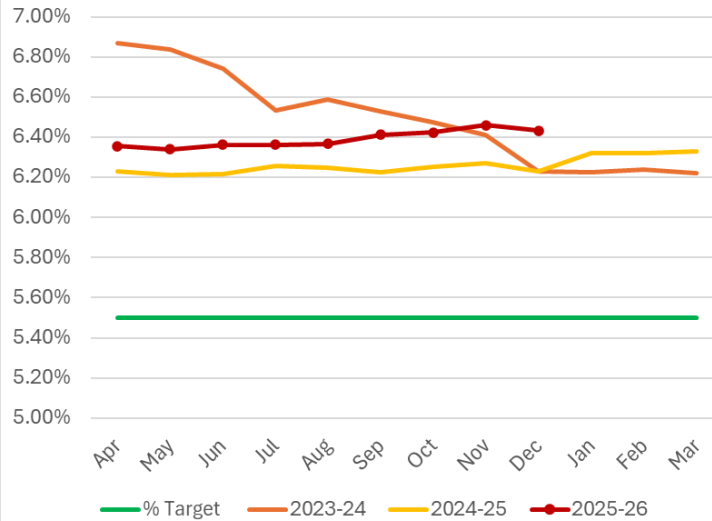
Healthcare Inspectorate Wales

The Pi chart above demonstrates progress against the HIW improvement plans hosted on the UHB quality management System AMaT. There have been no new inspections since July.

Following the HIW inspection undertaken in July 2026, UHL Radiology developed a comprehensive improvement plan to address 20 identified issues across governance, patient safety, workforce, documentation, and regulatory compliance. As of December 2025, 18 of these actions have been completed, with the remaining two progressing toward completion. This reflects sustained and timely progress, demonstrating a robust commitment to strengthening safety, regulatory adherence, and staff engagement. UHL Radiology is now well positioned to achieve full compliance and provide enhanced assurance to both HIW and the wider organisation.



12-Month Cumulative Sickness



VBA Compliance



Sickness Absence

- The target for 25/26 is <5.5% The monthly sickness rate for Dec-25 was 6.70%. The 12-month cumulative rate has risen slightly during the past year and is 6.43% at Dec-25 (an increase of 0.20% by comparison with the 12-month cumulative rate at Dec-24)
- Primary reason for absence continues to be Anxiety, Stress and Depression with a cumulative rate of 34.90% – targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.
- The second highest reason for sickness is Cold, Cough, Flu – Influenza with a cumulative rate of 10.26%. 63.4% of our staff have received the Flu Vaccine.
- A bespoke piece of work relating to population health is currently being undertaken, and further information will be provided shortly. Approximately 70% of our workforce live within Cardiff and the Vale.

VBA - The number of Values Based Appraisals completed has increased since November 2025 to 71.93%, which is higher than December 2024 (68%). This will further improve following the HCSW (Health Care Support Workers) conversations and VBA recording, which have been uploaded and will reflect in reporting in February 2026 (approx 2,500 records uploaded). The importance of having a meaningful appraisal continues to be a focus of the Executive team during the Clinical Board Reviews and Clinical Boards/CEF have been asked for improvement trajectories.



Culture – Position and Next Steps Approach being considered

Development of a coherent, non-punitive approach to culture assurance aligned to quality, safety and wellbeing is underway.

- **Early engagement signal**

Staff survey participation has increased from 22% to 35% (6070 responses); full results due end of January, with reports released to organisations 16th Feb 2026.

- **Staff voice at the centre**

Culture assurance will be rooted in staff experience rather than managerial self-assessment, with partnership safeguards.

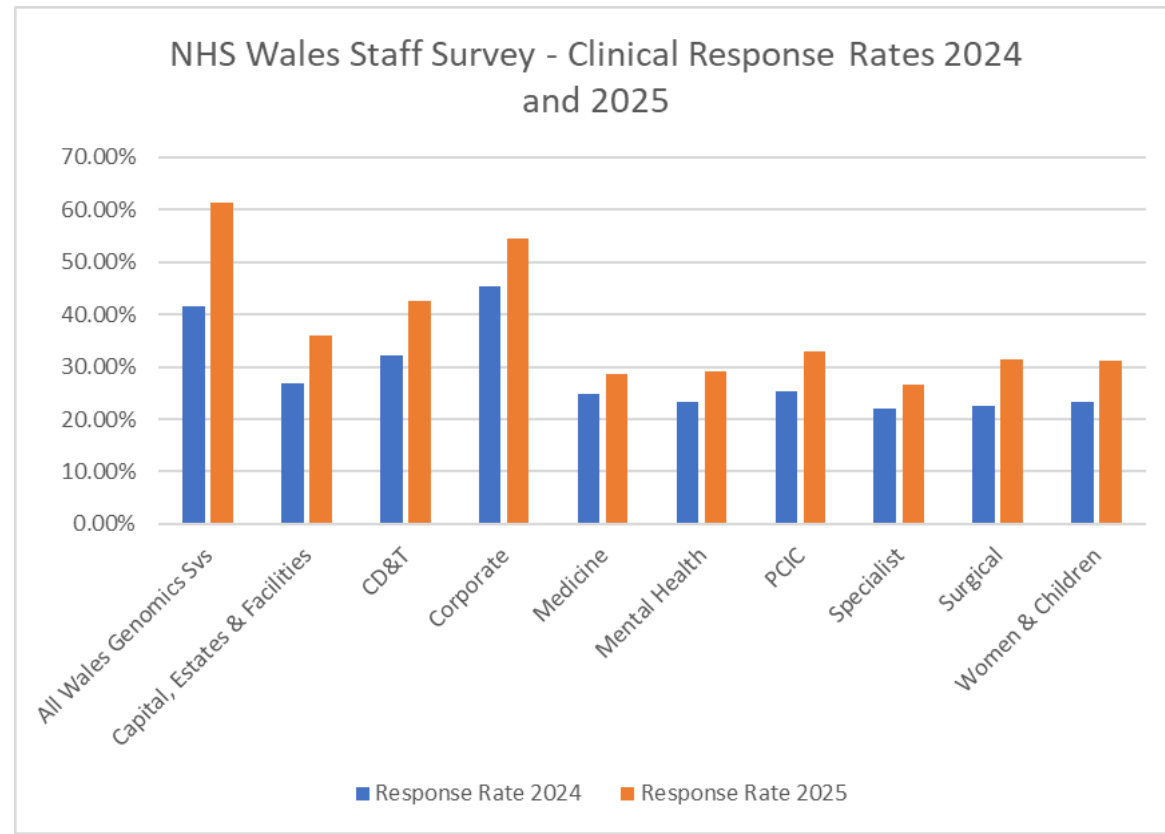
- **Methodical delivery**

A Programme Initiation Document (PID) will be developed to define scope, governance, sequencing and risk.

- **Next steps (Q1/Q2)**

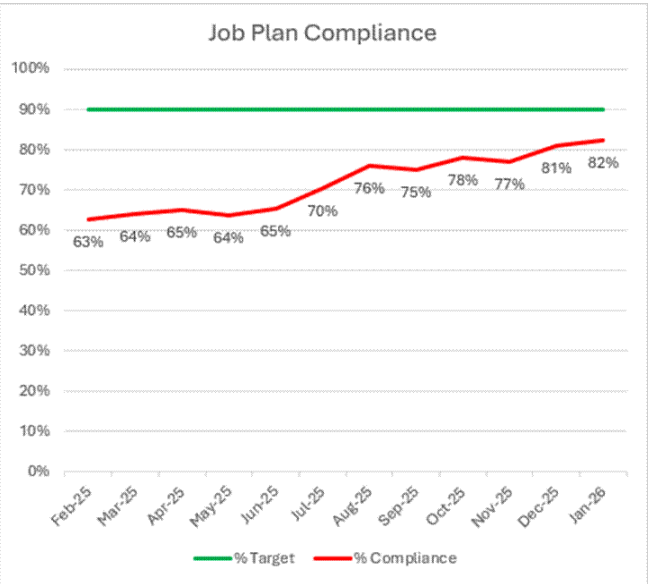
Engagement to agree culture definition and behaviours; develop dashboard concept; pilot cultural safety zones; return with assurance view.

People and
Culture



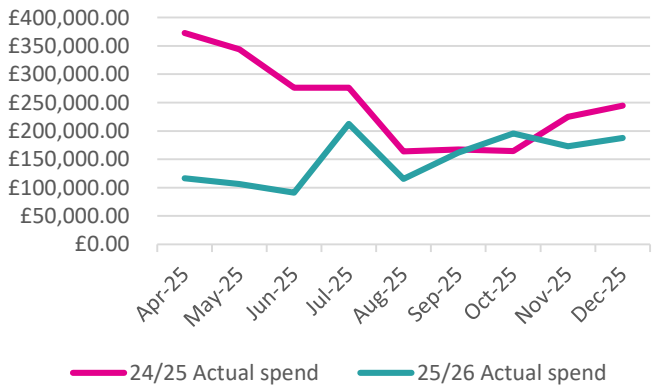


People and Culture



Job Planning – Management teams continue to prioritise job planning, with targeted attention on areas showing lower levels of compliance. Following recent communication from the Medical Director, compliance is steadily progressing toward the Welsh Government’s 90% target, with the current rate at 82%, a 6% improvement since the previous submission. A further increase of 8% is required to reach 90% compliance – this equates to approx. 80 clinicians. The quality of job plan content has also noticeably strengthened. Our focus now is to maintain this positive momentum, achieving the 90% target while sustaining the high standard of job plan content.

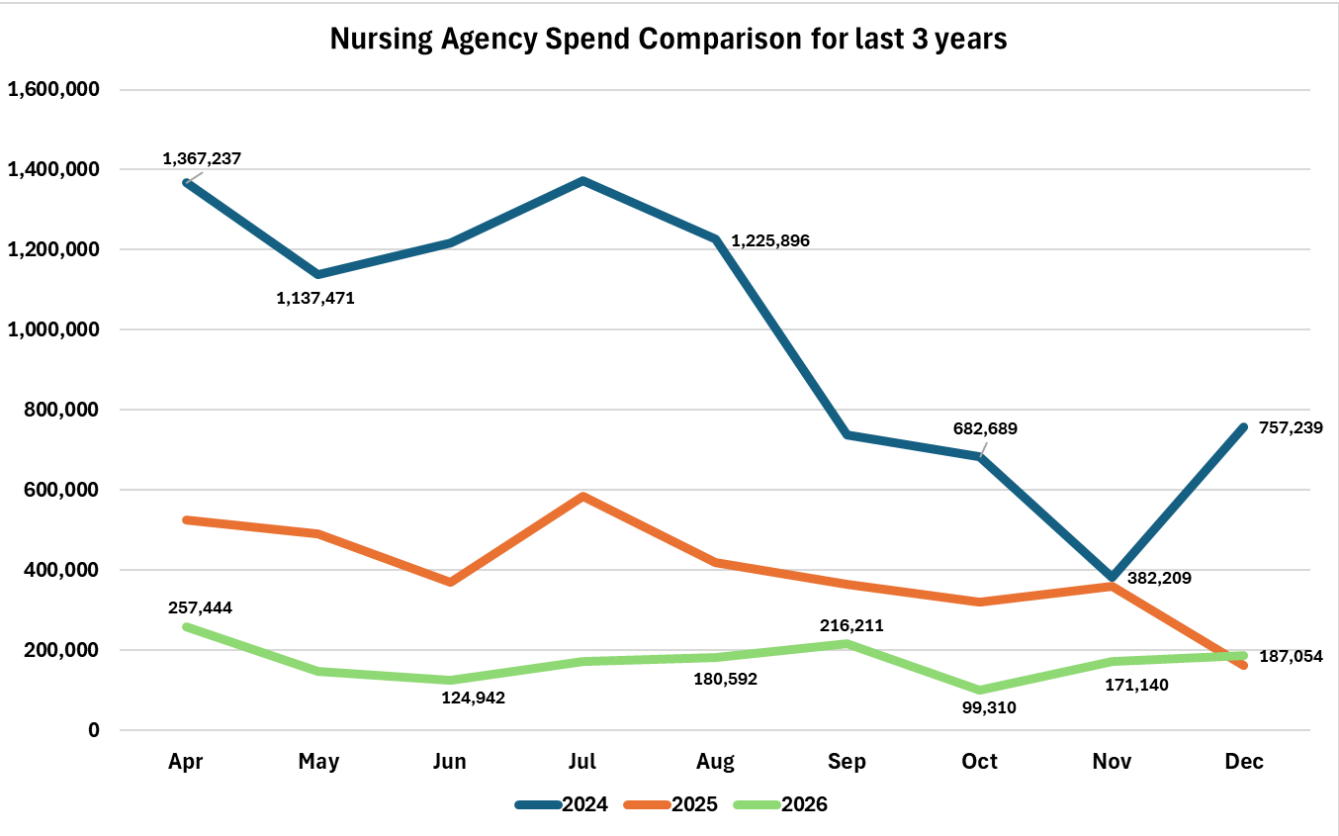
24/25 vs 25/26 Agency Spend Utilisation



Agency Reduction continues to be a key focus of the Medical Workforce Advisory Group (MWAG) aligned to the WG Enabling action for 25/26. To date we have delivered a reduction of 50% on annual agency expenditure compared to the same period within 24/25 and currently on plan to meet the 30% reduction set by Welsh Government for 25/26.



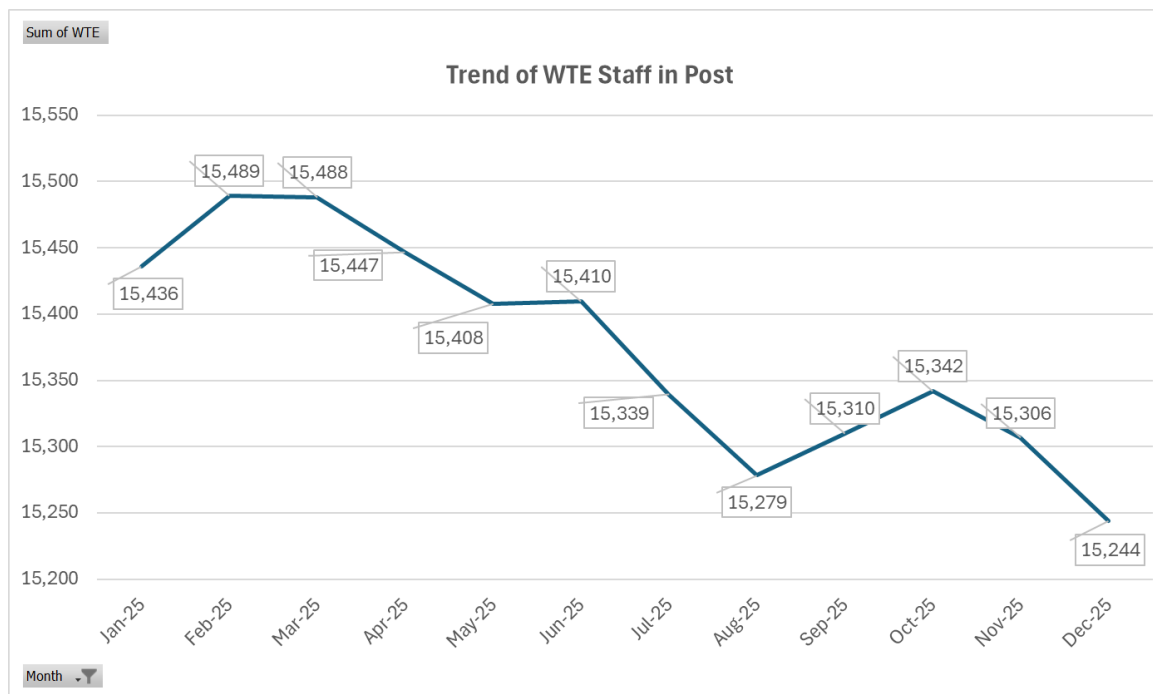
Nurse Agency Spend



There has been an increase in specialist packages of care provided across UHB including for an out of area patient repatriated back to Hafan y Coed. Agency packages of care are authorised by Clinical Boards and Deputy Exec Director of Nursing, they are moved to bank staff provision where possible and in a timely way. All iterations of the nursing hub stopped in Nov 2025 with authorisation moving back to Clinical Board Directors of Nursing, the use of agency will continue to be monitored. The Scheme of Delegation at night and weekends remains the same i.e. Executive authorisation.

Staff in Post – Monthly Monitoring

Staff Group	WTE												12-Month Change
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	
Add Prof Scientific and Technic	596	598	601	602	598	598	600	601	597	605	605	604	8
Additional Clinical Services	2971	2995	3035	3010	3007	3007	2990	2969	2943	2918	2898	2875	-97
Administrative and Clerical	2623	2639	2655	2649	2639	2640	2663	2644	2643	2595	2582	2573	-50
Allied Health Professionals	1288	1276	1269	1270	1266	1267	1258	1268	1283	1301	1307	1302	14
Estates and Ancillary	1253	1250	1216	1213	1202	1203	1193	1184	1185	1215	1210	1198	-55
Healthcare Scientists	600	599	559	566	565	565	562	554	562	568	571	572	-29
Medical and Dental	1146	1152	1157	1158	1159	1160	1150	1139	1152	1150	1150	1151	6
Nursing and Midwifery Registered	4925	4948	4970	4950	4945	4944	4901	4897	4929	4965	4959	4945	21
Students	34	32	27	28	26	26	24	23	17	25	25	25	-9
Grand Total	15436	15489	15488	15447	15408	15410	15339	15279	15310	15342	15306	15244	-192

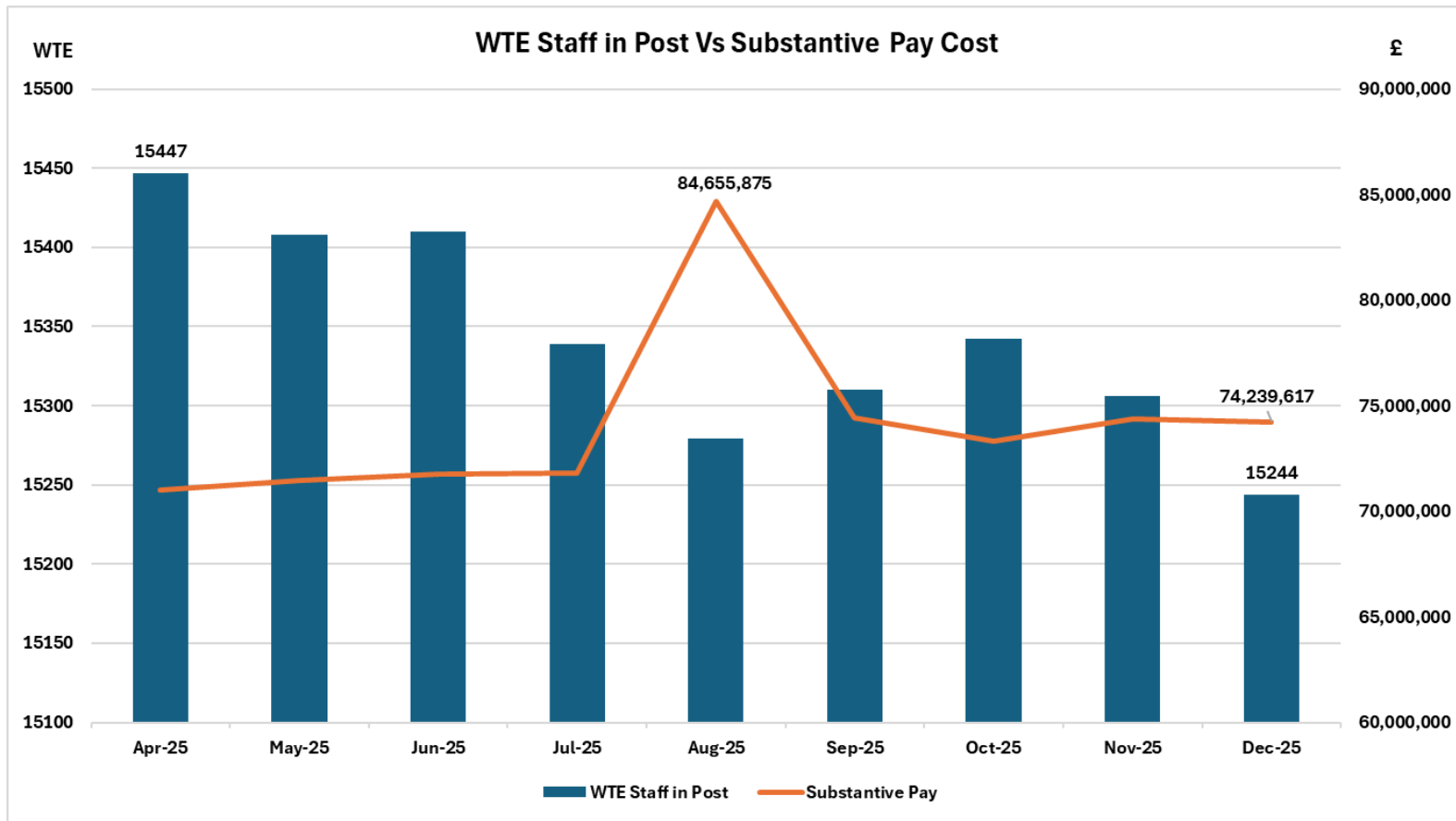


Reduction from Jan-Dec 25 was 192 wte (whole time equivalent)

The increase in the autumn is predominantly due to graduate Nurse and Allied Health Professional (AHP) recruitment which was forecast and approved.



People and Culture



The WTE substantive staff in post peaked at 15,447 in April of this financial year and was at its lowest level in December 2025 with 15,244 (a reduction of 203 WTE). This is despite annual graduate recruitment during the autumn of Nurses and Allied Health Professions. The total pay spend for substantive staff over this period has stayed relatively stable – the increase in cost in August is due to the payment of the pay award and arrears for the previous 4 months.

The focus continues to complete infrastructure projects including device replacement with the move to Win11 operating system and increasing the coverage, access and reliability of our wi-fi coverage across our main clinical sites.

A major upgrade to our core Patient Administration System (PMS) was successfully completed on 19th January with limited downtime – advance notice was given to allow services to move to business continuity for several hours whilst the upgrade took place. Earlier this month we were able to go-live with the NHS Wales App and also supported the replacement of the theatres IT system with a new digital system.

Work on developing our data strategy is progressing, being led by our Chief Clinical Information Officer, which sets out key principles and a simple data roadmap.

Digital Service Management Team Update

- NHS Wales App – Following connectivity work to link our data feed to the national NHS App integration repository, we went live on the App for GP referrals and patient appointments on 8th Jan 2026.
- Scoping work is underway for further improvements and enhancements to the NHS App, through our engagement with DHCW. A governance function for development and support of the functionality within the App is to be identified locally
- Connecting Care (i.e. PARIS our existing Community and Mental Health EPR system) – Following the allocation of national funding for foundational works in 2025/26, external support has been commissioned to undertake detailed business analysis and develop a data migration strategy during Q4 2025/26.
- Capital funding from both the Connecting Care programme and WG end of year capital is being used to refresh and replace the mobile devices for community-based mobile staff.

Digital

- The Theatreman AQUA system upgrade was done on 13th Jan 2026. This provides numerous functional and operational improvements including the availability of operational notes in other clinical systems to support improved communication and efficiency.
- The Digital Care Region (DCR) programme - Adult Safeguarding rollout is live in December 2025. Children's Safeguarding project is also advancing, with a target go-live in late January. Additionally, engagement has begun with Mental Health, Learning Disability and MDT services to explore use of the Summary Care Viewer to support clinical practice.

Business Intelligence (BI) Information – Update

- The Business Intelligence Team have been busy supporting PRISM involving a numbers of measures and short turn around timescales. The BI team has developed a comprehensive Length of Stay dashboard for user-acceptance testing by the Ops team prior to wider release.

Digital Eyecare – Update

- Our Digital Eye Care Team continue to support our ophthalmology services and those at Swansea Bay and CwmTaf Morgannwg for live service. The team remains in position to support AB UHB go live this month and to support HDD UHB who are looking to deploy in February 2026.
- DHCW's interim referral system, Opera, is scheduled for rollout before 31/03/26, though integration between the OpenEyes eye care electronic patient record and Opera has not been fully agreed and requires more discussion with DHCW.

Digital

Digital Operations

- The Networks team priorities include completing the replacement of core network equipment, finalising the implementation of the new perimeter firewalls and expanding Wi-Fi coverage for clinical (ePMA) and non clinical areas.
- The server team are in the process of procuring replacement virtual host servers to update our virtualisation environment, ensuring robust and scalable server capabilities.
- The Cyber and Server teams have worked together to implement scheduled vulnerability scanning. The INFRAM 2025 assessment has been completed and submitted for HIMSS validation. An incident escalation framework is under review. Cloud adoption is advancing through the AWS Landing Zone workshops, and a governance model for OpenStack is being defined.
- National programme support includes WAN link installations and security devices for RISP, with major diagnostic system replacements for LIMS2 and RISP scheduled for February/March. The ePMA hardware deployment and testing are complete, with rollout percentage currently at 40%, with completion expected in Qtr2 2026.
- The Windows 11 migration project has delivered 90% of the work already. To ensure comprehensive coverage and maintain security, we have procured additional extended security update licences. These licences will be utilised to support the remaining devices, ensuring they stay protected and updated during the final stages of the migration process.

Digital

Recommendation:

The Board/~~Committee~~ (delete as appropriate) are requested to:

- a) **NOTE** the year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes.

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.
	X	X	

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
	X	X		

Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	X	Not required
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Impact Assessment:

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

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

Committee/Group/Exec	Date:

Cardiff and Vale Integrated Performance Report

2025/26

January 2026

Saunders Nathan
23/01/2026 20:12:05



Report Contents

1. [Cabinet Secretary Priorities](#)

2. [Cardiff and Vale Performance Report](#)

Click on a hyperlink to navigate directly to the section required

Saunders Nathan
23/01/2026 20:12:05



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:

- Timely access to care
- Population health and prevention
- Building community Capacity
- Mental health access
- Women's health

Further to these priority areas the Welsh Government and NHS Wales have identified Key Delivery Expectations 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.

Performance ambition for 25/26 are in line with our annual plan, which has not been agreed with Welsh Government

Saunders Nathan
23/01/2026 20:12:05



Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	<160	Yes	Q4	158 Dec-25	Hyperlink to section
	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	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception National standard/ambition: Increase Reporting period: Monthly	>2,185	Yes	Q2	2,723 Nov-25	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care National standard/ambition: 80% Reporting period: Monthly	>51% Increase from 24/25	No	Q4	51% Nov-25	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care National standard/ambition: Meet and exceed 24/25 requirement where possible (24/25 baseline) Reporting period: Monthly	1,038 20% increase from 24/25	Yes	Q1	984 Nov-25	Hyperlink to section

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23/01/2026 20:12:05

Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Population health and prevention	Measure: Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes National standard/ambition: Increase Reporting period: Monthly	48%	Yes	Q4	44.8% Dec-25	Hyperlink to section
Mental health access	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	99.0% Nov-25	Hyperlink to section
	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	99.9% Nov-25	Hyperlink to section
	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% Reporting period: Monthly	80%	Yes	Q1	100% Nov-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% Reporting period: Monthly	80%	Yes	Q1	100% Nov-25	Hyperlink to section

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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
Timely access to care	Measure: Reduce the number of ambulance patient handovers over 1 hour National standard/ambition: Zero Reporting period: Monthly	<400	No	Q4	194 Dec-25	Hyperlink to section
	Measure: 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 National standard/ambition: Reduce compared to 24/25 towards zero Reporting period: Monthly	<750	Yes	Q4	1020 Dec-25	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment National standard/ambition: Zero Reporting period: Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	609 Dec-25	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) National standard/ambition: 12m improvement trend towards 80% by March 2026 Reporting period: Monthly	75%	No	Q4	53.3% Nov-25	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic National standard/ambition: Zero Reporting period: Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	10,138 Nov-25	Hyperlink to section

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23/01/2026 20:12:05



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.

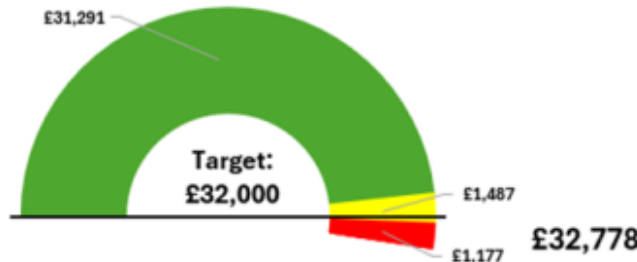
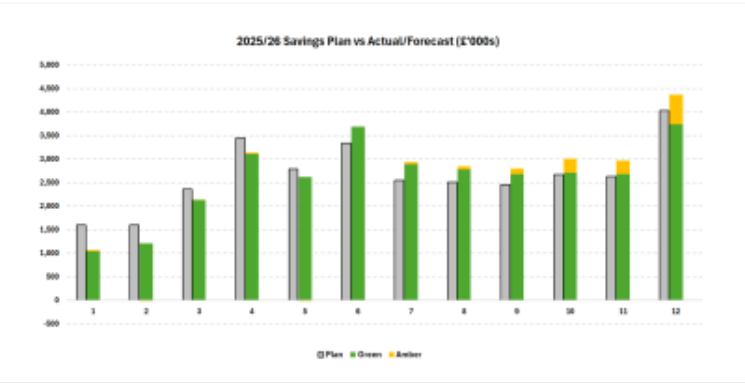
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

[Return to Main Menu](#)

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 2025/26 Draft Financial Plan	The UHB’s Financial Plan in 2025/26 reflected the following key components: <table><tr><th>Planning Assumptions</th><th>(£m)</th></tr><tr><td>Brought Forward Underlying Deficit</td><td>59.900</td></tr><tr><td>2025/26 Demand/Cost Growth/Improvement</td><td>51.100</td></tr><tr><td>Draft Deficit</td><td>111.000</td></tr><tr><td> </td><td> </td></tr><tr><td>Additional Allocations</td><td>(22.768)</td></tr><tr><td>Savings Plans</td><td>(32.000)</td></tr><tr><td>Initial Planned Deficit</td><td>56.233</td></tr></table> The UHB initially planned a deficit of £58.2m for submission to Welsh Government (WG), with the draft plan submitted at the end of March 2025. Following this submission, WG requested further actions to reduce the forecast deficit. In response, the UHB confirmed that progress in identifying savings provided sufficient assurance to increase planned savings delivery by £2m, reducing the forecast 2025/26 deficit to £56.2m. The submitted plan still projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval. The overall position at month 9 was a £43.250m deficit as outlined in the table.	Planning Assumptions	(£m)	Brought Forward Underlying Deficit	59.900	2025/26 Demand/Cost Growth/Improvement	51.100	Draft Deficit	111.000			Additional Allocations	(22.768)	Savings Plans	(32.000)	Initial Planned Deficit	56.233	Dec 2025	<table><tr><th></th><th>Plan YTD (£m)</th><th>YTD (£m)</th><th>YTD Variance to Plan (£m)</th></tr><tr><td>Draft Plan</td><td>64,013</td><td>64,013</td><td>0</td></tr><tr><td>Quality Efficiency Improvement Plans - Savings</td><td>(21,838)</td><td>(22,420)</td><td>(582)</td></tr><tr><td>Operational Variance</td><td>0</td><td>1,657</td><td>1,657</td></tr><tr><td>Clinical/ Service Board Variance</td><td>42,175</td><td>43,250</td><td>1,074</td></tr></table>		Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Draft Plan	64,013	64,013	0	Quality Efficiency Improvement Plans - Savings	(21,838)	(22,420)	(582)	Operational Variance	0	1,657	1,657	Clinical/ Service Board Variance	42,175	43,250	1,074																													
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Return to financial balance and approved IMTP status	£56.2m underlying deficit by end of 2025/26 financial year. In year, the UHB is reporting a surplus against the savings target of (£0.582m) and an operational deficit of £1.657m at Month 9. A significant part of the savings identified in 2025/26 are deemed non recurrent and there is a gap of £4.903m against the £32m recurrent target. The combined impact of this savings gap and the full-year effect of in-year operational pressures is projected to increase the underlying deficit carried forward into 2026/27 by £11.800m, unless additional savings schemes are identified.. The UHB is pressing for further recurrent schemes to be developed to close the gap.	Dec. 2025	Planned Deficit vs M09 Position £'000s <table><tr><th></th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th></tr><tr><td>Planned Deficit £,000s</td><td>4,686</td><td>10,096</td><td>14,058</td><td>18,744</td><td>23,430</td><td>28,117</td><td>32,803</td><td>37,489</td><td>42,175</td><td>46,861</td><td>51,547</td><td>56,233</td></tr><tr><td>Cumulative Planned, Operational & Savings Position £'000s</td><td>6,096</td><td>11,899</td><td>15,216</td><td>21,172</td><td>27,809</td><td>31,843</td><td>35,619</td><td>40,210</td><td>43,250</td><td>47,578</td><td>51,905</td><td>56,233</td></tr><tr><td>Actual/ Forecast Deficit above Plan £'000s</td><td>1,410</td><td>1,803</td><td>1,158</td><td>2,428</td><td>4,379</td><td>3,727</td><td>2,816</td><td>2,721</td><td>1,075</td><td>717</td><td>358</td><td>0</td></tr><tr><td>24/25 deficit outturn of £27.7m</td><td>6,096</td><td>11,899</td><td>15,216</td><td>20,149</td><td>20,149</td><td>20,993</td><td>22,117</td><td>23,241</td><td>24,365</td><td>25,489</td><td>26,613</td><td>27,737</td></tr></table>		1	2	3	4	5	6	7	8	9	10	11	12	Planned Deficit £,000s	4,686	10,096	14,058	18,744	23,430	28,117	32,803	37,489	42,175	46,861	51,547	56,233	Cumulative Planned, Operational & Savings Position £'000s	6,096	11,899	15,216	21,172	27,809	31,843	35,619	40,210	43,250	47,578	51,905	56,233	Actual/ Forecast Deficit above Plan £'000s	1,410	1,803	1,158	2,428	4,379	3,727	2,816	2,721	1,075	717	358	0	24/25 deficit outturn of £27.7m	6,096	11,899	15,216	20,149	20,149	20,993	22,117	23,241	24,365	25,489	26,613	27,737
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Management of operational budget pressures	Failure to effectively manage budget pressures remains a key risk and is the responsibility of primary budget holders. At month 9, an overall variance to plan of £1.074m was reported. Year-to-date operational variances have been partly offset through vacancies across non-medical staff groups and non-recurrent underspends in non-pay areas. It is anticipated that these operational pressures will continue to be managed and mitigated as the year progresses, enabling the UHB to deliver its planned deficit position of £56.233m. Following confirmation of the month 5 position, the UHB undertook detailed reviews (“deep dives”) across all clinical boards to identify issues and risks and to gain assurance on the actions required to deliver within their agreed deficit control totals.	Dec. 2025	<table><tr><th>Operational Pressure</th><th>Operational Variance YTD £'000s</th><th>Operational Variance Forecast £'000s</th></tr><tr><td>Mental Health Out Of Area Placements (COA)</td><td>2,000</td><td>2,300</td></tr><tr><td>Specialist Services Activity Related Underperformance</td><td>1,700</td><td>2,050</td></tr><tr><td>NI</td><td>1,200</td><td>2,150</td></tr><tr><td>Other</td><td>(1,526)</td><td>(4,340)</td></tr><tr><td>Pay Underspend</td><td>(2,300)</td><td>(2,160)</td></tr><tr><td>Sub-Total Surplus/ Deficit</td><td>1,074</td><td>0</td></tr></table>	Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s	Mental Health Out Of Area Placements (COA)	2,000	2,300	Specialist Services Activity Related Underperformance	1,700	2,050	NI	1,200	2,150	Other	(1,526)	(4,340)	Pay Underspend	(2,300)	(2,160)	Sub-Total Surplus/ Deficit	1,074	0																																												
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	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £32.0m savings target	At Month 9, the UHB had identified £32.778m (102.4%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.117m were also identified and continue to be reviewed for progression to Green/Amber where possible. The reported surplus of £0.778m is expected to mitigate ongoing operational pressures. At month 9, £27.097m of recurrent savings have been identified, leaving a shortfall of £4.903m against the £32.0m recurrent target. The combined impact of this savings gap and the full-year effect of in-year operational pressures is projected to increase the underlying deficit carried forward into 2026/27 by £11.800m, unless additional savings schemes are implemented. The second chart illustrates that the profile of the UHB's 2025/26 savings programme is skewed towards the end of the year.	Dec. 2025	2025/26 UHB Savings Programme: Identified vs Requirement  2025/26 Savings Plan vs Actual/Forecast (£'000s) 
	Remain within Cash Limit	Welsh Government required the submission of 2025–26 Strategic Cash Requests by Monday, 8 December 2025. Following approval by the Finance Committee and the Board, the UHB submitted an Accountable Officer letter on 3 December 2025, requesting £56.2m in strategic cash support from Welsh Government to address the cash shortfall resulting from the forecast deficit. In addition, the UHB estimates that it requires £17m of working cash support to cover 2024/25 revenue and capital working balances which are expected to be paid in 2025/26. The closing cash balance at the end of December 2025 was £7.346m. The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right		Dec. 2025

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Priority	Performance Summary	Reported Period	On target?	Data																																																																																																																					
Health Protection	Seasonal respiratory infections (COVID-19, influenza and RSV) COVID-19 The Autumn COVID-19 campaign commenced 1 October 2025 and will conclude 31 January 2026.^{viii} As of 8 January 2026, 32,832 out of 58,029 individuals in the eligible population were vaccinated. This is an uptake of 56.58%, in line with the All-Wales average of 56.47%. This uptake is above the local target of 45% but below the national target of 75%. Influenza The Autumn influenza campaign commenced 1 September 2025 for health and social care staff under the age of 65, infants, children, young people and pregnant women. The influenza immunisation programme commenced on 1 October 2025 for all other eligible population groups and will conclude 31 March 2026. As of 8 January 2026, 67,351 out of 96,928 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of 69.5%, which is above the All-Wales average of 68.9%. This uptake is below the local target of 72% and the national target of 75%. As of 6 January 2026, 71.6% of individuals registered with a GP in CAVUHB aged 65 and over were immunised.	COVID-19: 1 October 2025 – 31 January 2026	COVID-19: Above local target, below national target.	Table 2b. Coverage of the 2025 Autumn COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 08/01/2026, by Local Health Board of residence. <table><tr><th>Local Health Board of Residence</th><th>Eligible population (n)</th><th>Vaccinated (n)</th><th>Coverage (%)</th><th>Of those vaccinated, number with no previous doses (n)</th></tr><tr><td>Aneurin Bevan UHB</td><td>81,129</td><td>47,226</td><td>58.21</td><td>61</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>107,959</td><td>64,017</td><td>59.30</td><td>204</td></tr><tr><td>Cardiff and Vale UHB</td><td>58,029</td><td>32,832</td><td>56.58</td><td>98</td></tr><tr><td>Cwm Taf Morgannwg UHB</td><td>58,779</td><td>31,435</td><td>53.48</td><td>46</td></tr><tr><td>Hywel Dda UHB</td><td>63,656</td><td>35,354</td><td>55.54</td><td>121</td></tr><tr><td>Powys THB</td><td>23,848</td><td>14,027</td><td>58.82</td><td>49</td></tr><tr><td>Swansea Bay UHB</td><td>51,942</td><td>26,613</td><td>51.24</td><td>51</td></tr><tr><td>All Wales</td><td>445,342</td><td>251,504</td><td>56.47</td><td>630</td></tr></table> Source: Source: Wales COVID-19 Vaccination Weekly Surveillance Summary Table 6: Uptake of influenza immunisation in people aged 65 years and older as at 06/01/2026 <table><tr><th>Health Board of Residence</th><th>Immunised(n)</th><th>Eligible Population (N)</th><th>Uptake(%)</th></tr><tr><td>Aneurin Bevan UHB</td><td>96,179</td><td>135,548</td><td>71.0</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>127,896</td><td>179,981</td><td>71.1</td></tr><tr><td>Cardiff and Vale UHB</td><td>67,351</td><td>96,928</td><td>69.5</td></tr><tr><td>Cwm Taf Morgannwg UHB</td><td>67,533</td><td>98,645</td><td>68.5</td></tr><tr><td>Hywel Dda UHB</td><td>72,505</td><td>109,366</td><td>66.3</td></tr><tr><td>Powys Teaching HB</td><td>26,941</td><td>41,951</td><td>64.2</td></tr><tr><td>Swansea Bay UHB</td><td>58,945</td><td>88,981</td><td>66.2</td></tr><tr><td>All Wales</td><td>517,350</td><td>751,400</td><td>68.9</td></tr></table> Source: National Influenza Immunisation Summary, Update 16 (08/01/2026) Table 5a: Uptake of influenza immunisation in people 16 years to 64 years in a clinical risk group as at 06/01/2026 <table><tr><th>Health Board of Residence</th><th>Immunised(n)</th><th>Eligible Population (N)</th><th>Uptake(%)</th></tr><tr><td>Aneurin Bevan UHB</td><td>42,283</td><td>100,649</td><td>42.0</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>39,884</td><td>104,519</td><td>38.2</td></tr><tr><td>Cardiff and Vale UHB</td><td>30,014</td><td>72,691</td><td>41.3</td></tr><tr><td>Cwm Taf Morgannwg UHB</td><td>25,242</td><td>71,407</td><td>35.3</td></tr><tr><td>Hywel Dda UHB</td><td>19,372</td><td>57,150</td><td>33.9</td></tr><tr><td>Powys Teaching HB</td><td>6,955</td><td>18,184</td><td>38.2</td></tr><tr><td>Swansea Bay UHB</td><td>19,380</td><td>58,812</td><td>33.0</td></tr><tr><td>All Wales</td><td>183,130</td><td>483,412</td><td>37.9</td></tr></table> Source: National Influenza Immunisation Summary, Update 16 (08/01/2026)	Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)	Aneurin Bevan UHB	81,129	47,226	58.21	61	Betsi Cadwaladr UHB	107,959	64,017	59.30	204	Cardiff and Vale UHB	58,029	32,832	56.58	98	Cwm Taf Morgannwg UHB	58,779	31,435	53.48	46	Hywel Dda UHB	63,656	35,354	55.54	121	Powys THB	23,848	14,027	58.82	49	Swansea Bay UHB	51,942	26,613	51.24	51	All Wales	445,342	251,504	56.47	630	Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake(%)	Aneurin Bevan UHB	96,179	135,548	71.0	Betsi Cadwaladr UHB	127,896	179,981	71.1	Cardiff and Vale UHB	67,351	96,928	69.5	Cwm Taf Morgannwg UHB	67,533	98,645	68.5	Hywel Dda UHB	72,505	109,366	66.3	Powys Teaching HB	26,941	41,951	64.2	Swansea Bay UHB	58,945	88,981	66.2	All Wales	517,350	751,400	68.9	Health Board of Residence	Immunised(n)	Eligible Population (N)	Uptake(%)	Aneurin Bevan UHB	42,283	100,649	42.0	Betsi Cadwaladr UHB	39,884	104,519	38.2	Cardiff and Vale UHB	30,014	72,691	41.3	Cwm Taf Morgannwg UHB	25,242	71,407	35.3	Hywel Dda UHB	19,372	57,150	33.9	Powys Teaching HB	6,955	18,184	38.2	Swansea Bay UHB	19,380	58,812	33.0	All Wales	183,130	483,412	37.9
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Saunders, Nathan
23/01/2026 20:12:05

Priority	Performance Summary	Reported Period	On target?	Data																																																																																
Health Protection	RSV The RSV vaccination programme was introduced 1 September 2024 for older adults as they turn 75 years old and pregnant women at 28 weeks' gestation. A 12-month, one-off catch-up campaign was introduced 1 September 2024 to target individuals aged between 75 and 79 years old.^{ix} As of December 2025, 2,343 out of 4,132 individuals in the first-year routine cohort (those reaching their 75th birthday between 1st September 2024 and 31st August 2025) were vaccinated. This is an uptake of 56.7%, which is above the All-Wales average of 50.6%. This is below the national target of 70%, no local target has been set. For the RSV catch-up programme (resident population aged 75 to 79 as of 1 September 2024), 13,401 out of 19,528 individuals were vaccinated. This is an uptake of 68.6%, which is above the All-Wales average of 64.5% and the highest figure across Health Boards in Wales.			Table 1.1.3 Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort), by Health Board of residence. <table><tr><th>Local Health Board</th><th>Denominator</th><th>Vaccinated</th><th>Uptake (%)</th></tr><tr><td>Aneurin Bevan UHB</td><td>6,098</td><td>3,292</td><td>54.0%</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>7,997</td><td>3,101</td><td>38.8%</td></tr><tr><td>Cardiff and Vale UHB</td><td>4,132</td><td>2,343</td><td>56.7%</td></tr><tr><td>Cwm Taf Morgannwg UHB</td><td>4,429</td><td>2,600</td><td>58.7%</td></tr><tr><td>Hywel Dda UHB</td><td>4,853</td><td>2,510</td><td>51.7%</td></tr><tr><td>Powys THB</td><td>1,832</td><td>1,074</td><td>58.6%</td></tr><tr><td>Swansea Bay UHB</td><td>3,892</td><td>1,951</td><td>50.1%</td></tr><tr><td>Unknown</td><td>170</td><td>46</td><td>27.1%</td></tr><tr><td>Total</td><td>33,403</td><td>16,917</td><td>50.6%</td></tr></table> Table 1.2.1. Uptake of RSV immunisation in resident population aged 75 to 79y as at 1st September 2024 by Health Board of residence. <table><tr><th>Local Health Board</th><th>Denominator</th><th>Vaccinated</th><th>Uptake (%)</th></tr><tr><td>Aneurin Bevan UHB</td><td>28,613</td><td>18,446</td><td>64.5%</td></tr><tr><td>Betsi Cadwaladr UHB</td><td>39,142</td><td>26,382</td><td>67.4%</td></tr><tr><td>Cardiff and Vale UHB</td><td>19,528</td><td>13,401</td><td>68.6%</td></tr><tr><td>Cwm Taf Morgannwg UHB</td><td>21,234</td><td>14,112</td><td>66.5%</td></tr><tr><td>Hywel Dda UHB</td><td>23,304</td><td>13,425</td><td>57.6%</td></tr><tr><td>Powys THB</td><td>8,873</td><td>5,962</td><td>67.2%</td></tr><tr><td>Swansea Bay UHB</td><td>18,688</td><td>11,330</td><td>60.6%</td></tr><tr><td>Unknown</td><td>964</td><td>335</td><td>34.8%</td></tr><tr><td>Wales Total</td><td>160,346</td><td>103,393</td><td>64.5%</td></tr></table> Source: RSV Vaccination Report: December 2025	Local Health Board	Denominator	Vaccinated	Uptake (%)	Aneurin Bevan UHB	6,098	3,292	54.0%	Betsi Cadwaladr UHB	7,997	3,101	38.8%	Cardiff and Vale UHB	4,132	2,343	56.7%	Cwm Taf Morgannwg UHB	4,429	2,600	58.7%	Hywel Dda UHB	4,853	2,510	51.7%	Powys THB	1,832	1,074	58.6%	Swansea Bay UHB	3,892	1,951	50.1%	Unknown	170	46	27.1%	Total	33,403	16,917	50.6%	Local Health Board	Denominator	Vaccinated	Uptake (%)	Aneurin Bevan UHB	28,613	18,446	64.5%	Betsi Cadwaladr UHB	39,142	26,382	67.4%	Cardiff and Vale UHB	19,528	13,401	68.6%	Cwm Taf Morgannwg UHB	21,234	14,112	66.5%	Hywel Dda UHB	23,304	13,425	57.6%	Powys THB	8,873	5,962	67.2%	Swansea Bay UHB	18,688	11,330	60.6%	Unknown	964	335	34.8%	Wales Total	160,346	103,393	64.5%
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Saunders, Nathan
23/01/2026 20:00

Saunders Nathan
23/01/2026 20:12:05



Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	Routine childhood immunisation <i>Up to date by age 4</i> For July-September 2025, 81.5% of children are up to date with vaccination by age 4. This is an increase from the previous quarter (77%) but below the All-Wales average of 84.3%. <i>Up to date by age 5</i> For July-September 2025, 83.6% of children are up to date with vaccinations by age 5. This is a decrease from the previous quarter (85.6%) and below the All-Wales average of 88%. This is below the local target of 84.7% and the national target of 95%. <i>HPV by age 15</i> For July – September 2025, uptake of HPV vaccine for children reaching 15 years of age was 72.6%. This is below the All-Wales average of 74.9%. This is above the local target of 67% but below the national target of 90%.	Up-to-date by age 4 and 5: July – Sept 2025 HPV by age 15: July – September 2025	Up to date by age 5: Below local and national target. HPV by age 15: Above local target, below national target.	Cardiff & Vale UHB quarterly COVER trends Source: Cardiff & Vale UHB quarterly COVER trends, 12 January 2026

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23/01/2026 20:12:05



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data																																																																						
Health Improvement	Healthy weight: 2023/24 Child Measurement Programme data demonstrated a slight increase in healthy weight to 77.7%, from 77.5% the previous year (for Cardiff and Vale UHB). The UHB had the highest level of healthy weight of all Welsh Health Boards for 2023/24. This is in line with the English average. 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 29% in Wales (NSfW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 56% 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.	2023/24	Healthy weight: On target	Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children <table border="1"><thead><tr><th>Year</th><th>Cardiff and Vale UHB</th><th>Cardiff</th><th>Vale of Glamorgan</th><th>Wales</th></tr></thead><tbody><tr><td>2011/12</td><td>72.0</td><td>71.0</td><td>73.0</td><td>70.0</td></tr><tr><td>2012/13</td><td>74.0</td><td>73.0</td><td>75.0</td><td>72.0</td></tr><tr><td>2013/14</td><td>75.0</td><td>74.0</td><td>76.0</td><td>73.0</td></tr><tr><td>2014/15</td><td>76.0</td><td>75.0</td><td>77.0</td><td>74.0</td></tr><tr><td>2015/16</td><td>75.0</td><td>74.0</td><td>76.0</td><td>73.0</td></tr><tr><td>2016/17</td><td>75.0</td><td>74.0</td><td>76.0</td><td>72.0</td></tr><tr><td>2017/18</td><td>76.0</td><td>75.0</td><td>77.0</td><td>73.0</td></tr><tr><td>2018/19</td><td>76.0</td><td>75.0</td><td>77.0</td><td>72.0</td></tr><tr><td>2019/20</td><td>76.0</td><td>75.0</td><td>77.0</td><td>72.0</td></tr><tr><td>2020/21</td><td>76.0</td><td>75.0</td><td>77.0</td><td>72.0</td></tr><tr><td>2021/22</td><td>74.0</td><td>73.0</td><td>75.0</td><td>72.0</td></tr><tr><td>2022/23</td><td>77.0</td><td>76.0</td><td>78.0</td><td>74.0</td></tr><tr><td>2023/24</td><td>77.7</td><td>76.7</td><td>78.7</td><td>74.7</td></tr></tbody></table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	72.0	71.0	73.0	70.0	2012/13	74.0	73.0	75.0	72.0	2013/14	75.0	74.0	76.0	73.0	2014/15	76.0	75.0	77.0	74.0	2015/16	75.0	74.0	76.0	73.0	2016/17	75.0	74.0	76.0	72.0	2017/18	76.0	75.0	77.0	73.0	2018/19	76.0	75.0	77.0	72.0	2019/20	76.0	75.0	77.0	72.0	2020/21	76.0	75.0	77.0	72.0	2021/22	74.0	73.0	75.0	72.0	2022/23	77.0	76.0	78.0	74.0	2023/24	77.7	76.7	78.7	74.7
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2022/23	77.0	76.0	78.0	74.0																																																																						
2023/24	77.7	76.7	78.7	74.7																																																																						
	Weight management services - L2 – 510 new patients capacity - L3 – 46 new patients capacity	Q1 2025/26	Weight management services: Below target																																																																							



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23/01/2026 20:12:05

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data																																																																																										
Health improvement	Diabetes Percentage of patients with diabetes with completed care processes - Slow downward trend - 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 the way the data are collected rather than actual lack of care process completion. - Working group has been established with pan-cluster membership to review processes and share best practice on improving rates.	Dec 2025	Below target	<table><tr><th>Care process</th><th>April 2025</th><th>May 2025</th><th>June 2025</th><th>July 2025</th><th>Aug 2025</th><th>Sept 2025</th><th>Oct 2025</th><th>Nov 2025</th><th>Dec 2025</th></tr><tr><td>Urine ACR</td><td>63.14 %</td><td>62.9 1%</td><td>62.9%</td><td>63.14%</td><td>63.1%</td><td>63.07%</td><td>63.04%</td><td>63.64 %</td><td>63.3%</td></tr><tr><td>Foot check</td><td>70.28 %</td><td>69.6 2%</td><td>69.84 %</td><td>69.7%</td><td>69.42%</td><td>69.45%</td><td>69.06%</td><td>69.02 %</td><td>69.05 %</td></tr><tr><td>Smoking status</td><td>73.98 %</td><td>72.9 %</td><td>73.03 %</td><td>72.56%</td><td>72.41%</td><td>72.06%</td><td>71.62%</td><td>71.44 %</td><td>71.5%</td></tr><tr><td>BMI</td><td>78.91 %</td><td>78.3 7%</td><td>78.57 %</td><td>78.33%</td><td>78.3%</td><td>78.04%</td><td>77.95%</td><td>77.92 %</td><td>77.73 %</td></tr><tr><td>Serum cholesterol</td><td>80.63 %</td><td>80.2 9%</td><td>80.4%</td><td>80.47%</td><td>80.36%</td><td>80.15%</td><td>80.15%</td><td>80.31 %</td><td>80.34 %</td></tr><tr><td>Blood pressure</td><td>86.8%</td><td>86.3 2%</td><td>86.46 %</td><td>86.75%</td><td>86.76%</td><td>86.77%</td><td>86.65%</td><td>86.69 %</td><td>86.66 %</td></tr><tr><td>HbA1c</td><td>88.91 %</td><td>88.6 3%</td><td>88.58 %</td><td>88.55%</td><td>88.62%</td><td>88.35%</td><td>88.24%</td><td>88.28 %</td><td>88.31 %</td></tr><tr><td>Serum creatinine</td><td>88.8%</td><td>88.5 8%</td><td>88.69 %</td><td>88.63%</td><td>88.74%</td><td>88.44%</td><td>88.4%</td><td>88.43 %</td><td>88.43 %</td></tr></table>	Care process	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Urine ACR	63.14 %	62.9 1%	62.9%	63.14%	63.1%	63.07%	63.04%	63.64 %	63.3%	Foot check	70.28 %	69.6 2%	69.84 %	69.7%	69.42%	69.45%	69.06%	69.02 %	69.05 %	Smoking status	73.98 %	72.9 %	73.03 %	72.56%	72.41%	72.06%	71.62%	71.44 %	71.5%	BMI	78.91 %	78.3 7%	78.57 %	78.33%	78.3%	78.04%	77.95%	77.92 %	77.73 %	Serum cholesterol	80.63 %	80.2 9%	80.4%	80.47%	80.36%	80.15%	80.15%	80.31 %	80.34 %	Blood pressure	86.8%	86.3 2%	86.46 %	86.75%	86.76%	86.77%	86.65%	86.69 %	86.66 %	HbA1c	88.91 %	88.6 3%	88.58 %	88.55%	88.62%	88.35%	88.24%	88.28 %	88.31 %	Serum creatinine	88.8%	88.5 8%	88.69 %	88.63%	88.74%	88.44%	88.4%	88.43 %	88.43 %
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Measure	Quarter	Performance standard	Performance summary*	Trend																				
Percentage of the estimated smoking population of Cardiff and Vale who made a quit attempt via smoking cessation services ('treated smokers')	Q2 2025/26	Annual target is 5% of the estimated 38,800 Cardiff and Vale residents who smoke (n=1,940).	A total of 318 adult smokers made a quit attempt via smoking cessation services. This represents 0.82% of the annual 5% target (Q2 2025/26). This number is consistent with Q1 performance, and is above any quarter in 2024/25. 2025/26 Q1 & Q2 cumulative = 1.63% Running below target Breakdown for Q2: 191 HMQ Community (incl. telephone service) 89 HMQ Community Pharmacy 27 Hospital Smoking Cessation Service	Cumulative percentage of estimated smoking population of CAV who made a quit attempt via smoking cessation services ('treated smoker') <table><tr><th>Quarter</th><th>2025/2026</th><th>2024/2025</th><th>Target</th></tr><tr><td>Q1</td><td>0.82%</td><td>0.50%</td><td>5.00%</td></tr><tr><td>Q2</td><td>1.63%</td><td>1.00%</td><td>5.00%</td></tr><tr><td>Q3</td><td>2.45%</td><td>1.50%</td><td>5.00%</td></tr><tr><td>Q4</td><td>3.27%</td><td>2.00%</td><td>5.00%</td></tr></table>	Quarter	2025/2026	2024/2025	Target	Q1	0.82%	0.50%	5.00%	Q2	1.63%	1.00%	5.00%	Q3	2.45%	1.50%	5.00%	Q4	3.27%	2.00%	5.00%
Quarter	2025/2026	2024/2025	Target																					
Q1	0.82%	0.50%	5.00%																					
Q2	1.63%	1.00%	5.00%																					
Q3	2.45%	1.50%	5.00%																					
Q4	3.27%	2.00%	5.00%																					
Percentage of Cardiff and Vale resident 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date	Q2 2025/26	40%	All smoking cessation services combined = 32% Below target Breakdown: 51% HMQ Community (service detail on next slide) 0% HMQ Telephone Service 20% Level 3 Community Pharmacy 45% Hospital Smoking Cessation Service	Percentage of CAV 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date <table><tr><th>Quarter</th><th>2025/2026</th><th>2024/2025</th><th>Target</th></tr><tr><td>Q1</td><td>33%</td><td>33%</td><td>40%</td></tr><tr><td>Q2</td><td>32%</td><td>35%</td><td>40%</td></tr><tr><td>Q3</td><td>32%</td><td>32%</td><td>40%</td></tr><tr><td>Q4</td><td>33%</td><td>33%</td><td>40%</td></tr></table>	Quarter	2025/2026	2024/2025	Target	Q1	33%	33%	40%	Q2	32%	35%	40%	Q3	32%	32%	40%	Q4	33%	33%	40%
Quarter	2025/2026	2024/2025	Target																					
Q1	33%	33%	40%																					
Q2	32%	35%	40%																					
Q3	32%	32%	40%																					
Q4	33%	33%	40%																					

NOTE: There is a time lag of around 8 weeks between a client's first interaction with a Smoking Cessation Adviser, and their progress showing in the data. This is due to the length of time between clients having an assessment session, setting a quit date, then progressing through their treatment plan, and reporting as having quit smoking for 4 weeks and this being validated by CO monitoring. Additional time is needed for data to be processed and presented.

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23/01/2026 20:12:05

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Substance misuse	Substance misuse • There has been a quarterly improvement in the percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol). This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. • There have been decreases in the percentages of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol), when including both health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service), and for health board services alone. • Given the small numbers of patients that are included as part of this performance measure, it is likely that there may be some variation in these percentages from quarter to quarter. However, we will continue to closely review any change in this performance measure to understand if there is any evidence of a decrease in performance over time.	Q2 2025/26	On target	See table below



Smoking

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 <i>Quarter 1 25/26</i> 182 treated smokers achieved by Community HMQ service 101 treated smokers achieved by Level 3 Pharmacy 27 treated smokers achieved by Hospital Smoking Cessation service - Total = 310	Q2 25/26	Annual Target is 5% of 39,000 smokers n = 1940 Quarterly target is 1.25% of 39,000 smokers n = 475	0.82% (Q2 25/26) Below national target Meets local target 0.8	Q1	Q2	Q3	Q4
					310 = 0.8% (Q1 25/26)	318 = 0.82% (Q2 25/26)		
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. <i>Quarter 1 25/26</i> - CO validated 4 week quit rates – Total 38% - HMQ Community – 37% - Level 3 – 21% - Hospital – 56%	Q1 25/26	40%	32% (Q1 25/26) Below target	Q1	Q2	Q3	Q4
					38% (Q1 25/26)	32% (Q2 25/26)		

Other measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	% of pregnant people undergoing CO testing at their initial booking appointment	Q1 25/26	100%	97% Q1 25/26 Below target	Q1	Q2	Q2	Q4
					97%			
n/a	% of pregnant smokers who are referred to smoking cessation support following initial booking assessment	Q1 25/26	100%	100% Q1 25/26 Meeting target	Q1	Q2	Q2	Q4
					100%			

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Substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)* <i>This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. The measure may also include other services outside Cardiff and Vale, but where the client resides in Cardiff and Vale.</i>	Q1 2025/26	4 quarter improvement trend		Q1	Q2	Q3	Q4
					68.70%	78.48%		

**Note: As of August 2025, the methodology for this measure has changed and all previous data has been revised. This data now excludes neutral closures, such as: referred elsewhere, moved on, moved to GP prescribing and prison, as it is deemed that these individuals will still continue their treatment elsewhere.*

Other measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Percentage of people who have been referred to health board and health board commissioned services who have completed treatment for substance misuse (drugs or alcohol). This measure includes health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service).	Q1 2025/26	See performance measure 3, above		Q1	Q2		
					80.47%	75.33%		
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol).	Q1 2025/26	See performance measure 3, above		95.52%	87.50%		

Immunisation and vaccination

NHS Wales Performance Framework measures

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)	July-Sept 25	95%	83.6%	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
					84.6%	85.6%	83.6%	
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2025 - 30.06.2025 and 01.01.2026 - 31.03.2026</i>	July-Sept 25	90%	71.0%	Q1	Q2	Q3	Q4
					68.8%	71.3%	72.6	
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	69.5%	7/10/25	04/11/25	25/11/25	08/01/26
					18.3%	54%	63.6%	69.5%
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Jan 26	75%	56.08%	6/11/25	20/11/25	01/01/26	
					29.85%	39.25%	56.58%	
	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old <i>Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort)</i>	1.9.24 - ongoing	70%	56.7%	Sep 25	Nov 25	Dec 25	
					53.4%	56%	56.7%	



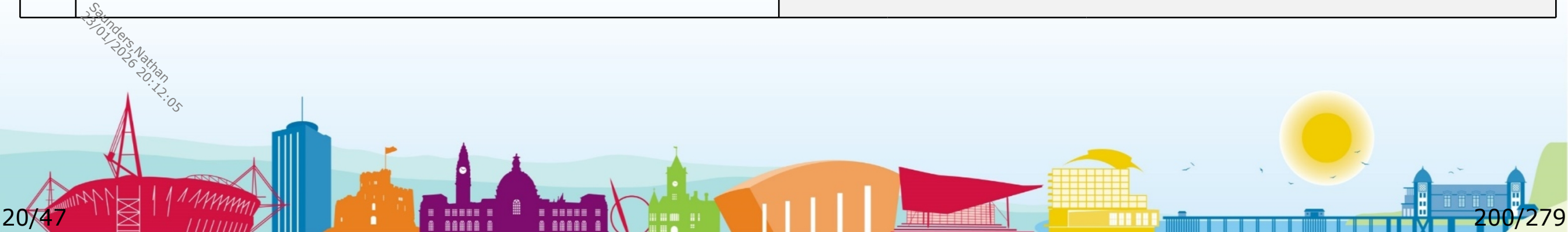
Weight Management Services

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
n/a	Increase L2 service capacity	Q1 25/26	n/a	Q1 – 510 new patients capacity	Q1	Q2	Q3	Q4
					510			
n/a	Increase L3 service capacity	Q1 25/26	n/a	Q1 – 46 new patients capacity	Q1	Q2	Q3	Q4
					46			

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			



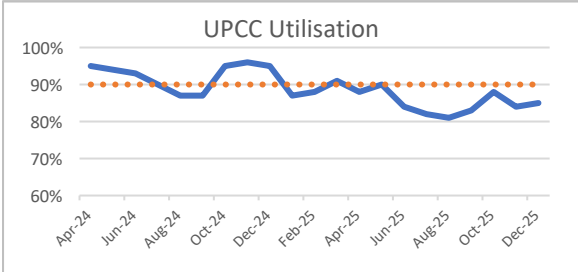
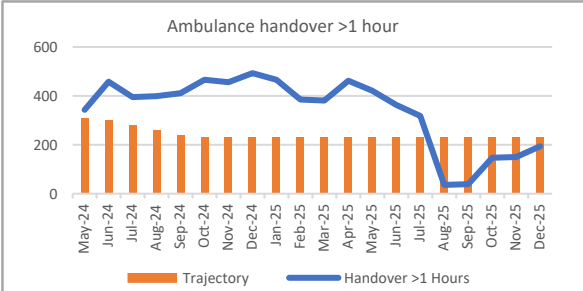
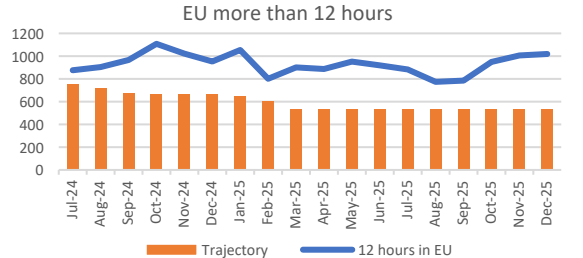
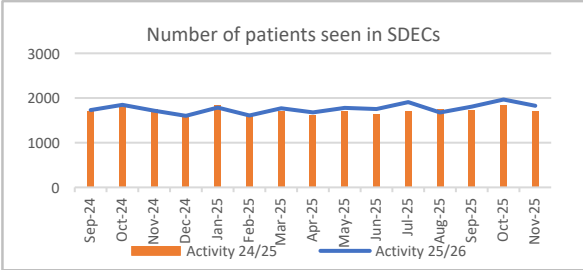
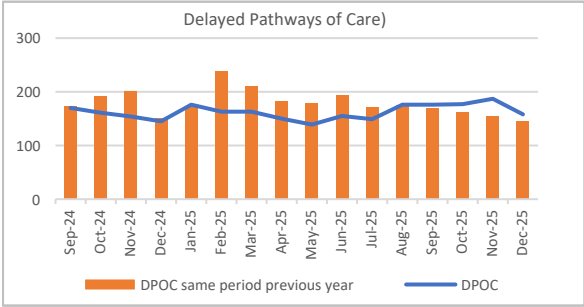
Screening

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	Oct-25	90%	8.3% Below standard	Jul-25
					Aug-25
					Sep-25
					Oct-25
					8.3%
					6.3%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Oct-25	90%	95.1% Above standard	Jul-25
					Aug-25
					Sep-25
					Oct-25
					96.1%
					98.2%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Nov-25	95%	100% Above standard	Aug-25
					Sep-25
					Oct-25
					Nov-25
					97.1%
					96.2%
					96.0%
					100.0%



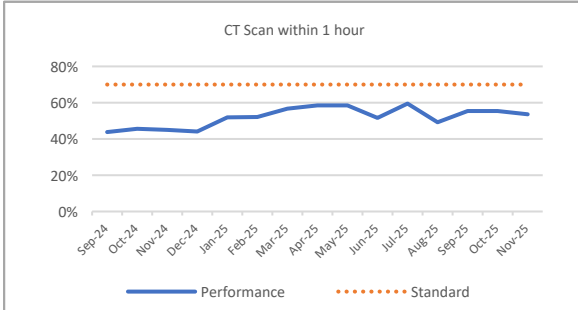
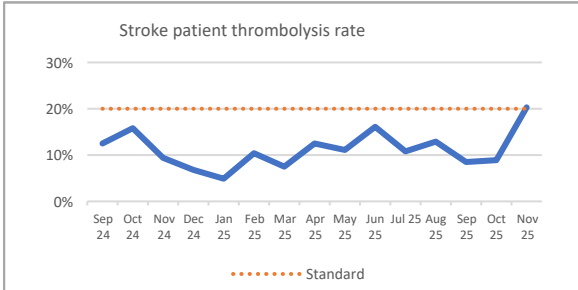
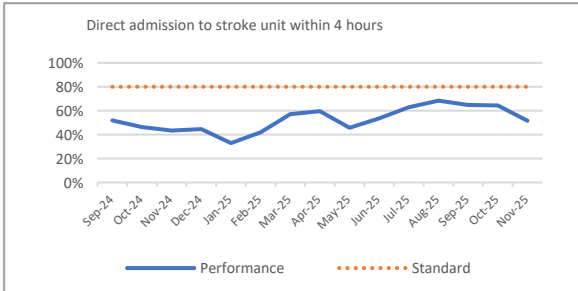
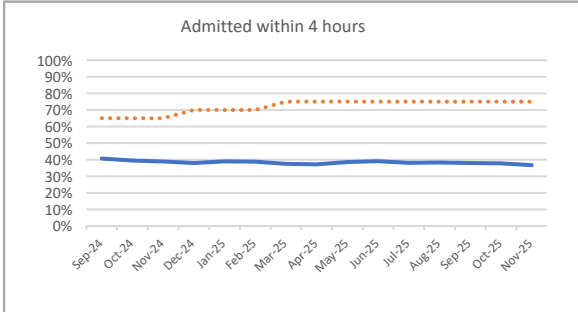
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In December utilisation was 85%, this is below our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting	Dec-25	85% utilisation Below standard	
	Community visits – 95% of face-to-face visits within 8 hours Q1 to date 94% compliance with 8-hour standard	Aug-25	94% Below standard	
Emergency Department and Same Day Emergency Care	Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4 In December we reported 40 2-hour ambulance delays, through a period of intense operational pressure at the end of the month. In December we reported 194 1-hour ambulance delays, an increase from November but below our commitment of <365 In December lost minutes per arrival increased to 17, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper	Dec-25	40 2-hour delays Above standard 194 1-hour delays Below standard 17 minutes lost/arrival Above standard	  
	ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3 In December we reported an increase in patients waiting 12-hours in EU compared to November. This equates to 91.3% of attendances waiting less than 12-hours and below our ambition for Q4	Dec-25	91.28% patients <12h Below standard	
	SDEC units In November we reported an increase in activity compared to September, and increased from October 2024 activity.	Nov-25	1826 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 December 56.8% of patients in acute beds had a LOS of >7 days, 27.9% >21 days – a slight deterioration from November. See paper for POCD update	Dec-25	56.8% >7d Above standard 27.9% >21d Above standard	
	Pathway of Care Delays – <160 delayed patients each month In December 2025 the number of POCDs was 158 – this is lower than October and November – actions undertaken with local authority partners are detailed in the paper	Dec-25	158 Above standard	

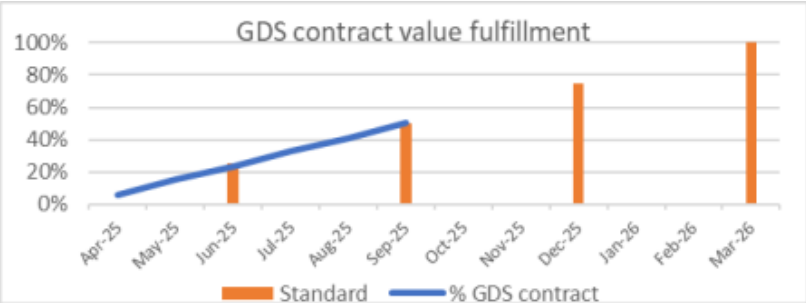
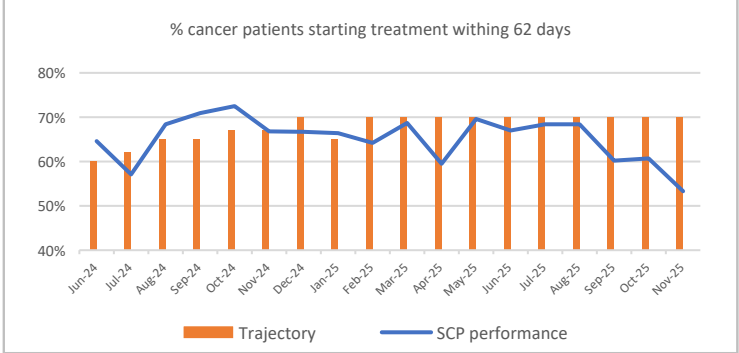
[Return to Main Menu](#)

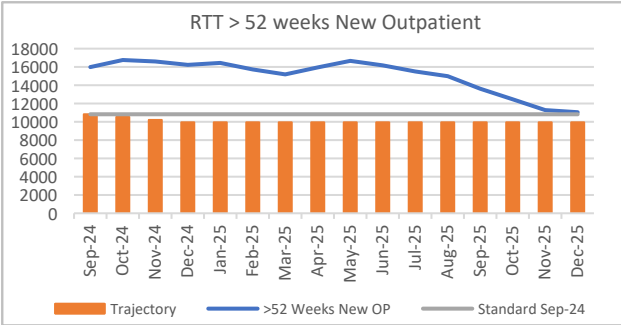
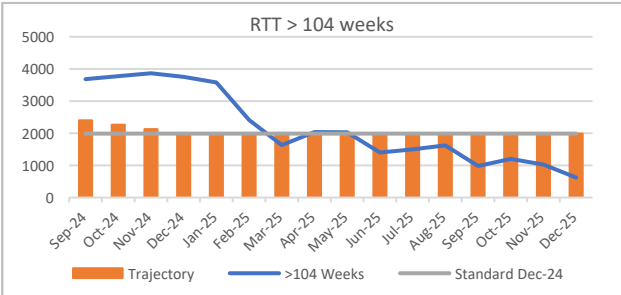
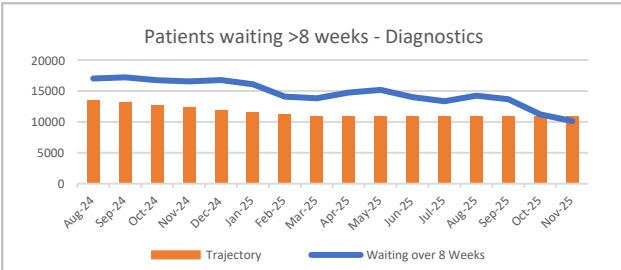
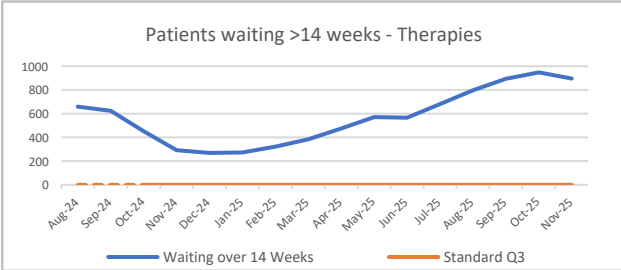
C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

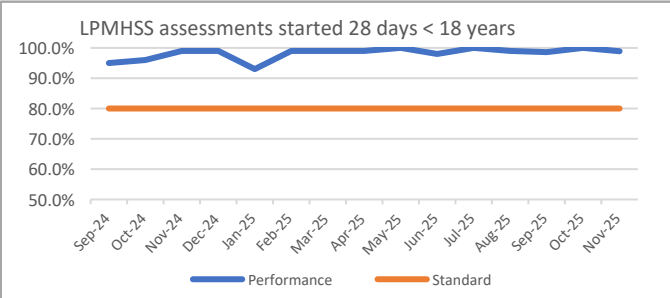
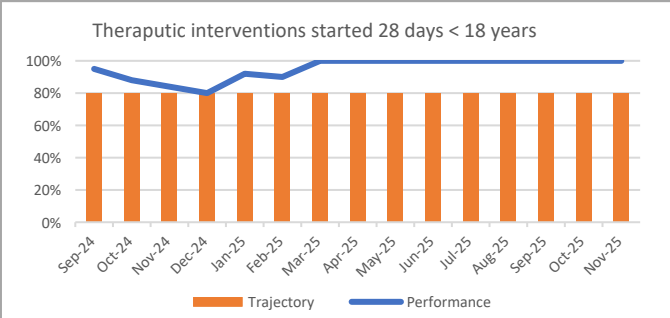
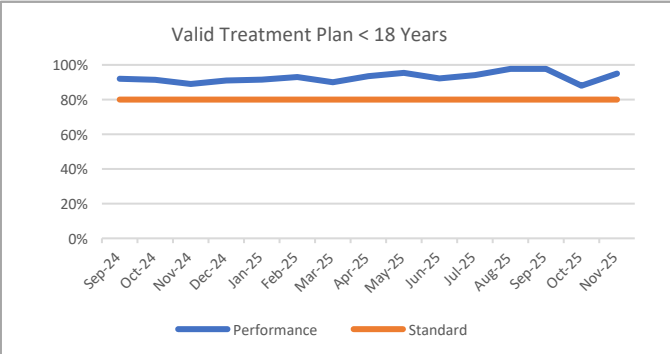
Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																																																																																																																
High Impact Pathways - Stroke	CT scan – 70% of patients scanned within 1 hour of arrival at EU In November 53.5.2% of patients were received their CT scan within 1 hour of arrival at EU, a small decrease from October Thrombolysis – 20% thrombolysis rate In November 20.3 % of stroke patients were thrombolysed, an increase from October. 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 November 51.6.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance has improved despite pathways continuing 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 recruitment has taken place to embed changes to the acute pathway	Nov-25	53.6% CT Below standard 20.3% Thrombolysis Below standard 51.6% Door-to-ward Below standard	CT Scan within 1 hour <table><caption>CT Scan within 1 hour</caption><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr><tr><td>Sep-24</td><td>45</td><td>70</td></tr><tr><td>Oct-24</td><td>46</td><td>70</td></tr><tr><td>Nov-24</td><td>45</td><td>70</td></tr><tr><td>Dec-24</td><td>44</td><td>70</td></tr><tr><td>Jan-25</td><td>48</td><td>70</td></tr><tr><td>Feb-25</td><td>50</td><td>70</td></tr><tr><td>Mar-25</td><td>52</td><td>70</td></tr><tr><td>Apr-25</td><td>55</td><td>70</td></tr><tr><td>May-25</td><td>58</td><td>70</td></tr><tr><td>Jun-25</td><td>55</td><td>70</td></tr><tr><td>Jul-25</td><td>50</td><td>70</td></tr><tr><td>Aug-25</td><td>55</td><td>70</td></tr><tr><td>Sep-25</td><td>48</td><td>70</td></tr><tr><td>Oct-25</td><td>52</td><td>70</td></tr><tr><td>Nov-25</td><td>53.52</td><td>70</td></tr></table> Stroke patient thrombolysis rate <table><caption>Stroke patient thrombolysis rate</caption><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr><tr><td>Sep-24</td><td>12</td><td>20</td></tr><tr><td>Oct-24</td><td>15</td><td>20</td></tr><tr><td>Nov-24</td><td>10</td><td>20</td></tr><tr><td>Dec-24</td><td>8</td><td>20</td></tr><tr><td>Jan-25</td><td>5</td><td>20</td></tr><tr><td>Feb-25</td><td>10</td><td>20</td></tr><tr><td>Mar-25</td><td>8</td><td>20</td></tr><tr><td>Apr-25</td><td>12</td><td>20</td></tr><tr><td>May-25</td><td>10</td><td>20</td></tr><tr><td>Jun-25</td><td>15</td><td>20</td></tr><tr><td>Jul-25</td><td>10</td><td>20</td></tr><tr><td>Aug-25</td><td>12</td><td>20</td></tr><tr><td>Sep-25</td><td>8</td><td>20</td></tr><tr><td>Oct-25</td><td>8</td><td>20</td></tr><tr><td>Nov-25</td><td>20.3</td><td>20</td></tr></table> Direct admission to stroke unit within 4 hours <table><caption>Direct admission to stroke unit within 4 hours</caption><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr><tr><td>Sep-24</td><td>55</td><td>80</td></tr><tr><td>Oct-24</td><td>48</td><td>80</td></tr><tr><td>Nov-24</td><td>45</td><td>80</td></tr><tr><td>Dec-24</td><td>42</td><td>80</td></tr><tr><td>Jan-25</td><td>35</td><td>80</td></tr><tr><td>Feb-25</td><td>45</td><td>80</td></tr><tr><td>Mar-25</td><td>55</td><td>80</td></tr><tr><td>Apr-25</td><td>60</td><td>80</td></tr><tr><td>May-25</td><td>48</td><td>80</td></tr><tr><td>Jun-25</td><td>55</td><td>80</td></tr><tr><td>Jul-25</td><td>65</td><td>80</td></tr><tr><td>Aug-25</td><td>68</td><td>80</td></tr><tr><td>Sep-25</td><td>65</td><td>80</td></tr><tr><td>Oct-25</td><td>65</td><td>80</td></tr><tr><td>Nov-25</td><td>51.68</td><td>80</td></tr></table>	Month	Performance (%)	Standard (%)	Sep-24	45	70	Oct-24	46	70	Nov-24	45	70	Dec-24	44	70	Jan-25	48	70	Feb-25	50	70	Mar-25	52	70	Apr-25	55	70	May-25	58	70	Jun-25	55	70	Jul-25	50	70	Aug-25	55	70	Sep-25	48	70	Oct-25	52	70	Nov-25	53.52	70	Month	Performance (%)	Standard (%)	Sep-24	12	20	Oct-24	15	20	Nov-24	10	20	Dec-24	8	20	Jan-25	5	20	Feb-25	10	20	Mar-25	8	20	Apr-25	12	20	May-25	10	20	Jun-25	15	20	Jul-25	10	20	Aug-25	12	20	Sep-25	8	20	Oct-25	8	20	Nov-25	20.3	20	Month	Performance (%)	Standard (%)	Sep-24	55	80	Oct-24	48	80	Nov-24	45	80	Dec-24	42	80	Jan-25	35	80	Feb-25	45	80	Mar-25	55	80	Apr-25	60	80	May-25	48	80	Jun-25	55	80	Jul-25	65	80	Aug-25	68	80	Sep-25	65	80	Oct-25	65	80	Nov-25	51.68	80
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High Impact pathways – Hip fracture	Hip Fracture Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In November our annualised compliance showed 36.7% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9.9%.	Nov-25	36.7% (Annualised) Below standard	Admitted within 4 hours <table><caption>Admitted within 4 hours</caption><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr><tr><td>Sep-24</td><td>42</td><td>65</td></tr><tr><td>Oct-24</td><td>40</td><td>65</td></tr><tr><td>Nov-24</td><td>38</td><td>65</td></tr><tr><td>Dec-24</td><td>38</td><td>68</td></tr><tr><td>Jan-25</td><td>40</td><td>70</td></tr><tr><td>Feb-25</td><td>40</td><td>68</td></tr><tr><td>Mar-25</td><td>38</td><td>75</td></tr><tr><td>Apr-25</td><td>38</td><td>75</td></tr><tr><td>May-25</td><td>40</td><td>75</td></tr><tr><td>Jun-25</td><td>40</td><td>75</td></tr><tr><td>Jul-25</td><td>40</td><td>75</td></tr><tr><td>Aug-25</td><td>38</td><td>75</td></tr><tr><td>Sep-25</td><td>38</td><td>75</td></tr><tr><td>Oct-25</td><td>38</td><td>75</td></tr><tr><td>Nov-25</td><td>36.7</td><td>75</td></tr></table>	Month	Performance (%)	Standard (%)	Sep-24	42	65	Oct-24	40	65	Nov-24	38	65	Dec-24	38	68	Jan-25	40	70	Feb-25	40	68	Mar-25	38	75	Apr-25	38	75	May-25	40	75	Jun-25	40	75	Jul-25	40	75	Aug-25	38	75	Sep-25	38	75	Oct-25	38	75	Nov-25	36.7	75																																																																																																
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	GMS access – 100% of practices achieving core access standards In June 100% of practices met the standard – the official data is provided annually 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 March 98.5% of the contract value had been delivered. So far in 25/26 (data to September) 50.2% of the contract value has been delivered Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In November 100% of practices were providing CCPS services, providing 2,797 consultations Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2	Sep-25 Nov-25	100% At standard 50.2% At standard (Apr-25 – Sep-25) 2,797 Above standard 100% Above standard	
Cancer	Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In November 53.3% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting >62 days for treatment increase and performance is challenged as a result of treating the longest waiting patients in month. More detail is discussed in the accompanying paper	Nov-25	53.3% Below standard	

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 December there were 11,049 patients waiting 52 weeks for their first outpatient appointment. This is improved from November, additional actions are outlined in the cover paper Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In December there were 609 patients waiting 104 weeks for treatment. This is reduced from November and delivers the trajectory shared with Welsh Government for Q3.	Dec-25	11,049 patients Above standard 609 patients Below standard (Q3)	RTT > 52 weeks New Outpatient  RTT > 104 weeks 
Diagnostics and Therapies	Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In November 10,138 patients were waiting over 8 weeks for a specified diagnostic, A reduction from October. Improvement in the radiology position this month, with NOUS waits also notably reduced. Therapies – National standard of zero 14 week waits In November 896 patients were waiting over 14 weeks for therapies, An decrease from October. 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 since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services	Nov-25	10,138 patients Diagnostics Above standard 896 patients Therapies Above standard	Patients waiting >8 weeks - Diagnostics  Patients waiting >14 weeks - Therapies 

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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 December there were 0 patients waiting over 52 weeks for a new outpatient appointment	Dec-25	0 Meeting 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 November 98.6% of assessments were completed within 28 days	Nov-25	98.9% Part 1a Above standard	LPMHSS assessments started 28 days < 18 years <table><caption>LPMHSS assessments started 28 days < 18 years</caption><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr><tr><td>Sep-24</td><td>95.0</td><td>80.0</td></tr><tr><td>Oct-24</td><td>96.0</td><td>80.0</td></tr><tr><td>Nov-24</td><td>98.0</td><td>80.0</td></tr><tr><td>Dec-24</td><td>100.0</td><td>80.0</td></tr><tr><td>Jan-25</td><td>95.0</td><td>80.0</td></tr><tr><td>Feb-25</td><td>98.0</td><td>80.0</td></tr><tr><td>Mar-25</td><td>100.0</td><td>80.0</td></tr><tr><td>Apr-25</td><td>100.0</td><td>80.0</td></tr><tr><td>May-25</td><td>100.0</td><td>80.0</td></tr><tr><td>Jun-25</td><td>98.0</td><td>80.0</td></tr><tr><td>Jul-25</td><td>100.0</td><td>80.0</td></tr><tr><td>Aug-25</td><td>100.0</td><td>80.0</td></tr><tr><td>Sep-25</td><td>99.0</td><td>80.0</td></tr><tr><td>Oct-25</td><td>100.0</td><td>80.0</td></tr><tr><td>Nov-25</td><td>98.6</td><td>80.0</td></tr></table>	Month	Performance (%)	Standard (%)	Sep-24	95.0	80.0	Oct-24	96.0	80.0	Nov-24	98.0	80.0	Dec-24	100.0	80.0	Jan-25	95.0	80.0	Feb-25	98.0	80.0	Mar-25	100.0	80.0	Apr-25	100.0	80.0	May-25	100.0	80.0	Jun-25	98.0	80.0	Jul-25	100.0	80.0	Aug-25	100.0	80.0	Sep-25	99.0	80.0	Oct-25	100.0	80.0	Nov-25	98.6	80.0
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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 November 100% 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	100% Part 1b Above standard	Therapeutic interventions started 28 days < 18 years <table><caption>Therapeutic interventions started 28 days < 18 years</caption><tr><th>Month</th><th>Trajectory (%)</th><th>Performance (%)</th></tr><tr><td>Sep-24</td><td>80.0</td><td>95.0</td></tr><tr><td>Oct-24</td><td>80.0</td><td>90.0</td></tr><tr><td>Nov-24</td><td>80.0</td><td>85.0</td></tr><tr><td>Dec-24</td><td>80.0</td><td>80.0</td></tr><tr><td>Jan-25</td><td>80.0</td><td>90.0</td></tr><tr><td>Feb-25</td><td>80.0</td><td>90.0</td></tr><tr><td>Mar-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Apr-25</td><td>80.0</td><td>100.0</td></tr><tr><td>May-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Jun-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Jul-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Aug-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Sep-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Oct-25</td><td>80.0</td><td>100.0</td></tr><tr><td>Nov-25</td><td>80.0</td><td>100.0</td></tr></table>	Month	Trajectory (%)	Performance (%)	Sep-24	80.0	95.0	Oct-24	80.0	90.0	Nov-24	80.0	85.0	Dec-24	80.0	80.0	Jan-25	80.0	90.0	Feb-25	80.0	90.0	Mar-25	80.0	100.0	Apr-25	80.0	100.0	May-25	80.0	100.0	Jun-25	80.0	100.0	Jul-25	80.0	100.0	Aug-25	80.0	100.0	Sep-25	80.0	100.0	Oct-25	80.0	100.0	Nov-25	80.0	100.0		
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Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In November 95% of patients had a valid Care and Treatment Plan, above our ambition	95% Part 2 Above standard	Valid Treatment Plan < 18 Years <table><caption>Valid Treatment Plan < 18 Years</caption><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr><tr><td>Sep-24</td><td>90.0</td><td>80.0</td></tr><tr><td>Oct-24</td><td>90.0</td><td>80.0</td></tr><tr><td>Nov-24</td><td>88.0</td><td>80.0</td></tr><tr><td>Dec-24</td><td>90.0</td><td>80.0</td></tr><tr><td>Jan-25</td><td>90.0</td><td>80.0</td></tr><tr><td>Feb-25</td><td>90.0</td><td>80.0</td></tr><tr><td>Mar-25</td><td>90.0</td><td>80.0</td></tr><tr><td>Apr-25</td><td>90.0</td><td>80.0</td></tr><tr><td>May-25</td><td>95.0</td><td>80.0</td></tr><tr><td>Jun-25</td><td>90.0</td><td>80.0</td></tr><tr><td>Jul-25</td><td>95.0</td><td>80.0</td></tr><tr><td>Aug-25</td><td>98.0</td><td>80.0</td></tr><tr><td>Sep-25</td><td>98.0</td><td>80.0</td></tr><tr><td>Oct-25</td><td>88.0</td><td>80.0</td></tr><tr><td>Nov-25</td><td>95.0</td><td>80.0</td></tr></table>	Month	Performance (%)	Standard (%)	Sep-24	90.0	80.0	Oct-24	90.0	80.0	Nov-24	88.0	80.0	Dec-24	90.0	80.0	Jan-25	90.0	80.0	Feb-25	90.0	80.0	Mar-25	90.0	80.0	Apr-25	90.0	80.0	May-25	95.0	80.0	Jun-25	90.0	80.0	Jul-25	95.0	80.0	Aug-25	98.0	80.0	Sep-25	98.0	80.0	Oct-25	88.0	80.0	Nov-25	95.0	80.0		
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Mar-25	90.0	80.0																																																		
Apr-25	90.0	80.0																																																		
May-25	95.0	80.0																																																		
Jun-25	90.0	80.0																																																		
Jul-25	95.0	80.0																																																		
Aug-25	98.0	80.0																																																		
Sep-25	98.0	80.0																																																		
Oct-25	88.0	80.0																																																		
Nov-25	95.0	80.0																																																		

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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 November 100% of patients received their assessment within 28 days. Referrals to the service remain high.	Nov-25	100% Part 1a Above standard	<table border="1"><caption>LPMHSS assessments started 28 days - Adults</caption><thead><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr></thead><tbody><tr><td>Sep-24</td><td>20</td><td>80</td></tr><tr><td>Oct-24</td><td>20</td><td>80</td></tr><tr><td>Nov-24</td><td>25</td><td>80</td></tr><tr><td>Dec-24</td><td>25</td><td>80</td></tr><tr><td>Jan-25</td><td>40</td><td>80</td></tr><tr><td>Feb-25</td><td>100</td><td>80</td></tr><tr><td>Mar-25</td><td>50</td><td>80</td></tr><tr><td>Apr-25</td><td>30</td><td>80</td></tr><tr><td>May-25</td><td>30</td><td>80</td></tr><tr><td>Jun-25</td><td>50</td><td>80</td></tr><tr><td>Jul-25</td><td>95</td><td>80</td></tr><tr><td>Aug-25</td><td>95</td><td>80</td></tr><tr><td>Sep-25</td><td>98</td><td>80</td></tr><tr><td>Oct-25</td><td>100</td><td>80</td></tr><tr><td>Nov-25</td><td>100</td><td>80</td></tr></tbody></table>	Month	Performance (%)	Standard (%)	Sep-24	20	80	Oct-24	20	80	Nov-24	25	80	Dec-24	25	80	Jan-25	40	80	Feb-25	100	80	Mar-25	50	80	Apr-25	30	80	May-25	30	80	Jun-25	50	80	Jul-25	95	80	Aug-25	95	80	Sep-25	98	80	Oct-25	100	80	Nov-25	100	80
Month	Performance (%)	Standard (%)																																																		
Sep-24	20	80																																																		
Oct-24	20	80																																																		
Nov-24	25	80																																																		
Dec-24	25	80																																																		
Jan-25	40	80																																																		
Feb-25	100	80																																																		
Mar-25	50	80																																																		
Apr-25	30	80																																																		
May-25	30	80																																																		
Jun-25	50	80																																																		
Jul-25	95	80																																																		
Aug-25	95	80																																																		
Sep-25	98	80																																																		
Oct-25	100	80																																																		
Nov-25	100	80																																																		
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 November 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Nov-25	100% Part 1b Above standard	<table border="1"><caption>Therapeutic interventions started 28 days - Adults</caption><thead><tr><th>Month</th><th>Performance (%)</th><th>Standard Dec-24 (%)</th></tr></thead><tbody><tr><td>Sep-24</td><td>100</td><td>80</td></tr><tr><td>Oct-24</td><td>100</td><td>80</td></tr><tr><td>Nov-24</td><td>100</td><td>80</td></tr><tr><td>Dec-24</td><td>100</td><td>80</td></tr><tr><td>Jan-25</td><td>100</td><td>80</td></tr><tr><td>Feb-25</td><td>100</td><td>80</td></tr><tr><td>Mar-25</td><td>100</td><td>80</td></tr><tr><td>Apr-25</td><td>100</td><td>80</td></tr><tr><td>May-25</td><td>100</td><td>80</td></tr><tr><td>Jun-25</td><td>100</td><td>80</td></tr><tr><td>Jul-25</td><td>100</td><td>80</td></tr><tr><td>Aug-25</td><td>100</td><td>80</td></tr><tr><td>Sep-25</td><td>100</td><td>80</td></tr><tr><td>Oct-25</td><td>95</td><td>80</td></tr><tr><td>Nov-25</td><td>100</td><td>80</td></tr></tbody></table>	Month	Performance (%)	Standard Dec-24 (%)	Sep-24	100	80	Oct-24	100	80	Nov-24	100	80	Dec-24	100	80	Jan-25	100	80	Feb-25	100	80	Mar-25	100	80	Apr-25	100	80	May-25	100	80	Jun-25	100	80	Jul-25	100	80	Aug-25	100	80	Sep-25	100	80	Oct-25	95	80	Nov-25	100	80
Month	Performance (%)	Standard Dec-24 (%)																																																		
Sep-24	100	80																																																		
Oct-24	100	80																																																		
Nov-24	100	80																																																		
Dec-24	100	80																																																		
Jan-25	100	80																																																		
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Jun-25	100	80																																																		
Jul-25	100	80																																																		
Aug-25	100	80																																																		
Sep-25	100	80																																																		
Oct-25	95	80																																																		
Nov-25	100	80																																																		
Mental Health Measures – Part 2	Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In November 63% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper	Nov-25	63% Part 2 Below standard	<table border="1"><caption>Adults with a Valid CPT</caption><thead><tr><th>Month</th><th>Performance (%)</th><th>Standard (%)</th></tr></thead><tbody><tr><td>Sep-24</td><td>60</td><td>80</td></tr><tr><td>Oct-24</td><td>62</td><td>80</td></tr><tr><td>Nov-24</td><td>62</td><td>80</td></tr><tr><td>Dec-24</td><td>58</td><td>80</td></tr><tr><td>Jan-25</td><td>57</td><td>80</td></tr><tr><td>Feb-25</td><td>57</td><td>80</td></tr><tr><td>Mar-25</td><td>56</td><td>80</td></tr><tr><td>Apr-25</td><td>54</td><td>80</td></tr><tr><td>May-25</td><td>53</td><td>80</td></tr><tr><td>Jun-25</td><td>53</td><td>80</td></tr><tr><td>Jul-25</td><td>56</td><td>80</td></tr><tr><td>Aug-25</td><td>56</td><td>80</td></tr><tr><td>Sep-25</td><td>56</td><td>80</td></tr><tr><td>Oct-25</td><td>58</td><td>80</td></tr><tr><td>Nov-25</td><td>63</td><td>80</td></tr></tbody></table>	Month	Performance (%)	Standard (%)	Sep-24	60	80	Oct-24	62	80	Nov-24	62	80	Dec-24	58	80	Jan-25	57	80	Feb-25	57	80	Mar-25	56	80	Apr-25	54	80	May-25	53	80	Jun-25	53	80	Jul-25	56	80	Aug-25	56	80	Sep-25	56	80	Oct-25	58	80	Nov-25	63	80
Month	Performance (%)	Standard (%)																																																		
Sep-24	60	80																																																		
Oct-24	62	80																																																		
Nov-24	62	80																																																		
Dec-24	58	80																																																		
Jan-25	57	80																																																		
Feb-25	57	80																																																		
Mar-25	56	80																																																		
Apr-25	54	80																																																		
May-25	53	80																																																		
Jun-25	53	80																																																		
Jul-25	56	80																																																		
Aug-25	56	80																																																		
Sep-25	56	80																																																		
Oct-25	58	80																																																		
Nov-25	63	80																																																		

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[Return to Main Menu](#)

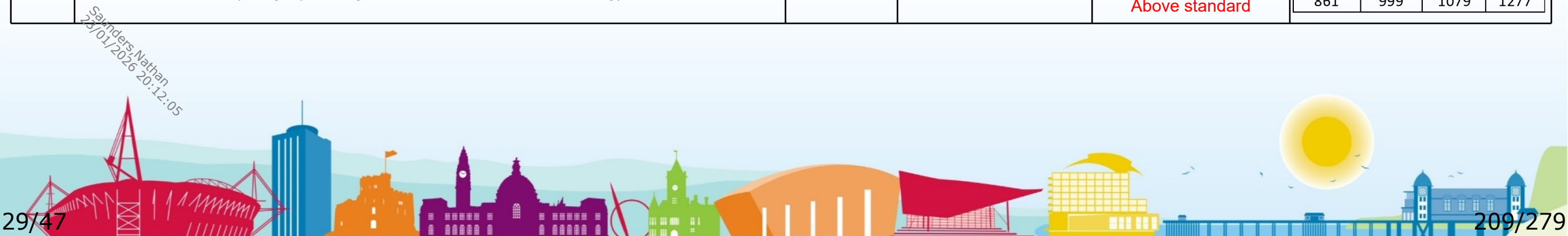
NHS Wales Performance Framework Measures

[Return to Section Menu](#)

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% At standard	<table><tr><td>19/20</td><td>20/21</td><td>21/22</td><td>22/23</td></tr><tr><td>93.4%</td><td>95.0%</td><td>96.5%</td><td>98.2%</td></tr></table>				19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23													
93.4%	95.0%	96.5%	98.2%													
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Dec-25	Improvement compared to the same month in the previous year	44.8% Above standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>45.3%</td><td>44.9%</td><td>45.0%</td><td>44.8%</td></tr></table>				Sep-25	Oct-25	Nov-25	Dec-25	45.3%	44.9%	45.0%	44.8%
Sep-25	Oct-25	Nov-25	Dec-25													
45.3%	44.9%	45.0%	44.8%													
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Oct-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	58.2% Above standard	<table><tr><td>Apr-25 to Jul-25</td><td>Apr-25 to Aug-25</td><td>Apr-25 to Sep-25</td><td>Apr-25 to Oct-25</td></tr><tr><td>32.8%</td><td>40.8%</td><td>50.2%</td><td>58.2%</td></tr></table>				Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25	32.8%	40.8%	50.2%	58.2%
Apr-25 to Jul-25	Apr-25 to Aug-25	Apr-25 to Sep-25	Apr-25 to Oct-25													
32.8%	40.8%	50.2%	58.2%													
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-25	Increase compared to the same month in the previous year	2723 Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>2299</td><td>2508</td><td>2755</td><td>2723</td></tr></table>				Aug-25	Sep-25	Oct-25	Nov-25	2299	2508	2755	2723
Aug-25	Sep-25	Oct-25	Nov-25													
2299	2508	2755	2723													
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	Nov-25	80%	98.9% Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>99.0%</td><td>98.6%</td><td>100.0%</td><td>98.9%</td></tr></table>				Aug-25	Sep-25	Oct-25	Nov-25	99.0%	98.6%	100.0%	98.9%
Aug-25	Sep-25	Oct-25	Nov-25													
99.0%	98.6%	100.0%	98.9%													
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	Nov-25	80%	100% Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>100.0%</td><td>100.0%</td><td>100.0%</td><td>100.0%</td></tr></table>				Aug-25	Sep-25	Oct-25	Nov-25	100.0%	100.0%	100.0%	100.0%
Aug-25	Sep-25	Oct-25	Nov-25													
100.0%	100.0%	100.0%	100.0%													
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	Nov-25	80%	99.8% Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>92.4%</td><td>95.9%</td><td>100.0%</td><td>99.8%</td></tr></table>				Aug-25	Sep-25	Oct-25	Nov-25	92.4%	95.9%	100.0%	99.8%
Aug-25	Sep-25	Oct-25	Nov-25													
92.4%	95.9%	100.0%	99.8%													
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	Nov-25	80%	100% Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>99.0%</td><td>99.6%</td><td>96.0%</td><td>100.0%</td></tr></table>				Aug-25	Sep-25	Oct-25	Nov-25	99.0%	99.6%	96.0%	100.0%
Aug-25	Sep-25	Oct-25	Nov-25													
99.0%	99.6%	96.0%	100.0%													
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	50% Below standard	<table><tr><td>Mar-25</td><td>Apr-25</td><td>May-25</td><td>Jun-25</td></tr><tr><td>50%</td><td>51%</td><td>50%</td><td>50%</td></tr></table>				Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25													
50%	51%	50%	50%													
20.	Median emergency response time to amber calls	Nov-25	12 month reduction trend	01:44:47 Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>01:26:17</td><td>01:17:42</td><td>01:23:34</td><td>01:44:47</td></tr></table>				Aug-25	Sep-25	Oct-25	Nov-25	01:26:17	01:17:42	01:23:34	01:44:47
Aug-25	Sep-25	Oct-25	Nov-25													
01:26:17	01:17:42	01:23:34	01:44:47													

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23/01/2026 20:12:05

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	Nov-25	15 minutes or less	5 Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>5</td><td>5</td><td>5</td><td>5</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	5	5	5	5
Aug-25	Sep-25	Oct-25	Nov-25										
5	5	5	5										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Nov-25	60 minutes or less	78 Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>71</td><td>73</td><td>82</td><td>78</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	71	73	82	78
Aug-25	Sep-25	Oct-25	Nov-25										
71	73	82	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	Dec-25	Improvement compared to the same month in the previous year, towards the national target of 95%	57.3% Below standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>59.7%</td><td>60.1%</td><td>58.2%</td><td>57.3%</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	59.7%	60.1%	58.2%	57.3%
Sep-25	Oct-25	Nov-25	Dec-25										
59.7%	60.1%	58.2%	57.3%										
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	Dec-25	Reduction compared to the same month in the previous year, towards the national target of zero	1020 Above standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>785</td><td>949</td><td>1006</td><td>1019</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	785	949	1006	1019
Sep-25	Oct-25	Nov-25	Dec-25										
785	949	1006	1019										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Nov-25	12 month improvement trend towards a national target of 80% by 31 March 2026	53.3% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>68.4%</td><td>60.2%</td><td>60.7%</td><td>53.3%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	68.4%	60.2%	60.7%	53.3%
Aug-25	Sep-25	Oct-25	Nov-25										
68.4%	60.2%	60.7%	53.3%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-25	0	10,138 Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>14243</td><td>13667</td><td>11210</td><td>10138</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	14243	13667	11210	10138
Aug-25	Sep-25	Oct-25	Nov-25										
14243	13667	11210	10138										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Nov-25	100%	57.40% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>64.07%</td><td>59.41%</td><td>57.15%</td><td>57.40%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	64.07%	59.41%	57.15%	57.40%
Aug-25	Sep-25	Oct-25	Nov-25										
64.07%	59.41%	57.15%	57.40%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Nov-25	0	896 Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>797</td><td>894</td><td>948</td><td>896</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	797	894	948	896
Aug-25	Sep-25	Oct-25	Nov-25										
797	894	948	896										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Oct-25	0	1,277 Above standard	<table><tr><td>Jul-25</td><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td></tr><tr><td>861</td><td>999</td><td>1079</td><td>1277</td></tr></table>	Jul-25	Aug-25	Sep-25	Oct-25	861	999	1079	1277
Jul-25	Aug-25	Sep-25	Oct-25										
861	999	1079	1277										



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

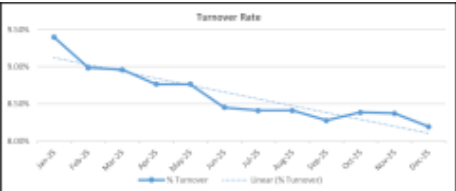
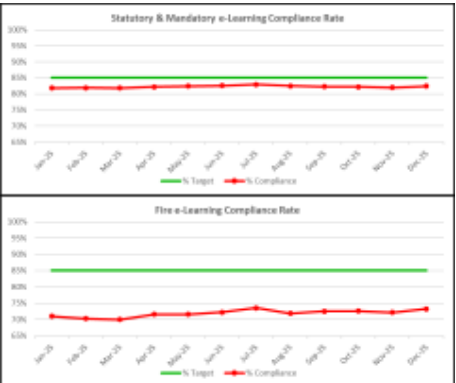
[Return to Section Menu](#)

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	Dec-25	0	11,049 Above standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>13617</td><td>12461</td><td>11281</td><td>11049</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	13617	12461	11281	11049
Sep-25	Oct-25	Nov-25	Dec-25										
13617	12461	11281	11049										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Nov-25	Reduction compared to the same month in the previous year	26,146 Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>24346</td><td>24869</td><td>26898</td><td>26146</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	24346	24869	26898	26146
Aug-25	Sep-25	Oct-25	Nov-25										
24346	24869	26898	26146										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Dec-25	0	609 Above standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>981</td><td>1202</td><td>1026</td><td>609</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	981	1202	1026	609
Sep-25	Oct-25	Nov-25	Dec-25										
981	1202	1026	609										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Dec-25	Month on month reduction towards the national target of zero by 30 June 2025	30,286 Above standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>31707</td><td>31728</td><td>30964</td><td>30286</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	31707	31728	30964	30286
Sep-25	Oct-25	Nov-25	Dec-25										
31707	31728	30964	30286										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Nov-25	80%	17% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>21.5%</td><td>21.2%</td><td>18.6%</td><td>17.0%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	21.5%	21.2%	18.6%	17.0%
Aug-25	Sep-25	Oct-25	Nov-25										
21.5%	21.2%	18.6%	17.0%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Nov-25	80%	78% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>71.6%</td><td>73.4%</td><td>72.9%</td><td>78.1%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	71.6%	73.4%	72.9%	78.1%
Aug-25	Sep-25	Oct-25	Nov-25										
71.6%	73.4%	72.9%	78.1%										

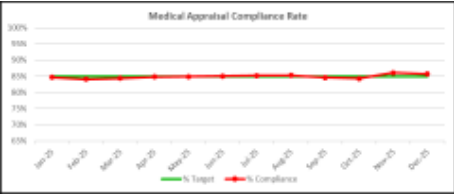
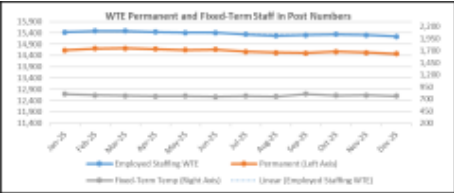
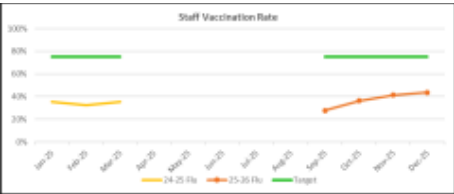
[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

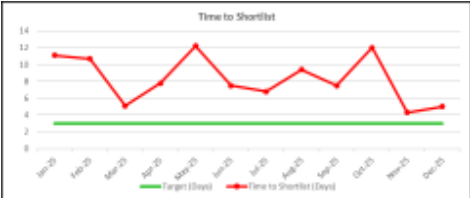
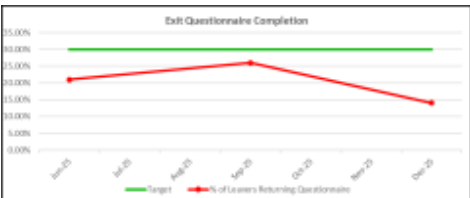
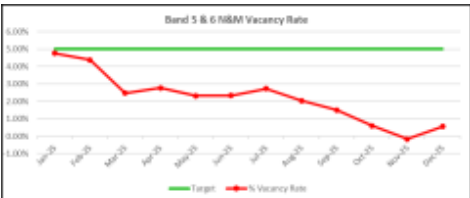
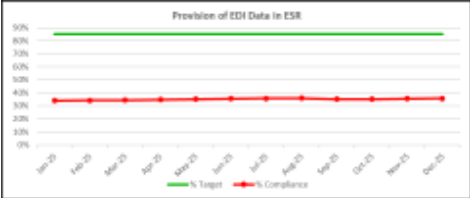
[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Jan-25; the rates have fallen from 9.40% at Jan-25 to 8.19% in Dec-25 UHB wide. There has been a net 1.21% decrease, which represents 174 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’.	December 2025	
Sickness Absence	The monthly sickness rate for Dec-25 was 6.70%. The 12-month cumulative rate has risen slightly during the past year and is 6.43% at Dec-25 (an increase of 0.20% by comparison with the 12-month cumulative rate at Dec-24).	December 2025	
Statutory and Mandatory Training	The overall compliance rates rose for Dec-25 to 82.42%, 2.58% below the overall target. The compliance for All Wales Genomics Service, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are above the 85% target; and Corporate Executives, Children & Women's, PCIC, Specialist Services and Mental Health are above 80% compliance. The compliance with Fire training has risen to 73.24% at Dec-25. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.	December 2025	
Values Based Appraisal	VBA compliance has risen for Dec-25, to 71.93%. Capital, Estates & Facilities remains the only Clinical Board that has achieved the 85% target rate%.	December 2025 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 remains above 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. Suspensions - Four members of staff have been suspended/excluded for three months: · Two cases remain subject to ongoing Criminal Investigations. · One case was subject to a Criminal Investigation which has now concluded; an internal investigation is currently being undertaken in accordance with the All Wales Disciplinary Policy and Procedure and is nearing completion. · One case is under formal investigation in accordance with the Upholding Professional Standard in Wales procedure.	October 2025	

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23/01/2026 20:12:05

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. A target of 90% was set for completion of a job plan, to have been achieved by Sep-25. At Dec-25 82.54% of clinicians have a signed off job plan.	December 2025	
Medical Appraisals	The rate of compliance with Medical Appraisal fell to 85.73% for Dec-25, above the 85% target.	December 2025	
Staff in Post	The overall Health Board Staffing Numbers have fallen in the last 12 months by 192 WTE, to 15,244 WTE at Dec-25. Since Feb-25 there had been a reduction of 245 WTE, which has been achieved through the implementation of a vacancy freeze from Jan-25. The increase during Sep-25 and Oct-25 reflects the commitment to take new graduate nurses and therapists. The vacancy freeze will continue until Mar-26, with the intention to further reduce staffing levels.	December 2025	
Variable Pay (Bank, Agency, Overtime..)	The 12-month trend of proportion of pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jan-25 the percentage was 7.53% of the total spend on pay, but in Dec-25 had fallen to 6.24%. There is however a rising trend since Apr-25, and the total pay bill is increasing.	December 2025	
Staff Winter Vaccination Programme	The winter flu vaccination programme for 2025-26 commenced in Sep-25; the vaccination rate at Dec-25 was 43.70%, against a target of 75%.	December 2025	
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for Jan-25 was 0.63% of the total spend on pay and was 0.54% at Dec-25. The percentage has risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	December 2025	

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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 monthly average is 62.3 days. The figure for Cardiff & Vale uHB for Dec-25 was 90 days. This change is due to the vacancy freeze implemented in Jan-25, which will continue until Mar-26.	December 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 7.3 days. The figure for Cardiff & Vale uHB for Dec-25 was 5 days.	December 2025	
Exit Questionnaire Completion	At Dec-25 the return rate of exit questionnaires was 14%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Mar-26.	December 2025	
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 Dec-25 the rate was 0.56%, by comparison with a nominal 5% target. ESR position data continues to be validated.	December 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 Dec-25 35.73% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	December 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). 39.02% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Dec-25 7.27% of staff have identified their Welsh Skills as between level 2 and level 5.	December 2025	

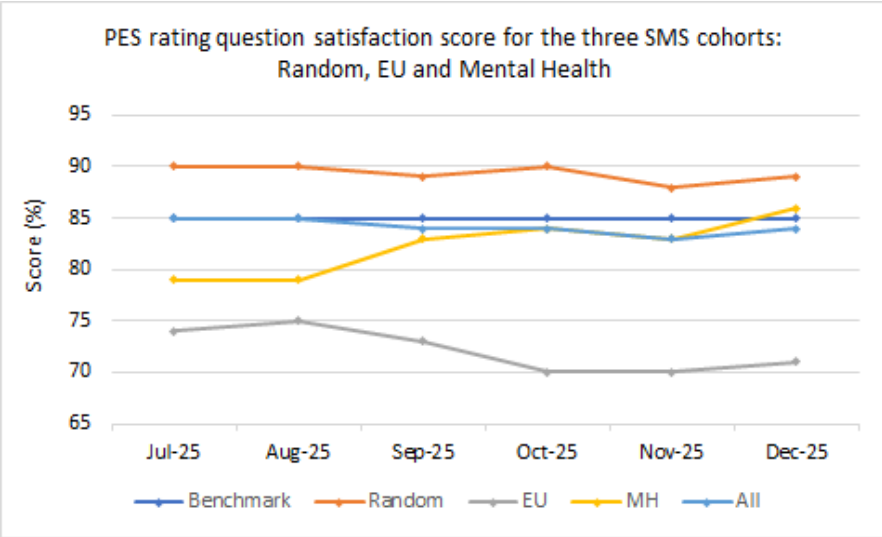
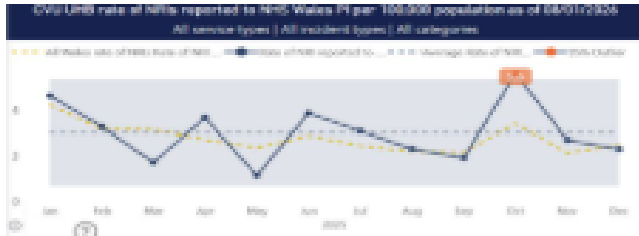
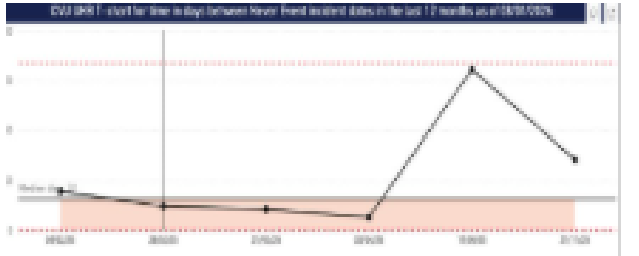


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend				
36.	Percentage of sickness absence rate of staff (In-month)	December 2025	5.50%	6.70%	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
					6.21%	6.61%	6.96%	6.89%	6.70%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	December 2025	5.50%	6.43%	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
					6.37%	6.41%	6.42%	6.46%	6.43%
38.	Staff turnover	December 2025	7%-9%	8.19%	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
					8.41%	8.28%	8.39%	8.37%	8.19%
39.	Agency spend as a percentage of the total pay bill.	December 2025	12-month reduction trend	0.54%	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
					0.39%	0.54%	0.33%	0.54%	0.54%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	December 2025	85%	72.77%	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
					71.26%	71.33%	71.15%	72.22%	72.77%



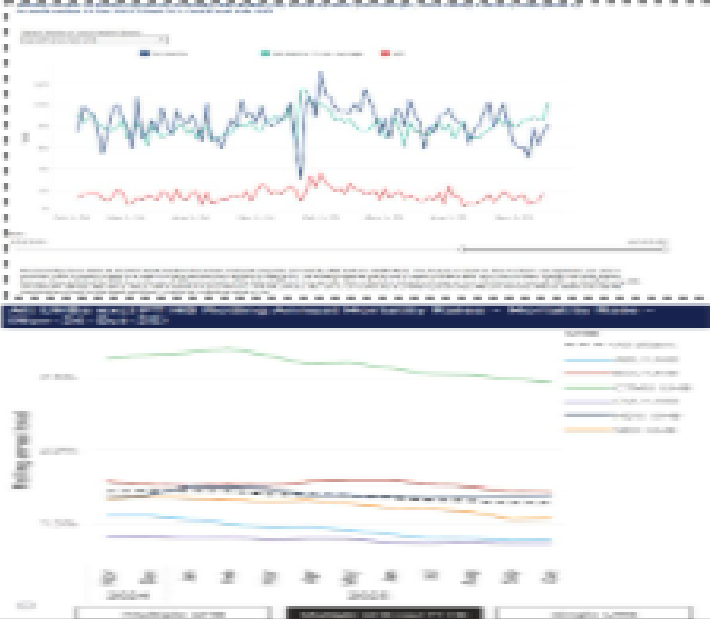
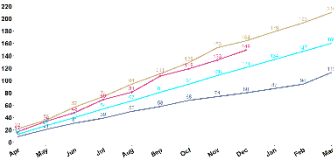
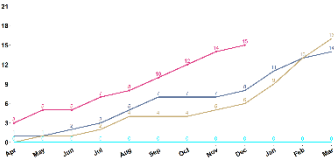
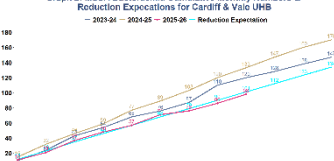
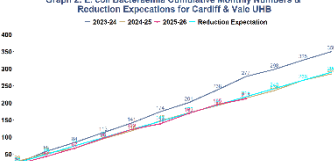
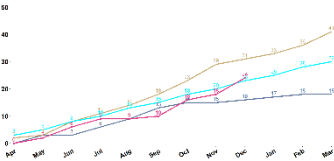
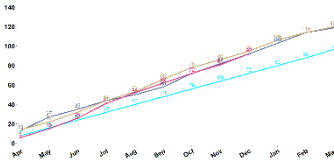
Priority	Performance Summary	Reporting Period	Performance against standard	Data															
Concerns 30-day performance	Welsh Government target for responding to concerns is 75% within 30 working days During November and December 25, the Health Board Received 471 Concerns Closed 465 concerns 65 % closed within 30 working days (including Early Resolution) 14 % closed under Early Resolution (within 2 days including day of receipt) In addition Received 642 Enquiries Received 86 Compliments We currently have 306 active concerns Top 3 themes and trends Clinical Treatment and Assessment Concerns around appointments (waiting times/cancellations) Communication	Nov and Dec 25		% of Concerns closed within 30 working days including Early Resolution 33 30 30 30 28 28 28 28 23 20 ABU LHBCTMU LHBBelindreWASTHDU LHBPHW NTPT LHB SBU LHBBCU LHB CVU LHB All Wales Median: 28															
Duty of Candour	Duty of Candour: Themes and trends: Falls Pressure damage Lost to follow-up Delays / cancellations in diagnosis or treatment Missing/unclear documentation contributing to missed assessments and escalation <table><thead><tr><th>Month</th><th>Total Incidents Reported</th><th>Total Incidents Triggered DOC</th></tr></thead><tbody><tr><td>October</td><td>2168</td><td>10</td></tr><tr><td>November</td><td>2012</td><td>17</td></tr><tr><td>December</td><td>1990</td><td>16</td></tr><tr><td></td><td>Total 6170</td><td></td></tr></tbody></table>	Month	Total Incidents Reported	Total Incidents Triggered DOC	October	2168	10	November	2012	17	December	1990	16		Total 6170		Oct to Dec 25		Duty of Candour
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December	1990	16																	
	Total 6170																		

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																				
Patient Feedback – Civica	The system became operational on Friday, 28 October 2022. We are currently administering surveys to up to 1,000 patients per day via text message. Of these, 600 patients are randomly selected from general hospital activity, 200 from Emergency Unit (EU) activity, and 200 from Mental Health services. Over the past 12 months, more than 185,000 text messages have been distributed, yielding an overall response rate of 16%. (figures based on PES) In December, a total of 14,785 messages were sent, resulting in 2,423 completed surveys, which corresponds to a response rate of 16%. Among respondents discharged in November and December who answered the rating question, 83% reported satisfaction with the service received. While our current overall response rate of 16% exceeds that of many comparable organisations, we remain committed to enhancing engagement and will prioritise improvements in this area over the coming year.	Nov/Dec 2025		PES rating question satisfaction score for the three SMS cohorts: Random, EU and Mental Health <table><caption>PES rating question satisfaction score for the three SMS cohorts: Random, EU and Mental Health</caption><thead><tr><th>Month</th><th>Benchmark</th><th>Random</th><th>EU</th><th>MH</th><th>All</th></tr></thead><tbody><tr><td>Jul-25</td><td>85</td><td>90</td><td>74</td><td>79</td><td>85</td></tr><tr><td>Aug-25</td><td>85</td><td>90</td><td>75</td><td>79</td><td>85</td></tr><tr><td>Sep-25</td><td>84</td><td>89</td><td>73</td><td>83</td><td>84</td></tr><tr><td>Oct-25</td><td>84</td><td>90</td><td>70</td><td>84</td><td>84</td></tr><tr><td>Nov-25</td><td>83</td><td>88</td><td>70</td><td>84</td><td>83</td></tr><tr><td>Dec-25</td><td>84</td><td>89</td><td>71</td><td>86</td><td>84</td></tr></tbody></table>	Month	Benchmark	Random	EU	MH	All	Jul-25	85	90	74	79	85	Aug-25	85	90	75	79	85	Sep-25	84	89	73	83	84	Oct-25	84	90	70	84	84	Nov-25	83	88	70	84	83	Dec-25	84	89	71	86	84										
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Patient Safety	The UHB reported an NRI rate of 2.32 per 100,000 population, (All-Wales rate of 2.50 per 100,000). Between 01 January 2025 and 31 December 2025, the UHB has reported 182 Nationally reportable Incidents in 2025. Analysis of all incidents closed between September 2024 and September 2025 demonstrated that 73% had a post investigation harm level of No low or moderate harm. One never event was reported in November 2025. 51% of all nationally reportable incidents remain open over 90 days although 26 % of these incidents are relating to perinatal and maternal outcomes which are reportable through the Mothers and Babies: reducing Risk through Audits and Confidential Enquiries (MBRRACE) reportable cases with a timescale of 120 days allocated from the outset.	December 25		<table><caption>UHB NRI rate of harm reported to NHS Wales P1 per 100,000 population as of 31/12/2025</caption><thead><tr><th>Month</th><th>NRI rate</th></tr></thead><tbody><tr><td>Jan</td><td>4.5</td></tr><tr><td>Feb</td><td>3.5</td></tr><tr><td>Mar</td><td>2.5</td></tr><tr><td>Apr</td><td>3.5</td></tr><tr><td>May</td><td>2.5</td></tr><tr><td>Jun</td><td>3.5</td></tr><tr><td>Jul</td><td>3.5</td></tr><tr><td>Aug</td><td>2.5</td></tr><tr><td>Sep</td><td>2.5</td></tr><tr><td>Oct</td><td>4.5</td></tr><tr><td>Nov</td><td>2.5</td></tr><tr><td>Dec</td><td>2.5</td></tr></tbody></table><table><caption>UHB ORR (open rate) for time to days between Never Event incident dates in the last 12 months as of 31/12/2025</caption><thead><tr><th>Month</th><th>ORR</th></tr></thead><tbody><tr><td>Jan</td><td>0.5</td></tr><tr><td>Feb</td><td>0.5</td></tr><tr><td>Mar</td><td>0.5</td></tr><tr><td>Apr</td><td>0.5</td></tr><tr><td>May</td><td>0.5</td></tr><tr><td>Jun</td><td>0.5</td></tr><tr><td>Jul</td><td>0.5</td></tr><tr><td>Aug</td><td>0.5</td></tr><tr><td>Sep</td><td>0.5</td></tr><tr><td>Oct</td><td>0.5</td></tr><tr><td>Nov</td><td>0.5</td></tr><tr><td>Dec</td><td>0.5</td></tr></tbody></table>	Month	NRI rate	Jan	4.5	Feb	3.5	Mar	2.5	Apr	3.5	May	2.5	Jun	3.5	Jul	3.5	Aug	2.5	Sep	2.5	Oct	4.5	Nov	2.5	Dec	2.5	Month	ORR	Jan	0.5	Feb	0.5	Mar	0.5	Apr	0.5	May	0.5	Jun	0.5	Jul	0.5	Aug	0.5	Sep	0.5	Oct	0.5	Nov	0.5	Dec	0.5
Month	NRI rate																																																							
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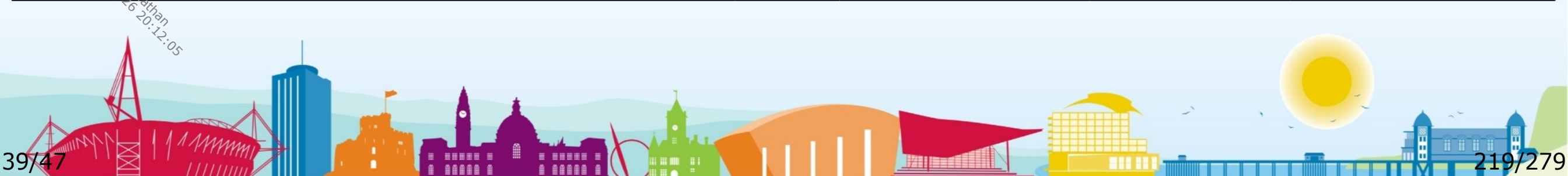
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	The all-cause mortality rate across the Cardiff and Vale UHB area has remained below the five year average for the past 2 months and as yet there is no observed seasonal increase in deaths relating to respiratory infections. Crude inpatient mortality was 1.32% in November 2025 below under the all-Wales average and the lowest of all Health Boards in Wales. However, the UHB measurement of Risk Adjusted Mortality Index (RAMI) remains high, but it is likely that delays in clinical coding are impacting the reliability of this data. Work is underway to explore greater collaboration between coding and clinical teams in Stroke services to improve coding and opportunities to further expand this approach into orthopaedics.	December 25		
Infection Control	<i>Clostridioides difficile</i> – The total number of CDI cases this year is currently 149, with 56 hospital onset. This number of hospital onset cases is 34 lower than this period in 2024/2025. CAV UHB have the second lowest rate of the 6 acute Health Boards in Wales. MRSA - The total number of MRSA cases this year is currently 14, with 7 hospital onset. This number of cases is 3 hospital onset case higher than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales. MSSA - The total number of MSSA cases this year is currently 97, with 39 hospital onset. This number of cases is 10 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 2nd lowest rate of the 6 acute Health Boards in Wales. E.coli - The total number of E.coli cases this year is currently 169, with 48 hospital onset. This number of cases is 9 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales. <i>Klebsiella spec's</i> - The total number of Klebs cases this year is currently 92, with 46 hospital onset. This number of cases is 9 hospital onset cases higher than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales. PAER - The total number of Pseud cases this year is currently 16, with 12 hospital onset. This number of cases 10 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales.	December 25		Graph 2: C. difficile Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB — 2023-24 — 2024-25 — 2025-26 — Reduction Expectation  Graph 2: MRSA Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB — 2023-24 — 2024-25 — 2025-26 — Reduction Expectation  Graph 2: MSSA Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB — 2023-24 — 2024-25 — 2025-26 — Reduction Expectation  Graph 2: E. coli Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB — 2023-24 — 2024-25 — 2025-26 — Reduction Expectation  Graph 2: P. aeruginosa Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB — 2023-24 — 2024-25 — 2025-26 — Reduction Expectation  Graph 2: Klebsiella spp Bacteraemia Cumulative Monthly Numbers & Reduction Expectations for Cardiff & Vale UHB — 2023-24 — 2024-25 — 2025-26 — Reduction Expectation 

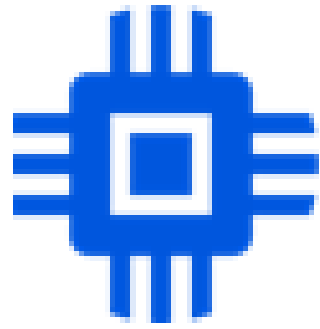
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Oct-25	12 month improvement trend	57.0% Below standard	<table><tr><td>Jul-25</td><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td></tr><tr><td>51.9%</td><td>68.7%</td><td>73.4%</td><td>57.0%</td></tr></table>	Jul-25	Aug-25	Sep-25	Oct-25	51.9%	68.7%	73.4%	57.0%
Jul-25	Aug-25	Sep-25	Oct-25										
51.9%	68.7%	73.4%	57.0%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Oct-25	90%	92.6% Below standard	<table><tr><td>Jul-25</td><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td></tr><tr><td>39.7%</td><td>88.2%</td><td>31.3%</td><td>92.6%</td></tr></table>	Jul-25	Aug-25	Sep-25	Oct-25	39.7%	88.2%	31.3%	92.6%
Jul-25	Aug-25	Sep-25	Oct-25										
39.7%	88.2%	31.3%	92.6%										
42.	Number of Pathways of Care delayed discharges	Dec-25	12 month reduction trend	158 Above standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>176</td><td>177</td><td>187</td><td>158</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	176	177	187	158
Sep-25	Oct-25	Nov-25	Dec-25										
176	177	187	158										
43.	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	Nov-25	90%	95% Above standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>97.7%</td><td>97.7%</td><td>88.0%</td><td>95.0%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	97.7%	97.7%	88.0%	95.0%
Aug-25	Sep-25	Oct-25	Nov-25										
97.7%	97.7%	88.0%	95.0%										
44.	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	Nov-25	90%	63% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>56.2%</td><td>56.0%</td><td>57.7%</td><td>63.0%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	56.2%	56.0%	57.7%	63.0%
Aug-25	Sep-25	Oct-25	Nov-25										
56.2%	56.0%	57.7%	63.0%										
45.	Number of service user feedback experience responses completed and recorded on CIVICA,figures lower for this period due to system failure.	Nov/Dec 25	(Some system issues)	6076	In November and December we sent 31,765 texts								



No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
46.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Dec-25	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	92 24 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
47.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Dec-25	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	54.29 cases per 100,000 population Below Standard 29.53 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
48.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Dec-25	25 cases per 100,000 population	37.9 cases per 100,000 population Above standard	Not on trajectory to achieve the reduction expectation rate								
49.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Nov-25	Reduction compared to the same month in the previous year	19.2% On standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>39.3%</td><td>34.7%</td><td>30.2%</td><td>19.2%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	39.3%	34.7%	30.2%	19.2%
Aug-25	Sep-25	Oct-25	Nov-25										
39.3%	34.7%	30.2%	19.2%										
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-25	12 month improvement trend towards national target of 95%	70.2% Below standard	<table><tr><td>Aug-25</td><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td></tr><tr><td>65.23%</td><td>64.58%</td><td>67.13%</td><td>70.20%</td></tr></table>	Aug-25	Sep-25	Oct-25	Nov-25	65.23%	64.58%	67.13%	70.20%
Aug-25	Sep-25	Oct-25	Nov-25										
65.23%	64.58%	67.13%	70.20%										
51.	Number of ambulance patient handovers over one hour	Dec-25	0	194 Under standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>39</td><td>147</td><td>150</td><td>194</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	39	147	150	194
Sep-25	Oct-25	Nov-25	Dec-25										
39	147	150	194										
52	Percentage of ambulance patient handovers within 15 minutes	Dec-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	15.40% Below standard	<table><tr><td>Sep-25</td><td>Oct-25</td><td>Nov-25</td><td>Dec-25</td></tr><tr><td>25.20%</td><td>17.64%</td><td>17.85%</td><td>15.40%</td></tr></table>	Sep-25	Oct-25	Nov-25	Dec-25	25.20%	17.64%	17.85%	15.40%
Sep-25	Oct-25	Nov-25	Dec-25										
25.20%	17.64%	17.85%	15.40%										
53.	Number of National Reportable incidents that remain open 90 days or more	Dec-25	Reducing	51%	Improving position with decreasing proportion open over 90 days and 26% of all cases MBBRACE reportable and there are 120 day timescales								





Shaping Our Future

Digital
Services

Digital & Health Intelligence

Saunders Nathan
23/01/2026 20:12:05



Digital & Health Intelligence Scorecard

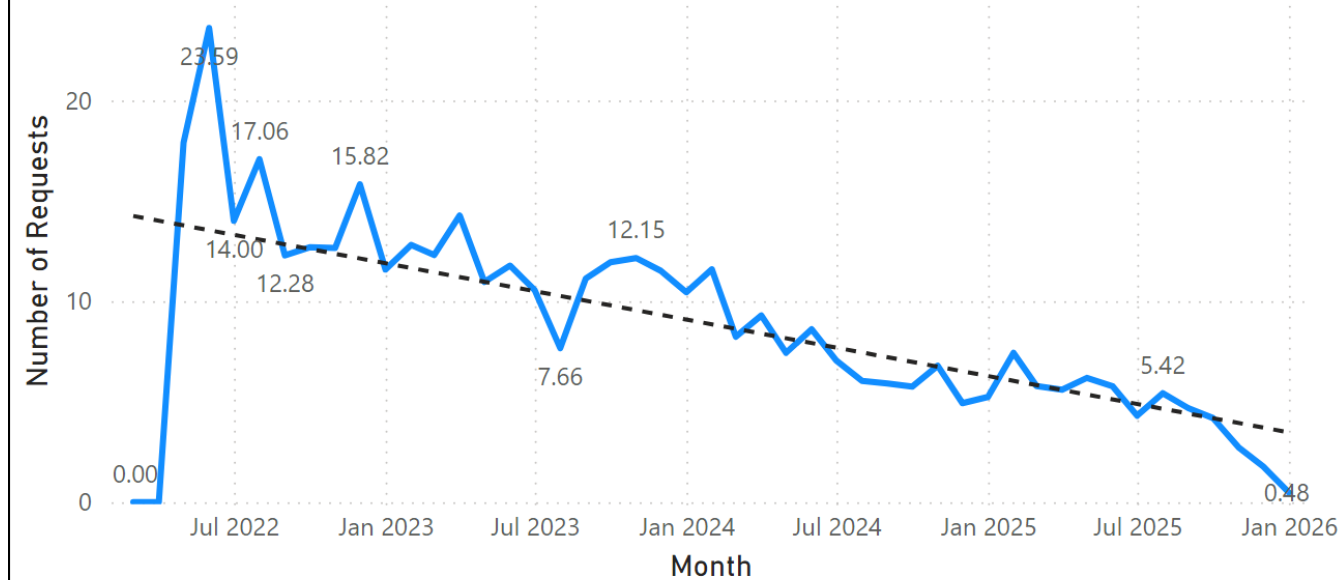
Year 2025		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
36944	60856	688	1211	688	1211
Incidents Opened	Requests Opened	Incidents Opened	Requests Opened	Incidents Opened	Requests Opened
35978	54090	547	328	547	328
Incidents Closed	Closed Requests	Incidents Closed	Closed Requests	Incidents Closed	Closed Requests
966	6766	141	883	141	883
Remaining Open	Remaining Open	Remaining Open	Remaining Open	Remaining Open	Remaining Open
5.96	4.87	0.16	0.48	0.16	0.48
Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)



Digital & Health Intelligence Trending

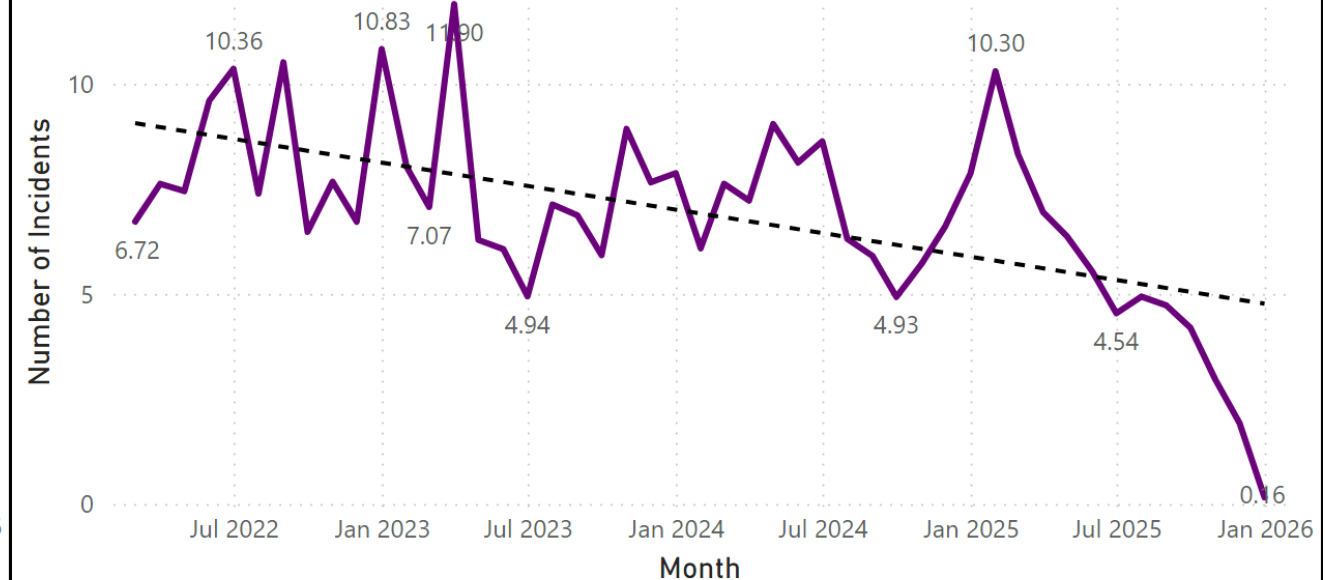
Requests (new and additional items)

Average Duration (Days)



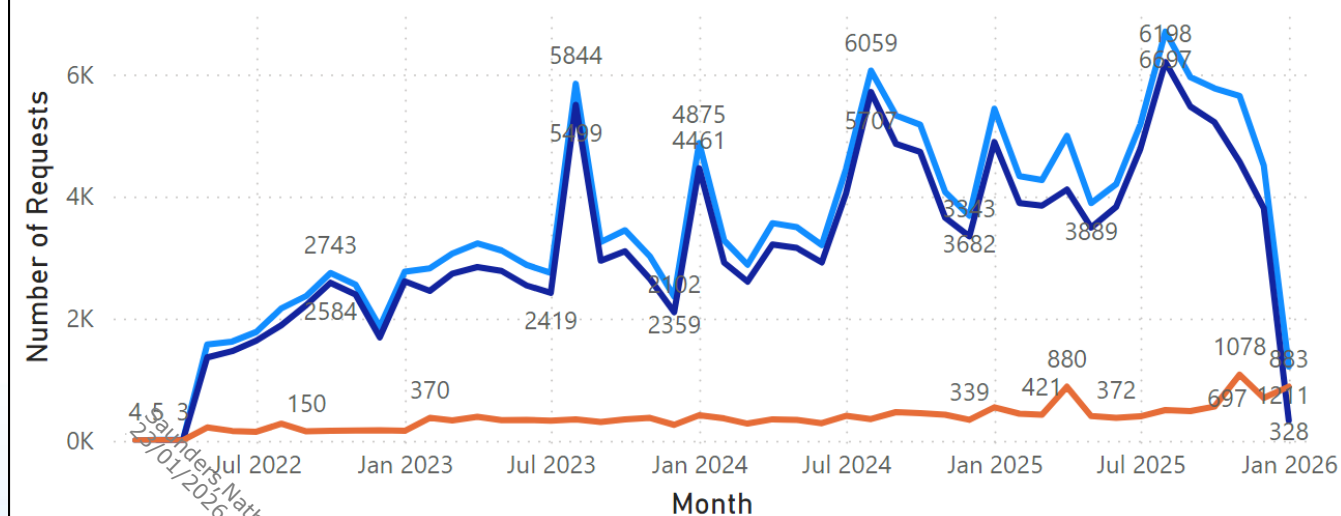
Incidents (something that was working no longer works)

Average Duration (Days)



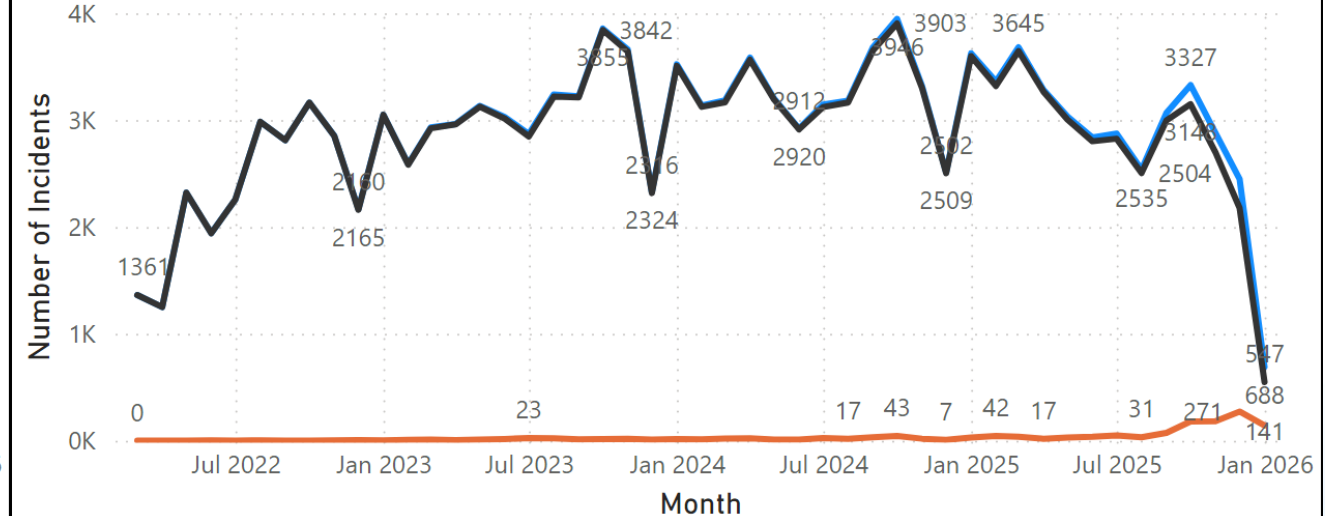
Requests Opened, Closed and Remaining Open

● Requests Opened ● Requests Closed ● Remaining Open



Incidents Opened, Closed and Remaining Open

● Incidents Opened ● Incidents Closed ● Remaining Open



Service Desk Scorecard

Year 2025		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
14537	29749	215	452	215	452
Incidents Opened	Requests Opened	Incidents Opened	Requests Opened	Incidents Opened	Requests Opened
14196	26314	138	150	138	150
Incidents Closed	Closed Requests	Incidents Closed	Closed Requests	Incidents Closed	Closed Requests
341	3435	77	302	77	302
Remaining Open	Remaining Open	Remaining Open	Remaining Open	Remaining Open	Remaining Open
7.12	4.57	0.19	0.41	0.19	0.41
Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)	Avg Duration (Days)



Summary of Activity

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

☐ Business Intelligence & Information Management

☐ Cyber Security

☐ ePMA IT

☐ M365

☐ On-Call

☐ Paris

☐ PCIC

☐ PMS Development

Site

☐ 2-10 Holton Road

☐ At Home

☐ Barry Hospital

☐ CRI

☐ Llandough

☐ Llanrumney CELT

☐ Radvr Health Centre

This month

215

Incidents Opened

Closed this month

138

Incidents Closed

0.18

Avg Duration (Days)

77

Older then 30 Days

Incidents by Source

36.28%

63.72%

Source

Phone

Self Service

First Call Resolution

147

False

68

True

Number of Incidents

First Call Resolution

Incidents by Service

156

21

6

6

4

3

3

3

3

2

2

2

2

1

1

1

1

1

1

1

General incidents received by service desk

Service

Incidents by Category

60

40

32

18

12

12

7

4

3

3

2

2

2

2

2

1

1

1

1

1

1

1

1

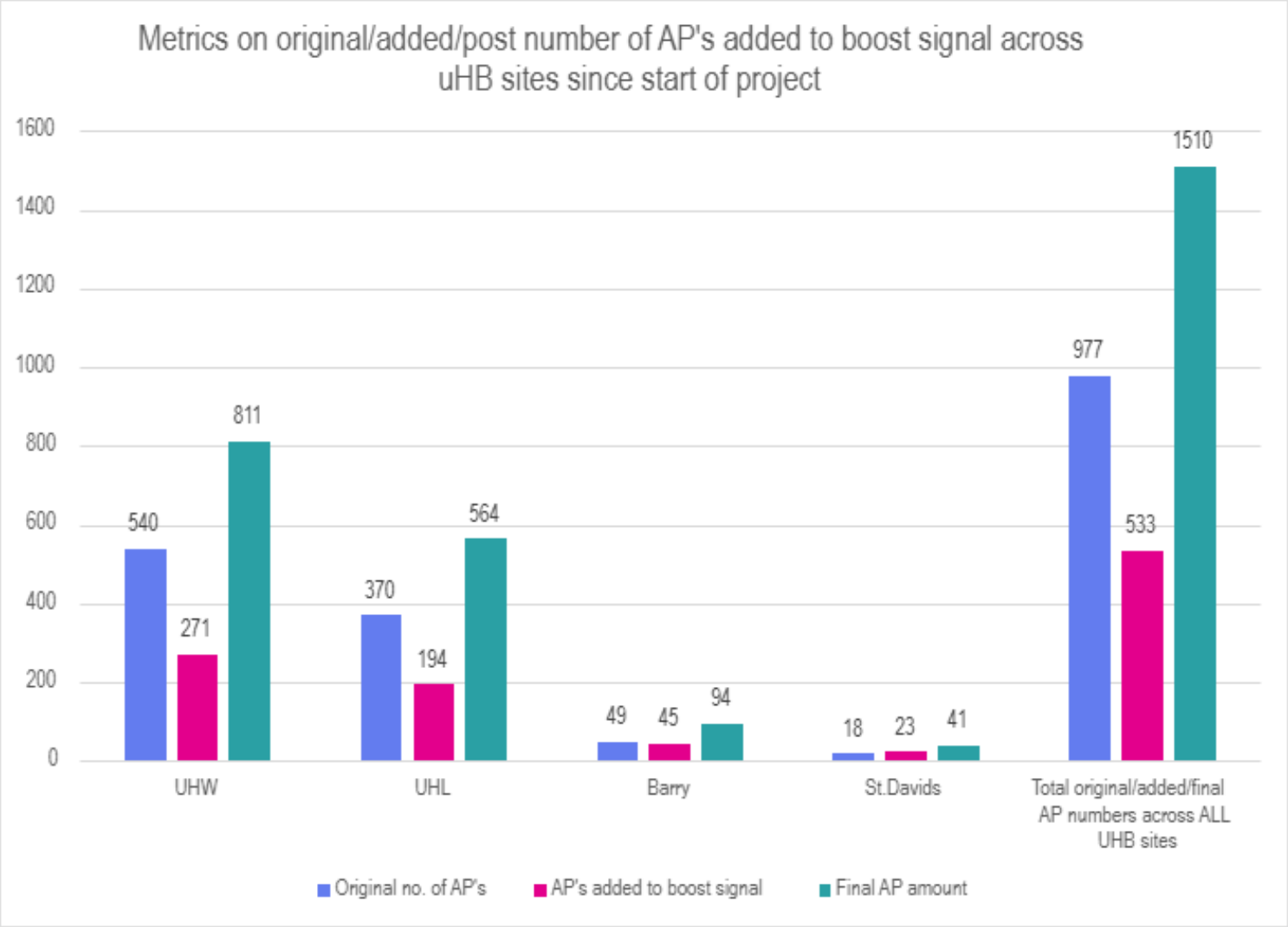
1

Software & hardware issues

Category

WiFi Implementation

Current metrics on AP's for Wi-Fi project as of 5th January 2026



Total areas (including ePMA, wider Wi-Fi & CEF:	Total areas complete	% total of areas complete
203	88	43%

Total ePMA areas (ePMA only)**	Total areas complete	% total of areas complete
*125	70	56%

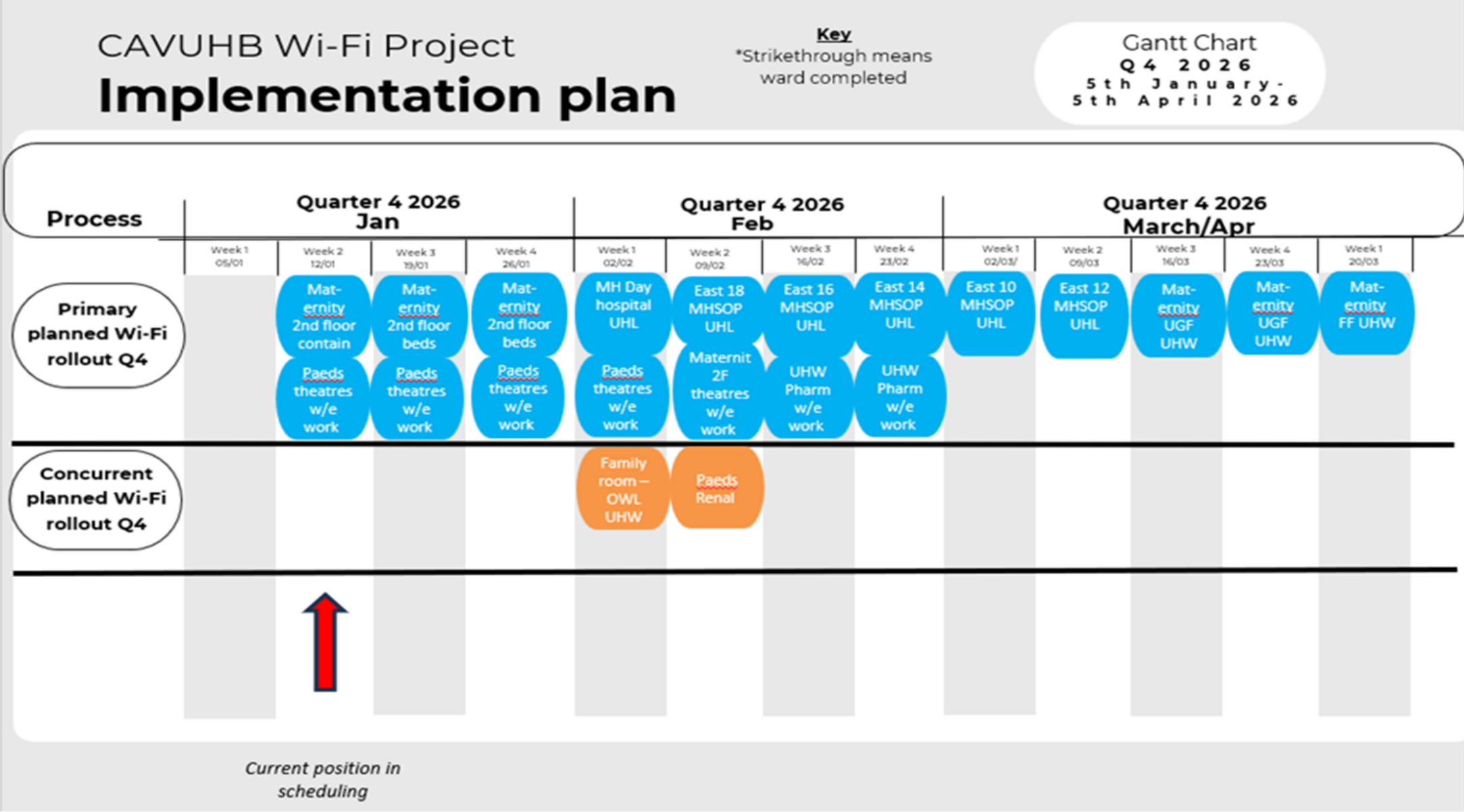
Total wider Wi-Fi/CEF areas: (CEF & wider Wi-Fi only)	Total areas complete	% total of areas complete
*78	18	23%

*Please note that these figures can regularly change to some extent as some areas are moved or updated to either an ePMA priority area or categorized as a wider Wi-Fi area.

Saunders Nathan
23/01/2026 20:12:05



Phase 6 Wi-Fi work schedule



Saunders Nathan
23/01/2026 20:12:05



CAV Windows 11 Project

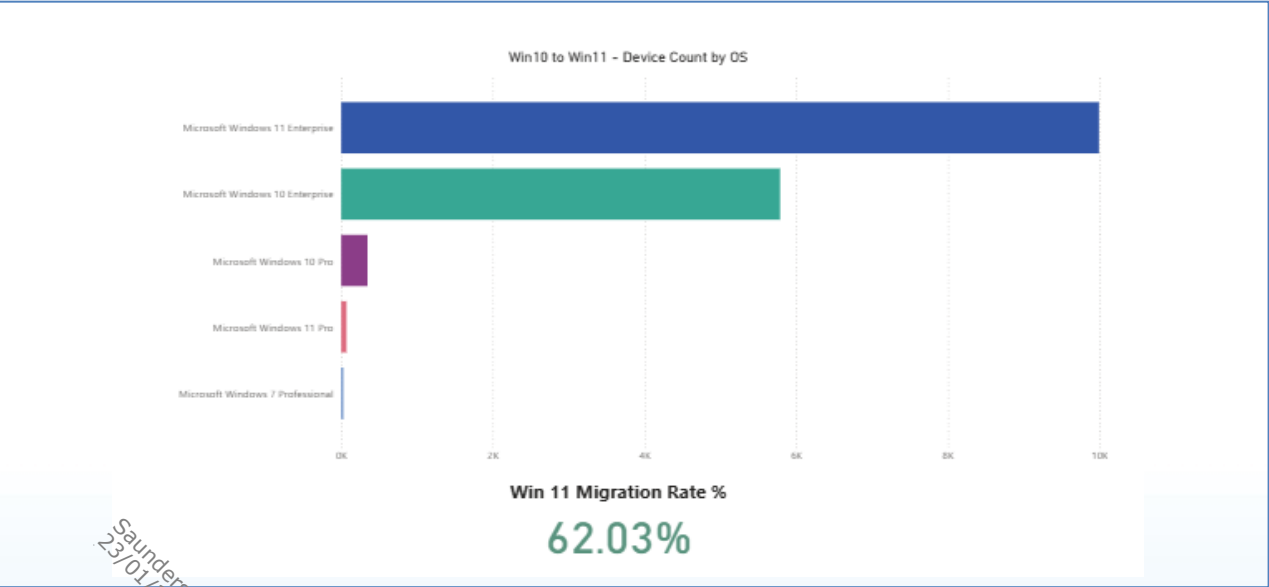
Key achievements / progress

- Over 10,000 devices upgraded to Windows 11
- Over 2,000 incompatible devices replaced from WG funded stock
- Windows 10 one year extended support licenses deployed to active devices that are still running Windows 10
- Planned update of Dental devices, PCIC devices and community sites throughout January

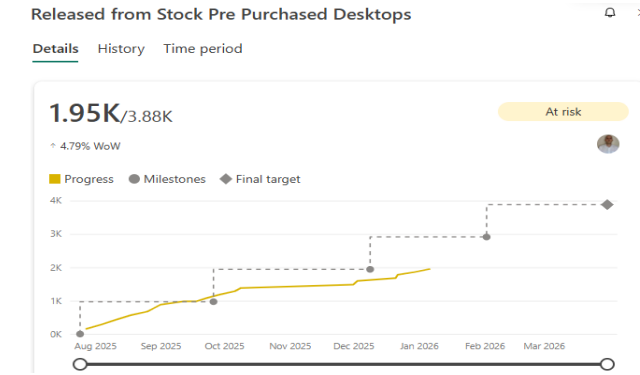
Period	Win 11 %	Status / RAG / Date
Current Month	62%	↑
Previous Month	55%	↑
Predicted Level	60%	
Programme Target	100%	30/06/2026

Device Count

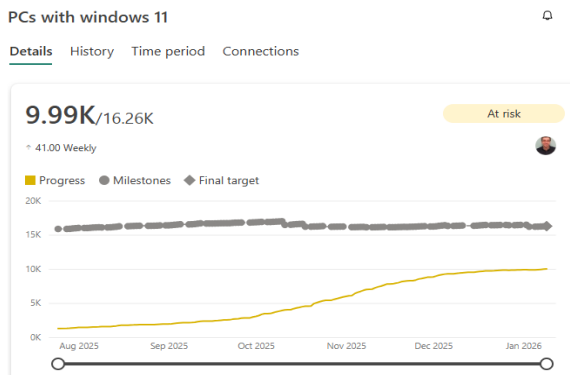
OS Device Count



Total of incompatible devices replaced



Total of devices with Windows 11



Risks

- Windows 11 project staff are only contracted until 30_06_26.
- Replacing or updating CAV devices could result in some disruption to services.

Issues

- Laptops that are not connecting directly to CAV network are proving difficult to locate and update.
- There are 250 devices running software that is incompatible with Windows 11.



Report Title:	Standing Orders Update			Agenda Item no.	6.1
Meeting:	Board	Public	X	Meeting Date:	29 January 2026
		Private			
Status <i>(please tick one only):</i>	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.					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
There are several amendments to SOs and SFIs that require approval: 1. The Board approved the creation of a Regional Joint Committee in Sep 25 and it met Nov 25, where a further amendment to the TORs were agreed to be submitted to Boards for approval. Standing Orders has been amended in section 6 to refer to the RJC under the partnerships section and in Schedule One under the delegation of powers section. Section 6 now states: “6.2 South East Wales (SEW)– Regional Joint Committee (RJC) 6.2.1 On 2 April 2025, the Cabinet Secretary for Health and Social Care directed Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to establish a Regional Joint Committee (RJC) to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This direction is given pursuant to the Welsh Ministers’ power in section 12(3) of the National Health Service (Wales) Act 2006. Refer to Schedule 6 for detailed Terms of Reference and Operating Arrangements for the SEW RJC” Appendix One contains the table added to schedule one, delegations. <i>This can be located in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website.</i> Appendix Two contains the TORs which have been included in SOs – <i>This can be located in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website.</i> 2. Some minor changes to JCC SOs have been made to align their publishing rules to HBs. Appendix Three contains these changes <i>(this can be located in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website)</i>					

3. Chapter 11 of SFIs has been amended by Welsh Health Circular WHC/2025/012. This chapter is about Procurement and Contracting.

Appendix Four (located in the supporting documents folder) contains the new chapter.

4. The Remuneration and Terms of Service Committee has previously discussed a desire to improve the efficiency of redundancy and early release applications and requests Board approval to delegate the decision for all applications under £50,000 to the Executive Director for People and Culture, with the proviso that the Chair of the People and Culture Committee be consulted on all such applications.

Applications in excess of £50,000 will be retained by the Committee.

An annual report to the Committee by the Executive Director of People & Culture on all such decisions will be required.

Appendix 5 contains the changes (this can be found in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website)

Recommendation:

The Board is requested to:

- **Approve** the changes to Standing Orders and SFIs.

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
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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		No –	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 - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>
Equality and Health: No - <i>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)</i>
Decarbonisation: No
Welsh Language: No
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>

Saunders,Nathan
23/01/2026 20:12:05

Report Title:	NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)			Agenda Item no.	6.2
Meeting:	Board	Public	x	Meeting Date:	29.01.2026
		Private			
Status (please tick one only):	Assurance		Approval	x	Information
Lead Executive:	Catherine Phillips, Executive Director of Finance				
Report Author (Title):	Zoe Rees, Commissioning Officer – IPFR				

Main Report

Background and current situation:

Current Situation:

The extant NHS Wales Policy, Making Decisions on Individual Patient Funding Requests (IPFR) has been in place since June 2017.

Following a Judicial Review in December 2021, in July 2022 the Welsh Government agreed that a specific and limited review of the All-Wales IPFR Policy would be undertaken to clarify how the policy should be interpreted. The changes made to the policy clarify the wording of the policy where the KC felt that there were legal ambiguities following the Judicial Review.

In September 2022, the Joint Committee (JC) approved the proposal for WHSSC to embark on an engagement process with key stakeholders, including the All Wales Therapeutics and Toxicology Centre (AWTTC), the IPFR Quality Assurance Advisory Group (QAG), the Medical Directors and the Board Secretaries of each of the Health Boards (HBs) and Velindre University NHS Trust (VUNT), to update the WHSSC IPFR Panel ToR and on the specific and limited review of the All Wales IPFR Policy.

In July 2025, the final version of the revised Policy was finalised by the Health Boards and the NHS Wales Joint Commissioning Committee (NWJCC). The final version of the Policy is required to be approved and adopted by all Health Boards prior to being implemented operationally and implemented across NHS Wales at an agreed date.

Background:

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011. The policy has been updated on several occasions with the last update previously in 2017.

A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

The challenge for all Health Boards and the NHS Wales Joint Commissioning Committee (NWJCC) is to strike the right balance between providing services that meet the needs of the majority of the population, whilst having in place arrangements that enable it to accommodate people's individual needs. To manage this aspect of the Health Board and NWJCC's responsibilities, there needs to be a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and,

as a result, making decisions on IPFR are some of the most difficult a Health Board or NWJCC will have to make.

NHS Wales introduced the Policy on decision making for IPFR's to ensure an open, transparent, fair, clearly understood and easily accessible process is followed. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

The IPFR policy is operated throughout NHS Wales with each Health Board and NWJCC having their own panel.

The IPFR process is supported by the IPFR Policy Implementation Group, whose role is to facilitate the implementation of the Policy, whilst providing and developing assurance systems and guidance to aid the decision-making process. The group membership comprises a senior IPFR member from each HB and NWJCC. Members of the All-Wales Therapeutics and Toxicology Centre (AWTTC) and Health Technology Wales (HTW) are also in attendance. The CAVUHB member of the Policy Implementation Group is the Commissioning Officer for IPFR, Zoe Rees.

The AWTTC also plays a pivotal role in providing a national quality function to assess IPFR cases, ensuring compliance to the IPFR process. In addition, they are responsible for writing the All – Wales IPFR Annual Reports and arranging the annual IPFR training workshop, which are both supported by the IPFR Policy Implementation Group. These arrangements have been in place since 2017.

Feedback and evidence from the national quality assurance group over the years indicates positive improvement in compliance with the policy criteria; improvement in consistency in approach to the IPFR process; and minimal requests for a review of the process followed in making decisions.

In a situation where the Courts consider that there has been a flaw in the decision-making process, the Courts can declare the original decision was invalid and order a Health Board to make the decision again. Such a case was in December 2021, where the NWJCC was subject to a judicial review. The courts supported the request for a judicial review on 5 grounds which included, not using the correct comparator group, not interpreting the NICE interventional procedural guidance properly and not documenting the decision making adequately.

Since that Judicial Review case, representatives of NWJCC have attended meetings with All Wales Board Secretaries, All Wales Medical Directors and the All-Wales IPFR Policy Implementation Group. They sought support to make changes to the IPFR Policy and the Terms of Reference (ToR) to the NWJCC IPFR panel. In July 2022, the Welsh Government also wrote to NWJCC supporting a 'de-minimis' review of the IPFR Policy and associated ToR for the IPFR Panels.

With this support, NWJCC initiated a project to review the IPFR Policy. Following a period of engagement, consultation and development, involving all Health Boards and NWJCC, the final version of the revised Policy was agreed at the NWJCC Joint Committee in September 2025 and is now in the process of being adopted within the Health Boards.

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

The NHS Wales IPFR Policy has been updated collaboratively, following a robust development project. The proposed version is accepted by the IPFR Policy Implementation Group as being fit for purpose.

The main changes to note are:

- Revisions to the section explaining how IPFR decisions are made, with more explanation of the criteria to be considered.

- Primary criteria relate to whether available guidelines (e.g. from NICE or AWMSG) recommend NOT to use an intervention; or if the intervention has NOT been appraised hence no guidelines are in place.
- Further criteria require the objective assessment of the clinical circumstances of the patient; the potential for significant clinical benefit; and whether the value for money of the intervention is likely to be reasonable.
- The 'decision making guide' has been retained but is now in appendix 1 rather than embedded with the core Policy.
- Updated Terms of Reference for the NWJCC IPFR Panel.
- Inclusion of the Terms of Reference for the IPFR Policy Implementation Group.
- Removal of surplus, convoluted, passages referring to legal challenge.
- Simplification of references to Health Board complaints processes and referrals to Public Services Ombudsman for support.

Appendices

1. NHS Wales Policy for making Decisions on Individual Patient Funding Requests (IPFR)
2. EHIA

Both of these appendices can be located in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website.

Recommendation:

The Board is requested to:

- a) To **note** this report; and
- b) To **approve** and **endorse** the implementation of the updated NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR) for operational use in CAVUHB as part of the All Wales rollout.

Link to Strategic Objectives of Shaping our Future Wellbeing:

1. Putting People First - Shaping our Future Wellbeing Click the objective above to view more detail.	x	2. https://shapingourfuturewellbeing.com/providing-outstanding-quality/ Click the objective above to view more detail.	x
3. Delivering in the Right Places - Shaping our Future Wellbeing Click the objective above to view more detail.	x	4. https://shapingourfuturewellbeing.com/acting-for-the-future/ Click the objective above to view more detail.	

Five Ways of Working (Sustainable Development Principles) considered:

Prevention	x	Long term		Integration		Collaboration		Involvement	
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Quality Impact Assessment completed?			
Yes – (please provide completed QIA docu	X	No – (Please provide reasoning, e.g. not required)	
Impact Assessment:			
Risk: No			
Safety: No			
Financial: Yes			
The IPFR Policy requires the authorisation on the front page of the form from the relevant Clinical Board Director and Clinical Director to confirm that they consent to the requested funding to be from the Clinical Board budget. The only deviation from this is for IPFR requests from Velindre Cancer Centre. To support this, there is a Scheme of Financial Delegation that sits alongside the IPFR Policy.			
Workforce: No			
Legal: Yes			
If the IPFR Policy is not adhered to, the Health Board may be at risk of legal challenge. To mitigate this, the Cardiff and Vale IPFR Team submit randomized cases for independent quarterly audit which is monitored by the Welsh Government and are regularly reviewed by Internal Audit. The IPFR Policy has a Review Procedure to allow for concerns to be addressed prior to any legal action.			
Reputational: Yes			
Non-adherence to the IPFR Policy may carry a reputational risk.			
Socio Economic: No			
Equality and Health: Yes			
See EHIA			
Decarbonisation: No			
Not Applicable			
Approval/Scrutiny Route:			

Saunders, Nathan
23/01/2026 20:12:05

Report Title:	UHW Ward Block Roof Replacement – Business Justification Case		Agenda Item no.		6.3
Meeting:	Board	Public Meeting	X	Meeting Date:	29 th January 2026
		Private Meeting			
Status:	Assurance		Approval	X	Information
Lead Executive:	Director of Capital, Estates & Facilities				
Report Author:	Executive Director of Finance				

Background and current situation:

The purpose of this report is to request that the Board approve the Business Justification Case (BJC) for the proposed University Hospital of Wales Roof Replacement Scheme for submission to Welsh Government to seek the capital funding of £3.957m.

In May 2024, Capital Management Group and the Senior Leadership Board, now established as the Strategic Leadership Team, supported the project mandate (attached in the appendices) to address the issues experienced due to significant corrosion of the existing roof. It was acknowledged that frequent water ingress within A7 South at UHW had become a regular occurrence during heavy rainfall which resulted in the areas affected having to be frequently vacated, due to the increased risk of health and safety for patients, staff and visitors and business continuity. As a result of the immediate issues WG provided funding to replace this section of the roof which will be completed at the end of February 2026.

A condition survey of all Tower Block roofs was undertaken to establish the extent of the corrosion and identify any potential immediate or short term risks associated with corrosion of the existing metal roof. The survey identified the following, as indicated on the drawing (Appendix 2)

- Areas for immediate attention, including A Block South and Link Block
- Areas that require attention within 1-3 years including the remainder of the ward block roof A7 North B7 North & South, C7 North & South and their associated link blocks, together with an area of tower block 1
- The remainder of the areas requiring re-surveying on a 3 year cycle

The BJC sets out the preferred option which fully satisfies the project objectives, Option 5. This includes the replacement of the Ward Block Roof (A, B & C, Links 1 & 2) and the identified high risk areas of the Tower Block 1. It is anticipated that the works will be undertaken on a phased basis, over a 2 year period.

The BJC cost forms have been prepared by Gleeds Cost Management Services following a procurement process to identify the preferred contractor and the tender costs with the outturn cost projected to be £3.957m.

A summary of the capital costs for the preferred way forward is as follows:

Capital Costs	£m (Net)
Works Cost	£3,528,792
Fees	£588,000
Non-Works	£272,170
Equipment	£0

Contingency	£222,000
VAT Recovery	-£653,220
Total Capital Cost/ Cost Forms	£3,957,742

There are no revenue implications associated with this scheme, however the relevant documentation will be provided to the Values & Benefits Realisation Group for information.

The Business Justification Case is available to view, on request.

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

- The replacement of the UHW Ward Block and Tower Block 1 roof has been a long-standing priority and is a critical component in ensuring the Health Board provides a safe environment for patients, staff, and visitors across the site.
- An appropriate procurement process has been undertaken to determine the capital investment requirement which is in line with Welsh Government process
- The BJC has undergone the internal governance route

Appendices *(Please list any appendices that will accompany this report)*

Appendix 1 - 6.3a Roof Replacement Scheme Project Mandate

Appendix 2 - 6.3b Ward Block Roof Replacer

Recommendation:

The Committee is requested to:

- a) **NOTE:** the contents of the report
- b) **APPROVE:** the Business Justification Case to allow submission of the document to Welsh Government for scrutiny and funding approval.
- c) **NOTE:** the procurement undertaken to select the preferred contractor and relevant advisors to deliver the project
- d) **APPROVE** the relevant appointments and enter into the contracts stated below, subject to Welsh Government approval of the BJC.
 - I. Central Roofing, as the preferred Supply Chain Partner at a cost of £3.5m under the NEC4 Option A contract
 - II. Gleeds Management Consultancy, as the preferred Project Manager at a cost of £132k under the NEC4 PSC contract
 - III. Gleeds Cost Consultancy, as the preferred Cost Advisor at a cost of £114k under the NEC4 PSC contract

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 Putting People First Click the objective above to view more detail.	 Providing Outstanding Quality 2. Click the objective above to view more detail.	
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 Delivering in the Right Places		✓	 Acting for the Future		
3.			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:					
Pre ven tio n	✓	Lo ng ter m	✓	Integration	Collaboration
					Involve ment
Quality Impact Assessment Completed?					
Yes – (please provide comple ted QIA docum ent)		No – (Please provide reasoning, e.g. not required)	✓		
Impact Assessment:					
Risk: Yes					
Lack of capital funding to deliver the scheme has implications on clinical service delivery. Risk of catastrophic failure of the roof resulting in injury / harm.					
Safety: Yes					
The capital design incorporates statutory health and safety requirements. The scheme has clinical safety implications with water ingress issues impeding clinical service delivery and patient safety.					
Financial: Yes					
Financial implications and claims resulting from failure of the current roof causing damages to other buildings or harm to persons.					
Workforce: Yes/No					
Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)					
Legal: Yes					
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.					
Reputational: Yes/No					
Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)					
Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES					

The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes

The new roof structure will be more energy efficient and have a higher U Value rating for energy performance than the current structure.

Welsh Language: Yes/No

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

Committee/Group/Exec	Date:
Strategic Leadership Team	15 th January 2026
Capital Management Group	19 th January 2026
Finance & Performance Committee	21 st January 2026
Board	29 th January 2026

Saunders,Nathan
23/01/2026 20:12:05

Cardiff and Vale UHB Project Mandate

UHW Ward Block A Roof Replacement Scheme

Saunders, Nathan
23/01/2026 20:12:05

V1. May 2024

Project Mandate Document History

Document Revisions

Revision Date	Previous Revision Date	Summary of Changes	Changes Marked

Approvals

This document requires the following approvals. A signed copy should be placed in the project files.

Name	Signature	Title	Date of Issue	Version
Geoff Walsh		Director of Capital Estates and Facilities		
Catherine Phillips		Executive Director of Finance / Exec. Lead		

Distribution

This document has been distributed to:

Capital Management Group			
Senior Leadership Board			

Saunders, Nathan
23/01/2026 20:12:05

The Project Mandate is the first document required to initiate a project. It is considered to be a pre-project document; which encapsulates the ideas and basic information that is available at this point.

The purpose of the Project Mandate is to ensure that the proposed scheme is a viable and worthwhile project. The output of the project mandate is appointment of the Project Directorate and Project Manager and authorisation for the project to progress to an agreed stage. The Project Mandate will be refined to develop the project brief.

Section 1 – Clinical Board
Clinical Board Responsible
Capital Estates and Facilities
Purpose
<i>The UHB has a statutory obligation to provide a safe environment for patients, staff and visitors across the estate.</i> <i>The University Hospital of Wales (UHW) comprises of significantly ageing infrastructure which is subject to deterioration and breakdown, often impacting on patient and clinical areas. A number of such potential issues are captured on the corporate risk register with risk ratings of 15+ and whilst the Capital, Estates and Facilities Service Board attempts to mitigate any failings with regular maintenance, there are some instances which are beyond its’ control. In addition, there is limited discretionary capital funding availability and backlog maintenance funding to address the matters at hand.</i> <i>In recent months water ingress to the 9 bed bay on the 7th floor of Ward Block A, UHW has become a regular occurrence during heavy rainfall. This has resulted in the areas affected having to be vacated, due to the increasing the risk of health and safety for patients, staff and visitors and business continuity.</i>
Background
<i>The main roof of ward block and tower blocks one and two at UHW were originally designed and constructed as bitumen flat roofs, which after over 25 years required replacement. An options appraisal at that point in time considered the performance of a number of differing solutions and the preferred option was to cover the roofs with a steel frame and metal profile sheet material.</i> <i>The construction of the new roof was undertaken circa 20 years ago and in addition to proving protection from water ingress, it provided protection for engineering plant and equipment previously exposed to the elements.</i> <i>An additional benefit of ‘over roofing’ was that the construction could be undertaken without disrupting the areas below, which were protected by retaining the original flat roof construction.</i> <i>In early 2024, during periods of heavy prolonged rainfall several incidents have occurred, the water penetrated the remaining flat roof covering ward block and resulting in it leaking into occupied bed areas. Patients were relocated from the areas affected until the water stopped causing pools on the floor, were cleaned up and made safe.</i>

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23/01/2026 20:12:05



<i>Investigation into the cause of the leak, identified corrosion of sections of the metal profile roof sheets, particularly on the ends which allowed water to enter the roof space and find its way through the cracks of the bitumen flat roof that has dried and shifted over the years, causing cracks in the covering.</i>
Project Objectives <i>A site wide roof condition survey would be undertaken to establish the extent of the corrosion and to assess the remaining life cycle of the metal profile roof that is constructed above the Ward block and tower blocks 1 & 2.</i> <i>Subject to the findings of the report and the extent to which the corrosion is evident a budget cost analysis would be undertaken to determine the level of investment required over the next few years with a view to develop a business justification case to seek Welsh Government funding to upgrade the main roof structure across the Ward block and tower blocks 1 & 2. The proposal would be to undertake the works on a phased basis, likely to be over a 3 year period.</i> <i>The replacement of the roof covering would provide the best possible option to prevent water ingress into key clinical areas and therefore mitigate the loss of beds and treatment areas.</i> <i>The option to monitor and continue to undertake localised repairs would continue to be disruptive to the clinical services but would be a more costly strategy, given the requirement to scaffold up to 9 storeys to affect a repair or sheet replacement.</i>
Project Deliverables <i>To ensure that the building is water tight which will:</i> <i>• reduce damage to internal areas</i> <i>• prevent disruption to clinical services by ensuring Business Continuity</i> <i>• improve patient, staff and visitor safety</i> <i>• support the ongoing retention of the facility until a replacement is developed</i>
Project Scope & Exclusions <i>The project will need to consider;</i> <i>• the extent of the corrosion and the likely life expectancy of the roof covering along with the condition of the structure</i> <i>• Option appraisal of suitable roofing materials</i> <i>• Full market testing to inform the one stage business case</i>
Project Structure <i>The Clinical Board Lead for this project is: Geoff Walsh</i> <i>The User Lead for this project is: Alex Hawkins</i> <i>The Financial Lead for this project is:</i>

Saunders Nathan
23/01/2026 20:12:05



Constraints and Assumptions

Possible risks or constraints will arise during the implementation of the project and will need to be addressed at that stage. However, it's important to outline any early potential risks/constrains in achieving the project:

Potential Risk	Description	Level of Risk	Action required to mitigate
Funding availability	WG funding support required to deliver the scheme	H	Early discussions with Welsh Government to provide background and the need for the upgrade
Logistics	Review of surrounding area for potential scaffolding / crane for the delivery of materials to roof area	L	Site review Consider approach used from previous access requirements
Delivery of Business Justification Case	Expertise in developing a business case to clearly articulate the need for change, ensuring all relevant information is included in the one stage business case	M	Potential to commission a healthcare planner to support with the development of the case
Period of construction	Dependent upon the approval of the business case and award of funding. Construction outside of the winter period would be beneficial to avoid decline in the weather which would potentially impact on delivery and business continuity	H	Temporary solution to reduce water ingress during winter period, if required

Key: Level of risk H=High M = Medium L=Low

End result including quality expectation / specialist equipment

High quality, durable roofing material available on the market used in similar settings to ensure longevity and reduced likelihood of corrosion.

Associated Documents

Section 2 – Strategic and Capital Planning

Planning Process Required

Strategic Outline Case	
Outline Business Case	
Full Business Case	
Business Justification Case	X
Programme Business Case	

Project Timescales and Key Milestones

Milestones	Target Date
Capital Management Group support to proceed with the scheme	20 th May 2024
Develop specification for tender	20 th June 2024
Tender period, including issue, return and evaluation	1 st August 2024
Delivery of Business Justification Case	2 nd September 2024
UHB Internal Governance approval stages	26 th September 2024
Submission to WG	2 nd November 2024
WG approval	January 2025
Construction commencement	February 2025

AUTHORISATION – CAPITAL MANAGEMENT GROUP	
<i>Date of Project Mandate Sign Off</i>	20th MAY 2024
<i>Minute confirmation</i>	

AUTHORISATION – SENIOR LEADERSHIP BOARD	
<i>Date of Project Mandate Sign Off</i>	20th JUNE 2024
<i>Minute confirmation</i>	

Appointment of Project Board
<i>The Executive Lead for this project is: Catherine Phillips, Executive Director of Finance</i> <i>The Senior Responsible Owner (SRO) for this project is: Geoff Walsh, Director of Capital, Estates & Facilities</i>

Saunders,Nathan
23/01/2026 20:12:05





Saunders, Nathan
23/01/2026 20:12:05

Report Title:	Procurement Outcome Report: Provision of External Quality Assessment (EQA) Material for Wales External Quality Assessment Scheme (WEQAS)			Agenda Item No:	6.4
Meeting:	Board	Public	X	Meeting Date:	29/01/2026
		Private			
Status	Assurance		Approval	X	Information/Noting
Lead Executive Title:	Catherine Philips, Director of Finance				
Report Author Title:	Charlie Webber, Assistant Procurement Business Manager				
Main Report					
Background and Current Situation:					
WEQAS delivers internationally recognised External Quality Assessment (EQA) programmes that ensure the safety, accuracy and reliability of diagnostic testing across NHS Wales, the UK and international healthcare providers. These programmes support blood gas, co-oximetry, pO₂ accuracy and point-of-care haemoglobin and variant testing and are fundamental to clinical decision-making in hospital wards, GP surgeries, emergency departments and laboratories. While WEQAS manufactures most EQA and Internal Quality Control materials in-house, the specialist materials required for these programmes cannot be produced internally due to the need for complex and highly specialised manufacturing capability. As a result, these products have historically been sourced from Euro-Trol B.V., an international specialist supplier of reference-grade EQA and quality control materials. The original contract (17/2389/EC) was awarded on 24th May 2019 following a compliant procurement exercise. The contract was let for an initial three-year term, with options to extend for a further two years in 12-month increments. As demand for WEQAS programmes increased, customer volumes grew and spend increased. Both contractual extension options were exercised to maintain service continuity and to retain the fixed pricing secured at the initial contract award. A new procurement exercise was initiated to re-tender the requirement, recognising that WEQAS anticipated a larger contract value to reflect growing customer demand. Although the tender was formally published, the evaluation process experienced delays, meaning that additional short-term Contract Change Notices (CCNs) were required to ensure uninterrupted supply. The original contract had been underspent against anticipated contract value, allowing these extensions to be accommodated within the previously approved financial envelope. The following short-term extensions were therefore approved: • In December 2024, CCN003 extended the contract from 1 January 2025 to 30 September 2025, with a built-in option to extend for a further three months to allow sufficient time for the replacement contract to be put in place. • CCN004 was subsequently issued to formally exercise that three-month option, extending the contract from 1 October 2025 to 31 December 2025. • A further short-term extension, CCN005, was approved from 1 January 2026 to 28 February 2026, to avoid any disruption to critical EQA programmes while the new procurement is finalised and awarded. These extensions were required to protect patient safety, maintain WEQAS’s international service delivery and ensure continuity of a highly specialised supply chain while a fully compliant long-term procurement is completed. Procurement Process for renewal:					

Cardiff and Vale University Health Board undertook a full competitive procurement exercise to establish a new contract for the supply of External Quality Assessment (EQA) materials for WEQAS. WEQAS delivers internationally accredited EQA programmes supporting blood gas, pO₂ accuracy, co-oximetry, point-of-care haemoglobin and Hb variant testing across NHS Wales, the UK and international customers. As these highly specialised materials cannot be manufactured in-house, they must be sourced from an external specialist supplier.

A procurement briefing paper was developed to propose a full re-tender of the expiring legacy contract to secure long-term continuity of supply, maintain patient safety and ensure regulatory and governance compliance. The paper confirmed that although short-term contract extensions had been used to maintain service continuity, a compliant long-term procurement solution was now required and recommended that an open tender be undertaken in line with the Public Contracts Regulations.

The proposed contract was estimated at £735,000 per annum, with a total value of £3.675 million over the five-year primary term and up to £5.145 million including extensions. As this exceeded the Welsh Government approval threshold, a Board paper was submitted to Welsh Government on 4th June 2024, with formal acknowledgement of the proposal received on 22nd August 2024.

Following Welsh Government approval, the procurement was progressed however there was a delay in releasing this tender officially until the 21st February 2025. The proposed agreement value was above the FTS threshold and was tendered under the Public Contract Regulation 2015. A Contract Notice was placed through the Find a Tender Service via Sell2Wales on 21st February 2025 with a closing date of 31st March 2025 and bidders were invited to tender for the following lots:

Lot Number	Lot
1	Blood Gas
2	pO ₂ Accuracy
3	Blood Gas with Haematocrit
4	Hb Variants
5	Co-oximetry
6	POCT Haemoglobin

Bidders were assessed on the following Most Economically Advantageous Tender (MEAT) award criteria:

Award Criteria	Percentage Weighting
Qualification	Pass / Fail
Technical Compliance	Pass / Fail
Technical	50%
Commercial	35%
Social Value	15%

After the publication of the tender notice, all potential suppliers were able to raise clarification questions until 24th March 2025 Clarification questions together, however no questions were documented in this time frame.

The evaluation phase took longer than originally anticipated and following completion of the formal scoring, several clarification requests were issued to the supplier. These did not affect the evaluation or scoring outcome and were required solely to obtain additional supporting information for each Lot, including documentation and packaging evidence, to fully validate compliance with the published specification.

Consistent with the previous tender exercise, only one supplier submitted a compliant bid for this procurement, namely the incumbent supplier.

Between 2019 when the contract was created and 2025, where the new quotation has been submitted, the UK saw high inflation rates as a result of Covid-19 pandemic which then in turn led to high rates of CPI etc. To assess whether the new EQA material prices represent value for money, the 2019 contract prices have been updated using CPI to estimate what those prices would be expected to be in 2025 if they had simply increased in line with general inflation. These CPI-adjusted values have then been compared to the actual prices achieved through the 2025 re-tender:

Lot	2019 Price	Expected Inflation-Adjusted 2025 Price	2025 Actual Price	Actual vs CPI Difference	
Lot 1 – Blood Gas	£1.65	£2.12	£1.88	-£0.24	£0.24 (11%) below CPI
Lot 2 – pO ₂ Accuracy	£10.34	£13.26	£12.06	-£1.20	£1.20 (9%) below CPI
Lot 3 – Haematocrit	£3.30	£4.23	£3.85	-£0.38	£0.38 (9%) below CPI
Lot 4 – Hb Variants	£4.37	£5.61	£4.98	-£0.63	£0.63 (11%) below CPI
Lot 5 – Co-oximetry	£5.04	£6.48	£5.75	-£0.73	£0.73 (11%) below CPI
Lot 6 – POCT Hb	£5.49	£7.06	£6.26	-£0.80	£0.80 (11%) below CPI

The table above shows the prices that would have applied to each Lot in 2025 had the 2019 contract prices increased in line with UK CPI inflation rather than being fixed. With the final Contract Change Notice now expiring, this comparison between the inflation adjusted prices and the new contract quotations demonstrates that the re-tendered prices are lower than what would have been expected under CPI-linked pricing. This provides clear evidence that the new contract represents value for money across all Lots.

The increase in contract price is not driven by an increase in supplier margin, which WEQAS is comfortable with, but reflects growth in the WEQAS business plan and the corresponding increase in the number of vials required to support expanding programme volumes. Charges have also been uplifted year-on-year to ensure full cost recovery and to generate a modest surplus across most programmes.

Therefore, while there are increases in the direct costs of the materials used by WEQAS to produce the vials, these are broadly in line with CPI inflation. A detailed price comparison is provided in the table below:

Lot Name and Description	Eurotrol											
	Lot 1 - Blood Gas		Lot 2 - pO2 Acc (F178)		Lot 3 - HAEMATOCRIT (F222)		Lot 4 - Hb VARIANT		Lot 5 - CO- OXIMETRY (F249)		Lot 6 - POCT Hb (F161)	
17/2389/EC (previous contract values)	€ 1.65	£ 1.43	€ 10.34	£ 8.96	€ 3.30	£ 2.86	€ 8.62	£ 7.47	€ 5.04	£ 4.37	€ 5.49	£ 4.76
CAV-OJEU-58465 (New contract values)	€ 1.88	£ 1.63	€ 12.06	£ 10.45	€ 3.85	£ 3.34	no longer available		€ 5.75	£ 4.98	€ 6.26	£ 5.42
Price increase	€ 0.23	£ 0.20	€ 1.72	£ 1.49	€ 0.55	£ 0.48			€ 0.71	£ 0.61	€ 0.77	£ 0.66
Increase %	13.98		16.62		16.78						13.95	

The overall contract cost comparison as highlighted above will show an increase due to an increase in the WEQAS Business plan:

Contract	Cost Per Annum (VAT Exempt)	Cost for Full Contract duration including extensions (VAT Exempt)
(17/2389/EC)	£411,021.00	£2,055,105.00
CAV-OJEU-58465	£630,000.00	£4,410,000.00
Increase to accommodate new business plan	£218,979.00	£2,354,895.00

Cost Avoidance:

By entering another long-term contract with Euro-Trol B.V., WEQAS will secure fixed unit pricing and is therefore protected from future CPI-linked cost increases that would apply. This mirrors the approach taken under the previous contract, where fixed pricing delivered savings against inflation.

The table below shows what each Lot would cost if prices had increased in line with CPI, compared to the prices secured under the new contract. This demonstrates that the fixed-price arrangement continues to deliver cost avoidance across all Lots by insulating WEQAS from future inflationary pressures and providing price certainty over the life of the contract.

Lot	2025 Price	2026 CPI	2027 CPI	2028 CPI	2029 CPI	2030 CPI	2031 CPI	2031 CPI Projected Price
Lot 1 – Blood Gas	£1.88	£1.94	£2.00	£2.07	£2.13	£2.20	£2.27	£2.27
Lot 2 – pO ₂ Accuracy	£12.06	£12.44	£12.84	£13.26	£13.69	£14.14	£14.60	£14.60
Lot 3 – Haematocrit	£3.85	£3.98	£4.12	£4.26	£4.40	£4.55	£4.70	£4.70
Lot 4 – Hb Variants	£4.98	£5.14	£5.31	£5.48	£5.66	£5.84	£6.03	£6.03
Lot 5 – Co-oximetry	£5.75	£5.93	£6.12	£6.31	£6.51	£6.72	£6.94	£6.94
Lot 6 – POCT Hb	£6.26	£6.46	£6.66	£6.87	£7.08	£7.30	£7.53	£7.53

Without a fixed-price contractual arrangement, the cost of materials within each Lot would increase in line with inflation. The table below shows the projected per vial price increases that would apply if the agreement were not in place, demonstrating the level of cost escalation that has been avoided through this contract.

Lot	2025 Price (locked)	2031 If CPI Linked	Difference £ (CPI – Locked)	Difference %
Lot 1	£1.88	£2.27	£0.39	20.70%
Lot 2	£12.06	£14.60	£2.54	21.10%
Lot 3	£3.85	£4.70	£0.85	22.10%

Lot 4	£4.98	£6.03	£1.05	21.10%
Lot 5	£5.75	£6.94	£1.19	20.70%
Lot 6	£6.26	£7.53	£1.27	20.30%

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

Although only one bid was received for this opportunity, an open tender was considered appropriate given the time elapsed since the previous contract award and the value of the opportunity, as it allowed potential new market entrants to participate. The incumbent supplier was the sole respondent, which provides assurance of minimal risk of challenge to awarding a new contract. The proposed contract will run until 28 February 2033, offering the added benefit of price stability throughout the term, thereby mitigating inflationary cost increases.

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

6.4a Procurement Outcome Report amended - This is the Procurement Outcome Report detailing the background, procurement process and recommendation to award with appropriate stakeholder authorisation

Recommendations:

It is recommended that Board **approves** the contract for the provision of EQA materials be awarded to Euro-Trol BV with an annual value of £630,000.00 and Total Contract Award value (inc 2-year extension options) of £4,410,000.00.

Primary Contract Term: 01/03/2026 – 28/02/2031

Extension option 1: 01/03/2031 – 28/02/2032

Extension option 2: 01/03/2032- 28/02/2033

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “x” in the below boxes where relevant – Click each item for further information.

 Putting People First		 Providing Outstanding Quality	
 Delivering in the Right Places		 Acting for the Future	

Five Waves of Working (Sustainable Development Principles) considered:

Please place an “x” in the below boxes where relevant

Prevention		Long Term	x	Integration		Collaboration		Involve ment	
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Quality Impact Assessment Completed?

Please place an “x” in the below boxes where relevant

Yes		No		X		Not required	
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Impact Assessment

Please place an “x” in the below boxes where relevant

Risk: Yes

Known Risk:

The market for these specialist EQA materials is extremely limited, with Euro-Trol historically the only supplier capable of meeting the full technical, quality and accreditation requirements across all six Lots.

- This created a risk of limited competition and supplier dependency.
- Mitigation: A full open and transparent procurement was undertaken, including preliminary market engagement and a competitive tender via Find a Tender Service and Sell2Wales to formally test whether any alternative suppliers existed.

There was a risk of service disruption if the existing contract expired before a replacement was in place.

- Mitigation: Controlled short-term extensions were implemented via Contract Change Notices (CCNs) to ensure continuity of supply while the new procurement was completed.

Operational and transition risk

The risk of disruption during contract changeover is mitigated by retaining continuity with a technically compliant supplier, phased implementation where required, and forward ordering and volume forecasting arrangements to ensure uninterrupted supply.

Safety: No

Financial: Yes

By awarding a longer-term contract the Health Board are able to secure pricing and avoid annual inflation throughout the contract period

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: <https://www.gov.wales/socio-economic-duty-guidance>*

Equality & Health: No

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:
Not Applicable	Not Applicable

Saunders,Nathan
23/01/2026 20:12:05

Report Title:	Acquisition of development site on Fieldway, Off Maesycloed Road			Agenda Item no.	6.5	
Meeting:	UHB Board	Public Meeting		Meeting Date:	29.01.26	
		Private Meeting	X			
Status:	Assurance		Approval	X	Information	
Lead Executive:	Director of Finance					
Report Author:	Director of Capital, Estates and Facilities					

Background and current situation:

The purpose of this report is to seek approval from the board to acquire land at the rear of Woodland House and to submit a request to WG for Ministerial support to progress the transaction to completion with the current financial year, 2025/26.

The Health Board (HB) were made aware that the land shown below, red line, which is at the rear of WH and adjacent to the St Mary’s Pharmacy/Clinical engineering facility was being offered for sale at a market value of circ £500k



Part of the site which is currently set for car parking was leased by the HB at the latter end of Covid when the vaccination center was provided on the HW car park. The rear of the site is undeveloped and borders the South Wales Metro City line.

The UHB submitted an expression of interest to acquire the site as it is currently looking for a site to relocate the Welsh External Quality Assessment Service (WEQAS) which is currently located on the Ty Glass Industrial Estate across three leased Units. The service has developed its services and expanded significantly across the UK and overseas which has for several years been restricted by space limitations impacting it’s ability to expand further into the global market.

Having undertaken a ‘test for fit’ the site that is available would be sufficient to develop a purpose-built facility for the service and provide space for future expansion. The location near other buildings owned and operated by HB makes connections to existing systems and management of the site more efficient.

The HB have been fortunate to receive significant slippage funding from WG in addition to the funding to undertake the refurbishment of Ward C1 for cardiology ward which was originally funded from the discretionary capital programme. The HB did approach WG for the funding to acquire the site who are supportive of the proposal, recognizing the benefits of its geographical location and the estate rationalization work the HB has undertaken but would have required a business case which would have resulted in a delay to the completion of the transaction in this financial year and suggested that it would be more expedient for the UHB to fund the Acquisition whilst they funded further estate, equipment and Digital requirements.

The HB with the support of NWSSP Specialist Estate Services (SES) have procured an independent survey and valuation, which indicated a value of between £380k - £400k (excluding VAT) was reasonable. SES entered negotiation with the landowners agent and agreed a sale figure of £480k inclusive of VAT which is in line with the valuation provided.

In addition, NWSSP Legal and Risk have undertaken the requisite searches and there are no significant issues being identified. They are now in the process of drawing up the Heads of Terms for consideration.

Whilst the preferred use of the site would be to develop a new facility for WEQAS, should for any reason this not progress, the site would be considered as the HB develop continues to develop its estate rationalisation programme and as the Clinical Services Plan emerges and identifies developments in the community and in particular, North Cardiff where development land is at a premium.

A further option that may be considered is the location for the Community resource team (CRT), which are currently based on the Whitchurch Hospital site. This site is being sold and WG are pressing the HB to agree a timescale to vacate the building to ensure there is no delay to the disposal. To that end they (WG) may support the provision of modular accommodation on the, aforementioned site to enable the relocation of the CRT.

A further use of the site, given its relatively close proximity to UHW may be identified as we plan the potential redevelopment of the UHW site.

In the unlikely event that the HB would decide not to develop the site, then it could be disposed of at a later date and funding returned to the discretionary capital programme to support alternative investment opportunities.

In order that completion of the acquisition can be achieved by the end of the financial year, the HB will require formal approval from WG.

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

- The acquisition of the land as proposed is considered low risk
- The location of the site would support future developments identified in the North Cardiff Area
- The site is located in a prime location to develop a new facility for WEQAS with good road and rail links and is in close proximity to the existing facility which would benefit staff

Appendices *(Please list any appendices that will accompany this report)*

n/a

Recommendation:

The Board is requested to:

- a) **NOTE:** the content of the report recognising the opportunities the acquisition of the site identified provides the HB

- b) **APPROVE:** the acquisition of the site at a cost of £480k inclusive of VAT
c) **SUPPORT:** the submission of a formal request to WG to approve the acquisition

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

1.  Putting People First Click the objective above to view more detail.	✓	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:

Prevention		Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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Quality Impact Assessment Completed?

Yes		No	
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Impact Assessment:

Risk:

The acquisition is considered low risk

Safety: No

Financial: Yes

Requirement to use capital slippage funding provided by WG

Workforce: No

Legal: Yes

Requirement to obtain Planning consent to develop the site for future use

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

Decarbonisation: Yes

Any development would be required to meet the NHS guidance

Welsh Language: No

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

Committee/Group/Exec	Date:

Saunders Nathan
23/01/2026 20:12:05

Report Title:	Corporate Risk Register			Agenda Item no.	7.1
Meeting:	Board Meeting	Public	x	Meeting Date:	29 th Jan 2026
		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.

Risk registers have traditionally been managed using an Excel spreadsheet. However, the Corporate Governance team have been 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 with the system developers to provide valuable feedback for system enhancements. These improvements will help create a more robust system for all Clinical Boards and Directorates.

As of the 1st August a Health Board wide Task and Finish Group was established with representatives from each clinical Board & corporate area. The aim of the group is to support the delivery of the Digital Risk project in the following areas: Data mapping, AMaT Training, communication and rollout across the clinical boards and Directorates.

By supporting these areas, the task and finish group will ensure that the project is delivered in a timely manner and contribute to the UHB transferring from managing their risks in excel to the digital solution. Invitations to monthly meetings to March 2026 have been shared with all risk owners/representatives.

The initial milestone target was set by the Task and Finish group to fully transition the Corporate Register (Risks scoring 20 and above) by the 31 October 2025. This target was achieved and the register included with this report and supporting graphs below were produced directly from the risk module in AMaT.

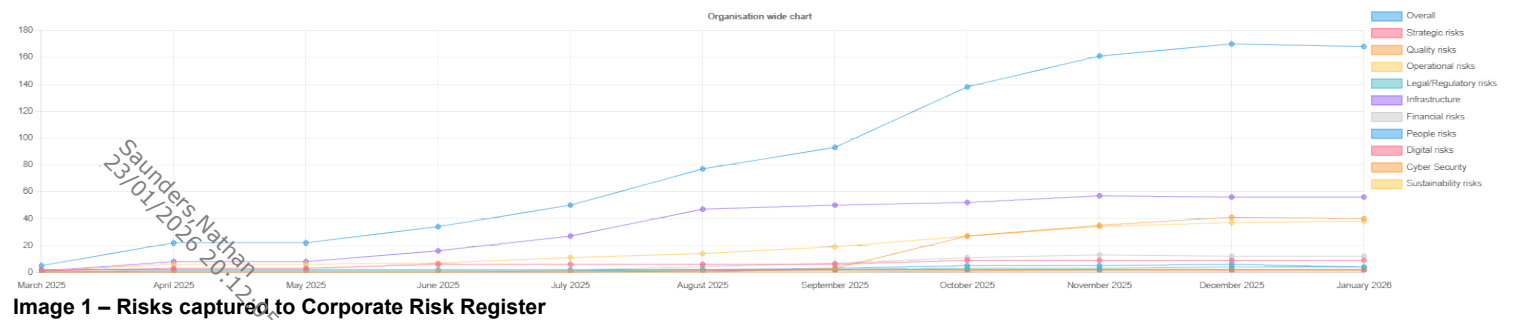


Image 1 – Risks captured to Corporate Risk Register

The second target for Task and Finish Group is to achieve full transition (risks of any score) by the 31 March 2026.

Appendices (located in the supporting documents folder):
1. Corporate Risk Register

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

The Board should note that Clinical Board risks are also monitored and scrutinised at regular 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. The largest area of risk cause falls into infrastructure risks as demonstrated in the graph at image 2 below. In line with monitoring the UHB financial position, there are 9 x Finance risks recorded that are actively being treated, 4 of which have been identified as risk score 20 and incorporated into the Corporate Risk Register.

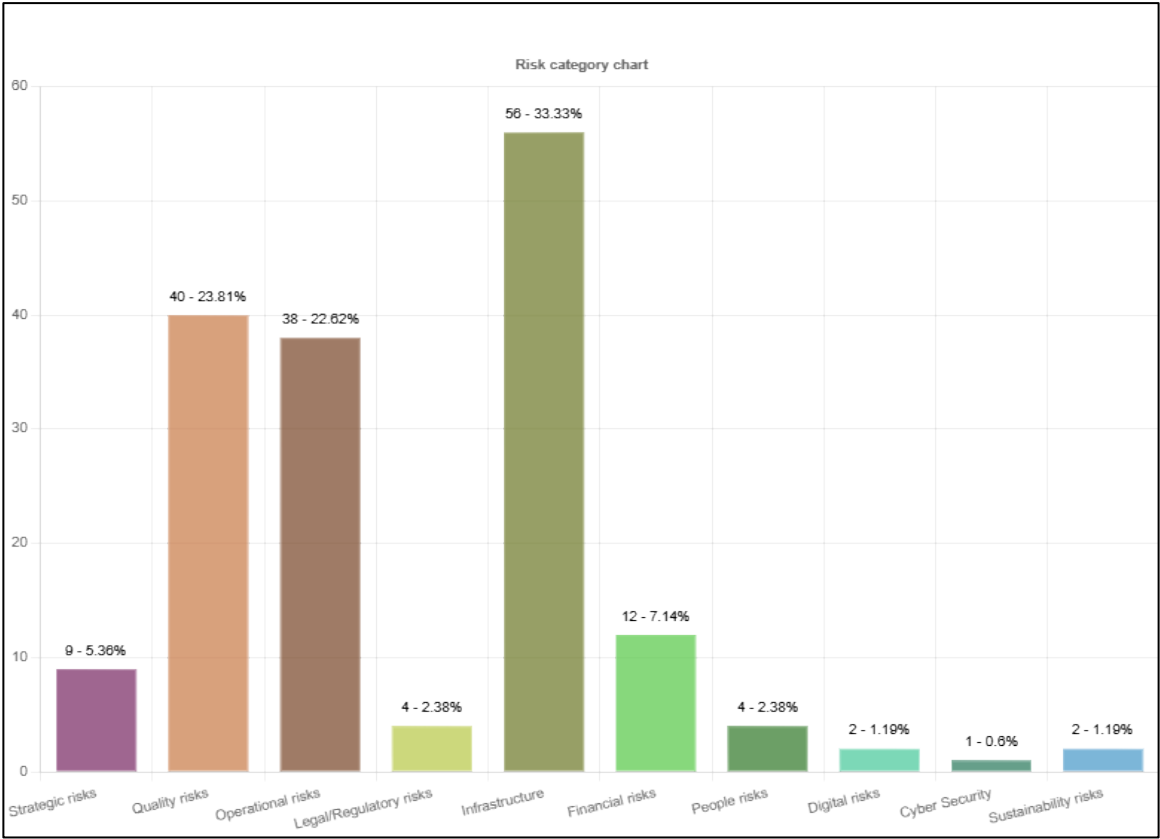


Image 2 – Corporate Risk Register Categories

The Capital, Estates, and Facilities (CEF) risk register is now reported by discipline and has been introduced so that risks can be identified in general terms (see column 'Specialty' in register).

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 with Clinical Boards and other areas to refine the risk register in parallel to Clinical Board reviews.

Review of the Corporate Risk Register provides an equal split of risks being treated and tolerated resulting in c.46% of these extreme risks currently being tolerated.

Comparison Nov 2025 – Tolerate 49.6% Treat 50.3% v Jan 2026 – Tolerate 45.83% Treat 54.17%.

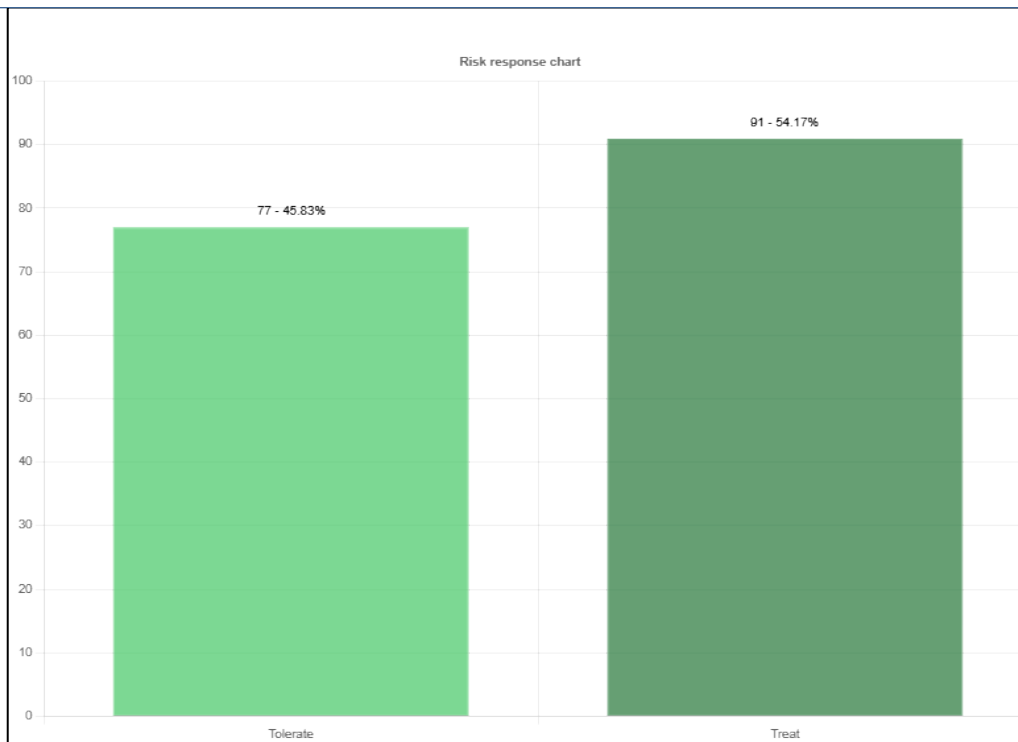


Image 3- Corporate Risks Treat v Tolerate

As a result of digitalising the risk register, the UHB is now able to identify legacy risks (Risks that have been tolerated for extensive periods) The current register ranges from 1 month through to 192 months (16 years) which highlights the extent of legacy risks within the clinical boards.

There are two risks in the register dated 01/01/2010: one under Podiatry and the other under Bone Marrow Transplant. Both are categorised as 'Treat' and have active treatment plans. The Bone Marrow risk remains live as it has been highlighted in regulatory audit reviews and is pending Welsh Government approval for funding to build a JACIE-compliant facility. The Podiatry risk involves developing a standardised approach across Wales by Podiatry and TVN, with a decision on whether it should be generic or diabetes-specific and linked to pressure surveillance.

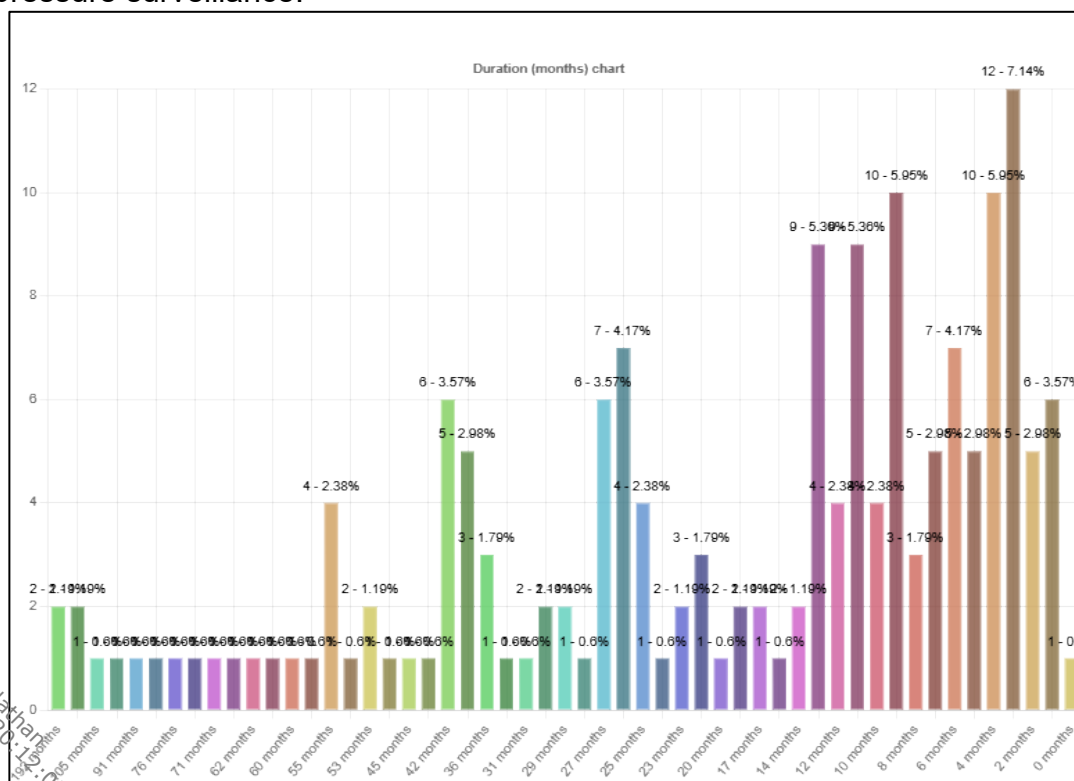


Image 4- Corporate Risks duration in months risks have been held

Among the 168 risks listed in the Corporate Risk Register with a score of 20 or higher, less than 10% have been classified as both "Almost Certain" in likelihood and "Catastrophic" in impact.

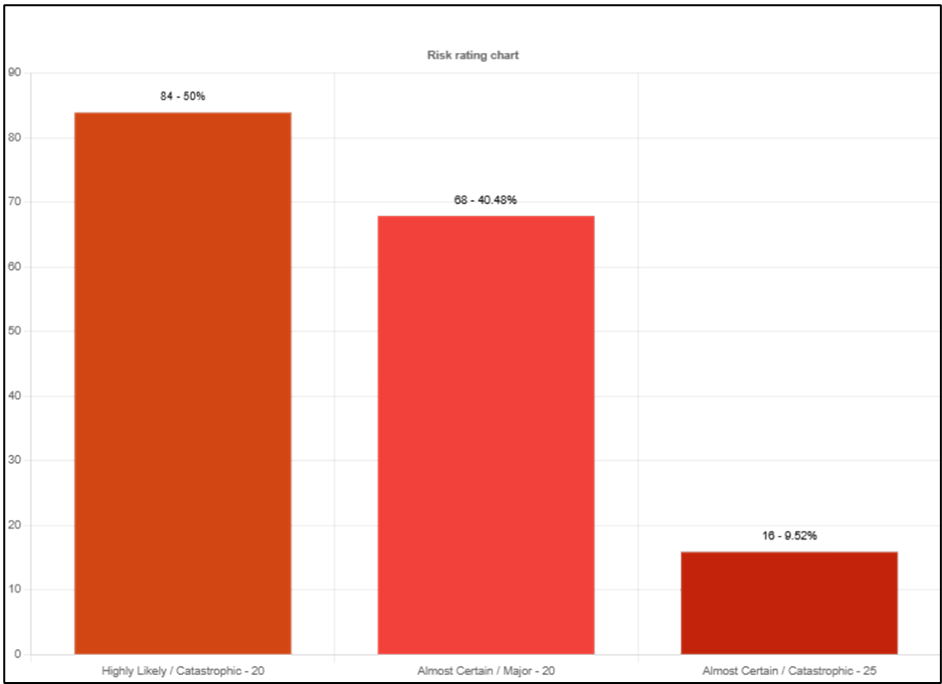


Image 5 – Risk rating chart

ASSURANCE is provided by:

- Corporate risks now being accessible on the AMAT platform enhancing oversight and risk management functionality
- The presence of risk registers in Clinical Board and Corporate planning functions e.g. Capital and Investment decisions.
- The programme of work underway by the Risk Task & Finish Group to fulfill delivery of the digital risk project
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and Corporate Governance

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	 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	 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

Pre ven tion	X	Long term		Integration		Collaboration		Involve ment	
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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
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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 processes 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:

Saunders, Nathan
23/01/2026 20:12:05

Corporate Risk Register January 2026

Page	Division	Business unit	Speciality
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Assurance & Compliance
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Building
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital Property
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance
3	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project
3	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical
3	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment
3	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates
5	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical
6	Children & Women	Community Child Health	
6	Children & Women	Gynaecology	
6	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics
7	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Physiotherapy
7	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Podiatry
7	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Biochemistry
7	Clinical Diagnostics & Therapeutics	Pharmacy and Medicine Management	St Mary's Pharmaceutical Unit (SMPU)
7	Clinical Diagnostics & Therapeutics		
8	Corporate	Clinical Safety Group	Medicines Safety Group
8	Corporate	Digital and Health Intelligence	D&HI - Cyber Security
8	Corporate	EPRR	
9	Corporate	Finance	
9	Medicine	Integrated Medicine	
9	Medicine	Specialised Medicine	Cystic Fibrosis
10	Medicine	Specialised Medicine	Dermatology
11	Medicine	Specialised Medicine	Endoscopy
11	Medicine	Specialised Medicine	Gastroenterology
11	Medicine	Specialised Medicine	Rheumatology
12	Medicine	Specialised Medicine	Welsh Gender Service
12	Medicine	Specialised Medicine	
12	Medicine		
12	Mental health	MHSOP	St Barrucs Ward, Barry
13	Primary, Community & Intermediate Care	Cardiff Specialist	HMP Cardiff
13	Primary, Community & Intermediate Care	Cardiff Specialist	
14	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management	
14	Primary, Community & Intermediate Care	Primary Care	
14	Specialist Services	Artificial Limb & Appliance Service	ALAS Directorate
14	Specialist Services	Artificial Limb & Appliance Service	Electronic Assistive Technologies
15	Specialist Services	Cardiothoracic	Cardiac Physicology
15	Specialist Services	Cardiothoracic	Cardiac Surgery
15	Specialist Services	Cardiothoracic	Thoracic Surgery
15	Specialist Services	Cardiothoracic	
16	Specialist Services	Critical Care & Major Trauma	Critical Care
16	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult
17	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric
17	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant
17	Specialist Services	Haem / Imm / Met Med / NETs	Haematology
18	Specialist Services	Haem / Imm / Met Med / NETs	Neuroendocrine Tumour Service
18	Specialist Services	Nephrology & Transplant	
18	Specialist Services	Neurosciences	Neurology
18	Specialist Services	Neurosciences	Neurosurgery
18	Surgical	Dental	
19	Surgical		

Saunders Nathan
23/01/2026 20:12:05

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Regulation 18 Areas - Dental Hospital	02/01/2025	Regulation 18 (R18) areas in the Dental Hospital (ceiling voids and risers) do not allow routine maintenance of services (Fire alarms, fire compartmentation & dampers, ventilation systems and other essential services). It also makes routine upgrades of equipment, cabling and other services complex and more high risk and makes dealing with emergencies (water leaks etc) slower, more complex and more expensive	Although the R18 areas have been identified previously, due to the type and condition of the asbestos materials - primarily friable materials. It has become more apparent how the risk associated with such areas will impact upon the need to access such areas to carry out plant repairs/ replacement.	When there are emergencies (ceiling tile collapsing, fire etc) there is an increased risk of exposure to persons in the vicinity of airborne asbestos fibres above the control limit of 0.010 f/ml. This has the potential to lead to persons developing incurable asbestos related diseases. The lack of routine maintenance increases the risk of loss of service for the clinical areas. The increased costs involved in working in this building are significant.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos	20	20	10	Tolerate	General access to ceiling voids and risers is generally restricted and this is primarily communicated via MICAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler. Has document: Yes Adrian Griffin 10/03/2025 14:34	General access to ceiling voids and risers is generally restricted and this is primarily communicated via MICAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler. Has document: Yes Adrian Griffin 10/03/2025 14:37	There have been several occasions over the last 3 years where contractors have undertaken work without the necessary controls in place because they were not aware of the requirements. Has document: No Adrian Griffin 10/03/2025 14:40	By not following the policy both Health Board and its Supervising Officers and contractors lend themselves to investigation in the event of an accident/incident. Status: Current Adrian Griffin 10/03/2025 14:48
Regulation 18 Area - UHW Boiler House	22/12/2025	There is a risk that the asbestos identified on the mezzanine floor and high level gantries may affect general pre-planned maintenance of equipment accessible from these areas. In the case of an emergency any works necessary would need to be undertaken by a licensed contractor or using internal Category B trained staff working with an Asbestos Permit.	This is caused by the identification of loose insulation materials in the grid floor and framework of the mezzanine floor and within cables trays and on surfaces below the grid leading to the area being restricted.	The current restriction will lead to delays or additional complexity / costs in undertaking works in a critical area. If the works were to be done without the necessary precautions in place there is a risk that the staff involved or others in the vicinity (either on the mezzanine or in the boiler house below) could be exposed to airborne asbestos fibres, potentially in excess of the 0.1f/ml control limit. This puts the individuals at risk of developing asbestos related diseases.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos	20	20	5	Treat	Initially the key control will be restricting access to the affected area through physical barriers, signage, training via tool box talks and asbestos information provided on MICAD (Asbestos register). The longer term plan would be to remediate the boiler room using Licensed Asbestos Removal Contractors. Any work required in this area in the interim, would need to be undertaken by a LARC or a Cat B trained member of staff (working for less than 60mins per week under an Asbestos Permit). Has document: No Owen Davies 22/12/2025 09:30	None specified. Has document: No Adrian Griffin 24/12/2025 11:06	None specified. Has document: No Adrian Griffin 24/12/2025 11:06	There would be a significant cost to remediating the asbestos within the boiler room. This is partly because of the size and complexity of the area but also because the boilers run all the time so the work would need to be phased to reduce the temperature of the asbestos enclosures. Status: Current Owen Davies 22/12/2025 09:34
Unsuitable and insufficient Contractor Documentation	14/02/2025	Risk Assessment (RA)/ Method Statements (MS) that are provided and in some cases not provided unless prompted and are often not suitable for the task being carried out. They are often generic and not job specific. The RA/MS are often not provided in good time for review. On occasion contractors will attend site to start work without the submission of RA/MS. Contractors / sub-contractors often attend site not provided with or equipped with the information and documentation that they require to work safely on the C&V estate.	The risk cause being, that we are not compliant with the Cardiff & Vale University Health Board Control of Contractors Policy V4. There is a potential for an accident/incident that can be serious in nature, leading to enforcement action/prosecution by the enforcing authorities	Supervising officers often fail to ensure that the contracted out works are not always carried out in accordance with the C&V Control of Contractors Policy V4. Supervising Officers have specific duties under the policy. Contractors often do not work in accordance to the Control of Contractors Policy V4.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Assurance & Compliance	20	20	5	Tolerate	Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently Has document: No Adrian Griffin 13/03/2025 14:23	Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently Has document: Yes Adrian Griffin 13/03/2025 14:26	By not following the policy both Health Board and its Supervising Officers and contractors lend themselves to investigation in the event of an accident/incident. Has document: No Adrian Griffin 13/03/2025 14:26	
Plant Room Roofs - UHW. Profiled steal sheeting	02/08/2021	Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk that	Corrosion, possible damage during installation, inability to maintain safely.	Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk that w/could lead to an impact/effect on	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Building	25	25	10	Tolerate	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss Has document: No Adrian Griffin 13/08/2025 15:18	Roof is subject to ongoing monitoring. Has document: No Adrian Griffin 13/08/2025 15:19	No plan at present to address the issues. No plan at present to address the issues. Has document: No Adrian Griffin 13/08/2025 15:20	
SDH End of PFI Agreement	15/11/2023	End of PFI. Significant resource need to oversee the plan for the end of the PFI agreement.	PFI ends 31/01/31 series of activities will be required.	Uncertainty of ongoing contract management	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	20	20	4	Tolerate	Series of activities required. Has document: No Adrian Griffin 08/04/2025 10:53	Separate risk register prepared to monitor all associated risks. Has document: No Adrian Griffin 08/04/2025 10:53	Risk increased to 20 to emphasise need to commence appointment and activities, especially with loss of PFI manager in April. Has document: No Adrian Griffin 08/04/2025 10:46	
End of 3PD Agreement - Third Party Development	15/11/2023	End of 3PD Significant resource needed to oversee and plan for the end of agreement.	End of 3PD - 16/08/2027.	Uncertainty of ongoing contract management.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	20	20	4	Tolerate	Series of activities required. Has document: No Adrian Griffin 08/04/2025 10:55	Separate risk register prepared to monitor all associated risks. Has document: No Adrian Griffin 08/04/2025 10:56	None provided Has document: No Adrian Griffin 08/04/2025 14:57	
Saint Davids Hospital PFI Expiry	08/11/2023	Saint Davids Hospital PFI Expiry	No joint plan in place	No plan in place to oversee the end of the PFI	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	20	20	4	Tolerate	End PFI project team to be formed. Has document: No Adrian Griffin 06/06/2025 10:39	None specified. Has document: No Adrian Griffin 06/06/2025 10:40	None specified. Has document: No Adrian Griffin 06/06/2025 10:40	
UHB PPP Expiry	08/11/2023	University Health Board PPP Expiry.	No plan in place to oversee the end of the PPP.	Lack of a plan to control the effects of the end of the PPP.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	20	20	4	Tolerate	End PFI project team to be formed. Has document: No Adrian Griffin 06/06/2025 11:23	None Specified. Has document: No Adrian Griffin 06/06/2025 11:23	None specified. Has document: No Adrian Griffin 06/06/2025 11:23	
Capital Property- WRP Cover of UHB Tenants	12/01/2024	WRP have cast doubt on whether they will indemnify the UHB against building risks traditionally offered by commercial insurance.	Financial Impact and Legal Impact. Plus potential loss of tenants.	Possible lack of buildings insurance cover.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital Property	20	20	5	Tolerate	Ongoing discussions between NWSSP and WRP Has document: No Adrian Griffin 13/03/2025 15:31	Progress will be reported to relevant committees. Has document: No Adrian Griffin 13/03/2025 15:32	None provided Has document: No Adrian Griffin 13/03/2025 15:33	
Not Able to Maximise Stock Levels	19/12/2023	Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU.	Unable to increase provisions of patient frozen meals to provide contingency levels. New food safety measures and controls required as identified by the food safety assurance manager requires a 4 hours blast freeze process compared to the previous 2 hours along with the new enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day.	Financial impact: The need to purchase additional meals from an external company at an approximate cost of £25k monthly.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	20	20	4	Tolerate	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction. Purchase meals from Appetito for additional stock items Has document: No Adrian Griffin 08/04/2025 11:07	Team managers/Supervisors monitoring weekly priority given to the 4 hour blast freeze process and the cleaning and enzyme treatments over the production requirements. - Assurance is provided ability to produce and the additional purchase of external meals. Has document: No Adrian Griffin 08/04/2025 11:08	Additional labour funding required to provide designated hygiene cleaning team allowing the current production staff to maximise production. Recognition of the additional cost of purchasing eternally. Has document: No Adrian Griffin 08/04/2025 11:08	
Electrical Distribution - Potential Loss of Power	01/02/2024	CFPU are sitting on the outer HV ring, which isn't currently backed up by the HV generator, also without a local LV generator.	Current electrical back-up distribution system does support the CFPU in the event of a power failure.	Food production of patient cook freeze meals would stop. Large storage freezers and refrigeration holding high stock levels would fail to store frozen products at the correct temperature, stock levels of patient meals will need to be disposed of, this will compromise the ability to feed patients in line with Nutrition and hydration guidelines.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	20	20	5	Tolerate	The issue has been highlighted during the Power outage testing. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:16	There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals. Has document: No Adrian Griffin 08/04/2025 11:11	A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is preferred. Has document: No Adrian Griffin 08/04/2025 11:12	
Potential Goods Lift Failure Service Impact	23/04/2024	CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways	Age of equipment, unavailability of parts.	Food production of patient cook freeze meals would stop, due to the ability to move high quantity heavy amounts (somedays 200 -300kg) fresh meat, chilled/frozen food in a food safe timescale. Increased level of staff injuries and possible claims.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	20	20	5	Tolerate	The issue has been highlighted during the lift failure 19/04/24. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:18	There is limited reassurance due to the fact we have no alternative lift available other than increase the priority level for lift 46 any future repairs. Has document: No Adrian Griffin 08/04/2025 11:18	A location for an additional lift as contingency or a suitable food safe route for food provisions Has document: No Adrian Griffin 08/04/2025 11:18	
Verification Smoke/Fire Dampers	01/12/2023	There is a risk that Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Potential for loss of service. Disruption to patient care. Danger of fire spread.	Assets not assetised at the time of installation. Asset identification incomplete/inaccurate.	Which w/could lead to a potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	5	Tolerate	Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Has document: No Adrian Griffin 13/08/2025 14:26	5 year contract in place. Started 1st Sept 2019. 3 + 1 + 1 year contract end date 1st Sept till 2024. 60% of dampers are being inspected annually. Has document: No Adrian Griffin 13/08/2025 14:26	Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatched through to existing services prevent void access. Has document: No Adrian Griffin 13/08/2025 14:27	
Ventilation Smoke/Fire Dampers Dental Hospital UHW	01/12/2023	There is a risk that regular inspection and / or maintenance is not possible.	This is caused by the fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos.	Which w/could lead to the potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	5	Tolerate	The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas. Has document: No Adrian Griffin 13/08/2025 14:42	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis. Has document: No Adrian Griffin 13/08/2025 14:43	Unable to complete until all floors have been made safe of asbestos. Has document: No Adrian Griffin 13/08/2025 14:43	
Fire Compartmentation	08/04/2024	There is a risk that fire could spread from one compartmentation (i.e ward) to another.	This is caused by potential breach in fire compartmentation.	Which w/could lead to an impact/effect on patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	10	Treat	5 year contract in place to inspect compartmentation Has document: No Tony Ward 28/08/2025 09:37	Working through HB from high risk patient areas to low risk patient areas Has document: No Tony Ward 28/08/2025 09:38	Timescale to complete all areas throughout HB and amount of breaches encountered Has document: No Tony Ward 28/08/2025 09:39	timescale Status: Current Tony Ward 28/08/2025 09:41
Fume Cabinet Inspections	11/10/2023	There is a risk of Service delivery, harm to staff, compliance with Authority Departments	This is caused by insufficient asset identification and lack of regular inspections and / or maintenance	Which w/could lead to an impact/effect on service delivery harm to staff using equipment.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	20	20	5	Treat	Inspections required with documentation held centrally Has document: No Tony Ward 28/08/2025 10:34		These assets are owned by end users. We are unsure of all known assets. Assets need to be collated, records recorded and kept in one location. This information has been requested on several occasions at the Ventilation Safety Group (VSG). Has document: No Tony Ward 28/08/2025 10:20	The barrier for CEF is identification of a single source from each clinical board to provide this information. I have therefore put Robert Warren as responsible person as it seems a corporate issue. Status: Current Tony Ward 28/08/2025 10:26

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
UHW High Voltage Load Shedding Equipment	20/11/2023	The system relies on data provided by the Building Management System (BMS).	The system age is now not compatible with latest BMS installed	Failure of the system could result in no power being distributed to site. Failure could result in the overload of the generator and no power available. External parts could fail and not work correctly causing loss of power.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	25	25	5	Tolerate	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSi is in place to maintain the system. Has document: No Adrian Griffin 17/07/2025 14:36	None specified. Has document: No Adrian Griffin 17/07/2025 14:37	None specified. Has document: No Adrian Griffin 17/07/2025 14:38	
UHW Pumped Cold Water Mains to Roof Tanks	22/11/2023	Unable to supply cold water to roof tanks.	Failure of pipework (resilience). Age of original pipe and number of previous repairs. +1 Pipe is now approximately 20 years old. Both pipes converge into one riser (single point of failure) Diosruption to site when failure occurs. Treated water (chlorine dioxide) not supplied in the event of total failure. Labour intensive to resolve.	Cold water supply unavailable. Affecting operational capabilities.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	"N+1 installed one can supply the site •Contractors usually effect repair within 2 days •Pipes separated for most of run minimizing accidental damage, or subsidence. •+1 installed within 20 years •Alternative supply available in LGF (untreated)" Has document: No Adrian Griffin 18/07/2025 11:15	None specified. Has document: No Adrian Griffin 18/07/2025 11:16	None specified. Has document: No Adrian Griffin 18/07/2025 11:16	
UHW Blowdown vessel of main steam boilers	01/12/2023	Operational difficulty in controlling quality of boiler water	Plant/equipment age - deterioration	•Failure to meet pressure vessel regulations (subject to defect notice) •Contravention for water discharge permit by Welsh water •Scalding risk •Isolation vales showing signs of wear •Age of vessel beyond working life	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	•Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event) •Approved people in boiler house and trained Has document: No Adrian Griffin 18/07/2025 11:45	None specified. Has document: No Adrian Griffin 18/07/2025 11:46	None specified. Has document: No Adrian Griffin 18/07/2025 11:46	
UHW 11KV Mains Distribution Board - Site Network	01/12/2024	There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance. Fault with board causing loss of power to hospital Breakers are SF6 (Sulphur hexafluoride) ozone depleting gas	Unsure of the availability of replacement parts due to age and Gas type (Sulphur hexafluoride)	All the electrical intake equipment is in one location, feeding the whole of hospital, risk to loss from fire would mean total loss.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	•Able to split board and feed from other half of board •Contract with specialist contractors for maintenance •Trained staff and competent staff on call 24/7 •Full alarm system and regular maintenance Has document: No Adrian Griffin 28/07/2025 13:58	"•Undertake independent review and seek advice off Authorizing Engineer on level of Risk •Consider sourcing spares •Review upgrade options •Look at extension of existing board •Look at having back up emergency arrangements away from existing building." Has document: No Adrian Griffin 28/07/2025 14:01	None recorded. Has document: No Adrian Griffin 28/07/2025 14:01	
Main 415v Distribution Panel - UHW	01/12/2024	Loss of power.Leading to the disruption to the electrical distribution system.	Due to Age of equipment.	•Live terminals exposed RISK OF ELECTROCUTION. •Whole distribution board requires shut down, to work on system. •Parts not readily available, adaptations would need to be completed to make a repair. •No overload protection only rewirable fuses. •No expansion available without add on board.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	•No mitigation against failure. •Warning notices to be fitted. •Qualified competent electrician only to work on system. Has document: No Adrian Griffin 28/07/2025 14:51	None provided. Has document: No Adrian Griffin 28/07/2025 14:52	No mitigation against failure. Has document: No Adrian Griffin 28/07/2025 14:52	
2 Cold/ Hot Water Storage Tanks - CHFW	01/12/2024	Tank or Tanks Failure.	Loss of water supply Cold/ Hot to CHFW Phase 1.	•Failure of a tank or tanks leading to loss of water supply hot and cold to CHFW Phase 1. •Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance. •Tanks serve both services hot and cold any issues result in both services being affected. •Tanks 24 years old life expectancy is 25 years •Tanks physically joined together and not wholly independent. •Access ladder non-compliant.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	•Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system. Has document: No Adrian Griffin 28/07/2025 15:29	•2 tanks normally available for resilience. Has document: No Adrian Griffin 28/07/2025 15:29	None provided. Has document: No Adrian Griffin 28/07/2025 15:30	
Cast Iron Above Ground Drainage Pipes	04/12/2024	Failure of cast iron pipes.	Age related cracking.	•Sewerage outfall at failure of pipes causing disruption to departments. •Internal bore restricted causing blockages •Damage to equipment and departments •Expensive repairs and clean ups to revenue budget	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	•Replacement program for main ward blocks Has document: No Adrian Griffin 29/07/2025 15:09	•Repairs can be carried out at point of failure Has document: No Adrian Griffin 29/07/2025 15:10	None provided. Has document: No Adrian Griffin 29/07/2025 15:10	
UHW Day Surgery Medical Air Compressors	04/12/2024	The plant is locatedwithin in a general plantroom. The plant is aged with repairs being carried out to keep it operable.	The location of the plant is unsuitable.	Non-conformity/ non-compliance - of plant due to its unsuitable location.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	20	20	5	Tolerate	Maintenance contract in place for repairs to plant. Has document: No Adrian Griffin 01/08/2025 13:33	None. Has document: No Adrian Griffin 01/08/2025 13:34	Unable to mitigate against non-compliance. Has document: No Adrian Griffin 01/08/2025 13:39	
E18 - UHW LGF Switch Room 4	09/06/2025	UHW LGF switch room 4 suffers from water ingresson, that as a potential to cause harm / loss of electrical supply.	Water ingresson and damp, due to leaking valves and the humidity within the room.	The electrical switch gear is suffering from corrosion and standing water, water dripping off leaking valves which is an electrocution risk to operatives.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical	25	25	5	Tolerate	Estates are aware of the issues Has document: No Adrian Griffin 12/08/2025 15:32	Discretionary Capital will look at the cause and rectify , add suitable drainage, switch gear replacement. Has document: No Adrian Griffin 12/08/2025 15:33	None specified. Has document: No Adrian Griffin 12/08/2025 15:33	
E17 - Reliance on High Voltage generation for critical services.	02/12/2024	There is a risk of reliance on HV generation for critical resources across the health board.	This is caused by the need for a stand by source of electrical power generation in the event of a mains power failure.	Failure of the second source of electrical power distribution (HV generation).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical	20	20	5	Tolerate	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss. Has document: No Adrian Griffin 12/08/2025 15:00	Redesign of the electrical infrastructure required to improve reliability and resilience. Has document: No Adrian Griffin 12/08/2025 15:01	None specified. Has document: No Adrian Griffin 12/08/2025 15:01	
E19 - UHW - No Backup Electricity Supply to Boilerhouse if HV Generator Fails During Powercut	16/01/2026	In the event of a loss of power from the electrical grid and the HV generator fails to start, there will be no source of power to the boiler house.	This is due to not having a dedicated backup generator for the boilerhouse panel, relying on the HV generator which provides power to the main bulk of the hospital.	Which would lead to no heating or hot water for the majority of the site, main water reservoir not pumping water into the building, and loss of all site BMS systems.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical	20	20	10	Tolerate	Maintenance regime for HV Generator and Incoming ACBs Has document: No Gareth Morgan 16/01/2026 11:54	Maintenance regime for HV Generator and Incoming ACBs Has document: No Gareth Morgan 16/01/2026 11:54	None specified. Has document: No Adrian Griffin 16/01/2026 14:17	
Energy Cost Pressures - instability within the energy markets.	14/08/2025	There is a risk that the Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	War in the Ukraine, energy costs in general, uncertainty in the energy markets.	The increase in costs, causing an additional drain on the annual overall health board budget.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	25	25	5	Tolerate	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	None specified. Has document: No Adrian Griffin 14/08/2025 14:51	
IT Connectivity	15/08/2025	There is a financial risk associated with the delay in bringing Ph 2 and Ph3 of the energy refit on stream.	IT connectivity required to complete the existing and current solar installations. Allowing for them to be brought on stream.	Which has lead to cost savings being delayed. These cost savings would reduce the annual energy bill.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	20	20	5	Tolerate	Refit phases 2 and 3 have meetings with contractor and IT weekly to resolve. Has document: No Adrian Griffin 15/08/2025 09:42	Assurances are through monthly reporting and meetings with finance. Has document: No Adrian Griffin 15/08/2025 09:43	None provided. Has document: No Adrian Griffin 15/08/2025 09:47	
Combined Heating and Power Plant (CHP)	28/02/2025	Current CHP plant has exceeded 90,000 run hours requiring major overhaul / upgrade or plant replacement. O and M contract is in place but does not provide warranty or cover for major CHP failure.	This is caused by the end of the current contract.	As the CHP plant provides significant revenue savings and forms a significant element of the heating and electricity infrastructure, plant failure will result in operational difficulties. Current contract states that plant failure risk lies with the UHB	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	20	20	5	Tolerate	Current O and M contract is in place until April 2025. Internal discussions are being held to develop proposed solutions. Has document: No Adrian Griffin 15/08/2025 11:06	Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy. Has document: No Adrian Griffin 15/08/2025 11:07	CHP plant upgrade/replacement is required. Has document: No Adrian Griffin 15/08/2025 11:19	
UHW Increased water consumption	01/07/2025	There is a risk that UHW Water Consumption Water consumption is increasing.	This is attributed to leaks and unexplained usage.	This is resulting in water wastage and excessive costs.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	20	20	8	Treat	Water studies and leakage detection surveys are in progress to determine the scale of the leakage and the location(s) of the leaks. Has document: No Adrian Griffin 15/08/2025 11:55	Meeting being carried out each week between Estates, Energy Team and Enica along with other stakeholders to monitor progress. Updates are provided to senior leadership team fortnightly. Has document: No Adrian Griffin 15/08/2025 11:56	HH Data is currently missing from Welsh Water, UHB and Enica are chasing to get this fixed Has document: No Rhiannan Windsor 12/11/2025 11:16	
Energy & Environmental Management Resourcing	09/12/2025	There is a risk that additional resources are required to support the Energy, Environmental and Decarbonisation Agenda and Strategy	This is caused by additional resourcing being required	Which could lead to an impact/effect on meeting targets and accreditations	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	20	20	10	Tolerate	Head of Energy and Performance is currently in post Has document: No Rhiannan Windsor 09/12/2025 11:06	Control is through ISO14001 accreditation process and EMSG and other departmental mechanisms Has document: No Rhiannan Windsor 09/12/2025 11:06	Additional resourcing is to be sought Has document: No Rhiannan Windsor 09/12/2025 11:07	
Fire Doors Require Replacing	07/04/2025	Fire doors identified as requiring replacement , due to condition of the doors not meeting fire requirements.	Fire doors. Non Compliant.	Door will not perform in accordance with standards in the event of fire, thus not containing the spread of fire and putting patients staff , visitors and property at risk.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Door inspected weekly as part of a PPM by estates staff Has document: No Adrian Griffin 08/04/2025 11:19	Inspection results recorded Has document: No Adrian Griffin 08/04/2025 11:20	Doors identified as not been compliant LGF Central link doors 237 x 2, LGF PLANT ROOM 3 No 143 x 2, LGF Dental No 14 x 2, LGF Medical Records No 317 new doors required, LGF Pembroke 330, 341N, 341, 343, 345, 346, 360 all require replacing, LGF Lakeside No 317 x 2, 359, 330, 331, 335A, LGF Outpatients rear exit doors. Has document: No Adrian Griffin 08/04/2025 11:20	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Medical Gas Safety PRV Equipment	31/12/2022	Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change.	Obsolete equipment and currently out of compliance with overdue inspection.	Unable to isolate equipment supplying critical parts of the hospital.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Visual inspection only. Has document: No Adrian Griffin 09/04/2025 11:17	Equipment checks. Has document: No Adrian Griffin 09/04/2025 11:20	Unable to isolate equipment supplying critical parts of the hospital. Has document: No Adrian Griffin 09/04/2025 11:22	
No Authorising Engineer Assigned to Lifts	07/12/2022	With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift AP's and carry out Audits on Lift condition & management systems etc	Unavailability of lift Authorising Engineer.	Unable to carry out Audits on Lift condition & management systems etc.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system. Has document: No Adrian Griffin 09/04/2025 11:55	No incidents recorded, the system is managed to the correct standard using OTIS contractor & statutory inspection. Has document: No Adrian Griffin 09/04/2025 11:56	System managed, trained but not appointed formally. Has document: No Adrian Griffin 09/04/2025 11:57	
Auto changeover system - On loss of power to LV sub A1 panel	29/07/2023	Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through.	Failure to provide on distribution strategies standby generators resilience of N+1 automatically.	Lack of/ unavailability of electrical distribution system back up.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	10	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:06	"LVAP action plan include - Electrical team providing ongoing weekly checks BMS Alarms to shift pager is being investigated/feasibility to provide early warning of changeover failure Emergency SOP in place with all Electrical team/shift teams - manual switching of ACB – restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes, maximum time of 40 minutes) potentially without power for this duration Mitigation on attendance timeline: lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration) Panelboard coverage - include life support areas, main theatres, pre-operation, post-operation, ITU, Home Office Essential Areas, Essential Public Heath Wales Labs Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-serviceable " Has document: No Adrian Griffin 09/04/2025 14:07	Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Has document: No Adrian Griffin 09/04/2025 14:10	
Both DSS4 Maternity HV substation double doors and LV switchroom single door	09/09/2023	Both DSS4 Maternity HV substation double doors and LV switchroom single door are made from slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	Wooden doors and rotten, damaged and not secure.	The condition of the doors will impact upon the security of the switch rooms leading potentially to unauthorised access.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Monitor condition until planned replacement Has document: No Adrian Griffin 10/04/2025 14:53	Due to the condition and no solid fixing availability and loose fitting doors plus the possibility of barring open the doors allowing access into the HV/LV rooms No assurances. No issues to date but high possibility Has document: No Adrian Griffin 10/04/2025 14:56	Due to the condition no solid fixing, loose fitting doors, plus possible barring open the doors into the HV/LV rooms No assurances. No issues to date but high possibility Has document: No Adrian Griffin 10/04/2025 14:59	
Safe Access Cold Water Storage Tank (CWST) (B58)	14/10/2023	Safe Access to the CWST (B58) is difficult.	No ladder or any safe means of access to carry out statutory tank inspections and testing.	Serious risk of fall from height and injury to the person.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	The CWST has been inspected and a further visit required to see what temporary solution can be put in place. Has document: No Adrian Griffin 15/04/2025 14:49	Monthly , quarterly and annual thorough cleaning of the CWST is required and some safe access as a temporary measure utilised until permanent access can be installed. Has document: No Adrian Griffin 15/04/2025 14:53	Both contractors and estates labour require access. Has document: No Adrian Griffin 15/04/2025 14:56	
2 Unservicable Boilers (from 6)	04/08/2023	2 Boilers unservicable out of 6	Leaking flue causing damage to the printed circuit boards related to boiler control.	Possibility of losing heating or hot water, affecting clinics and patient care (leaking flue affected PCB's)	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Leak diverted / temporary fix until Flu repair has been carried Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:04	
Roofing Sheets Rusted Through	05/06/2025	Roofing sheets rusted through (at high level) A Block Link	Corrosion - possible lack of maintenance due to the inaccessibility, due to the height and lack safety infrastructure for safe working.	Ingress of water causing flooding to the floors/ office space below.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration) Has document: No Adrian Griffin 05/06/2025 14:07	None specified. Has document: No Adrian Griffin 05/06/2025 14:09	None specified. Has document: No Adrian Griffin 05/06/2025 14:10	
Theatre Block UHL AHU Component Failure	22/05/2019	Component failure, leading to the inoperability of critical equipment.	Star delta control parts obsolete.	Procedures/ operations being cancelled, delayed or moved.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Equipment is currently being maintained ro a reasonable standard. Plans in place to fit direct drives to all systems under the refit scheme. Has document: No Adrian Griffin 06/06/2025 11:49	Some parts are maintained in stock at the current time. Has document: No Adrian Griffin 06/06/2025 11:54	Some parts in stock although becoming depleted. Has document: No Adrian Griffin 06/06/2025 11:50	
General Issues With I.T. Ports - BEMS	14/12/2022	Issues with BEMS related I.T. Ports	The ports become locked preventing system communications over the network.	Affecting plant - primarily its control functions.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Contact IT department to reset the I.T. port. Has document: No Adrian Griffin 06/06/2025 13:28	Can operate valves, pumps and vents manually. Has document: No Adrian Griffin 06/06/2025 13:30	Not ideal and adds additional pressures to the already stretched estates team. Has document: No Adrian Griffin 06/06/2025 13:31	
UHW Mains water services risk of failure	14/12/2022	Failure of mains water services.	Aged infrastructure.	Supply failure. Preventing mains water supply.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Most repairs can be completed within 48 hours depending on location of the leak and a water bowser can be hired to provide water supply. Has document: No Adrian Griffin 06/06/2025 14:01	Currently only short duration with water turned off for repair to minimise disruption to services and areas affected. Has document: No Adrian Griffin 06/06/2025 14:02	None specified. Has document: No Adrian Griffin 06/06/2025 14:02	
Community Barry Drainage issue	14/12/2022	Drainsage problems unable to flow backing up.	Various - patients do flush materials e.g. paper hand towels down toilets.	External contractor call to jet the sewerage/ drainage lines, at considerable cost.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	The drains are checked on a weekly basis. Camera survey carried out, contractor has reported the underlying problem is the drains may need re-benching. Has document: No Adrian Griffin 06/06/2025 14:35	Meeting with TSF flooring contractor at Barry Hospital to see if a solution can be devised. Has document: No Adrian Griffin 06/06/2025 14:35	Improper materials being flushed causing additional issues. Has document: No Adrian Griffin 06/06/2025 14:36	
Satchwell Sigma BMS Control Cards	18/01/2023	Control cards are no longer supported.	The unavailability of control cards will potentially impact upon heating/ventilation/ LTHW/DHW and cooling in the following areas - UHW Operating theatres (plantroom 19), CHFV theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	Loss of service and patient care facilities.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Have now been limited to unknown second-hand option's (potentially unavailability) Has document: No Adrian Griffin 10/06/2025 10:02	None specified. Has document: No Adrian Griffin 10/06/2025 10:03	Minimal Upgrades have taken part, recent issues with IM&T ports closing down, firewall rules not allowing communication, single points of failure BMS computer, no IT direct support. Has document: No Adrian Griffin 10/06/2025 10:04	
VIE underground piped oxygen - From estates.	18/10/2023	VIE piped oxygen runs underground. No ducting and large tree growing above the oxygen pipe run.	Environmental issue, tree roots encroaching on oxygen pipe run. Ducting should have been installed along the pipe run to ensure the protection and containment of the oxygen pipe along its length.	Potential loss of oxygen supply caused by environmental damage.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	C&V UHB an have emergency manifold system for an emergency scenario, but not for longevity to maintain oxygen demand for hospital. Has document: No Adrian Griffin 10/06/2025 10:36	Planned improvement works to site oxygen from the second site VIE. The long term project and the estates VIE will form part of the overall improvement plan. Has document: No Adrian Griffin 10/06/2025 10:37	Unsure of general condition of buried oxygen pipework. Has document: No Adrian Griffin 10/06/2025 10:39	
Leaking Flue - CRI Main plant room	16/04/2024	Leaking flue into CRI Plant Room.	The Flue is leaking in CRI main plantroom.Early indications are its leaking through the double skinned flue. The leak is coming back onto the boilers and causing considerable damage and corrosion to the boilers resulting in expensive repairs and a safety concern. We are awaiting more information on what the exact cause is as it appears to be condensation from the flue.	The risk of major failure is likely if the boilers fail as this offers large parts of CRI, heating and hot water.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	We have tried to minimise the damage to the boilers by putting a temporary system in place to catch the water. The x2 back up boilers are currently awaiting repairs with Equans, but the boilers have considerable damage. The long term solution is a flue replacement and boilers, but obviously in the short term this is not a realistic option. Has document: No Adrian Griffin 03/07/2025 14:47	None specified. Has document: No Adrian Griffin 03/07/2025 14:48		
Cold water supply to theatres (CAVOC, Spinal)	02/12/2024	54MM pipework is leaking, possibly across multiple locations. The locations of the leaks are masked by asbestos containg materials e.g. pipe lagging.	The pipework is pin holed across a distance20 mts.	The removal of the pipe lagging would constitute a licensable removal. The removal of the lagging could possibly expediate the failing copndition of the 54mm pipework.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Temporary waterw supply diversion initiated. Has document: No Adrian Griffin 07/07/2025 14:01	Temporary bypass to keep the areas previously identified as operational. Has document: No Adrian Griffin 07/07/2025 14:02	The bypass is a short term solution. Has document: No Adrian Griffin 07/07/2025 14:02	
Working at Height lack of edge protection	16/01/2025	Edge protection to the east and West elevations of the roof only.	Lack of edge protection/ mansafe system.	Potential for a fall from height. Limited access to the roof area.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Access restricted. Has document: No Adrian Griffin 07/07/2025 14:25	Restrict access to the gutter walkway only. Has document: No Adrian Griffin 07/07/2025 14:26	Personel not adhering to the instruction to utilise the access gutter walkway (access gutter not an ideal solution). Has document: No Adrian Griffin 07/07/2025 14:38	
Overtime authorisation potentially not given - Electrical	09/02/2025	Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Electrical Engineer on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of fire alarm activation, loss of electrical power, lift entrapments, significant health and safety concern/s relating to the patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Escalation to Senior High Voltage Engineer, Senior Management Team & SMOC. Has document: No Adrian Griffin 07/07/2025 15:17	None available. Has document: No Adrian Griffin 07/07/2025 15:18	None, due to levels of constraints around time and travelling to site. Has document: No Adrian Griffin 07/07/2025 15:18	
Overtime authorisation potentially not given - Mechanical	11/02/2025	Due to authorisation not given, there will be occasions when there will be no qualified and competent Mechanical Engineer on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam (sterilisation), lift entrapments, significant health and safety concern relating to patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Escalation to Senior Management team & SMOC. Has document: No Adrian Griffin 08/07/2025 14:20	None available. Has document: No Adrian Griffin 08/07/2025 14:20	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 08/07/2025 14:21	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Overtime authorisation potentially not given - Team Leader	11/02/2025	Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Team Leader on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of loss of electrical supply, fire alarm activation, loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Escalate to Senior Management Team & SMOC, Has document: No Adrian Griffin 16/07/2025 09:37	None available Has document: No Adrian Griffin 16/07/2025 09:38	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 16/07/2025 09:40	
Roof Lifeline/Mansafe covered & obstructed	01/05/2025	Roof Lifeline/Mansafe covered & obstructed.	Persons are unable to clip onto the Mansafe line.	The lifeline is unusable in it's current state and as parts of the lifeline are under the AHU, it cannot be certified for use under LOLER.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Restrict / No Access, lifeline cannot be used. Has document: No Adrian Griffin 16/07/2025 10:35	Access restricted. Has document: No Adrian Griffin 16/07/2025 10:38	None specified. Has document: No Adrian Griffin 16/07/2025 10:39	
Roof parapet wall not to regulation height.	01/05/2025	Roof Parapet wall not to regulation height (1.1M)	Parapet wall not to regulation height. Local Mansafe system inaccessible.	Suitable edge protection unavailable. Mansafe is not safely accessible in it's current state (to clip on lifeline, you would have to climb onto sloping roof to be able to clip on). As AC Units section cover place of safe access.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Restrict access. Has document: No Adrian Griffin 16/07/2025 11:07	None specified. Has document: No Adrian Griffin 16/07/2025 11:07	None specified. Has document: No Adrian Griffin 16/07/2025 11:08	
MRC plant room condition.	12/06/2025	MRC plant failure. Plant failure would significantly impact the services provided.	Aged plant and equipment/ general condition.	High risk of failure. Whole plant room needs total full refurbishment of plant infrastructure. Heating calorifier and access limited. Single calorifier unlagged and uneconomical. Condense Receiver has a big split in the tank surrounded with asbestos, high cost for removal. Hot water cylinder original copper cylinder beyond working life and ready to fail. Condensate pumps corroded and poor condition. Electric's containment and switches corroded. Old BMS controls. Poor circulation on heating system. Disruption to dept. services users (IPC -Housekeeping Department-Medical records Staff). High financial cost for the whole of the plant infrastructure. Rusted corroded failed/pipework valves – Needs replacing	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	16	20	5	Tolerate	Estates continue to monitor on a weekly basis and look to repair minor repairs when required. We have diverted the current leak from the calorifier. Has document: No Adrian Griffin 16/07/2025 13:48	Due to the size of the works required and financial risk cost, this needs to be passed for Capital intervention to replace whole plant infrastructure. This should be looked at before and review the winter season. Has document: No Adrian Griffin 16/07/2025 13:49	High risk of failure of large plant and to provide heating and hot water to the service users. Has document: No Adrian Griffin 16/07/2025 13:51	
Issues to control Legionella bacteria.	23/06/2025	Ongoing issues to control Legionella bacteria.	Modifications to clinical areas has made the system to control difficult.	Legionella positive water sample results are of concern and require consideration and action.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	8	Tolerate	Currently estates have Chlorine Dioxide dosing into the cold water system and manual flushing by estates and clinical staff. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution. Has document: No Adrian Griffin 16/07/2025 14:32	Reasonable assurance with the work carried out to fight the legionella bacteria. Has document: No Adrian Griffin 16/07/2025 14:32	Due to the age of the system, modifications to clinical areas has made the system to control difficult Has document: No Adrian Griffin 16/07/2025 14:33	
UHW, currently as no Chlorine Dioxide dosing into the cold water system.	24/06/2025	No Chlorine Dioxide dosing into the cold water system.	Not previously installed into the cold water system.	Lack of Chlorine Dioxide dosing (which would provide additional assurance).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution. Has document: No Adrian Griffin 16/07/2025 14:57	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures. Has document: No Adrian Griffin 16/07/2025 14:58	Without dosing into the cold water system unable to provide assurance on the cold water system. Has document: No Adrian Griffin 16/07/2025 14:59	
CRI Main Boiler Plant - High Levels of Corrosion	02/12/2024	The boilers in the main plantroom at CRI are suffering from high levels of corrosion.	Upon investigation the general opinion from two separate contracting companies was, that this corrosion is due to compromised gaskets in the double skin of the flue itself.	Temperature control is proving difficult. The leak on the flue is also a concern for the offering a source of combustion in the plantroom. (Due to fears around the integrity of the flue).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	4	Tolerate	Leak diversion set up. Has document: No Adrian Griffin 19/08/2025 11:34	The secondary assurance is that of the ongoing protection of the boilers to prevent further deterioration. Has document: No Adrian Griffin 19/08/2025 11:37	None specified. Has document: No Adrian Griffin 19/08/2025 11:38	
CHFW Ph 2 MRI Unit Scaleformation, Corrosion, Biological Growth	24/03/2025	Poor industrial water quality.	This is caused by : Scale Formation, Corrosion, Biological Growth, Sedimentation	Energy Impact of Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 11:20	None provided. Has document: No Adrian Griffin 20/08/2025 11:20	None provided. Has document: No Adrian Griffin 20/08/2025 11:21	
CHFW P2 Main Chiller Scale Formation, Corrosion, Biological Growth,	13/02/2025	Poor industrial water quality.	This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation.	Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	
Radiology Plantroom Main Chillers	24/03/2025	Poor industrial water quality.	This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation.	Energy Impact of Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	None p[rovided. Has document: No Adrian Griffin 20/08/2025 13:15	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	
Non WHTM compliant AGSS Pump set	03/09/2025	There is a risk that the single AGSS pump set that suplies three theatres may fail.	This is caused by by all three pump sets being end of life. Components are subject bto failure e.g. printed circuit boards.	Which w/could lead to an impact/effect on the potential for the loss of operating availability of three operating theatres.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	8	Tolerate	Maintained as best as possible, but only so much that be done with aged and EOL equipment. Has document: No Adrian Griffin 25/09/2025 13:40	Limited assurance provided. Has document: No Adrian Griffin 25/09/2025 13:41	None specified. Has document: No Adrian Griffin 25/09/2025 13:41	
Main CIAT Chiller, replacement X6 EBM Papst fan assemblies units on chiller circuit No2.	04/07/2023	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure.	Age and condition of the chiller plant.	Chiller plant unable to provide the necessary assurance as to its required performance.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:54	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. Due to chilled circuit being on roof plant room, any temporary chiller options would be very challenging, but not impossible. Has document: No Adrian Griffin 09/04/2025 14:56	Parts availability 6-8 weeks Has document: No Adrian Griffin 09/04/2025 14:58	
Fire Fighting Lift Control	26/03/2025	18 Fire fighting or Evacuation lifts require annual testing and inspection throughout CAVUHB 2 at Barry, 6 at UHL and 10 at UHW.	This has not been done previously (no record if it has).	This was noted in the LOLER inspections for firefighting lifts.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	
M36 - UHW & UHL Medical Gas Pressure Reducing Sets.	01/01/2021	Potential to fail - Medical Gas Pressure reducing sets	Are out of the manufacturers recommended operational service date periods.	Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	25	25	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 07/08/2025 12:39	UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being sourced. Has document: No Adrian Griffin 07/08/2025 12:40	Not compliant with HTM Has document: No Adrian Griffin 07/08/2025 12:41	
M9 - UHW ITU A3N Non Compliance	01/06/2021	There is a risk that the Ventilation verification of UHW ITU A3N is Non Compliant.	This is caused by non compliance to the Hospital Technical Memorandum (HTM).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Restricted maintenance operations. Has document: No Adrian Griffin 06/08/2025 11:36	None specified. Has document: No Adrian Griffin 06/08/2025 11:37	System is not suitable and correct maintenance is restricted, control measures are not sufficient to reduce the risks significantly. Has document: No Adrian Griffin 06/08/2025 11:38	
M30 - UHW ITU B3N Non Compliance	01/06/2021	There is a risk that the Ventilation verification of UHW ITU B3N is Non Compliant.	This is caused by non compliance to the Hospital Technical Memorandum (HTM).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Maintenance intermittent due to access issues AHU within ward. Has document: No Adrian Griffin 06/08/2025 11:59	None specified. Has document: No Adrian Griffin 06/08/2025 11:59	Maintenance intermittent due to access issues AHU within ward. Has document: No Adrian Griffin 06/08/2025 12:01	
M31 - UHW ITU C3 Link Non Compliance	01/06/2021	There is a risk that the Ventilation verification of UHW Cardiac ITU C3 Link is Non Compliant.	This is caused by non compliance to the Hospital Technical Memorandum (HTM).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 06/08/2025 14:22	None specified. Has document: No Adrian Griffin 06/08/2025 14:24	System isn't suitable and correct maintenance is restricted. Control measures are not sufficient to reduce the risks significantly Has document: No Adrian Griffin 06/08/2025 14:25	
M61 - Hamadryad Centre Boiler 1 & 2	02/10/2023	Boilers 1&2 Poor Condition	Overall condition. Fan dilution system inadequate.	Boilers becoming inoperable. Potential loss of heating to the area.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Adrian Griffin 07/08/2025 13:32	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 07/08/2025 13:32	None specified. Has document: No Adrian Griffin 07/08/2025 13:33	
M46 - UHW Main Recovery	02/10/2023	There is a risk that the ventilation verification of the critical systems at UHW main recovery has identified a non compliant plant.	Potentially Initial incorrect design and installation. Changes to the HTM.	Potential AHU failure leading to the loss of service.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Regular maintenance being carried out. Has document: No Adrian Griffin 08/08/2025 10:03	System is subject to statutory testing and inspection in line with legislation and HTM as far as possible. Has document: No Adrian Griffin 08/08/2025 10:04	Overall the system needs replacing. Has document: No Adrian Griffin 08/08/2025 10:05	
M49 - UHW Maternity suites	02/10/2023	There is a risk that the Ventilation AHU serving maternity suites have major issues.	Potentially original design and installation issue. Non compliance to the HTM.	AHU failure leading to loss of service to the maternity suites.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Adrian Griffin 12/08/2025 09:13	System is subject to statutory testing and inspection in line with legislation and HTM Has document: No Adrian Griffin 12/08/2025 09:14	Replacement of AHU required Has document: No Adrian Griffin 12/08/2025 09:15	

Corporate Risk Register Jan 2026																
Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
M38- Ventilation AHU serving HDU at UHL does not comply to WHTM's.	01/12/2019	There are major issues with it's Air Handling Unit and we recommend a replacement.	Potential AHU failure leading to loss of service. Patient safety at risk.	Theatres cannot be used in its current condition.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Jamie Garrett 07/11/2025 15:33	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 17/11/2025 10:03	replacement of AHU required Has document: No Adrian Griffin 17/11/2025 10:04	
M29 - Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation.	01/06/2021	There is a risk that: Ventilation verification of critical systems has identified UHW ITU A3N does not comply with HTM's for ventilation.	System has never complied with WHTM'S. Maintenance intermittent due to access issues with AHU with ward WASTE room. Fan coils in ward are not accessible unless ward is emptied, but they do not comply anyway.	Which w/could lead to an impact/effect on patient safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	20	20	5	Tolerate	Maintenance intermittent due to access. Has document: No Jamie Garrett 24/11/2025 08:57	None specified. Has document: No Adrian Griffin 04/12/2025 10:27	System isnt suitable and correct maintenance is restricted. Has document: No Adrian Griffin 04/12/2025 10:28	
Critical absence of approved Clinicians who can take on responsible clinician (RC) responsibilities in EWMH Service	07/10/2025	There is a risk that we are unable to legally assess and detain C&YP under the mental health act on a daily basis (Monday-Friday working week)	This is caused by resignation of two consultants meaning 2.4wte vacancies. Inability to recruit despite advertising. This has led to a gap in consultants available to provide responsible clinician cover. The service has been sustained under significant pressure as of w/c 6.10.2025, two consultant who both hold RC responsibilities have reported long term sick.	The lack of RC cover has impacted the ability to safely cover the crisis pathway and specialist eating disorder service. -Not being able to meet obligations under Mental Health Act to provide Responsible Clinician cover 24/7 to detain and provide ongoing clinical assessment in hospital and in the community -There will be legal complications when the sections need to be upheld as these patients will not have a named RC. Although initial detention is lawful, detaining a child without a named RC places the health board at risk of judicial challenge. --Delays in providing timely psychiatric input for young people – this could result in catastrophic harm if they are risk taking and not agreeable to informal admission whilst awaiting a MHA assessment. -Risk of health board not being able to meet statutory Mental Health Act duties. •Risk to partner agencies, increasing pressure on neighbouring health boards, Tier 4 and AMH Clinical Board.	Business unit	Children & Women	Community Child Health		25	20	5	Treat	1.Approval from Exec Board to go off contract for Locum Consultant cover - Locum psychiatrist x 2 appointed. Risk remains same currently due to lack of AC/ RC cover across the week. This is due to process for locum clinicians to gain approval for RC duties in Wales (AC approved in England). 21.01.26 x1 locum is now AC/RC approved so cover across the week but rota is fragile due to locum cover and substantive consultants on phased rtw. Has document: No Kirsty Hook 14/10/2025 13:57 2.Discussions with CD of CTM (Manages Tier 4) of quicker access to Tier 4 assessment Has document: No Kirsty Hook 14/10/2025 13:57 3.Adult MH Clinical Board will provide support to initial MHA assessments but not eligible to be RC. AMH team have supported on several occasions when MHA assessment has been required for a YP. Has document: No Kirsty Hook 14/10/2025 13:57 4.Neighbouring HB's contacted re: CAMHS support – in progress. SBUHB have supported when capacity allows Has document: No Kirsty Hook 14/10/2025 13:58	Approval received from Exec Board to go off contract for Locum Consultant Cover - completed Has document: No Kirsty Hook 14/10/2025 13:59 Regular discussions ongoing with Cwm Taf. Agreement of consideration where possible for earlier Tier 4 assessment to be undertaken Has document: No Kirsty Hook 14/10/2025 14:00 AMH have agreed to support with Mental Health Act Assessment (MHA) only Has document: No Kirsty Hook 14/10/2025 14:00	1.Unsuccessful Locum Consultant recruitment on framework over last 2 months Has document: No Kirsty Hook 14/10/2025 14:01 2.Tier 4 earlier assessment will be dependent on their capacity Has document: No Kirsty Hook 14/10/2025 14:01 AMH unable to support RC responsibilities Has document: No Kirsty Hook 14/10/2025 14:02 Currently there is no consultant capacity to provide cover for these gaps Has document: No Kirsty Hook 14/10/2025 14:03 The consultant Child and Adolescent Psychiatrists in post in Cardiff and Vale UHB together with Clinical Director have carefully considered all possible ways to mitigate this risk. Due to very limited sessions available not been able to identify a solution. Has document: No Kirsty Hook 14/10/2025 14:03	Small specialist pool of clinicians which makes recruitment more difficult Status: Current Kirsty Hook 14/10/2025 14:07
Insufficient capacity in ICCNS to deliver statutory care packages	16/10/2025	Babies, children and young people with continuing care status are not able to receive their statutory care packages in the home.	This is caused by a critical shortage of nursing staff due to vacancies (Band 5 & Band 3) in the ICCNS.	The impact is all BCYP on the caseload not receiving their full care package. A waiting list of up to one year for implementation of care package post panel. Some care has bneed to be contracted out to external agencies which is costly and may not be of high quality. There is a DTOC in the CHFW.	Business unit	Children & Women	Community Child Health		20	20	8	Treat	Approval of Band 3 and Band 5 posts. External advertisement. This has been supported. Agreement to recruit to Band 4 AP and for them to administer child specific medications within agreed framework. Has document: No Paula Davies 21/01/2026 12:49	ICCMS is robustly monitored through Directorate and CB QSE and DMT business meetings. It has been flagged as a top risk for CYPFH for some time and subject to a series of Executive Summit meetings. The service has recently re-located to Glan Ely Ward support staff and team development and possible re-introduction of weekend clubs to release some capacity and offer families some support whilst they are not getting full care package. The respite business case for a Respite House on the Michaelston site which would make the service sustainable has also been discussed again recently and further financial analysis re: revenue costs is being completed Has document: No Paula Davies 22/01/2026 09:35	Service is historically difficult to recruit to, particularly Band 5 nurses. There are increasing challenges regarding sponsorship for Band 3 HCSW's. As the vacancy fctor is so high, it will take time to induct and train staff so the waiting list will continue to grow for some time. Has document: No Paula Davies 21/01/2026 15:54	
Lengthy Delays with Outpatient Hysteroscopy Waiting List (OG38)	30/04/2025	There is a risk of patient harm and poor experience	This is caused by lengthy delays with outpatient hysteroscopy waiting lists	Which w/could lead to an impact/effect on potential harm to patients and poor patient experience	Business unit	Children & Women	Gynaecology		25	20	10	Treat	Where there is available capacity in the week, appointments are arranged for those patients waiting for an urgent or routine appointment Has document: No Kirsty Hook 10/09/2025 08:38 Where a case is considered to be USC, a patient is put on the USC pathway Has document: No Kirsty Hook 10/09/2025 08:39 Clinical Validation is being undertaken and cases upgraded to USC where considered necessary Has document: No Kirsty Hook 08/12/2025 13:00 Risk Assessment Reviewed and updated - submitted 05/12/2025 Has document: Yes Kirsty Hook 08/12/2025 13:24	Clinical validation/phonecalls have started to take place where a nurse practitioner is contacting patients to check on symptoms of individual patients. Patients waiting since 2022,2023 and 2024 have been contacted and cases clinicians are concerned about upgraded to USC Has document: No Kirsty Hook 08/12/2025 13:02	Patients on the routine and urgent waiting lists are not being reviewed routinely Has document: No Kirsty Hook 10/09/2025 08:41 Not all one stop PMB Hysteroscopy clinics are one stop clinics, therefore cases are still being referred to outpatient operating and reducing capacity to see urgent and routine patients Has document: No Kirsty Hook 10/09/2025 08:43	No additional funding available for weekend clinics Status: Current Kirsty Hook 10/09/2025 08:51 There is no funding available for insourcing or outsourcing Status: Current Kirsty Hook 08/12/2025 13:10 Patients waiting since the beginning of 2025 are still to be contacted. There is a risk that symptoms worsen and telephone validations has its limitations Status: Current Kirsty Hook 08/12/2025 13:11
Dietetic Eating Disorders in Specialist High risk eating disorders (SHED) - inability to see service users	18/09/2025	There is a lack of staffing in SHED which is having a knock on effect on Dietetics There is a risk that staff will leave, have a lack of supervision, no service , patient safety, wellbeing	This is caused by lack of staff and processes in SHED	Which could lead to an impact/effect on patients and staff Increased admission to acute hospital	Speciality	Clinical Diagnostics & Therapeutic s	Allied Health Professionals	Nutrition & Dietetics	20	20	4	Treat	Datix of particular patient concerns Regular dietetic staff supervision and support remains in place Has document: No Joanne Jefford 25/09/2025 15:51 Escalation to senior management Community mental health teams have been informed All patients have been RAG rates Has document: No Joanne Jefford 02/10/2025 08:39 Response to request regards what a Band 6 dietitian can do within the team has been drafted - will be uploaded Comments to be returned to senior staff within mental health clinical board Has document: No Joanne Jefford 02/10/2025 08:44	Discussed in Therapies Performance Review with CD&T Senior Management Team Discussions ongoing between CD&T and MH Senior Management Team Has document: No Helen Jenkins 03/10/2025 08:21	Concerns remain around the controls that have been put in place ? Timely review of patients Further sickness in the team Dietetics main therapy remaining and may be asked to work outside of core competencies to compensate for skeleton staff Has document: No Joanne Jefford 02/10/2025 08:42	Differing asks due to the structure and function of SHED and its relationships with other teams in C&V and Cwm Taff Status: Current Joanne Jefford 02/10/2025 09:23
Loss of PESU surgical dietitian post (1.0 wte band 7)	03/10/2025	I here is a risk that the loss of the Lead Macmillan UGI Dietitian post has left the UGI service critically understaffed. As a result, patients are now at increased risk of being discharged without appropriate dietetic input, heightening the likelihood of malnutrition, post-operative complications, and hospital readmissions. The absence of this role has disrupted multidisciplinary team (MDT) collaboration, undermining effective treatment planning and holistic care for UGI cancer patients. Pre-surgical nutritional optimisation reviews have ceased, which may contribute to poorer surgical outcomes and extended hospital stays. Access to specialist dietetic care has been significantly reduced. The UGI dietetic service is now limited to seeing post-operative Gynaecology patients attending UGI clinics, leaving many others without the nutritional support they require. Surgical follow-up duration has been shortened from five years to just one year, increasing the risk of long-term complications due to insufficient monitoring. Patients requiring NG/NJ feeding initiation must now be admitted to hospital rather than receiving	This is caused by the withdrawal of PESU COVID recovery funding in June 2024, which previously supported the 1.0 WTE Band 7 Lead Dietitian post. With no replacement funding secured and the post-holder now departed, the service has been left without its critical leadership. Since 2013, UGI surgical activity has increased by 163%, yet dietetic staffing has not kept pace. There has also been a 3200% increase in home enteral feeding discharges, which require intensive dietetic coordination. The centralisation of UGI services to CAV has shifted dietitian time heavy procedures like jejunostomy placements to UHW, adding further pressure. Additionally, surgical wards have been restructured post-pandemic, increasing the complexity and breadth of the caseload managed by the dietitian.	Which could lead to an impact by having serious consequences for patient safety, service quality, and workforce sustainability. Inadequate nutritional care can contribute to complications and poorer outcomes. The quality of service has declined as key dietetic functions such as MDT attendance and pre-operative reviews have been discontinued. Remaining staff are facing unsafe caseloads, risking burnout and further attrition. Hospital resources will be put under further strain due to increased admissions for feeding and delayed discharges. Long-term patient outcomes are at risk due to reduced follow-up and lack of specialist input, and equity of care has been compromised as benign UGI patients are diverted to less specialised community services.	Speciality	Clinical Diagnostics & Therapeutic s	Allied Health Professionals	Nutrition & Dietetics	20	20	6	Treat	I he issue has been escalated to the Surgical Clinical board, with a meeting held on 8th September 2025 to formally raise concerns. Has document: No Emily Capener 03/10/2025 13:49 Moondance Application for temporary funding to support the service aiming to restore some capacity lost with the withdrawal of PESU funding Has document: No Emily Capener 03/10/2025 13:51 Band 6 dietitian secondment has been arranged to provide interim support, with the individual due to start on 6th October 2025 and remain in post until April 2026. Has document: No Emily Capener 03/10/2025 13:52 To maintain core service delivery during the loss of the Lead surgical PESU Dietitian post, several temporary adjustments have been implemented. These include reducing post-operative follow-up from five years to one year, withdrawing dietetic input from pre-surgical clinics, and redirecting benign UGI patients to community dietetic services. Patients requiring NG/NJ feeding initiation must now be admitted to hospital rather than receiving outpatient support. Additionally, other surgical dietitians have absorbed a broader general surgical caseload to help distribute workload and sustain coverage. These measures are intended to keep the service operational in the short term, but they represent a significant reduction in specialist input and continuity of care. Has document: No Emily Capener 03/10/2025 16:30	The risk has been escalated to the Surgical Clinical Board, and we had a meeting on 8th September 2025 to formally raise concerns and discuss the impact. This has supported to bring visibility to the issue. Has document: No Emily Capener 03/10/2025 13:53 Funding application to be submitted to Moondance, which includes a breakdown of the service pressures and a proposed plan to temporarily support the gap. If successful, that would offer some external validation and short-term support - particularly from an enteral feed perspective. Has document: No Emily Capener 03/10/2025 16:33 Band 6 secondment, due to start on 6th October - monitoring caseload and service delivery Has document: No Emily Capener 03/10/2025 16:34	Loss or strategic dietetic leadership within the UGI surgical team with the departure of the Lead Macmillan UGI Dietitian and no replacement funding secured, the service has lost its senior clinical leadership. This has weakened leadership within UGI and surgery, disrupted MDT collaboration, and removed the voice that advocates for nutritional care in surgical planning. SMART Goals: Develop and submit a Moondance Application in October 2025, band 6 secondment out and has been interviewed for - due to start 6th October 205 Has document: No Emily Capener 03/10/2025 13:54 While temporary measures have been put in place to keep the UGI dietetic service running, there is still no permanent funding solution to replace the Lead UGI Dietitian post. The service remains vulnerable and reliant on short-term fixes, with no formal contingency plan for sustaining specialist input beyond April 2026, when the Band 6 secondment ends. SMART goal: band 6 secondment recruitment, moondance application for further funding to support service Has document: No Emily Capener 03/10/2025 16:38 Pre-surgical nutritional optimisation reviews by the specialist UGI dietitian have ceased, and benign UGI patients are now being referred to community dietitians. However, there is no system in place to confirm whether their complex nutritional needs are being met. Additionally, the reduction in follow-up from five years to one year lacks a safety net - there is no mechanism to identify patients who now develop nutritional complications later on. Also	Lack of funding Status: Current Emily Capener 03/10/2025 16:57 Recruitment freeze until April 2026 Status: Current Emily Capener 03/10/2025 16:57

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Reduced clinical capacity in Lymphodema service	06/11/2025	There is a risk that there is reduced clinical capacity within the Lymphoedema service.	This is caused by low staffing levels due to vacancies, sickness and maternity leaves.	Which w/could lead to an impact/effect on long waits for FU appts. Currently 16 week wait for treatments. Only managing urgent care. Breaching all national targets. Resulting in delays of patients getting treatment for their chronic health condition.	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Physiotherapy	20	20	16	Treat	Exploring options to use bank. Using OGEP model to support urgent primary care work. Working with national team. Band 5 vacancy approved for recruitment will prioritise urgent care and treatment of patients. Has document: No Helen Jenkins 20/11/2025 14:51	Monitoring of targets, WL position and FU through performance Has document: No Helen Jenkins 20/11/2025 14:51	Extra capacity not enough to manage the growing waiting list Has document: No Helen Jenkins 20/11/2025 14:52	
No Foot Assessment on Hospital Admission	01/01/2010	There is a risk that the UHB is failing to meet the requirements for patients admitted to hospital who have diabetes to receive a foot examination within 6 hours of admission.	This is caused by a lack of ownership within the UHB and no role delegated responsibility for undertaking the assessment.	Which w/could lead to an impact/effect on patients being at increased risk of preventable hospital acquired pressure damage. there is increased risk of amputation and risk of litigation	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Podiatry	20	20	8	Treat	Validated foot assessment tool available Has document: No Helen Jenkins 23/10/2025 15:11 Training programme available via TVN's/Podiatry Has document: No Helen Jenkins 23/10/2025 15:11 Pressure relieving mattresses and heel pressure devices available in UHB Has document: No Helen Jenkins 23/10/2025 15:12 E-comms to Podiatry available for advice and support Has document: No Helen Jenkins 23/10/2025 15:12	• Foot assessment on admission identified as objective in UHB IMTP Has document: No Helen Jenkins 23/10/2025 15:12 Identified in the Diabetes delivery plan requiring urgent action: NaDIA Audit Has document: No Helen Jenkins 23/10/2025 15:12	No ownership within the UHB of responsibility Has document: No Helen Jenkins 23/10/2025 15:13 No uptake of assessment tool and/or training programme Has document: No Helen Jenkins 23/10/2025 15:13 Pressure relieving devices and mattresses only instigated if patient identified as having risk or after sustaining tissue damage. Has document: No Helen Jenkins 23/10/2025 15:13 E-comms not fully utilised Has document: No Helen Jenkins 23/10/2025 15:13	
Refurbishment of new NBS Laboratory Space	26/09/2025	There is a risk that adequate funding needs to be provided to refurbish the new laboratory space.	This is caused by the need for funding to be agreed by Welsh Government. Estates team are designing the build to generate a quote and an external company to prepare a BJP to submit to WG for funding.	Which w/could lead to an impact/effect on the expansion of the NBS Service, expansion of ABS track system, the need for the laboratory space to be brought up to building standards. If the space is not refurbished there is a risk to enabling Wales to provide HT1 screening and screening for additional conditons.	Speciality	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Biochemistry	20	20	2	Treat	Estates team designing build to generate quote Has document: No Helen Jenkins 06/11/2025 12:58 External consultant employed to prepare BJP to submit to WG for funding Has document: No Helen Jenkins 06/11/2025 12:58	Draft floorplan drawings available Has document: No Helen Jenkins 06/11/2025 12:58 BJP in progress Has document: No Helen Jenkins 06/11/2025 12:58	Confirmation of funding required Has document: No Helen Jenkins 06/11/2025 12:58	
Risk related to air pressure cascade within asptic suite of rooms in SMPU in relation to production of Hemgenix	16/10/2025	There is a risk that the air pressure cascade within this suite of rooms could create a background environment within the M22 room that was at higher risk of contamination due to personnel entry without a fully compliant positive cascade of air out through the change rooms to the corridor	This is caused by the clean room and support rooms are non-compliant with Quality Assurance of Aseptic preparation Standards (QAAPS) in that the correct pressure cascades between the M22 room and change room are not fully met. Furthermore, the M22 and M30 rooms do not meet the ideal total air change requirements	Which could result in higher risk of contamination of the product	Speciality	Clinical Diagnostics & Therapeutics	Pharmacy and Medicine Management	St Mary's Pharmaceutical Unit (SMPU)	20	20	4	Treat	1.Continuous facility monitoring (Pharmagraph) of room pressures. Pharmagraph alarms configured to alert incorrect pressure differentials 2.Cleaning completed per schedule. 3.Appropriate clothing grade work within the unit. Dedicated change room for Hemgenix activity 4.Room settle plates twice weekly and in-operation sessional plate monitoring 5.Qube Isolator performing correctly (weekly checks until in use) and if any out of specifications or alarms noted, cabinets are placed out of use immediately until issue resolved. 6.Validation of transfer sanitisation of materials process verified for Hemgenix preparation 7.Monthly viable monitoring to ensure graded rooms are within specification 8.Three monthly non-viable monitoring to ensure all graded rooms are within specification 9.Environmental trending completed monthly and reported to Monthly Quality Meeting. 10.Six monthly servicing and calibration of Qube isolator 11.Validated VHP gassing cycle of empty chamber (for decontamination purposes) Has document: No Helen Luton 16/10/2025 09:37 Governance through use of Regulatory Compliance group with Clinical Board oversight of regulated and accredited services. Has document: No Helen Jenkins 26/08/2025 10:59 Incident management, including Root Cause Analysis Has document: No Helen Jenkins 26/08/2025 11:02 Concerns management Has document: No Helen Jenkins 26/08/2025 11:03 Audit of practice/standards Has document: No Helen Jenkins 26/08/2025 11:03 risk register management Has document: No Helen Jenkins 26/08/2025 11:03 Service improvement initiatives Has document: No Helen Jenkins 26/08/2025 11:03 Clinical Board Data Integrity Policy and Assessment Has document: No Helen Jenkins 26/08/2025 11:04	1.Current viable monitoring (monthly/weekly/sessional) of the rooms provide assurances the clean rooms are achieving the required room specifications and no trends identified upon review. 2.Review of the pressure differentials seen between rooms have no adverse trend 3.TAC monitoring shows no adverse trend in M22 room. Has document: No Helen Luton 16/10/2025 09:37	1.Estates – SMPU Technical agreement not in place / No formal AHU service and maintenance programme 2.Six monthly servicing and planned preventative maintenance for facility. 3.AHU last serviced 12 months (October 2024) 4.Stores roof leak not resolved 5.Pharmagraph system (facility monitoring) requires update as version out of support from August 2026 Has document: No Helen Luton 16/10/2025 09:37	1.Unit remains at high risk following WHC audit (August 2025) – Stores roof / SMPU Phase 2 delays Status: Current Helen Luton 16/10/2025 09:40
Non-Compliance with Regulatory and Accreditation Requirements	26/08/2025	There is a risk that regulated areas in the Clinical Board report non-compliance with regulatory and accreditation requirements.	This is caused by non-compliance in meeting the standards required by regulatory bodies following inspections and assessments.	Which could lead to an impact/effect on: - impact on service delivery and patient safety (potential for cease and desist of service) - reputational risk - financial risk e.g. loss of income, fine for breach of statutory duty - inability to maintain suitable systems, practices and facilities to ensure on-going compliance - increasing requirements from regulators which cannot be met - mismatch in capacity/demand on QMS which leads to failure to deliver activities - patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT - Health and Safety at Work incidents - patient concerns, claims and redress - failure to comply with GDPR and Information Governance	Division	Clinical Diagnostics & Therapeutics			5	20	10	Treat	Compliance as no one responsible to monitor KPI/metrics Has document: No Helen Jenkins 26/08/2025 11:00 Q-Pulse/local audit Has document: No Helen Jenkins 26/08/2025 11:05 Locally replicated QSE structures with escalation triggers Has document: No Helen Jenkins 26/08/2025 11:05 Monitoring of non-conformance/action plans through QSE and Regulatory Compliance Group Has document: No Helen Jenkins 26/08/2025 11:05 Suitable foru Has document: No Helen Jenkins 26/08/2025 11:06 Suitable forums for monitoring governance compliance Has document: No Helen Jenkins 26/08/2025 11:06 Assessment against Healthcare Standards Has document: No Helen Jenkins 26/08/2025 11:06	1. Limited or no capacity to undertake full range of QMS activities including self-assessment/audit, change control, incident management. Has document: No Helen Jenkins 26/08/2025 11:01 Limited mitigation possible to address ageing estate and equipment risks without significant investment. Timeframes associated with TRANS and other regional solutions increases risk of not meeting regulatory standards. Has document: No Helen Jenkins 26/08/2025 11:08 LIMS deals and repeat UAT also impacting on QMS across labs but particularly Blood Transfusion Laboratory and Haematology Has document: No Helen Jenkins 26/08/2025 11:09		
IT/digital risks linked to hardware and software	27/08/2025	There is a risk that services are being compounded by hardware and software issues and slow delivery of key IT systems	This is caused by ageing hardware and software, ongoing stability issues with WCCIS, WLIMS, TrakCare, Telepath and connectivity issues with POCT devices and electronic requesting within the Radiology Information System's inability to address patient identification issues.	Which could lead to an impact/effect on multiple workstreams with digital agenda not being aligned/inconsistently implemented; inability of PARIS system to interface with the Welsh Clinical Portal and Electronic requesting within RADIS only available for GP and inpatients and not for Outpatients.	Division	Clinical Diagnostics & Therapeutics			20	20	12	Treat	Robust business continuity plans Workarounds to mitigate risks SOPs/governance arrangements Has document: No Helen Jenkins 27/08/2025 10:45 Engagement with DHCW ETR/GPTR mandated from July 2022 Communication with end users Has document: No Helen Jenkins 27/08/2025 10:46 Managed service contracts Maintenance service agreements Has document: No Helen Jenkins 27/08/2025 10:47	Validation and change controls. Has document: No Helen Jenkins 27/08/2025 10:47 Enhanced monitoring arrangements Has document: No Helen Jenkins 27/08/2025 10:47	Implementation of key IT systems which are part of the National Programme - LIMS (Lab Medicine) Sept 2025 and RISP (Radiology) timeframes likely 2026 Has document: No Helen Jenkins 27/08/2025 10:47	
Ageing equipment across the CD&T Clinical Board	08/09/2025	There is a risk that Ageing equipment will fail, including Air handling units, chiller units, air tube for lab specimens, pharmacy isolators and autoclaves, laboratory equipment and CT scanner	This is caused by ageing equipment	Which w/could lead to an impact/effect on temperature sensitive equipment, timely delivery of specimens to the laboratory, ability to make 700 doses of pre filled syringes, lack of sterility to products, delays in laboratory processes and delays to patients receiving timely CT scans and thus diagnosis	Division	Clinical Diagnostics & Therapeutics			20	20	8	Treat	capital management programme, discretionary capital programme, escalation routes to CEF, business continuity plans, managed service contracts, maintenance agreements, medica equipment governance framework Has document: No Helen Luton 08/09/2025 15:40	Inspections and audits, trend and theme analysis from incidents, validation and change control processes. Enhanced monitoring arrangements Has document: No Helen Luton 08/09/2025 15:40	High risk areas may be subject to regulatory improvement notices when inspected. No definitive timeframe for TrAMS which would resolve some of the pharmacy equipment risks. Biochemistry staff only have a basic mechanical overview of air tube to manage breakdowns, not covered by CEF. Has document: No Helen Luton 08/09/2025 15:43	Limited proactive plan for replacement of high cost equipemnt in UHB Status: Current Helen Luton 08/09/2025 15:46

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Fabric of the estate is suboptimal to deliver modern, safe and sustainable health care	12/09/2025	There is significant aggregated risks across the CB directorate risks registers including: Inadequate accommodation for stem cell processing unit, risk of compressor failures and liquid nitrogen supply from external tanks Inadequate storage capacity across health records, risk to security of records, increased costs of off site storage and difficulties in tracking medical records Overcrowded accommodation for clinical engineering, OT, SLT, Pharmacy, POCT, WEQAS, CEDAR impacting on staff experience Repeated examples of water and sewage ingress into clinical and non clinical areas, risk to service delivery and staff health and safety Potential of electrical supply to UHL failing with delays to back up supply or fluctuations leading to insufficient time to power down CT scanner, risking costly damage to the collimator and associated downtime leading to loss of clinical activity	This is caused by ageing infrastructure	Which w/could lead to an impact/effect on service delivery, health and safety of colleagues working in suboptimal environments	Division	Clinical Diagnostics & Therapeutics			20	20	8	Treat	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Has document: No Helen Luton 12/09/2025 10:23	Inspections and audit Risk register Trend and theme analysis from incidents Validation and change control Enhanced monitoring arrangements Has document: No Helen Luton 12/09/2025 10:18	High risk areas may be subject to regulatory improvement notices when inspected, eg SMPU, Stem cell, PSU Timescales for refurbishment or replacement schemes have been lengthy Has document: No Helen Luton 12/09/2025 10:19	No proactive plan for management of Estates issues a 'make do and mend' approach given financial constraints No definitive timeframe for TRAMS, although site identified for Radiopharmacy element Staff in CT scanner may be unaware of power supply issues to take pre-emptive actions. UPS does not protect scanner when there are fluctuations in supply Status: Current Helen Luton 12/09/2025 10:22
Delay to laboratory information system (LIMS) implementation	01/07/2025	There is a risk that laboratory information system, migration from TLC2016 to TCLE. If TLC2016 continues to operate past mid-December 2025, it presents significant operational, clinical and financial risk. - Financial - DHCW have estimated that the cost of passing the December deadline could amount to £6.5m nationally with the need to update the hosting infrastructure and licencing, and extension of the programme team. - Operational - Despite the infrastructure refresh, the TLC2016 system is end of life, and presents a greater risk of breakdown / disruption to service for which there would be minimal support from the supplier and inability to fix problems. - Clinical - Running the laboratories on an unsupported system presents significant clinical risk of unavailability of results for patient care. - Workforce - Extending the programme beyond December 2025 will exacerbate an already known workforce risk of burnout and retention. 2. Risk to achieving December deadline - Ongoing delays to the completion of UAT	This is caused by issues with completion of UAT	Which w/could lead to an impact/effect on achieving December deadline, potential financial risk, disruption to the service, having to run laboratories on unsupported systems presents a clinical risk. The effect could also be on staff burnout and retention	Division	Clinical Diagnostics & Therapeutics			20	20	5	Treat	1. Contingency plans for backup and alternative storage systems 2. Accelerate migration to TCLE 3. Prioritise completing UAT for TCLE Has document: No Helen Luton 12/09/2025 14:14	1. Monitor storage configurations closely and conduct regular audits to assess 2. Programme board developing robust monitoring plan to identify blockers. Has document: No Helen Luton 12/09/2025 14:15	1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery 2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both. 3. Loss of local expertise, integral to the programme, cannot be replaced within timescales. Has document: No Helen Luton 12/09/2025 14:15	1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery 2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both. 3. Loss of local expertise, integral to the programme, cannot be replaced within timescales. Status: Current Helen Luton 12/09/2025 14:17
Variation in heparin infusion protocols	29/09/2025	There is a risk that variation in heparin regimens and niche protocols is leading to medication errors and risk to patients.	This is caused by different protocols being used in different areas. This lack of standardisation poses a risk in particular during transfer of care.	Which could lead to lack of staff awareness of differences in protocols and increase risk to patients for medication errors. There have been two recent significant incidents where these differences in protocols have resulted in patient harm (Datix ID 72441 and 97581)	Speciality	Corporate	Clinical Safety Group	Medicines Safety Group	20	20	5	Treat	Standardised concentration used in critical care Has document: No Jenna Walker 29/09/2025 14:57 Heparin sign introduced in Critical Care and is attached to the monitor in the bed space of each patient who is prescribed heparin Has document: No Jenna Walker 29/09/2025 14:58	Monitoring of Datix reports Has document: No Jenna Walker 29/09/2025 15:02	Different protocols remain in different clinical areas Has document: No Jenna Walker 29/09/2025 15:03 Current measures remain insufficient to reduce risk. Has document: No Jenna Walker 29/09/2025 15:04	Engagement of multi-disciplinary specialities in reaching a agreement. Status: Current Jenna Walker 29/09/2025 15:10
Cyber Security	21/07/2025	UHB's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Prevailing national and international Cyber Security threats	All UHB business services and data could be adversely impacted.	Speciality	Corporate	Digital and Health Intelligence	D&HI - Cyber Security	20	20	12	Treat				
Staff Shortage	03/02/2025	There is a significant risk of staff absence severely impacting service provision	Extremely small critical mass of specialist staff. EPRR team consists of only 2 whole time equivalents. Both have in excess of 40 years expert knowledge and experience across the NHS / HM Forces / Blue light organisations. Both post holders are close to retirement, however there is no succession planning. Highly specialist role which is not replicated by any other postholder within the UHB. Neighbouring UHBs has a larger establishment which affords a greater degree of security and resilience. Business cases to enhance establishment, promote resilience , facilitate succession planning, have been repeatedly declined from 2014 - 2023 due to a stated lack of financial resources.	Which would lead to the Health Board failing to meet and comply with its statutory duties	Business unit	Corporate	EPRR		20	20	6	Tolerate				
Lack of dedicated staff resource to effectively embed business continuity planning within the organisation.	03/02/2025	There is a risk that business continuity planning within the organisation will not be effectively embed.	The team consists of only 2 whole time equivalents. Business continuity is one component of a far reaching portfolio, and represents 1 of the 7 statutory responsibilities under the Civil Contingencies Act (2004). Do not have the capacity to ensure BC is absolutely embedded within the UHB.	The organisation fails to comply with its statutory duties under the Civil Contingencies Act 2004	Business unit	Corporate	EPRR		20	20	4	Tolerate				
No provision for specialist EPRR advice or presence outside normal office hours.	12/03/2025	There is a risk that specialist advice is not available during adverse events out of hours	Historically this provision has been provided on a "good will" free of charge basis, and has not attracted the same financial recompense afforded to other on call managers. The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level for good will alone. Role will default to the on call Executive Director and Senior Manager. A dedicated SMOC training programme has been developed and delivered in the last 3 years to help address knowledge gaps. However, there is uncertainty if staff will be released this year. Requests to shorten the course and remove content will leave gaps in knowledge and lack of compliance with minimum occupational standards. Training is not mandated	Specialist Advice and support to commanders will not be available for an incident which may impact on patient and responder safety	Business unit	Corporate	EPRR		20	20	6	Tolerate				limited staff in EPRR, oncall allowance Status: Current Simon Dring 27/03/2025 13:41

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Incident Call Cascade	03/02/2025	There is a risk tat an incident is not cascaded in a timely manner and to all users	In order for the UHB to respond to a wide range of incidents that could affect health or patient care, the appropriate alerting and escalation processes need to be in place to inform those responsible for coordinating the applicable response. The existing system is a manual data entry time consuming process which places additional demands on switchboard especially out of hours. here is no facility to records contact / response / staff ability to attend. An automated "Multitone" solution has been identified - but cannot be purchased due to financial restraints.	The HB response to an incident is hindered by staff not being aware risking patient and responder safety	Business unit	Corporate	EPRR		9	20	4	Treat				
EPRR Training is not mandatory	06/02/2025	There is a risk that staff responding to an incident / event are not trained to the minimum occupational standards	EPRR education and training non mandatory - but essential to meet organisations Statutory compliance. Present austerity measures have resulted in staff declining training opportunities. Service managers supportive of training, but unable to release staff.	Staff are inadequaty trained which which may impact on patient and responder safety, and creat reputational issues	Business unit	Corporate	EPRR		20	20	4	Treat	EPRR team will exercise maximum flexibility and provide as much inhouse training as possible at individual staff base.WG / LRF / Multi agency training opportunities which involve travel will be declined until Executive direction permits expenditure. Has document: No Simon Dring 01/04/2025 12:30			
The UHB is very unlikely to meet WG set financial targets (25/26 deficit £56.2m)	01/04/2025	The UHB is very unlikely to meet WG set financial targets.	The revised deficit for 2025/26 is £56.2m. There are numerous financial targets this will miss: - breakeven (statutory duty) - £9.1m (WG Target Control Total) - £27.7m (24/25 outturn)	Failure to deliver a breakeven position breaks the UHBs statutory duty and risks reputational damage. A financial deficit is unsustainable.	Business unit	Corporate	Finance		20	20	12	Treat	Governance reporting and monitoring arrangements through operational team, Finance & Performance Committee and Board Has document: No Rachael Broome 29/08/2025 17:18	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Has document: No Rachael Broome 29/08/2025 17:19 Internal audits confirming controls are in place. Has document: No Rachael Broome 29/08/2025 17:19 Internal audits confirming controls are in place. Has document: No Rachael Broome 29/08/2025 17:19 Targeted Intervention de-escalation plan Has document: No Rachael Broome 29/08/2025 17:19		
Failure to manage recurrent operational/CIP pressures	01/04/2025	Failure to manage recurrent operational pressures and to deliver a recurrent Cost Improvement Programme could lead to a deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP	Failure to manage recurrent operational pressures and deliver recurrent Cost Improvement Programme	Deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP	Business unit	Corporate	Finance		20	20	12	Treat	Governance reporting and monitoring arrangements through operational teams, Finance & Performance Committee and Board Has document: No Rachael Broome 20/10/2025 16:46 Cost improvement tracker in place with weekly monitoring of progress across the organisation Has document: No Rachael Broome 20/10/2025 16:46	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 20/10/2025 16:47 Various internal audits confirming controls are in-place Has document: No Rachael Broome 20/10/2025 16:47		
Remain within Cash Limit	01/04/2025	The UHB will require cash support from WG.	This is caused by the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 24/25 balance sheet.	Which w/could lead to an impact/effect on the UHBs ability to meet payment deadlines.	Business unit	Corporate	Finance		20	20	10	Treat	Careful management of creditor payment feeds/payment performance targets Has document: No Rachael Broome 28/10/2025 09:09	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 28/10/2025 09:09 Various internal audits confirming controls are in place Has document: No Rachael Broome 28/10/2025 09:09		
Welsh Risk Pool - Increased Risks Apportionment	01/04/2025	There is a risk that the UHBs risk share apportionment will be higher than plan.	This is caused by increasing Welsh Risk Pool value and therefore subsequent share for the UHB.	Which w/could lead to an impact/effect on the UHBs ability to achieve £56.2m plan.	Business unit	Corporate	Finance		20	20	10	Treat	NWSSP recalibration of in year liabilities over and above plan Has document: No Rachael Broome 28/10/2025 09:28	Reported through Welsh Government Monthly Monitoring Returns Has document: No Rachael Broome 28/10/2025 09:28		
Specialities within integrated Medicine: Breaching 52 weeks in outpatient waiting list from Sep/Oct 2024	21/08/2024	There is a risk that we will see delayed diagnosis and treatments	This is caused by capacity constrains with single handed operators in and increased demand for service in specifi areas within IM: Endocrine: nurse led clinic Respiratory: COPD Service Respiratory: ILD Service	Which w/could lead to an increase in patient harm due to long waits, poor patient experience, increased patient concerns, staff burnout, reputational risk, potential to lose trainee posts further impacting on workforce, potential to lose commissioned services.	Business unit	Medicine	Integrated Medicine		20	20	6	Tolerate	Endocrine: Clinic is run by one member of staff on alternative weeks. Due to level of detail given to patient there are only 4 news seen per clinic. Were increasing clinic capacity to 3 per month but due to nursing vacancy within team, this has stopped. Consultants unable to support due to 2x vacancies within team. Respiratory: COPD Service: Clinic is run yu one consultant Increase in demand post COVID and due to being delivered by one member of staff, unable to increase further. Sought to obtain dedicated SpR/CRF but not possible due to staffing levels. Respiratory ILD Service: Ongoing increase in demand Capacity issues earlier in the year due to consultant absence Clinical decision made to see urgent patients only due to length of waiting time. Overall capacity issues with follow up due to increases in patient numbers and change in treatment options Has document: No Lyndsey Macdonald 03/11/2025 14:50	no assurance described Has document: No Lyndsey Macdonald 03/11/2025 14:51	No identified resources to increase capacity at this time. Has document: No Lyndsey Macdonald 03/11/2025 14:51 Action April 2025: robust action required to address the clinical risk associated with long waits/delayed treatment and FU across several services across IM. Urgent action required. Will updates May 2025 Has document: No Lyndsey Macdonald 03/11/2025 14:53	
Failure to Enter CF Patient Data into National Registry Due to Vacant Administrative Post	28/11/2025	There is a risk that no CF patient data will be entered into the National Registry because the JCC-funded administrative assistant post is vacant and there is no capacity within the team to absorb this workload.	This is caused by Vacancy in JCC-funded Band 2 administrative assistant post. Delay in scrutiny panel approval to re-advertise the role. No contingency plan for data entry during vacancy	Which w/could lead to an impact/effect on Financial Loss: Funding linked to data entry will not be received. Reputational Damage: Service flagged as failing by CF Trust and JCC. Contractual Breach: Non-compliance with SOC requirement and minimum standards. Operational Impact: Cardiff becomes the only CF service not submitting data nationally.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis	25	25	4	Treat	Datix reporting Has document: No Catherine Morris 28/11/2025 13:59 Regular CF Business Meeting updates on vacancy status Has document: No Catherine Morris 28/11/2025 14:00 Escalation to scrutiny panel for job re-advertisement. Has document: No Catherine Morris 28/11/2025 14:00	Confirmation that funding for the post remains available. Has document: No Catherine Morris 28/11/2025 14:01 Agreement to support re-advertisement. Has document: No Catherine Morris 28/11/2025 14:01	no interim soultion for oata entry ourg vacancy. No confirmed timeline for recruitment process. No cross-cover arrangement within existing team. Specific: Expedite scrutiny panel approval and re-advertise Band 2 admin post. Implement interim data entry solution using temporary staff or bank admin support. Measurable: Post advertised and interviews scheduled. Interim data entry resumes within 4 weeks. Assignable: CF Service Manager to lead recruitment process. Directorate Workforce Manager to arrange interim cover. Realistic: Use existing funding and recruitment channels. Time-bound:	

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Corporate Risk Register Jan 2026																
Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Vacant CF Clinical Nurse Specialist Post – Risk to CFRD Patient Care and Compliance with National Standards	23/07/2025	There is a risk that From August 2025, the CF CNS post has been vacant with no trained staff available to deliver this role. This results in no specialist input for CFRD patients to manage diabetes and insulin therapy.	This is caused by Vacancy in CF CNS post since August 2025. No internal applicants for the role. Delay in external recruitment (scheduled for 4th December 2025).	Which w/could lead to an impact/effect on Failure to meet National Standards of Care. Declining health outcomes for CFRD patients due to lack of specialist support. Increased patient stress and burden of treatment without guidance. Risk of complications from poorly managed diabetes and insulin therapy. Non-compliance with compulsory annual Libre fitting and assessments.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis	25	25	10	Treat	Datix reporting on incidents and risks Has document: No Catherine Morris 28/11/2025 14:46 escalation to MCB Has document: No Catherine Morris 28/11/2025 14:46	Funding for the CNS post confirmed. Agreement to proceed with external recruitment. Documented discussion in governance meetings. Has document: No Catherine Morris 28/11/2025 14:46	No interim CNS cover in place. No contingency plan for Libre fitting and annual assessments. Recruitment timeline leaves prolonged gap in service provision. Specific: Expedite external recruitment for CF CNS post. Arrange interim cover for CFRD support and Libre fitting using bank or agency nurses. Measurable: Post advertised and interviews scheduled. Interim cover in place within 4 weeks. Assignable: CF Service Manager to lead recruitment and interim arrangements. Realistic: Use existing funding and agency resources. Time-bound:	
Pharmacy Workforce Gap Affecting CFTR Modulator Therapy Delivery	06/08/2025	There is a risk that Eligible cystic fibrosis (CF) patients will experience delayed or no access to the new modulator therapy, Alyftrek.	This is caused by Failure to progress the backfill for the CF Pharmacist (0.5 WTE Band 7) through TRAC/Pharmacy Scrutiny Panel, resulting in insufficient pharmacy capacity to manage CFTR modulator therapy monitoring and homecare prescription requests.	Which w/could lead to an impact/effect on Significant delays in initiating Alyftrek treatment for eligible patients, potential clinical harm, and reputational damage as both the Joint Clinical Commissioning (JCC) and CF Trust monitor prescribing and adherence through the National CF Registry.	Speciality	Medicine	Specialised Medicine	Cystic Fibrosis	20	20	4	Treat	Regular Monitoring of CFTR Modulator Therapy Patients Existing CF team ensures ongoing monitoring of patients already on therapy to minimize clinical risk. Has document: No Catherine Morris 03/12/2025 14:03 Escalation via Datix and Governance Meetings Risk flagged and reviewed at Quality & Safety and Directorate meetings for oversight. Has document: No Catherine Morris 03/12/2025 14:04 Prioritisation of High-Risk Patients Eligible patients for Alyftrek prioritised based on clinical severity to mitigate harm. Has document: No Catherine Morris 03/12/2025 14:04	Governance Oversight Risk reviewed at Quality & Safety meetings and Directorate Board, with documented minutes. Has document: No Catherine Morris 03/12/2025 14:04 Datix Escalation Risk logged and monitored through Datix, ensuring visibility and escalation if patient safety concerns arise. Has document: No Catherine Morris 03/12/2025 14:05 CF Team Monitoring Clinical team continues regular monitoring of CFTR modulator therapy patients, evidenced by patient records and audit trails. Has document: No Catherine Morris 03/12/2025 14:05 Return-to-Work Confirmation- expected return date for pharmacist post, documented in workforce planning reports. Has document: No Catherine Morris 03/12/2025 14:05	Patient demand could increase, and workforce may not meet current demands Has document: No Catherine Morris 03/12/2025 14:06 Unable to backfill post due to current financial scrutiny Has document: No Catherine Morris 03/12/2025 14:08	
BCC RTT waiting times concerns	01/07/2017	There is a risk that there will be a higher number of concerns due to BCC RTT waiting times	This is caused by limited surgical and dermatology capacity, compounded by reduced PCIC engagement and COVID related delays leading to prolonged BCC RTT waiting times	Which w/could lead to an impact/effect on delays in BCC treatments, breach of RTT targets, poor patient experience, increase in concerns, potential for disease progression	Speciality	Medicine	Specialised Medicine	Dermatology	15	25	3	Treat	Waiting list reviewed and patients prioritised via concerns process Has document: No Catherine Morris 23/10/2025 14:46 Datix reporting and concerns reporting Has document: No Catherine Morris 10/12/2025 10:46 E referral with PCIC to refer patients Has document: No Catherine Morris 10/12/2025 10:48 teledermoscopy in situ to escalate and expedite referrals Has document: No Catherine Morris 10/12/2025 10:49	e referral in place Has document: No Catherine Morris 23/10/2025 14:46 clinical pathway in place Has document: No Catherine Morris 10/12/2025 10:50 Datix reporting Has document: No Catherine Morris 10/12/2025 10:55	no engagement with PCIC Has document: No Catherine Morris 23/10/2025 14:47 Waiting list referrals and demands Has document: No Catherine Morris 10/12/2025 10:55	
Operational pressures in cellular pathology resulting in backlogs and delays in reporting	16/06/2023	There is a risk that Delay in histopathology reporting and diagnosis with potential loss or compromise in treatment options for Cancers	This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting	Which w/could lead to an impact/effect on Patient risk of harm due to long waits; poor patient experience; patient concerns;	Speciality	Medicine	Specialised Medicine	Dermatology	20	20	10	Treat	"Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing System in place to identify USC specimen for prioritisation " Has document: No Catherine Morris 27/10/2025 12:13 pathology tracker to identify USC patients and if results not reported within 28 days- secretaries chase the results Has document: No Catherine Morris 10/12/2025 10:38 Datix reporting Has document: No Catherine Morris 10/12/2025 10:41	Pathology emailed by secretaries if results not back within 28 days. Further escalated to the directorate for action after 2 attempts Has document: No Catherine Morris 27/10/2025 12:13 DMT meeting minutes Has document: No Catherine Morris 10/12/2025 10:42	Constraints within cellular pathology but cross cut to Dermatology Has document: No Catherine Morris 27/10/2025 12:13 Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 27/10/2025 12:13	
Transfer of unwell patients to main hospital	10/12/2025	There is a risk that unwell dermatology patients and the accompanying RN are exposed to harm during transfer to ED when a taxi with an RN escort is used due to delayed 999 ambulance response	This is caused by variable ambulance availability, absence of a monitored/approved urgent transfer pathway, lone working in a public vehicle without appropriate equipment/monitoring, and inconsistent pre-alert/handover processes.	Which w/could lead to an impact/effect on patient safety (clinical deterioration, delayed treatment), staff safety (violence/aggression, road/ lone-working risk), regulatory compliance (duty of care/IG), and operations (staffing gaps, reputational impact, flow).	Speciality	Medicine	Specialised Medicine	Dermatology	20	20	9	Treat	Default transfer pathway via 999 ambulance for unwell patients. Taxi transfer with RN escort used when 999 response is delayed beyond acceptable thresholds. RN clinical assessment prior to departure (e.g., NEWS2/ABCDE) to judge stability for taxi transfer. ED pre-alert by phone and SBAR handover (ad hoc, variable). Basic Life Support (BLS) competency for escorting RN; conflict management/safeguarding training as per mandatory training. Patient identification and essential information (allergies/alerts) verified and sent with the patient. Has document: No Catherine Morris 10/12/2025 12:47 Datix reporting for all patient transfers to main hospital to ensure accurate reporting and for audit purposes Has document: No Catherine Morris 10/12/2025 12:48 On call system utilised to assess patients prior to transfer and initial first line treatment to be administered Has document: No Catherine Morris 10/12/2025 12:52	Documentation & process evidence ED pre-alert and SBAR handover recorded in notes or transfer checklist. Capacity/consent/Best Interest decision documented in the patient record. Transfer checklist (once live) captured and filed with the notes. Lone working risk assessment or two-person escort justification documented. Has document: No Catherine Morris 10/12/2025 12:51 Competency & equipment Mandatory training compliance for escorting staff (BLS, safeguarding/conflict management). Escort grab-bag and portable oxygen (if clinically indicated) check logs (weekly). Has document: No Catherine Morris 10/12/2025 12:51 Operational data Register of transfers: number of taxi vs ambulance transfers, time of day, acuity (NEWS2), escort composition. Has document: No Catherine Morris 10/12/2025 12:51 Incidents & feedback Datix trend analysis for incidents/near-misses during transfer. Staff debrief on each patient transfer. Liaison for patient, escorting	Draft, approve, and implement Transfer SOP with inclusion/exclusion criteria and SBARSOP approved Has document: No Catherine Morris 10/12/2025 12:55 Lone working Lone working risk assessment to be carried out Has document: No Catherine Morris 10/12/2025 12:56 Equipment Define and stock escort grab-bag (monitoring + PPE; portable O ₂ where indicated) with weekly check log Has document: No Catherine Morris 10/12/2025 12:57 ED pre-alert/route Agree transfer and clinical pathway with ED Has document: No Catherine Morris 10/12/2025 12:57 Documentation Implement 1-page transfer checklist (NEWS2, consent/Best Interest, SBAR, escort, equipment) Has document: No Catherine Morris 10/12/2025 12:58	

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Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Water leak from first-floor cubicle impacting Procedure Room 6	10/12/2025	There is a risk that Procedure Room 6 cannot be used for cancer-related procedures, causing delays/cancellations and potential patient harm.	This is caused by Persistent water ingress from the first-floor cubicle (ongoing leak around the window despite patch repairs) and failed HVAC (no warm air circulation), with no permanent Estates fix in place yet.	Which w/could lead to an impact/effect on Patient safety (delayed cancer treatment, disease progression), operational performance (longer waits, reduced throughput), IP&C and safety risks (wet surfaces, electrical hazards), and reputational/regulatory impact.	Speciality	Medicine	Specialised Medicine	Dermatology	20	20	8	Treat	Estates escalation logged (w/ request; marked top priority; site re-assessments completed; photo evidence shared). Has document: No Catherine Morris 10/12/2025 13:50 Temporary make-safe repairs applied; ongoing daily condition checks of window/reveal/ceiling. Has document: No Catherine Morris 10/12/2025 13:50 Room closure when unsafe; decant plan to alternative rooms to prioritise cancer procedures. Has document: No Catherine Morris 10/12/2025 13:50 IP&C controls: cordon/"do not use" signage; wet-floor signage, absorbent mats/drip trays; terminal clean after ingress. Has document: No Catherine Morris 10/12/2025 13:51 Electrical safety: sockets/fixtures in affected zone isolated and checked before reuse. Has document: No Catherine Morris 10/12/2025 13:51 HVAC issue raised to Estates Has document: No Catherine Morris 10/12/2025 13:51	[L1 Operational] Daily leak/condition checks logged with photos (post-rain). [L1 Operational] Room closure & re-open sign-offs recorded (IP&C + Electrical). [L1 Operational] Estates MR/job status updated; before/after photos filed. [L2 Oversight] Monthly KRI dashboard to Q&S/h&S (days unavailable, procedures affected, Datix trend, inspection compliance). [L2 Oversight] Estates programme updates to governance; actions tracked in AMat. [L3 Independent] Estates completion of permanent repair. [L3 Independent] HVAC completion of permanent repair. [L3 Independent] Internal Audit (premises/water ingress), actions closed. Has document: No Catherine Morris 10/12/2025 13:58	No permanent repair in place; source of ingress not definitively identified (window/flashings/fabric). Has document: No Catherine Morris 10/12/2025 13:59 HVAC non-functional; no temporary redundancy to maintain safe thermal conditions. Has document: No Catherine Morris 10/12/2025 13:59 Decant capacity not guaranteed; no protected slots for time-critical cancer procedures during outage. Has document: No Catherine Morris 10/12/2025 13:59 No Estates rapid-response SLA for leaks triggered by weather events Has document: No Catherine Morris 10/12/2025 14:00	
Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures	09/11/2020	There is a risk that there would be increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures due to limited capacity to schedule surveillance procedures.	This is caused by limited capacity to schedule surveillance procedures due to workforce and procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards and delay in identifying malignant disease. This could cause progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Previous series of SI's related to surveillance backlog	Speciality	Medicine	Specialised Medicine	Endoscopy	25	25	4	Treat	Clinical validation of surveillance waiting list Has document: No Catherine Morris 22/10/2025 14:42 risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided Has document: No Catherine Morris 22/10/2025 14:43 high risk surveillance patients started to be listed for procedures Has document: No Catherine Morris 22/10/2025 14:43 team to send patient risk letters for delayed surveillance cases to manage patient risk Has document: No Catherine Morris 22/10/2025 14:43 Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date Has document: No Catherine Morris 22/10/2025 14:44	NEP surveillance spreadsheet validation completed (on s-drive) Has document: No Catherine Morris 22/10/2025 14:44 Regular review of endoscopy position with MCB/exec team including surveillance procedures Has document: No Catherine Morris 22/10/2025 14:44	Procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube Has document: No Catherine Morris 22/10/2025 14:45 Incomplete clerical validation of surveillance waiting list and PMS update following clerical validation Has document: No Catherine Morris 22/10/2025 14:45	Workforce, capacity, patient flow, IP&C Status: Current Catherine Morris 22/10/2025 14:57
General Anaesthetic/deep sedation procedures	08/12/2020	There is a risk that there would be a delay in treating patients with suspected cancer, pre-malignant changes or confirmed malignancy (e.g. Barrett's)	This is caused by Some patients require procedures performed under General Anaesthetic (GA) or Propofol deep sedation either due to the nature of the procedure (e.g. complex endoscopy) or tolerance. Pre-COVID the directorate had to 0.5 funded sessions per week of GA/Propofol lists. COVID resulted in redeployment of anaesthetic staff to ITU and suspension of Propofol lists due to IP&C restrictions. As a result of this there is a current backlog of patients as well as limited availability due to surgical/anaesthetic service recovery	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards	Speciality	Medicine	Specialised Medicine	Gastroenterology	20	20	12	Treat	Waiting list validated to confirm need for procedure on Propofol/GA Dedicated GA/Propofol endoscopy coordinator optimises available capacity (Jenna) Has document: No Catherine Morris 23/10/2025 09:38 Weekly meetings held to request additional capacity Has document: No Catherine Morris 04/12/2025 09:38	Patients informed of anticipated delays at the time of listing, routinely completed by the consulting clinician. Production of Endoscopy Dashboard. Has document: No Catherine Morris 23/10/2025 09:38	"Continuous need for Waiting list validation in the context of reduced clinical capacity. Unassured GA / Theatre capacity - creating ad hoc capacity resulting in patients having delayed procedures. Limited bed capacity to admit patients to due to current UHW footprint and pressures." Has document: No Catherine Morris 23/10/2025 09:40 Lack of evidence that patients are provided with advice of waiting times and safety netting advice. GA waiting times not highlighted specifically on reporting dashboards. Has document: No Catherine Morris 23/10/2025 09:41 16.07.2024 Continued issues with unassured GA activity; causing delays in treatment and harm to patients. GM liaising with SCB regarding assured GA capacity - update sought. " Has document: No Catherine Morris 23/10/2025 09:41	workforce, finance, capacity Status: Current Catherine Morris 23/10/2025 09:42
Delay in histopathology reporting and diagnosis	08/02/2023	There is a risk that due to the delay in histopathology reporting and diagnosis there is a potential loss or compromise in treatment options for Cancers	This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting	Which w/could lead to an impact/effect on Patient safety due to long waits and delay in diagnosis, poor patient experience and an increase in patient concerns	Speciality	Medicine	Specialised Medicine	Gastroenterology	20	20	10	Treat	"Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing System in place to identify USC specimen for prioritisation " Has document: No Catherine Morris 23/10/2025 13:32	"Straight to test Radiology/CT process in place within Gastroenterology for staging when likely cancers identified through Endoscopy Process in place to escalate urgent cases for MDT" Has document: No Catherine Morris 23/10/2025 13:32	Constraints within cellular pathology but cross cut to Gastroenterology Has document: No Catherine Morris 23/10/2025 13:32 Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 23/10/2025 13:33	
Rheumatology waiting list times	01/07/2021	There is a risk that urgent cases will wait too long on rheumatology waiting list as number of patients waiting over 52 weeks has significantly increased	This is caused by Welsh govt directive that no patients should be waiting longer than 52 weeks. Urgent cases are prioritised, resulting in routine referrals experiencing a longer wait to be seen. Urgent waiting time is currently 65 weeks and routine waiting 75 weeks	Which w/could lead to an impact/effect on patient safety, experience and outcomes	Speciality	Medicine	Specialised Medicine	Rheumatology	25	25	10	Treat	"Existing controls: Urgent patients expedited where possible. Additional clinics arranged by consultants to see patients with significant delay. Adequacy of existing controls: Inadequate Summary of additional controls required: Additional resource as per recovery plan with Consultant session" Has document: No Catherine Morris 27/10/2025 14:04	The Rheumatology Department continue to escalate the waiting list position and associated risk. The DMT will continue to request recurrent funding to build sustainable recovery plans, increase capacity and reduce the waiting list Has document: No Catherine Morris 27/10/2025 14:04 Datix reporting Has document: No Catherine Morris 17/12/2025 10:35	Unable to recruit to clinical posts on a longer term/ substantive basis therefore very little interest during recruitment (max 6 month contracts in 21/22) Has document: No Catherine Morris 27/10/2025 14:04 Workforce will not meet current demand despite additional funding for RTT locum in 2026 Has document: No Catherine Morris 17/12/2025 10:36 Long term sickness within consultant workforce impacting on waiting times Has document: No Catherine Morris 17/12/2025 10:36	
Nursing and Medical Workforce	31/03/2022	There is a risk that there will be a reduced service activity due to staffing levels. The Medical Workforce have very limited capacity to cover on calls during times of annual leave and are struggling to meet CPD requirements. Nursing workforce will have 2.7wte gap in establishment	This is caused by vacancies & absence across all disciplines (Admin & Clerical, Medical & Nursing) are putting the service under significant pressure. Medical & Nursing vacancies are a particular concern with repeated attempts to recruit but without success.	Which w/could lead to an impact/effect on patient concerns due to delays in care delivery; patient harm due to delays in delivering care i.e. Waiting times for initiation of new biologics is 6-8 to initial assessment by the nurse and 12 weeks to start treatment	Speciality	Medicine	Specialised Medicine	Rheumatology	25	25	3	Treat	1 bank nurse who works 3 shifts per week Has document: No Catherine Morris 17/12/2025 10:40 Daily escalation to MCB regarding nurse staffing and clinic closures due to nurse staffing constraints Has document: No Catherine Morris 17/12/2025 10:41 Datix reporting Has document: No Catherine Morris 17/12/2025 10:42	Cross cover within staffing groups to limit impact with home working utilised where possible to continue to deliver clinical activit for medical workforce Has document: No Catherine Morris 27/10/2025 14:19 Daily escalation to MCN regarding nursing workforce Has document: No Catherine Morris 17/12/2025 10:42	"Only some components of clinical workload can be delivered remotely (e.g. clinics) & limitations by IT access " Has document: No Catherine Morris 27/10/2025 14:19 "Clinical areas require a core minimum workforce group below which activity is reduced Current recruitment freeze within UHB impacting on nurse recruitment and delays in vacancies being approved Has document: No Catherine Morris 27/10/2025 14:19 Nursing workforce reliant on 1 bank nurse to cover the day unit clinics. Clinic has to shut if this nurse is on annual leave or unable to pick up shifts Has document: No Catherine Morris 17/12/2025 10:45	

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Medical staffing	01/06/2018	There is a risk that waiting times and nurse led clinics would suffer delays due to lack of medical cover.	This is caused by medical cover being significantly reduced following the addition of junior medical team to the medical on call rota. There is also a limited consultant cover due to maternity/paternity leave.	Which w/could lead to an impact/effect on waiting times and nurse led clinics which will have an impact on patient care	Speciality	Medicine	Specialised Medicine	Rheumatology	20	20	8	Treat	"Adequacy of existing controls: Inadequate: Summary of Controls required: Service manager to notify DMT of any other occurrences where nurse led clinics will not have medical support to give opportunity to address if possible. Additional medical cover needed to replace what has been lost to the service. 5.4.22 addition; Due to Medical staffing constraints at both Senior & junior level and commitment to GIM on call rota, the Rheumatology on call rota cannot be covered adequately, meaning that only an advisory service from Consultant Rheumatologist can be facilitated and certainty of delays in patients receiving specialist Rheumatology reviews if they present as an emergency" Has document: No Catherine Morris 27/10/2025 13:39	Update - 22/03/2023 - Hot clinics initiated with split consultant post with Acute medicine, however inadequate medical cover for Rheum on-call cover and impacted on consultant work load and reduced activity for both F/U and new patient capacity in clinic. If on-call consultant/reg in UHL, then this falls to the day unit nurses impacting their workload. Has document: No Catherine Morris 27/10/2025 13:40	Funding, workforce, recruitment Has document: No Catherine Morris 27/10/2025 13:41	
Suspected Giant Cell Arteritis diagnostic imaging	04/07/2023	There is a risk that , patients with suspected Giant cell Arteritis (GCA) are not receiving BSR & EULAR recommended diagnostic imaging for GCA. It is known that 15% or more of patients with GCA are reported to have a negative tissue result, therefore ultrasound should be the first line investigation for GCA. Loss or compromise of treatment	This is caused by workforce constraints in Radiology	Which w/could lead to an impact/effect on patient concerns due to delays in care delivery; patient harm due to delays in delivering care	Speciality	Medicine	Specialised Medicine	Rheumatology	12	20	4	Treat	Other modes of testing utilised i.e. bloods and steroid treatment Has document: No Catherine Morris 27/10/2025 14:40 Datix reporting Has document: No Catherine Morris 17/12/2025 11:03	Rheumatology have secured recommended transducer for service to undertake appropriate scans Has document: No Catherine Morris 27/10/2025 14:40 reporting at Q&S meetings Has document: No Catherine Morris 17/12/2025 11:04	Radiology requiring financial recompense for procedures Has document: No Catherine Morris 27/10/2025 14:40 No timeline for resolution Has document: No Catherine Morris 27/10/2025 14:41	
Psychology waiting times	11/08/2021	There is a risk that Increased waiting times for Psychology support leading to High risk of suicidal ideation/completion and self-harm due to delay in assessment and treatment, high risk of patients starting to self-medicate also.	This is caused by Psychology capacity in the team severely constrained due to LTS/Mat Leave/Recruitment difficulties	Which w/could lead to an impact/effect on Serious risk of harm and to patient life; delays to patients; increased dissatisfaction from stakeholder community; risk of negative national media coverage putting the Welsh model and reputation at risk.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service	25	25	5	Treat	Proactive engagement with interested clinicians contacting the service enquiring about upcoming recruitment. Continued development of local expertise through training and shadowing moving towards permanent recruitment plans. Demcap/skills analysis to take place to ensure correct skills mix in place. Has document: No Catherine Morris 28/10/2025 09:27	Regular review of service performance with WHSSC commissioner by senior management and directorate. Following return of Psychology 8c, prioritisation of work to develop a staffing model that does not carry the single operator risk. Has document: No Catherine Morris 28/10/2025 09:27	No capacity and resource currently available to meet Psychology demand 08/02/2023 Risk mitigated with increased Psychology capacity Has document: No Catherine Morris 28/10/2025 09:28	
Increased waiting times for Local Gender Teams	23/04/2021	There is a risk to patient safety unable to access hormone treatment. LGT waiting list growing; increased waiting time for patients to initiate hormone treatment.	This is caused by Local Gender Teams (LGT) role is to prescribe, initiate and monitor hormone therapy in line with specialised guidance until the patient is optimised. Models UHB initiative to treat patients closer to home, support with appropriate prescribing, initiating and monitoring of hormone therapy or SALT and admin support accessed locally in each of 7 Health Boards. Optimised patients, after 1 year with a LGT that require ongoing hormone therapy after such treatment has been initiated, can be discharged to the Directed Enhanced Service (DES) for maintenance treatment in primary care. At present local HBs are not taking responsibility for this service provision.	Which w/could lead to an impact/effect on Patient complaints; service business interruption as WGS has picked up additional workload from other HBs unable to cope, lacking capacity and resource.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service	20	20	8	Treat	LGTs in each local HB to resume agreed activity. Has document: No Catherine Morris 28/10/2025 08:31	"Validation of waiting lists in each HB being undertaken to discharge suitable patients to DES. WHSSC coordinating an audience with Judith Paget to gain exec level support. Meeting with Judith Paget and Local Health Boards took place on 10th June 2021. During this meeting actions were agreed to review LGT service spec, analysis of LGT DEM/CAP with each health board. A managed clinical network will also be established in order to support LGTs. Additional resource and communication was requested in order to support LGT demand and capacity constraints. Follow up meeting to be arranged with Judith Paget in August + a separate meeting with LGT leads & team to establish areas of challenge and solutions going forward. " Has document: No Catherine Morris 28/10/2025 08:31	Limited capacity and resource available to meet demand. Has document: No Catherine Morris 28/10/2025 08:31 Defined funding stream to support increase in resource. 08/02/2023 Progress has stalled on creation of a Managed Clinical Network; there has not been any additional resource made available to Health Boards. Waiting lists for access to the LGT vary between 6 weeks and 15 months. Feb 24 - Has document: No Catherine Morris 28/10/2025 08:31	
HPN (Home Parenteral Nutrition) Service	22/10/2025	There is a risk that Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers form 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern & media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC	This is caused by delays in offering nutrition to patients in whom there is no alternative with complications including death & increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with an HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations	Which w/could lead to an impact/effect on potential harm including death; multiple concerns and media coverage; not meeting national guidelines	Business unit	Medicine	Specialised Medicine		20	20	20	Tolerate	Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated Previous business case and SBAR to WHSSC for additional service support including consultant post Has document: No Lyndsey Macdonald 22/10/2025 14:43	WHSSC case submitted for additional funding for workforce in addition to SBAR. UHB in discussions with WHSSC regarding business case (UHB agreed to cover some sessions at risk) Has document: No Lyndsey Macdonald 22/10/2025 14:44	Only single consultant with clinical experience required to manage complex tertiary (SW) patient group - no cross cover available during periods of prolonged leave (patients would require referral to English tertiary nutrition centre) Has document: No Lyndsey Macdonald 22/10/2025 14:45	Dependant upon agreement of funding by WHSSC/UHB and availability of suitability experienced workforce to fill new posts Status: Current Lyndsey Macdonald 22/10/2025 14:48
Endoscopy - EMR/ESD/EUS/ERCP	09/08/2024	There is a risk that some complex procedures (i.e. Endoscopic mucosal resection (EMR), submucosal dissection (ESD) of colorectal and upper GI tract lesions, upper and lower GI Endoscopic ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP)) may be delayed beyond desired timeframes.	This is caused by limited capacity due to there only being a single handed operator with the skill required to undertake these specialised endoscopy procedures.	Which could lead to harm including death; if patients do not receive therapeutic procedures in a timely manner they are at risk of deteriorating further and can then require more invasive interventions or progress to non-curative status.	Division	Medicine			25	20	10	Treat	Prioritisation of patients by clinicians based on clinical urgency. Has document: No Sian Rowlands 03/10/2024 11:32 Formal arrangement in place with ABHB for EMR. Has document: No Sian Rowlands 03/10/2024 11:34 Additional sessions offered to clinicians to increase capacity for complex endoscopy Has document: No Sian Rowlands 03/10/2024 11:34 GPs attend twice a week. Has document: No Joanne Wilson 19/09/2025 16:45 Increase Senior Nurse support to twice a week. Including physical health nurse. Has document: No Joanne Wilson 19/09/2025 16:45 News 2 implemented to identify deteriorating patient. Has document: No Joanne Wilson 19/09/2025 16:45 Clear procedure to access 999. Has document: No Joanne Wilson 19/09/2025 16:46 Physical Heath Training Sessions provided to staff. Has document: No Joanne Wilson 19/09/2025 16:46 Training to be provided – bladder scanner/ECG. Has document: No Joanne Wilson 19/09/2025 16:46 All staff to be trained in ILS. Has document: No Joanne Wilson 19/09/2025 16:46	MCB Board reporting, Endoscopy Delivery group oversight, Exec scrutiny of performance and Joint Commissioning Committee. Has document: No Sian Rowlands 03/10/2024 12:16	Arrangement in place with ABHB is only temporary. Has document: No Sian Rowlands 03/10/2024 12:18	None Status: Current Andrew Partridge 22/11/2024 14:07
St Barruc Ward Isolation	19/09/2025	There are risks that patients on St Barruc ward will receive inequitable care and support due to the location of the ward, and of potential harm to patients as a result of the ward not being on a general hospital site.	St barruc Ward, a 14-bedded Young Onset Dementia unit at Barry Hospital, is increasingly unable to meet the complex needs of its patient cohort, which includes individuals with acute mental health issues and significant physical health co-morbidities. Despite improvements in nursing standards following previous incidents, the ward remains isolated with limited emergency response capabilities, no high care areas, and inadequate psychiatric support compared to other sites. Environmental and infrastructure issues—such as broken locks, faulty doors, water and other leaks, and an unsuitable fire alarm system—pose ongoing safety risks. The ward's design and staffing model are no longer fit for purpose given the rising acuity and vulnerability of patients, and there is a persistent risk of serious incidents In the last 3 years there have been 4 patient safety incidents; 2 of which identified training needs to improve practice, and action plans have been implemented. There have been noted improvements in standards of nursing, particularly recognising unwell patients. However, following the 3 further incidents in early of	The lack of emergency response and ambulance response poses a significant risk to very vulnerable patients. Although discussions have been held with WAST, the site is still considered to be a hospital site and is a lower priority response than community dwellings. Ambulances have taken 5 hours+ to arrive. Staff on the ward are mental health trained nurses, and do not have the physical health skills required to support acutely unwell patients. Reputationally, patients on St Barruc ward receive an inequitable standard of care in terms of emergency response than they would if in UHL or UHW	Speciality	Mental health	MHSOP	St Barrucs Ward, Barry	20	20	6	Treat		SBAR raised to Clinical Board November 2022 raising concerns about location, access to support- this has been raised to executive team and plans to move St Barruc in Spring 2024 Has document: No Joanne Wilson 19/09/2025 16:48 Lists of trained Staff trained in each physical health skill. Has document: No Joanne Wilson 19/09/2025 16:48 999 Emergency response procedure sign off on CDOG Has document: No Joanne Wilson 19/09/2025 16:48 Ward managers meeting 3 times a week to identify physically and psychiatrically unwell patients and put extra support in place. Has document: No Joanne Wilson 10/11/2025 12:48	Training does not alleviate the inequitable service patients receive in Barry Hospital compared to UHL, where emergency response and physical health care is available more regularly Has document: No Joanne Wilson 10/11/2025 12:48	Space availability in UHL Status: Current Joanne Wilson 19/09/2025 16:51

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Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
HMP Staffing	27/08/2025	There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients	This is caused by staffing levels in the nursing team	Which w/could lead to an impact/effect on the administration of medication, the assessment of new arrivals and the ongoing triage and care of patients.	Speciality	Primary, Community & Intermediate Care	Cardiff Specialist	HMP Cardiff	20	20	8	Treat	Regular staff meetings. Has document: No Rachel Armitage 27/08/2025 15:14 SMT undertaking OD work to cascade. Has document: No Rachel Armitage 27/08/2025 15:14 Support for those staff who feel they're subject to concerns/issues raised. Has document: No Rachel Armitage 27/08/2025 15:14 Management provided to staff when concerns raised. Has document: No Rachel Armitage 27/08/2025 15:15 Improved HR support Has document: No Rachel Armitage 27/08/2025 15:15 Regular meetings with HR to review concerns raised to ensure processes being followed. Has document: No Rachel Armitage 27/08/2025 15:15 Ensuring mandatory e learning is fully compliant by all staff. Has document: No Rachel Armitage 27/08/2025 15:15		New management team embedding new changes. Has document: No Rachel Armitage 27/08/2025 15:16 Awaiting OD support Has document: No Rachel Armitage 27/08/2025 15:16 Allocation of new HR support Has document: No Rachel Armitage 27/08/2025 15:16 Limited study time for staff to complete training Has document: No Rachel Armitage 27/08/2025 15:17	
111p2 staffing levels	01/07/2024	PCIC Reference Number: CAV 18 There is a risk of high sickness and vacancy rates among all bands.	This is caused by demand on service and inability to fill core shifts within rota. Shortage of reg nurses nationwide.	Which w/could lead to possible patient harm, adverse effect on patient safety, failure to meet required standards for the service, reputational risk to UHB.	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		25	25	10	Tolerate	Call handovers to take over/own calls that are waiting/in absence of mental health practitioner Has document: No Rachel Armitage 27/08/2025 13:38 GPs to triage mental health calls and support mental health practitioners when working at reduced staffing Has document: No Rachel Armitage 27/08/2025 13:39 Raised to PCIC SMT and ongoing work to source outside mental health support Has document: No Rachel Armitage 27/08/2025 13:39 Work ongoing with recruitment drive Has document: No Rachel Armitage 27/08/2025 13:39 Temporary rota implemented. Reviewing rota with view to go to OCP Has document: No Rachel Armitage 27/08/2025 13:39 Ongoing support and training to call handlers Has document: No Rachel Armitage 27/08/2025 13:40 Open email communication and updates to the team around service work		new intake of call handlers inexperienced in dealing with complex calls. Has document: No Rachel Armitage 27/08/2025 13:41 Sometimes only 1 GP working within CAV247, could be held up by home visits/palliative calls particularly overnight Has document: No Rachel Armitage 27/08/2025 13:41 Nursing triage staff feel they are working outside of scope - escalated to Unions and SMT Has document: No Rachel Armitage 27/08/2025 13:41 Inability to recruit Has document: No Rachel Armitage 27/08/2025 13:42 WTD restrictions meaning bank staff are limited on where they can support Has document: No Rachel Armitage 27/08/2025 13:42 Rota is being reviewed on a week-by-week basis, difficult for staff to plan in advance Has document: No Rachel Armitage 27/08/2025 13:42 Scrutiny and TRAC checks outside of department control Has document: No	
Worker Status of GPs working in Out of Hours Service (CaV 24/7)	01/07/2024	PCIC Risk Reference: CAV11 There is a risk that some GPs may challenge their worker status with the UHB	This is caused by recent cases in NHS Wales where GPs have successfully challenged their right to worker status, working for an OOH provider in another UHB	Which w/could lead to an impact/effect on financial position and workforce pressures	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		20	20	10	Treat	Salaried GP roles offered to all GP's. Updated consultancy agreement shared with all GP's. Has document: No Rachel Armitage 08/09/2025 09:27 Working closely with Legal and Risk Has document: No Rachel Armitage 08/09/2025 09:28 Rota patterns changed alongside C&D. Has document: No Rachel Armitage 08/09/2025 09:28 All Wales working on a worker status Contract Has document: No Rachel Armitage 08/09/2025 09:28 The risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022. Has document: No Rachel Armitage 08/09/2025 09:30 Plans for costs included within Clinical Board financial forecast Has document: No Rachel Armitage 15/09/2025 10:50 From: Chris Markall (Cardiff and Vale UHB - Finance) Christopher.Markall@wales.nhs.uk Sent: 05 September 2025 12:48 To: Lisa Waters (Cardiff and Vale UHB - PCIC) Lisa.Waters@wales.nhs.uk; Sherard Lemaître (Cardiff and Vale UHB - Out Of Hours) Sherard.Lemaître2@wales.nhs.uk Cc: Eleri Thomas (Cardiff and Vale UHB - Primary, Community and Intermediate Care (PCIC)) Eleri.Thomas4@wales.nhs.uk; Rachel Armitage (Cardiff and Vale UHB - PCIC) Rachel.Armitage@wales.nhs.uk Subject: Re: Risk Register From a financial perspective, this remains a significant unfunded issue that is nearing crystallisation. However, the risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022. The impact of accounting for this risk, assuming no WG funding, could be failure of the Clinical Board to deliver its control total in 2025/26, and a recurrent 'up to' £0.8m pressure. Efforts to secure WG financial support for this national issue should be ongoing. Thanks, Chris M Has document: No Rachel Armitage 08/09/2025 09:33	Old consultancy agreement that differs across Wales. Has document: No Rachel Armitage 08/09/2025 09:34 All Wales working on worker status contract but financial implications because of backpay Has document: No Rachel Armitage 08/09/2025 09:35 05.09.2025: this remains a significant unfunded issue that is nearing crystallisation. Has document: No Rachel Armitage 08/09/2025 09:35 Efforts to secure WG financial support for this national issue should be ongoing. Has document: No Rachel Armitage 08/09/2025 09:35		
RSV Cost Pressure	11/09/2024	PCIC Risk Register reference MVC33 There is a risk that the funding allocated to the RSV programme, both catch up and those turning 75 from September 20204, is insufficient to deliver the escalated programme	This is caused by funding limitations	Which w/could lead to cost pressure (and saving in 2025)	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		20	20	5	Treat	The invitations to the eligible population have been sent out Has document: No Rachel Armitage 08/09/2025 12:18 There is a DNA of 50% Has document: No Rachel Armitage 08/09/2025 12:19 There is an opportunity to revisit the delivery model Has document: No Rachel Armitage 08/09/2025 12:19 Steps can be taken to modify the delivery model, however, this would not apply to Primary Care colleagues Has document: No Rachel Armitage 08/09/2025 12:19 Activity reduced over the WRVP period Has document: No Rachel Armitage 08/09/2025 12:19		No clarity from national colleagues around how the allocation of funding was reached Has document: No Rachel Armitage 08/09/2025 12:19	

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Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers	
Prescribing Budget	25/08/2015	Risk Reference: MM005 There is a risk of overspend in the prescribing budget	This is caused by volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care. Savings are increasingly hard to find that have no detriment to patients or do not require a GP appointment, and appetite to support switches is decreasing.	Which w/could lead to an impact/effect on spend being more than forecast and mitigating solutions are limited.	Business unit	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management		20	20	8	Treat	Medicines Management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs Has document: No Rachel Armitage 20/08/2025 15:13 Monthly meetings with finance Has document: No Rachel Armitage 20/08/2025 15:13 Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings Has document: No Rachel Armitage 20/08/2025 15:13 Processes in place within the Analytics team to proactively identify changes in Drug Tariff Has document: No Rachel Armitage 20/08/2025 15:14 Updated 25/09/2023: National Medicines Value Analytics Group meeting to prioritise savings ideas on an All Wales basis Has document: No Rachel Armitage 20/08/2025 15:14		Mitigation put in place where possible but limited, GPs are prescribers and whilst we can influence we cannot mandate - there is switch fatigue amongst GPs with decreased engagement in cost saving work Has document: No Rachel Armitage 20/08/2025 15:16 Consequences of COVID, BREXIT and energy costs on supply chain and manufacturing costs are impacting on medicine costs . Price concessions and changes in DT price are UK wide and unable to be influenced by the UHB Has document: No Rachel Armitage 20/08/2025 15:16 More advanced therapy tends to be at increased cost Has document: No Rachel Armitage 20/08/2025 15:16 Community services are being delivered increasing activity in primary care Has document: No Rachel Armitage 20/08/2025 15:17 Patient review and process change to make efficiencies take time to be represented in medication spend. Has document: No Rachel Armitage 20/08/2025 15:17 Lack of control over primary and secondary care clinician autonomy and adherence to formulary Has document: No Rachel Armitage 20/08/2025 15:17		
Prescribing budget	25/08/2015	PCIC Risk Register reference: MM005 NB duplicate number There is a risk of overspend in the prescribing budget	This is caused by volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care. Savings are increasingly hard to find that have no detriment to patients or do not require a GP appointment, and appetite to support switches is decreasing	Spend is more than forecast and mitigating solutions are limited.	Business unit	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management		20	20	20	Tolerate	Medicines management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs Has document: No Rachel Armitage 08/09/2025 09:59 Monthly meetings with finance team Has document: No Rachel Armitage 08/09/2025 09:59 Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings Has document: No Rachel Armitage 08/09/2025 09:59 Processes in place within the Analytics team to proactively identify changes in Drug Tariff Has document: No Rachel Armitage 08/09/2025 09:59 Updated 25/09/2023: National Medicines Value Analytics Group meeting to prioritise savings ideas on an All Wales basis. Has document: No Rachel Armitage 08/09/2025 09:59 Targeted improvement work and engagement Has document: No Rachel Armitage 08/09/2025 10:03		Mitigation put in place where possible but limited, GPs are prescribers and whilst we can influence we cannot mandate - there is switch fatigue amongst GPs with decreased engagement in cost saving work Has document: No Rachel Armitage 08/09/2025 10:00 Consequences of COVID, BREXIT and energy costs on supply chain and manufacturing costs are impacting on medicine costs Has document: No Rachel Armitage 08/09/2025 10:00 Price concessions and changes in drug tariff price are UK wide and unable to be influenced by the UHB Has document: No Rachel Armitage 08/09/2025 10:01 More advanced therapy tends to be at increased cost Has document: No Rachel Armitage 08/09/2025 10:01 More community services are being delivered increasing activity in primary care Has document: No Rachel Armitage 08/09/2025 10:01 Patient review and process change to make efficiencies take time to be represented in medication spend. Has document: No Rachel Armitage 08/09/2025 10:01		
New GDS Contract	16/07/2025	PCIC Risk Reference: PC037 The proposed contract reform to General Dental Services (GDS) is expected to have significant, wide-ranging impacts, both operational and clinical, with many concerns raised by dental service providers around access, patient care, and workforce morale.	This is caused by lack of clarity around how many patients practices will be expected to treat. This makes it difficult to compare current activity with future expectations. The proposal assumes a level playing field across practices, but there is variation in patient demographics and existing workload. Practices in areas of higher deprivation, which typically treat more high risk patients, are unlikely to benefit from the efficiencies offered by transferring low-risk patients onto the Dental Access Portal (DAP). As a result, they will face increased pressure, potentially compromising recall intervals and reducing capacity for new patients. In contrast, practices in more affluent areas may find it easier to shift low-risk patients onto DAP, freeing up appointments and improving access.	Which w/could lead to: Further deterioration in the morale of the GDS workforce. Return of NHS dental contracts. NHS dental activity delayed / lost due to the time constraints within the procurement tender processes. Lack of interest from the dental community in any subsequent procurement tender process. Loss of NHS dental provision and activity. Potential for CDS to be overwhelmed. The role of the Community Dental Service (CDS) in the proposal raises alarms. CDS is meant to serve the most vulnerable populations, yet the plan suggests it will take on treatment for the highest-need GDS patients. This would stretch an already overloaded system and divert resources from its core mission. Any such change would require not just funding, but also a workforce solution, something not adequately addressed in the proposal (though WG have since described a plan to bring dentists from India to start this service). Even if high-need patients are stabilised in GDS before transfer, delays and lack of continuity will result in duplicated efforts and service outages.	Business unit	Primary, Community & Intermediate Care	Primary Care		20	20	20	Tolerate	The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:20 The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:20 The HB contributed to responses from other stakeholders. Has document: No Rachel Armitage 03/09/2025 11:40 The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 08/09/2025 09:16 When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed. Has document: No Rachel Armitage 08/09/2025 09:17 There are procurement processes which the HB could use to re-invest any surrendered funding.	The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:15 The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 03/09/2025 11:15 The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:16 When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed. Has document: No Rachel Armitage 03/09/2025 11:16 There are procurement processes which the HB could use to re-invest any surrendered funding. Has document: No Rachel Armitage 03/09/2025 11:17	Providers who currently hold a GDS contract only need to give three months' notice of termination of their contract. Has document: No Rachel Armitage 03/09/2025 11:01 Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. Has document: No Rachel Armitage 03/09/2025 11:17 Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. If approved, it would need to go through a full procurement tender process. Has document: No Rachel Armitage 03/09/2025 11:18 If interest was identified and activity secured through a procurement process, clinicians and infrastructure would be required to be in place before a contract, and its associated activity could commence. Has document: No Rachel Armitage 03/09/2025 11:18 Concern if new contract is implemented, more contracts will be handed back which will have a knock on effect on CDS also, given the new measures. Has document: No Rachel Armitage 03/09/2025 11:18 The proposal offers flexibility for health boards to adapt requirements locally, but there is not flexibility in law due to cost containment.		
BEST Patient database system support to end	13/04/2017	ALAS - All Services, BEST Vendor extended support will end December 2026 The Welsh Government's IM&T Strategy, Informing Healthcare states that 'Breaches of confidentiality and security will be the greatest risk to the credibility of the Informing Healthcare programme, and all reasonable steps will be taken to ensure that they do not occur.' (Welsh Government, 2003) This message is reiterated throughout Informing Health and Care A Digital Health and Social Care Strategy for Wales (NHS Wales, 2015). The BEST database server has exceeded its extended support end date from the vendor. The software no longer receives updates from the vendor. The software no longer receives stability updates from the vendor. The software no longer receives security updates from the vendor. Updates to other software that interact with BEST (such as Oracle) may cause the BEST database server to be incompatible with the other software. Updates to the server's operating system may cause stability issues with the database server. Security flaws that are identified in the database software are not being patched by the vendor.	SoftOptions (vendor) are no longer supporting our version of our BEST patient database system. The support will cease from December 2026	There would be no system to manage the data that is held on all ALAS patients and medical equipment. The service would not be able to run	Speciality	Specialist Services	Artificial Limb & Appliance Service	ALAS Directorate		15	20	4	Treat	No Controls in place other than to upgrade to new version Has document: No Gavin Cooper 31/10/2025 13:30 Business Case expenditure Has document: Yes Gavin Cooper 31/10/2025 13:33	Working with vendor in upgrading to new version of BEST. Vendor will continue to support while this process is ongoing Has document: Yes Gavin Cooper 31/10/2025 13:32 Business Case expenditure Has document: Yes Gavin Cooper 31/10/2025 13:33	Upgrade of the BEST database server and file server to a version which is still within its extended support end date. Has document: No Gavin Cooper 31/10/2025 13:34	Financial and manpower to manage the upgrade Status: Current Gavin Cooper 31/10/2025 13:34
Lack of Paediatric Speech and Language for Electronic assistive technology service	17/03/2025	referrals to All Wales EAT Service have increased significantly since its commissioning by WHSSC in 2015. The increase in Paediatric referrals is now at a situation where it cannot be met with the current paediatric SLT's in post	Increase in referrals for paediatric input	paediatric patients not being seen in a timely manner. Waiting lists increasing and missing commissioned targets for delivery of service	Speciality	Specialist Services	Artificial Limb & Appliance Service	Electronic Assistive Technologies	20	20	6	Treat	Some support by Adult SLT's and Technical assistants in providing support and issuing / following up on communication aid equipment Has document: Yes Gavin Cooper 31/10/2025 14:32	patients numbers reviewed locally and at ALAS reporting levels. Waiting lists reported to ALAS senior managers and reported back to commissioners Has document: No Gavin Cooper 31/10/2025 15:55	Business case and risk assessment for additional staffing Has document: Yes Gavin Cooper 31/10/2025 14:34		

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Welsh Language Provision: All Wales Speech and Language	24/10/2023	Lack of Welsh speaking staff to provide assessments to patient in Welsh. An inability to meet patient demand within the High-Tech AAC aspect of the EAT Service Wales for assessment and provision within the medium of Welsh.	Since the initial funding of the AAC aspects of the EAT Service Wales (March 2016), the patient referral numbers have increased significantly (100%), such that the staff resource is inadequate for the number of patients now requiring the Service in the Welsh language. As the Service is required to assess the language ability of patients (in the Welsh language), as opposed to simply having the words of a patient translated, the clinician must be a fluent Welsh speaking Specialist Speech and Language Therapist. The Welsh-speaking therapist provides a critical role in bringing essential linguistic and cultural insight to the development of AAC systems in the Welsh language. Their role should also ensure that available systems are robust enough to meet the complex communication needs of patients who require comprehensive Welsh medium support. There are now sufficient referral numbers to warrant at least 1.0WTE Specialist SLT that would cover both an adult and paediatric caseload across Wales	In addition to the Service being unable to meet the requirements of the Welsh Language Act, and the Welsh Government plan for providing health and care services through the medium of Welsh, 'More than just words' (2022-2027), the patients referred will be unable to communicate in their native tongue. In particular, those of school age will face significant developmental barriers, as they will be unable to participate in both educational development and social interaction in their Welsh language environment. This in turn will lead to a wide range of life changing consequences, including but not limited to; educational delay/abandonment, social isolation and potential self-harming behaviours.	Speciality	Specialist Services	Artificial Limb & Appliance Service	Electronic Assistive Technologies	20	20	4	Treat	For both adult and paediatric cases, the EAT Service's highly specialised SLT staff work closely with local SLTs and schools but the resulting assessment and provision is unable to meet the needs of the Welsh speaking population. A long-term plan to develop the specialist staff resource via potential rotation training posts. Has document: Yes Gavin Cooper 20/11/2025 11:57	Patients will continue to be triaged and prioritised according to clinical need Has document: No Gavin Cooper 20/11/2025 11:57	There is usually no language support for assessment and provision for Welsh speaking adults Has document: No Gavin Cooper 20/11/2025 11:58	Funding for Additional post Status: Current Gavin Cooper 20/11/2025 11:59
Admin Staffing Crisis in Cardiac Physiology	03/10/2025	Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result.	Vacancies not being filled. 2x band 3 co-ordinator vacancies and 1x band 2 receptionist vacancy. In addition to 2x members of staff on LTS. This leaves us with 1x PT and 1x FT individual.	Appointments and targets being missed, left unused in all Cardiac Physiology Areas. Device service under significant pressure to undertake new implants and box changes.	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology	20	20	2	Treat	Support being provided from directorate however this is not sustainable to risk associated with this Has document: No Mike Henson 15/10/2025 13:55	DMT have provided support from other areas. Training being provided but this support is limited. Has document: No Mike Henson 03/10/2025 15:43 vacancies to be approved and recruitment to take place Has document: No Mike Henson 03/10/2025 15:44 Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result. Has document: No Mike Henson 03/10/2025 15:47 escalated to directorate, clinical board and executives Has document: No Mike Henson 15/10/2025 13:45	Appointments and targets will be missed. new device implantation and box changes appointments available and unable to be booked with additional staff. This is linked to increased demand. Has document: No Mike Henson 03/10/2025 15:34	Funding remains a barrier due to the health boards current financial constraints Status: Current Mike Henson 15/10/2025 13:52
Risk of deaths in patients with cardiac devices	03/11/2025	Risk of deaths in patients with cardiac devices due to gaps in device processes and increased waiting times for box changes and new implants	gaps in processes and loss of capacity within pacing theatre	risk of deaths to patients waiting for box changes or waiting new implants	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology	20	20	10	Treat	Weekly device meetings in place with attendance from physiology team, directorate team, clinical board team and lead consultant for devices/pacing to review action log, review waiting list positions and identify risks and opportunities for improving processes. SOPs developed/being developed to improve processes and patient management. Demand and capacity work underway and SBAR in progress regarding solutions to increase device lists and reduce waiting list times. Plan to list box changes earlier to minimise risk but backlog of patients needs to be addressed to support this. Has document: No Gayle Smith 03/11/2025 10:07	Escalated to the clinical board and executive team. Regular meetings in place with device team, directorate and clinical board. Demand and capacity work underway to identify gaps in workforce. Has document: No Gayle Smith 03/11/2025 10:08	Reviewing capacity and booking templates and processess. Short term support from research fellow to increase capacity. Has document: No Gayle Smith 03/11/2025 10:08	
Deaths on Cardiac Surgery Waiting List	15/10/2025	There is a risk that patients who have been waiting for longstanding elective admissions under Cardiac Surgery are not being seen in a timely manner and may result in Deaths on the waiting list.	This is caused by the inability to treat patients through the elective stream due to staff shortages (lack of theatre and CITU staff) resulting in the lack of available theatre lists to run elective activity, on top of emergency and inpatient streams.	Which could lead to an impact/effect on patients wellbeing, life and deterioration of health & increased frailty. This also effects and prolongs Cardiac Surgery Elective Waiting List times that are comissioned by WHSSC.	Speciality	Specialist Services	Cardiothoracic	Cardiac Surgery	20	20	10	Treat	Daily validation of cardiac surgery waiting lists by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly cardiac surgery operational meeting to discuss cancellations, late starts, overruns and staffing constraints. Standardised communication processes for patients on the waiting list for cardiac surgery. Has document: No Lewis Whitehorn 16/10/2025 07:44	Forward planning for Cardiac surgery undertaken weekly through key stake holders. Recruitment and retention of theatre personnel. During the COVID pandemic, referrals to cardiac surgery reduced by 60% providing an opportunity to significantly reduce the waiting list and the inherent clinical risk Has document: No Lewis Whitehorn 16/10/2025 07:44	Theatre staff shortages, limited flexibility on CITU beds. Limited ability to undertake weekend working Has document: No Lewis Whitehorn 16/10/2025 07:45	
Delays to treatment of lung cancer patients due to cancelled Theatres	01/04/2025	There is a risk that due to amount of theatre lists cancelled due to lack of available theatre staff, cancer waiting times will breach and increase in length due to the lack of available theatre allocation to Thoracic Surgery.	This is caused by the lack of retention of Theatre Staff and recruitment into vacancies within Theatres to allow sufficient staffing across Cardiothoracic Surgery	Which w/could lead to an impact/effect on increased waiting list demand, more cancer breached patients and delays to cancer treatment.	Speciality	Specialist Services	Cardiothoracic	Thoracic Surgery	20	20	10	Treat	Weekly validation of thoracic waiting list by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly theatre scheduling meeting to discuss cancellations, late starts, overruns and staffing constraints. Weekly attendance at wider UHB cancer tracking meeting. Has document: No Lewis Whitehorn 16/10/2025 14:09	Forward planning for thoracic surgery undertaken weekly through key stake holders. Recruitment and retention of theatre personnel. Has document: No Lewis Whitehorn 16/10/2025 14:09	Limited assurance due to significant establishment gaps in theatre scrub staff. Mitigation with overtime payment for current theatre staff is no longer supported, so can no longer guarantee backfill of lists or lists not being cancelled at short notice. Has document: No Lewis Whitehorn 16/10/2025 14:10	Reliant on communication from Theatres Status: Current Lewis Whitehorn 16/10/2025 14:12
Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk	01/01/2022	Increasing waiting times for acute and outpatient interventional cardiology procedures	Demand for interventional cardiology services outstripping capacity	Serious patient harm or death due delays in care	Business unit	Specialist Services	Cardiothoracic		20	20	10	Treat	Daily validation of cardiology waiting lists. Has document: No David Hanna 01/10/2025 15:34 Regular feedback to the consultant body highlighting long waits. Has document: No David Hanna 01/10/2025 15:34 Elective lists cancelled to support ACS lab support due to no ability for cross-cover. Has document: No David Hanna 01/10/2025 15:37	Discussed through the Clinical Director forum, CB and DMT. Has document: No David Hanna 01/10/2025 15:35	Backfilling of vacant cath lab lists stopped due to financial constraints. Has document: No David Hanna 01/10/2025 15:34 Limited assurance due to increased case mix complexity and its affect on capacity. Has document: No David Hanna 01/10/2025 15:37	
Cardiology Outpatient Waiting times	01/07/2025	Patients with significant cardiovascular disease who are referred to Cardiology Outpatient services will not receive timely and remain undiagnosed	1. including long wait for processing of referrals from primary care 2. long delays for outpatient cardiology appointments and investigations	Serious patient harm or death due to cardiovascular disease	Business unit	Specialist Services	Cardiothoracic		20	20	10	Treat	Waiting list management by directorate, clinical and admin teams to treat longest waiting patients/clinically urgent patients. Has document: No David Hanna 01/10/2025 16:25 EP consultant outpatient waiting lists have been reverted back to EP clinics only. Has document: No David Hanna 01/10/2025 16:25	Escalated to clinical board and JCC. Has document: No David Hanna 01/10/2025 16:26 SBAR in progress to support evaluation and redesign of EP service including proposed increase in medical and non-medical workforce Has document: No David Hanna 01/10/2025 16:27	Lack of operator availability Has document: No David Hanna 01/10/2025 16:27 Lack of cath lab capacity Has document: No David Hanna 01/10/2025 16:28 Lack of GA support for complex ablations Has document: No David Hanna 01/10/2025 16:28	
Lack of SCP provision for Cardiothoracic surgery	13/10/2025	There is a risk to Cardiothoracic Surgery service due to unavailability of current SCP provision and under-establishment of the current SCP provision	This is caused by lack of investment and under-establishment of the current SCP provision	Which w/could lead to an impact/effect on the lack of Surgical Care Practitioner (SCP) provision in Cardiothoracic Surgery may lead to reduced surgical capacity, increased pressure on medical staff, compromised patient safety, and potential non-compliance with workforce standards. The under-establishment of SCPs places additional physical demands on the existing team, contributing to fatigue, stress, and potential burnout — especially in high-intensity surgical environments.	Business unit	Specialist Services	Cardiothoracic		20	20	20	Treat	To mitigate the impact of insufficient SCP provision, the service is actively recruiting and planning for future workforce needs, while also developing internal training pathways to upskill existing staff. Escalation protocols are in place to manage service delivery when staffing falls below safe levels, supported by temporary cross-cover arrangements where possible. SCP staffing levels and service impact are regularly monitored, and staff wellbeing is supported through flexible working and occupational health measures Has document: No Ceri Phillips 13/10/2025 16:53			
no identified funding source for the nursing establishment for the 2 additional CCU beds on C1 after relocation	15/10/2025	There is a risk that currently there is no funding source for the nursing establishment for the 2 additional CCU beds on C1 following refurbishment and relocation of CCU from C3S	This is caused by an increase of 2 level 2 beds on C1 following relocation of services that are currently not funded within the existing nursing establishment of CCU/C3	An increase of 2 Level 2 Coronary Care Unit (CCU) beds has been implemented to meet rising patient demand and improve service capacity. However, this expansion has occurred without a corresponding increase in nursing establishment, raising significant concerns regarding patient safety, staff wellbeing, and service sustainability. The beds will not be able to open without funding sourced	Business unit	Specialist Services	Cardiothoracic		20	20	20	Treat	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Has document: No Ceri Phillips 15/10/2025 08:46	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB. Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:44	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB. Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:41	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Further work needs to be undertaken to explore/ progress funding opportunities to fund beds Status: Current Ceri Phillips 15/10/2025 08:45

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
No out of Hours SOP agreed for pacing cases when Pacing Theatre relocates to SSSU Theatre 6	15/10/2025	There is a risk that currently there is no clear, agreed and signed off, standard operating procedure for the provision of pacing out of hours, that all the team are fully aware of. Without this there is a risk relating to patient safety and the potential failure to provide this service resulting in poor patient outcomes.	This is caused by the planned relocation of the current pacing theatre from its site on CCU to its new site in SSSU Theatre 6. This is a very isolated area, that whilst suitable during working hours, is not appropriate for out of hours use. A SOP is required to ensure the safe, ongoing provision of this 24 hour service.	The lack of a clear, fully agreed SOP could result in: Delayed treatment of life-threatening bradyarrhythmias (e.g. complete heart block) This could result in syncope, cardiac arrest or death. Hemodynamic instability without pacing may cause organ failure or result in an ITU stay. Emergency transfers elsewhere for this service may result in increased risk and delayed care A lack of agreed staffing levels out-of-hours may lead to delays or errors.	Business unit	Specialist Services	Cardiothoracic		20	20	10	Treat	The cardiac catheter labs have been identified as the suitable location for this out of hours service. Has document: No Beverley Oughton 15/10/2025 09:05 Confirmation of consultants who will provide out of hours pacing Has document: No Beverley Oughton 15/10/2025 09:06	Escalated to clinical board and at bi-weekly operational meetings with all stakeholders. Discussed regularly with CD Has document: No Beverley Oughton 15/10/2025 09:07	Cath labs identified as appropriate place for out of hours pacing to take place. CD & DM to meet with consultant team to confirm process for managing out of hours pacing cases in terms of clinical teams. Has document: No Beverley Oughton 15/10/2025 09:07	
Temporary loss of 4 Beds on ward C5 to support renal capacity	01/03/2025	Haematology require an area to isolate patients so that Renal can move into the area on A5 this is due to an ongoing outbreak in Renal patients and IP&C Guidance	Temporary loss of 4 cubicles on C5 in order to support the wider UHB priorities to expand renal capacity following IP&C issues.	The closure of four beds on C5 poses a significant risk to cardiothoracic surgery scheduling due to the reduced bed footprint. This reduction may lead to cancellations, directly affecting surgical capacity. Additionally, C5 currently supports outlying patients from Cardiology. A decrease in available beds will impact our ability to meet Cardiology demand, further straining service delivery across both specialities.	Business unit	Specialist Services	Cardiothoracic		20	20	20	Treat	Regular review of bed capacity versus activity for both cardiothoracic surgery patients and reduction of cardiology footprint until the relocation of C1 with high risk of IP&C issues currently resulting in closed beds. Has document: No Sian Williams 24/10/2025 12:12	Directorate Bed Management Rota: To work in close collaboration with site bed managers to optimise bed utilisation across all areas. Early Escalation Protocol: Ensure timely identification and escalation of any capacity constraints to prevent delays or cancellations. Weekly Theatre Scheduling Meetings: Regular coordination with theatre teams to align surgical schedules with bed availability and improve planning efficiency. Has document: No Sian Williams 24/10/2025 11:56	C1 Completion & Renal IP&C Issues: The timeframe for completion of works on C1 and resolution of renal infection prevention and control (IP&C) issues remains unknown. This is delaying the return of four cubicles to cardiothoracic capacity. Theatre Capacity Variability: Ongoing staffing constraints within theatres continue to impact scheduling and reduce consistency in available theatre capacity. Has document: No Sian Williams 24/10/2025 11:58	
Office/Seminar Room provision linked to relocation of C3/CCU	03/11/2025	Critical Care are relocating to C3 once cardiology/CCU are relocated to C1. As part of the move no provision has been made for the offices/seminar room currently occupied by cardiothoracic directorate.	organisational move to expand critical care footprint	no office spaces for consultant cardiologists and perfusion team. No seminar room for regular training/education/MDTS	Business unit	Specialist Services	Cardiothoracic		20	20	1	Treat	Already undertaken an assessment of all office capacity across the whole directorate to free up space for service expansion and to maximise current capacity. Has document: No Gayle Smith 03/11/2025 09:39	Discussed with head of operational planning/clinical board and project team for C3/CCU relocation Has document: No Gayle Smith 03/11/2025 09:39	submission of office requirements to relocate 4 consultants, perfusion team office and the essential seminar room as we have no other facilities for meetings/training/MDT etc Has document: No Gayle Smith 03/11/2025 09:41	currently no options for alternative suitable accommodation has been identified Status: Current Gayle Smith 03/11/2025 09:45
Band 5 Vacancy Cath Lab, Cardiac	18/11/2025	There is a significant risk to the Cardiac Cath Lab service if the current 3.0wte Band 5 vacancy positions are not authorised and recruited in a timely manner	This is caused by lack of the expected safe staffing level of the registered nurse, Band 5 establishment to safely manage the Cath Lab service which includes the 24/7 PPCI service for South East Wales region	Which could lead to a significant impact/effect on service delivery and on call position, which will impact on patients receiving critical intervention within the NICE guidelines	Business unit	Specialist Services	Cardiothoracic		20	20	20	Treat	Posts have been uploaded on TRAC, posts approved by SPs clinical board, currently on hold from ESVP. Currently under further review awaiting outcome Has document: No Ceri Phillips 18/11/2025 09:43			Currently awaiting ESVP review/ authorisation Status: Current Ceri Phillips 18/11/2025 09:47
Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030	12/07/2022	There is a risk that Critical Care will not have enough capacity to keep up with predicted demand to 2030.	This is caused by lack of physical bed spaces on the unit.	Which could cause delays in Emergency admission to Critical Care result in avoidable deaths and impaired functional outcomes. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	25	20	1	Treat	Directorate are working with the Director of Finance, Specialist Services Clinical Board to understand current commissioning arrangements and to agree how we increase our current funding allocation aligned to capacity. Directorate have engaged with key stakeholders in the production of the Critical Care escalation policy Has document: No Rhys Williams 31/10/2025 14:07			
Lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	12/07/2022	The Long Term Ventilation service is at risk of closing.	This is caused by the lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	The lack of a dedicated unit causes great uncertainty about the future viability of the service and this severely affects recruitment. This requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. This would have a significant effect of Welsh Critical Care capacity and Health board reputation.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	20	20	1	Treat	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider Has document: No Rhys Williams 31/10/2025 14:17			
Lack of patient isolation facilities in UHW Critical Care Unit	12/07/2022	There is a risk that there is not enough isolation facilities in UHW Critical Care Unit.	This is caused by there only being 2 cubicles and one 2 bedded bay that can be used to isolate patients.	Which leads to a higher risk of IP&C issues when all cubicle spaces are already occupied. This means we then have to determine which patients are highest risk, leaving some patients who should be isolated on the main unit. This can be at a risk to other patients or themselves if they have a compromised/suppressed immune system. This also means we may not have the cubicle capacity to give end of life patients and their relatives privacy.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	20	20	1	Treat	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care. Design work for a Critical Care refurbishment is ongoing which is intended to reduce this risk. Has document: No Rhys Williams 31/10/2025 14:53			
Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	12/07/2022	There is a risk that a failure of a hose or connector, in the next 10 years, without appropriate spares could result (in the best case scenario) loss of a single bed space, or (in worst case scenario) loss of 9 bedspaces for an extended period whilst emergency refurbishment occurs.	This is caused by obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	Which would lead to an impact on Tertiary Critical Care Services in South Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	25	20	1	Treat	Design work is ongoing for a refurbishment of the current Critical Care which includes pendant replacement. Has document: No Rhys Williams 12/11/2025 10:46	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 10:47		
Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit	12/07/2022	There is a risk of HCAI due to use of mobile air conditioners, impaired brain outcomes due to difficulty treating pyrexias, delirium due to over-reliance on blinds to reduce temperature, ineffectual existing HVAC due to having windows open and risk of air pollution, Staff discomfort resulting in impaired staff retention.	This is caused by Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit.	Which w/could lead to an impact/effect on patient outcomes and staff comfort. Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs)	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	25	20	1	Treat	Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs) Has document: No Rhys Williams 12/11/2025 11:03	A refurbishment of UHW Critical Care is currently in the design phase, which may reduce this risk. Has document: No Rhys Williams 12/11/2025 11:03		
Lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit	12/07/2022	There is a risk that there is a lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit at the UHW site. This facility is for airborne High Consequence infectious diseases (e.g. MERS) as opposed to contact infectious diseases (e.g. Ebola).	Upon opening an assessment of the suitability of the HCID to provide level 2 and 3 Critical Care was made. The conclusion was that although the facility may (like other areas of UHW) be suitable for a Critical Care team to reach out and stabilise and intubate a patient there, it was not suitable for ongoing Critical Care. Patients would need to be transferred to a suitable Critical Care Unit for ongoing care.	Which would lead to an impact on Critical Care's ability to deliver care to both patients with infectious diseases due to lack of isolation cubicles on the unit, and therefore other patients requiring critical care due to reduced admitting capacity.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	20	20	6	Treat	Design work is under way on a Critical Care refurbishment to provide a with 5 lobbied isolation rooms. Has document: No Rhys Williams 12/11/2025 11:13	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 11:14		
Multiple UPS Failures leading to power cuts on the Critical Care Unit	07/11/2025	Failure of UPS in two areas recently, A3 link 18/10/24 and A3 South (Emerald bay) 05/11/24 resulting in total loss of power for a short period of time. All equipment apart from those with internal battery back-ups were without power for a period of time. No harm came to patients at this time however there was potential for catastrophic harm if UPS systems cannot be relied on. The UPS fault in A3 link has now been repaired and is fully functional. The diagnosis of the failure in A3 South: failed batteries on (UPS 4/2) this UPS has gone into automatic bypass with no output, being a critical care area, we have what we call an end +1, basically another UPS, (UPS 4/1) which has been checked and can be confirmed is protecting the load therefore maintaining UPS cover on DB A1 feeding A3S.	This is caused by old/fauly UPS systems that are on a programme of replacement.	Which would lead to an impact on patient safety due to loss of power to essential equipment such as ventilators that have a limited battery backup. The UPS also supplies the lights which means lighting may be lost which will be a significant risk especially at night.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	25	20	12	Treat	1.Continue to use the area for lowest risk patients on balance of risk of using other areas 2.If absolutely necessary to put a level 3 patient in A3s use a vent with an external battery pack. 3.Daily checks on functioning UPS battery to be undertaken by Estates 4.OPAT to support with flow & prioritise DTOC patients Has document: No Rhys Williams 13/11/2025 14:56	1.Faulty UPS battery (1 & 2) to be replaced, lead time 2 to 3 weeks for delivery / installation. 2.Daily checks are in place to confirm the status of the UPS, which would pick up any concerns Has document: No Rhys Williams 13/11/2025 14:56		

Corporate Risk Register Jan 2026																
Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Repatriation from MTC to TU [Internal Escalation Policy]	22/07/2020	There is a risk that patient flow from the MTC will be reduced due to a failure to operationalise the repatriation policy internally within Cardiff and Vale.	Current hospital pressures has limited the ability to operationalise the document consistently.	Which could impact equity of care to all MTC patients	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	20	20	3	Treat	Patient flow managed via OPAT with raised focus on movement of patients on MTC pathway. Has document: No Rhys Williams 19/09/2025 12:55	All MTC patients discussed in daily meetings (5) within OPAT to ensure consistent approach and focus. Has document: No Rhys Williams 19/09/2025 12:55		
Risk for patients with isolated non operative brain injury due to a lack of agreed speciality ownership	03/05/2022	There is a risk to patient safety and patient flow for those patients with isolated non operative brain injury.	This is caused by a lack of agreed speciality ownership of these patients.	Which could lead to delays in patients receiving the acute care they need.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	20	20	4	Treat	Impacted MTC TBI patients discussed daily in MTC MDT and a bespoke solution is sought on a case by case basis. Has document: No Rhys Williams 23/10/2025 13:55			
Bedside tables on wheels on PTU have no brake mechanism	10/12/2024	Risk identified when a patient attempted to stand whilst using his table for support. The table rolled away and the patient fell sustaining a significant injury.	This is caused by bedside tables on wheels on PTU have no brake mechanism.	Which could lead to an impact on patients who use the bedside tables for support when moving around the bed space.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	20	20	1	Treat	1. Review alternative solutions in other wards and source funding. 2.Consider applying for charity funding to procure suitable tables which reduce risk of falls if used by patients as support to stand. Has document: No Rhys Williams 29/10/2025 17:33			
The MTC Peer Review business case funding not confirmed	16/09/2025	There is a risk that serious concerns identified in the Peer Review will not be addressed.	This is caused by funding for the business case not being released.	Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			
There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7	06/12/2022	There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7	This is caused by lack of paediatric nursing capacity, requires more to ensure 24/7 cover.	Which w/could lead to an impact/effect on paediatric patients in ED receiving care.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric	12	20	2	Treat	Staff work on a rotational basis Has document: No Rhys Williams 24/10/2025 14:26	Internal review Has document: No Rhys Williams 24/10/2025 14:27		
The MTC Peer Review business case funding not confirmed	16/09/2025	There is a risk that serious concerns identified in the Peer Review will not be addressed.	This is caused by funding for the business case not being released.	Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric	20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			
Risk to the organisation of losing JACIE accreditation for the South Wales Blood & Marrow Programme.	30/07/2025	There is a risk that accreditation is lost. C&VUHB is currently non-compliant with several JACIE standards due to infrastructure and environmental deficiencies. If accreditation is withdrawn, the BMT and CAR-T services may be decommissioned, severely impacting haematological cancer care across South Wales. There are a number of concerns that are captured in separate risk assessments (ref). Inadequate inpatient infrastructure: -Lack of ensuite facilities for immunocompromised patients	This is caused by lack of strategic planning and lack of resource/investment.	The SWBMT Programme would be the only major UK programme, the 9th largest of 53 UK and Irish transplant centres, (BSBMTCT 2021 report, 2019 pre-pandemic data) without JACIE accreditation and would be the first and only centre to have had JACIE accreditation withdrawn The SWBMT Programme would need to [?]immediately] cease activity as: - it is the explicit policy of all UK BMT commissioners, including NWJCC, to procure services only from JACIE-accredited centre - the pharmaceutical companies who manufacture CAR-T will only supply products to JACIE accredited centres. Cessation of the SWBMT Programme is highly likely to impact on recruitment and retention of staff as: - Specialist staff would no longer be delivering care based on their expertise - Training and development opportunities in Wales would reduce	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant	25	25	10	Treat	1. Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards. 2. Multidisciplinary Governance: Oversight by clinical, laboratory, and quality leads. 3. Training and Competency Frameworks: Regular staff training and competency assessments. 4. Participation in EBMT Registry: Enables benchmarking and outcome tracking. 5. Clinical Excellence: Strong clinical outcomes and experienced multidisciplinary teams 6. Ambulatory Care Model: Reduces inpatient pressure and improves flexibility. 7. Weekly Planning Meetings: Intensive triaging to manage bed capacity and patient risk. 8. Unscheduled care triage beds: separate bedded area to triage and screen unscheduled care admissions prior to admission to haematology ward, reducing risk of nosocomial infection. 9. Dedicated toilet/shower facilities: communal facilities designated for use by specific patients to reduce risk of nosocomial infection. Cardiff & Vale UHB 1. Development of Business Case for new clinical facility for SWBMT Programme 2. Continued engagement with Welsh Government regarding prioritisation of capital allocation for new facility 3. Agreement from WG Capital and Estates team to attend JACIE accreditation visit to provide assurance regarding prioritisation 4. Agreement to provide temporary accommodation to extend the programme Previous JACIE Accreditation: Demonstrates historical compliance. Has document: No Hibach Farah 28/10/2025 12:46 HCAI monitored monthly. Has document: No Hibach Farah 28/10/2025 12:53 Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Has document: No Hibach Farah 28/10/2025 12:54 Air pressure system validated by Estates Dept. High C4C scores consistently achieved. Has document: No Hibach Farah 28/10/2025 12:54	1. Previous JACIE Accreditation: Demonstrates historical compliance. 2. HTA Licensing: In place since 2007. 3. Internal Quality Reports: Regular reporting to governance boards. 4. Clinical Outcomes: Among the best in the UK despite infrastructure issues. 5. Patient Outcome Monitoring: Through EBMT and internal KPIs. 6. External Peer Reviews: Participation in national and international benchmarking. 7. Prioritisation: Capital scheme prioritised by both the Health Board and Welsh Government 8. Capital Scheme: Strategic outline case submitted to Welsh Government in 2023 – ongoing dialogue with WG who are supportive and have indicated prioritisation of capital scheme. Has document: No Jordan Wills 23/10/2025 11:45 Gaps in Assurance: 1.No material improvements since previous inspections and feedback 2.No Contingency Plan: For service continuity if accreditation is lost. 3.Limited Independent Oversight: Lack of external validation between accreditation cycles. Has document: No Jordan Wills 23/10/2025 11:46	Lack of investment. Status: Current Jordan Wills 23/10/2025 11:52	
Current facilities for BMT patients inadequate	01/01/2010	There is a risk that current facilities are not JACIE compliant and there is a significant risk of loss of accreditation at the JACIE inspection (2013, 2019 & 2025).	This is caused by lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Separate commodes for c.diff and BMT pts. Footprint for BMT patients inadequate. En-suite facilities required.	Which could lead to an impact/effect on the increase of cross-infection amongst BMT patients.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant	25	25	1	Treat	*Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards (outlined in GUI-QUA-4 -Quality Manual). *BMT patients are located in a positive pressure environment designed to protect immunocompromised patients from airborne infection. Magnehelic air pressure gauges are located outside BMT cubicles, regular surveillance/monitoring is procedure by ward personnel and reporting structure for noted deviations *Patients are admitted to ward C5 for triage prior to admission to B4. Has document: Yes Hibach Farah 28/10/2025 12:49	Previous JACIE Accreditation: Demonstrates historical compliance. Has document: No Hibach Farah 28/10/2025 12:46 HCAI monitored monthly. Has document: No Hibach Farah 28/10/2025 12:53 Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Has document: No Hibach Farah 28/10/2025 12:54 Air pressure system validated by Estates Dept. High C4C scores consistently achieved. Has document: No Hibach Farah 28/10/2025 12:54	A new dedicated JACIE compliant facility is required. Has document: No Hibach Farah 28/10/2025 12:51 Bid for new JACIE compliant facility is being progressed with Capital Planning Team and Welsh Government. Has document: No Hibach Farah 28/10/2025 12:52	Lack of investment for a new dedicated JACIE compliant facility. Status: Current Hibach Farah 28/10/2025 13:02
Lack of expertise in pharmacy and nursing teams related to TYA cancer care delivery	17/02/2020	There is a risk that TYA cancer patients might elect to have their treatment on the designated TYA cancer unit hosted in University Hospital of Wales. Chemotherapy plans are determined by the site specific MDT/ Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways.	This is caused by the lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery.	Which could lead to an impact/effect on: - Transcribing of chemotherapy. - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients. - Variation in practices between UHW and VCC. - Over-reliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	20	20	5	Treat	Email correspondence from VCC Clinician confirming treatment plans. Has document: No Hibach Farah 28/10/2025 14:50 Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:50	Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:51	Electronic prescribing system for Velindre Cancer Patients in TYA unit that is accessible to all. Has document: No Hibach Farah 28/10/2025 14:52 Utilisation of Canisic by TYA Team. Has document: No Hibach Farah 28/10/2025 14:52 Utilisation of formal chemotherapy treatment plan. Has document: No Hibach Farah 28/10/2025 14:52 Funding and IT solution to access VCC chemocare not identified. Has document: No Hibach Farah 28/10/2025 14:53 Monitoring delivery of a solution. Has document: No Hibach Farah 28/10/2025 14:53	Lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Status: Current Hibach Farah 28/10/2025 14:54
Haem Day Centre workforce is inadequate to support service requirements	10/06/2025	A workforce review and audit has been undertaken to demonstrate the gaps in Haem Day Centre workforce service provision. Identification of poor skill mix and a need for more highly trained staff in this specialist area are required as a priority.	Haem Day Centre workforce is insufficient to support service requirements and does not comply with nurse staffing levels.	There are medical gaps which impact directly on patient care and timely treatments. A higher skilled nursing workforce would support this gap in service provision, this would include a Nurse Prac workforce requirement.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	25	20	6	Treat	Shaping Change team is supporting HDC with workforce review, planning and implementation. Has document: No Hibach Farah 29/10/2025 11:58 Robust training for new staff implemented. Has document: No Hibach Farah 29/10/2025 11:58 Rotation of more experienced staff to support, use of Bank staff and priority recruitment of staff. Has document: No Hibach Farah 29/10/2025 11:58	Support from practice educators, CNSs, trainers and senior staff. Has document: No Hibach Farah 29/10/2025 11:59 Staff recruitment – redesign of roles. Responsible skill mix allocation. Has document: No Hibach Farah 29/10/2025 12:00 Liaison with other specialities to support and streamline the services offered, promoting efficiency and effective delivery. Has document: No Hibach Farah 29/10/2025 12:00	Vacant Deputy Manager post, long term sickness of substantive Manager. Has document: No Hibach Farah 29/10/2025 12:05 Insufficient workforce according to Safe Staffing template used to calculate workforce. Has document: No Hibach Farah 29/10/2025 12:05 Poor skill mix in establishment and a need for Band 7 Nurse Prac plus additional Band 6 staff required. Has document: No Hibach Farah 29/10/2025 12:05	Poor skill mix staff in establishment and a need for more highly trained staff. Status: Current Hibach Farah 29/10/2025 12:11

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Insufficient medical staff support identified in nursing team	06/02/2024	Ward vacancy for Nurse Practitioner and insufficient medical staff support has resulted in an increased reliance on the nursing team, who are already at capacity. There is a need to provide ideally a 24/7 NP cover to ensure greater governance and oversight of patient care delivery, treatments and to support the medical workforce. This will support the sustainable development of nursing, & career progression to the ANP role, required for the new Haem/BMT facility.	This is caused by lack of timely care, inadequate knowledge/experience impacting on decision making, lack of continuity of care & poor oversight of medical support.	Due to the high number of inexperienced staff/streamliners and high acuity on the ward, there is significant risk to patient care. No Ward Sister and inexperienced interim deputies also significantly increases the risk to B4H.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	20	20	6	Treat	One post has been advertised, SBAR submitted to Clinical Board for consideration, however Clinical Board have requested further details in relation to roles, responsibilities and impact. Currently there is no funding stream for the additional posts which are required. Finance have agreed to reconfigure funds from establishment to create additional Band 7 NP post. This will provide a limited NP service (M-F, 07:00-19:30 hrs), which will significantly reduce the risk for nursing staff and patient care. This would be a bridging support until the new workforce model has been agreed. Has document: No Hibach Farah 29/10/2025 12:39	There is wide medical support for the development of NP posts. Directorate is committed to progressing this model. Wider nursing support due to the positive impact on nursing and patient care regarding the enhanced skills and governance that these roles will provide. In particular, the positive impact this will have for all levels of nursing staff and patients. Has document: No Hibach Farah 29/10/2025 12:41	No funding stream for 24/7 cover, funding for one additional NP post has been agreed through reconfiguration of service. Currently only able to recruit to one post, which will only cover 3 x 12 hour shifts leaving gaps for the remainder of the week and significant risk to delivery of patient care and increased risk of clinical errors. Has document: No Hibach Farah 29/10/2025 12:43 Patients are disadvantaged due to lack of additional NP cover. Has document: No Hibach Farah 29/10/2025 12:44	The ability, knowledge and experience of the nursing staff will continue to be negatively impacted without the senior support from a nursing and medical perspective, and the patient pathway will continue to be compromised. Recruiting a suitable Nurse practitioner will support the sustainable development of nursing. Status: Current Hibach Farah 29/10/2025 12:44
Hospital Acquired Thrombosis service (HAT)	12/11/2025	There is a risk that the Hospital Acquired Thrombosis (HAT) service will cease in April 2026 unless funding can be secured for a part time nursing position which is dedicated to the role.	This is caused by lack of adequate or agreed funding stream historically.	Which would lead to an impact/effect on patient care as a result of an inability to access specialist advice and guidance on HAT.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	12	20	4	Treat	Issue has been escalated to Clinical Board Has document: No Gareth Jenkins 12/11/2025 13:58 Workforce focus group has been set up to outline role of this practitioner Has document: No Gareth Jenkins 12/11/2025 13:58 e-Datix report has been submitted Has document: No Gareth Jenkins 12/11/2025 13:59 SBAR to outline the need for this role is being developed Has document: No Gareth Jenkins 12/11/2025 13:59	Regular meetings to discuss the role and options available will be set up Has document: No Gareth Jenkins 12/11/2025 13:59	Availability of funding from Clinical Boards to support this post is not confirmed Has document: No Gareth Jenkins 12/11/2025 14:00	
Haematology Bed Footprint	26/11/2025	There is a risk that Haematology patients are unable to have in-patient admission to the Haematology Directorate.	This is caused by there not being enough beds within the Directorate to accommodate the patient size and demographics.	Which would lead to an impact/effect on newly diagnosed, relapsed, frail, and multimorbid patients not receiving treatment and care by the appropriate service. Delaying admission and/or resulting in these high acuity, high risk and vulnerable patients being outliers.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	20	20	6	Treat	Increase number of beds Requires increased nursing and AHP staffing to accommodate. Has document: No Richard Hinge 26/11/2025 10:49	Timely admission and discharges Use of the ambulatory care system for appropriate patients Use of HDC to support treatment and admission avoidance where appropriate Daily dynamic review of patient flow Close liaison with outlying hospitals for any repatriation Has document: No Janelle Courtney 26/11/2025 12:00	We are unable to change the existing footprint of B4H and C5 We have no control over when patients become ill/ are diagnosed and how they will react to teh treatment / relapse etc Has document: No Janelle Courtney 26/11/2025 11:57	Limited additional ward space around CAV UHB. Bed Management and Winter Pressures. Nursing/staffing levels. Status: Current Richard Hinge 26/11/2025 10:53
Single-handed consultant in NET Service	31/10/2024	Single handed consultant delivered service for commissioned South Wales Neuroendocrine Cancer service since 2017 with unsuccessful recruitment despite resource from JCC. High risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc.	This is caused by unsuccessful recruitment attempts despite resource from JCC.	Which could lead to a high risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Neuroendocrine Tumour Service	25	20	12	Treat	Executive oversight (COO) with transition into new clinical board. Has document: No Gareth Jenkins 28/10/2025 09:53 Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:53 Plan to optimise non-medical support of service - admin roles, new cancer service roles, roles of existing CNSs. Has document: No Gareth Jenkins 28/10/2025 09:54	Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:45	Prof Reed clinics 1/m only temporary. Has document: No Gareth Jenkins 28/10/2025 09:45 Availability of additional medical support to sustain level of service. Has document: No Gareth Jenkins 28/10/2025 09:46	Availability of suitably qualified individuals. Status: Current Gareth Jenkins 28/10/2025 09:48
Maintenance of RO plant (Dialysis water)	31/03/2025	There is a risk that the service could lose dialysis water provision	This is caused by the unreliable technical maintenance cover for the RO plants throughout the whole directorate	Which would lead to an effect on the dialysis service throughout UHW, which services the population of South East Wales and is the only in hospital facility available.	Business unit	Specialist Services	Nephrology & Transplant		20	20	10	Treat	Safety checks by estates weekly Has document: No Lisa Higginson 16/10/2025 16:39	Safety check list to be made available to directorate for review Has document: No Lisa Higginson 16/10/2025 16:40	Unclear roles and responsibilities of maintenance of RO Has document: No Lisa Higginson 16/10/2025 16:40	Maintenance contract is out of tender, resulting in PO being raised for every site visit which delays resolution. Status: Current Lisa Higginson 27/10/2025 13:17
Inability to meet 52-week and 36-week RTT Targets for Cardiff Neurology patients	05/09/2019	There is a risk that patients will wait over 52 weeks following referral, to be seen in Outpatients by a Consultant Neurologist	This is caused by long waiting times to be seen, demand is greater than capacity, gaps in consultant workforce	Which could lead to a negative effect on patients, poor experience/outcome and also poor reputation for the Health Board. Increased number of concerns could be seen.	Speciality	Specialist Services	Neurosciences	Neurology	20	20	8	Treat	Daily management of waiting list by Service Manager and Assistant Service Manager, demand-capacity work undertaken to highlight gaps to Clinical Board and Exec Teams, discussed at monthly consultant meetings, WLI clinics undertaken where funding and staffing resource allows, ensuring Icinics are backfilled. Has document: No Lisa Simm 22/12/2025 08:51			
Inability to meet 52-week RTT target for CTM Neurology patients	01/01/2023	There is a risk that patients on the CTM Neurology waiting list will wait over 52 weeks from referral to be reviewed by Consultant Neurologist, Route and Urgent patients	This is caused by long waiting lists, demand exceeding capacity and gaps in consultant workforce	Which could lead to a negative impact on patients - poor experience/outcome as delays in diagnosis and treatment, also leads to poor reputation for Health Board and increased concerns from patients and their families	Speciality	Specialist Services	Neurosciences	Neurology	20	20	8	Treat	Daily management of waiting lists by Service Manager and colleagues within CTM, WLI clinics currently being undertaken at Cardiff, validation of lists ongoing, recruitment of liaison neurologist taking place. Has document: No Lisa Simm 22/12/2025 09:22			
Lack of Neurovascular MDT Coordinator	01/01/2025	There is a risk that there will be no MDT coordinator available for the Neurovascular service, due to current vacancy	This is caused by vacancy in admin resource due to delays in recruitment process (post initially rejected at Exec scrutiny, further information required)	Which could lead to a devastating impact on patient care. Essential MDT safety steps such as capturing referrals, collating imaging/information, minuting decisions, tracking actions and issuing outcome letters would not be undertaken or not in a timely manner. This has already contributed to a 'near miss' event (patient later admitted after SAH after referral was not captured for MDT). National guidance for aneurysmal SAH emphasises urgent investigation and early treatment to prevent rebleeding; any delay elevates the risk of catastrophic harm.	Speciality	Specialist Services	Neurosciences	Neurosurgey	25	25	10	Treat	Manual inbox monitoring by members of the Directorate Management Team, Service Manager prepping and attending weekly MDT meeting, successful recruitment to coordinator post in December, awaiting start date. Has document: No Lisa Simm 22/12/2025 10:02			
Unmet Acute Therapies support for Neurosurgical Inpatients	15/04/2024	There is a risk that patients will not receive therapy support during their inpatient stay within Neurosurgery - or if therapy is received it will not be timely	This is caused by gaps in staffing resource, increased demand	Which could lead to a negative impact on patients mental wellbeing, increase Length of Stay and also have an impact on community services due to lack of discharge planning	Speciality	Specialist Services	Neurosciences	Neurosurgey	20	20	8	Treat	Business case submitted to JCC - awaiting outcome Has document: No Lisa Simm 22/12/2025 09:47			
Lack of Special care dentistry Consultant	25/05/2025	There is a risk that the Health Board will be unable to provide any expert dental care for its most vulnerable residents in the special care dentistry cohort and the provision of GA services, particularly for people with severe learning disabilities will cease as since January 2024 the last 15 months the HB has lost 2 wte consultant and 0.4 CDS consultants . Despite running advertisements for recruitment there has been no interest shown in these posts	This is caused by no interest in applicants when these posts have been places on Trac	Which w/could lead to an impact/effect on the dental needs of our most vulnerable population will be adversely affected. The Bevan commissioned proposed Dental Sedation Training Centre will not be realised. Teaching the Special Care Dentistry component of the undergraduate curriculum will be unmet. With a sole Consultant in Special Care Dentistry post at present, the health board is at high risk. A recent High Court hearing made a number of recommendations for Special Care Dentistry in Cardiff and Vale UHB including the need not to have a clinician responsible for service planning in Special Care Dentistry. Learning outcomes from this case are that a single Consultant is sufficient to meet the demands of planning	Business unit	Surgical	Dental		20	20	4	Treat	Recent discussions with the Chair of the SE Wales Clinical Network for care has not led to any progress- chair happy to support on an advisory capacity for our SCD staff. Exploring existing / Future SLAs with neighbouring HBS for SCS delivery Has document: No Clare Wade 31/10/2025 14:50 Service Continuity Planning Active exploration of Service Level Agreements (SLAs) with neighbouring Health Boards to maintain access to GA and SCD services. Ongoing dialogue with Community Dental Service (CDS) to redesign the service model. Workforce Pipeline Engagement with Health Education and Improvement Wales (HEIW) regarding	Assurances in Place Governance Oversight Risk is logged on the Clinical Board Risk Register and monitored through monthly reviews. Escalation to Executive Team and inclusion in SCB Board agendas ensures visibility at senior level. External Advisory Support Chair of the South East Wales Managed Clinical Network (MCN) has committed to provide advisory input for SCD staff, even though operational support is limited. Service Continuity Planning Active exploration of Service Level Agreements (SLAs) with neighbouring Health Boards to maintain access to GA and SCD services. Ongoing dialogue with Community Dental Service (CDS) to redesign the service model. Workforce Pipeline Engagement with Health Education and Improvement Wales (HEIW) regarding	Workforce Shortage No substantive progress on recruiting consultants despite repeated advertisements. No interim clinical leadership in place to meet UK guidance for GA in SCD. Limited Operational Support SE Wales MCN Chair offers only advisory support, not operational solutions. No formalised SLA yet with neighbouring Health Boards for service continuity. Training Pipeline Fragility Current HEIW trainee moving to Aneurin Bevan UHB, leaving Cardiff without specialist trainee support. No confirmed plan for future trainees or succession planning. Service Redesign Still in Planning Compliance Risk UK guidance requires GA to be consultant-led; current staffing does not meet this requirement. No documented mitigation for governance assurance if GA cases arise. Has document: No Clare Wade 31/10/2025 14:46	Service Redesign Complexity Redesigning the SCD service requires multi-agency agreement and governance approval, which is time-consuming. GA provision must comply with UK guidance (consultant-led), adding complexity to interim solutions. Status: Current Clare Wade 31/10/2025 14:47

Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Barriers
Ageing estates impacting on Patient Care	02/01/2025	There is a risk that many areas within the Clinical Board will not receive the urgent estates work they require	This is caused by the age of the buildings and general estates and the need to prioritise estates work across the entire site and the ability for the Health board to fully resource the work	Which could lead to an impact/effect on the safety, functionality, and overall quality of the clinical environment, potentially affecting patient care and staff potentially leading to sub optimal caer	Division	Surgical			20	20	6	Treat	Create a clear schedule for urgent works within the Clinical Board, aligned with Health Board organisational priorities and risk assessments. Has document: No Clare Wade 31/10/2025 12:04 Ensure high-risk areas are flagged for immediate attention and funding allocation Has document: No Clare Wade 31/10/2025 12:04 Conitue with routine inspections between estates/ IPC and clinical teams to identify emerging risks early and update the local risk registers accordingly Has document: No Clare Wade 31/10/2025 12:05 Explore capital bids to accelerate essential works. Has document: No Clare Wade 31/10/2025 12:05 Inform clinical teams of potential disruptions and develop contingency plans to maintain patient safety and service continuity Has document: No Clare Wade 31/10/2025 12:05	Exec review, QSE, IPC committee Has document: No Clare Wade 31/10/2025 12:09	Prioritisation plan does not guarantee immediate action for high-risk areas. Funding availability is uncertain from WG Interim safety measures may not fully address compliance risks. Communication plans may not reach all clinical teams promptly. Has document: No Clare Wade 31/10/2025 12:30	FundingFunding Constraints Limited capital budget and competing priorities across the organisation. Resource Availability Shortage of estates staff and contractors to deliver urgent works promptly. Site-Wide Prioritisation High volume of estates issues across the entire site reduces focus on Clinical Board areas. Age and Complexity of Infrastructure Older buildings require more extensive work, increasing time and cost. Operational Pressures Difficulty scheduling works without disrupting clinical services. Status: Current Clare Wade 31/10/2025 12:35

Saunders Nathan
23/01/2026 20:12:05