CARDIFF AND VALE UNIVERSITY HEALTH BOARD

PUBLIC BOARD MEETING

Thursday 26 March 2026 - 9:30 am – **Microsoft Teams (click to join)**

PUBLIC MEETING			
Start time: 09:30	**1**	**Welcome, Introductions & Apologies for absence:**	Kirsty Williams
	Quoracy = 6 Board members, at least 3 Executive Directors and 3 IMs.		Kirsty Williams
	2	Declarations of Interest	Kirsty Williams
	3	Minutes of the Board meeting held 29.01.2026	Kirsty Williams
	4	Action Log – following meeting held on: 29.01.2026	Kirsty Williams
	5	Consent Agenda Business	Kirsty Williams
09:40	**5**	**Items for Review and Assurance**	
09:40 15 mins	5.1	Patient Story – Angela's Story	
09:55 10 mins	5.2	Chair's Report & Chair's Action taken since last meeting	Kirsty Williams
10:05 20 mins	5.3	Chief Executive Officer Report *including SLT updates*	Suzanne Rankin
10:25 10 mins	5.4	Finance & Performance Committee Chairs Report	Rhian Thomas Catherine Phillips
10:35 10 mins	5.5	Board Assurance Framework	Matt Phillips
10:45 15 mins	5.6	Chairs' reports from Committees of the Board: 1) *Audit & Assurance 03.02.26* 2) *Digital & Infrastructure 10.02.26* 3) *People & Culture – 17.02.26* 4) *Mental Health – 27.01.26* 5) *Quality – 03.03.26*	Matt Phillips
11:00	5.7	**BREAK – 5 minutes**	
	6	**Item for Approval / Ratification**	
11:05 30 mins	6.1	Clinical Services Plan	David Fluck Vicky Le Grys
	5	**Items for Review and Assurance (continued)**	
11:35 15 mins	5.8	Strategic Planning, Commissioning and Partnership Update	Catherine Phillips
11:50 30 mins	5.9	Targeted Intervention Update	Catherine Phillips

12:20 5 mins	5.10	Covid Public Inquiry Module 3	Matt Phillips
12:25	5.11	**LUNCH – 30 MINUTES**	
12:55 60 mins	5.12	Integrated Performance Report: • *Finance* • *Public Health* • *Operational Performance* • *Quality, Safety & Experience* • *People & Culture* • *Digital*	Catherine Phillips Claire Beynon Paul Bostock Jason Roberts Lianne Morse David Thomas
13:55 30 mins	5.13	Conditions Survey	Catherine Phillips
14:25	**6**	**Items for Approval / Ratification (continued)**	
14:25 30 mins	6.2	2026-27 Annual Plan	Catherine Phillips
14:55	**7**	**Consent Agenda**	
14:55	7.1	Newborn Screening Business Justification Case	Catherine Phillips
14:55	7.2	Safeguarding Annual Report 2024/25	Jason Roberts
14:55	7.3	Annual Equality Report	Lianne Morse
14:55	7.4	Quality Management System (QMS) Position Statement	Jason Roberts
14:55	**8**	**Items for Noting and Information**	
0 mins	8.1	JACIE Update	David Fluck / Catherine Phillips
0 mins	8.2	Corporate Risk Register	Matt Phillips
0 mins	8.3	Structured Assessment – Management Response	Matt Phillips
0 mins	8.4	Reports from Advisory Groups and Joint Committees: 8.4.1 - Shared Services Partnership Committee 22.01.26 8.4.2 - Local Partnership Forum 10.02.26	Matt Phillips
0 mins	8.5	Committee and Advisory Group Minutes: 8.5.1 - Digital & Infrastructure 11.11.25 8.5.2 - Audit & Assurance 18.11.25 8.5.3 - People & Culture 25.11.25 8.5.4 - Quality 20.01.26 8.5.5 - Finance & Performance 18.02.26	Matt Phillips

14:55	**9**	**Agenda for Private Board Meeting:**	
		i) Approval of Private Board minutes *ii) People & Culture Update* *iii) NHS Wales Microsoft Enterprise Agreement* *iv) Annual CHC Uplift* *v) Private Committee minutes*	
14:55	**10**	**Any Other Business**	
	10.1	Review of the meeting	Kirsty Williams
	10.2	**Date and time of next meeting:** Thursday 28 May 2026 – TBC	

Minutes of the Public Board Meeting
Microsoft Teams
03.02.2026

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
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Clive Curtis	CC	Independent Member - Community
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Rachel Gidman	RG	Executive Director of People & Culture
Susan Lloyd Selby	SL	Independent Member – Local Authority
Mike Jones	MJ	Independent Member – Trade Union
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
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Rachna Upadhya	RU	Independent Member
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Vina Patel	VP	Aspiring Board Member
Steve Riley	SR	Independent Member – University

Ref	Agenda Item	
UHB 26/01/1	**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 26/01/2	**Declarations of Interest** No declarations of interest were raised.	
UHB 26/01/3	**Minutes of the Board Meeting held 27.11.2025** The minutes of the Board meeting held 27.11.2025 were received. **The Board resolved that:** a) The minutes of the Board Meeting held 27.11.2025 were approved as a true and accurate record of the meeting.	
UHB 26/01/4	**Actions – Following Meeting held 27.11.2025** The Board reviewed the Action Log, with the Chair confirming that actions were being properly recorded and progressed through governance.	

	Jason Roberts (JR), Executive Nurse Director clarified an action on the Nurse Staffing Act, stating that, rather than a written briefing, a Board development session was now planned, with arrangements underway and the action log to be updated. The Chair agreed this approach was suitable. Rachel Gidman (RG), Executive Director of People & Culture updated on a workforce-related action, noting a fourth, more detailed paper would soon go to the People and Culture Committee, and that the action remained active and aligned to the Committee's work plan. The Board confirmed satisfaction that actions were being captured and there was clarity on future reporting. **The Board resolved that:** a) The Actions – Following Meeting held 27.11.2025 were noted.	
UHB 26/01/5.1	**Patient Story** The Patient Story was received. Claire Beynon (CB), Executive Director of Public Health introduced the patient story which focussed smoking cessation and reminded the Board that tobacco use remained the leading cause of preventable death in Wales and set the context for why the story was being presented. She explained that the patient story took the form of a short video, which followed the experiences of three individuals who had accessed Cardiff and Vale's smoking cessation services. After the video finished, CB highlighted the scale of the public health challenge, noting that smoking was responsible for: • Around 5,000 deaths from cardiovascular disease each year in Wales • Approximately 26,000 hospital admissions annually attributable to smoking. She emphasised that while prevention was often discussed in terms of long-term impact, the patient story demonstrated that interventions could make an immediate and meaningful difference to people's lives. Judi Rhys (JRIM), Independent Member Third Sector asked two questions: • How many people went through the smoking cessation programme in Cardiff and Vale and what was the success rate? CB responded that the Health Board had expanded provision to 19 smoking cessation clinics, up from 16 and noted that clinics were deliberately located in areas with higher levels of smoking prevalence. She noted that individuals who attempted to quit smoking using those services were three times more likely to succeed than those who attempted to quit without support. Quit rates were strong and reported through the Integrated Performance Report, although uptake into the service was below ambition, not because of waiting lists but due to the need to increase demand and engagement. Susan Lloyd-Selby (SL), Independent Member Local Authority asked whether GP practices across Cardiff and the Vale were effectively linked into the 19 clinics, and whether clear signposting arrangements were in place for patients wishing to access support.	

	CB confirmed that all GP practices were connected into the Help Me Quit Community Service. She added that there were multiple referral routes into the service and that Primary care and community services were actively engaged in signposting patients. Clive Curtis (CC), Independent Member asked about uptake in the more rural areas of the Vale of Glamorgan. CB responded that services were available across both Cardiff and the Vale, including rural areas and that clinics were located to maximise accessibility, including proximity to public transport. Suzanne Rankin (SR), Chief Executive Officer, highlighted the importance of strengthening the in-hospital smoking cessation pathway, referencing recently approved NICE guidance for managing nicotine addiction in hospital settings. She outlined emerging work to: • Introduce a more robust opt-out model for smoking cessation in hospitals. • Prescribe nicotine replacement therapy routinely during inpatient stays. • Improve linkage between hospital-based interventions and community services. SR reassured the Board that the work had been discussed at Strategic Leadership Team level and was being developed in collaboration with Public Health and clinical teams. **The Board resolved that:** a) The Patient Story was noted.	
UHB 26/01/5.2	**Chairs Report** The Chairs Report was received. KW advised she would take the report as read and moved to acknowledge a significant event, the retirement of Mike Jones (MJ), Independent Member Trade Union from the Board. KW expressed deep gratitude for Mike's decades of service to the NHS and his role as an independent board member and highlighted Mike's dedication to representing and supporting the workforce, noting his widespread recognition and the positive impact he had on staff across Cardiff and Vale. She described Mike's expertise, pragmatism, and friendship as invaluable to the Board, especially during challenging times. **The Board resolved that:** a) The report was noted. b) The Chair's Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report was approved.	
UHB 26/01/5.3	**CEO report** The CEO Report was received. SR presented her report to the Board, noting that it covered a broad range of organisational issues and offering to respond to questions on specific areas. She highlighted several key themes and reflections arising from recent operational, strategic, and external developments. **Winter Pressures:**	

SR began by reflecting on the festive and winter period, describing it as extremely busy and pressured across the system, as anticipated. She noted, however, two important observations from her direct experience working operationally during that time.

- A notable shift in public behaviour, with increased use of NHS 111
- Use of out-of-hospital services, resulting in more evenly distributed demand across the system than she had previously observed.

She advised the Board that whilst that was seen as a positive indicator of changing public behaviour, it was acknowledged that 111 services experienced significant pressure, particularly over the Christmas period, leading to longer response times and increased call abandonment rates.

SR emphasised the need to understand what happened to patients who disengaged from the system during those periods of peak pressure.

December Visit by Jacqueline Totterdale:
The Board were updated the on a December 2025 visit by the new Director General of Health and Social Care and Chief Executive of NHS Wales, Jacqueline Totterdale.

SR explained that the visit focused on areas where the Health Board had previously reported challenges, particularly in relation to culture and behaviours.

She noted that the Director General had spoken directly with teams involved in improvement work and sought assurance regarding the Health Board's response.

It was noted that those discussions were open, transparent, and provided appropriate assurance regarding organisational support and intervention.

Media Coverage:
SR addressed recent media coverage, particularly concerning the Hospital Sterilisation and Decontamination Unit (HSDU). She explained that the coverage appeared to arise from a leaked briefing related to a service review undertaken in 2023–24 following reports of concerning incidents and behaviours.

She stated clearly that, once those issues were identified, the Health Board had responded robustly, commissioning a comprehensive review and implementing actions that were subsequently overseen by the People and Culture Committee.

SR expressed concern that media reporting suggested the issues were either unknown or not addressed, which she described as an unfair representation, whilst acknowledging that the issues themselves were serious and required firm action.

Education and innovation:
SR highlighted the annual undergraduate teaching review, noting that she had previously brought the postgraduate review to the Board and wished to ensure completeness of assurance.

She drew the Boards attention to the haemophilia centre becoming the first in Wales to deliver a new gene therapy for haemophilia B, describing it as a major clinical innovation achieved through collaboration with Advanced Therapies Programme Wales and the Joint Commissioning Committee.

SR cautioned that such therapies were extremely expensive and required significant organisational infrastructure, raising important considerations for future planning within a constrained financial environment.

SR also advised the Board of the deployment of an innovative end-of-life care model, noting that further reports would be brought to the Board on benefits realisation and the impact on patients, families, and staff.

	Strategic Portfolios: SR drew the Board's attention to the evolving "House" visual framework presented in her report, explaining that it was intended to illustrate the coherence of multiple strategic portfolios and programmes of work across the organisation. She invited Board feedback on its usefulness as a strategic communication tool. **Escalation:** SR addressed matters of escalation and system oversight, confirming that the Health Board's escalation status remained at Targeted Intervention. She noted the announcement prior to Christmas regarding the appointment of a Turnaround Director, advising that discussions were ongoing with Welsh Government and NHS Wales colleagues to define the nature of that support. She confirmed that the financial position remained as reported, with the organisation expecting to deliver the forecast outturn. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.	
UHB 26/01/5.4	**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 21.01.2026 RT advised the Board that the Committee had considered a range of key financial and performance matters and that, taken together, those provided the Committee with increasing assurance regarding the Health Board's overall position. She noted that a central focus of the Committee's work had been the organisation's financial recovery and that the Committee had recognised the significant effort undertaken to recover the Health Board towards its planned deficit position. It was noted that over recent months, the Committee had become progressively more assured that the organisation would end the financial year at, or very close to, its planned deficit. The Board was advised that in addition to finance, the Committee had reviewed key areas of operational performance, including: • Improvement in delayed discharge bed days, which the Committee welcomed as an important indicator of improved patient flow and system working. • Ongoing challenges in mental health out-of-area placements, which continued to present both quality and financial pressures. • A dip in cancer performance, which the Committee noted and understood would be explored further through other agenda items, including the Integrated Performance Report. RT also advised that the Committee had reflected on progress against the current Annual Plan, alongside the emerging learning for the 2026–27 planning round which included consideration of how effectively the organisation was developing its planning maturity, recognising the increasing complexity of the operating environment and the need for stronger alignment between financial, workforce, and operational planning.	

	Throughout the report, RT emphasised that the Committee's role had been to provide constructive challenge and assurance, and she confirmed that, while risks and pressures remained, the Committee was satisfied that those were understood, monitored, and subject to appropriate executive action. **The Board resolved that:** a) The Finance & Performance Chairs Report was noted.	
UHB 26/01/5.5	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. Matt Phillips (MP), Director of Corporate Governance presented the updated BAF, highlighting changes since the previous Board review. He advised that updates had been made to better align risks, controls and actions, with amendments within the sustainability and digital risk themes. MP noted that some actions within the digital theme had been rescheduled due to financial and resourcing pressures affecting delivery of the digital foundations programme. SL queried the statement within the Framework that there was currently no clear line of sight to achieving a 40% reduction in directly controlled carbon emissions and sought assurance on actions being taken to address that risk. In response, Catherine Phillips (CP), Executive Director of Finance explained that the majority of the Health Board's carbon emissions arose from service delivery and procurement, rather than estate energy use alone. She added that progress towards carbon reduction would require long-term transformational service change, alongside infrastructure renewal, and that the current condition of the estate constrained rapid improvement, despite steps already taken such as the installation of solar panels. **The Board resolved that:** a) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.	
UHB 26/01/5.6	**Committee Chairs Reports** The Committee Chairs Reports were received. **People & Culture** • CC as Vice Chair of the Committee provided a brief overview, focusing on staff wellbeing, noting that sickness rates remained above target and emphasising the need for more preventative support. • It was noted that the Committee reviewed progress on the People and Culture Plan refresh, workforce indicators, and a medical and dental deep dive, which showed strong improvements in job planning and reduced agency spend. • A spotlight was given to the Mental Health Clinical Board, where significant transformation work was underway. • The Committee approved the All Wales flexible working policy for the Health Board. **Digital & Infrastructure** • David Edwards (DE), Independent Member ICT and Chair of the Committee took the report as read and highlighted ongoing infrastructure and estate issues, which were a major focus for the Committee and aligned with CP's earlier comments about the need for a way forward.	

	• He corrected a typo in the report: the number of letters sent to staff regarding inappropriate access to clinical systems should have read 1,253 (not 12,150). He clarified that most cases were inadvertent rather than nefarious. • Progress was noted on digital foundations business cases **Audit & Assurance** • DE reported that Audit & Risk activity was "business as usual", with several audits completed, follow-ups undertaken, and a deep dive on procurement completed. KW sought assurance regarding whether the organisation was effectively tracking and implementing the large number of audit recommendations, expressing concern about timeliness and oversight. RT as the previous Committee Chair responded and confirmed that significant improvement over the last two years had been observed noting: • Previous reliance on outdated Excel spreadsheets, had made assurance difficult and so that transition to AMAT (Audit Management and Tracking) had *"hugely improved accessibility"* of outstanding actions • There was a remaining need to mature thematic analysis and prioritisation. DE agreed with RT's assessment and added that he had an upcoming planning meeting with Audit which would focus not just on audit plans but also on how to ensure recommendations were executed. MP provided further assurance noting that identifying audit themes had been highlighted in the Audit Wales structured assessment which would become an action, tracked through AMAT and reported to the Audit Committee. KW asked for reflections on strengthening oversight of Clinical Audit, particularly where it featured in the Quality Committee. Jason Roberts (JR), Executive Nurse Director responded and acknowledged that Clinical Audit had been "churning away in the background" but was not given sufficient organisational focus. He added that work was ongoing to review how Quality KPIs were reported with Clinical Audit. **The Board resolved that:** a) The Chairs Reports were noted.	
UHB 26/01/5.7	**Strategy Planning, Commissioning and Partnership Update** The Strategy Planning Update was received. CP presented the Strategy, Planning, Commissioning and Partnership Update, advising the Board that the report was provided by exception and was intended to highlight areas of strategic significance, with further detailed papers appearing later on the agenda. It was noted that significant progress continued to be made in the delivery of the Clinical Services Plan (CSP), with work progressing across a range of strategic programmes. CP highlighted the increasing importance of partnership working, both within the region and nationally, in order to maximise capacity and improve patient outcomes. She drew particular attention to collaborative work underway with Swansea Bay University Health Board in relation to cardiac surgery provision, explaining that this work was focused on maximising capacity and ensuring sustainable service delivery across organisational boundaries.	

	The Board were also updated on the outcome of a recent bone marrow service accreditation visit and was advised that, as anticipated, the service had been required to submit a formal action plan following the visit. This work was now underway and involved both service-led improvements, overseen by the Specialist Clinical Board, and estate-related works, being managed by the Estates and Facilities team. CP described ongoing engagement with partners through the Velindre NHS Trust Partnership, particularly in relation to patient flows and preparations for the new cancer centre, which was expected to open within the next year. Joint work across South East Wales on ophthalmology, orthopaedics, and wider Llantrisant Health Park services was observed, noting that the relevant business case had recently been considered by Welsh Government's Investment and Infrastructure Board. The Board was advised that the Regional Joint Committee had held its first meeting in November 2025, as required under new statutory arrangements and it was noted the Committee would play a key role in formalising and strengthening regional partnership working across South East Wales, with a further meeting scheduled to progress governance arrangements. In relation to engagement and involvement, CP acknowledged that a substantial amount of engagement activity had been undertaken to support both service change and the development of the CSP. However, she advised that the existing Stakeholder Reference Group (SRG) was no longer proving to be an effective mechanism for engagement. CP sought the Board's agreement to pause the work of the SRG while officers reviewed and developed a more effective and inclusive approach to engaging with patients, communities, and stakeholders. RT asked whether there was an expected timescale for the proposed pause and review of the SRG and when the Board could expect to see something new put in place. CP responded that while a specific timescale for the review had not yet been set, she wished to undertake a considered piece of work alongside Emma Cooke (EC), Executive Director of AHPs, Health Scientists & Community Services and MP to reflect on learning from recent engagement activity, develop a clearer stakeholder map, and return to the Board with proposals and timescales. The Chair emphasised the importance of recognising the contribution made by the SRG to date, while also supporting the need to refresh and modernise engagement approaches. EC expanded on the comments raised, describing emerging organisational learning around co-production, highlighting the value of building relationships with citizens and partners as equal participants, and adapting engagement methods to reach communities that are seldom heard. CP concluded by confirming that matters relating to commissioning and planning would be explored in greater detail later in the agenda. **The Board resolved that:** a) The progress being made across the Strategic Planning, Commissioning and Partnership work programme was noted.	
UHB 26/01/5.8	**Targeted Intervention** The Targeted Intervention update was received. CP presented a summary of the Health Board's position regarding Targeted Intervention, outlining background, current status, and progress with Welsh Government and NHS Wales	

	Performance and Improvement colleagues. The Board was reminded that Level 4 escalation for planning, finance, and strategy had expanded to cover the whole organisation after June 2025. Lead Executive Directors had worked closely with national partners to establish a shared understanding of the issues, define “good” practice, and identify evidence for progress towards de-escalation. CP noted that work to define de-escalation criteria was ongoing, with finance, planning, and strategy further advanced due to longer periods in escalation. Other domains were at earlier stages but remained engaged. The process was collaborative and required national alignment, so could not be concluded unilaterally. CB clarified the correct population health criteria, confirming measures should be smoking prevalence at the Wales average and the percentage of children aged five at a healthy weight. DE questioned whether the lack of a final escalation framework hindered improvement activity. SR acknowledged reduced clarity but confirmed improvement work continued at pace, though lack of agreed metrics could limit confidence in evidencing progress as expected by Welsh Government. RG added that, within leadership and governance, the absence of clear criteria limited access to targeted support despite internal progress. The Chair had raised the issue with the Cabinet Secretary, who committed to completing the final framework by February 2026. RU asked about mitigating risk and triangulating assurance across audits, reviews, and benchmarking. Catherine responded that clarity on escalation concerns allowed actions and evidence to be better aligned, with progress shown through both quantitative and qualitative evidence. RU suggested the Board would benefit from clearer, visual tracking of progress. SR agreed to explore improved presentation, cautioning against duplicating existing reporting. SL questioned whether individual domains could be de-escalated early where performance was strong. CB confirmed such conversations were happening and CP added that early de-escalation in some areas would send a positive message. PB noted some escalation areas felt unclear, but the organisation had focused on delivery rather than appearing defensive, balancing challenge and constructive relationships. The Chair emphasised that targeted intervention was for the whole Board, not just the Executive, and thanked colleagues for their continued improvement work despite the absence of a finalised framework. **The Board resolved that:** a) The Health Boards 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 was noted b) The areas of focus for the Health Board across the Performance & Outcomes, Clinical Services, and Leadership & Governance domains in the absence of emerging de-escalation criteria were noted. c) The progress being made to date across each domain was noted.	
UHB 26/01/5.10	**2026/27 Annual Plan Update** The 2026/27 Annual Plan Update was received. CP reported that the Board had previously committed to producing an acceptable plan, fully aligned to: • The Targeted Intervention (TI) framework. • The Health Board’s requirements as a statutory body. It was noted that Welsh Government had released the Planning Framework and financial allocations in December 2025 and that work was underway to understand the implications for 2026–27. CP advised the Board that Clinical Boards had already been developing plans covering quality, operational activity, run rates, and finance. It was noted that Ministerial priorities and enabling actions provided a clear steer on:	

- Productivity
- Efficiency
- Effective use of resources
- Improved quality outcomes

The Financial requirements were identified, and it was noted that Welsh Government's expectation was that if a balanced plan was not achievable, they would want a plan better than this year's out-turn.

CP advised the Board that a detailed update would be brought to the February 2026 Board Development Session and noted:

- There would be a high likelihood that an Accounting Officer (AO) letter would be required in mid-February 2026.
- The organisation was commissioning external support to help define a credible path to a sustainable plan.

JR asked about the sustainability of elective waiting list reductions, noting that progress had been supported by additional non-recurrent Welsh Government funding. She queried what would happen when this funding ended and whether waiting lists would begin to rise again.

She also asked whether there was any link between the focus on reducing long waits and the recent deterioration in cancer performance, both locally and nationally.

PB responded that much of the funding used to reduce waiting lists was non-recurrent, and that some growth in waiting lists was expected from April 2026, although the Health Board would start the year with a smaller cohort of long-waiting patients than previously.

He advised that some specialties continued to lack sufficient recurrent capacity to meet demand and noted that in relation to cancer performance a recent deterioration was observed and explained that rising referral volumes, diagnostic bottlenecks, and limited capacity were contributing factors.

He confirmed that a deep dive into cancer performance was underway.

SR added that while productivity and efficiency improvements could help narrow the gap, they would not fully offset capacity constraints. She emphasised that Welsh Government would rightly expect the organisation to demonstrate optimal productivity and efficiency, even where that alone would not resolve the challenge.

CB highlighted the wider public health context, reminding the Board that smoking and obesity were major drivers of cancer incidence and that investment in prevention was essential to reducing long-term demand.

The Chair raised a series of linked questions expressing concern about the low level of savings identified to date, given the Board's stated ambition to submit an approvable plan and asked whether Executives were confident that internal efforts and external support would materially improve the position.

She also asked how the planning process would ensure meaningful clinical leadership and engagement, and what actions were being taken to manage known cost pressures, including Continuing Healthcare, out-of-area mental health placements, and growing liabilities linked to risk.

SR responded that while she was confident that further savings beyond those currently identified could be achieved, the scale of the challenge, potentially around £80m, was exceptionally difficult.

	She confirmed that the level of ambition had been set with Clinical Board leaders, supported by additional external expertise and acknowledged that while savings plans typically developed later in the planning cycle, it remained a significant risk. On clinical engagement, SR confirmed that Clinical Board Directors, all of whom were clinicians, were leading planning discussions within their areas and that engagement was expected and supported. She also referenced national workstreams, including the Value and Sustainability Programme, noting that while helpful, those were unlikely to deliver significant in-year savings. PB added that achieving even the current year's financial position had required difficult decisions that had impacted organisational morale. He cautioned that credibility with staff was a real concern if the scale of future savings appeared unrealistic without transformational change. David Fluck (DF), Executive Medical Director reinforced the importance of the CSP as a means of rebuilding trust and engaging clinicians around system-wide change, rather than isolated service decisions. He emphasised the scale of cultural change required to reorganise care around patient pathways. The Chair concluded the discussion by emphasising that development of the Annual Plan was a collective Board responsibility, not solely an executive task. She advised that the Board would require additional time and engagement, potentially through further Board development sessions, to fully understand the choices and trade-offs required before submission of the plan. CP confirmed that a draft narrative version of the plan would be shared with Board members ahead of the next Board development session, enabling early feedback and more informed discussion. **The Board resolved that:** a) The progress made by the organisation on the development of its 26-27 annual plan and the key challenges it was facing was noted. b) The key observations made on the recently published NHS Wales Planning Framework were noted. c) The risks and issues being managed as part of plan development were noted.	
UHB 26/01/5.11	**Enabling Actions and Ministerial Advisory Group Update** The Enabling Actions and Ministerial Advisory Group (MAG) Update was received. PB reminded the Board that a previous paper (received in September 2025) had outlined the MAG actions, and advised that the update summarised progress on the 38 enabling actions, aligned across four strategic themes: • Timely access to care • Improving value / minimising unwarranted variation • Maximising value for money • Workforce productivity PB reported that progress was tracked on a quarterly basis and that there had been a marked improvement between Quarter 1 and Quarter 3, with a significant increase in actions rated green and a corresponding reduction in those rated amber. He noted that a small number of actions remained red, predominantly within the workforce productivity theme, but emphasised that progress had still been made even where ambitious targets had not yet been fully met.	

PB cautioned the Board that achieving a green rating against an action did not necessarily remove operational pressure. By way of example, he explained that although urgent and emergency care actions were largely green, system pressure remained high due to sustained demand.

He highlighted ongoing priorities including theatre productivity, outpatient pathway reform, cancer performance, and the need to increase focus on diabetes and bone health going forward.

Looking ahead to 2026/27, Paul advised that the proposed Enabling Actions would remain largely consistent, reflecting the structural and long-term nature of the challenges. He highlighted a proposed new focus on referral management, including reducing follow-up activity, acknowledging that this would be difficult and would require close engagement with primary care to avoid unintended consequences for patients.

JRIM asked about diabetes performance, noting that progress against the NICE eight care processes appeared limited. She sought clarity on the underlying barriers and what action was being taken to improve performance.

CP responded that part of the issue related to data capture, as some care processes delivered in secondary care were not consistently recorded in the primary reporting system. She advised that comparative work in other Health Boards demonstrated that inclusion of that data significantly improved reported performance. CB also confirmed that a primary care working group had been established to share best practice across clusters.

RU raised concerns about the proposed Enabling Action relating to reducing referrals back to primary care, questioning how the Health Board would avoid damaging relationships with GPs or creating a “ping-pong” effect for patients.

PB responded that this proposal was new and still under development. He acknowledged the risk identified by RU and confirmed that the Health Board would work closely with the Local Medical Committee and Medical Advisory Group to agree appropriate approaches.

He emphasised that the intention was not to discourage appropriate referrals but to improve pathway design and referral quality.

Ceri Phillips (CPVC), Vice Chair of the Health Board queried progress on Interventions Not Normally Undertaken, expressing concern that the organisation continued to move towards implementation rather than discontinuing interventions where there was no evidence of clinical benefit.

PB responded that while many such interventions offer limited value, some remained appropriate for defined patient cohorts.

He acknowledged the frustration around the number of interventions listed and noted that work had been undertaken regionally, particularly in areas such as vascular surgery to standardise criteria.

DF added that this was a cultural challenge, requiring clinicians to balance individual patient advocacy with system-wide evidence and opportunity cost.

CB further clarified that the list of interventions had been developed with clinical input, based on national guidance, and that audit and peer review mechanisms were in place to ensure appropriate use.

SL asked about Did Not Attend (DNA) rates, noting that those remained high and asking whether hotspots had been identified, whether the causes were understood, and how improvement was being measured.

	PB acknowledged that DNA rates remained stubbornly high, advising that causes included booking complexity, repeated rescheduling, and patient confusion. He confirmed that hotspot areas were known and that DNAs represented a significant loss of capacity and acknowledged that improvement had not yet been achieved and that booking processes and pathway design required further work. PB concluded by emphasising that the Enabling Actions and MAG requirements were fully integrated into the organisation's improvement and planning processes, rather than being treated as a standalone compliance exercise. He acknowledged that delivery of all actions would not completely close the capacity or financial gap but would significantly improve productivity, efficiency, quality, and patient experience. **The Board resolved that:** a) The progress on the enabling actions was noted.	
UHB 26/01/5.12	**Operational Updates** The Operational Updates were received. PB presented an update on three priority operational improvement areas: • Theatres • Cardiology • Hospital Sterilisation and Decontamination Unit (HSDU). He emphasised that all three improvement programmes had been initiated internally by the Health Board, rather than in response to external direction, and were focused on improving quality, safety, culture, productivity, and staff experience. **Theatres:** It was reported that the Theatres Together programme continued to progress strongly. The Board was reminded that of the 66 recommendations from the original review, 29 had been completed. It was noted that the programme covered multiple theatre sites across the Health Board, reflecting its scale and complexity and that recent efforts had focused on quality and safety, with improved compliance with the WHO surgical safety checklist and action taken in response to never events. The Board was advised that a half-day perioperative staff session was scheduled for the following week, giving staff the chance to reflect on progress and highlight any discrepancies between perceived and actual improvements. PB emphasised the importance of this feedback for building confidence and sustaining change. He recognised that cultural change would take time and that theatre refurbishments would cause short-term disruption, making continued engagement and support vital. MJ asked whether staff morale was beginning to improve across the areas covered by the programme. PB responded that morale was improving in some areas but remained variable and sensitive to short-term pressures such as capacity constraints and infrastructure disruption.	

He stated that staff feedback from the upcoming perioperative session would provide a clearer and more reliable assessment of morale and confidence in the programme.

Cardiology:
PB advised the Board that the Cardiology improvement programme was at an earlier stage than Theatres, as the review had been conducted later.

He explained that the Cardiology review had generated 50 recommendations, and while progress was underway, the programme had not yet reached the same level of maturity.

It was highlighted that early actions had included addressing concerns about unprofessional behaviours, particularly within parts of the medical workforce and it was confirmed that a number of formal investigations had either concluded or were ongoing, and that changes had already been implemented to improve consultant leadership arrangements, including standardisation of the consultant-of-the-week model, improving continuity of care.

PB noted progress in quality governance, including adoption of the WHO checklist and Cardiology's acceptance as one of only two services in Wales to join a national quality management system programme, which he described as a positive indicator of the service's commitment to improvement.

He advised that a detailed Cardiology action plan, similar in format to the Theatres plan, would be brought back to the Board as part of a future update.

Hospital Sterilisation and Decontamination Unit (HSDU):
PB explained that the HSDU review, undertaken in 2023-24, had resulted in 23 recommendations across six themes, focused primarily on values, behaviours, and team culture, rather than technical quality or safety issues.

He confirmed that there had been no concerns regarding patient safety or decontamination standards and noted that significant action had been taken since the review which included:

- Staff leaving the service through a range of routes, including dismissal, redeployment, and resignation
- Extensive work to reset expectations around behaviour and team working
- A major refurbishment works at the UHW site, requiring temporary relocation of staff to UHL

PB acknowledged the impact of recent media coverage, which had been distressing for staff. He advised that, in response, the HSDU improvement work had been brought under the Theatres Together governance structure, reflecting its place within the wider surgical directorate and enabling more consistent oversight.

MJ welcomed the progress and noted improved team cohesion and staff willingness to socialise, seeking confirmation that morale was improving across all three areas.

PB confirmed morale had significantly improved in HSDU and that Cardiology staff felt concerns were being addressed, though morale remained fragile and needed ongoing attention.

JRIM commended the teams for addressing difficult issues and sought assurance of proper governance, especially regarding People and Culture.

RG confirmed that improvement programmes had Executive review, with behavioural and workforce culture aspects reported through the People and Culture Committee, and quality elements overseen by Board and Committees.

CC asked how improvements would be embedded and sustained.

	PB said sustainability would be tracked through indicators such as sickness absence, staff relations cases, incident reporting, patient feedback, and staff survey results, noting some might temporarily increase as issues were addressed but this was part of building a healthier culture. SL asked how the Board could be assured that cultural and practice improvements translated into better patient safety and experience, especially given media concern. PB acknowledged reputational challenges and public anxiety, emphasising that improved safety processes, staff behaviours, and governance provided assurance that services were now safer, but highlighted the need for ongoing clear communication with the public **The Board resolved that:** a) The Operational Updates were noted.	
UHB 26/01/5.14	**Integrated Performance Report** The Integrated Performance Report (IPR) was received. **Public Health:** CB presented the Integrated Performance Report's Public Health section, building on previous themes and offering assurance on performance and areas needing attention. She reminded the Board that public health outcomes drove system demand, especially for cardiovascular disease, cancer, and chronic conditions. Public Health metrics were emphasised as crucial population indicators and tools to alleviate future acute and community service pressures. Smoking cessation was reported as a central priority, with Cardiff and Vale achieving strong quit outcomes through structured support and it was noted that service capacity was sufficient, but engagement and uptake needed improvement, particularly among high-prevalence groups. CB advised the Board that the number of smoking cessation clinics expanded to 19 in areas of greatest need, and referral pathways were established, with ongoing work to strengthen links between hospital and community interventions. CB also highlighted obesity as a persistent challenge, especially childhood obesity, with progress monitored and a focus on early prevention. She advised the Board that vaccination programmes continued to perform well, with high winter uptake contributing to reduced staff sickness and operational resilience. CB concluded her section by noting that interventions targeted health inequalities, focusing on communities with higher deprivation. The Board acknowledged prevention and early intervention were critical for long-term sustainability, even if immediate relief was limited. CB assured robust, evidence-based Public Health performance aligned with national priorities, while emphasising the need for sustained efforts to increase uptake and embed prevention across settings. **Finance:** CP advised that the financial position remained as previously reported, with the organisation continuing to work towards delivery of its planned deficit position.	

She explained that the Integrated Performance Report demonstrated sustained effort across the organisation to stabilise the financial position, supported by strong financial controls and ongoing recovery actions.

It was noted that performance against the planned financial trajectory had been a consistent focus of the Executive team and the Finance & Performance Committee, and that this was reflected in the improving level of assurance being reported to the Board. CP acknowledged that delivery of the position had required significant organisational effort, including difficult decisions around expenditure control, workforce management, and prioritisation of resources and noted that, while the forecast outturn remained achievable, the position continued to be fragile, with a number of ongoing pressures requiring close monitoring.

Those areas included:

- Demand-led cost pressures, particularly in areas such as mental health.
- Continuing Healthcare
- Operational resilience during the winter period.

CP also reminded the Board that a proportion of financial improvement achieved during the year had been supported by non-recurrent funding, particularly in relation to elective recovery.

She confirmed that financial risks and mitigations were being actively managed through established governance arrangements, including regular review at Executive level and through the Finance & Performance Committee and advised the Board that the Integrated Performance Report provided a clear line of sight between operational performance, financial impact, and the organisation's wider strategic and planning assumptions.

Operational:

PB presented operational updates which included:

- **Ambulance Performance**: He highlighted that the Health Board had the best ambulance handover performance in Wales during the most difficult period of the year. Over 1,400 ambulances were received in the last 30 days, with 78% handed over within 45 minutes and an average handover time of 37 minutes significantly better than other health boards.

- **Planned Care**: The number of patients waiting over two years for treatment was at its lowest in five years (609 in December 2025, down from 3,500+ the previous year). By March 2026, the number was expected to be around 400, with some complex cases (spinal, general surgery) to be treated in Q1 next year.

- **Cancer Performance**: After validation, the 62-day cancer pathway position had improved, with about 450 patients waiting. Skin and urology had improved, but lower GI was a concern and would be the focus of a deep dive. December 2025 performance was expected to be about 60%, which aligned with previous forecasts.

- **Rapid Diagnosis Clinic (RDC)**: The RDC had diagnosed 80 cancers (8% conversion rate, comparable to the 10% average for single cancer pathway referrals). The clinic was a success but now faced increased demand and longer waits, so capacity would be expanded.

- **Delayed Pathways of Care**: Paul praised local authority support, noting a reduction in delayed transfers of care. In December 2025, 118 patients were delayed, with an average stay of 33 days. Compared to the previous December, 75 bed days had been freed up, saving about 2,500 bed days over the year. The trend was expected to rise in January/February 2026, but the starting position was better.

JRIM praised the RDC initiative and asked about plans to increase capacity due to its success and resulting waiting list.

PB responded that the increase in clinics was not a big resource ask and that the team would reorganise time to expand capacity and reduce waits.

KW congratulated the team on ambulance and planned care performance and asked about the impact of patients choosing alternative pathways (e.g., 111, primary care, pharmacy) during the busy period, specifically out-of-hours and 111 services.

PB responded that data for January 2026 was needed to assess that fully and noted that A&E attendances were as expected, and other services played their part.

He added that he would try to provide more intelligence on urgent primary care centres and community pharmacy activity in the next month's report and noted that no major concerns had arisen in other parts of the service.

Quality:

JR presented the Quality section of the Integrated Performance Report, providing the Board with assurance on patient safety, quality of care, and clinical governance across the organisation.

He advised that the Quality section of the IPR brought together intelligence from:

- Incident reporting
- Patient experience
- Clinical audit
- Quality improvement activity

This enabled the Board to understand both areas of improvement and those requiring further attention.

JR highlighted a number of ongoing areas of work to strengthen safety and quality processes which included:

- Sustained focus on improving compliance with the WHO Surgical Safety Checklist, supported by audit activity and direct observation.
- Learning from incidents and never events: Trends and themes were reviewed through established governance routes. Actions were then tracked and assurance provided to the Quality Committee.
- Improvement activity in procedural compliance, behaviours, teamwork, and escalation practices

He advised the Board that clinical audit remained an important source of assurance and noted that historically, clinical audit had not always had sufficient visibility at Board level and so work was underway to strengthen its role within quality governance.

JR concluded by presenting the data on patient experience and feedback noting that overall experience remained positive in many areas.

RT commented that assurance had improved significantly following the move away from manual spreadsheets to the AMaT system, which had strengthened tracking and visibility of audit actions, though further work was needed to better identify themes and prioritisation.

JR responded that he agreed clinical audit required greater prominence and confirmed that work was underway to review how clinical audit was reported through the Quality Committee, ensuring that key findings and learning were escalated appropriately to the Board.

DF added that national and internal clinical audits provided valuable insight into how the organisation benchmarked against others and that improving Board visibility of that information would strengthen assurance.

MP noted that the issue of thematic tracking of audit recommendations had been identified in the Audit Wales Structured Assessment. He advised that this had been recognised as an area for improvement and confirmed that it was being actively addressed through actions tracked in AMaT and reported back to the Audit Committee.

People & Culture:

RG advised that the report reflected a period of continued pressure on the workforce, alongside evidence of improvement activity and areas where further focus was required.

She emphasised that People & Culture indicators were critical enablers of quality, safety, and operational performance, and should be considered alongside other sections of the Integrated Performance Report.

It was highlighted that sickness absence remained above target, reflecting both ongoing system pressure and the cumulative impact of sustained operational demand.

RG advised the Board that while some seasonal improvement had been observed, the position continued to require attention, particularly through a shift towards preventative wellbeing support rather than reactive intervention.

She reported on workforce indicators, noting progress in areas such as job planning, particularly within the medical and dental workforce, and reductions in agency usage, although some reliance remained in hard-to-recruit specialties.

It was emphasised that improving workforce productivity and stability remained a key organisational priority and that work to address culture and behaviours was ongoing including learning from reviews and staff feedback and alignment with improvement programmes discussed elsewhere on the agenda.

RG advised the Board that assurance on those issues was being strengthened through the People and Culture Committee oversight, supported by improved reporting and triangulation of workforce intelligence.

She confirmed that workforce risks and mitigations were actively monitored, with particular focus on leadership capacity, engagement, and retention, and that those risks were reflected appropriately within the Board Assurance Framework.

Digital:

David Thomas (DT), Director of Digital & Health Intelligence advised the Board that the Digital section of the Integrated Performance Report focused on the Health Board's ability to enable safe, effective and efficient care through digital infrastructure, and highlighted the increasing importance of digital capability in supporting access, productivity, and patient experience.

He reported that progress continued to be made on digital foundations, including work to stabilise and modernise core systems and acknowledged that delivery timescales in some areas had been affected by financial and resourcing pressures, which were reflected transparently in the report.

He emphasised that those pressures had required prioritisation, but that the organisation remained focused on maintaining system safety and resilience.

DT highlighted ongoing engagement with Digital Health and Care Wales (DHCW), noting that national dependencies continued to influence local delivery. He referenced work underway to improve the flow of data between systems, enabling greater visibility for both clinicians and patients.

	A particular focus of the Digital section was the NHS Wales App, which had recently been enhanced to allow patients to view appointments and referral information for items created after the app went live. DT noted that this was a ministerial priority, and that further functionality was expected to be rolled out nationally over the coming months, subject to DHCW development timelines. He confirmed that the Health Board's systems were technically ready to support additional functionality as it became available. He also advised that digital performance and risks were being monitored through established governance arrangements, with links to the Digital and Infrastructure Committee, and that digital risks were appropriately reflected within the Board Assurance Framework. SL asked about the scope and limitations of the NHS Wales App, specifically whether patients who had been waiting for some time would be able to access information about appointments and referrals made before the app went live. She also asked what steps were being taken to monitor the impact of the app and maximise its benefits for patients. DT responded that Patients were only able to view appointments and referral information that were created after the NHS Wales App went live and that appointments or referrals that were generated before go-live were not currently visible within the app. He added that the limitation was a national system constraint, rather than a local configuration issue. **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 26/01/5.15	**Infrastructure Safety Risks** The Infrastructure Safety Risks information was received. CP advised the Board that upon reflection, she believed she had misinterpreted the original action and advised that she had initially understood the request to relate to the annual condition survey of the estate, which had been underway during the year and was due to be completed in December 2025. She noted that the survey had not yet been finalised and would be brought forward once completed, following consideration by the Digital and Infrastructure Committee. CP clarified that the action raised by the Board in September 2025 had, in fact, been prompted by a paper previously discussed at the Digital and Infrastructure Committee relating to Estates and Infrastructure risks, which Board members had wished to see shared more widely. She apologised to the Board for the misunderstanding and confirmed that the infrastructure risk paper could be circulated to Board members immediately following the meeting, as there was no reason for it not to be shared. The Chair thanked Catherine for the clarification and confirmed that the matter could be easily rectified. She requested that the paper be shared promptly and noted that the outcomes of the condition survey would be welcomed at a future Board meeting. **The Board resolved that:** a) The Infrastructure Safety Risks update was noted.	

UHB 26/01/6.1	**Standing Orders Amendments** The Standing Orders Amendments were received. MP presented proposed amendments to the Health Board's Standing Orders, advising that the changes were limited and technical in nature. He explained that four amendments were being brought forward: • The first related to updates to the Regional Joint Committee Terms of Reference, reflecting the fact that the Committee had already met and had begun to refine its governance arrangements. • The second amendment concerned a minor change to publication arrangements for the Joint Committee. • The third amendment reflected changes to procurement regulations, requiring an update to the Standing Financial Instructions to ensure compliance with the revised regulatory framework. • The fourth amendment proposed a delegation to the Remuneration and Terms of Service Committee, enabling the Executive Director of People and Culture to approve early release and redundancy applications under £50,000, in consultation with the Chair of the People and Culture Committee. Matt confirmed that this proposal had been discussed with, and received unanimous support from, the relevant Committee. **The Board resolved that:** a) The changes to Standing Orders and SFIs were approved.	
UHB 26/01/6.2	**Individual Patient Funding Requests (IPFR) Policy** The Individual Patient Funding Requests (IPFR) Policy was received. CP advised the Board that the policy had been developed following a national review commissioned by Welsh Government, which was undertaken through the Joint Commissioning Committee (JCC). She noted that the revised policy was intended to ensure a consistent, transparent and equitable approach to the consideration of individual funding requests for treatments that are not routinely commissioned and confirmed that the policy had been approved by the Joint Commissioning Committee in September 2025 and had subsequently been reviewed and endorsed by the Health Board's Quality Committee in December 2025. CP explained that the policy set out clear principles for decision-making, including: • Ensuring requests are considered fairly and consistently across Wales • Applying robust clinical and ethical criteria • Providing clarity for clinicians and patients on the circumstances in which funding may be approved She confirmed that the revised policy aligned with national expectations and supported appropriate governance, clinical decision-making and patient transparency. **The Board resolved that:** a) The report was noted. b) 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 was approved and endorsed.	
UHB 26/01/6.3	**UHW Ward Block Roof Replacement Business Justification Case** The UHW Ward Block Roof Replacement Business Justification Case (BJC) was received.	

	CP presented the BJC for replacement of the roof of the UHW Ward Block, highlighting it was the tallest building on site and noting significant corrosion and water ingress issues affecting patient care delivery, operational reliability and interior areas across the site. She noted that the case, valued at just under £4 million, was developed following findings from the condition survey using drones. The Board was advised that Welsh Government approval was required and that the project was expected to take about two years due to the complexity of the location and the need to maintain safety and continuity of services. CP noted that tendering for contractors and project managers had already occurred, pending approval from the Board. PB asked if it was the expectation that the Board funded the purchase from slippage and then would seek reimbursement from Welsh Government or was the Health Board asking Welsh Government to fund it entirely from the outset. Catherine clarified that the scheme would not be funded from the Health Board's capital slippage and noted that the Board would be signing it off on the basis that the funding request went directly to Welsh Government. **The Board resolved that:** a) The contents of the report were noted. b) The Business Justification Case to allow submission of the document to Welsh Government for scrutiny and funding approval was approved. c) The procurement undertaken to select the preferred contractor and relevant advisors to deliver the project was noted. d) The relevant appointments and to enter into the contracts stated below, subject to Welsh Government approval of the BJ were approved: - Central Roofing, as the preferred Supply Chain Partner at a cost of £3.5m under the NEC4 Option A contract. - Gleeds Management Consultancy, as the preferred Project Manager at a cost of £132k under the NEC4 PSC contract. - Gleeds Cost Consultancy, as the preferred Cost Advisor at a cost of £114k under the NEC4 PSC contract.	
UHB 26/01/6.4	**Procurement Outcome Report: Provision of External Quality Assessment (EQA) Material for Wales External Quality Assessment Scheme (WEQAS)** The Procurement Outcome Report: Provision of External Quality Assessment (EQA) Material for Wales External Quality Assessment Scheme (WEQAS) was received. CP explained that WEQAS, hosted by Cardiff and Vale University Health Board, had completed a re-procurement of EQA materials, as the previous contract had ended. The process, conducted by the Health Board's Procurement team in line with regulations, led to the recommendation of a long-term contract valued at approximately £4.4 million, running from February 2026 to February 2033. CP advised the Board that the contract aimed to ensure stable supply, improved pricing certainty, and robust governance in a specialised market with few suppliers and noted that Board approval was required due to the contract's value, enabling progression to Welsh Government for final sign-off. RT commended the quality of the procurement paper and process, highlighting the assurance and price stability achieved. **The Board resolved that:**	

	a) 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 was approved. - 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	
UHB 26/01/6.5	**Acquisition of Fieldway** The Acquisition of Fieldway update was received. CP presented the proposal to acquire the Fieldway site, located directly behind Woodlands House and adjacent to Clinical Engineering and St Mary's Pharmacy. She explained that the land was currently used as a car park and had previously been leased by the Health Board when the Woodlands House car park was unavailable. CP outlined the strategic rationale for the acquisition, noting that WEQAS had outgrown its current leased accommodation located across the railway line and noted that the Fieldway site would provide an opportunity to develop owned, fit-for-purpose accommodation for WEQAS, supporting its future growth and reducing reliance on leased premises. She further advised that, even if WEQAS did not ultimately relocate to the site, the land would remain a valuable strategic asset, given its proximity to existing clinical and support services and its potential role in wider estate rationalisation. RT raised a question regarding the condition of the land, seeking assurance that no significant remediation or additional investment would be required before development. CP confirmed that the site was laid out as a car park and that ground condition and contamination surveys had been undertaken, confirming the land was suitable for development. PB asked whether the acquisition would require the use of the Health Board's capital slippage, potentially disadvantaging other capital schemes. CP clarified that the proposal was being taken forward on the basis that the purchase would be funded by Welsh Government, and that no Health Board capital would be used. **The Board resolved that:** a) The content of the report recognising the opportunities the acquisition of the site identified provided the Health Board was noted. b) The acquisition of the site at a cost of £480k inclusive of VAT was approved. c) The submission of a formal request to WG to approve the acquisition was supported.	
UHB 26/01/7.1	**Corporate Risk Register** The Corporate Risk Register was received. **The Board resolved that:** a) The Corporate Risk Register was **noted.**	
UHB 26/01/7.2	**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 26/01/7.3	**Committee, Advisory Group and Joint Committee Minutes:** The Committee, Advisory Group and Joint Committee Minutes were received. **The Board resolved that:** a) The Committee, Advisory Group and Joint Committee Minutes were **noted.**	
UHB 26/01/9	**Any Other Business** No other business was raised.	
UHB 26/01/9.2	**Time & Date of the next Meeting:** 26 March 2026 at 09:30	

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
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	CEO Report - Winter Planning	UHB 26/01/5.3	Winter Sprint Learning - The Board to be appraised of the transformation programme, its timescale, and strategic implications, including what activities may need to be deprioritised. This needs to incluide the clinical engagement approach and how clinicians will be empowered to lead change.	Jason Roberts, Paul Bostock, David Fluck	Jason Roberts, Paul Bostock, David Fluck	29/01/2026	26/03/2026	ON FORWARD PLAN	Paul Bostock to include update in Integrated Performance Report being received at Board on 26.03.2026	
PUBLIC BOARD	Strategy Planning, Commissioning and Partnership Update	UHB 26/01/5.7	Pause the existing Stakeholder Reference Group and develop an alternative engagement model. Timescale to be provided to the Board.	Matt Phillips, Catherine Phillips, Emma Cooke	Matt Phillips, Catherine Phillips, Emma Cooke	29/01/2026	26/03/2026	ON FORWARD PLAN	Forms part of the standing strategy item being received on 26.03.2026	
PUBLIC BOARD	Targeted Intervention	UHB 26/01/5.8	Continue internal improvement work aligned with the emerging framework, Welsh Government expectations and Executive-led improvement actions	Catherine Phillips	Jonathan Watts	29/01/2026	26/03/2026	ON FORWARD PLAN	Item on agenda for 26.03.2026 Board	Chair requested update to inform new Board members.
PUBLIC BOARD	Targeted Intervention	UHB 26/01/5.8	Develop a Visual Dashboard / Trajectory View to help the Board track improvement and triangulate data. Work collaboration between Execs and Performance Team.	Catherine Phillips	Jonathan Watts	29/01/2026	26/03/2026	IN PROGRESS	Creation of a dashboard proved challenging due to developments over the last month. A tracker is still being worked on and a draft will be available for Board in April 2026 to test.	
PUBLIC BOARD	2026/27 Annual Plan Update	UHB 26/01/5.10	A narrative plan to be shared with Board Members before the next Board development session to enable scrutiny.	Catherine Phillips	Catherine Phillips	29/01/2026	26/03/2026	COMPLETE	Circulated on 11.02.2026	
PUBLIC BOARD	Operational Updates	UHB 26/01/5.12	A full Cardiology improvement plan to be provided in the next quarterly update to ensure transparency and assurance	Paul Bostock	Paul Bostock	29/01/2026	28/05/2026	ON FORWARD PLAN	Item added to Forward Plan for May's meeting.	

Report Title:	**Chair's Report to Board**				Agenda Item no.	5.2	
Meeting:	**Public Board**	Public	X		Meeting Date:	**26 March 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:

Shaping Our Future
Wellbeing

Welcome and End-of- Year Reflection

As I reach the six-month point in my role, I have taken the opportunity to reflect on both the progress made over the past year and the direction ahead. Over recent months, I have continued meeting colleagues across the organisation, listening to their experiences, insights, and ambitions for the future. These conversations have been invaluable in deepening my understanding of our strengths and the challenges we face, and I am using every one of these opportunities to help shape and drive a high performing Health Board for the population we serve. One thing I have quickly realised is that we have truly amazing colleagues across the Health Board who do extraordinary things every single day.

This year has seen a number of notable achievements, including the successful launch of key service developments improving access for our communities, these achievements include national recognition at the NHS Wales Awards, where the Palliative Care Team was commended for introducing innovative home diagnostic tools that reduce unnecessary hospital admissions and support people to remain at home at end-of-life, and where the Digital Nursing Team was recognised for increasing the meaningful use of nursing data by 50% through the development of new digital staffing dashboards. The UHB has also strengthened partnership working across sectors to support more integrated, patient centred care, demonstrated by the work undertaken by Cardiff Health Partners, bringing together the UHB, Velindre University NHS Trust and Cardiff University to better align clinical services, research and innovation. This collaboration strengthens partnership working by reducing fragmentation, improving coordination across care pathways, and accelerating the adoption of evidence-based practice. By integrating expertise across sectors, the partnership supports more consistent, seamless and patient centred care across the region.

I recognise that significant work remains, particularly in responding to Targeted Intervention. The Board is committed to clear governance, strong oversight, and full ownership of the escalation plan, with regular reporting against the agreed de-escalation criteria. The UHB faces substantial financial challenges ahead. It is therefore essential that the UHB maintains strict discipline in delivering a stable, sustainable financial outcome while continually identifying opportunities to strengthen the plan throughout the year. I am confident that the Board will provide the collective leadership needed to determine the strongest way forward for the communities we serve.

I also want to update the Board on recent progress regarding Board membership. We have now concluded the recruitment process for the new Trade Union Independent Member. I am delighted to share with the Board that Lorna McCourt has been appointed as Independent Member for Trade Union from the 9 March for four years.

Lorna brings 40 years of NHS experience, progressing from Pharmacy Technician to Senior Pharmacy Technician, alongside extensive procurement expertise and a decade of dedicated service as a Unison representative. I am delighted to welcome Lorna to her first Board meeting today, and the Board looks forward to working closely with her as we continue to shape and strengthen our people and culture agenda, drawing on the depth of insight she brings from her extensive trade union experience

Listening to our Staff and Patients

Putting People First

Over recent weeks, I have continued to engage directly with our consultant body following receipt of the consultants' letter, which I referenced in my November report. I recognise the strength of feeling expressed and the importance of responding with openness, clarity, and a renewed commitment to meaningful engagement. Alongside the Chief Executive, in February, I attended a constructive meeting where consultants shared their key concerns and priorities. We agreed to strengthen clinical engagement arrangements, including establishing a new Healthcare Professionals' Forum (HPF) with representatives across all Clinical disciplines to support regular, structured dialogue. I am grateful for colleagues' openness and commitment, and I will keep the Board updated as this work progresses.

Following recent cultural concerns raised within the Hospital Sterilisation and Decontamination Unit (HSDU) and subsequent media attention, I visited the service on 11 February to speak directly with staff and understand the situation first-hand. The team shared their frustration regarding negative media coverage but also highlighted the improvements already made and the continued pressures they face. I was encouraged by their honesty, professionalism, and commitment to patient safety. I reiterated the Board's support and emphasised the essential role HSDU plays in the safe and effective running of our hospitals. This engagement will continue as we work together to strengthen culture and ensure staff feel valued and heard.

Following the cultural concerns recently identified within Theatres, I undertook a visit on 9 February to seek assurance directly from staff and better understand the situation. I was very pleased to host Andrew RT Davies, MS during this visit, which included time spent in theatres meeting colleagues who are leading several service improvement plans. Staff provided helpful insight and were open about both the progress made and the ongoing pressures they continue to manage. It was a positive and constructive visit, and I would like to thank all colleagues involved for their professionalism and commitment to delivering safe, high-quality care.

Welsh Government and National Priorities

Acting for the Future

Delivering in the Right Places

Launch of the East Cardiff Menopause Hub

I am pleased to update the Board on the successful launch of the new East Cardiff Menopause Hub, which opened on 26 February 2026. I was pleased to attend the launch with colleagues and the Minister for Mental Health and Wellbeing, Sarah Murphy. This dedicated service, based at the Wellbeing Hub at Maelfa in Llanedeyrn, provides tailored, patient centred- menopause and perimenopause support for women aged 40 to 65 registered with East Cardiff GP Cluster practices.

The service offers extended consultations with experienced GPs, support from practice nurses, lifestyle and HRT guidance, and access to a Menopause Café to promote peer support and wider wellbeing. This is the

first Women's Health Hub developed by Cardiff and Vale UHB as part of implementing the Women's Health Plan for Wales, with further hubs planned for 2026–27. The Minister for Mental Health and Wellbeing welcomed the improved access to high-quality, compassionate care for women in East Cardiff. I want to express my full support for this important development and to thank everyone involved for their continued commitment to improving women's health across our communities.

On 2 March, I visited the Public Health Help Me Quit Clinic in Llantwit Major to gain first-hand insight into the service. It was an informative and positive visit, with the opportunity to speak directly to the practitioner delivering the service and several clients currently using it. I was impressed by the person-centred approach, the flexibility of support offered, and the tailored plans developed to meet individual needs. The feedback from clients was encouraging, and it was clear that the service is managing a wide range of demands with professionalism and compassion. I would like to thank the team for their openness and their continued commitment to supporting people to quit smoking and improve their wellbeing.

Visit to Llanishen High School HPV Session – 10 March 2026

It was opportune to visit Llanishen High School this month, as students received their HPV vaccinations. The Public Health Team were on site to offer advice and support, and it was encouraging to see record uptake. I also welcomed the chance to speak with both the team and the school about the importance of strong partnership working in supporting young people's health. Together, we discussed what more we can do to reduce barriers to vaccination, not only for HPV but across all immunisation programmes.

As part of the visit, I recorded a short video to promote the HPV vaccination programme, emphasising its vital role in protecting children's long-term health.

Chair's Self-assessment
As this meeting has not yet taken place at the time of Board publication, I will provide a full update on the Chair's self-assessment at the next Board meeting.

Independent Member Development Session – 26 February 2026

Providing Outstanding Quality

An Independent Member development session was held in February to provide structured space for reflection on preparedness, scrutiny discipline and governance effectiveness during a period of sustained external pressure. The discussion was open, constructive and forward-looking. Alongside exploring how IMs can sharpen scrutiny and make more deliberate use of pre-Board alignment time, the session also reviewed induction and ongoing development support to ensure members are well-equipped and confident in their roles. Themes included strengthening clarity within Board papers, enhancing finance and risk confidence, and accelerating effectiveness through more structured onboarding. The session reflects the Board's continued commitment to evolving its own practice and maintaining strong, disciplined governance.

Acting for the Future

On 24 February, I attended the Southeast Wales Regional Joint Committee, where discussions continued on the opportunities for greater regional collaboration. The Committee received a detailed presentation on the future direction of pathology services across the region. The presentation set out the collective challenges currently faced—such as workforce pressures, service fragility, and the need to modernise laboratory infrastructure—and highlighted the potential benefits of a more coordinated, regional model. This included improved resilience, more efficient use of specialist expertise, and opportunities to strengthen turnaround times and service quality for patients.

The session reinforced the importance of thinking and planning at a regional level to ensure sustainable, futureproof services. This aligns directly with our strategic objective, as we continue to develop regional approaches that strengthen long-term capacity, support innovation, and ensure services remain safe, effective and sustainable.

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 **4** documents since as listed below;

Seal No.	Description of documents	Date sealed
1130	Demolition of the Sports & Social Club on University Hospital of Wales site and associated works	12.02.26
1131	WA32714 – The Sale of Freehold land with vacant possession at Site at Fieldway	05.03.26
1132 & 1133	Lease Renewal – Units 1 and 6, Parc Ty Glas, Llanishen, Cardiff The current occupation is being formalised through new counterpart lease agreements to allow continued occupation of both units 17 March 2026 and expire on 16 March 2031	05.03.26

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

Date Signed	Description of documents	Value Information
22.01.26	DC25068 – Refurbishment of the Aroma Outlet, UHL Refurbishment of the Aroma outlet into the new "Bwyd Blasus" outlet	£271,007.96 (excluding VAT)
26.01.26	Engrossment Licence - Dyfadol Licence CRI Between CAVUHB and The Police and Crime Commissioner for South Wales	£27,905 (excluding VAT)
03.02.26	DC25088 – St Mary's Pharmaceutical Unit (SMPU) Enabling Works upgrade of existing pharmacy facilities	£81,020.00 (excluding VAT)
09.02.26	DC25100 – Jubilee Gardens Sub North DSS16 This project delivers a new electrical sub-station, DSS16, strengthening supply to critical equipment, including the CT scanner	£739,067.00 (excluding VAT)
12.02.26	DC25122 – University Hospital of Wales CT Uninterruptible Power Supply Works requirement to improve power resilience for	£128,892.00 (excluding VAT)

	the Computed Tomography (CT) scanner at the University Hospital of Wales.	
13.02.26	UHW Skull Room 5 Refurbishment Project full refurbishment and specialist fit-out of A&E Radiology Skull Room 5, including demolition and strip-out works; installation of radiation-shielded and lead-lined partitions	£51,925.48 (excluding VAT)
20.02.26	DC25119: UHL MHSOP New Hub Rooms requirement to convert and upgrade existing accommodation at UHL to create new, compliant MHSOP Hub Rooms	£68,179.88 (excluding VAT)
19.02.26	DC25129 – Lakeside Wing to Medi-Centre Fibre Optic Link Installation install a new fibre optic link between the Lakeside Wing and the Medi-Centre at University Hospital Wales (UHW), Cardiff	£44,596.15 (excluding VAT)
24.02.26	DC25094 – UHL Hafan-y-Coed Entrance Reception Works (UHL) refurbish and reconfigure the Hafan-y-Coed reception area at University Hospital Llandough. The existing reception layout required improvement to enhance the public-facing environment and strengthen security separation between public and secure mental health areas	£161,245.32 (excluding VAT)
17.02.26	UHL HYC Alder Ward Seclusion Room refurbishing and transforming the Low stim room CLF60 and High care room CLF61 and creating a seclusion suite facility	£161,245.32 (excluding VAT)
12.02.26	Demolition of the Sports & Social Club on University Hospital of Wales site and associated works	£1,224,256.64 (ex VAT)
24.02.26	DC25113 – UHW Tarmac Footway renew and upgrade the external pedestrian footway serving the Nephrology Department at University Hospital of Wales	£32,977.75 (excluding VAT)
05.03.26	WA32714 – The Sale of Freehold land with vacant possession at Site at Fieldway	£400,000.00 (excluding VAT)
02.03.26	Deck Integrated Fixed Foam Helipad System	£348,416.17 (Excluding VAT)
05.03.26	Lease Renewal – Units 1 and 6, Parc Ty Glas, Llanishen, Cardiff The current occupation is being formalised through new counterpart lease agreements to allow continued occupation of both units	£49,480 per annum (exclusive of VAT) for Unit 1 and £52,965 per annum (exclusive of VAT) for Unit 6, giving a total annual rent of £102,445 per annum

	17 March 2026 and expire on 16 March 2031	
04.03.26	DC25131 – UHW Hydrotherapy Pool Steam Plate Replacement replace the existing steam heating interface serving the adult hydrotherapy pool at the University Hospital of Wales (UHW	£137,906.00 (Excluding VAT)
04.03.26	DC25061 – UHL Hafan-y-Coed Section 136 Emergency Assessment Suite (EAS) Refurbishment refurbish and reconfigure the Section 136 Emergency Assessment Suite (EAS) within Hafan-y-Coed at University Hospital Llandough (UHL)	£199,197.80 (Excluding VAT)
05.03.26	DC25139 – University Hospital of Wales Blood Bank & Biochemistry UPS Installation improve electrical resilience for the Blood Bank and Biochemistry areas at the University Hospital of Wales	£270,513.00 (Excluding VAT)
05.03.26	DC25124 – University Hospital Llandough CT Uninterruptible Power Supply Works enhance the resilience of the electrical supply to the existing Computed Tomography (CT) scanner at University Hospital Llandough.	£144,850.00 (Excluding VAT)

The following **6 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 Received	Chairs Actions Details	Background Information	Date Approved
20.01.26	Brecknock and Sports Social Demolition POR Demolition of Brecknock House and the Sports & Social Club at the University Hospital of Wales to enable future redevelopment	Bond Demolition Ltd Contract value: £1,224,256.64 (ex VAT)	21.01.26
15.01.26 Saunders.Nathan 20/03/2026 15:27:30	Zimmer Biomet Local Knee Contract and Consignment procurement undertaken to secure improved pricing, access to the ROSA robotic system	4-year contract (01/04/2026 – 31/03/2030) Annual cost: £846,210.60 (ex VAT) Total 4-year contract value: £3,384,842.40 (ex VAT)	21.01.26
19.01.26	Purchase of Access Points (Welsh Government–Funded) Digital Access Points	Supplier: CAE Award Value: £1,052,490.68 + VAT (£1,262,988.82)	22.01.26

	urgent requirement to replace ageing wireless access points (APs)		
05.02.26	Survey of Building Energy Management System (BEMS) The contract covers inspection, testing, and upgrading of 349 outstations, fault-finding, annual reporting, supply and installation of upgraded systems (including transition to Schneider EcoStructure, and annual surveying, call-outs, and remedial works.	Supplier: Kendra Energy Contract: 3 Years with option to extend 2 Years (3+1+1) Award Value: ££2,612,207.88 (exc. VAT)	16.02.26
19.02.26	Medic on Duty (MoD) & Activity Manager – Contract Approval NWSSP cannot progress the wider NHS Wales Chairs Action without formal CAVUHB approval for the full contract value and duration	4+2+2 years Year 1 total: £169,128 • Year 2: £124,324.09 • Year 3: £128,053.81 • Year 4: £131,895.43 • Years 5–8 (optional extensions): annual uplifts of 3% resulting in total cumulative cost of £1,121,756.64 across full term	20.02.26
24.02.26	Capital Purchase of Bed Replacements and Upgrades – Year 2 of 5-Year Replacement Programme 5-year rolling capital replacement programme was agreed, funded annually through Welsh Government capital slippage. Year 1 was delivered in 2024/25, with Year 2 funding secured for 2025/26	£1,675,001.34 excluding VAT	26.02.26

Recommendation:

The Board is requested to:

a) **NOTE** the report.
b) **APPROVE** the Chair's Actions undertaken.
c) **APPROVE** the application of the Health Board Seal and completion of the Agreements detailed within this report.

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

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

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

Prevention		Long term		Integration		Collaboration	X	Involvement	

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	5.3
Meeting:	Public Board		Public	x	Meeting Date:	26 March 2026
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					

Main Report

EXECUTIVE SUMMARY

As we approach the end of the fiscal year this report summarises key achievements against my 2025–26 Chief Executive Objectives and signals priorities as we move into 2026–27.

This year has been challenging for Cardiff and Vale University Health Board (CAVUHB) for a variety of reasons; sustained operational, financial and workforce pressure alongside the UHBs' escalation to Targeted Intervention and continuing negative media coverage relating to a range of cultural, infrastructure and team issues. I want to acknowledge the impact of this complex and challenging scenario on all and thank the Board, executive and all colleagues for their continued support, exceptional commitment, professionalism, and compassion and most of all for their unwavering dedication to the delivery of care to the communities we serve.

Despite the significant challenges, meaningful progress has been achieved across the Strategic Objectives some of which I have set out below.

As the plan solidifies for 2026-27 the priorities are clear; we must collectively focus on continuous improvement of the organisational culture and colleague experience, systematic safety and quality of care processes and governance, infrastructure resilience and redevelopment, short term financial control and long term financial and organisational sustainability. These key elements of the Shaping our Future Wellbeing Strategy will also form the foundation of the organisational de-escalation plan and will together enable a more positive outlook for the UHB.

Putting People First

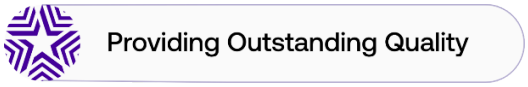
We began the year with a clear commitment to improve the organisational culture and to act decisively on the themes originating from the Staff Survey alongside other mechanisms for colleague feedback as well as the issues emerging from a number of service reviews. Work to prioritise colleague availability, experience and wellbeing, inclusion, leadership and management and management practice have been strengthened.

Key Achievements

- Improvement in sickness absence and wellbeing support: renewed adherence to the Attendance at Work policy through robust training and strengthened Occupational Health pathways.
- Reduction in agency expenditure: a sustained reduction throughout the year, particularly in Healthcare Support Worker, Nursing and Administration & Clerical staffing groups, reflecting strengthened grip and governance around variable pay.
- Leadership and management development uplift: strengthened leadership and management capability and organisational culture through targeted development and engagement, expanding access to leadership and management programmes, supporting new and emerging

leaders, and embedding values driven behaviours across teams. We have also enhanced psychological safety, Speak Up Safely, staff voice and organisational learning through improved engagement mechanisms including Viva Engage and a renewed focus on compassionate, inclusive leadership.

Progress has been made but I recognise there is still much to be done to improve the organisational culture and to ensure every colleague always feels safe, valued and respected and able to access developmental and career progression opportunities. This focus will sustain and strengthen into 2026-27.



We have continued to embed a culture of continuous improvement, focusing on avoidable harm reduction, strengthened clinical governance and systematic quality improvement.

Key Achievements

- Shaping Our Future Quality Excellence launched four major programmes, each focused on high impact harm reduction opportunities and improved patient experience.
- Theatres Together Programme has delivered meaningful progress in strengthening culture, safety, and operational consistency across perioperative services. Following the comprehensive service review, a clear and renewed governance structure is established and immediate actions delivered including improvements to security and the World Health Organisation (WHO) Checklist compliance. These actions, combined with strengthened leadership visibility and the incorporation of related improvement work such as the Hospital Sterilisation and Decontamination Unit (HSDU) recommendations, have begun to rebuild trust, improve safety practices, and lay the foundations for long-term cultural and operational improvement across the theatre environment.
- Significant steps to transform end-of-life care have been underway in the last year by embedding a proactive, patient centred model across the UHB, strengthening supportive care services, expanding multidisciplinary partnerships, and improving outcomes through earlier access to personalised, coordinated care.
- Continued focus on improving infection reduction targets, supported by stronger antimicrobial stewardship and better hand hygiene compliance across clinical boards. This progress reflects renewed focus on the *Brilliant Basics*—CLEAN, SMART, SAFE and SURE, which reinforces essential behaviours such as consistent hand hygiene, effective uniform standards, and rigorous aseptic technique. By embedding these fundamentals into daily practice, we are strengthening safety and reducing preventable harm across the organisation as well as supporting the carbon reduction agenda.

This work has shown the organisational ability and drive to continuously improve and to lead quality improvement at scale, even under challenging conditions. As this work evolves in 2026-27 a renewed focus on effective ward to Board governance underpinned by systematic safety processes and compliance will deepen and scale.

Saunders,Nathan
20/03/2026 15:27:30

Delivering in the Right Places

The organisation has worked hard to mitigate demand increases, reduce waiting times improving access and is beginning to to turn ambitions into plans to improve coordination and care delivery closer to home. Not all ambitions for improved access have been fully achieved but with Welsh Government support huge volumes of care have delivered:

- Planned Care
  - Significant reduction in the number of patients waiting for treatment over 104 weeks.
  - High Volume Low Complexity lists for cataracts are now delivering a standard of 7 cases per list.
  - Clerical waiting list validation to 36 weeks has been achieved.
  - Over 30,000 additional outpatient appointments delivered via Welsh Government programme.
  - Over 10,000 less diagnostic 8-week waits breaches forecast by the of March.

- Urgent and Emergency Care
  - Reduction in the number of 45-minute ambulance delays.
  - Consistent downward trend in total Package of Care Delays. Reduced from over 10,000 days to 7,700.

- Mental Health
  - Part 1a compliance improved from 31% in May 2025 to 100% in October 2025
  - Part 2 compliance improved from 58% in April to 66% in December. We have a trajectory to meet compliance by April.
  - Neurodevelopment 3-year waits will be at 0 by the end of March 2026.

- Community Care
  - Continued upward trend in the number of patients accessing Independent Prescriber consultations within Community Pharmacy, with 92% reporting this as an alternative to seeing a GP.
  - 5,902 Calls managed via the Single Point of Access in January 2026, of which
    - 2,506 were directed to an Urgent Primary Care Centre appointment.
    - 338 were directed to Minor Injuries Unit/Emergency Department.
    - 1,389 were provided with advice only.
  - Welsh Government Ophthalmic Service 4 (WGOS4) & Welsh Government Ophthalmic Service 5 (WGOS5) Pathways in place. Pathways help manage complex patients in the community as an alternative to secondary care. In December 2025:
    - 840 patients seen via WGOS5
    - 374 patients seen via WGOS4.
  - Established the Women's Health Hub Pathfinder site from February 2026.

Despite this success we know there is more to do. Next year will see a particular focus on improving productivity and efficiency and achieving evidenced based standards in all areas but specifically within Perioperative and Outpatient pathways. Across the in-patient pathway work to improve the effective and consistent management and progression of care will be the Main Effort. This will aim to deliver length of stay reduction to first the benchmarked median and then upper quartile of comparable organisations. Work to deploy the Community by Design programme will accelerate as will the Mental Health Transformation, all of which will be supported by the Clinical Services Plan and Organisational Redesign programmes.

In addition to operational delivery we have undertaken an estate condition survey, an essential step to improve safety and resilience of the organisations' infrastructure which will help to prioritise a risk-based assessment for refurbishment, redevelopment and investment.

This strategic objective underpins the work to build a sustainable, community oriented, digitally enabled and financially resilient health system.

Key Achievements

Digital Transformation

- Successful implementation of the national digital maternity system and roll out of first outpatient appointments in the NHS Wales App, with further functionality to include bookings and test results planned for later in 2026 led by Digital Health and Care Wales.
- Continued rollout of the Electronic Prescribing and Medicines Administration (ePMA) system which is now live and in use across over 70% of inpatient areas, including University Hospital Llandough, where staff feedback has been overwhelmingly positive about the improved safety, clarity and ease of communication the system enables.
- WIFI improvements across main acute and community sites, supporting virtual care and remote working.
- Full implementation of the digital eye care Electronic Patient Record (Open Eyes) achieved across all ophthalmology sub-specialties resulting in more efficient clinic utilisation and increased number of cataract operations per session.
- Successful deployment of the Laboratory Information Management System tranche 2 for cellular pathology.

Community based Care and Prevention

- Accelerated the shift toward community based care by expanding integrated community hubs including East Cardiff Women's Health & Menopause Hub in Llanederyn, strengthening urgent and community care pathways, and developing new models such as Enhanced Community Care, ensuring more people receive timely, preventative support closer to home and reducing reliance on hospital services.
- Stronger delivery of prevention programmes including vaccination uptake improvement, smoking cessation engagement, and increased use of Pharmacist Independent Prescribing Services.

Research, Innovation and Regional Working

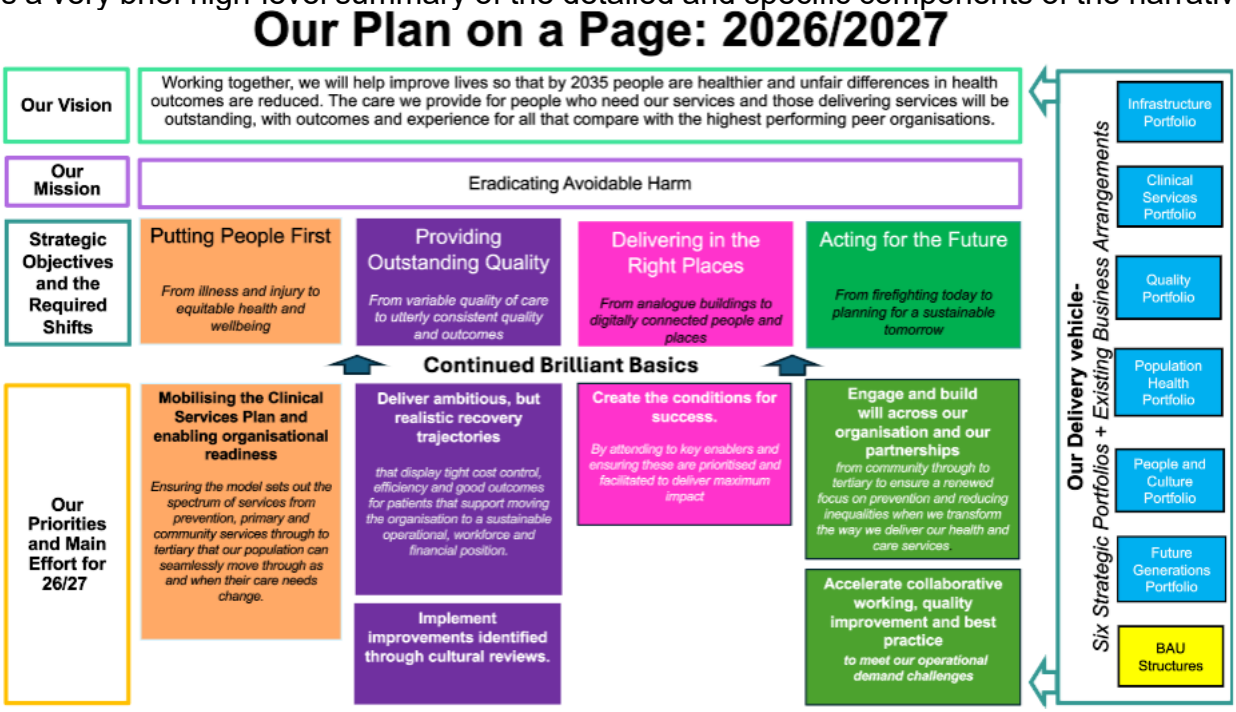
- Growth in research activity, including increased studies and commercial income.
- Active participation in the Southeast Wales Regional Partnership and National Pathology and Genomics programmes, supporting shared system transformation.
- Advanced the Integrated Community Care System (ICCS) blueprint by strengthening governance and developing new community-based care models, while continuing to refine the Clinical Services Plan with clearer pathways, stronger clinical leadership and closer alignment to ICCS.
- The launch of Cardiff Health Partners (CHP) in December 2025 marks a significant step forward in establishing Cardiff as a leader in health innovation, bringing together Cardiff and Vale UHB, Cardiff University and Velindre University NHS Trust to accelerate the translation of research into patient benefit. CHP's initial focus on brain therapies, next generation cancer care and precision medicine will strengthen the ability to deliver sustainable, high-quality care while

creating major socioeconomic value, with an anticipated £840 million contribution and thousands of skilled jobs over the next decade. This builds long-term capability, accelerating innovation, enhancing workforce development and positioning Wales to benefit from global advances in healthcare.

The past year has demonstrated the organisation's resilience, ambition and collective effort. While challenges remain and much work is still to be done, we have made tangible progress towards the long-term vision: delivering outstanding, equitable, safe and sustainable services in partnership with well supported and engaged colleagues and communities.

Annual Plan 2026-2027

Since the early part of the year work has been underway to shape the Annual Plan for 2026-27. The planning context is extremely challenging with predicted rising demands on services, deepening financial constraint and escalating costs as well as the organisational specific challenges of Targeted Intervention and scrutiny on our improvement work and cultural refresh. In addition, the political backdrop is uncertain as the Senedd elections approach. Nevertheless, progress has been made and Clinical Boards have completed detailed planning cycles, aligning priorities to the organisational strategy and the six Strategic Portfolios, with clear actions identified across urgent and emergency care, planned care recovery, primary and community services, quality improvement, digital and infrastructure, and the people & culture agenda. The plan has been refined through successive Board Development sessions, ensuring it is ambitious but realistic. At the time of writing, the plan does not yet fulfil all Welsh Government expectations and in particular does not yet fully address the very significant financial challenge and the requirement to achieve a balanced position. Work continues in the meantime to improve the financial outlook as well as to deploy productivity and efficiency gains more effectively towards the creation of more capacity to improve access to care. The final draft of the plan will be discussed in more detail during the Board meeting. The Plan on a Page is set out below which is a very brief high-level summary of the detailed and specific components of the narrative plan.



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

End of Year Financial Position Update

The Health Board has reported a month 11 deficit of £51.642m compared with a planned deficit of £51.547m, resulting in an adverse variance of £0.095m against plan. This position maintains a clear line of sight to delivering the year-end deficit of £56.2m, in line with the revised financial plan. There remains a £5.2m recurrent savings shortfall against the £30m recurrent savings requirement. The priority for the remainder of the year, and into 2026/27, is to ensure delivery of the £56.2m 2025/26 plan while continuing to progress the delivery of recurrent savings in accordance with the Health Board's financial planning requirements.

For Information

My Chief Executive report includes a summary of action & decision logs from Strategic Leadership Team meetings which can be found in the Supporting Documents folder within the Public Board MS Teams Channel and the Cardiff and Vale UHB website.

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 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 obejective to view more detail		Providing Outstanding Quality Click the obejective to view more detail	
Delivering in the Right Places Click the obejective 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

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

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

Report Title:	Finance & Performance – Chair's Report					Agenda Item no.	5.4
Meeting:	Board		Public	x		Meeting Date:	26.03.2026
			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 18th March 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 meeting and a brief synopsis of some of the items discussed is set out in this Report.

Financial Position (Month 11)
The following points were highlighted under the Financial Position for month 11:

- A deficit of £51.6 m was reported, just £95k over the planned deficit of £51.5m, indicating CAV UHB was back on plan and confident about hitting the year-end control total deficit of £56.2m.
- Savings programme overachieved by £600k against a £32m target, but operational deficit of £700k offset the surplus.
- Key operational pressures: mental health out-of-area placement costs (reduced from 23 to 9 patients), underperformance in specialist contracts (critical care and cardiac services), and National Insurance employer uplift.
- Benefits contributing to position: vaccine price savings, winter plan management, additional radiology research income, and pay controls lead to a reduction in substantive headcount by 285 staff, reduced overtime, and near eradication of agency spend.
- £32.7m in green savings schemes, with several non-recurrent schemes, increased challenges for 26-27.
- Underlying deficit for 26-27 projected at £68.7m due to non-recurrent savings and operational pressures, compared to £56.2m if this year's plan was delivered recurrently.
- Cash allocations: Welsh Government (WG) confirmed ability to draw down cash support for the £56.2m deficit and additional working cash support of £17 m. Outstanding cash allocations at month 11 total £23.4m, mainly related to band two to three back pay and planned care funding.
- Public sector payments compliance target of 95% achieved, with 96.3% reported at end of February.
- Capital resource limit of £62.5 m, with £14.3m discretionary and £45.5 m for specific projects; no forecasted variance against funding.

Operational Performance
The following points were highlighted under the Operational Performance item:

- **February Challenges**: February was more difficult than expected, with increased acuity and nearly triggered a business continuity incident. Medicine Clinical Board ran internal business continuity, reallocating staff and opening extra capacity, avoiding corridor care but using less ideal spaces.
- **A&E Demand**: Demand for services was 4.5% higher than last year, mostly in minor streams. 12-hour wait times improved slightly, but ambulance holds worsened. Average ambulance wait was 36 minutes, best in NHS Wales, with 75% of handovers within 45 minutes.
- **Stroke Performance**: Stroke data showed a dip. Focus areas: pre-hospital delays (average 12 hours from onset to arrival), delays in EU for CT/thrombolysis, and long rehab unit stays. Follow-up meeting planned; more detailed report expected in April/May.

- **Delayed Pathways of Care**: Delays reduced again in February. Average delay for physical health discharge was 31 days; mental health was 109 days. Top 20 longest stays were being reviewed as the tail is growing. Adult social care efforts credited for reducing bed days lost.
- **Planned Care**: Commitment to have fewer than 400 patients waiting over two years by end of March; expected to be about 370, with no one waiting over three years. Pressure from WG to eliminate 104-week waits, but not able to commit yet.
- **Diagnostics Backlog**: Started year with 14,700+ patients waiting over 8 weeks; expected to end year at about 6,300. Three main reasons for backlog: unexpected outpatient push (30k extra appointments generating 3k more diagnostics), contract delays for non-obstetric ultrasound, and equipment breakdown.
- **Endoscopy Capacity**: Endoscopy was the biggest issue, lacking 17 sessions per week. Land Trust and Health Park expected to provide capacity, but no revenue line of sight yet.
- **Planned Care and Diagnostics Options**: Working on right-sizing options for planned care and diagnostics for annual plan. Will return in April with additional options if funding changes.
- **Other Areas**: Mental health and primary care are managing reasonably well, but most focus is on diagnostics and cancer. Cancer discussed in a separate agenda item.

Cancer Deep Dive
The following points were highlighted under the Cancer Deep Dive item:

- **Referral Growth**: 30% increase in single cancer pathway (SCP) referrals since 2021; conversion rate to confirmed cancer remains 15–17%, indicating referrals are appropriate.
- **Performance Trends**: SCP performance improved from a low of 40% in September 2022 to mid-50% recently, but still below the 75% standard, which has never been met in Wales.
- **Treatment Volumes**: More patients with confirmed cancer are being treated each month than before, with step changes visible in the data.
- **Key Challenges**:
- Unpredicted demand growth and population increase in Cardiff and Vale.
- Significant rise in skin cancer referrals; two new consultants appointed.
- Insufficient or competing capacity for diagnostics and theatres, with specific issues in breast and urology pathways due to staff changes and pathway adjustments.
- Bowel Screening Wales requires 9 endoscopy sessions per week, straining capacity and causing delays for routine colonoscopies and SCP patients.
- **Impact on Pathways**: Patients from Bowel Screening Wales often join the SCP late (day 45–50), affecting timely treatment.
- **Backlog and Performance**: Backlog is decreasing, but performance is affected as patients are treated in turn. The team is focusing on treating diagnosed cancer patients and understanding bottlenecks. 46:30
- **Reasons for Breaches**: Top breach reasons by specialty include delays in first outpatient appointments (breast, skin), screening Wales delays (colorectal), and biopsy pathway changes (urology).
- **Milestone Tracking**: New focus on internal milestones—85% seen by day 14, 85% diagnosed by day 28—to improve chances of meeting the 62-day (75%) standard.
- **Recovery Plan**: Expect to reach mid-60% performance by March and 75% by September, contingent on holding milestones and creating more capacity. Cancer is prioritised after emergency/inpatient care.
- **Team and Process Changes**: Recruiting a new Clinical Director for Cancer; need to improve retention and support for cancer trackers (key admin staff).
- **Strategic Commitment**: Committed to delivering the standard, recognising the need for more transformational work and to address capacity competition.

The newborn Screening Justification Case
The committee supported the business justification case for additional all Wales newborn screening at UHW, recommended it proceed to Board for approval, and noted that the project will not proceed until written confirmation of revenue support was received.

The committee received and noted the monthly monitoring return for month 10.

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*			
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 tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

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

Report Title:	Board Assurance Framework				Agenda Item no.	5.5
Meeting:	Board		Public	X	Meeting Date:	26 March 2026
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive Title:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

Main Report
Background and current situation:

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

The 2 delivery focused risk themes are:

1. Quality
2. Health Equity

And there are 4 key enabling risk themes:

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

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

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

There have been no changes to overall net risk scores.

The most significant changes in this iteration are in the Health Equity risk theme where a comprehensive review of the theme has been undertaken.

In the risk assessment it is worth noting that a major cause of a risk to delivering the strategy is identified as being a deterioration in the wider determinants of health of our population – a factor that is only marginally within the auspices of the HB to address (compared to housing, employment etc).

The decarbonisation risk was raised at the last Board meeting and the F&P Committee will receive twice yearly updates on the work being undertaken in this area.

The BAF is now in an established pattern of presentation to People and Culture, Digital and Infrastructure and Finance and Performance Committees. It notes in the actions under Quality that the Quality Committee is being reviewed and redeveloped as part of the work the of Quality Management System implementation, the structured assessment, the advisory internal audit on governance and the incorporation of the Mental Health Committee.

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?:

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

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

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

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

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

Decarbonisation: No
Welsh Language: No
Approval/Scrutiny Route *(please note anywhere else this paper has been before):*

Board Assurance Framework

Updated 26 Mar 26

Introduction

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

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

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

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

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

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

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

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

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

Shaping Our Future Wellbeing

Strategic Framework

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

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

Shaping Our Future Wellbeing

Strategic Objectives

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

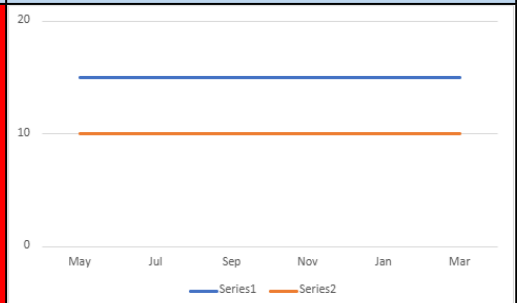
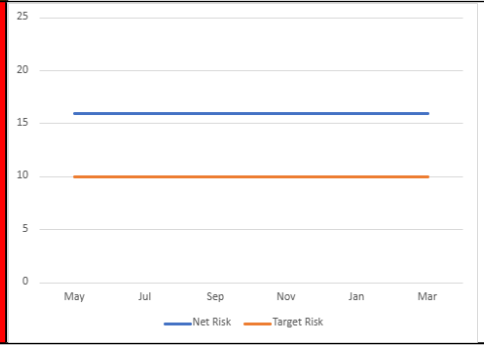
Strategic Objectives			
Putting People First	**Providing Outstanding Quality**	**Delivering in the Right Places**	**Acting for the Future**
We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place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

Shaping Our Future Wellbeing

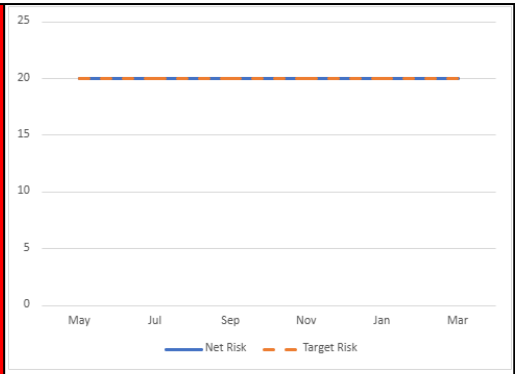
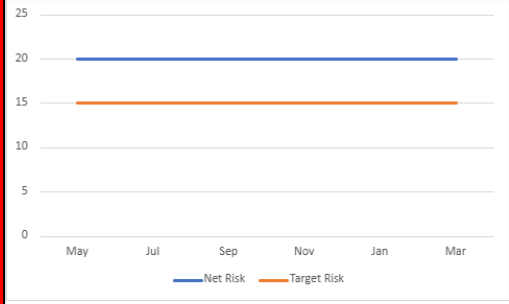
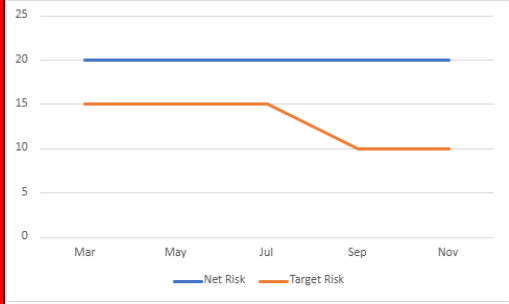
Strategic Risks – Quality

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

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

Strategic Risk	Risk Appetite / Target Risk	Gross Risk *(no controls)*	Net Risk *(after controls)*	Trend	Context	Executive Lead(s)
Quality	Cautious **10**	**25**	**15**		Our ultimate priority - to continuously, reliably, and sustainably meeting the needs of the population that we serve. Our organisation will focus on delivering assurance on the six domains of quality with the ultimate aim of providing outstanding care to our patients. We will strive to deliver Safe; Timely; Effective; Efficient; Equitable and Person-Centred Care.	Exec Dir Nursing Exec Medical Dir Exec Dir AHPs and Health Science Chief Operating Officer
Health Equity	Open **12**	**16**	**12**		One of our two statutory responsibilities as a Health Board is to improve the health and well-being of our local population. The overall aim of our strategy is: 'Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced.' The goal is to improve health outcomes by reducing inequity in indicators of healthy behaviours and increasing the use of preventative services and access to clinical services.	Exec Dir Public Health
People Saunders,Nathan 20/03/2026 15:27:30	Open **10**	**20**	**16**		The most important asset of any organisation. Through the delivery of the People and Culture Plan, our strategy will be delivered with a key focus on these core People risks: Attract, Recruit, Retain | Culture | Wellbeing	Exec Dir People

Strategic Risks – Quality

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

Strategic Risks – Quality

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

Strategic Risks – Quality

Strategic Risk	Strategic Portfolio	Exec Leads	Committee	Date Added
Quality	Shaping our Quality, Value & Sustainability	Exec Dir Nursing | Exec Medical Dir | Chief Operating Officer Exec Dir Therapies and Health Science	Quality	30 Sep 24

Risk

The delivery of poor quality care that has a negative impact on the outcomes and experience of the population we serve

Cause	Impact
Workforce Vulnerabilities in our Workforce including availability, retention, culture and leadership can impact on our ability to deliver safe effective timely and patient centred care **Digital Enablers** The absence of a joined up digital patient record and patient management system has resulted in omissions in care and disruption to patient pathways Ability to deliver effective care is impacted by outdated systems related to digital technology, clinical coding 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. The lack of data relating to population health and protected characteristics means that we are unable to effectively measure variation in outcomes. **Capacity and demand** 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 **Environment** The ageing environment is leading to challenges including to disruption to services and Infection prevention and control risks and poor patient experience **Whole Systems approach** Gaps in our clinical governance structure means that risk is not clearly articulated and Escalated and that mitigation is often localised rather than delivered at an organisational level. **Improvement and learning capability** Learning from events is often undertaken at departmental level with infrequent evidence of embedding organisational learning	**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** Long waiting times for planned care and diagnostics means care is delivered at inappropriate timescales with a potential consequence of progression of disease, worsening wellbeing and associated psychosocial impact on patients and families. Care is ultimately costlier to provide. **Effective** Benchmarked data associated with national clinical audits demonstrates that we don't universally benchmark in the top 30% of organisations nationally for performance and outcomes. The pressure on estates, workforce capacity and wellbeing will impact on our ability to provide care in line with evidence base. **Efficient** The Health Board is not meeting some of its productivity and efficiency ambitions, including in relation to outpatients and length of stay. Care may be being delivered which does not provide value to the patient, wider population and health economy. Care can be duplicative and wasteful. Care is often delivered with a disproportionate focus on intervention vs prevention. Constraints around workforce availability results in a reliance on non UHB staff to provide core. **Person Centred** The Health Board is striving to deliver care that meets the patients right to empathy, compassion, privacy, dignity and respect. In some areas patient experience is below our ambition, for example in the Emergency Department which is below the 85% target in all but one measure. The Health Board is seeking to ensure patients and families views are sought and play a role in improving services.

Strategic Risks – Quality

.		**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.	• 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 • AMaT • Shaping Our Future Quality Excellence

Strategic Risks – Quality

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. **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.	
Gaps in Controls	**Gaps in Assurances**
A recent advisory audit of Clinical Governance demonstrated gaps in reporting and escalation The availability of data to support benchmarking and monitoring of performance is limited by poor coding compliance Participation in a number of National Clinical Audits is sub optimal with poor case ascertainment and data quality The availability of data relating to protected characteristics means that measures of variation in outcomes by population is limited. The Development of the Quality management system is underway but this is a two year programme to embed this work	The control gaps identified mean that assurance at Committee and Board level is undermined and so the Committee work is being reviewed and redeveloped.

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

Strategic Risks – Quality

Actions			
What	**Lead**	**By**	**Update**
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	30/06/26	• 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 • Performance is consistent despite operational pressures. Increases in thrombolysis rates, work remains on % in time. Detailed review of thrombectomy undertaken • Stroke summit to review progress planned for 15th January • Stroke summit highlighted improvements in performance for some parts of pathway alongside increased challenges – particularly rehab length of stay. Work ongoing
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. • On-track of 450 patients waiting longer than 104 weeks by end of March. • Diagnostic challenges mean improvements will be delivered but not to the level previously expected
Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production Saunders.Nathan 20/03/2026 15:27:30	PB	31/03/26	• 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 • C1 work completed. UPS completed. • Detailed request for funding for C3 refurbishment, and indicating plans for subsequent A3, B3 upgrades, will be sent to WG in Q4

Strategic Risks – Quality

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
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. • 3-year ND waits reducing for end of life but will increase in 26/27 • Implementation phase of transformation work to begin in 26/27
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
Review and redevelop the Quality Committee to incorporate Mental Health and accommodate audit points from Audit Wales and Internal Audit	MP/JR/DF	1.06.26	• Development meetings held in Feb and March with a further one in April to refine and deliver a new format for the deadline

Strategic Risks – Health Equity

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.~~

There is a risk that lack of investment in prevention 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

Risk: a lack of investment in prevention
 	
• Our organisation aims to shift spending from reactive hospital care towards prevention and proactive care in community settings. However, secondary care continues to receive an increasing share of NHS funding, leaving prevention under-resourced. Addressing this imbalance is essential for our long-term sustainability.
• There is currently a lack of capacity to deliver evidence-based interventions at scale to tackle smoking, obesity, vaccination, alcohol, substance use etc. that drive the huge disparities in health outcomes we see across Cardiff and the Vale of Glamorgan.
• There is currently a lack of capacity to undertake more substantial work on the wider determinants of health with partners, such as improving housing and educational attainment, employment etc.
• There is currently a lack of investment in prevention: the Faculty of Public Health recommends 15 public health consultants for a population of 500,000, we employ 5.5 WTE.
 	
Risk: a deterioration in the wider determinants of health
 	
• Health inequalities are well documented across the UK and 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
	Potential impacts associated with this risk include:
	
	• Greater illness and poorer access to care (the inverse care law) will contribute to worse health outcomes. This impacts directly on the gap in life expectancy between the most and least deprived, resulting in a worsening of the gap in life expectancy and healthy life expectancy between different members of our population.
	
	• Health inequalities are already estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness. The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived (PowerPoint Presentation (nhs.wales). A lack of investment in prevention will cause an increase in future health service costs associated with health inequities.
	
	Potential impacts associated with mitigation of this risk include:

Strategic Risks – Health Equity

- 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. 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.

- There are significant inequities that impact the health of people in our communities. 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. Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Disadvantage experienced in childhood is often compounded and exacerbated through adult life and often passes inter-generationally. Examples of the impacts of these inequities on health include:
  - 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.
  - In 2021 the *undiagnosed* diabetes rate was double for those in the bottom Index of Multiple Deprivation quintile compared to the top.This presents a challenge for the NHS in finding those with an unmet need for healthcare.
  - 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.
  - 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. 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.

- Key population groups with multiple vulnerabilities include:
  - Some people in minority ethnic groups, especially some people in Black and Asian populations
  - People living in (or at risk of) deprivation and poverty

- Taking action on health inequalities can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill health for people in our communities. For example, using an NHS service such as 'Help Me Quit' can increase a person's chance of successfully quitting. 'Help Me Quit' clinic provision is aligned with areas where smoking prevalence and deprivation are highest to help reduce barriers to service access.

- This can in turn reduce the burden on and costs to the Health Board and social care while enabling our population to be more productive in our working lives. Spending on prevention has 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 preventative care closer to home will support the UHB to fulfill its organisational priorities as described in its Strategy, because they are derived from the changing needs of the population.

~~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~~

Strategic Risks – Health Equity

- 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

- 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 *undiagnosed* diabetes rate was double for those in the bottom Indexe 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 organisation as described in the strategy, because they are derived from the changing needs of the population.

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 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.

Strategic Risks – Health Equity

- 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).

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

Strategic Risks – Health Equity

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. • 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. The UHB also now has an Equity & Inclusion Manager, together supporting Clinical and Service Boards, including with awareness and training on completing Equality Impact Assessments. • **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. • 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.	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

Strategic Risks – Health Equity

- ‘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.
- An ‘Equity, Equality, Experience and Patient Safety’ action plan was approved by Board in May 2024, covering 24 initial actions across the Clinical Boards that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. Progress on actions is reported to Quality Committee on a 6-monthly basis (most recent update provided in February 2026). Ongoing review is undertaken to identify outstanding actions and create future actions using the framework.
- The Health Board is continuing to implement and periodically review its strategy to tackle the lower and unequal uptake of vaccination in our most deprived communities, using an intelligence driven approach and involving targeted, behaviourally informed communications and engagement.
- The Health Board has developed a co-ordinated programme of action to reduce smoking in areas/populations where prevalence is highest. It has also taken strong action to introduce enhanced enforcement of no smoking legislation on hospital sites across Cardiff and the Vale of Glamorgan.

- 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.

Strategic Risks – Health Equity

- 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 allow~~The Public Health Team have agreed three immediate priorities that will influence health inequalities (and other work that we will need to bring forward when capacity allows). Work to tackle inequalities needs to take place over prolonged time periods. We 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~~s)~~:. The priority areas are:

- 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).

5. -Work to support health equity through greater patient engagement and feedback

The All-Wales Peoples Experience Framework was launched in April 2025 with ongoing work on implementing its recommendations. There are now several methods being used to gather feedback with the aim of ensuring all patients can contribute (available from the Patient Experience SharePoint pages). Training tools and guidance are also now available to support staff in engaging more effectively with patients and service users, helping them gather meaningful feedback about their experiences. These are complemented by monthly feedback-in-focus sessions held across sites to support patients, staff and carers in completing and understanding the many ways we collect feedback, offering support where needed. Translation and Interpretation pages, have also been developed in line with the Welsh Government Accessible Standards Framework, launched in September 2025, with ongoing work to raise awareness of the standards internally.

Gaps in Controls	Gaps in Assurances

Strategic Risks – Health Equity

There is an ongoing need to improve the routine collection of protected characteristics to support the introduction of new indicators. This will need to be addressed by each Clinical Board.	~~Monitoring data (e.g. on protected characteristics) Population Health Management System to reduce inequalities by identifying those at risk~~The lack of monitoring data (e.g. on protected characteristics) A Population Health Management System to reduce inequalities by identifying those at risk The ability to share information between Health Board teams on patient characteristics

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

Actions			
What	**Lead**	**By**	**Update**
Embed a 'Socio-economic Duty' way of thinking into strategic / operational planning, *beyond* complying with our statutory duty, and to always consider the unintended consequences of our actions Saunders,Nathan 20/03/2026 15:27:30	Claire Beynon/ Rachel Gidman	~~2025/26~~ Now embedded	Actions completed in last financial year • ~~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.~~

Strategic Risks – Health Equity

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~~March 2026 with further annual actions 2026/2027	~~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.~~ • ~~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.~~ • ~~A similar 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.~~ • ~~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.~~ • ~~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. As the actions are being completed, a review is being undertaken to identify any outstanding actions and create future actions using the framework.~~

- ~~GP and nurse outreach clinics have been established 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.~~
- ~~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.
- 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.

- 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.

Completed:

Strategic Risks – Health Equity

			• Across the UHB, work continues to meet targets in the existing Equity, Equality, Experience and Patient Safety 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 most recent updates on this work was presented to the Quality Committee. • Papers have been taken to the RPB and PSB on health inequalities, such as the annual Director of Public Health Report and the Population Needs Assessment. These highlight the issue of health inequalities and workshops have been held, e.g. diabetes deep dive, child health deep dive to highlight inequalities and develop collective actions to reduce these. New actions: • Continue to provide feedback via the Quality Committee on the new actions identified in the Equity, Equality, Experience and Patient Safety Framework and Action Plan. • Write an Annual Director of Public Health report that highlights health inequalities and actions to take to reduce these. • Refresh sections of the Population Needs Assessments or undertake Health Needs Assessments for the population that highlight health inequalities and actions that can be taken to reduce these and share these with appropriate partners (e.g. RPB and PSB) • 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 *all* 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.~~
Advocate for more resources for prevention as a	Claire Beynon	2026/2027	• Continue to advocate for increased resources for prevention to improve the health and well-being of the local population.

percentage of the total health board budget.			• Keep working on the business plans that would allow full implementation of evidenced based interventions to reduce health inequalities for smoking and obesity, to include time frame for benefits. • Suggest a methodology that supports the collection of data on spend on preventative activities, with a focus on primary prevention.
Improve the routine data collection in relation to equality and inequity across the UHB. Saunders,Nathan 20/03/2026 15:27:30	Claire Beynon	~~March 2026~~March 2026, with annually agreed actions 2026/2027	~~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 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 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.~~ Completed actions: • An internal audit has been commissioned to understand in detail the ability to collect information on protected characteristics with a focus on ethnicity. • An analysis of the waiting list by Welsh Index of Multiple Deprivation has been completed and shared with Quality Committee as part of the update on the Equity, Equality, Experience and Patient Safety Plan. • Feedback in Focus sessions (see Controls above) started on Tuesday 13th January in University Hospital Llandough. • The rollout of Children's Services feedback commenced in February 2026. • National Surveys on Maternity phase one began in January 2026 and Endoscopy services will be rolled out in 2026 (date to be confirmed). New actions: • Follow the advice and guidance from the internal audit on data collection on protected characteristics. • Request further analyses of aspects of access to health services by Welsh Index of Multiple Deprivation. • Expect Clinical Boards to take responsibility for understanding their data in relation to protected characteristics, and to take positive action in relation to this.

Saunders Nathan
20/03/2026 15:27:30

Strategic Risks – People

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

Risk

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

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

Strategic Risks – People

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

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

Strategic Risks – People

Controls	Assurances
• The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities. • Monthly Executive Review meetings with Clinical Boards • Strategic oversight meetings, e.g. NPG, MWAG and introduction of MPG (Medical Performance group) • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Speaking up Safely. • Widening Access Framework • New Starter Surveys and Exit Questionnaires/interviews • Nursing Staff in Post Forecasting to identify potential risks in advance Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme Staff survey	• Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. (1) • Quarterly IMTP/Annual Plan updates to WG. • WG JET and IQPD • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). • Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report (3); • Engagement of staff side through the Local partnership Forum (LPF) (1) Matrix of measurement now in place which will be presented in the form of a highlight report to Committee (1) • Internal monitoring and KPIs within the OH&EHWS (1) • Wellbeing champions normalising wellbeing discussions (1) • VBA focussing on individual wellbeing and development (1) • Successful retention of the gold (and platinum) Corporate Health Standard awards via the 'Enhanced Status Checks' in March 2023 • Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023 • Development of a new and permanent OD Manager - Wellbeing and Engagement role • Taking Care of Carers Audit and Action Plan to become part of Business as usual (3) • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report and implementation of Management Actions (3) • Trade unions insight and feedback from employees (2) • Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales (2)
Gaps in Controls	**Gaps in Assurances**
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	~~March~~May 2026 September 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~~paused while re-design conversations take place and will re-commence in April 2026 to ensure links to organisational priorities and direction. • ~~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 202~~6~~7	• Elev8 Programme ~~launched September 2025 to support Advancing Clinical Leadership. A~~ is a multi-disciplinary programme to support Band 7 clinical leaders. Further cohorts will be delivered throughout 2026/27 and evaluated

			for effectiveness. ~~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.~~
		May 2026	• New HEIW led Leadership and Competency Framework due to be rolled out across Wales in ~~the next 1-3 yrs~~2026/27 (based on NHS England work). Work already underway to map internal porgrammes to competencies and requirements. ~~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 ~~underwa~~completed~~y~~ and will be reviewed upon launch ~~to ensure alignment with~~ of the All Wales (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.
		July 2026	• ~~Ambition is~~Planning on track to deliver an inaugural CAV Leadership & Management Conference in ~~Summer~~ July 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.
		May 2026	• CAV L&M Team are scheduled to share plan of work and to advertise 26-27 activity at 'Ask Suzanne' in May 26.
		October 2026	• CAV Talent and Succession Planning is underway to draft a long term plan
		April 2026	• CAV L&M SharePoint site is ~~being updated~~ nearing completion ~~with ambition to~~ and will 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, .
			• ~~CAV Back-to Basics campaign being prepared to roll out in Spring 26 in order to align to Ask Suzanne Session in May 26~~
		July 2026	

		May 2026	• Ongoing collaboration with DHI to develop additional offers using a joint capability to improve effectiveness across the system. This mitigates seeking costly external training delivery . • NWSSPHEIW Audit of L&M confirmed for Feb 26. preparation for the audit is underwaycompleted, awaiting report to identify key actions, risks and mitigations. • . Operational Manager Programme (Band 8C) Cohort 1continues, working with HEIW and COO to identify and signpost supporting pathways for managers and leaders working in operational roles.Thorough evaluation will follow completion. • 'Cultural Safety Zones' concept taken to 'Spread and Scale Academy' in October 2025, . Outcomes under review to assess opportunities to expand / introduce – to form paer of Culture Proposiion Paper April 2026. • Thorough TNA and analysis of L&M team capacity is underway Consideration of a Management Passport for all leaders/managers to recognise knowledge, skills and experiencege. 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	March 2026July 2026 April 2026	• Continue to monitor the delivery of the Strategic Equality Objectives and Plan through annual reporting and the People and Culture Committee. • Equality Annual Report for 2024/25 published, report for 25/26 will be presented to P&C Committee in July 2026 • NHS Wales Staff Survey 2025 results received Feb 2026, analysis to be undertaken to understand experience of colleagues where analysis based on protected characteristics is available

Welsh Language Standards being implemented.
 	
Saunders,Nathan 20/03/2026 15:27:30
	Claire Whiles	MarchJune 2026	• Continue to improve capture of Welsh language skills data through 'making every contact count' approach (e.g.. Corporate Induction).
			  ○ Current registration is 60.9865.67%%, an increase of 8.67%from 52.78% in Feb 2025 from December 2024 to Dcember 2025.
			  ○ Welsh Language Skills have beento be made a mandatory requirement in ESR fromin February 2026 which is supporting a weekly increase.
			• 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.Continue to communicate and deliver Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.~~ • ~~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.~~
Inclusion - Nine protected Characteristics	Claire Whiles	May 2026 ~~March 2026~~ April 2026 July 2026	• 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 – further guidance may be available in May 2026. • 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. • ~~Health Board provided assurance on WRES and Anti-racist Action Plan at IQPD with Welsh Government in December 2025.~~Staff Survey 2025 results received. National move from WRES to Workforce Equality Standard,reports anticipated July 2026, • ~~Sessions delivered by NATTC to support neurodivergent staff and managers to better understand functionality of MS365 and how it can support.~~ • 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).
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. Saunders,Nathan 20/03/2026 15:27:30	Claire Whiles	~~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 considering 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~~

Strategic Risks – People

			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.	Claire Whiles	March 2026 May 2026 April 2026 May 2026 May 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 being sustained within WG guidelines demonstrating success of collaboration model with CTMUHB, 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 eExploring opportunities to introduce one-system across both UHB's to enable more effective and prudent collaboration. • Head of OH working with Snr Business Partner to look at implications of public health pressures on staff. Analysis will inform actions and areas of focus. • NHS Wales Staff Survey results expectedreceived February 2026. ENgagement and communication plan in place to support local analysis, cascade and response. Dashboard access has been shared with Clinical Boards and key stakeholders, organisational comms to commence March 2026. Analysis being prepared for P&C Committee; SLT; LPF; LNC and other relevant meetings. • Scoping work to commence Januarydelayed to April 2026 to review the employee wellbeing model at CAVUHB. A 4-810-12 week project, supported by a working group, and co-production activities across the uHB. • Values Based Teams programme in design, including development of a Power BI workforce insight narrative integrating culture intelligence, workforce metrics, quality and safety measures, governance etc to strengthen organisational oversight and inform coordinated response with Clinical Boards.
1. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources Improve website navigation and resources	Claire Whiles	April 2026 May 2026	• Draft OD, Wellbeing and Culture Framework and Toolkit produced and currently being shared for feedback / useabilityand will be shared for feedback following re-design workshop outcomes to ensure supports direction of UHB transformation. To be ready for publication April 2026.

			• Occupational Health, Senior HW Business Partner working closely with Public Health Team to ensure consistent engagement around health priorities, including vaccination and research work on health and wellbeing of staff living in CAV.
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	MayMarch 2026 June 2026 April 2026 Q1 2026/27	• Connect to review of all existing org L&M trg packages in progress(above). This includes adding more EDI training into packages as EDI contributes to improvement in wellbeing. • . • 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 Revised MAAW training continues to be delivered, alongside Sickness Panels to support effective discussions to support colleague wellbeing and availability • 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. • 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. • Restorative supervision themes and feedback collated to identify themes for further support for colleagues • 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 as pilot sessions in Q1 of 2026/27.
Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.	Claire Whiles	MayApril 2026	• EWS continue to offer evidence based interventions and review and enhance offer, e.g. Spring; EMDR

		May 2026 Q1 2026/27	• Operating model under review ~~(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 – outcome to support operating model review. • 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 for People Services around Trauma Pathway to be enhanced following feedback and collaboration with the Trauma Pathway Multi-Disciplinary Team – to assist manager understanding. • 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 • Staff survey analysis to take place to look at results related to staff health and wellbeing

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

Strategic Risks – Digital

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

Controls	Assurances
• Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 - these will be refreshed by April 2025 • Roadmap to support the strategy shared with DHIC covering 2024/27 - these will be refreshed by April 2025 as part of the Digital Foundations PBC work • Digital components described in IMTP – focussed on in year national and clinical board priorities • £466K is being invested by CAVUHB in the development of a Digital Programme Business Case (PBC) to seek All Wales Major Capital Funding alongside a Business Justification case (BJC) for phase 1 of the 5 annual phases. This work will complete in 12 months. • The work will deliver a clear trajectory, costs and plans on how CAV will achieve its target of HIMSS[1] Level 3 in pursuit of its intention towards a modular EPR, consistent with national and regional initiatives. The capabilities the PBC and business justification cases will describe are harmonious with and would segue into any nationally agreed and funded EHR solutions through interoperability and concordance with the "All Wales" Infrastructure review. o Work is expected to begin Oct/Nov 2024. o This follows positive discussions with WG IIB and NHS CDIO,	• All Controls are shared and discussed with the DHI Committee which meets quarterly. • The Digital Foundations case was scrutinised and approved by the Investment Group and Strategic Leadership Board. • The Director D&HI shared the intentions of the Digital Foundations investment case and updated WG's chief digital officer, whilst the DoF has discussed with IIB Lead. Both are supportive of approach and our intentions • Recruitment and procurement is underway for the resource to produce the PBC and BJCs • Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare (1) • Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation.

Gaps in Controls	Gaps in Assurances
Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure and there is no headroom for innovation	Unable to currently provide assurance that the finance will be provided

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

Strategic Risks – Digital

Actions			
What	**Lead**	**By**	**Update**
Internal investment case to support the Digital Foundations case approved	Director of DHI	Mar 26	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. 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.
Development of the Digital Programme Business case to support the digital foundations ambitions is underway.	Director of DHI	May 26	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 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.

Strategic Risks – Infrastructure

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

Risk

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

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

Uncontrolled Risk

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

Strategic Risks – Infrastructure

Controls	Assurances
• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate, which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. This is being updated. • Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 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

Strategic Risks – Infrastructure

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.

Strategic Risks – Infrastructure

A condition survey will be undertaken to understand in detail the status of the Health Board estate with a view to inform a future investment priorities and estate needs.	Geoff Walsh	Initial commission complete	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. 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.

Strategic Risks – Sustainability

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

Risk

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
Decarbonisation and Climate	
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.	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. 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. Both of the above factors present a financial risk.
In 2024-25 the UHB's emissions increased by 44% to c260,000 Tons of Co2 compared to 2023-24 emission of c180,000.	The UHB has already missed Welsh Government target of reducing its emission by 16% by 2025.

Strategic Risks – Sustainability

Currently, UHB has undertaken an initial climate risk assessment however a comprehensive assessment of current and future climate risks is yet to be conducted. CAV UHB has limited resource for Sustainability and Climate response.	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). This renders UHB vulnerable to unidentified climate risks that have a direct impact on healthcare delivery and its financial situation. This will impact on embedding sustainability and building climate response.
Finance	
The conditions required to stabilise the financial position are not yet in place. The organisation does not currently have a sustainable medium-term service/financial plan, and recurrent cost growth continues to exceed available resources. Collectively this includes: Planned deficit of £56.2m in 2025/26 with no identified recurrent route to balance. Recurrent cost growth (pay, workforce, drugs, CHC, demand pressures) outpacing allocation uplift. Limited progress to stop, reduce, or redesign low-value or unfunded services. High reliance on non-recurrent mitigations as part of savings plans. Growth in unfunded operational commitments. Underdeveloped internal commissioning and weak demand and cost control. Variable financial delivery and accountability across Clinical Boards. Planning cycles not grounded in realistic workforce, activity or cost parameters.	It is unlikely that the continuation of this situation will enable the delivery of the Health Board's objectives or meet Welsh Government expectations. 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. The collective impact may be: Breach of statutory financial duty. Continued or escalated NHS Wales intervention. Inability to invest in service redesign, digital, estates or workforce. Requirement for short-term corrective action with potential impact on quality and performance. Reduced flexibility and organisational resilience. Loss of credibility with Welsh Government. Inability to deliver the Health Board's strategy.
Uncontrolled Risk	

Strategic Risks – Sustainability

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

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

Strategic Risks – Sustainability

Finance Business Partnering providing forecasting, reporting and corrective action support. Monthly Finance & Performance Committee scrutiny. Internal audit reviews of financial controls, planning and budget management. Workforce controls and recruitment approval processes aligned to financial plan compliance.	Forecasts and financial deep-dives reviewed by SLT and Management Executive.
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.
Finance	
No approved medium-term financial strategy addressing the recurrent deficit. No formal decommissioning framework for low-value or unaffordable services. Internal commissioning and demand management not sufficiently developed. Structural savings pipeline incomplete and over-reliant on non-recurrent measures. Weak enforcement of accountability for non-delivery of financial targets.	No independent validation of savings assumptions or deliverability. Insufficient triangulation of financial, workforce, activity and quality data. Improving but limited benefits-realisation reporting for previous investments.

Strategic Risks – Sustainability

Decision-making not consistently aligned with affordability constraints.	

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.
The 25/26 Quality Improvement and Efficiency Plan has been developed as part of the 2025-26 financial plan	Catherine Phillips/ Paul Bostock	Ongoing during 2025-26 Financial Year	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.
A procurement process is underway to secure external financial scrutiny to assist in continuing to build a realistic multi-year recovery plan	Catherine Phillips	Feb 26	McKinsey awarded contract and are in situ and carrying out work

Report Title:	Audit & Assurance Committee Chairs Report			Agenda Item No:	5.6.1
Meeting:	Board	Public	X	Meeting Date:	
		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 Public Audit & Assurance Committee met on 03.02.2026 and considered a comprehensive range of internal and external assurance reports relating to governance, risk management, financial control, audit delivery, and organisational performance. The Committee was satisfied that the reports presented provided an appropriate level of assurance overall, while also highlighting a number of important areas requiring continued focus and improvement.

Key Issues to bring to the attention of the Board:

Internal Audit Progress and Key Findings:

The Committee received the Internal Audit Progress Report, which provided an update on delivery of the 2025/26 Internal Audit Plan. While the Committee noted that four audits scheduled for reporting at this meeting had been delayed due to capacity and scheduling challenges, assurance was provided that these issues were being actively addressed and that sufficient audit coverage would be achieved to support the annual internal audit opinion.

The Committee discussed the phasing of audit delivery across the year and recognised the risks associated with a concentration of audit activity towards year-end. Internal Audit confirmed that this issue would be considered as part of the development of the 2026/27 Internal Audit Plan, with a view to achieving a more even delivery profile.

A number of completed audits were considered, with assurance ratings ranging from substantial to reasonable. Of particular note:

- Additional Learning Needs (ALN) Legislation received a reasonable assurance rating, but with a number of high and medium actions. The Committee expressed concern regarding the sufficiency of assurance given the legal compliance implications and increasing service demand. It was agreed that this area should receive further scrutiny, including consideration by the Quality Committee.
- Medical Equipment and Devices and Financial Sustainability audits highlighted ongoing risks relating to capacity, workforce, maintenance backlogs, and systems maturity.
- Governance and financial arrangements within Clinical Boards continued to demonstrate recurring themes, prompting discussion around the need for leadership development and strengthened management capability alongside organisational redesign.

Overall, the Committee was assured that Internal Audit was delivering against its plan, but emphasised the importance of timely completion, breadth of coverage, and effective escalation of systemic issues.

Audit Wales Reports and External Assurance

The Committee received several reports from Audit Wales, including the Review of Eye Care Services, the 2025 Structured Assessment, and the 2025 Annual Audit Summary.

The Review of Eye Care Services highlighted significant challenges relating to demand, performance against national targets, and the risk of avoidable harm. The Committee welcomed the executive response, which outlined tangible improvements in leadership, productivity, and service configuration, including the introduction of a dedicated cataract theatre and pathway-based workforce planning.

It was noted that, as a result of these improvements, ophthalmology risks no longer met the threshold for inclusion on the corporate risk register.

The 2025 Structured Assessment provided a balanced view of the organisation's strengths and areas for improvement. Positive findings included an inclusive approach to annual planning, progress in clinical service planning, effective management of Board turnover, and a strong commitment to transparency and engagement. However, the Committee noted the ongoing financial challenges facing the organisation, the absence of an Independent Member for Finance, and the need to further strengthen delivery roadmaps, committee oversight, and aspects of risk, performance, and quality governance.

The Committee emphasised that the Structured Assessment should be used proactively as a tool for improvement rather than simply as a statement of findings.

Procurement Compliance and Financial Governance
The Committee reviewed the Procurement Compliance Report and noted continued progress in strengthening procurement discipline and reducing non-compliant activity, including the use of Single Tender Actions. Members welcomed the increased transparency within the report, particularly the clearer narrative around breaches of Standing Financial Instructions and the actions taken to address them.

The development of a rapid response framework for urgent procurement requirements was highlighted as a significant improvement, with the potential to reduce non-compliance arising from operational pressures while maintaining appropriate governance controls.

Risk Management Framework
The Committee approved the revised Risk Management Policy, noting the significant work undertaken to consolidate multiple policies and embed risk management within the AMAT system. The Committee welcomed the ambition of the approach and the progress made in migrating risks into a single organisational system.

Discussion focused on the importance of ensuring that risk management is embedded in day-to-day practice and actively informs decision-making at all levels, rather than being treated as a static reporting exercise.

The Committee was reassured that Internal Audit would be reviewing the effectiveness of risk management arrangements in practice as part of its audit programme.

The Committee noted the Counter Fraud Progress Update and confirmed that additional confidential assurance items were considered in private session.

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

Quality Impact Assessment Completed?
Please place an “x” in the below boxes where relevant

Yes		No	x	Not required.

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:

Report Title:	Digital & Infrastructure Committee – Chair's Report				Agenda Item no.	5.6.2	
Meeting:	Board		Public	x	Meeting Date:	10.02.2026	
			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 & Infrastructure Committee meeting held on 10.02.2026.

Executive Director Opinion and 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.

Estates Risk Register
The following points were highlighted under the Estates Risk Register item:

- The risk register format remained consistent with previous reports; recent updates reflect new information from the condition survey.
- The number of high risks across the estate remained significant and was being closely monitored; the group meet bi-monthly to assess and update risks.
- The condition survey would lead to a substantial review and would likely increase the risk profile, especially in the first three years of the 10-year investment period.
- Intensive care risk was resolved with successful installation of UPS systems.
- A business case was being developed for ITU refurbishment due to obsolete equipment and services, with phase one (C3) expected soon.
- Electrical infrastructure project: replacement of rising bus bars (distribution network) was complete; transfer to local circuits would proceed soon, delayed by disruptive substation works.
- Operation Poet (generator testing) had progressed well, with a major test scheduled for Friday.
- Funding from Welsh Government (WG) had enabled flexibility in addressing high-risk areas, with additional slippage funding expected, mainly for medical equipment and IT.

Board Assurance Framework – Infrastructure
The following point was noted under the Board Assurance Framework for Infrastructure:
it was important for the committee to look at the Board Assurance Framework (BAF) as a strategic risk and assess whether actions and progress were being made. She drew attention to the connection with the previous report, highlighting progress on demolition as part of the slippage, which enabled the plan to be enacted. She noted this progress had brought more pressure on the team to deliver within a short timescale to meet the obligations of spending the money in the current financial year.

Estates Condition – Briefing Survey
The following points were noted under the Estates Condition – Briefing Survey:

- The condition survey was a critical evidence-based assessment to identify areas of concern and risk, supporting business cases and investment requests to WG.
- The executive summary currently covered only University Hospital Wales (UHW); two additional reports (UHL and community facilities) were expected soon, with a comprehensive report by year-end.
- The survey broke the site into 65 facilities, revealing £472m of backlog maintenance and £116m needed for year one investment.
- 78% of the estate was in grade C condition, with significant deterioration; 10% is at significant risk and close to failure.
- High-risk backlog maintenance totalled £217m, with £187m in significant risk areas.
- Benchmarking showed NHS England spends £2k per square metre, compared to £662 in CAV UHB.
- The top 10 risk sites included ward blocks A, B, C, Dental Hospital, and tower blocks, with many clinical areas at high risk.

- £116m investment required to resolve everything that could potentially fail in year one, but this was not feasible due to operational constraints.
- Investment priorities were categorised as mandatory (non-compliance with health technical memoranda), essential (to avoid further deterioration), desirable, and statutory (including fire and water safety).
- Underinvestment escalates clinical and operational risk, increases statutory and safety exposure, and forces Estates staff to focus more on reactive than proactive maintenance.
- The report concluded urgent action was needed, but solving the issues would be a long-term journey requiring targeted investment and support from WG.
- WG were not doing this survey with any other HB and were only looking at doing something across NHS Wales; CAV UHB were the first to step into this area.
- The findings were a stark reminder of the state of the estate, noting the likelihood that some reports from other HB's may be equally bad or worse.
- This initiative came out of an investment board meeting, where it was agreed several things needed to be done, the first being this survey to confirm and use the information for UHW2 and to recognise the need to continue running the hospital for the next 10-15 years.
- CAV UHB need to engage with WG and identify the most critical risks, acknowledging the difficulty in prioritising them and emphasising the importance of clinical input.
- Ongoing discussions with WG regarding the refurbishment of ITU but noted there may be other areas that required attention and difficult decisions for the board.
- Frequent discussions about UHW were taking place but the need for more conversations about community facilities were stressed, which may be in worse condition. This work would support the ambition to reduce the amount of estate and have fewer, but better, facilities.

Digital Roadmap & Work Programme Update

The following points were highlighted under the Digital Roadmap & Work Programme Update:

- The Digital Foundations programme was focused on improving quality and reducing avoidable harm to deliver safer, smarter health and care, and this was not just a technology project but a service transformation initiative.
- A review of costs and benefits was underway due to a significant revenue tail associated with the programme business case, which was currently unaffordable; work was ongoing to shift more costs to capital, which would reduce but not eliminate the revenue requirement.
- Meetings took place with all clinical boards, and the consensus was that Digital Foundations was necessary and needed, with opportunities for cash release, though this was not the main driver.
- Digital was seen as a necessary part of infrastructure, like utilities, and was expected to improve productivity, efficiency, safety, and reduce avoidable harm, as recognised by senior leadership.
- It was difficult to size or ascertain cash-releasing benefits at this stage, as benefits may not appear directly within a single clinical board and would depend on how digital changes working practices.
- The programme was less about installing technology and focused more on transforming operational and service delivery models.
- Not all costs can be capitalised; ongoing transformation and implementation support would require revenue funding, but this was considered essential for achieving the intended change.
- There was a plan to manage the capital vs. revenue split, but there were risks related to the timeliness of renewals and capital availability, which would be detailed in the updated financial model.

Corporate Digital Risk Register

The following points were highlighted under the Corporate Digital Risk Register:

- Insufficient resources risk changed from yellow to amber (score increased from 8 to 12) to reflect that the Digital Foundation's case was not yet funded and required approval from WG.
- Proposed closure of the governance framework risk for IG, as the IG policy and procedures were approved and the risk had been removed.
- Data processing and data availability risks were proposed to be amalgamated into a single data quality risk, as they were the same issue and would be rationalised for clarity.

Information Governance Compliance

The following points were highlighted under the Information Governance Compliance item:

- IG team staffing reduced by one whole time equivalent (WTE) due to a recent departure, but statutory roles (Cyro, Cortical Guardian, Data Protection Officer) remained in place.
- 146 IG-related incidents reviewed in the last quarter (average 49 per month), with one breach reported to the Information Commissioner's Office (ICO) (details in private agenda).
- FOI requests were stable at 63 per month, with 89% compliance over the last 12 months.
- Significant improvement in health record subject access requests: now 64% completed on time (up from 48%), with average monthly requests at 333 and average response time of 20 days (within statutory deadline). Only 7 cases remained open from September to November.
- Non-health records requests: 55 received between September and November, with 87% completed on time.
- Since January 2022, over 1,300 letters sent to staff regarding potential inappropriate access to clinical systems, with ongoing communications and governance processes.

- Mandatory training compliance UHB-wide remained at 74%, with performance across clinical boards ranging from 67% to 90%.

Data Strategy
The following points were highlighted under the Data Strategy item:

- Data strategy was not just a technology problem; technology was part of the solution but not the whole answer.
- Common issues included: siloed systems, lack of patient-centricity, and the need to move from organisational/departmental focus to patient-first approach.
- The impact of AI and machine learning was noted, stressing that they require robust data and that data strategy was the other side of the coin to digital strategy.
- Delivering a learning health and care system required the right data in the right place, moving from process measures to patient outcomes.
- The importance of good governance was explained, education, and cultural change to empower staff to use data effectively, with appropriate safeguards and information governance.
- The concept of a "data fabric" was described as infrastructure to ensure data was accessible, combining published reports, dashboards, ad hoc reports, and AI-driven queries.
- There was a challenge of education and training, as many staff were not used to analysing data or using digital systems, so empowerment is key.

The following policies & procedures were approved:

- Car Parking Policy
- Counter Fraud Procedure
- Waste Management Procedure

The minutes from the digital directors' peer group from November & December 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

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
20/03/2026 15:27:30

Report Title:	People & Culture Committee – Chair's Report			Agenda Item no.	5.6.3
Meeting:	Board	Public	x	Meeting Date:	17.02.2026
		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 17th of February 2026.

Executive Director Opinion and 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 is set out in this Report.

Staff Story
The staff story introduced a deputy ward manager in Alder Ward in Hafan-y-Coed. She talked about patient centred care and therapeutic activity which helped a patient create a Christmas song. This helped create an uplifting atmosphere with staff and patients singing together and it was highlighted that the sense of joy and spirit was high, especially given the challenging environment. The link to the song can be found here

Board Assurance Framework – Workforce

The following points were noted on the Board Assurance Framework item:

- CAV UHB spends over £1b annually on workforce; there was a reduction of 304 staff in the past 12 months, attributed to measures like vacancy freeze, recruitment scrutiny panels, and voluntary release schemes (VERS).
- Variable pay (bank, agency, overtime) represented about 5.7% of workforce spend; efforts focused on reducing temporary spend, specifically agency and overtime.
- Agency spend reduced significantly from £12.6m to £3.8m in the first nine months of the year (excluding medical and dental staff).
- Overtime spends reduced from £8.2m to £800k, mainly due to stopping overtime and replacing with bank shifts; one clinical board still relied on overtime, but further reductions were expected.
- Bank spend increased by £4.9m, as expected, due to the shift from agency and overtime, but WG expected further reductions.
- Implementation of health roster enabled detailed staffing information, safer ward staffing, and better performance management, contributing to reduced temporary pay.
- Combined reduction in bank, overtime, and agency spend totalled £11.3m over two years (nine-month period comparison).
- CAV UHB used less than a quarter of the agency nurse shifts used by Cwm Taf UHB, which reflected strong performance in managing temporary staffing.

Key Performance Indicators (KPIs)
The following points were highlighted under the key performance indicators item:

- **Turnover**: Turnover continued to fall each month, now just above 8% in January, which was a positive trend.
- **Job Planning**: Compliance with job planning had improved, now close to 83%, with a target of 90%.
- **Value-Based Appraisals (VBAs)**: Slight improvement to 73% compliance, but more focus was required.
- **Healthcare Support Worker Compliance**: Increased to 83% last month, attributed to validation of skill set meetings in clinical boards.

- **Sickness Absence**: Reducing sickness absence remained a challenge; ongoing support for managers to proactively manage absence, with a focus on policy, guidance, and proactive management of return to work and staff wellbeing.
- **Priority for 26-27**: Continued focus on proactive management of sickness absence and staff wellbeing as a key priority for the next year.

The following points were highlighted for the Health & Safety (H&S) section of the KPI's:

- The main KPIs for H&S were related to RIDDOR incidents, which must be reported to the HSE.
- Only six staff incidents were specified injuries; the rest were reported because of the seven-day injured reporting figure, indicating a cultural issue regarding recovery time.
- The high percentage (approx. 90%) of RIDDOR reports due to seven-day absence was a concern, compared to the UK average of 70%.
- Ongoing work with People Services and trade unions to address the length of recovery and to reduce the number.
- H&S training compliance improved since the COVID pandemic, with CBs now more engaged in ensuring staff were trained and compliant with statutory requirements.

Equity & Inclusion including Staff Networks Review

The following points were highlighted under the Equity & Inclusion including staff networks review:

- The paper focused on improving governance and structures around staff networks at CAV UHB.
- There is a need for a staff network reset due to inconsistencies in governance, sustainability, and clarity of purpose, with some networks active and others struggling.
- Proposed actions include standardised terms of reference for all networks, clarifying scope, governance, and reporting arrangements, and defining advocacy as systemic (not individual cases).
- Establishment of the Adborth Advisory Group was planned to provide structured advisory input to senior discussions, without decision-making authority or duplicating formal consultation.
- A formal relaunch of all staff networks is planned for April 2026, prioritising sustainability and governance.

Occupational Health / Wellbeing Services KPI

The following points were highlighted under the Occupational Health / Wellbeing Services KPI item:

- Occupational Health (OH) service performed strongly and consistently against key measures, with high timeliness for case management, pre-employment clearances, and physiotherapy referrals, reflecting sustained improvement.
- The service was stable, clinically safe, and managed demand well, including work under service level agreements, without compromising core responsibilities.
- Data demonstrated that absence duration was more influenced by early management action and quality of referrals than by OH capacity.
- OH responded well and timely; variation in absence duration was often linked to early conversations and manager confidence in handling attendance issues.
- Strengthening early management action was likely to have more impact than simply increasing clinical capacity; a pilot was being explored to support managers with earlier advice before formal referral.
- Employee Wellbeing Service remained clinically safe, delivering counselling and trauma-informed support; accreditation, governance, and digital improvements were progressing.
- There was pressure in trauma pathways, with waiting times around six months, and longer waits for counselling, still within KPIs but not considered acceptable for staff.
- Increased demand and complexity were driving these waits; a wider Wellbeing model review was underway, focusing on keeping the service stable and understanding demand before changes.
- Key areas for committee support: improving how managers handle attendance/absence, monitoring access and waiting times, and receiving updates as the Wellbeing Review develops.

RADON Update

The following points were highlighted under the RADON update:

- Elevated levels of radon were detected in CAV UHB during recent monitoring; previous checks in 2015 showed no concerns.
- Two areas of concern were found: the basement of Denbigh House and the basement tunnel area of Pembroke House, which were not working areas but transit routes.
- These areas were closed off due to H&S risks, with relevant signage, locked access, and a signing procedure for inspection purposes.

- The risk to staff was extremely low, as exposure would require working in those areas for extended periods.
- Trade union partners were consulted and raised no concerns about the approach.
- Further monitoring was ongoing and would not wait another 10 years; baseline readings would be checked again in three months.
- Access to these areas was strictly controlled and prohibited except by approved procedures.

Clinical Board Spotlight – Specialist Services

The Specialist Services Clinical Board presented to the Committee & highlighted the following points:

- Specialist Services Clinical Board has 7 directorates, providing a wide range of services across South Wales, and spends approx. £290m annually with over 2000 whole time equivalent staff.
- Workforce profile was heavily frontline, mainly nursing/midwifery and additional clinical services; small changes in workforce (e.g., sickness, turnover) have significant operational impact.
- National changes like the band 2 to 3 healthcare support worker review have material cost and planning impact due to the board's staff profile.
- Age profile shows a stable but maturing workforce, with most staff aged 31-55; succession planning was needed to address future retirement risk, especially in specialist/hard-to-recruit roles.
- Workforce was predominantly female and has many part-time staff; high maternity leave and less-than-full-time staff in resident doctor workforce led to improved rota design and reduced locum use.
- Ethnicity data shows mostly white British staff, but targeted inclusion work was underway; efforts to improve ESR data completeness for better workforce understanding.
- Disability reporting was low, with high unspecified rates, suggesting possible underreporting and hidden needs; proactive wellbeing support and early intervention were priorities.
- Welsh language skills were being recorded and targeted for improvement in ESR.
- Sickness rate was 6.8%, with targeted sickness panels in hotspot areas; turnover was low overall but higher in lower banded staff in Artificial Limb and Appliance Service, prompting career framework development.
- Statutory/mandatory training compliance was close to target (81%), but fire training was low and being targeted; medical staff compliance was being linked to annual job plan review.
- Value-based appraisal (VBA) compliance was just over 72%, with nursing/midwifery leading; admin/clerical and healthcare scientists are focus areas for improvement.
- The Clinical Board actively promotes staff achievements through platforms like Viva Engagement, Colleague Shout Out, and features in Ask Suzanne; positive reinforcement of values and behaviours is a proactive focus.
- Cultural initiatives such as "Civility Saves Lives" are being rolled out across all areas as a back-to-basics approach, not due to specific issues but to reinforce positive culture.
- Annual Clinical Board celebration events are held to recognise staff, with increasing participation and engagement in events like the Nursing and Midwifery Conference.
- Strong partnership working exists with trade unions and people services; the board has managed complex HR situations and organisational change processes (OCP) effectively, including service realignments.
- Rotational posts are encouraged, especially in critical care and cardiac services, to aid recruitment, retention, and provide diverse opportunities; similar models are being explored in other directorates.
- Band 4 system practice practitioner roles were successfully implemented in spinal rehab, addressing high vacancy rates and supporting new ways of working; many have since progressed to qualified staff.
- Wellbeing is prioritised, with bespoke psychological support provided after bereavements and high-profile cases; critical care has a dedicated clinical psychologist.
- Digital readiness is high, with safe care, health roster, and EPMA (electronic prescribing) fully embedded; early adoption allowed feedback and smoother rollout.
- Bespoke induction and strong PDN (Practice Development Nurse) teams support new starters with specialised skills; cross-directorate training and a clinical skills suite are being developed.
- Innovative solutions, such as newer pharmacist roles and a legal advice service, have addressed workforce and service delivery challenges; new posts have been secured in response to national inquiries and compensation schemes.

The following items were **approved** at the Committee:

- Annual Equality Report
- Putting People First Portfolio
- All Wales Reserve Forces Mobilisation Policy

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

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 20/03/2026 15:27:30

Report Title:	Mental Health Legislation Committee – Chairs Report			Agenda Item no.		5.6.4
Meeting:	Board		Public	X	Meeting Date:	26.03.2026
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Mental Health Legislation Committee meeting held on the 27th January 2026.

The papers and draft minutes for this meeting, outlining all of the detail on the below items, can be found on the Cardiff and Vale UHB website linked here.

A recording of the meeting can be viewed by clicking here.

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

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

Mental Capacity Act Monitoring Report and DoLS Monitoring: - The Committee were presented with the report which provided a general update on current issues related to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), which included the following:

- Mental Capacity Act Monitoring Actions (October - December 2025)
- Mental Capacity IMCA Referral type
- Awareness Raising / Training Sessions
- Mandatory MCA Training
- MCA Practitioner Led Training
- MCA Team Advice and Support, and MCA Team Resources
- MCA Audit Action Plans
- Deprivation of Liberty Safeguards Monitoring Actions - Quarterly Overview from October - December 2025
- Referrals and Assessments
- Actions from DoLS Internal Audit report

Clarification was sought on how mandatory MCA Level 2 compliance would improve, and assurance was provided that all clinical boards now had action plans and that uptake was increasing through practical sessions and ESR, and figures would be monitored monthly.

Concerns were raised by the Committee about mandatory training compliance was low in some staff groups, and the need to understand the barriers and consequences. Assurance was provided of work being underway to clarify these.

Although 29 urgent assessment breaches remained high, this represented a marked improvement on previous years, and DoLS demand continued to exceed capacity nationally, promoting the move to Liberty Protection Safeguards (LPS) and the use of a RAG-rated matrix to prioritise cases. Welsh Government (WG) and the Court of Protection recognised the system limitations, with rising referrals meaning the current model was unlikely ever to meet full demand despite best efforts.

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

- Use of the MHA
- Fundamentally defective applications and reports
- Section 136
- Nearest relatives discharge requests
- Development sessions
- Audits

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

- No fundamentally defective applications
- One fundamentally defective report
- One lapse of a Section 5(2)
- The use of Section 136s had increased.

The Committee requested more quantitative data to examine the determinants of the widening gap between legally detained and informal patients.

Assurance was provided to the Committee that the rising detention rates were being examined to see if they involved repeat detentions of the same individuals and would be incorporated into future reports.

Regarding the reasons behind the increase in nearest relative discharge requests, the Committee were informed that whilst questionnaires were sent out immediately and contact was attempted, they could not require justification for a request that was a legal right, and further information was difficult to obtain without inappropriate repeated follow-up.

36 Degrees Summary Report: - The Committee were provided with a presentation which summarised the findings and recommendations from the 36 Degrees independent review of the Mental Health Clinical Board. It outlined transformation priorities, operational workstreams, and governance.

The Committee were informed that this was a major long-term transformation, and that they were concentrating their resources on the two key operational priorities. They were asking for a fully collaborative MDT process. With the right governance structure, clear decision-making processes, and clarity on what authority the Clinical Board had, would enable autonomy.

MHA / DoLS Interface – Verbal Update: - The Committee was informed that the guidance booklet had been finalised and was with Medical Illustration for design and formatting. A finalised copy will be brought to a future meeting.

Section 12 Challenges: - The Committee were provided with the following summary:

- It had been increasingly difficult to secure Section 12 doctors quickly, which can leave vulnerable patients waiting many hours. This had been an issue for years.
- When an assessment was requested, the duty AMHP must find a Section 12 doctor, but the current pool had limited availability, leading to time-consuming ‘cold calling’
- To address this, they recommended increasing the Section 12 doctor pool (especially those willing to work out of hours); reviewing the payment structure to reflect the urgency and unsocial hours; considering retainers for nights and weekends; and adopting the app currently being trialled in another UHB.

The Committee requested that the team undertake financial modelling of the proposed recommendations to improve the Section 12 challenges and present the findings to a future meeting.

Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report: - The Committee was presented with the Monitoring report which outlined the performance of CAVUHB against the various mental health specific targets, which included:

- Part 1 – Primary Mental Health Support Services
- Part 2 – Care and Treatment Planning (CTP)
- Part 3 – Self-Referral and Advocacy
- Key Risks and Capacity Pressures

The Committee requested a future update on the steps being undertaken currently to reflect the needs of children and young people in care and treatment planning, whilst awaiting the outcome of the national review.

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

Veterans NHS Wales Annual Report: - The Committee received the Annual Report which described referral trends, service delivery, and ongoing efforts to address treatment completion and regional differences.

DoLS Internal Audit Report: - The Committee noted the internal audit report.

Any Other Business: - the Committee was informed that a Section 117 working group was being established by NHS Performance & Improvement (P&I) to map current Section 117 practices and work towards standardising processes and procedures.

Appendices:

None.

Recommendation:

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes –		No –	X	n/a

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

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

Report Title:	Quality Committee – Chairs Report			Agenda Item no.		5.6.5
Meeting:	Board		Public	X	Meeting Date:	26/03/2026
			Private			
Status:	Assurance	X	Approval		Information	
Lead Exec:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality Committee meeting held on the 3rd March 2026.

The papers and draft minutes for this meeting, outlining all of the detail on the below items, can be found on the Cardiff and Vale UHB website linked here.

A recording of the meeting can be found by clicking here.

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

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

Audit / Escalation Update: - The Committee were presented with the audit reports, and the following was summarised:

- Internal Audit had been asked to review the UHB's clinical and quality governance arrangements. This followed the theatre review which highlighted insufficient oversight within the Surgery Clinical Board, particularly around understanding when things went wrong. The scope was later expanded to include Medicine Clinical Board.
- Key objectives included assessing the organisation's current governance structures, whether policies and procedures reflected these structures, the timeliness and clarity of reporting from Clinical Boards to Quality Committee, and staff understanding of governance and escalation responsibilities.
- Overall, the established Quality and Safety Governance arrangements broadly aligned with other Welsh UHBs. They had a Quality and Safety Framework (2021-26), though it had not been formally reviewed during this period. The audit found inconsistent and delayed reporting through Clinical Board structures, a lack of standardised reporting templates, and staff uncertainty around personal escalation duties.
- The report identified improvement opportunities, mainly around good housekeeping, defining governance pathways and roles, and ensuring improvement plans were held on the AMAT system for ongoing monitoring.

1. Wider UHB governance was also reviewed, influenced by the UHB's increased Targeted Intervention status in Autumn 2025. Recommendations included aligning integrated reports to strategic portfolios, strengthening Duty of Candour and Duty of Quality reporting, and continuing to embed our Quality Management System (QMS).

- The internal audit aligned with the timing of their targeted intervention work. The team were working through these findings as part of the deescalation framework, and an improvement plan would be brought to the following Committee.

The Committee were provided with assurance that the targeted intervention deescalation plan was structured and would be reported regularly to Welsh Government (WG). The QMS was the organisational thread linking this work and formed part of the *Shaping our Future Quality Excellence* (SOFQE) programme. The next step was to pull together a formal improvement plan to bring back and provide assurance.

JACIE Report: - The Committee were informed that the recent JACIE inspection of the Blood and Marrow Transplant (BMT) programme identified substantial non-compliance issues, particularly around the B4 haematology estate, processing facility staffing, QMS gaps, low paediatric activity, and Swansea Bay University Health Board (SBUHB). This resulted in

deferred reaccreditation despite strong clinical outcomes. A credible, costed action plan was required by July 2026, with significant consequences if accreditation is lost, including programme decommissioning, loss of CAR-T therapy, reduced trials access, and reputational harm. Next steps included ongoing work through a Task & Finish Group, estate discussions with Welsh Government (WG), service refurbishments, and workforce planning.

The Committee were informed that paediatric reaccreditation would depend on the strength of the team's plan, which would need to go through internal governance before being submitted to JACIE. It was highlighted that low activity and workforce gaps meant derogation may not be appropriate, that safety could necessitate referring some patients to England, and that any proposal would need approval from both CAVUHB and the Joint Commissioning Committee (JCC).

It was noted that the core challenge was aligning clinical service needs with a realistic, jointly agreed plan, as WG and CAVUHB had not previously reached an agreement on a deliverable solution. JACIE was now unwilling to accept assurances without credible plans, which had led to frustration amongst clinical teams who had been repeatedly promised solutions that later proved unaffordable or incompatible with wider strategies.

It was noted that if services did have to move, equitable access would need to be central to JCC's commissioning decisions, with proper patient engagement.

The Committee were informed that a business case was being developed to secure commissioner support for increasing SBUHB's staffing to match CAVUHB.

Policies: - The Committee approved the following documents:

1) UHB 272 – Healthy Eating Standards for Hospital Restaurant and Retail Outlets
2) UHB 562 - Biological Medicines Value Optimisation Policy

The Policy for Commissioning a Review of Service, Clinical Department, or Clinician was noted, with formal approval deferred until after full organizational consultation and incorporation of feedback.

Quality Management System (QMS): - The Committee were presented with the QMS and the following was noted:

- The development of the QMS supported the SOFQE programme and aligned with the NHS Wales Performance & Improvement (P&I) QMS framework.
- The QMS aimed to provide a consistent, organisation-wide approach to improving quality and safety, supporting the Duty of Quality and Duty of Candour, and strengthening governance and accountability.
- A milestone in delivering a QMS required CAVUHB to provide a Position Statement to NHS P&I, along with a Board Development session scheduled for June 2026. There would also be an implementation plan which covered a two-year period.
- Progress to date included a Quality Summit in 2023 and a discovery phase throughout 2024. In 2025-26, the project was initiated which established the governance, scope, and branding. A baselining of their current position has been undertaken and will be regularly reported through the Committee. Strong links have been forged with NHS P&I, and they form part of the QMS Learning & Delivery Network. They also had a successful application to become a QMS prototype project within the Cardiology Directorate.
- The next steps were noted, including the gap analysis, the development of the implementation plan, a Board Development session, further work to support education, training, and digital integration, and the prototype of a 12–18-month support for Cardiology.

It was suggested to test the integration of equity into the QMS operating model through the Cardiology pilot, using existing equity and equality frameworks and tools.

Annual Quality Report 2024/25: - The Committee were presented with the report and the following was noted:

- The UHB was required to publish an Annual Quality Report to demonstrate how the UHB was improving care and outcomes.
- The report provided an honest account of challenges and improvement activity, whilst also highlighting successes and innovation.
- It was coproduced with patients and the public, structured around the six domains of quality, and included key assurance, safety and improvement programmes.
- The report gave oversight of progress around the SOFQE programme, the development of the QMS, the Theatres Together programme, learning from Never Events, and the monitoring of national patient safety alerts and notices.
- Designed in an accessible magazine-style format, the report reflected patient perspectives and supported public understanding and engagement.

It was noted that the report presented an overly positive picture and did not sufficiently reflect widening health inequalities or the decline in healthy life expectancy. This would be strengthened in future reports.

Minutes from Clinical Board QSE Sub-Committees / Infection Prevention & Control (IP&C) Group Minutes: - The Committee noted the Clinical Board QSE Sub-Committee and IP&C Group minutes.

Any Other Business: - The Committee were informed of two Prevention of Future Deaths (PFDs), and noted the following:

- The first inquest from February 2026 related to concerns about the reliability of systems used for communicating and acting upon abnormal clinical results. Assurance was given that strong mitigations were in place, with a full response to be brought to April's Quality Committee.
- The second was issued on an all-Wales basis, related to a child death from a delay in adrenaline being administered, and highlighted issues with non-standardised resuscitation trolleys. This had been escalated through all-Wales networks to coordinate a response, with a formal response due by June 2026 and would be reported back through the Committee.

Appendices:

None.

Recommendation:

The Board is requested to:

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

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

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes		No	X	n/a

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

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

Report Title:	**Strategic Planning, Commissioning and Partnership Update**				Agenda Item no.	5.8
Meeting:	Public Board		Public	X	Meeting Date:	26.03.2026
			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. Executive Director of Strategy, Planning and Partnerships
2. Strategy development and delivery
    a. Strategic portfolios update
    b. Clinical Services Plan
3. Engagement for service change
4. Regional Partnership Board
5. SEW Regional Joint Committee
6. Commissioning

There is no update on the Clinical Services Plan, 26-27 annual plan or targeted intervention as this form a separate agenda item for the Board.

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

1. Executive Director of Strategy, Planning and Partnerships

The new Executive Director of Strategy, Planning and Partnerships, Adam Roberts takes up post on 23rd April. Catherine Phillips who has been covering this post in the interim will continue in her role as Executive Director of Finance

2. Strategic Development and Delivery

Strategic Portfolios

The Strategic Portfolio Executive Steering Group met on 12 February 2026 to provide the Executive Team with a collective view of progress, delivery and emerging priorities across the organisation's six strategic portfolios, and to ensure that the 2026/27 Annual Plan reflects the organisation's true strategic priorities rather than a continuation of historical activity.

Building on the inaugural session held in September 2025, this meeting focused on aligning portfolios, confirming where executive attention and capacity should be directed in 2026/27, and providing assurance to the Chief Executive and the opportunity for Executive Team to peer review progress and priority areas. A key outcome was confirmation that all portfolios are aligned around two shared areas of focus:

1. Delivery of the future Model of Care set out in the Clinical Services Plan (CSP)
2. Organisational redesign as the primary enabler of transformation.

The detailed priorities for 26/27 for each portfolio can be found in the draft Annual Plan 26/27. Key themes and conclusions are set out in the attached report (appendix 1).

Clinical Services Plan

The Clinical Services planning process has completed a draft of the plan coming to board under a separate item. The next steps are detailed in the cover paper and can also be found in the 26/27 annual plan.

3. Engagement for Service Change

The engagement reports for the Clinical Service Plan have now been completed and are appended to the Clinical Services Plan for consideration under the Clinical Services Plan board item. The next step is the development of an 18 month engagement and communication plan following the launch of the plan.

Stakeholder Reference Group

Internal review shows that the current Stakeholder Reference Group (SRG) format is not the most effective for engagement, as low attendance reflects challenges with meaningful participation.

The organisation has expanded alternative, more inclusive engagement methods, such as partnership forums and the internal co-production group, which was endorsed by the Senior Leadership Team and proved valuable in the Clinical Services Plan work by enabling richer insights and more representative decisions.

These changes offer a chance to move towards a more ambitious, co-produced stakeholder model, aligning with the SRG's purpose to facilitate full engagement and present a balanced perspective for decision making. SRG members will be informed that meetings will pause as a new, more effective model is designed, aiming for implementation by May 2026.

4. Cardiff & Vale Regional Partnership Board

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 held a full day summit on development of Cardiff and Vale's Integrated Community Care System on 4th March. Presentations can be found here: Integrated Community Care System (ICCS) Summit Hub – CAVRPB. The ICCS acts as a whole partnership framework to which a number of significant Health Board developments contribute – in particular the Six Goals for Urgent and Emergent Care and the emerging Community by Design programme.

The ICCS will support all partners to align their organisational changes to achieving coordinated community-based delivery of health, social care and third sector services.

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. A full impact assessment was presented to the RPB on 4th March and was approved by the Board.

The RPB's annual conference will be held on 19th June 2026. Board members are invited to attend.

5. South East Wales Regional Joint Committee

The Board are asked to note attached report (appendix 2) which provides an overview of the key issues discussed at the South East Wales Regional Joint Committee (SEWRJC) meeting held on 24 February 2026.

Good progress has been made in the agreed regional programmes against workplans including Orthopaedics, Diagnostics, Ophthalmology, and Cancer. Joint workstreams have also been established to include workforce, digital and commissioning.

Key regional capital programmes are also being aligned to the committee including the Llantrisant Health Park (LHP).Updates included, the Full Business case for Phase 1 at LHP, the Diagnostic Hub, receiving Welsh Government approval, and the diagnostic centre procurement completion with Alliance Healthcare as the confirmed supplier.

The committee discussed delegating future approval for the Phase 2 Full Business Case of LHP to the SEWRJC, pending decisions by the three Health Boards.

6. Commissioning

The new Director of Commissioning and Performance comes into post on the 20th April, Emma Ince will replace Melanie Wilkey who left her position in January 2025.

Due to vacancies within the team, the Commissioning Team has concentrated its efforts on Individual Patient Funding Requests (IPFR) and associated policies in the past 3 months. Vacant posts have now been filled to specifically support the IPFR process ensuring that broader Commissioning support is available within the Health Board and among partners.

It has been recognised that our Cardiff and Vale IPFR Panel membership representation at the NWJCC IPFR Panels is limited and therefore the team is launching a recruitment initiative to broaden current panel membership. In the interim, support from the current membership is being sought.

Appendices:

5.8a Appendix 1 -

5.8b - Appendix 2 - Highlight Report from the South East Wales Regional Joint Committee

Both appendices can be found in the supporting documents folder on the Public Board MS Teams Channel or the Cardiff and Vale UHB website.

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*

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Yes		No		*Comment here*

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Saunders,Nathan
20/03/2026 15:27:30

Report Title:	**Targeted Intervention**			Agenda Item no.	5.9	
Meeting:	Board	Public Meeting	X	Meeting Date:	26 March 2026	
		Private Meeting				
Status:	Assurance	X	Approval		Information	
Lead Executive:	Executive Director of Finance and Planning					
Report Author:	Head of Strategic Planning					

Background and current situation:

Purpose

The purpose of this paper is to;

- Brief Board on various framework documents which have recently been published / agreed to ensure there is an understanding and alignment between them for Board.
- Provide a baseline assessment on the UHBs position against the now formalised de-escalation criteria for the UHB
- Assure Board on the development of a robust tracking mechanism that will ensure Board can retain robust oversight and assurance on progress being made.

Background and Situation

All of the annex documents noted within the report can be found within the Public Board MS Teams Channel or the Cardiff and Vale UHB website.

All Wales 'Operating & Accountability Framework' **annex 1**

A revised All Wales 'Operating & Accountability Framework' has been agreed across NHS Wales. This will be be deployed from the 1 April 2026. It sets out what accountability looks and *how* accountability alters depending on the level of escalation an organisation is in.

It also seeks to ensure improved alignment with oversight and escalation arrangements across NHS Wales and the NHS Wales Performance framework

All Wales oversight and escalation framework **annex 2**

The All Wales oversight and escalation framework subsequently sets out the escalation and intervention processes that are deployed when there are matters of concern that need to be addressed by organisations.

Cardiff and Vale University Health Board (CAVUHB) escalation framework **annex 3**

Alongside the above framework organisations in heightened levels of escalation are then issued with an organisational specific escalation framework. These frameworks set out;

- A summary of the observed high-level concerns of the specific organisation which give cause for the level of escalation.
- The specific approach to intervention support
- The de-escalation criteria which the organisation must work to.

Assessment

The publication of a CAVUHB de-escalation framework in March 2026 should be welcomed – The organisation was put into Level 4 escalation for strategy, finance and planning in March 2025 with the remainder of the organisation escalating to this level in July 2025.

The de-escalation criteria for the organisation are split across the seven domains (below) with a number of criteria within each.

- Leadership and Governance – *7 criteria*
- Quality and Safety- *6 criteria*
- Clinical Services- *2 criteria*
- Performance and outcomes- *27 criteria (10 planned care and cancer, 4 Urgent and Emergency care, 3 adult mental health)*
- Population Health and prevention outcomes- *5 criteria*
- Finance- *4 criteria*
- Strategy and Planning- *3 criteria*

There are a mix of quantitative and qualitative measures for these criteria.

There are two approaches to de-escalation:

1. Welsh Government will coordinate activity to closely monitor, challenge and review progress made by the NHS organisation. If the NHS organisation can provide evidence of sufficient and timely improvement, then the Welsh Government and external review bodies will share knowledge to enable them each to consider whether de-escalation of the intervention arrangements placed on the NHS organisation is appropriate. For de-escalation to occur, the NHS body may not have achieved all of the de-escalation criteria, but they will need to demonstrate progress against the agreed improvement plan with sustained improvements against the de-escalation criteria over two successive quarters.

2. De-escalation for those areas with quantifiable outcomes and targets such as performance and outcomes will take place once the de-escalation criteria have been met and sustained for the agreed period. If the NHS organisation meets the de-escalation criteria for a specific domain or sub-domain then they will be de-escalated to the next level on the escalation scale. This de-escalation will be automatically triggered outside of the normal escalation cycle and will be confirmed in writing to the organisation.

De-escalation can be at no more than one level at a time.

Alongside publishing the CAVUHB de-escalation framework a baseline assessment was undertaken by Welsh Government to articulate where the UHB currently is against readiness for de-escalation for those criteria where there is a quantitative measure.

This baseline assessment shows that across the 27 performance and outcomes criteria there is a positive trend of meeting the requirements for being de-escalated (two consecutive quarters of sustained performance) for four criteria. These are –

% patients waiting less than 14 weeks for therapy.	sustained performance for nine consecutive months.
Ambulance handovers over 1 hour	sustained performance for six consecutive months
% of Local Primary Mental Health Support Services (LPMHSS) mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	sustained performance for six consecutive months

% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years):	sustained performance for nine consecutive months

Confirmation is required from Welsh Government as to whether they plan to de-escalate the UHB for these four individual criteria.

A complete copy of the baseline can be found in **annex 4**

The publication of the CAVUHB escalation framework has also bought clarity to the nature of the intervention support the organisation will receive. It has been confirmed that support is being led and coordinated through NHS Wales Performance & Improvement (NHSWP&I) . Support will follow a five phase approach;

- Phase 1: Mobilisation
- Phase 2: Assessment
- Phase 3: Development of integrated plan (CAVUHB led)
- Phase 4: Further support offering coordinated by NHSW P&I
- Phase 5: Transition and sustainability phase

Two independent advisors (IAs) who have been identified as Prof Em Wilkinson-Brice and Dr Pamela Johnston will work with, and across, the organisation to advise all parties on:

- The underlying causes of the areas of escalation and challenge with a specific focus on governance, organisational culture and leadership
- A view on the validity and likely efficacy of any established improvement plans

N.B. This will not be a diagnostic or deep dive of certain areas within the escalation domains but rather seek to identify the root causes driving concerns with a specific focus on leadership, culture and governance.

Phase 1 *mobilisation* has been concerned with 'on-boarding' the IA's and providing them with a range of background documents. This phase is largely complete.

Phase 2 commences on the 23 March and will last for twelve weeks and represents the time the IA's will spend with the organisation. A copy of the term of reference (ToR) for this assessment phase can be found in **annex 5.**

The IA's time in the UHB will begin with meetings with the Chair and Chief Executive before then subsequently meeting the wider Executive team and attending key internal meetings (including Board and Board sub committees). At their request full details of Clinical Board and corporate structures have been provided and it is expected they will want to meet with Clinical Board triumvirates and Corporate deputy directors. They have further indicated that as their time progress they will also likely want to meet with a range of other staff groups and individuals.

A range of governance assurance meetings are consequently also being stood up to underpin the organisations escalation framework;

- Escalation Board: Chaired by the NHS Wales Chief Executive and a small number of the Health Board and Welsh Government Executive Team members
- Oversight between the Chair and the Cabinet Secretary.
- Operational performance and delivery meetings: NHSW P&I lead to support operational improvements across a range of areas.

The first meeting of the Escalation Board is on the 31 March (every two months thereafter).

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

A report was given to Board in February which sought to provide line of sight and assurance as to the progress the UHB was making on the areas where it knew improvement was needed and it suspected would form part of de-escalation.

The areas set out in this report broadly align with what is now confirmed in the CAVUHB escalation framework.

Action from the February Board meeting was to develop a dashboard to support clear and transparent tracking of progress. This has proved challenging to finalise because of the developments over the last month (described in this paper).

The further clarity which has been bought with the publication of the CAVUHB escalation framework means the organisation is now in a stronger position to develop a robust tracker. A draft will be available for Board in April to test if the approach will offer them the line of sight and assurance to this critical agenda.

As set out earlier the agreed de-escalation criteria represent a mix of quantitative and qualitative measures. Criteria which have a quantitative measure to understand readiness for de-escalation will be straightforward to track. They are broadly already measured, and reported, via the UHBs integrated performance report (IPR).

The de-escalation criteria with more qualitative measure(s) will likely be heavily influenced by the twelve week work being undertaken by the IAs. The IAs work to understand 'root cause' is likely going to need to be completed before the UHBs full response(s) to some to some of these qualitative de-escalation criteria can be given.

The first meeting of the Escalation Board is on the 31 March with the expectation that a 'consolidated plan' is shared that addresses a number of issues and concerns which were articulated to the CEO in a letter from the NHS Wales CEO on the 5 March.

It is vital that this consolidated plan is taken as an extension of the organisation's 2026–27 Annual Plan (which will be submitted to Welsh Government by 31 March). An extension that offers, where necessary, enhanced granularity and depth of detail. There is a risk that the organisation starts being directed to develop multi plans that it is then held to account on. At best there will be a duplication of effort in terms of developing and monitoring delivery of multiple plans whilst at worst there is the risk that multi and competing plans consequently start to de-stabilize the organisations improvement efforts.

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

All the below documents can be found in the supporting documents folder on the Public Board MS Teams Channel and the Cardiff and Vale UHB website.

- Annex 1: All Wales Operating & Accountability Framework
- Annex 2: All Wales oversight and escalation framework
- Annex 3: Cardiff and Vale University Health Board (CAVUHB) escalation framework
- Annex 4: Welsh Government baseline assessment
- Annex 5: Terms of reference (ToR) for IAs this assessment work

Recommendation:

The Board is requested to:

a) **NOTE** the CAVUHB escalation framework which has now been published.

b) **NOTE** the baseline assessment which has been produced that describes the UHBs current position against its de-escalation criteria.
c) **NOTE** the intervention support which is now being provided to the UHB by NHS Wales Performance and Improvement.
d) **TAKE ASSURANCE** that a draft de-escalation tracker will be available for Board to consider in April.

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
1. Putting People First **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:									
Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?				
Yes –		No –	x	Not required

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:

Report Title:	Covid 19 Public Inquiry – Module 3 (Health) Report					Agenda Item No:	5.10
Meeting:	Board		Public	X		Meeting Date:	26 Mar 26
			Private				
Status	Assurance	X	Approval			Information/Noting	
Lead Executive Title:	Director of Corporate Governance						
Report Author Title:	Director of Corporate Governance						

Main Report

Background and Current Situation:

The Covid 19 Public Inquiry (PI) will be the largest ever Public Inquiry held in the UK, consisting of 10 modules.

Module 1 (preparedness) reported in Jul 24 and any relevant actions have been absorbed into the work of the Public Health and Emergency Planning teams.

Module 2 (Government decision making) reported in Nov 25 and the Welsh Government response can be seen here UK Covid-19 Inquiry Modules 2, 2A, 2B, 2C Report (Core decision-making and political governance): Welsh Government response | GOV.WALES. The nature of the module means there are no specific HB actions required.

Module 3 (Healthcare Systems) reported on 19 Mar 26 and this report is intended to raise the key elements for Board awareness. Inquiry Module Reports - UK Covid-19 Inquiry

Of the remaining modules, it is anticipated that there will be relevant elements to vaccinations and therapeutics and to a lesser degree procurement, social care, test, trac and isolate and broadly the final society module (10). However, it is Module 3 that is most relevant to the NHS in the UK.

CVUHB was required to provide a witness statement regarding UHW's experience of the pandemic as part of the evidence gathering for this module; one of 2 healthcare settings in Wales to do so. That statement relied on the collation of over 6,000 document and inputs from over 100 colleagues with over 600 individual lines of information drawn into a single statement submitted under the names of Professors Stuart Walker and Meriel Jenney – both former Executive Directors of Medicine.

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

Findings

The Chair of the Inquiry, Baroness Hallett, offered this 5-word summary of her findings: "we coped, but only just."

Healthcare systems were ill-prepared and overstretched and came close to collapse which was prevented by the extraordinary efforts of those working in healthcare in the UK, and the pressure manifested generally across the UK as:

- lower levels of care for patients generally;
- people not being admitted to hospital when they should have been, or not being admitted to intensive care units once at a hospital setting;
- long waits to be admitted from ambulances;

- healthcare staff deploying to the font line and denuding other areas;
- the dilution of staff to patient ratios;
- constant concern over medical equipment supply;
- incorrect application or communication of do not attempt CPR notices;
- significant cancellations of non-urgent operations;
- delayed diagnosis and treatment leading to conditions becoming untreatable;
- cancer screening programmes being paused;
- intolerable pressure on many workers owing to workload, exposure to widespread death, proximity to suffering and impact on their own families;
- deaths of healthcare workers, particularly those from ethnic minority backgrounds;
- 111 calls were abandoned owing to long waits;
- expedited discharge to care homes (the impact of which will be dealt with in Module 6);
- stay at home messaging deterred some people from seeking medial assistance that they should have, even for life-threatening emergencies including heart attacks.

The report also observed:

- initial guidance on preventing the spread of CV19 was flawed in underestimating the airborne nature of transmission;
- visiting restrictions were a resulting and sometimes terrible trade-off to spread infection and there was a significant impact on vulnerable patients and end of life visits to the detriment of the patients, families and staff;
- those with underlying health conditions were particularly vulnerable to CV19 but shielding advice was not always without harm itself or communicated consistently;
- long covid is a direct impact of the pandemic and access to healthcare is variable as is research;
- PPE was a critical element of the response and supply was inconsistent and sometimes limiting and stress inducing;
- there was no capacity or headroom in the system pre-pandemic to allow a scaled-up response to the emergency resulting in redeployment of staff and repurposing of space to more acute response.

CVUHB references

The report is 404 pages long. CVUHB evidence appears a number of times:

- p60 – visiting restrictions;
- p112 – footnote for data on 111 services;
- p151 – redeployment and increasing critical care through the delay of the opening of the Major Trauma Centre from Apr to Sep 20;
- p189 – Oxygen assessment.

Recommendations

There are 10 recommendations (summarised below and in the order of their appearance as per the chapters and with the relevant action holder identified for each).

Each recommendation is relevant to one or more national governments and of them 6 may require engagement by CVUHB on responding to or implementing the recommendations.

<u>IPC</u>

1. UK Government. Ensure that decision-making on infection prevention and control is underpinned by clear structures and a cautious approach to transmission risk.

2. National Governments. Publish guidance for the implementation of visiting restrictions in hospitals in the event of a future pandemic.

3. National Governments and relevant health organisations. Review and take steps to increase the availability of qualified fit testers.

Protecting the Vulnerable

4. National Governments. Improve data systems to identify individuals at high risk during a pandemic.

Urgent and Emergency Care

5. National Governments and relevant health organisations. Plan for surge capacity in urgent and emergency care during a pandemic.

Hospital Capacity

6. National Governments and relevant health organisations. Ensure that pandemic plans include practical steps to rapidly scale up hospital capacity to treat acutely unwell patients.

Patients with CV19

7. National Governments. Publish a UK-wide framework setting out ethical and operational principles to guide the allocation of adult intensive care resources in the extreme event that they are saturated during a pandemic.

Death and End of Life Care

8. National Governments and relevant health organisations. Develop nation-specific mechanisms to collect, analyse and publish data systematically on the deaths of healthcare workers in the event of a pandemic outbreak.

9. National Governments and relevant health organisations. establish and promote one standardised process across the UK (such as ReSPECT, the Recommended Summary Plan for Emergency Care and Treatment) for clinicians to ascertain and record their patients' wishes and preferences for future care and treatment in order to inform individualised decision-making, including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) notices.

Impact on healthcare workers and 'overwhelm'

10. National Governments and relevant health organisations and professional bodies. Put in place plans to deliver effective psychological and emotional support for healthcare workers at scale from the outset of a pandemic.

The nature of the recommendations means that while there is a duty on the organisation to understand the nature of the report, actions in response to the recommendations will only

effectively be coordinated at a national level and so it is right that CVUHB commit to engaging with any such work.

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

N/A

Recommendations:

Board is requested to:

a) **Acknowledge** the publication of the Covid 19 Public Inquiry Module 3 report on healthcare settings and the principal relevance it has to the organisation of all of the modules.
b) **Commit** to understanding the report's content and asking professional and operational leads to ensure it is promulgated within the organisation.
c) **Recognise** that the nature of the recommendations will inevitably require a national rather than Health Board endeavour and commit to engaging in such work.

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	
3. Delivering in the Right Places		4. Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered:
Please place an "x" in the below boxes where relevant

Prevention		Long Term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?
Please place an "x" in the below boxes where relevant

Yes		No	x	n/a	

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

Risk: Yes/No
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/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: Yes/No	
Decarbonisation: Yes/No	
Welsh Language: Yes/No	
Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

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


Finance
Public Health
Operational
Quality, Safety & Experience
People and Culture
Digital
Capital
Conclusion
Saunders,Nathan
20/05/2026 15:27:36

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 11, the UHB is reporting a year to date overspend of £51.642m.

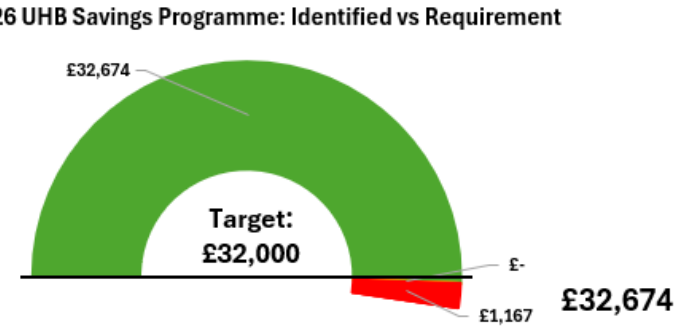
	Plan PTD (£m)	PTD (£m)	PTD Variance to Plan (£m)	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Plan	Forecast	Forecast Variance to Plan (£m)
Draft Plan	7,367	7,367	0	79,171	79,171	0	88,233	88,233	0
Quality Efficiency Improvement Plans - Savings	(2,778)	(2,810)	(32)	(27,624)	(28,241)	(617)	(32,000)	(32,674)	(674)
Operational Variance	0	(424)	(424)	0	712	712	0	674	674
Clinical/Service Board Variance	**4,589**	**4,133**	**(456)**	**51,547**	**51,642**	**95**	**56,233**	**56,233**	**0**

The overall £51.642m deficit at month 11 was made up as follows:

- Planning Deficit **£51.547m**
- Savings Programme surplus of **(£0.617m)**
- Operational Position deficit **£0.712m.**

The forecast £0.674m surplus against the £32.0m savings target is being used to support ongoing operational pressures.

At Month 11, the UHB had identified £32.674m (102.2%) of green savings to deliver against the revised £32.0m savings target. Red schemes of £1.167m were also identified and continue to be reviewed for progression to Green/Amber where possible.

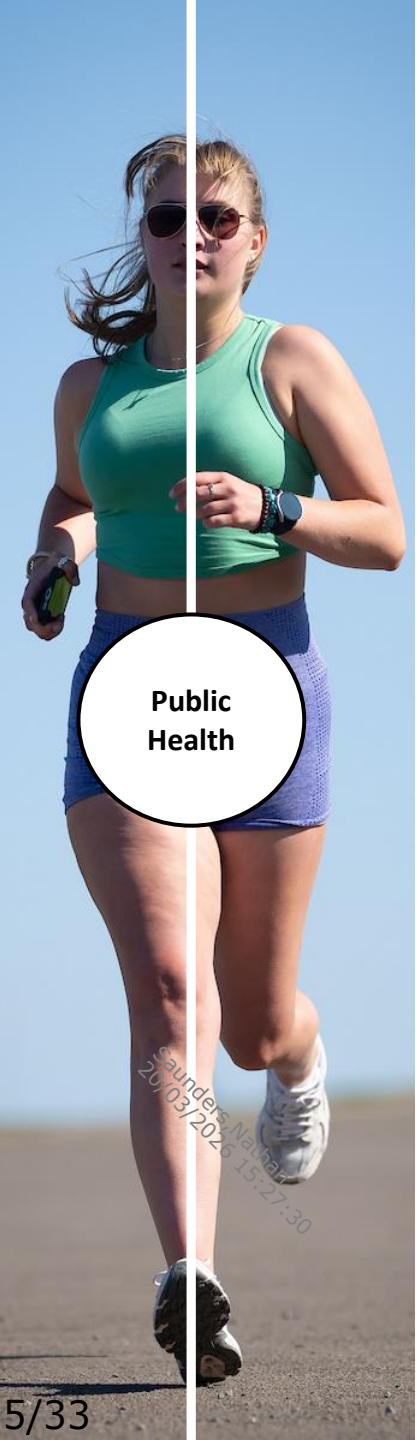


Forecast savings of £32.674m are reported against the £32m recurrent savings at month 11. The level of recurrent savings identified is lower at £26.807m leaving a gap of £5.193m to target. The combined impact of this savings gap and the full-year effect of in-year operational pressures is projected to increase the underlying deficit carried forward into 2026/27 by £12.315m, 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 11	12.315
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	68.548

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.

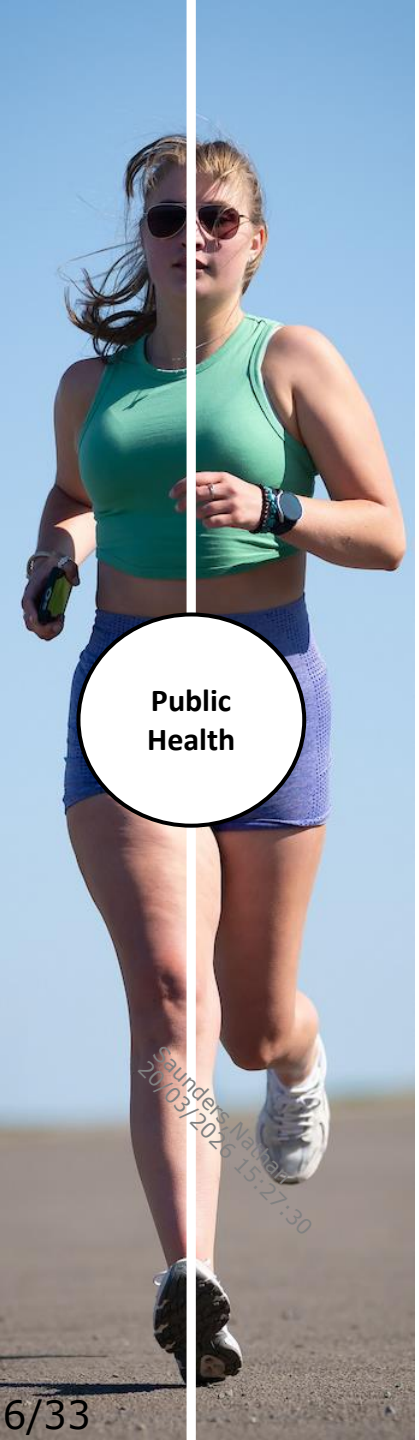


Obesity and Diabetes

- A review of all actions included in the Good food and movement Implementation Plan (2024-26) has been conducted and reported to the Leadership and Enabling Change Group.
- The Director of Public Health Report 2025 outlines the approach we are taking for Good Food and Movement and asks for 3 calls to action to prevent both obesity and type 2 diabetes (shared with Regional Partnership Board and Cardiff PSB in January 2026).
- Preparation is underway to develop the Good Food and Movement Implementation Plan (2026-28).

Vaccination – seasonal respiratory infections

- As part of the Autumn **Influenza** campaign we began vaccinating **health and social care 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. 64.2% staff have been vaccinated as of 5 March 2026, which is above the All-Wales average of 50.9%. We are ahead of previous programme benchmarks. The public health team have contributed to a national Influenza 2025/26 Lessons Learned process run by Vaccination Programme Wales (VPW) and a local evaluation and forward planning session is arranged for end of April 2026.
- **Influenza vaccination** uptake for those **aged 65 and over** is 71.6%. This is in line with the All-Wales average, but below the national target. Plans are in place to provide additional sessions up until 31 March 2026.
- 58.3% of the eligible population were vaccinated against **COVID-19** as part of the Autumn campaign. This is below the national target. Discussions regarding the COVID-19 2026 spring campaign have begun. This includes learning from areas of good practice. For example, CAVUHB recorded the highest uptake amongst residents in care homes in Wales (84.14%). This was achieved through offering a flexible and ongoing offer to vaccinate. There has been a targeted effort to vaccinate closer to people's homes during this campaign which will continue for the spring 2026 campaign, with a particular focus on the lowest uptake area Cardiff City and South.
- For **Respiratory Syncitial Virus (RSV)**, we have vaccinated 59.7% of the eligible first year routine cohort. This is above the All-Wales average but below the national target. The catch-up programme has vaccinated 71.25% of the eligible population, which is above the All-Wales average and the second highest figure across all Health Boards in Wales. A targeted focus on low uptake areas will take place during spring 2026.
- 1,116 gelatine-free influenza vaccinations have been administered to **pupils during the 2025/26 flu campaign**. This addresses a historic inequality in access to the influenza vaccination, as previously children requiring a gelatine-free option would require an additional appointment at a GP practice. Data from a sample of schools suggests this school-based model is encouraging those who have previously not received an influenza vaccine to do so. Feedback and learning from this approach will inform the national evaluation exercise.



Vaccination – childhood vaccinations

Children up to date with vaccinations

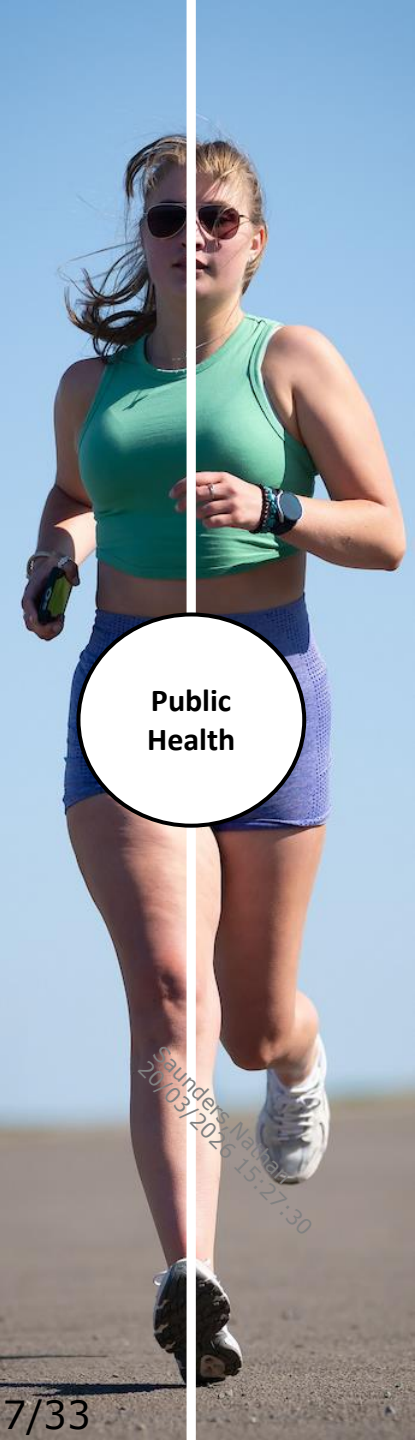
- 81.5% of children are up to date with vaccination by age 4. This is an increase from the previous quarter (77%) but below the All-Wales average. 83.6% of children are up-to-date with vaccinations by age 5 which is below the national target.

Measles

- 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 - March with conversations on-going to schedule the remainder.

HPV

- The School Nursing Immunisations team is delivering HPV vaccinations in schools February - June 2026. Each school is offered multiple initial and catch-up dates for HPV clinics. The team has provided targeted communications for schools to share with parents and guardians. With support from the public health team, they are piloting **behaviourally informed text messages** to encourage parents and guardians to return consent forms. The team are proactively attending key events including teacher-parent conferences and community events. The Health Board communications team have developed public-facing case studies to highlight the importance of HPV vaccination. The most recent case study has received over 250,000 views on social media.



Tobacco

Smoking Prevention

- Webinar Reducing the Harms of Tobacco, Vapes and Nicotine Addiction to Children and Young People held on 24.2.26 aimed at those working in schools and young peoples settings, and school nurses. Partners contributed to delivery.

Smoking Cessation

- In-app advertising of 'HMQ' service continued across deprived areas of Cardiff and the Vale of Glamorgan through the month of February
- Several new initiatives delivered to increase referral to smoking cessation services (e.g. promotion in Cardiff City Football Club programme, incentives for primary care settings)
- A pilot text message project targeting GP practices in two clusters with high levels of deprivation and smoking prevalence achieved encouraging results. Of the total number of SMS messages sent to patients to promote smoking cessation services 9% of recipients clicked the embedded link to visit the HMQ website with 14% of these patients submitting a request for a call back.
- No Smoking Day – 11th March. Communications planned to promote the day on social media platforms. Information stands to promote smoking cessation services will be held in high footfall areas including UHW, UHL and County Hall.

Smoke Free Environments

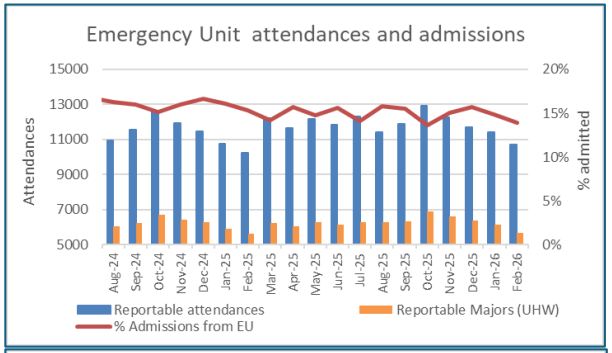
- Smoking enforcement officer has approached almost 500 people found to be smoking on hospital sites in first 3 months of the programme.

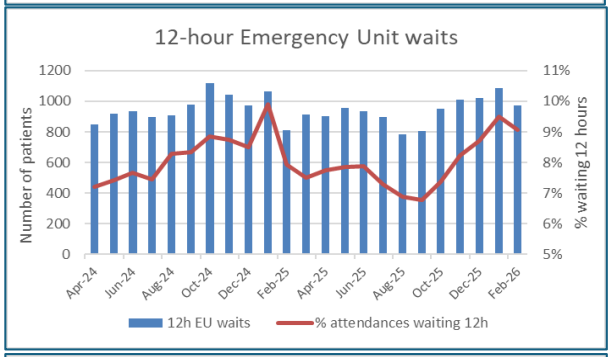
Women's Health Hubs

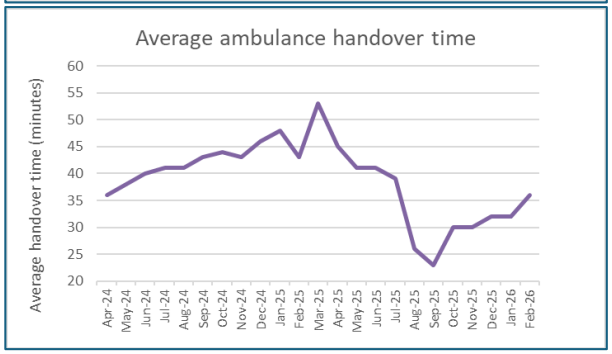
- The 'pathfinder' hub first clinic occurred on 18th February. The hub, focussed on menopause care, also had a **ministerial visit** from Sarah Murphy MS (Minister for Mental Health and Wellbeing).
- The visit had good representation of the clinical elements of the hub, which focusses on menopause specialist care from primary care staff, as well as the links to the wider holistic support which will be on offer at the hub. This included representation from the Community Connector schemes with links to social prescribing, the community garden volunteers, as well as information on the developing menopause cafe which will commence shortly.

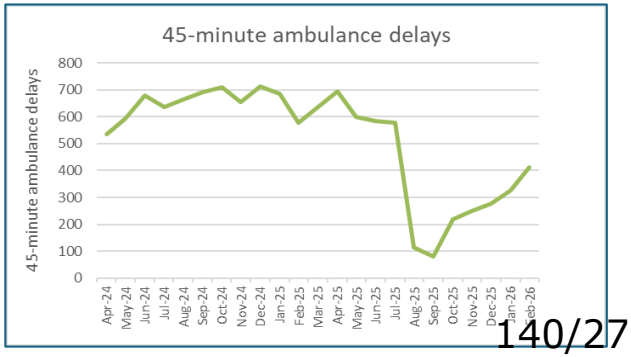
Urgent and Emergency Care – Out of Hospital and Front Door

- In February attendances at the Emergency Unit reduced from those in January but were increased by around 4.5% compared to February ‘25. The number of Majors attendances was decreased from January. The proportion of patients admitted via EU reduced to 13.9% and is reduced when compared to February ’25
- We have seen a 3.6% increase in demand over the last 12 months, against a forecast of 4%.
- Following periods of sustained operational pressure, the number of patients wating 12 hours or more in EU reduced but remained high, the proportion of attendances resulting in a 12 hour wait reduced to 9.1%. The number of patient that waited 24 hours in the EU footprint was 80, the majority associated with periods of intense pressure at the beginning and end of the month
- The number of 1-hour ambulance holds increased in January – c15% 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



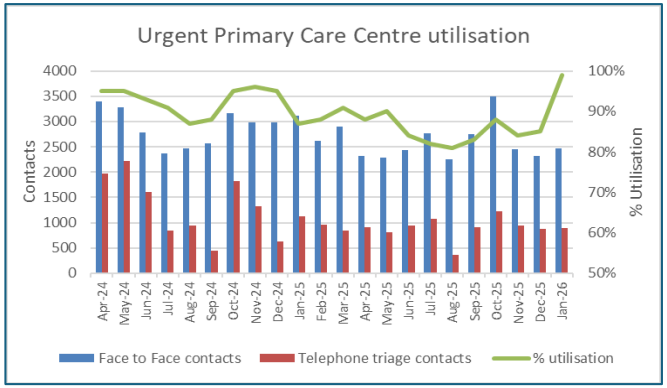




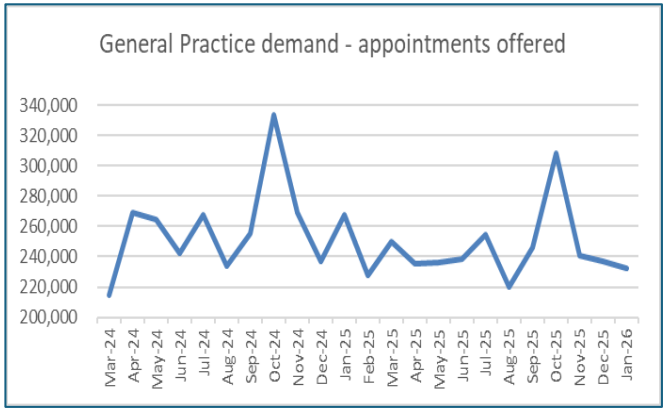


Urgent and Emergency Care – Out of Hospital and Front Door

- In January, 2,472 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 901 patients triaged by telephone. In January 99% of the available slots were utilised, improved from December
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year two and a half 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 January reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required



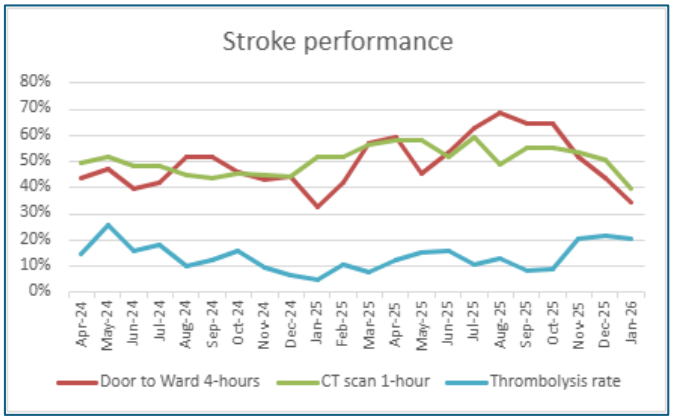
GMS activity	January 2026	Year to date 25/26
Calls to GP Surgeries	299,194	3,151,672
Digital requests to GP practices	85,891	830,377
GP appointments offered	232,059	2,449,153
Items issued via presciption	688,078	7,294,805



Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

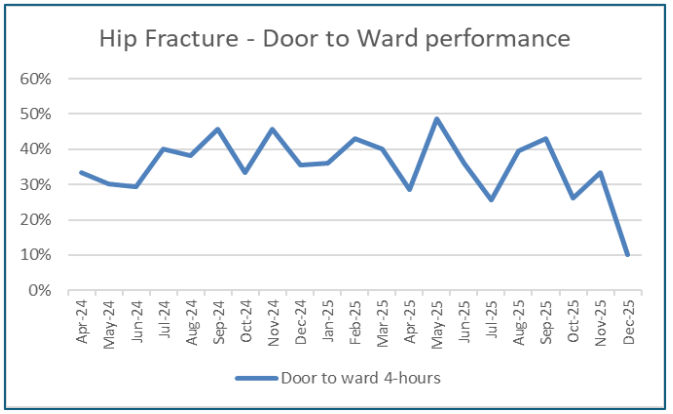
- The most recent data from January showed a drop in compliance with the Door to Ward standard for Stroke patients, reflecting pressure on the emergency unit and patient flow. In January 39.7% of patients received their CT scan within 1-hour and 7.4% within 20 minutes, a drop from December reflecting CT downtime in month and pressure on the EU pathways. The thrombolysis rate remained above the standard at 20.6% in January, but no patients met the 30-minute standard
- There were 4 Thrombectomies in January



EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	34.4%	26.8%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	7.4%	13.0%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	39.7%	54.2%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	20.6%	12.8%
Thrombolysis <= 30 mins	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Thrombectomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	5.9%	2.8%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	76.9%	65.8%

Hip fracture

- In December, 10% of Hip Fracture patients were admitted directly to the ward within 4-hours. This represents a reduction in performance from November, but our average of 30% remains significantly above the national average of 9.9%. January saw a reduction in the number of breaches

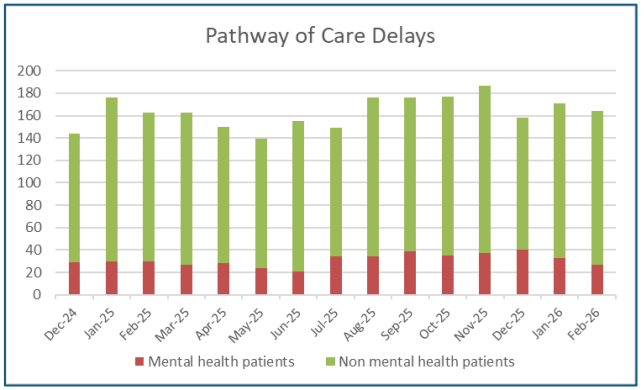


Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays reduced in February to 164. Non-Mental Health delays reduced to 137 with an average length of stay since becoming clinically optimised of 31 days. Mental Health delays reduced to 27, with an average length of stay since becoming clinically optimised of 109 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 7,218 bed days were lost in January, reduced by c200 from last month and by 2,700 from the same month last year

- 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 Social Worker allocation	36
Awaiting completion of assessment by social care	27
Awaiting joint assessment	14
Awaiting completion of best interest decision	6
Patient/family care home choice	6
Home unsafe and requires attention	6

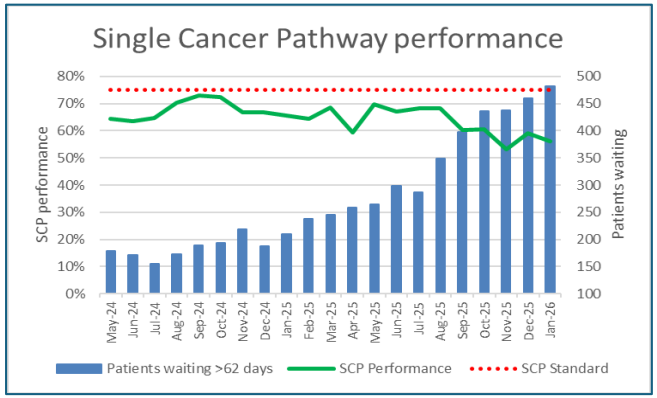
Top 6 reasons for MH delays	Number of delays
Awaiting Dementia nurse availability	6
Awaiting joint assessment	5
Awaiting completion of assessment by social care	2
Awaiting funding decision	2
Awaiting funding decision CHC/FNC	2
Awaiting care home manager (Residential) to visit and provide outcome	2

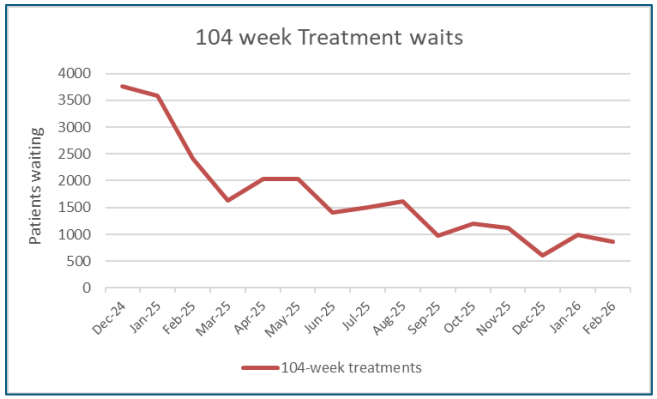
Planned Care, Cancer and Diagnostics

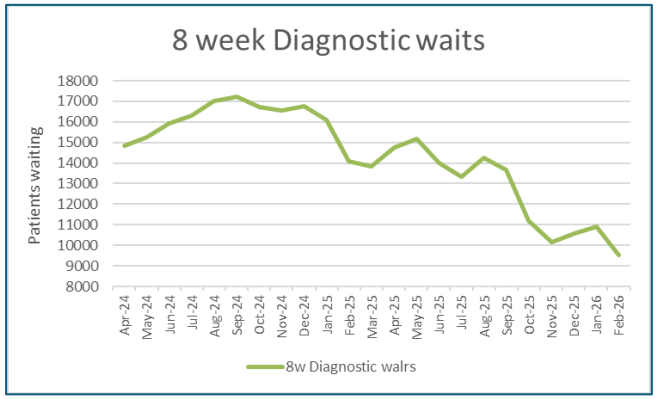
- As forecast, our Single Cancer Pathway compliance reduced to 56.1% in January, as we continue to treat patients from the increased backlog of 62 waits. In January we saw 4 tumour sites meet the SCP standard of 75%. We have seen the backlog of patients waiting 62 days reduce from over 500 in January to 317 this week. A separate deep dive will be presented to Finance and Performance Committee this month

- In Q3 the UHB delivered on our commitment to Welsh Government to reduce the number of patients waiting 2 years for treatment. This increased as forecast in January but has reduced in February, and we are on trajectory to deliver our Q4 commitment of reducing to 450, mainly spinal, patients. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair

- Diagnostic 8-week waits reduced in February 2025 to 9,544. Endoscopy, NOUS and MRI waits reduced, but CT waits were impacted by scanner downtime. We remain on track to deliver further improvement in March 2026, a more detailed update on our end of year position will be provided in Finance and Performance Committee this month







Planned Care, Cancer and Diagnostics

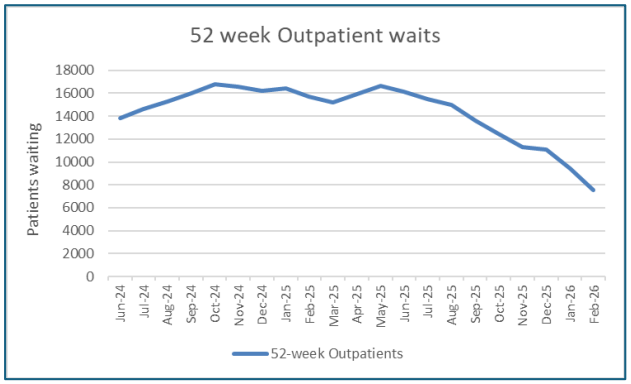
- Diagnostic – End of year

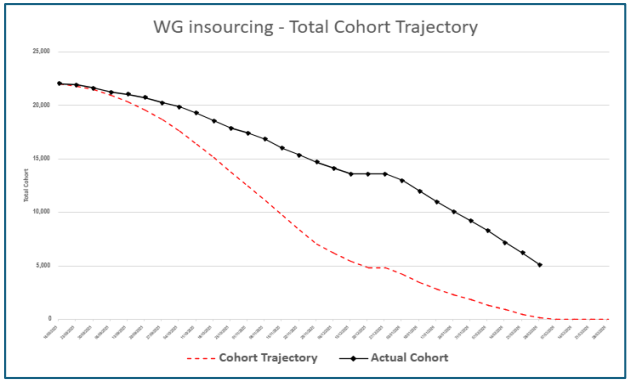
  - Diagnostic waits reduced in February 2026 to 9,554. Endoscopy, NOUS, and MRI waits improved, though CT waits were affected by scanner downtime.
  - We forecast a further reduction in March 2026, with 6,318 patients expected to be waiting over 8 weeks. This remains below our intended trajectory, largely due to increased outpatient activity via the insourcing contract, delays with outsourced providers, and scanner downtime.
  - For 2026/27, plans are in place to achieve 0 patients waiting over 8 weeks for MRI by the end of Q1, and for NOUS by the end of Q2.
  - A significant recurrent capacity gap remains within Endoscopy. The LHP development aims to address this in the longer term, though its revenue component is currently unfunded. A separate paper focused on endoscopy services will be prepared for Board, recognising that a decision on resource allocation is required.

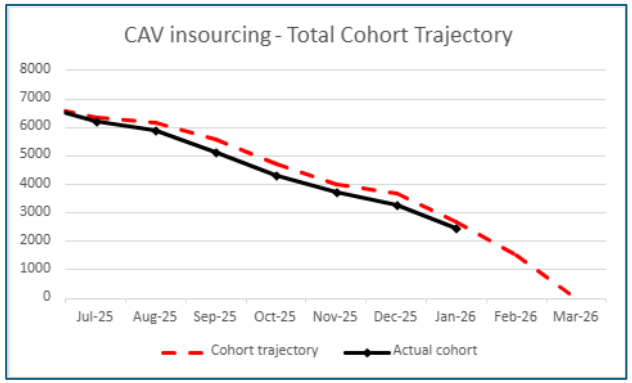
Modality	April 2025 Position	March 2026 forecast	HBS impact	Infrastructure/ Contract issues	End of Q1
NOUS	7773	2600	350	2250	800
Endoscopy/Colonoscopy	5155	1190	1190		3000
CT Exc Cardiac & GA	21	200		200	
CT Cardiac	151	155	40		100
MRI Exc Cardiac	1116	690	47	200	
MRI Cardiac	203	130	40		80
TTE (Echocardiogram)	15	900	900		TBC
Cystoscopy	160	193	193		TBC
Urodynamics	130	160	130		200
Others	100	100			
Total	**14735**	**6318**	**2890**	**2650**	**4180**

Planned Care, Cancer and Diagnostics

- The number of patients waiting 52-weeks for an outpatient appointment reduced again in February 2026 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 c31,000 additional outpatient appointments through this year
- To date we have delivered c17,000 appointments through the Government insourcing contract and over 4000 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

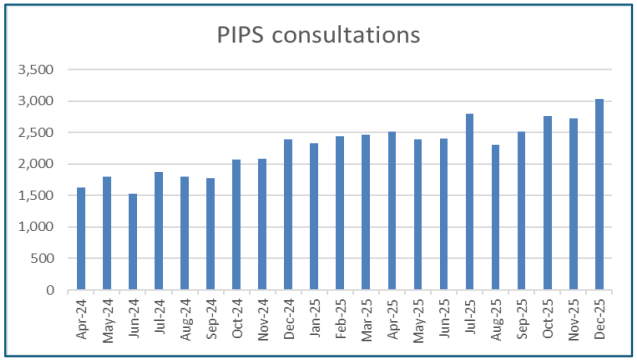




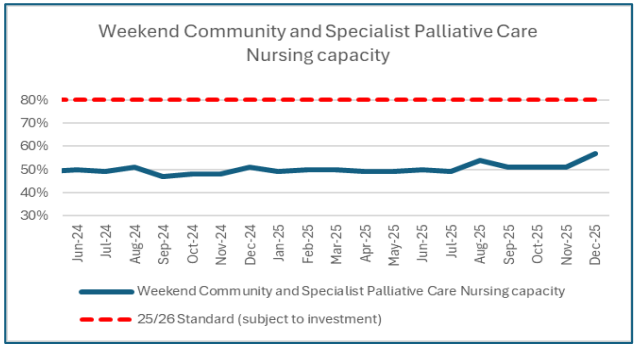


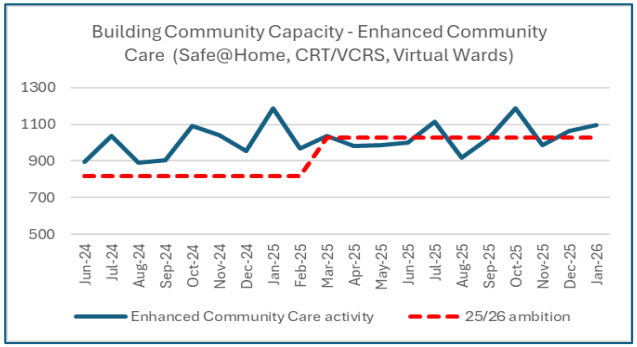
Primary and Community Care

- 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 3,035 consultations delivered in December 2025, out highest monthly volume to date
- 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



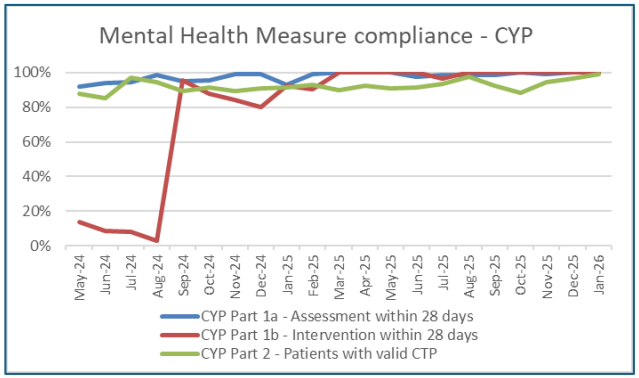
Community activity	Dec-25	Year to date 25/26
Disctrict Nurse visits to patients	17,352	154,634
Patients supported by Safe@Home	72	665
Patients supported by CRT/VCRS to avoid admission	34	341
Patients supported by CRT/VCRS with early discharge	120	888

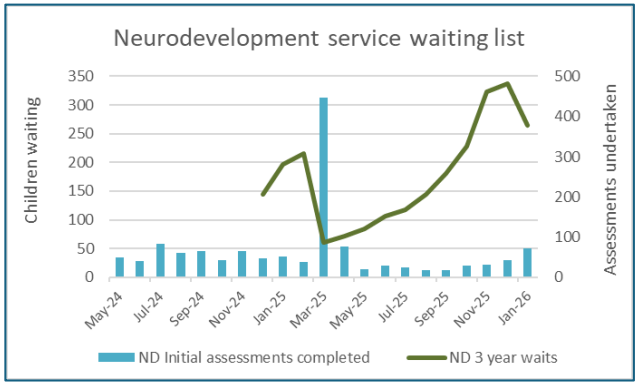


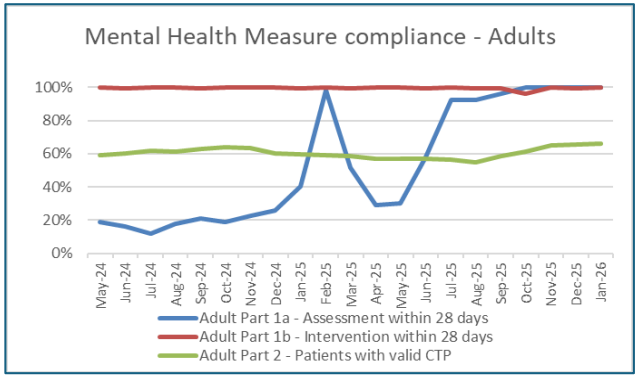


Mental Health

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, 100% compliance reported for December and January. Part 2 performance improved again in January 2025 and is above standard
- The Neurodevelopment service waiting list continues to grow with 273 referrals in January. The number of 3-year waits reduced to 264 in January. We have a plan in place to reduce this to zero by the end of March. In total there are 5,240 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, January saw Part 1a compliance maintained over 99%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in January. Part 2 remains below standard but has improved in line with our trajectory, increasing to >60% since October. 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







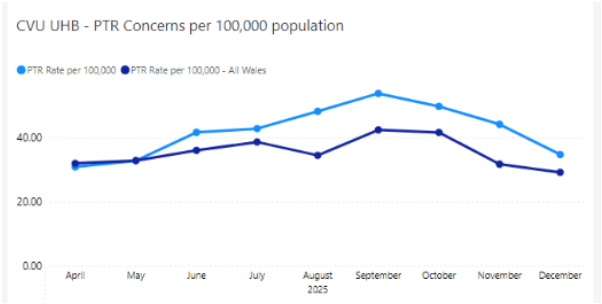
Mental Health Measures:
1a – assessments undertaken within 28 days
1b – therapeutic interventions undertaken within 28 days following assessment
2 – residents with a valid health and care treatment plan

Productivity and Efficiency

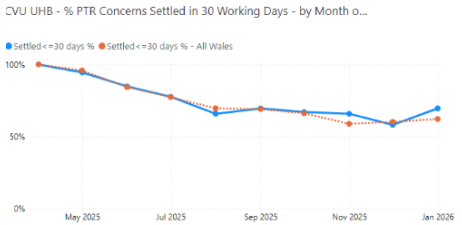
Measure		Standard	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Trend
Outpatients	% DNAs - New appointments	5%	8.7%	8.9%	8.5%	8.6%	9.0%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.0%	8.7%	9.4%	10.0%	
	% DNAs - Follow-up appointments	5%	9.5%	9.3%	9.9%	9.5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	8.7%	9.3%	
	% outpatients on See on Symptoms pathway	20%	6.6%	3.5%	3.4%	3.3%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	4.3%	4.4%	
	% outpatients on Patient Initiated FU pathway		1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	1.2%	1.6%	
Endoscopy	% room utilisation	90%	78%	75%	83%	82%	88%	78%	88%	81%	87%	71%	72%	66%	79%	66%	72%	
	% utilisation (activity points available)	95%	87%	85%	84%	81%	84%	87%	89%	87%	90%	89%	87%	87%	89%	87%	85%	
Theatres	Average turnaround time (minutes)	10	15.9	16.2	15.9	18.2	17.1	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3			
	% of theatre session utilisation	95%	84%	75%	88%	85%	87%	79%	83%	80%	81%	80%	83%	82%	78%			
	% in session utilisation	85%	82%	78%	79%	79%	77%	80%	79%	80%	78%	77%	79%	79%	78%			
	<24 hour elective cancellations	N/A	198	217	315	295	347	237	229	281	287	220	238	329	287	344	323	
Waiting list	Total RTT waiting list volume	N/A	154,994	154,605	153,519	151,069	151,226	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	146,215	142,532	
Inpatient	Delayed pathways of Care - Mental Health	217	32	29	30	30	27	28	24	21	34	34	39	35	37	40	33	
	Delayed Pathways of Care - non-Mental Health		130	115	146	133	136	122	115	134	115	142	137	142	150	118	138	
	7 day LOS on Acute Wards (snapshot)	<40%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	56.8%	56.1%	
	21 day LOS on Acute Wards (snapshot)	<20%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	27.9%	29.8%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	10.4	10.5	9.8	12.4	11.0	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	9.9	9.3	
Urgent and Emergency	Reportable attendances	N/A	11,922	11,468	10,756	10,237	12,193	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	11,681	11,397	
	Reportable Majors attendances	N/A	6,398	6,272	5,924	5,628	6,210	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	6,372	6,154	
	Reportable EU admissions	N/A	1,831	1,829	1,676	1,502	1,658	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	1,834	1,697	
	SDEC attendances	N/A	1,716	1,601	1,786	1,609	1,770	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	1,864	1,951	

*Theatre data is currently being validated following the move to a new booking and management system

Concerns: December 25

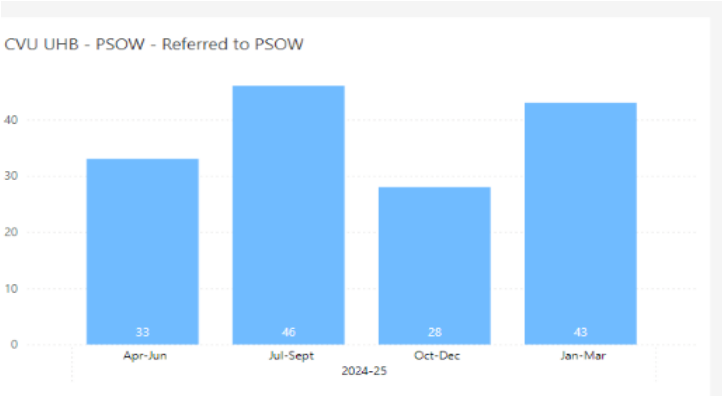


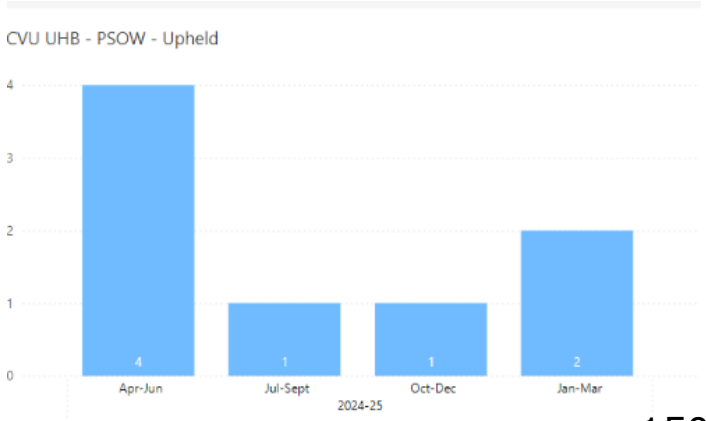
We continue to see an increasing volume of concerns and enquiry's key themes are waiting times and communication



We remain in line with the All-Wales response times, but it should be noted across Wales these have decreased

As a quality indicator we measure referrals to the Public Service Ombudsman for Wales and the number of cases upheld(this can be fully or in part)





Themes Emerging from DoC-Triggered Incidents

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

These areas have focussed pieces of work monitoring improvement actions and trends

Response Rates to Patient Feedback

- Over 12 months: **188,000+ SMS messages** sent
- Overall response rate: **16%**
- February 2026:
  - **15,472 surveys sent**
  - **17% response rate**

Patient Satisfaction

- Among January–February respondents answering the rating question:
  - **84% satisfaction**

Infection Prevention & Control (IPC)

Cumulative position for 2025/26 compared with 2024/25 benchmarks

Infection	Year-to-Date Total	Hospital Onset	Comparison with 2024/25	All-Wales Position
C. diff	180	67	↓ by 41	2nd lowest
MRSA	15	8	Same	2nd highest
MSSA	116	45	↓ by 14	3rd lowest
E. coli	251	60	↓ by 18	Lowest rate in Wales
Klebsiella spp	112	53	↑ by 8	2nd lowest
Pseudomonas aeruginosa	25	12	↓ by 12	3rd lowest

Brilliant Basics –Embedding shared responsibility for infection prevention and patient safety.

- **CLEAN – Your Hands**
  - – Follow the Five Moments for Hand Hygiene
  - – Gloves ≠ handwashing
  - – Bare below the elbows
- **SMART – Your Uniform**
  - – Follow the Dress Code Policy
  - – Clean uniforms only; no scrubs outside clinical areas
  - – Theatre scrubs stay in theatre
- **SAFE – Your Technique**
  - – Use ANTT consistently
  - – Treat all patient contact as a potential infection risk
  - – Follow procedures; ask for support when unsure
- **SURE – Your Standards**
  - – Maintain high standards, even under pressure
  - – Be vigilant and report concerns
  - – Encourage constructive challenge

The UHB reported 42 NRIs in January and February 2026 above the national rate as demonstrated in the second spc chart.

19% of all Nationally Reportable Incidents under review relate to cases of perinatal mortality, tragic deaths of babies from 24 weeks gestation up to 28 days after birth with the vast majority being intra-uterine deaths. All cases are subject to a full perinatal mortality review with data submitted nationally. Care is graded and most cases identified no aspects of care that impacted the outcome.

Pressure damage is the second highest category of NRIs. The pressure damage group has been reconvened to provide oversight of the governance of pressure damage and to drive areas of improvement.

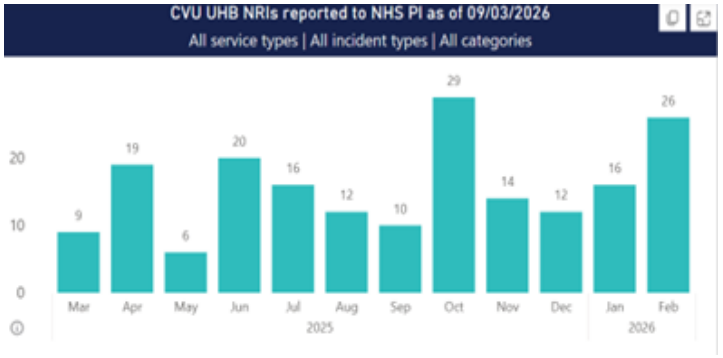
The ToR have been approved, the project plan is in draft format and there are 5 workstreams which include;

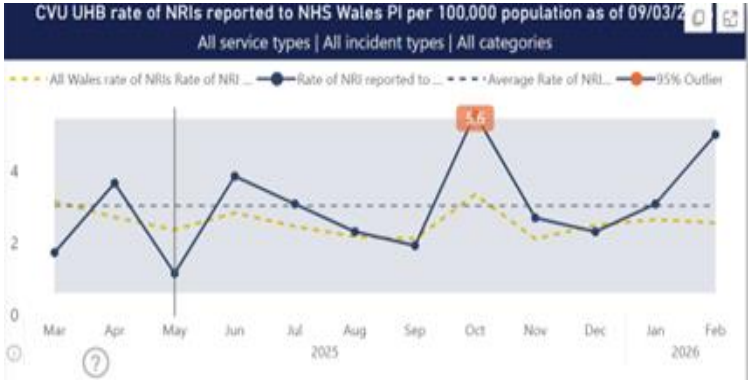
- Information and data
- Equipment
- Education and shared learning
- Documentation and standards
- Scrutiny panels and reporting culture

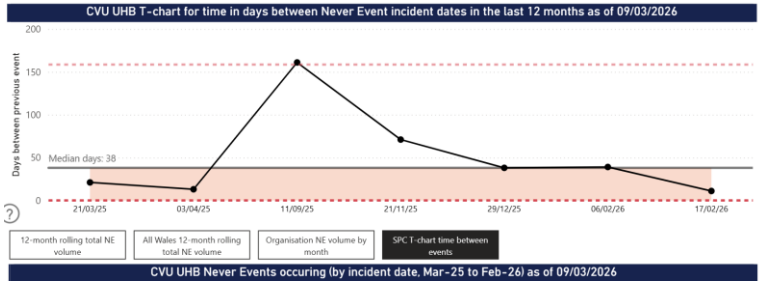
There will be quarterly report to quality committee which will provide further updates and outcomes for each workstream, to include the data, outcomes and impact.

The UHB reporting of Never Events remains high with a rolling annual average of & never events in February 2026.

Work continues to strengthen governace of the WHO checklist processes, including implantable medical device reconciliation and count processes.

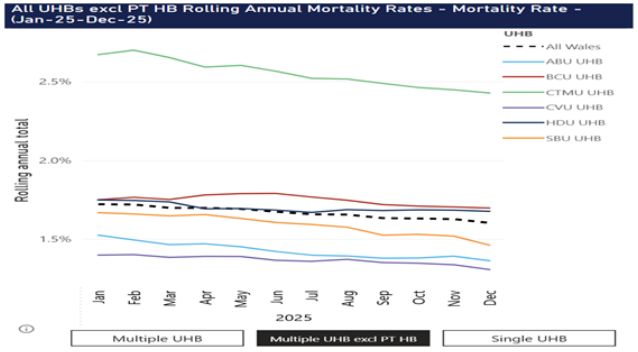


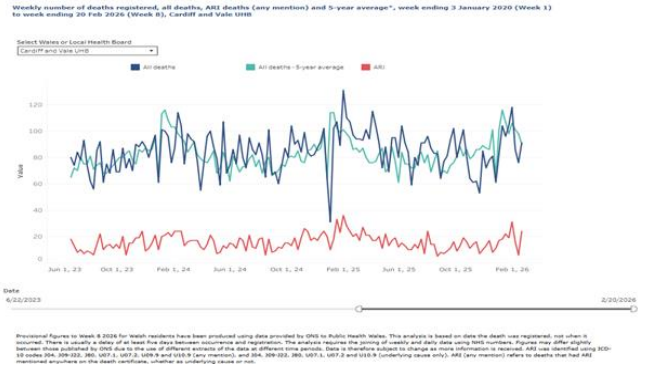




Mortality

Crude 12 month rolling annual inpatient mortality in December 2025 was 1.3%, the lowest in Wales and compares to an all Wales average of 1.6% in the same month. Risk Adjusted Mortality Index remains high, but this measure is unreliable due to know delays in clinical coding performance. The is a plan to deliver the necessary improvements in clinical coding to ensure that 95% of all inpatient cases are coded within one month of discharge. This should be achieved during 2026/27 and will allow the organisation to use RAMI with confidence. The UHB has committed to achieve a Risk adjusted mortality rate of 110 during 2026/27 within the annual plan .



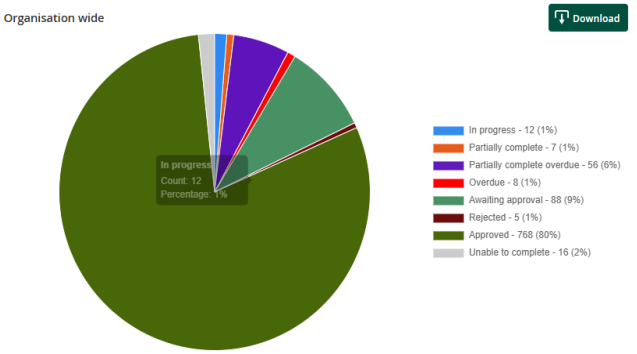


Healthcare Inspectorate Wales

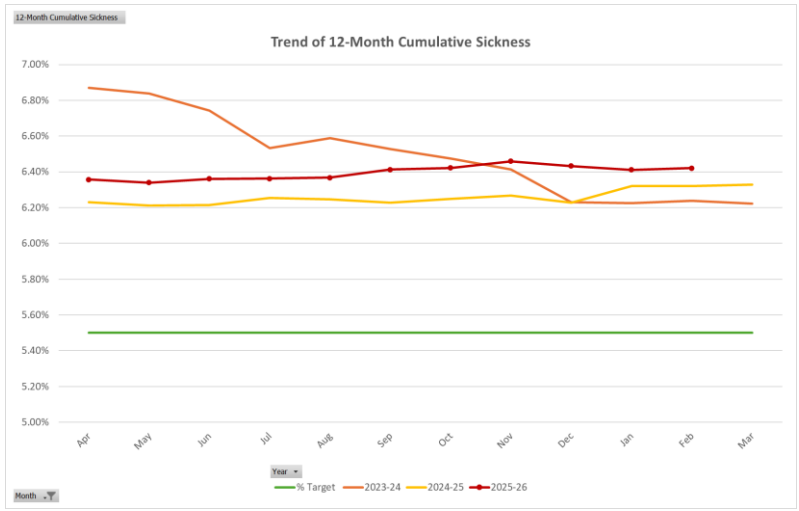
The Pi chart above demonstrates progress against the HIW improvement plans hosted on the UHB quality management System AMaT.

HIW undertook an unannounced inspection in Short Stay Surgical Unit 13 and 14 January 2026, the UHB has responded to provide oversight of actions undertaken to address immediate assurance issues, including IP&C and housekeeping within the unit and strengthening medicines storage and ordering.

An unannounced inspection of B2 Gynaecology was undertaken on 16 and 17 February 2026. No immediate assurance issues were identified, and the draft report has not yet been issued.

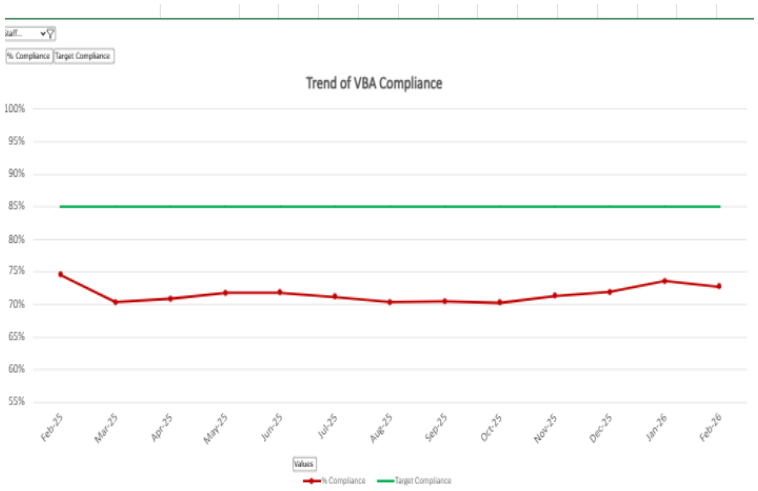


People and Culture



Sickness Absence

- The target for 25/26 is <5.5% The monthly sickness rate for February was 6.04%. The 12-month cumulative rate has remained the same at 6.42% at Feb-26 (an increase of 0.10% by comparison with the 12-month cumulative rate at Feb-25).
- The in month sickness rate for January 26 was 6.67%, which is lower than the previous 4 years.



VBA

- The target for VBA compliance for 2025/26 is 85%
- The monthly VBA rate for February 2026 fell from 73.61% to 72.75% which is marginally lower than Feb 2025
- Local weekly monitoring of VBA compliance has commenced within CBs supported by Senior P&C Business Partners
- Monthly review of compliance will continue via Executive Reviews
- A review of VBA design will commence in 2026/27, linked to leadership and management accountability

NHS Staff Survey 2025

Overall Position

•6,108 responses (response rate 34.8%, above Wales average of 30%)

•Staff Engagement Index: 69.2% (below Wales average 70.8%)

•Results indicate increasing organisational pressure

Key Risks Emerging from Survey

Morale and working environment

•Morale positivity 50.1%

•Over 40% report emotional exhaustion / burnout indicators

Staffing and workload

•Only 27.6% believe there are enough staff

•Only 45.3% feel able to meet conflicting demands

Confidence in quality

•Friends & Family indicator 56.5% (–4.7pp)

Important Strengths

Immediate line management and team culture remain strengths

•68.9% positive for immediate manager encouragement

•Team trust and shared objectives >75% positivity

Organisational priorities in response

•Strengthen leadership and management consistency

•Improve local conversations on performance, wellbeing and pressure

•Strengthen workforce planning and management capability

•Support teams experiencing sustained operational pressure

Staff survey insight will be used alongside workforce, quality and operational indicators to:

•identify teams experiencing sustained pressure

•inform targeted leadership and team support

•strengthen organisational oversight of workforce risks

Leadership & Management Development
Development of an organisational Leadership and Management Framework
Improving understanding of current and future leadership capability requirements and strengthening evaluation and impact of leadership development investment
Review of leadership and management development activity to support organisational redesign and escalation requirements
Strengthening expectations and accountability for people management across all professions
Preparing for alignment with the National Leadership and Management Framework

Staff experience insight and leadership development will support escalation processes by:

- identifying teams experiencing sustained pressure
- informing targeted leadership and team support
- strengthening organisational

Strengthening Corporate and Local Insight into Team Culture and Performance

Using evidence-based tools and power-BI to provide earlier insight into team health and organisational pressures.

Introducing the Tool

Exploring the use of a continuous listening and insight tool to:

- Capture real-time staff experience and engagement signals
- Identify early signs of pressure within teams
- Provide leaders with actionable insight at team and organisational level
- Complement existing workforce, quality and performance data

What the Tool Enables Using Power-Bi:

Integrated Team Health Insight

The tool enables integration of staff experience signals with:

- Workforce indicators (absence, turnover, vacancies)
- Quality and safety indicators
- Operational performance metrics
- Governance and risk information

Creating a single view of organisational and team health.

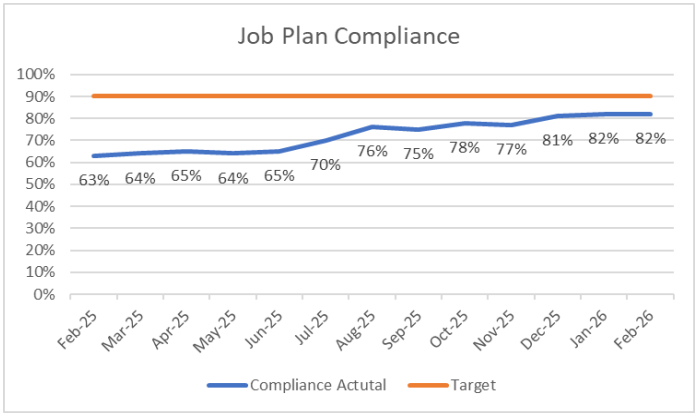
Benefits for the Organisation

- Earlier identification of teams under pressure
- Better understanding of drivers of staff experience and performance
- More targeted leadership and team development support
- Improved ability to monitor cultural and organisational health over time

The approach supports the escalation framework by:

- Providing **earlier warning signals** where teams are experiencing difficulty
- Enabling **data-informed leadership intervention**
- **Supporting targeted improvement actions** in areas of concern
- Strengthening oversight of workforce and cultural risks

People and Culture

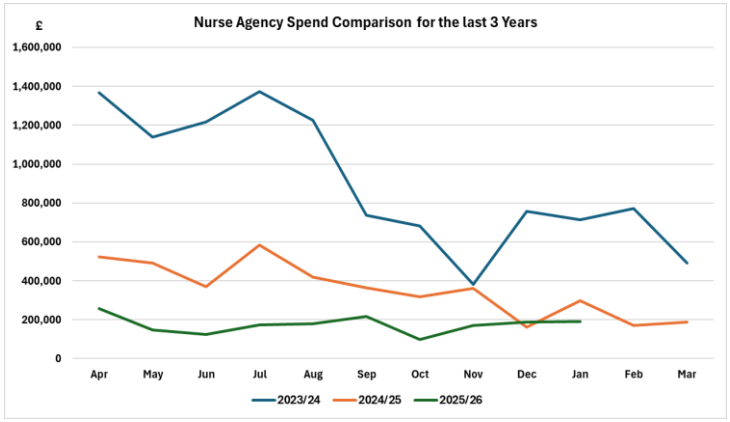


Job Planning – Management teams continue to prioritise job planning, with targeted focus on services where compliance remains lower. Overall compliance continues to move steadily toward the Welsh Government target of 90% and currently stands at 82%. While the headline position is unchanged month on month, this must be considered alongside job plans reaching their 12-month review point, which sits outside the dedicated work programme to achieve the 90% target. To reach full compliance, a further 8% increase is required, equating to approximately 80 clinicians. Encouragingly, the quality of job plan content has continued to improve. The ongoing focus is to sustain this positive momentum, achieving the 90% compliance target while maintaining the strengthened standard of job plan quality.

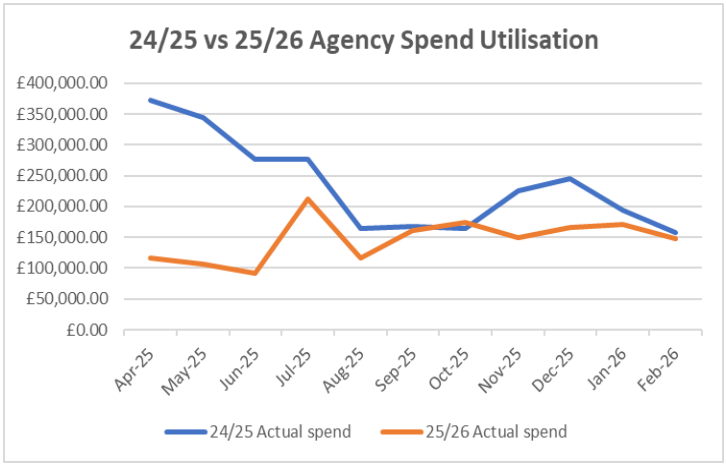
7

Directorate	Grand Total	Locked Down	Discussion	Awaiting 1st Sign Off By Consultant	Awaiting 1st Sign Off Manager	Awaiting 2nd Sign Off	Signed Off > 12 mths	Signed Off	Compliance (inc Exp)
AWGMS	17		1				3	13	94%
C&W	142		13	8	1		23	97	85%
CD&T	88		6	7	2	1	12	60	82%
Medicine	182	1	26	12	4	4	28	107	74%
Mental Health	56		6	2		3	7	38	80%
PCIC	10						3	7	100%
Specialist	173	2	18	3	1	4	53	92	84%
Surgical	333		29	11	6	7	47	233	84%
Grand Total	**1001**	**3**	**99**	**43**	**14**	**19**	**176**	**647**	**82%**

People and Culture



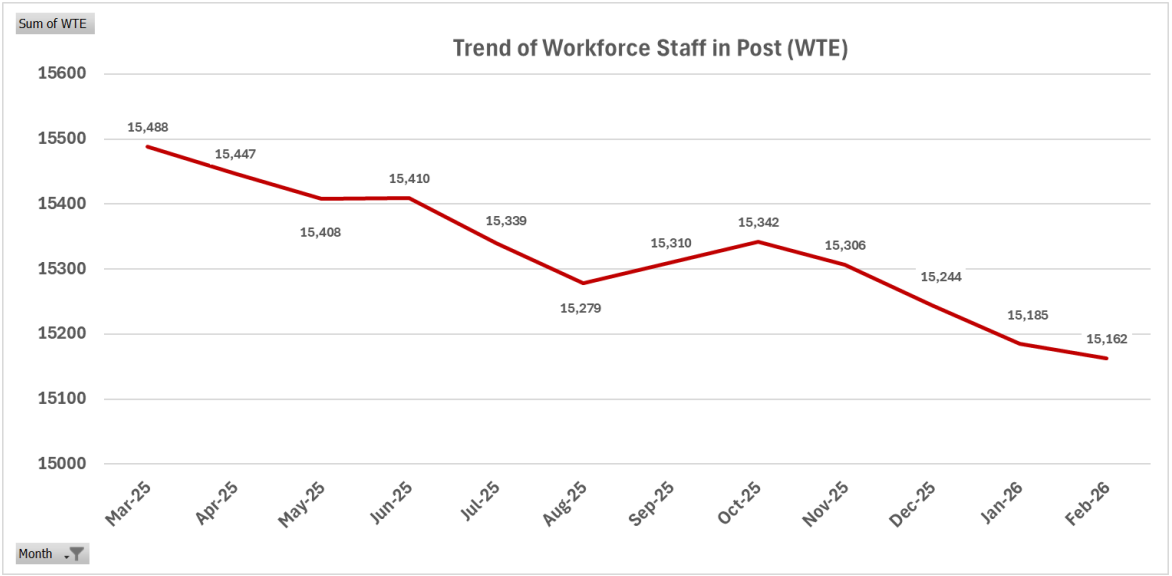
The **nurse agency** spend has continued to decrease over the past few years as indicated in the graph above. The spend in the first 10 months has reduced from £9.593m in 2023/4 to just £1.746m in 2025/6 which is a reduction of 82%. The target set for 2026/7 by the Welsh Government is a reduction of 30% in agency use for the next financial year. 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.



Medical & Dental 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 42% 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.

Staff in Post – Monthly Monitoring

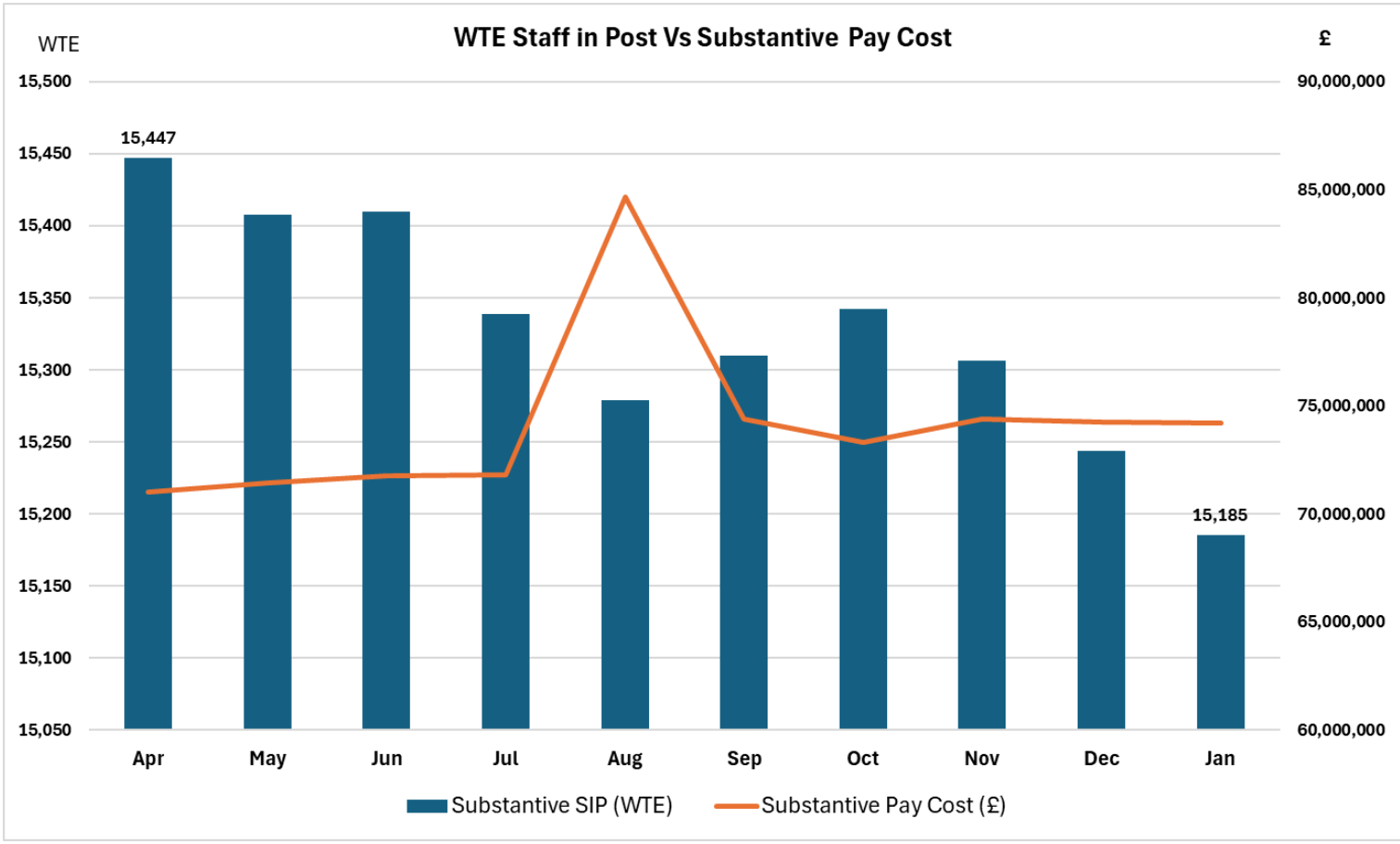
	WTE												12-Month
Staff Group	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Change
Add Prof Scientific and Technic	601	602	598	598	600	601	597	605	605	604	602	603	1
Additional Clinical Services	3035	3010	3007	3007	2990	2969	2943	2918	2898	2875	2859	2842	-193
Administrative and Clerical	2655	2649	2639	2640	2663	2644	2643	2595	2582	2573	2581	2580	-76
Allied Health Professionals	1269	1270	1266	1267	1258	1268	1283	1301	1307	1302	1293	1292	23
Estates and Ancillary	1216	1213	1202	1203	1193	1184	1185	1215	1210	1198	1181	1181	-35
Healthcare Scientists	559	566	565	565	562	554	562	568	571	572	574	576	18
Medical and Dental	1157	1158	1159	1160	1150	1139	1152	1150	1150	1151	1150	1159	2
Nursing and Midwifery Registered	4970	4950	4945	4944	4901	4897	4929	4965	4959	4945	4927	4911	-59
Students	27	28	26	26	24	23	17	25	25	25	20	20	-7
Grand Total	**15488**	**15447**	**15408**	**15410**	**15339**	**15279**	**15310**	**15342**	**15306**	**15244**	**15185**	**15162**	**-326**



The reduction from Mar-25 to Feb-26 was 326 WTE.

The downward trend continues despite the seasonal recruitment of new graduates for nurses, Allied Health Professions and Scientists.

People and Culture



The WTE substantive staff in post peaked at 15,447 in April 2025 and was at its lowest level in January 2026 with 15,185 (a reduction of 304 WTE). This is despite annual graduate recruitment during the autumn of Nurses and Allied Health Professions. The increase in cost in August is due to the payment of the pay award and arrears for the previous 4 months.

Digital and Health Intelligence

Shaping Our Future Digital Services

Our core digital infrastructure is being improved in part due to the investment from national and local capital slippage which has enabled the digital team to procure and implement a large amount of equipment improving the reliability and resilience of the core infrastructure.
Progress on upgrading and replacing devices as part of the Win11 programme and installation and replacement of Wi-fi access points in all clinical areas is captured in the attached report.

Digital Foundations

- 2025/26, the Health Board achieved a number of digital milestones, including licensing all staff for Microsoft 365, deploying the Welsh Nurse Care Record for adults, implementing electronic prescribing and medicines administration (EPMA) across 70% of wards including being the first ED department in Wales to go live with EPMA.
- Maternity system was upgraded, the NHS Wales App expanded for referrals and appointments, and regional data sharing improved through the Summary Care Viewer and urgent care/child-at-risk information integration.
- Other key projects include the Cancer Wrapper for cross-organisation booking, a new PROMS platform, the Common Demographics Service is progressing and Scan4Safety is now part of the Shaping our Future Quality Excellence programme.
- We continue to support the development of the National Target Architecture for WG led by DHCW and are the first organisation in Wales nearing completion of assessment of prioritised strategic digital initiatives, where each initiative is scored against 40 individual criteria.
- A revised governance model for AI in clinical use is nearing completion with support from the Medical Director. As the market and products mature we receive increasing offers of solutions that may or may not demonstrate good utility.
- We are also re-constituting our governance around AI, formalising links with Clinical Boards and the internal Clinical Design Authority to ensure that learning is shared and where benefits are identified and realised that we have both the governance and assurance in place to quickly scale.

Shaping Our Future
Digital Services

Business Intelligence (BI) Information – Update

- The BI Team continue to support external consultants with the provision of data on activity and performance. The team has also developed Uncashed Clinic reports in support of a new Standard Operating Procedure to reduce the risk of follow up appointments not being booked. The Data Warehouse team are working on data feeds from the New AQUA Theatre system to republish the theatre dashboard and to comply with the national dataset requirements. A new District Nursing national dataset has also been created.

Digital Eyecare – Update

- The CAV-hosted Digital Eye Care Team supports all ophthalmology services using the Open Eyes EPR solution in CAV and Swansea Bay and CwmTaf Morgannwg (for glaucoma) for live service. The team are supporting 'go-lives' across ABU HB, BCU health boards by the end of March 2026. All other health boards are planning to implement the Open Eyes EPR solution from April 2026, supported by CAV's team. Digitisation of the cataract surgery pathway in CAV has seen an increase in throughput with 8 cataract operations per session up for 5 previously.

AWS Secure Landing Zone – Update

- The initial AWS Secure Landing Zone cloud environment is now available for application deployment to begin. The All Wales Medical Genomics Service (AWMGS) is actively building Genomic Sequencing workloads in non-production environments, with other applications in planning stages for deployment over coming months.

- A new Target Operating Model is being developed to support the governance and new ways of working needing to be implemented as we adopt a Cloud First approach to our longer term digital ambitions. This is consistent with the all Wales position. We will explore further opportunities for cloud deployment with the wider community of digital stakeholders across CAV over coming months.

Digital Operations

Shaping Our Future
Digital
Services

The team remains focused on maintaining safe, reliable and resilient digital services while delivering a complex programme of modernisation, cyber compliance and nationally mandated change. Activity during Q4 has been prioritised on protecting core services, reducing material technical and cyber risk, and maintaining regulatory and vendor support within constrained resources.

The main focus is the replacement of end-of-life infrastructure across networks, wireless and platforms, along with progress on mandatory upgrades such as Windows 11. Major programmes remain underway, including development of the AWS Target Operating Model and cloud foundations, and delivery of national programmes such as ePMA, RISP and LIMS.

Digital Service Management Team Update

- Following the go-live of the NHS Wales App in CaV, the GP referrals for acute appointments are now flowing with over 22,000 to date. A governance wrap for the App within CaV is in place to support the future functionality of the App roadmap, and to fully utilise and exploit the functionality within CaV.
- Connecting Care (i.e. PARIS our existing Community and Mental Health EPR system) – Business analysis and a data migration strategy is on track to be completed by end of March 26.
- WICIS (Intensive Care) – we have agreed to progress this programme and have procured enabling digital equipment via ring-fenced WG funding.
- National Target Architecture – Review of major CaV projects and programmes provided back to DHCW.
- 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 staff.

Recommendation:			
The Board/ (*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

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:

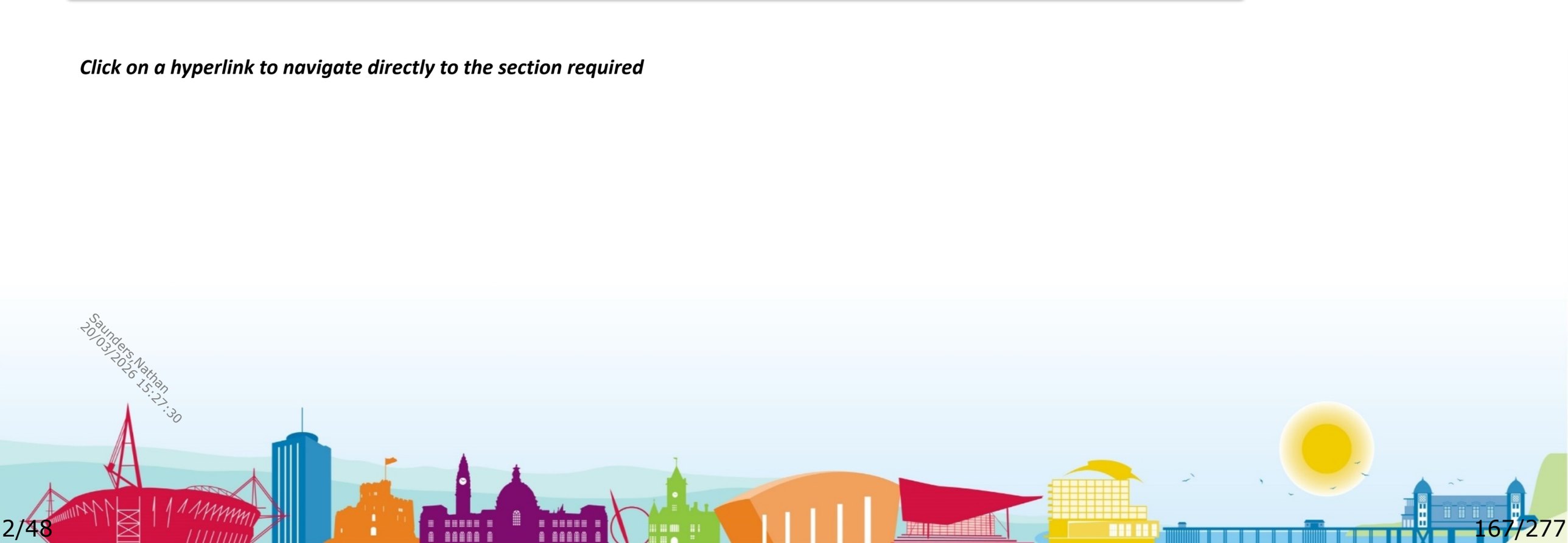
Cardiff and Vale
Integrated Performance Report

2025/26

March 2026

Report Contents

Click on a hyperlink to navigate directly to the section required



Section 1: Cabinet Secretary Priorities

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

- 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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

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**	**164** Feb-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**	**3,035** Dec-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**	**57%** Dec-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**	**1094** Jan-26	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
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	43.8% Jan-26	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	100% Jan-26	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	100% Jan-26	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% Jan-26	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% Jan-26	Hyperlink to section

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

Section 1: Cabinet Secretary Priorities

Return to Main Menu

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**	**273** Feb-26	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**	**972** Feb-26	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**	**861** Feb-26	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**	**56.1%** Jan-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**	**9,544** Feb-26	Hyperlink to section

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

Section 2: Cardiff and Vale Performance Report

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

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

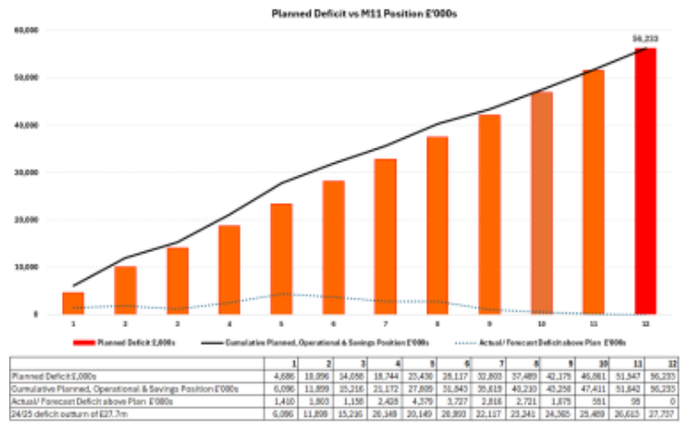
A summary of performance is provided against the priority UHB ambition under each aim, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

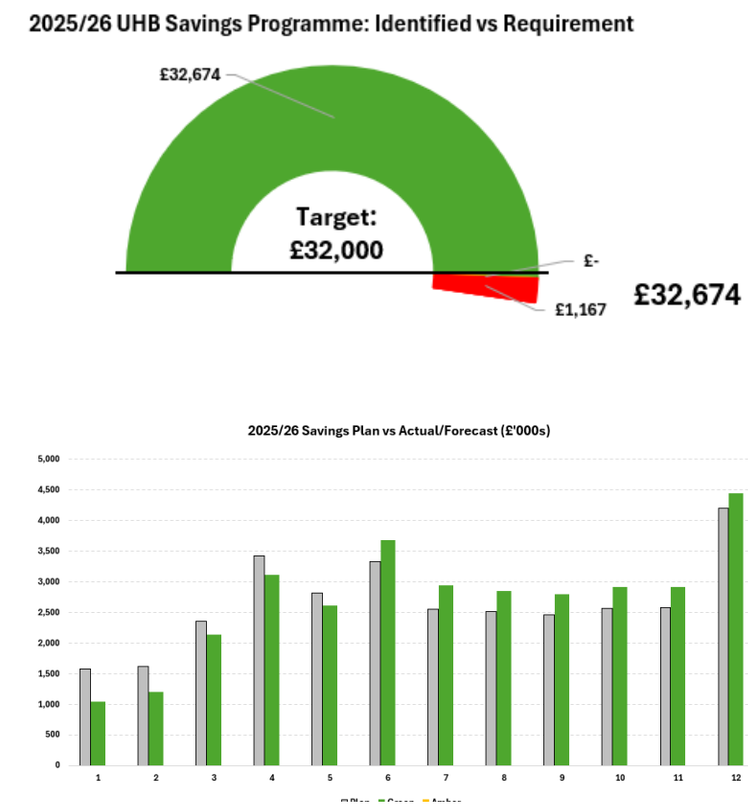
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking here.

Return to Main Menu

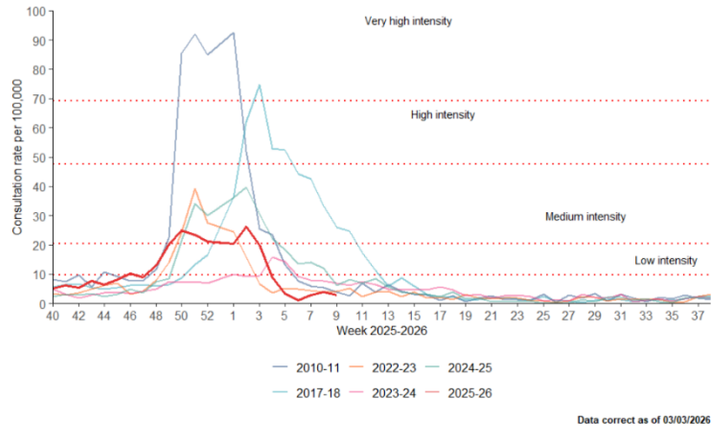
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care 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:** **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. The overall position at month 11 was a £51.642m deficit as outlined in the table.	Feb 2026	**Plan YTD (£m)** / **YTD (£m)** / **YTD Variance to Plan (£m)** Draft Plan: 79,171 / 79,171 / 0 Quality Efficiency Improvement Plans - Savings: (27,624) / (28,241) / (617) Operational Variance: 0 / 712 / 712 **University Health Board Deficit: 51,547 / 51,642 / 95**
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 (£0.617m) and an operational deficit of £0.712m at Month 11. A significant part of the savings identified in 2025/26 are deemed non recurrent and there is a gap of £5.193m 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 £12.315m, unless additional savings schemes are identified.. The UHB is pressing for further recurrent schemes to be developed to close the gap.	Feb. 2026	
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 11, an overall variance to plan of £0.095m 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. 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.	Feb. 2026	**Operational Pressure** / **Operational Variance YTD £'000s** / **Operational Variance Forecast £'000s** Mental Health Out Of Area Placements (OOA): 2,752 / 3,002 Specialist Services Activity Related Underperformance: 1,900 / 1,950 Employers National Insurance: 1,421 / 1,550 Vaccines: (917) / (1,000) Winter: (917) / (1,000) CD&T Activity: 0 / (840) Prescribing: (340) / (1,200) Pay Underspend: (3,604) / (2,462) **Sub-Total Surplus/Deficit: 95 / 0**

	Priority	Performance Summary	Reported Period	Data
	Delivery of recurrent £32.0m savings target	At Month 11, the UHB had identified £32.674m (102.2%) of green savings to deliver against the revised £32.0m savings target. Red schemes of £1.167m were also identified and continue to be reviewed for progression to Green/Amber where possible. The reported surplus of £0.674m is mitigating ongoing operational pressures. At Month 11, £26.807m of recurrent savings have been identified, leaving a shortfall of £5.193m against the £32.0m recurrent target. The combined impact of this recurrent 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 £12.315m, unless additional savings schemes are implemented. The second chart illustrates the back-ended profile of the UHB's 2025/26 savings programme, highlighting the increase in reported savings delivery in the final month of the year.	Feb. 2026	
	Remain within Cash Limit	Welsh Government confirmed by letter dated 29 January 2026 that it would provide up to £56.2m Strategic Cash Support for 2025–26. The funding will be available for drawdown from 17 March 2026, following completion of the Senedd supplementary budget process . This approach aligns with the actual cash requirement In March. 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 February 2026 was £11.012m. The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right	Feb. 2026	

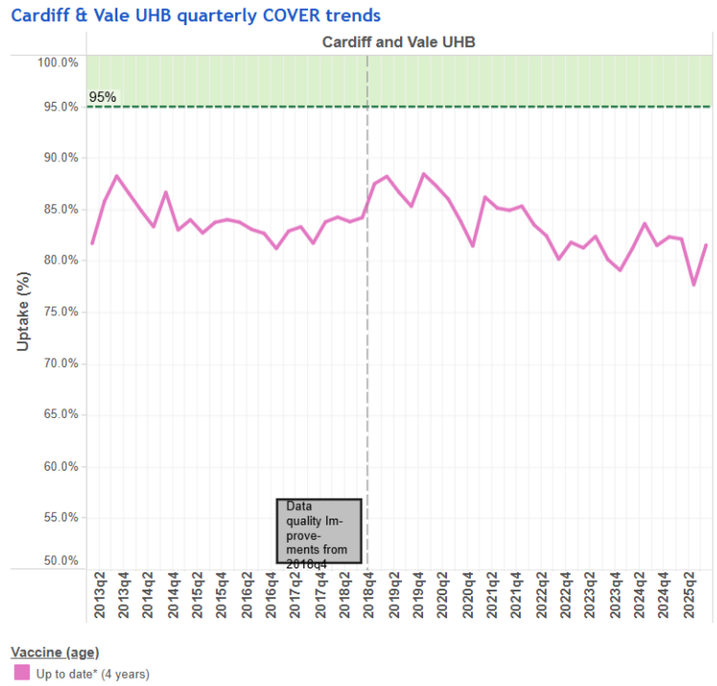
Priority	Performance Summary	Reported Period	On target?	Data

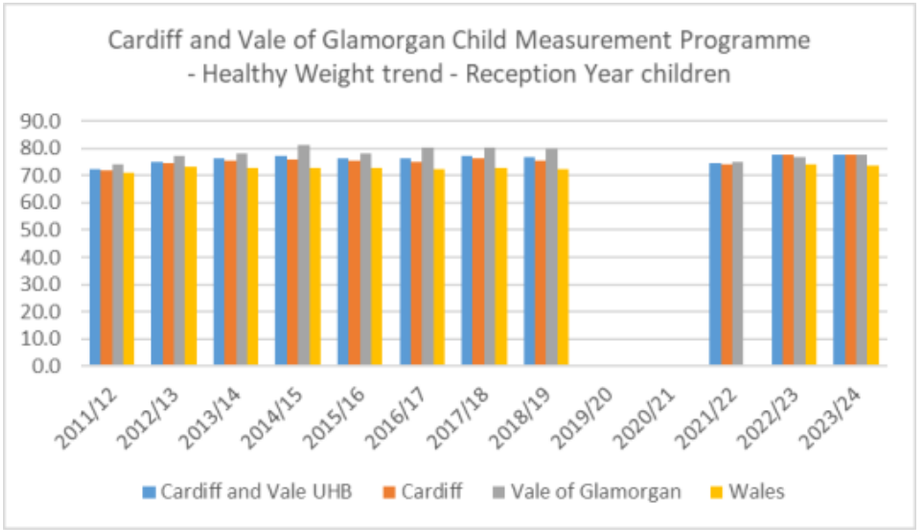
Health Protection	**Seasonal respiratory infections**
	
	Surveillance
	• Respiratory surveillance summary (All Wales)
	  • Overall, influenza activity is now at baseline levels.
	  • RSV incidence per 100,000 in children aged up to 5y decreased to 3.6 and is currently at baseline intensity levels.
	  • Consultations with Sentinel GPs for COVID19 decreased in recent weeks
	• Hospital incidents and outbreaks (C&V)
	  • There are currently **0** Covid-19 outbreaks and **0** incidents in hospitals in C&V UHB; and **0** influenza outbreaks and **0** incidents.
	  • Since the start of the 2025/26 financial year, in C&V UHB there have been **55** influenza incidents or outbreaks, with **166** bed days lost. In the same period there have been **121** Covid-19 incidents or outbreaks, with **485** bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the **loss of 651 bed days**, representing an estimated opportunity cost of **£325,500** to the UHB
	• Staff sickness absence (C&V)
	  • Financial year to date (Apr 25-Jan 26 inclusive):
	  • **36,635 full time equivalent calendar days*** were reported as sickness absence by C&V UHB staff due to respiratory conditions (S15), cough, cold or flu (S13)
	  • The estimated loss in productivity due to this absence is **£4.3m†**
	* Because of the way absence is recorded on ESR these figures include weekends and non-working days
	† Salary costs for staff reporting sickness absence
		Data to 3/3/26	n/a	
				Source: PHW weekly ARI summary

Priority	Performance Summary	Reported Period	On target?	Data

Health Protection	**Seasonal respiratory infections**
	
	Vaccination – COVID-19, influenza and Respiratory Syncitial Virus (RSV)
	• The Autumn **COVID-19** campaign commenced 1 October 2025 and concluded 31 January 2026.
	  • As of 23 February 2026 (final report on the Autumn season), 33,398 out of 57,312 individuals in the eligible population were vaccinated. This is an uptake of 58.3%, in line with the All-Wales average of 58.30%. This uptake is above the local target of 45% but below the national target of 75%.The COVID-19 spring programme will run between 13 April and 30 June 2026.
	• 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 programme commenced on 1 October 2025 for all other eligible population groups and will conclude 31 March 2026.
	  • As of 3 March 2026, 68,105 out of 95,078 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of 71.6%, in line with the All-Wales average of 71.7%. This uptake is below the national target of 75%.
	  • As of 9 March 2026, 73% of individuals registered with a GP in CAVUHB aged 65 and over were immunised
	• 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.
	  • As of January 2026, 2,466 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 **59.7%**, which is above the All-Wales average of 52.6%. This is below the national target of 70%.
	  • For the RSV catch-up programme (resident population aged 75 to 79 as of 1 September 2024), 13,377 out of 18,801 individuals were vaccinated. This is an uptake of **71.3%**, which is above the All-Wales average of 64.4% and the second highest figure across Health Boards in Wales.
		COVID-19: 1 October 2025 – 31 January 2026
		
		Influenza: 1 October 2025 – 31 March 2026
		
		RSV: 1 September 2024 – ongoing
			COVID-19: Above local target, below national target.
			
			Influenza: Below local and national target.
			
			RSV: 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 19/02/2026, by Local Health Board of residence.
				
				Local Health Board of Residence / **Eligible population (n)** / **Vaccinated (n)** / **Coverage (%)** / **Of those vaccinated, number with no previous doses (n)**
				Aneurin Bevan UHB / 79,788 / 48,211 / 60.42 / 92
				Betsi Cadwaladr UHB / 105,894 / 64,037 / 60.47 / 270
				Cardiff and Vale UHB / 57,312 / 33,398 / 58.27 / 142
				Cwm Taf Morgannwg UHB / 57,909 / 31,597 / 54.56 / 61
				Hywel Dda UHB / 61,944 / 35,533 / 57.36 / 168
				Powys THB / 22,947 / 14,019 / 61.09 / 59
				Swansea Bay UHB / 51,044 / 27,872 / 54.60 / 77
				All Wales / 436,838 / 254,667 / 58.30 / 869
				
				Table 6: Uptake of influenza immunisation in people aged 65 years and older as at 03/03/2026
				
				Health Board of Residence / **Immunised(n)** / **Eligible Population (N)** / **Uptake(%)**
				Aneurin Bevan UHB / 96,684 / 132,581 / 72.9
				Betsi Cadwaladr UHB / 129,587 / 175,746 / 73.7
				Cardiff and Vale UHB / 68,105 / 95,078 / 71.6
				Cwm Taf Morgannwg UHB / 70,295 / 97,034 / 72.4
				Hywel Dda UHB / 74,355 / 105,956 / 70.2
				Powys Teaching HB / 27,627 / 40,047 / 69.0
				Swansea Bay UHB / 59,498 / 87,321 / 68.1
				All Wales / **526,151** / **733,763** / **71.7**
				
				Table 5a: Uptake of influenza immunisation in people 16 years to 64 years in a clinical risk group as at 03/03/2026
				
				Health Board of Residence / **Immunised(n)** / **Eligible Population (N)** / **Uptake(%)**
				Aneurin Bevan UHB / 44,027 / 101,339 / 43.4
				Betsi Cadwaladr UHB / 46,876 / 110,790 / 42.3
				Cardiff and Vale UHB / 33,167 / 74,945 / 44.3
				Cwm Taf Morgannwg UHB / 33,600 / 75,028 / 44.8
				Hywel Dda UHB / 23,427 / 57,933 / 40.4
				Powys Teaching HB / 7,397 / 18,180 / 40.7
				Swansea Bay UHB / 21,691 / 59,558 / 36.4
				All Wales / **210,185** / **497,773** / **42.2**
				
				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.
				
				Local Health Board / **Denominator** / **Vaccinated** / **Uptake (%)**
				Aneurin Bevan UHB / 6,101 / 3,388 / 55.5%
				Betsi Cadwaladr UHB / 8,002 / 3,299 / 41.2%
				Cardiff and Vale UHB / 4,132 / 2,466 / 59.7%
				Cwm Taf Morgannwg UHB / 4,433 / 2,628 / 59.3%
				Hywel Dda UHB / 4,847 / 2,554 / 52.7%
				Powys THB / 1,832 / 1,084 / 59.2%
				Swansea Bay UHB / 3,896 / 2,098 / 53.9%
				Unknown / 173 / 47 / 27.2%
				Total / **33,416** / **17,564** / **52.6%**
				
				Source: PHW VPDP

Priority	Performance Summary	Reported Period	On target?	Data

Health Protection	**Routine childhood immunisation**
	• Up to date by age 4
	  • 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%.
	
	• Up to date by age 5
	  • For July-September 2025, **83.6%** of children are up to date with vaccinations by age 5.
	  • This is a slight 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%.
	
	• HPV by age 15
	  • 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 below the national target of 90%.
	
	Next data due March 2026, not yet available at 9.3.26
		Jul-Sep 2025	Up to date by age 5: Below local and national target.
			
			HPV by age 15: Above local target, below national target.
				
				Source quarterly COVER data

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. **Weight management services** • L2 – 510 new patients capacity • L3 – 46 new patients capacity	2023/24 Q1 2025/26	**Healthy weight:** On target **Weight management services:** Below target	

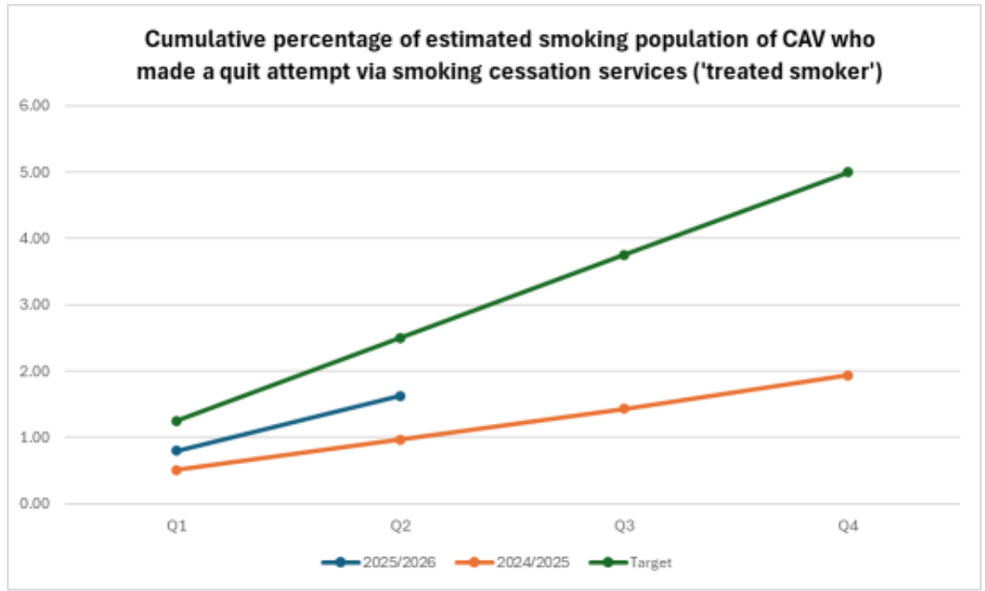
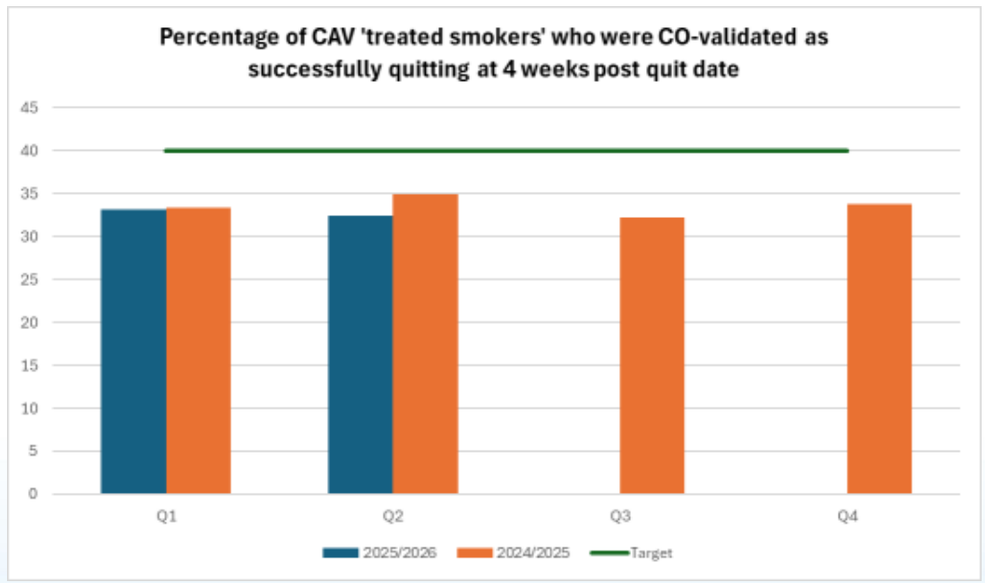
Priority	Performance Summary	Reported Period	On target?	Data

Health improvement	**Diabetes**
	• **Percentage of patients with diabetes with completed care processes**
	  • Slow but consistent downward trend
	
	• **Percentage of patients with diabetes with completed care processes – by each care process**
	  • Static, with reversal of downward trend more recently
	  • Some sustained improvement in urine ACR. This, alongside foot checks, are the main care processes of focus for improvement efforts.
	  • Whilst overall completion rates is c. 46%, 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.
	
	Completed urine albumin and foot check highlighted as these are in the NHS Wales performance framework for 26/27
		Feb 26	Below target	

April 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
46.53 %	45.93 %	46.04 %	46.06 %	45.67 %	45.26 %	44.92 %	45.13 %	44.85 %	43.89 %	44.59 %

Care process	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026
Urine ACR	63.14 %	62.91 %	62.9%	63.14%	63.1%	63.07%	63.04%	63.64%	63.3 %	62.9%	63.78 %
Foot check	70.28 %	69.62 %	69.84%	69.7%	69.42%	69.45%	69.06%	69.02%	69.05 %	68.24 %	68.98 %
Smoking status	73.98 %	72.9%	73.03%	72.56%	72.41%	72.06%	71.62%	71.44%	71.5 %	70.33 %	71.01 %
BMI	78.91 %	78.37 %	78.57%	78.33%	78.3%	78.04%	77.95%	77.92%	77.73 %	76.54 %	77.38 %
Serum cholesterol	80.63 %	80.29 %	80.4%	80.47%	80.36%	80.15%	80.15%	80.31%	80.34 %	79.81 %	80.71 %
Blood pressure	86.8%	86.32 %	86.46%	86.75%	86.76%	86.77%	86.65%	86.69%	86.66 %	86.12 %	86.65 %
HbA1c	88.91 %	88.63 %	88.58%	88.55%	88.62%	88.35%	88.24%	88.28%	88.31 %	87.94 %	88.48 %
Serum creatinine	88.8%	88.58 %	88.69%	88.63%	88.74%	88.44%	88.4%	88.43%	88.43 %	88.04 %	88.58 %

Priority	Performance Summary	Reported Period	On target?	Data

Health improvement	**Smoking**
	• Percentage of the estimated smoking population of Cardiff and Vale who **made a quit attempt via smoking cessation services** ('treated smokers')
	  • 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%
	
	• Percentage of Cardiff and Vale resident 'treated smokers' who were **CO-validated as successfully quitting at 4 weeks** post quit date
	  • All smoking cessation services combined = 32%
		Q2 2025/26 (latest at Mar 26)	Below target
			
			Below target
				
				 

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 has also 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), when including both health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service). • The percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol), when including health board services alone, is very similar for Q3 when compared with Q2. The percentage remains above the Welsh Government baseline of 80% (a separate indicator) for health board services.	Q3 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 *Quarter 2 25/26* • *191 HMQ Community (incl. telephone service)* • *89 HMQ Community Pharmacy* • *27 Hospital Smoking Cessation Service*	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. *Quarter 2 25/26* • *51% HMQ Community* • *0% HMQ Telephone Service* • *20% Level 3 Community Pharmacy* • *45% Hospital Smoking Cessation Service*	Q2 25/26	40%	32% (Q2 25/26) Below target	**Q1**	**Q2**	**Q3**	**Q4**
					38% (Q1 25/26)	32% (Q2 25/26)		

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)* *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.*	Q2 2025/26	4 quarter improvement trend		**Q1**	**Q2**	**Q3**	**Q4**
					68.70%	78.73%	83.44%	

**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).	Q2 2025/26	See performance measure 3, above		**Q1**	**Q2**	**Q3**	
					80.47%	75.50%	88.44%	
	Percentage of people who have been referred **to health board services** who have completed treatment for substance misuse (drugs or alcohol).	Q2 2025/26	See performance measure 3, above		95.52%	87.76%	87.14%	

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	July-Sept 25	90%	72.6%	**Q1**	**Q2**	**Q3**	**Q4**
					68.8%	71.3%	72.6%	
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over *Applicable during: 01.09.2025 - 31.03.2026*	1 Oct 25 – 31 Mar 26	75%	71.6%	**25/11/25**	**08/01/26**	**09/02/26**	**3/3/26**
					63.6%	69.5%	70.5%	71.6%
7.	Percentage uptake of the COVID-19 vaccination for those eligible *Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026*	1 Oct 25 – 31 Jan 26	75%	58.27%	**20/11/25**	**01/01/26**	**09/02/26**	**23/02/26**
					39.25%	56.58%	57.74%	58.27%
	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old *Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort)*	1.9.24 - ongoing	70%	59.7%	**Nov 25**	**Dec 25**	**Jan 25**	**Feb 26**
					56%	56.7%	57.3%	59.7%

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

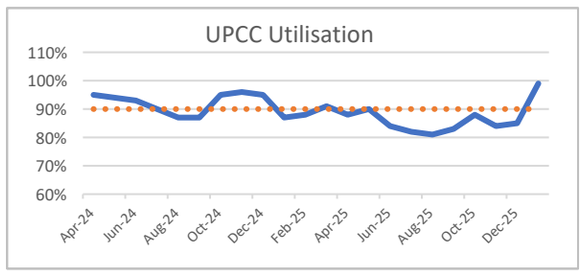
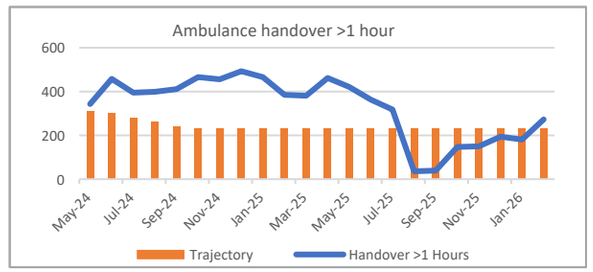
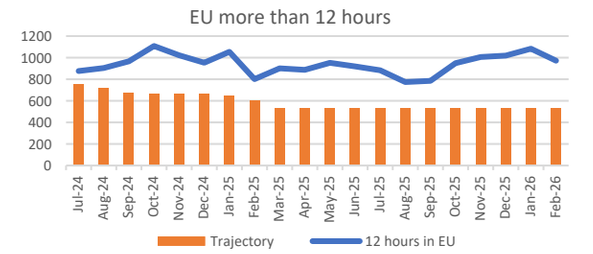
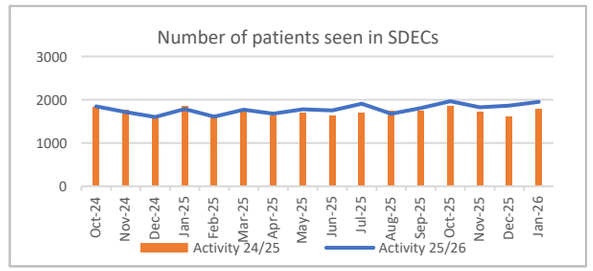
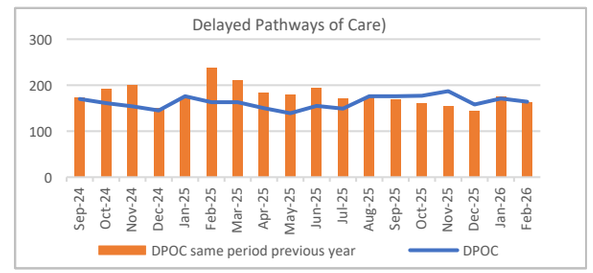
NHS Wales Performance Framework measure

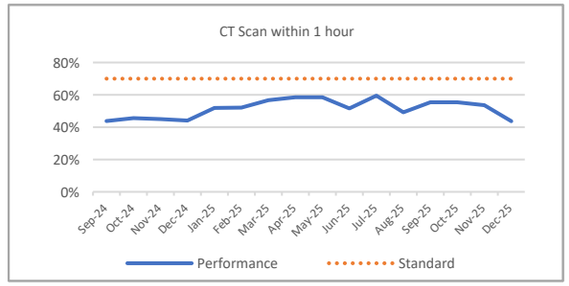
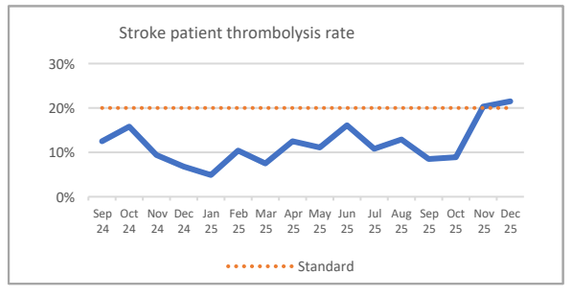
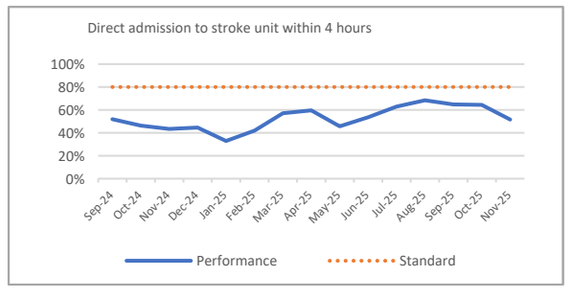
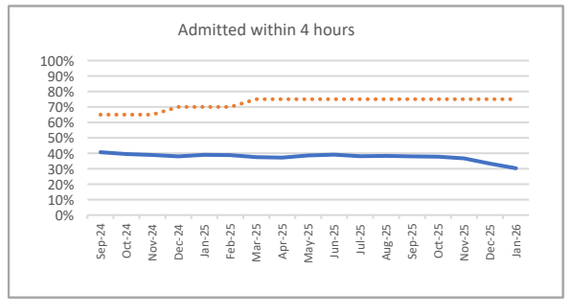
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	See Quadruple Aim 2, measure no. 12			

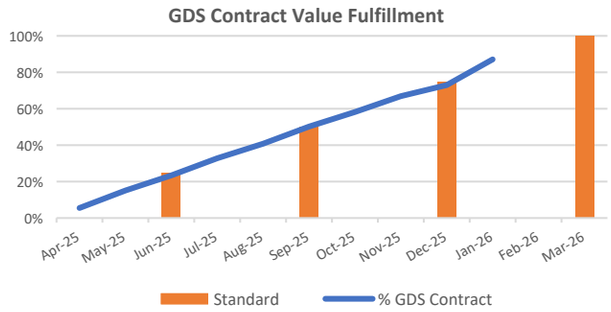
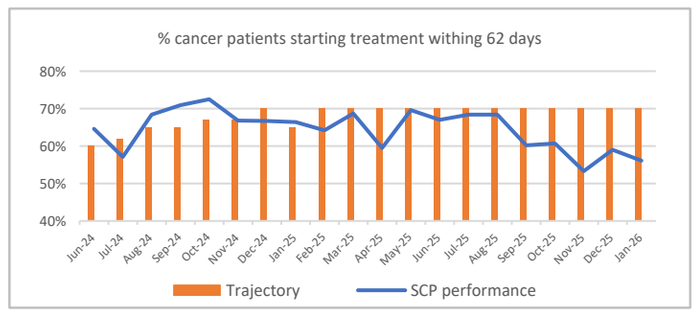
Screening

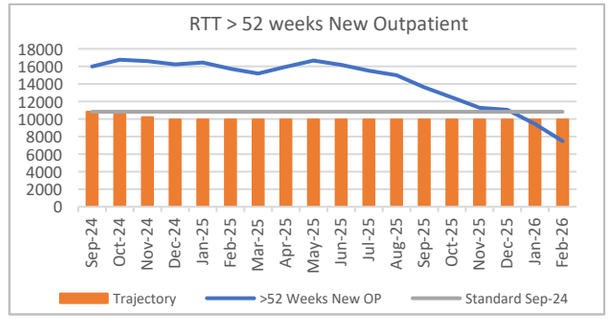
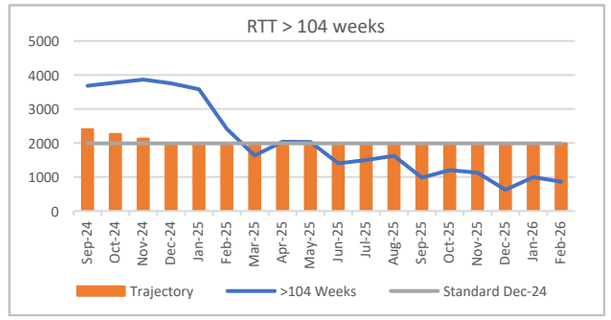
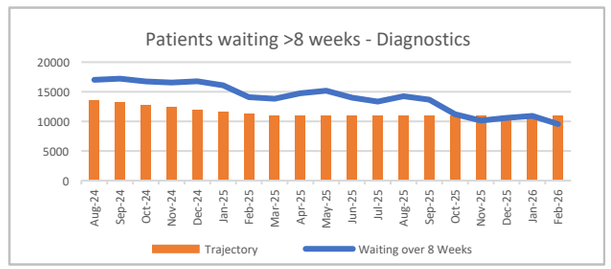
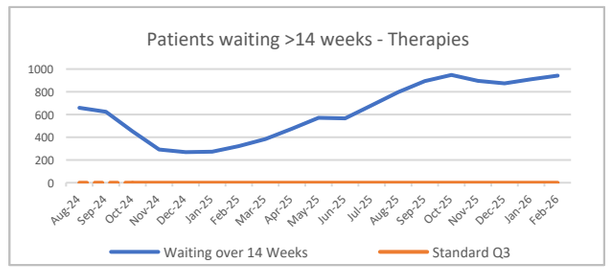
NHS Wales Performance Framework measures

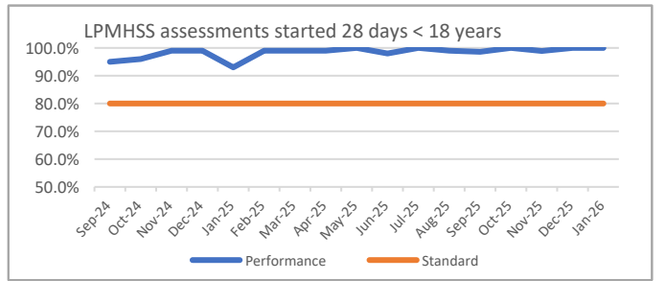
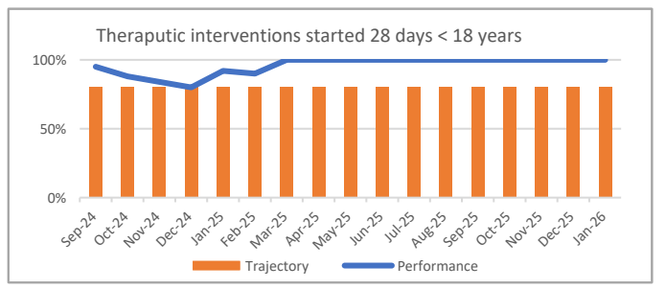
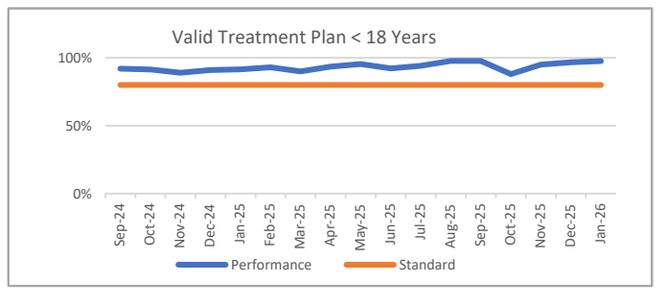
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Dec-25	90%	**44.70%** Below standard	Sep-25: 6.7% | Oct-25: 8.3% | Nov-25: 12.3% | Dec-25: 44.7%
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-25	90%	**93.40%** Above standard	Sep-25: 96.8% | Oct-25: 93.8% | Nov-25: 99.2% | Dec-25: 93.4%
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jan-26	95%	**97.60%** Above standard	Oct-25: 96.0% | Nov-25: 100.0% | Dec-25: 97.6% | Jan-26: 97.6%

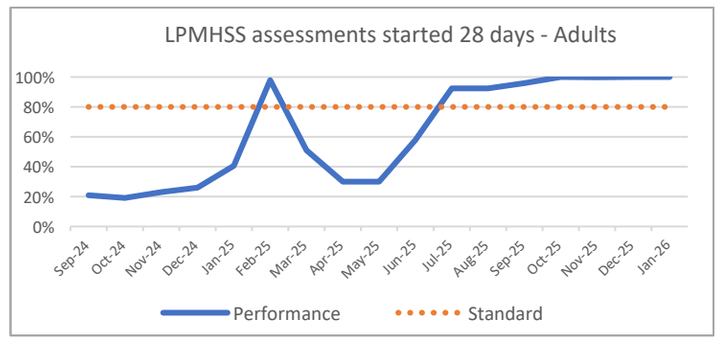
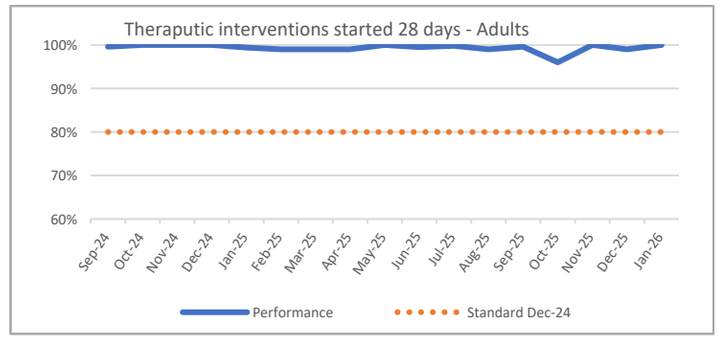
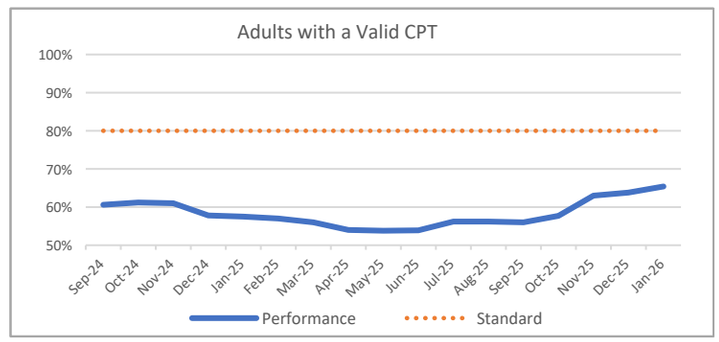
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary, Community and Out of Hospital Care	**Urgent Primary Care Centre Utilisation – Maintain 90% utilisation** In January utilisation was 99%, this is below our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting **Community visits – 95% of face-to-face visits within 8 hours** Q1 to date 94% compliance with 8-hour standard	Jan-26 Aug-25	99% utilisation Above standard 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 February we reported 77 2-hour ambulance delays, through periods of intense operational pressure at the beginning and end of the month. In February we reported 273 1-hour ambulance delays, an increase from January but below our commitment of <365 In February lost minutes per arrival increased to 21, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper **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 February we reported a decrease in patients waiting 12-hours in EU compared to January. This equates to 91.5% of attendances waiting less than 12-hours and below our ambition for Q4 **SDEC units** In January we reported an increase in activity compared to December, and an increased from January 2025 activity.	Feb-26 Feb-26 Jan-26	77 2-hour delays Above standard 273 1-hour delays Below standard 21 minutes lost/arrival Above standard 90.9% patients <12h Below standard 1951 SDEC attends Below standard	  
Reducing time in hospital and Continuity of Care	**Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days** This data is a monthly snapshot taken at on the final Friday of each month. At the end of February 58.9% of patients in acute beds had a LOS of >7 days, 32.0% >21 days – a deterioration in 7d LOS from January. See paper for POCD update **Pathway of Care Delays – <160 delayed patients each month** In February 2026 the number of POCDs was 164, a decrease from January	Feb-26 Feb-26	58.2% >7d Above standard 32.0% >21d Above standard 164 Above standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
High Impact Pathways - Stroke	**CT scan – 70% of patients scanned within 1 hour of arrival at EU** In January 39.7% of patients were received their CT scan within 1 hour of arrival at EU, a decrease from December **Thrombolysis – 20% thrombolysis rate** In January 20.6% of stroke patients were thrombolysed, a decrease from but and above the standard for the third month in a row. We are clinically reviewing internally and working with colleagues from NHS Executive **Admission – 80 % of patients admitted directly to the stroke unit within 4 hours** In January 34.4% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were 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	Jan-26	39.7% CT Below standard 20.6% Thrombolysis Above standard 34.4% Door-to-ward Below standard	  
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 January our annualised compliance showed 30.3% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.1%.	Jan-26	30.3% (Annualised) Below standard	

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	**GMS access – 100% of practices achieving core access standards** In 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 January) 87% of the contract value has been delivered **Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service** In December 100% of practices were providing CCPS services, providing 3,035 consultations **Optometry – 95% of practices providing WGOS1+2** All practices are currently providing WGOS 1&2	Jan-26 Dec-25	100% At standard 73% At standard (Apr-25 – Jan-25) 3,035 Above standard 100% Above standard	
Cancer	**Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4** In January 56.1% of patients received their first definitive treatment within 62 days. This is below our ambition. More detail is discussed in the accompanying paper	Jan-26	56.1% 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 February there were 7,477 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 February there were 861 patients waiting 104 weeks for treatment. This is reduced from January and is delivering the trajectory shared with Welsh Government for Q4.	Feb-26	7,477 patients Below standard 861 patients Below standard (Q3)	 
Diagnostics and Therapies	**Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic** In February 9,544 patients were waiting over 8 weeks for a specified diagnostic, A decrease from January. Improvement in the radiology position this month, with NOUS waits also notably reduced. **Therapies – National standard of zero 14 week waits** In February 942 patients were waiting over 14 weeks for therapies, An increase from January. 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	Feb-26	9,544 patients Diagnostics Above standard 942 patients Therapies Above standard	 

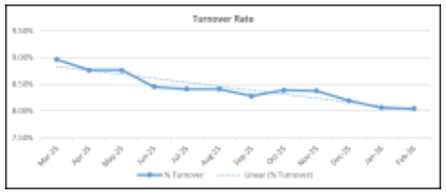
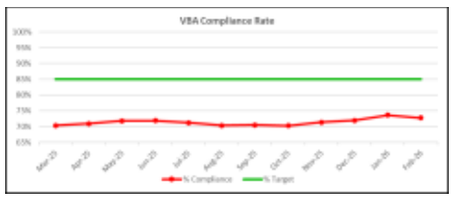
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Paediatric waiting times	**New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1** In February there were 0 patients waiting over 52 weeks for a new outpatient appointment	Feb-26	0 Meeting standard	
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 January 100% of assessments were completed within 28 days		100% Part 1a Above standard	
	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 January 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	Jan-26	100% Part 1b Above standard	
	Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In January 98% of patients had a valid Care and Treatment Plan, above our ambition		98% Part 2 Above standard	

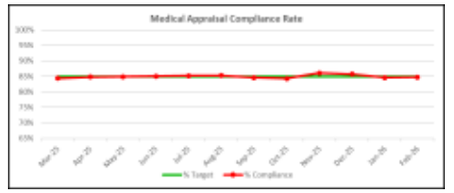
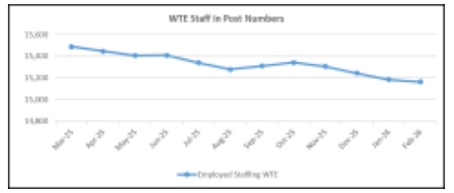
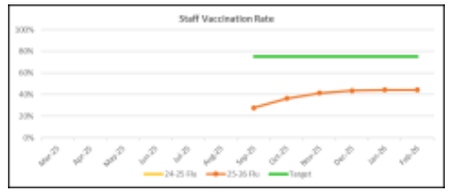
Priority	Performance Summary	Reporting Period	Performance against standard	Data
Mental Health Measures – Part 1a	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days** In January 100% of patients received their assessment within 28 days. Referrals to the service remain high.	Jan-26	100% Part 1a Above standard	
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 January 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.	Jan-26	100% Part 1b Above standard	
Mental Health Measures – Part 2	**Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard** In January 65% 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	Jan-26	65% Part 2 Below standard	

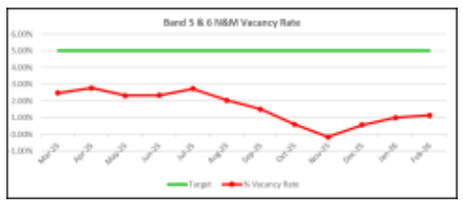
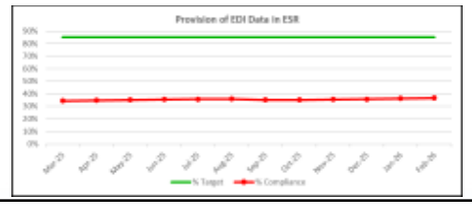
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	**100%** At standard	19/20: 93.4% | 20/21: 95.0% | 21/22: 96.5% | 22/23: 98.2%
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Dec-25	Improvement compared to the same month in the previous year	**44.8%** Above standard	Sep-25: 45.3% | Oct-25: 44.9% | Nov-25: 45.0% | Dec-25: 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 - Jan-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	**87.1%** Above standard	Apr-25 to Oct-25: 58.2% | Apr-25 to Nov-25: 66.9% | Apr-25 to Dec-25: 73.0% | Apr-25 to Jan-26: 87.1%
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Dec-25	Increase compared to the same month in the previous year	**3035** Above standard	Sep-25: 2508 | Oct-25: 2755 | Nov-25: 2723 | Dec-25: 3035
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Jan-26	80%	**100%** Above standard	Oct-25: 100.0% | Nov-25: 98.9% | Dec-25: 100.0% | Jan-26: 100.0%
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Jan-26	80%	**100%** Above standard	Oct-25: 100.0% | Nov-25: 100.0% | Dec-25: 100.0% | Jan-26: 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	Jan-26	80%	**100%** Above standard	Oct-25: 100.0% | Nov-25: 99.8% | Dec-25: 100.0% | Jan-26: 100.0%
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Jan-26	80%	**100%** Above standard	Oct-25: 96.0% | Nov-25: 100.0% | Dec-25: 99.0% | Jan-26: 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	Mar-25: 50% | Apr-25: 51% | May-25: 50% | Jun-25: 50%
20.	Median emergency response time to amber calls	Jan-26	12 month reduction trend	**02:07:24** Above standard	Oct-25: 01:23:34 | Nov-25: 01:44:47 | Dec-25: 01:55:43 | Jan-26: 02:07:24

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
21.	Median time from arrival at an emergency department to triage by a clinician	Dec-25	15 minutes or less	**5** Below standard	Sep-25: 5; Oct-25: 5; Nov-25: 5; Dec-25: 5
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Dec-25	60 minutes or less	**73** Above standard	Sep-25: 73; Oct-25: 82; Nov-25: 78; Dec-25: 73
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	Feb-26	Improvement compared to the same month in the previous year, towards the national target of 95%	**59.2%** Below standard	Nov-25: 58.2%; Dec-25: 57.3%; Jan-26: 60.1%; Feb-26: 59.2%
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Feb-26	Reduction compared to the same month in the previous year, towards the national target of zero	**972** Above standard	Nov-25: 1006; Dec-25: 1019; Jan-26: 1083; Feb-26: 972
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Jan-26	12 month improvement trend towards a national target of 80% by 31 March 2026	**56.1%** Below standard	Oct-25: 60.7%; Nov-25: 53.3%; Dec-25: 59.0%; Jan-26: 56.1%
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Dec-25	0	**10,592** Below standard	Sep-25: 13667; Oct-25: 11210; Nov-25: 10138; Dec-25: 10592
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Feb-26	100%	**62.48%** Below standard	Nov-25: 57.40%; Dec-25: 58.67%; Jan-26: 59.02%; Feb-26: 62.48%
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Feb-26	0	**942** Above standard	Nov-25: 896; Dec-25: 874; Jan-26: 910; Feb-26: 942
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Feb-26	0	**1,821** Above standard	Nov-25: 1384; Dec-25: 1606; Jan-26: 1677; Feb-26: 1821

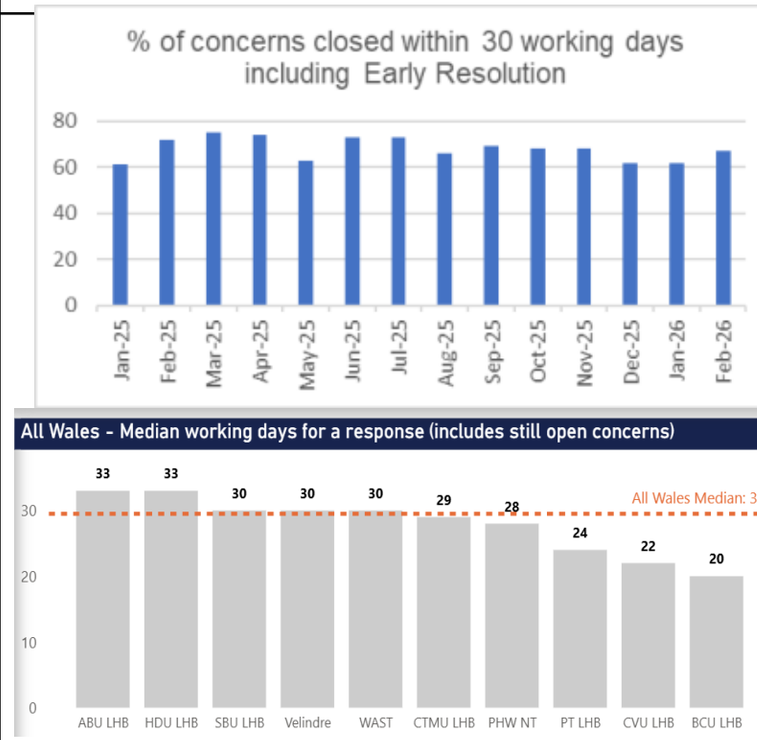
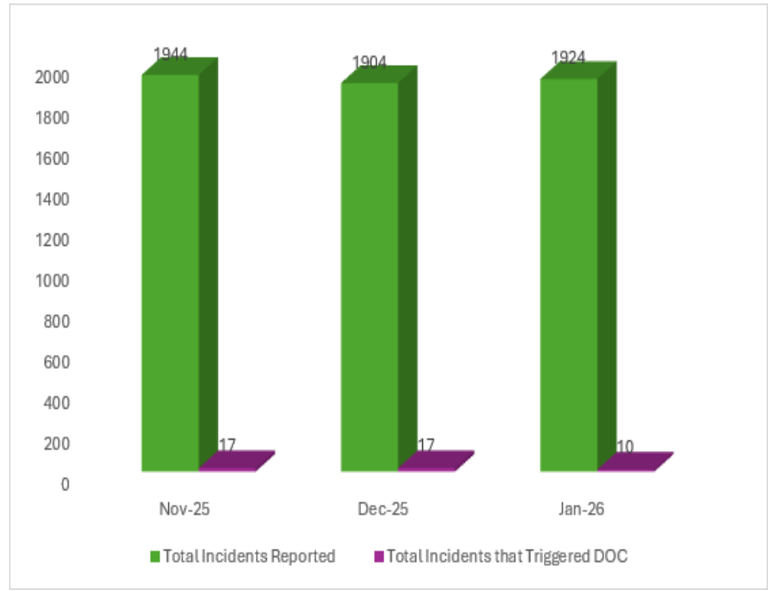
No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Feb-26	0	**7,477** Above standard	Nov-25: 11281; Dec-25: 11049; Jan-26: 9435; Feb-26: 7477
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Feb-25	Reduction compared to the same month in the previous year	**28,268** Below standard	Nov-25: 26146; Dec-25: 28065; Jan-26: 28267; Feb-26: 28268
32.	Number of patients waiting more than 104 weeks for referral to treatment	Feb-26	0	**861** Above standard	Nov-25: 1126; Dec-25: 622; Jan-26: 994; Feb-26: 861
33.	Number of patients waiting more than 52 weeks for referral to treatment	Feb-26	Month on month reduction towards the national target of zero by 30 June 2025	**24,279** Above standard	Nov-25: 30964; Dec-25: 30286; Jan-26: 29060; Feb-26: 24279
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Jan-26	80%	**15.8%** Below standard	Oct-25: 18.6%; Nov-25: 17.0%; Dec-25: 15.9%; Jan-26: 15.8%
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jan-26	80%	**75.6%** Below standard	Oct-25: 72.9%; Nov-25: 78.1%; Dec-25: 75.6%; Jan-26: 75.6%

Priority	Performance Summary	Reported Period	Data
Turnover	The overall trend is downwards since Mar-25; the rates have fallen from 8.96% at Mar-25 to 8.04% in Feb-26 UHB wide. There has been a net 0.92% decrease, which represents 132 WTE fewer leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Work Life Balance'.	February 2026	
Sickness Absence	The monthly sickness rate for Feb-26 was 6.04%. The 12-month cumulative sickness absence rate for Feb-26 is 6.42%, which a reduction from 6.46% in Nov-25 but an increase since Apr-25 from 6.36%. By comparison with 24/25 the in-month position has improved from Nov-25 (6.95%) through to Feb 26 (6.04%). Whilst the downward trend indicates a positive movement, it is too early to say whether this improvement will continue month on month - therefore impacting the cumulative rate positively. We will continue to monitor the monthly % with an aim to achieve the reduction month on month.	February 2026	
Statutory and Mandatory Training	The overall compliance rates rose for Feb-26 to 82.47%, 2.53% 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 74.26% at Feb-26 . Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target. Weekly monitoring of compliance with statutory Fire training commenced during February, with the intention of significantly improving compliance rates.	February 2026	
Values Based Appraisal (VBA)	VBA compliance has fallen for Feb-26, to 72.75%. Clinical Boards are currently below the 85% target rate. Weekly monitoring of compliance with VBA commenced during February, with the intention of significantly improving compliance rates.	February 2026	
Employee Relations	The graph opposite shows an increase in formal employee relations cases over the last 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. The UHB currently has nine staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. All cases are reviewed monthly to ensure that suspension/exclusion remains the appropriate course of action.	February 2026	

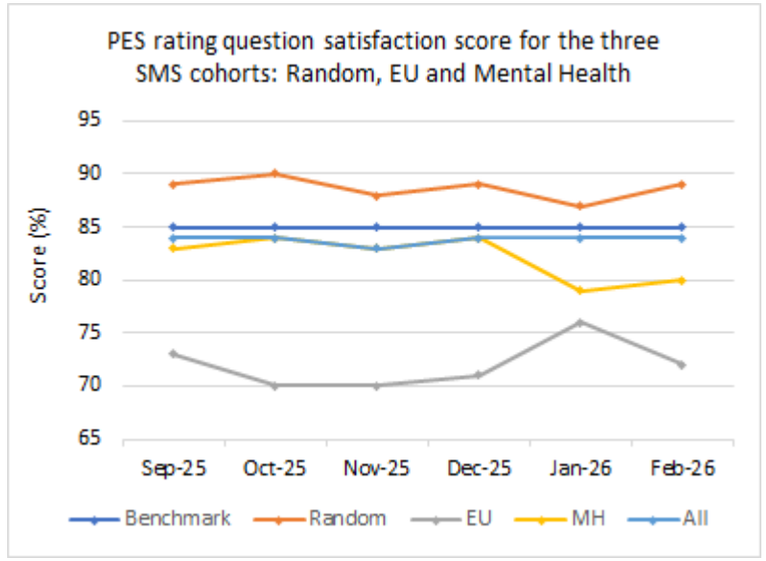
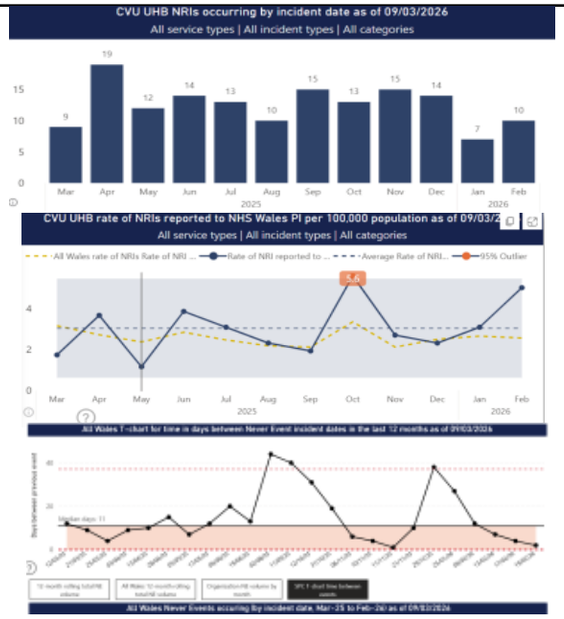
Priority	Performance Summary	Reported Period	Data
Job Plans	Management teams continue to prioritise job planning, with targeted focus on services where compliance remains lower. Overall compliance continues to move steadily toward the Welsh Government target of 90% and currently stands at 82.45%.	February 2026	
Medical Appraisals	The rate of compliance with Medical Appraisal fell to 84.76% for Feb-26, slightly below the 85% target.	February 2026	
Staff in Post	The overall Health Board Staffing Numbers have fallen in the last 12 months by 326 WTE, to 15,162 WTE at Feb-26. The increase during Sep-25 and Oct-25 reflects the commitment to take new graduate nurses and therapists.	February 2026	
Variable Pay (Bank, Agency, Overtime..)	The 12-month trend of proportion of pay bill spend on variable pay (Bank, Agency, overtime etc.) is consistent, at roughly 6.30% of the total pay bill, but the total pay bill is increasing.	February 2026	
Staff Winter Vaccination Programme	The winter flu vaccination programme for 2025-26 commenced in Sep-25; the vaccination rate at Feb-26 was 44.30%, against a target of 75%.	February 2026	
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for Mar-25 was 0.17% of the total spend on pay and was 0.50% at Feb-26. It must also be borne in mind that the total pay bill is increasing.	February 2026	

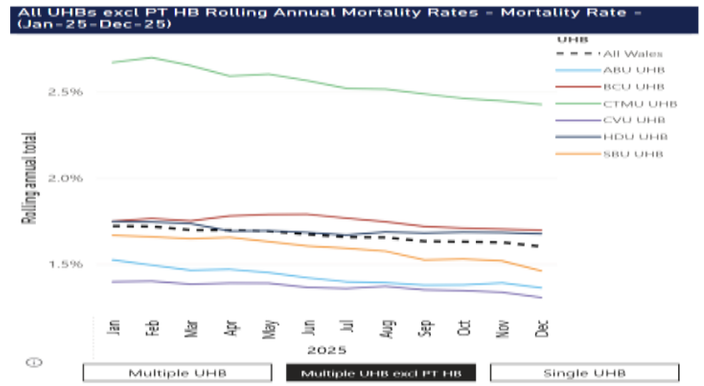
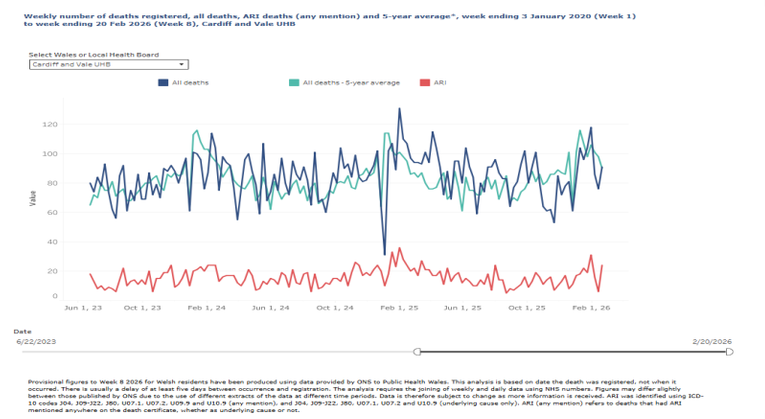
Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment 'Time to Hire' (the time interval between vacancy creation and successful candidate ready for start date) is 71 days. The position from Feb-26 has improved by 22 days to 94 when compared to Nov-25 and is likely to be due to the cessation of the executive vacancy scrutiny panel which added delays to the process.	February 2026	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days. The position for Feb-26 was 4.9 days, which is shorter than the NHS Wales average of 6.9 days.	February 2026	
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. The Leaver Survey Improvement Plan focuses on clearer communication, better manager engagement, monthly invitations to leavers, and sharing insights more regularly. It includes all-manager emails, management programme updates, Business Partner engagement, and launching the Retention SharePoint page with quarterly themed insights.	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 Feb-26 the rate was 1.13%, by comparison with a nominal 5% target. ESR position data continues to be validated.	February 2026	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Feb-26, 36.61% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	February 2026	
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). 34.33% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this, including making the recording of skills a mandatory requirement in ESR. At Feb-26, 7.70% of staff have identified their Welsh Skills as between level 2 and level 5.	February 2026	

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
36.	Percentage of sickness absence rate of staff (In-month)	February 2026	5.50%	**6.04%**	Oct-25: 6.96% | Nov-25: 6.95% | Dec-25: 7.10% | Jan-26: 6.67% | Feb-26: 6.04%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	February 2026	5.50%	**6.42%**	Oct-25: 6.42% | Nov-25: 6.46% | Dec-25: 6.43% | Jan-26: 6.41% | Feb-26: 6.42%
38.	Staff turnover	February 2026	7%-9%	**8.04%**	Oct-25: 8.39% | Nov-25: 8.37% | Dec-25: 8.19% | Jan-26: 8.06% | Feb-26: 8.04%
39.	Agency spend as a percentage of the total pay bill.	February 2026	12-month reduction trend	**0.50%**	Oct-25: 0.33% | Nov-25: 0.54% | Dec-25: 0.54% | Jan-26: 0.52% | Feb-26: 0.50%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	February 2026	85%	**73.48%**	Oct-25: 71.15% | Nov-25: 72.22% | Dec-25: 72.77% | Jan-26: 74.28% | Feb-26: 73.48%

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 January and December 26 , the Health Board** Received 582 Complaints Closed 507 concerns 65 % closed within 30 working days (including Early Resolution) 10 % closed under Early Resolution (within 2 days including day of receipt) In addition Received 850 Enquiries Received 57 Compliments We currently have 359 active concerns **Top 3 themes and trends** Clinical Treatment and Assessment Concerns around appointments (waiting times/cancellations) Communication	Jan and Feb 26		
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 Saunders Nathan 20/03/2026 15:27:30			

Month	Total Incidents Reported	Total Incidents that Triggered DOC
Nov-25	1944	17
Dec-25	1904	17
Jan-26	1924	10

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 **188,000 text messages** have been distributed, yielding an overall **response rate of 16%**. (figures based on PES) In **February**, a total of **15,472 messages** were sent, resulting in **2,564 completed surveys**, which corresponds to a **response rate of 17%**. Among respondents discharged in **January and February** who answered the rating question, **84% 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.	Jan/Feb 2026		
Patient Safety Saunders,Nathan 20/03/2026 15:27:30	The UHB reported 17 NRIs in January and February 2026 above the national rate of reporting. NRI reporting is dominated by perinatal mortality cases (19% of all open NRIs), with the vast majority of these very tragic deemed to be unavoidable. Pressure damage remains a common theme with delays in assessment and selection of pressure relieving equipment noted as common contributing factors. The UHB has a 12 month rolling reporting rate for Never Events of 7 with five incidents reported since September 2025	February 2026		

Priority	Performance Summary	Reporting Period	Performance against standard	Data
Tier 1 Mortality	Crude inpatient mortality during December 2025 was 1.3%, which was the lowest in Wales and compares to an all-Wales average of 1.6% in the same month. CVUHB's mortality rate is shown by the purple line on the chart, demonstrating a rate which has been consistently below the all-Wales average over the preceding two years. Risk Adjusted Mortality Index (RAMI) remains high, but this measure is unreliable due to known delays in clinical coding (see measure 40). Work continues to improve clinical coding performance, which will help improve accuracy and reliability of RAMI measure for the Health Board. To strengthen our learning from mortality, a process for reviewing healthcare-related Prevention of Future Death (PFD) reports issued by Coroner's to organisations across England and Wales has been developed. This will be discussed at the Health Board's Learning from Mortality group and will support wider learning. Using the AMaT system, we will be improving the visibility of learning from local mortality and morbidity (M&M) reviews which are completed by clinical teams. Alongside this, Health Board wide guidance is in development, setting out the standards for M&M reviews. This guidance has a particular focus on patients from potentially vulnerable groups, such as those who have experienced homelessness, to ensure that reviews are undertaken with consideration of the needs of these groups	December 2025		 
Infection Control	*Clostridiodes difficile* – The total number of CDI cases this year is currently 180, with 67 hospital onset. This number of hospital onset cases is 41 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 15, with 8 hospital onset. This number of cases is the same as 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 116, with 45 hospital onset. This number of cases is 14 hospital onset cases lower than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales. E.coli - The total number of E.coli cases this year is currently 251, with 60 hospital onset. This number of cases is 18 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales. *Klebsiella spp's* - The total number of Klebs cases this year is currently 112, with 53 hospital onset. This number of cases is 8 hospital onset cases higher than this period in 2024/2025. CAV UHB have the 2nd lowest rate of the 6 acute Health Boards in Wales.	March 25		

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-25	12 month improvement trend	**58.6%** Below standard	Aug-25: 68.7%; Sep-25: 73.4%; Oct-25: 57.0%; Nov-25: 58.6%
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Nov-25	90%	**78.6%** Below standard	Aug-25: 88.2%; Sep-25: 31.3%; Oct-25: 92.6%; Nov-25: 78.6%
42.	Number of Pathways of Care delayed discharges	Feb-26	12 month reduction trend	**164** Above standard	Nov-25: 187; Dec-25: 158; Jan-26: 171; Feb-26: 164
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	Jan-26	90%	**98%** Above standard	Oct-25: 88.0%; Nov-25: 95.0%; Dec-25: 96.7%; Jan-26: 97.6%
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	Jan-26	90%	**65%** Below standard	Oct-25: 57.7%; Nov-25: 63.0%; Dec-25: 63.8%; Jan-26: 65.4%
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.Reducing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend
46.	Cumulative number of laboratory confirmed bacteraemia cases: *Klebsiella* sp and; *Pseudomonas aeruginosa*	Jan-26	*Klebsiella sp* - 100 *P. aeruginosa* – 31	**105** **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: *E.coli* and; *S.aureus* (MRSA and MSSA)	Jan-26	*E. coli* – 67 cases per 100,000 population *S. aureus* – 20 cases per 100,000 population	**53.17 cases per 100,000 population** Below Standard **28.08 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 *C.difficile* cases per 100,000 population	Jan-26	25 cases per 100,000 population	**37.98 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)	Jan-26	Reduction compared to the same month in the previous year	**30.6%** On standard	Oct-25: 30.2% | Nov-25: 19.2% | Dec-25: 41.9% | Jan-26: 30.6%
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-25	12 month improvement trend towards national target of 95%	**69.7%** Below standard	Sep-25: 64.58% | Oct-25: 67.13% | Nov-25: 70.20% | Dec-25: 69.70%
51.	Number of ambulance patient handovers over one hour	Feb-26	0	**273** Under standard	Nov-25: 150 | Dec-25: 194 | Jan-26: 181 | Feb-26: 273
52	Percentage of ambulance patient handovers within 15 minutes	Feb-26	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	**16.07%** Below standard	Nov-25: 17.85% | Dec-25: 15.40% | Jan-26: 15.42% | Feb-26: 16.07%
53.	Number of National Reportable incidents that remain open 90 days or more	Feb-26	Reducing	**49%**	Improving position with decreasing proportion open over 90 days and 26% of all cases MBBRACE reportable and there are 120 day timescales

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Digital & Health Intelligence

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Executive Scorecard

Year 2025		Current Year		Current Month	
Incidents	**Requests**	**Incidents**	**Requests**	**Incidents**	**Requests**
36944 Incidents Opened	60856 Requests Opened	7870 Incidents Opened	11252 Requests Opened	911 Incidents Opened	1386 Requests Opened
36386 Incidents Closed	54637 Closed Requests	6975 Incidents Closed	7591 Closed Requests	713 Incidents Closed	457 Closed Requests
558 Remaining Open	6219 Remaining Open	895 Remaining Open	3661 Remaining Open	198 Remaining Open	929 Remaining Open
6.88 Avg Duration (Days)	5.71 Avg Duration (Days)	2.85 Avg Duration (Days)	2.65 Avg Duration (Days)	0.28 Avg Duration (Days)	0.53 Avg Duration (Days)

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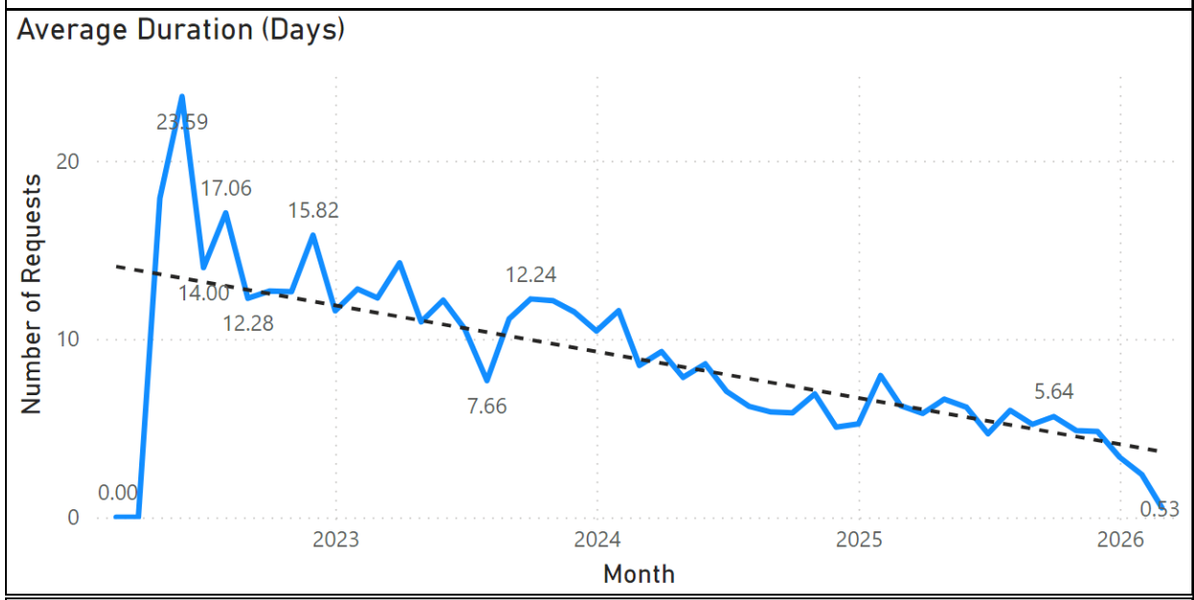
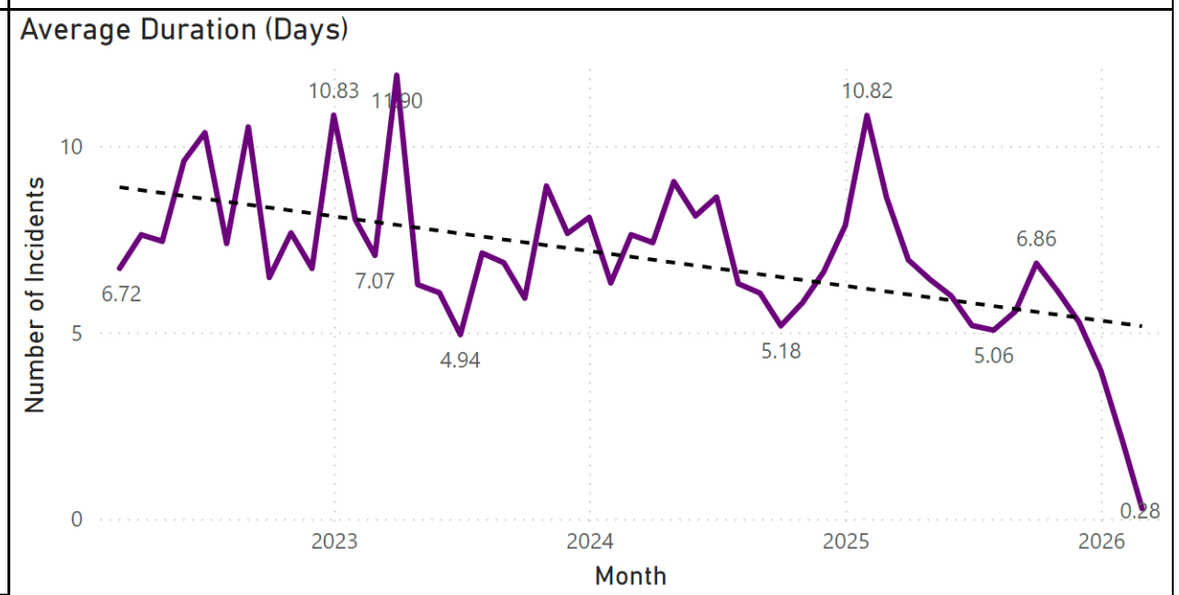
Executive Trending

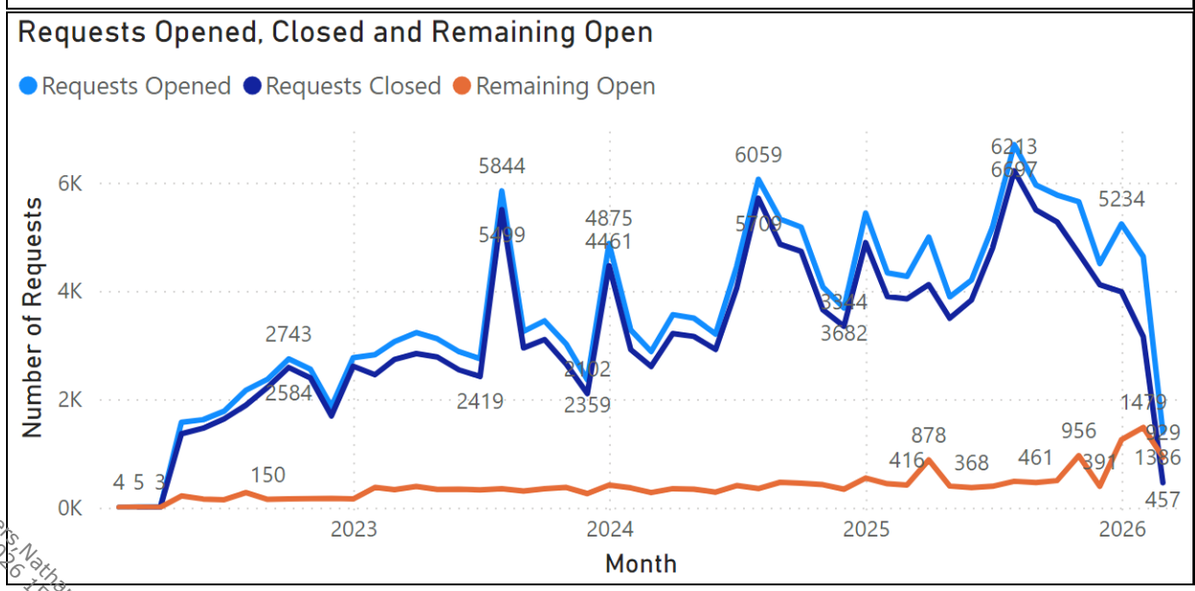
Requests (new and additional items)



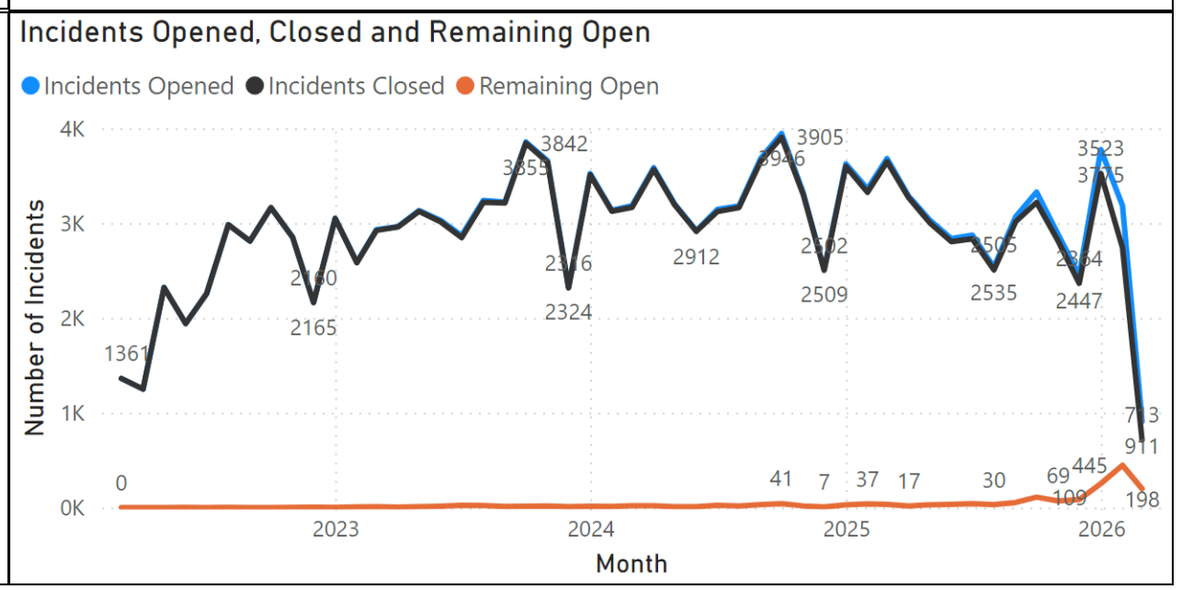
Incidents (something that was working no longer works)



Requests Opened, Closed and Remaining Open



Incidents Opened, Closed and Remaining Open



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Summary of Activity

Date by Year
- 2026

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

OwnerTeam
- Badgernet
- BI Applications and Warehouse
- Digital Integration Development
- ePMA Development
- ePMA IT
- IT Procurement & Assets
- M365
- Network
- OpenEyes

Site
- At Home
- Avon House
- Barry Hospital
- Cardiff Edge
- CRI
- Llandough
- Llanedeyrn Health Centre

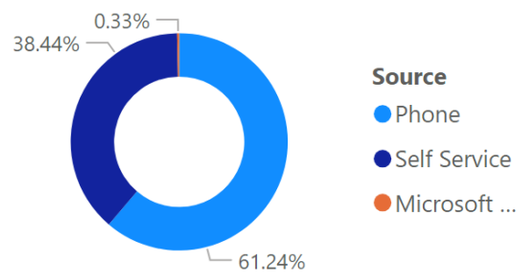
This month
307
Incidents Opened

Closed this month
219
Incidents Closed

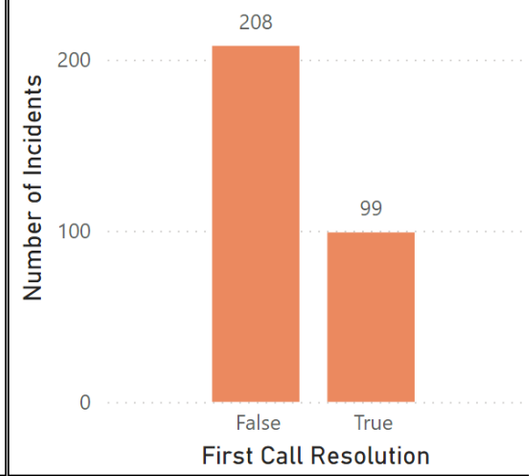
0.41
Avg Duration (Days)

88
Older then 30 Days

Incidents by Source

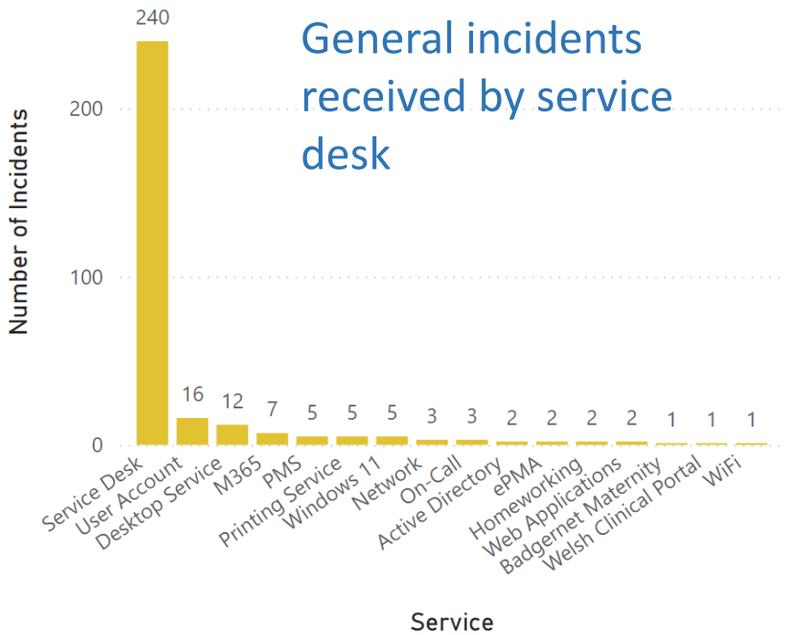


First Call Resolution



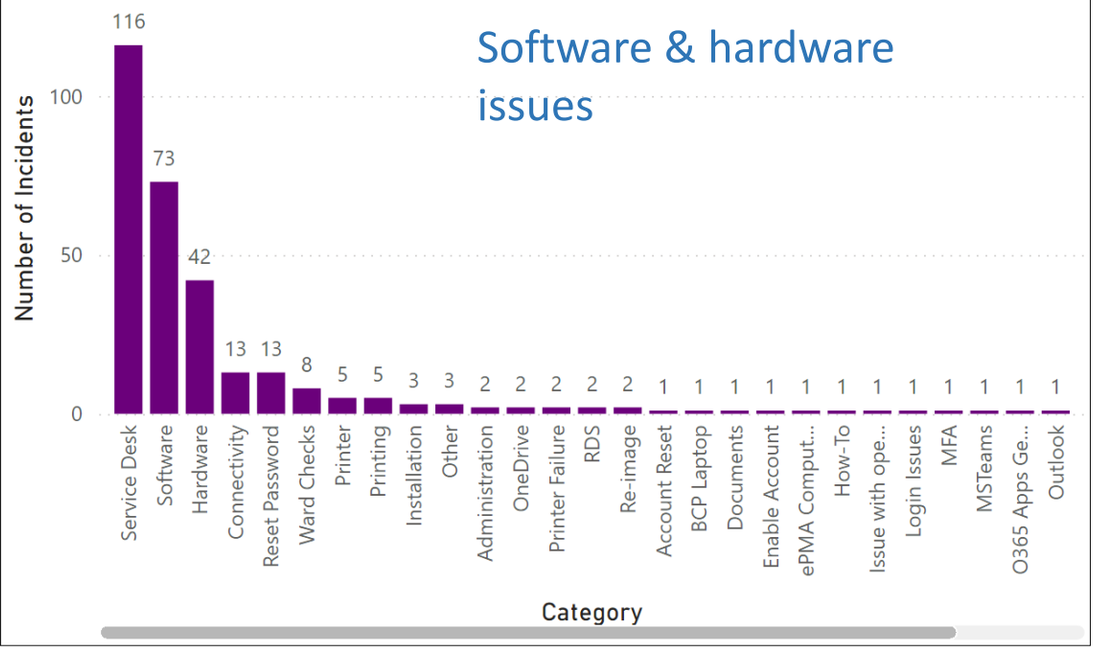
Incidents by Service

General incidents received by service desk



Incidents by Category

Software & hardware issues



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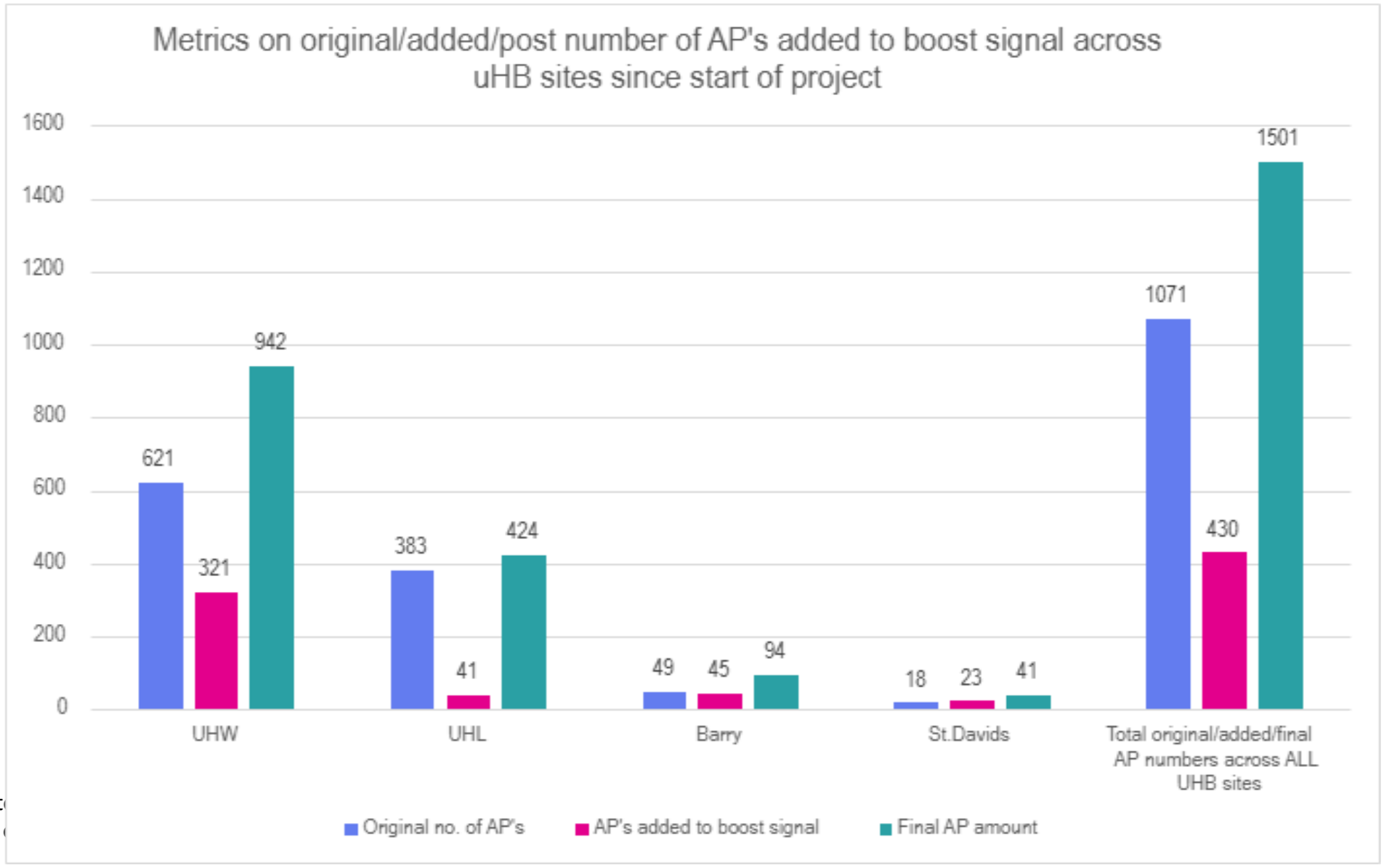
WiFi Project

Current metrics on AP's for Wi-Fi project as of 9th March 2026



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updated to

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Wi-Fi project: overview of completed inpatient/outpatient areas

All sites (ePMA, CEF, wider Wi-Fi)	Inpatient areas in total	Inpatient areas complete	% of all inpatient areas complete	Outpatient areas in total	Outpatient areas complete	% of all outpatient areas complete
198 areas	75 areas	71 areas	95%	123 areas	28	23%

ePMA sites	Inpatient areas in total	Inpatient areas complete	% of all ePMA inpatient areas complete	Outpatient areas in total	Outpatient areas complete	% of all outpatient areas complete
128 areas	72 areas	68	94%	56 areas	11	20%

Wider Wi-Fi and CEF sites	Inpatient areas in total	Inpatient areas complete	% of all wider Wi-Fi/CEF inpatient areas complete	Outpatient areas in total	Outpatient areas complete	% of all outpatient areas complete
70 areas	3 areas	3	100%	67 areas	17	25%

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Wi-Fi project: overview of completed inpatient/outpatient areas

All sites (ePMA, CEF, wider Wi-Fi)	% of all inpatient areas complete	% of all outpatient areas complete
198 areas	95%	23%

ePMA sites	% of all ePMA inpatient areas complete	% of all outpatient areas complete
128 areas	94%	20%

Wider Wi-Fi and CEF sites	% of all wider Wi-Fi/CEF inpatient areas complete	% of all outpatient areas complete
70 areas	100%	25%

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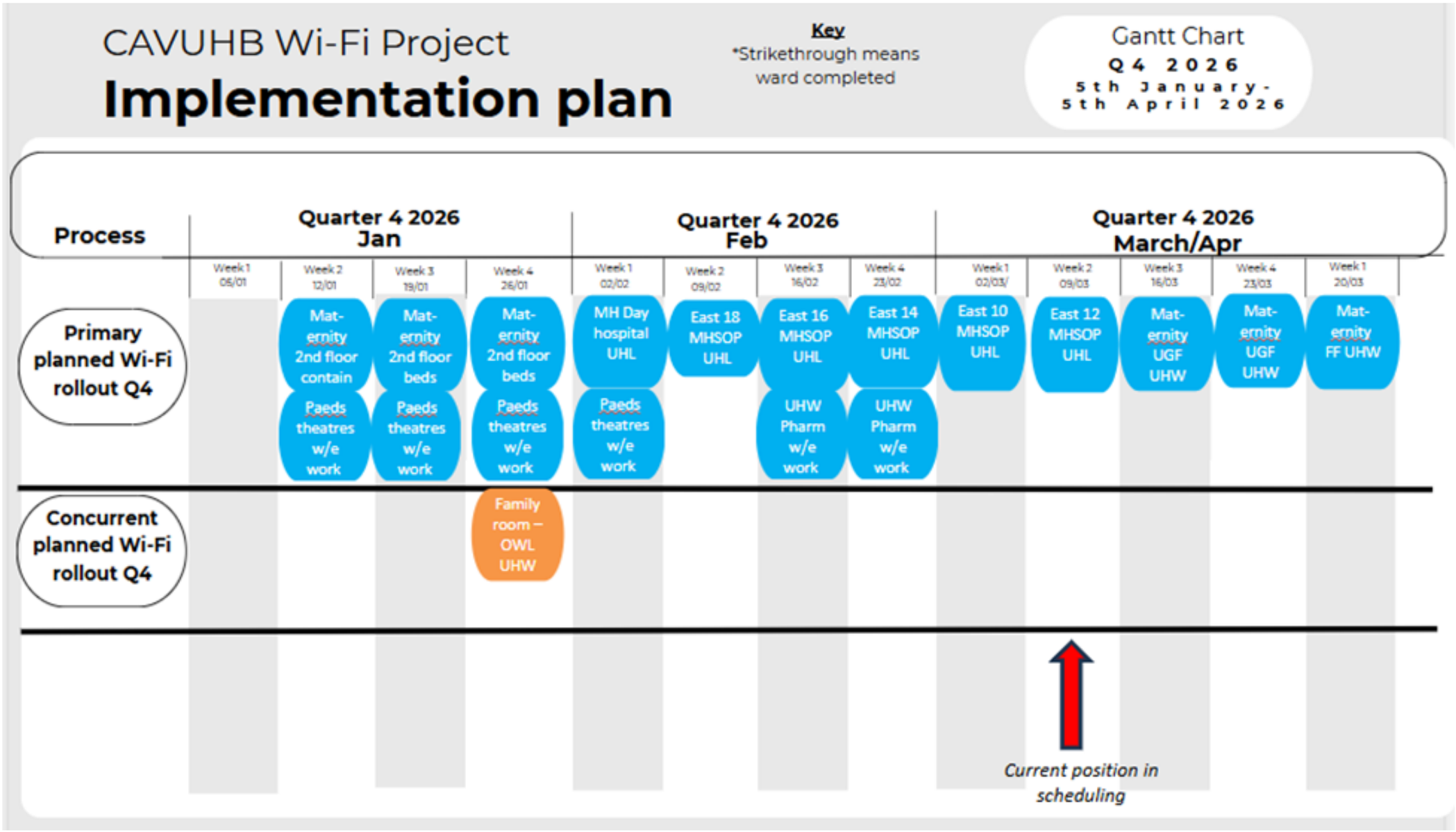
Phase 6 Wi-Fi work schedule



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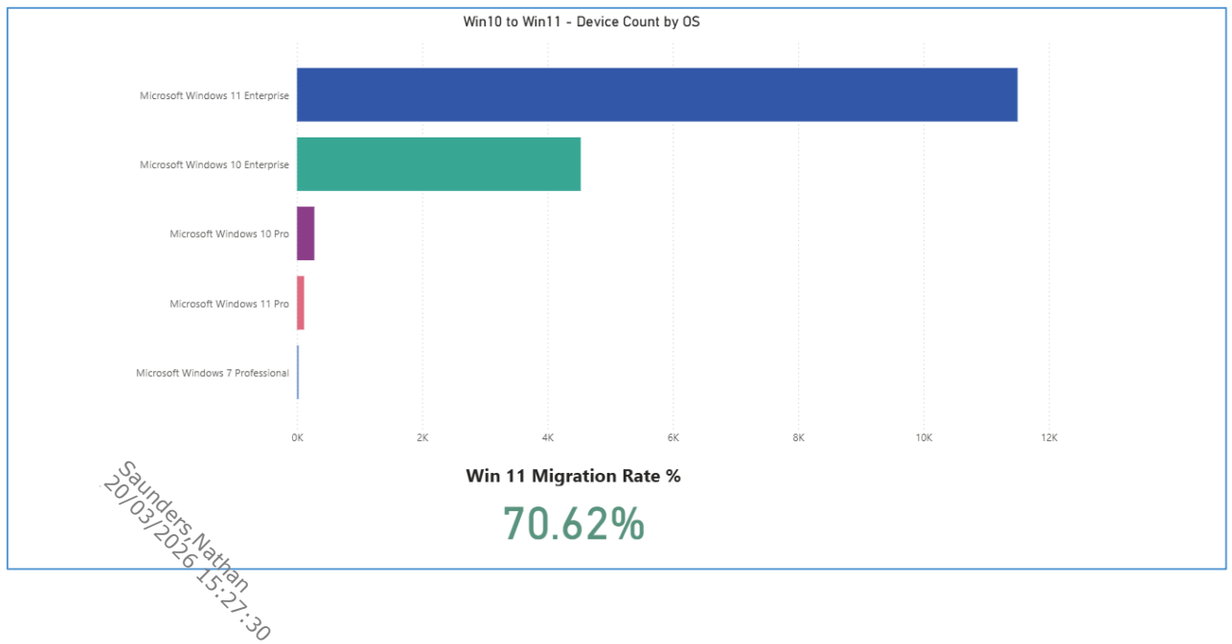
CAV Windows 11 Project

Key achievements / progress

- 11,615 devices upgraded to Windows 11
- Over 2,600 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 Radiology, Dental, Child Health and Community Devices throughout March

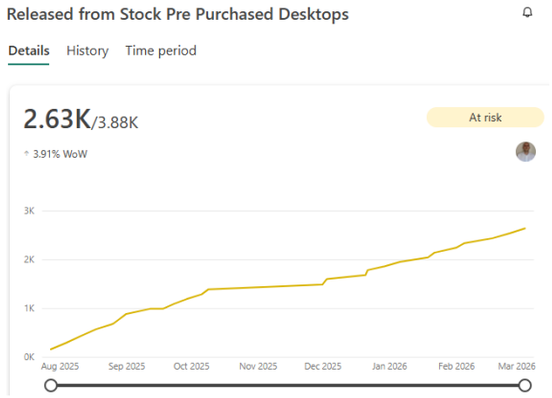
OS Device Count



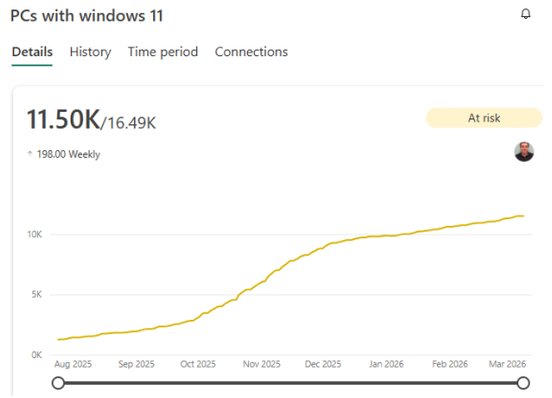
Period	Data	Status / RAG / Date
Current Month	71%	
Previous Month	67%	↑
Predicted Level	73%	↑
Programme Target	100%	30/06/2026

Device Count

Total of incompatible devices replaced



Total number of devices with Windows 11



Risks

- Windows 11 project staff are contracted until 30_06_26. Only 7 of 12 person team will remain by end of March. This will affect the monthly targets.
- 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.
- Arranging upgrade of Lab based devices is proving difficult due to work demands of local IT team.

Report Title:	Infrastructure Surveys to Inform Future Capital investment			Agenda Item no.	5.13
Meeting:	UHB Board	Public Meeting	√	Meeting Date:	26.03.2026
		Private Meeting			
Status:	Assurance √	Approval		Information	
Lead Executive:	Director of Finance				
Report Author:	Director of Captial, Estates and Facilities				

Background and current situation:

The purpose of this report is to provide the Cardiff & Vale UHB Board with the initial findings of the survey undertaken across the Health Board Estate to provide a clear, evidenced based view on its condition and associated level of risk.

A number if reports have been prepared and considered by the Health Board relating to the deteriorating infrastructure across its Estate, with increasing system failures, impacting on patient safety, appropriate clinical environments in which to treat patients, infection prevention and control etc.

Whilst significant work has been undertaken by the Capital, Estates & Facilities Service Board to identify, assess and manage the risks across the estate, it is becoming increasingly difficult to reduce the level of risk and mitigate, without significant and appropriate investment.

The limited capital funding available to address the high level of backlog maintenance increases the risk of infrastructure failure and we therefore have a situation where the approach to ongoing maintenance is reactive as opposed to preventative, which impacts on downtime of key infrastructure affecting clinical services, increased repair costs and safety, without significant capital investment the situation is predicted to further decline.

Following a meeting with the Welsh Government NHS Infrastructure Investment Board on 30 May 2024 to discuss the 'Future Hospitals Programme' it was agreed that a detailed assessment of the existing estate infrastructure would be beneficial to inform the updating of the Health Board estate Strategy in the short to medium term and, inform the development of the business case (s) for the redevelopment of the estate including the University Hospital of Wales, University Hospital Llandough and community infrastructure to support the emerging Clinical services Plan (CSP)

The report would provide a comprehensive database detailing the:

- The condition and risk of all assets
- Priority investment required
- Consequences of continued under-investment

The detailed surveys are complete for all sites across the HB portfolio. The initial findings of the surveys and proposed high level investment requirements have been identified and a summary report issued for each of the 3 key elements of the estate:

1. University Hospital of Wales (Appendix 1)
2. University Hospital Llandough (Appendix 2)
3. Community premises (Appendix 3)

The summary reports attached identify an overall backlog renewals cost of £753m with over 85% of the estate considered to be condition C or below with 10% of considered as Dx which is defined as significant risk/failure.

Condition C is defined as being operational but requiring major repairs/replacement in the short term.

The table below shows that, of the total estimated backlog cost of £753m, 57% or £428m is attributable to only 10 building across the estate, with 7 of the areas being the original UHW ward and tower blocks.

Top 10 Sites - Total Risk Exposure

Site Name	Building Name	Total Risk Exposure (Avg x Count)	Renewal Cost	% of Total Risk
University Hospital Of Wales	10 - Ward block a	9794	£86,259,096	12.80%
University Hospital Of Wales	11 - Ward block b	8244	£64,678,100	10.77%
University Hospital Of Wales	18 - Tower Block 3	8140	£56,244,290	10.64%
University Hospital Of Wales	09b - Tower block 1b	8132	£18,151,853	10.63%
University Hospital Of Wales	09c - Tower Block 1c	7835	£27,763,093	10.24%
University Hospital Of Wales	12 - Ward block c	7687	£98,234,009	10.05%
University Hospital Of Wales	102 - Car Parks	6851	£9,917,505	8.95%
University Hospital Of Wales	05a - Dental hospital	6707	£35,054,180	8.77%
University Hospital Llandough	32 - Academic Centre	6000	£15,208,300	7.84%
University Hospital Of Wales	08a - Tower block 2a	5872	£16,774,540	7.67%

A more detailed and comprehensive report is being drafted for further consideration both internally and with WG colleagues to determine how we move the agenda forward to ensure we have the appropriate level of investment to provide an estate fit for the delivery of clinical services for the future.

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

- Prior to the survey being undertaken the UHB were reporting a backlog maintenance liability of circa £170m
- The Investment required to manage the high and significant backlog across the Health Board Estate is estimated at £582m.
- Capital Estates and Facilities are considering how the information can be best utilised to develop a delivery plan recognising the significant number of high and significant risk elements and how they impact on clinical services.

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

5.13a Executive Summary – UHW
5.13b Executive Summary – UHL
5.13c Executive Summary – Community
The appendices can be found in the supporting documents folder on the Public Board MS Teams Channel or the Cardiff and Vale UHB website.

Recommendation:

The Board is requested to:

a) **NOTE:** the content of the report and presentation and the significant increase identified in backlog maintenance from £170m to £753m across the estate, with £582m classified as High and Significant risk

b) **NOTE:** that over £610m is Essential and Mandatory demonstrating that the investment need is primarily to sustain safe clinical operation and prevent escalation into statutory non-compliance.

c) SUPPORT: the submission of the summary documents to WG to inform the earliest discussion to highlight the level of risk that the HB is currently managing across its estate

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.**	√
Delivering in the Right Places 3. **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	

Quality Impact Assessment Completed?

Yes		No		

Impact Assessment:

Risk: Yes

Lack of capital funding to deliver the scheme has implications on clinical service delivery.

Safety: No

Financial: Yes

As above. The UHB will continue engagement with Welsh Government to determine and potential additional funding available

Workforce: No

Legal: Yes

Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge

Reputational: Yes

The UHB's opportunity to satisfy the JACIE recommendations and maintain accreditation. Loss of accreditation will be detrimental to the reputation of CAV UHB

Socio Economic: No
Equality and Health: Yes
Increasing the overall reliability of the electrical infrastructure in ITU will mitigate the risk of further electrical failures and any impact to patient services.
Decarbonisation: Yes
Although not been specifically, new equipment installed will be more energy efficient
Welsh Language: No

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

Saunders,Nathan
20/03/2026 15:27:30

Report Title:	Clinical Services Plan				Agenda Item No:	6.1	
6.1Meeting:	CAVUHB Board	Public	x		Meeting Date:	26.03.25	
		Private					
Status	Assurance		Approval	x	Information/Noting		
Lead Executive Title:	Dr David Fluck, Executive Medical Director, SRO Shaping Our Future Clinical Services Portfolio						
Report Author Title:	Victoria Le Grys, Programme Director, Strategic Clinical Redesign						

Main Report

Background and Current Situation:

We are seeking Board approval of the Draft Clinical Services Plan (CSP), which sets out the organisation's long-term strategic direction for clinical services, the future model of care and the key principles and milestones required to deliver safe, sustainable and high-quality services over the next ten years.

Background

The Clinical Services Plan (CSP) has been developed to respond to the strategic challenges facing the organisation and the wider NHS in Wales, including rising demand, workforce pressures, financial constraint, estate fragility and persistent health inequalities. The CSP also looks outward to best practice with international learning and benchmarks as well as consideration of horizon scanning including new treatments and technologies.

The CSP aims to strengthen alignment between strategy and deliver by providing a clear, future, single, integrated Model of Care, aligned to national policy and regional priorities. It will act as a framework for future service redesign and prioritisation and gives a long-term lens to inform workforce, estates, digital and organisational redesign decisions.

The CSP has been developed to sit alongside and directly inform other strategic plans including, People and Culture, Estates and Digital, as well as the developing organisational Redesign Programme. This Plan will directly inform our annual planning process and detailed service planning as well as local, regional and national partnerships.

The plan is intentionally high-level and outcome-focused, setting the direction of travel rather than prescribing detailed operational solutions, which will be developed through subsequent delivery plans and programmes. The CSP sets out:

- A clear case for change
- Ambition and future single integrated Model of Care comprising four Care Domains
- Strategic design principles and priorities to guide service change

Planning approach

The CSP has been developed through a clinically-led, evidence-based and iterative planning approach. Key features of the approach have included:

- Executive level ownership and Clinical leadership and involvement throughout.
- Co-production with people who use our services informing our engagement approach and principles
- Engagement to ensure we hear what matters most to the communities we serve, our colleagues and partners

- Co design workshops to develop our model of care and priorities together with patients, colleagues, partners and policy makers
- Use of population health intelligence, horizon scanning, baseline assessments and demand and capacity analysis and financial trajectories
- Alignment with national policy and regional strategies

Co-production, engagement and co design

A comprehensive programme of engagement was undertaken to inform the development of the CSP. This was designed to ensure that the plan reflects the perspectives of those who deliver services, those who use them, and those who work with the organisation across the system.

Public and Patient Engagement:

- Public engagement focused on what matters most to people, particularly in relation to access, quality, continuity of care and equity.
- Engagement sought to understand lived experience and priorities rather than consult on predetermined solutions.
- Key themes emerging from public engagement, including prevention, care closer to home and clearer pathways, are reflected throughout the CSP.

Colleague and Partner Engagement:

- Extensive engagement was undertaken with clinical leaders, professional groups, service teams and managers across all areas of the organisation as well as partners
- Engagement focused on sharing public and patient feedback, understanding current challenges, testing future models of care, and identifying opportunities for improvement and integration.
- Feedback has directly informed the plan's priorities, principles and phasing.
- Engagement was undertaken with regional partners, commissioners, local authorities, the voluntary sector and other NHS organisations, including through established regional and partnership forums.
- This has helped ensure alignment with wider system plans and reduced the risk of duplication or inconsistency.

Two detailed engagement reports are appended to this paper and provide assurance on:

- The breadth and depth of engagement undertaken
- How feedback has been considered
- How engagement has influenced the final draft of the CSP.

Co-Design Workshops:
We held two large co-design workshops, with more than 400 participants from across our organisation, partners, patients and members of our Youth Board. These focussed on reflections from the engagement, sharing innovations and developing our principles and the development of the future model of care. Clinically led follow up sessions allowed us to test and further refine priorities and outcomes. Presentations, recordings and reports from these workshops can be found here Shaping Our Future Clinical Services Workshops

Next steps
Following Board approval, the team will look to prepare for launch following the pre-election period. As described in the Annual Plan 26/27, the focus will be on translating this long-term model into actionable delivery priorities and implementation requirements. This includes:

1. A consistent service planning approach, enabling Clinical Boards to respond directly to the CSP with corresponding long-term service plans. These plans will align to the integrated model of care and will be phased in line with organisational redesign and available delivery capacity.
2. A coordinated review of the implications of the CSP for People & Culture, Estates, Digital, Infrastructure, Partnerships and enabling programmes, ensuring system-wide alignment and appropriate sequencing
3. An 18-month sustained communication and engagement campaign

This will be overseen through the Health Board's strategic portfolios governance arrangements led through the Shaping our Future Clinical Services Portfolio.

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

The Draft Clinical Services Plan represents a significant milestone in setting a clear, shared and clinically-led direction for the organisation's future. It has been developed through robust analysis and extensive engagement and provides a strong foundation for sustainable service delivery over the next decade.

Board approval of the CSP will provide the necessary strategic mandate to move from planning to implementation.

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

All of the appendices can be located in the supporting documents folder on the Public Board MS Teams Channel and the Cardiff and Vale UHB website.

Appendix 1 Draft Clinical Services Plan
Appendix 2 Public Engagement Report
Appendix 3 Colleague and Partner Engagement Report
Appendix 4 EHIA

Recommendations:

The Board is asked to:

a) Approve the Draft Clinical Services Plan (2026–2035) as the organisation's agreed strategic framework for future clinical service delivery; and
b) Note the comprehensive programme of engagement undertaken with staff, the public and partners, as set out in the accompanying engagement reports.

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	x	Long Term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes	X	No		

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes
Safety: No
Financial: Yes
Workforce: Yes
Legal: No
Reputational: Yes
Socio Economic: Yes/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: Yes
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:

Report Title:	Cardiff and Vale UHB 2026-27 Annual Plan		Agenda Item no.		6.2
Meeting:	Board	Public	X	Meeting Date:	26th March 2026
		Private			
Status:	Assurance	Approval	X	Information	
Lead Executive:	Executive Director of Finance and Interim Director of Strategy and Planning				
Report Author:	Head of Strategic Planning				

Background and current situation:

Situation

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

In December 2026, the NHS Wales Planning Framework was issued by Welsh Government confirming the policy requirements for the 2026-27 planning cycle. The framework stated that plans must be submitted to Welsh Government by the 31st of March.

The guidance further stated that for organisations in heightened levels of escalation plans should respond to the de-escalation requirements issued to the organisation and that an accountable officer letter must be submitted if the organisation is unable to produce a financially balanced plan.

Background

Recognising that one of the UHBs de-escalation requirements for the planning domain was to develop either an 'acceptable' annual plan or a financially balanced IMTP Board took the decision in August 2026 to seek the development of an acceptable annual plan.

In February 2026, the UHB submitted an accountable officer letter to Welsh Government confirming that due to ongoing sustainability challenges, it would not be submitting a balanced 2026-27 Annual Plan.

The UHB has been in targeted intervention for finance and planning since early 2025-26. The rest of the UHB was put into targeted intervention in July 2026.

Whilst the UHB has known what areas of the organisation require improvement and has been proactively addressing these areas the formal de-escalation criteria for the UHB was not agreed and published until March 2026.

Whilst there is a strong alignment to what these de-escalation criteria state and what the UHB has being planning against it has been challenging to ensure total alignment to the exact levels of improvement set out due to the frameworks publication being so late in the UHBs planning cycle.

The UHBs planning remains dynamic and will continually look to strengthen alignment through its ongoing planning disciplines.

Assessment

The UHBs annual plan **(annex 1)**, was developed through engagement with clinical boards via three Clinical Board planning events in October, November and December 2026. Regular Board Development Sessions and discussions with the Boards Finance and Performance sub-committee have also taken place.

The Annual Plan continues to be framed by our Strategy, *Shaping Our Future Wellbeing*, and the delivery of the priorities underpinning each of our Strategic Objectives; Putting People First, Providing Outstanding Quality, Delivering in the Right Places and Acting for the Future.

The UHBs plan is subsequently presented in two parts;

I. The medium/longer term transformation that is required of the organisation.
II. The immediate term challenges facing the organisation which are then described through the lens of our system areas; Primary and Community Care, Unscheduled Care, Planned Care, Children and Women and Mental Health.

There is clear alignment between the UHBs objectives and the Cabinet Secretary priorities, minimum delivery expectations, enabling actions and the Ministerial Advisory Group (MAG) recommendations. These have been robustly tested in recent Finance and Performance committee meetings.

Alongside submission of a narrative plan Health Boards are required to submit a set of ministerial templates. These are included in the annex of the document. There is also a requirement to submit an accompanying Minimum Data Set (MDS) with detailed information on workforce, activity and finance **(annex 2)**. This MDS remains draft at the time of sharing with Board as the organisation seeks to ensure it is submitting the most complete and accurate picture to Welsh Government on the 31 March.

The Health Board will also be submitting an “Annual Plan supporting evidence pack” **(annex 3)**. This contains a suite of plans on a page which have been developed to provide additional assurance on the approach to delivery for the commitments and actions made in the plan.

A significant amount of work has been carried out by Clinical Boards and Corporate Directorates in 2025-26 to enable line of sight to the forecast outturn of £56.2million for 2025-26. However, £12.5million 2025-26 recurrent pressures exist in the 2026-27 position increasing the underlying deficit.

The Health Board is submitting a 2026-27 Annual Plan financial deficit of £86.5 million, against a Target Control Total of £9.1million.

From a savings perspective this represents a major challenge with a total required savings target of £42.5million.

A first wave of savings (green and amber) of £7.8million has been identified for 2026-27. This represents a shortfall against target of £34.7million. £10.3million of red schemes have currently been identified.

The organisations current total opportunity pipeline totals £89.9million and this was discussed with Board in the extraordinary Board development session earlier in March.

The pipeline will need to continue to mature with a number of opportunities requiring transition into the formal savings programme at pace.

Whilst the work that has taken place around savings is welcome and positive this does not give delivery confidence yet on the £86.5million deficit plan or assurance on further identification of savings at the scale needed.

This was shared with Finance and Performance committee on the 18 March and the position noted.

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

The UHBs plan is informed by its risks, challenges and choices which the UHB has taken. The highest risks to delivery are in;

- Some aspects urgent and emergency care, planned care and diagnostics where the Ministers minimum delivery expectations are not yet fully described as being able to be met,
- achieving financial sustainability and,
- Meeting fully the de-escalation requirements issued to the organisation.

The financial situation being presented by the UHB will constitute a position that makes the plan both unacceptable and unapprovable for Welsh Government. On this basis it would be inappropriate to seek Boards approval of this plan.

There is recognition within the UHB that there is the need for continued discipline, prioritisation, and a clear strategic path toward medium and long-term sustainability.

To enhance the pace and robustness of the UHBs work Board will be aware that the UHB has secured consultancy support from McKinsey. Their team has now commenced work to identify and validate additional high impact opportunities. A report will be available to Board in April.

In addition to this many of the most material and cash releasing opportunities will inevitably depend on service and organisational redesign and Board will again be aware that strategic work was commissioned during 2025-26 from a number of external consultancies to support with this service and organisational redesign. Much of this work is being finalised over the next few months and is highlighting significant potential, including opportunities related to delayering and automation across the organisation as well as identifying early priorities for systematic service change.

These have not yet been included in the UHBs opportunity pipeline, but it is anticipated they may begin to contribute in late 2026-27 and more substantially in 2027-28.

We are operating in an extremely dynamic environment and there is a range of work that will progress into 2026-27 that will make this a 'live' plan that continues to evolve as the UHB seeks to address the challenges it is facing. Some of these key areas of work include –

- The external targeted intervention support the UHB will be receiving from the 27 March, the output of which will likely give cause for the plan to be reviewed.
- The outputs of some key external consultancy work being available which will enable a further refinement and quantification of outcomes and milestones of the plan.

- The impact of some of the decisions which Board took in its extraordinary Board development session in March. Some of these impacts are scheduled for discussion at Finance and Performance committee early in Q1

The plan will need to remain 'live' as the organistation moves into 2026-27 the plan should form the basis of the work programme for the Board and its Committees so it can remain sighted and retain assurance on progress.

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

Annex 1: 2026-27 Annual Pan
Annex 2: 2026-27 Minimum data set (MDS)
Annex 3: 2026-27 Annual Plan supporting evidence pack

All of the annex documents can be found in the supporting documents folder on the Public Board MS Teams Channel or the Cardiff and Vale UHB website.

Recommendation:

Board are requested to:

- **ACKNOWLEDGE** the progress made in finalising the 2026-27 annual plan.
- **ACKNOWLEDGE** the risks to delivery and mitigation actions in place.
- **ACKNOWLEDGE** the efforts on the part of Clinical Boards and Corporate teams across the UHB to secure the 2025-26 projected year-end position.
- **CONSIDER AND ACCEPT** the financial position being presented in the annual plan recognising it has been discussed and noted in Finance and Performance Committee.
- **AGREE** that further options and choices are required to make improvements of scale and at pace in 2026-27 and that this will likely be driven, in part, by the work of external consultants currently working with the UHB.
- **AGREE** that the Board will continue with its detailed scrutiny of the 2026-27 position through Board meetings and sub committees of Board.
- **TAKE ASSURANCE** that the work in hand to drive down costs will continue at pace from 1 April 2026 with grip and control.
- **RECOGNISE** that the external targeted intervention support the UHB will be receiving will further inform how the 2026-27 annual plan needs to mature 'in year' when findings are known and the UHB responds to those findings.
- **RECOGNISE** that the position in terms of financial forecast is not acceptable, as it does not meet the target control total.
- **CONCLUDE** that the 2026-27 Annual Plan cannot be approved, but that its submission to WG is for scrutiny and assessment purposes in the knowledge that further work is required.

Link to Strategic Objectives of Shaping our Future Wellbeing:

https://shapingourfuturewellbeing.com/

Putting People First		Providing Outstanding Quality	
1. **Click the objective above to view more detail.**	X	2. **Click the objective above to view more detail.**	X

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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									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes –		No –	X	

Impact Assessment:
Risk:
Safety:
Financial:
Workforce:
Legal: No
Reputational:
Socio Economic: Yes - ***Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES***
Equality and Health:
Decarbonisation:
Welsh Language:

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

Saunders,Nathan
20/03/2026 15:27:30

Report Title:	University Hospital of Wales New Born Screening Laboratory – Business Justification Case			Agenda Item no.		7.1
Meeting:	UHB Board		Public Meeting	✓	Meeting Date:	26/03/2026
			Private Meeting			
Status:	Assurance		Approval	✓	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 support the Business Justification Case (BJC) for the proposed University Hospital of Wales (UHW) New Born Screening Laboratory scheme and approve the request for Welsh Government capital funding of £1.21m inclusive of VAT.

The capital cost figures included within the document have been preapared following an comprehensive procurement process undertaken in conjustion with NWSSP Procurement Services.

The business case identifies an increased revenue commitment for the delivery of the increased testing as shown in the table below. Whilst it is intended that these costs are funded by the Public Health Wales (PHW) as part of the commissioning arrangement goverened by a Long Term Agreement, PHW have yet to receive Welsh Government support.

Category	Requirement		Year 1 2026/27	Year 2 2027/28	Year 3 2028/29	Year 4 2029/30	Year 5 2030/31
Staffing	Programme Team Expansion	Recurrent	£120,425	£122,557	£124,726	£126,933	£129,180
	Project Manager for implementation	Non-recurrent	£24,709	£0	£0	£0	£0
	Laboratory Team Expansion	Recurrent	£69,229	£70,454	£71,701	£72,971	£74,262
Non-Pay Set up	Participant information & Training Materials	Non-recurrent	£4,550	£0	£0	£0	£0
	Mobile phones and MS365 licenses	Non-recurrent	£1,000	£0	£0	£0	£0
	UKAS Extended Scope	Non-recurrent	£3,000	£0	£0	£0	£0
Consumables	Laboratory Consumables – Additional Screening activity	Recurrent	£51,710	£52,824	£53,961	£55,123	£56,310
Equipment	HT1 Screening Equipment Lease	Recurrent	£53,893	£64,671	£64,671	£64,671	£64,671
	HT1 Screening Equipment Maintenance	Recurrent	£36,457	£43,749	£43,749	£43,749	£43,749
	Lab Relocation Equipment Maintenance	Recurrent	£13,553	£16,263	£16,263	£16,263	£16,263
	Replacement equipment maintenance and reagent costs *	Recurrent	£50,909	£98,805	£108,454	£118,759	£129,705
	Total		**£429,434**	**£469,322**	**£483,525**	**£498,468**	**£514,140**

* Replacement equipment required because of the laboratory move is being purchased by Cardiff and Vale using end of year discretionary capital. Costs associated with maintenance/servicing and reagents required to fund the laboratory SLA are included in the table above.

The capital element of the BJC was considered at Capital Management Group on the 16th March 2026 and the Finance and Performance Committee at their meeting of 18th March 2026.

In discussion with WG it has been confirmed that whilst no approval can be obtained prior to the Senedd elections, the BJC can move through the scrutiny process.

Public Health Wales commission the Wales Newborn Screening Laboratory within the Department of Medical Biochemistry at the UHW, which currently tests for nine conditions. Effective NBS testing is essential for the early identification of rare conditions with life limiting or fatal consequences, enabling treatment which prevents or substantially mitigates their impact on affected babies. As such, the NBS laboratory is essential to the delivery of a high quality NBS programme in Wales, of which is a key clinical and political priority; impacting on individual families and saving NHS resources linked to irreversible harm. Furthermore, NBS is a key component of the Wales Rare Disease Strategy.

In 2023, the UK National Screening Committee (UK NSC) recommended that screening for Tyrosinemia Type 1 should be implemented. In addition, the UK NSC are currently looking to endorse NBS for Severe Combined Immune Deficiency (SCID) following a successful pilot programme in England. As such PHW has requested that the NBS Laboratory plan for the introduction of these new tests for Tyrosinemia Type 1.

Due to the limited space within the main biochemistry laboratory at UHW the Wales NBS service is unable to implement any further tests in line with the rest of the UK, unless suitable laboratory and support space is commissioned. Cardiff University released an area to the UHB which was identified a suitable in size to provide the suitable space. However, the space does require refurbishment to meet the requirements of the service and compliance with the relevant Health Technical memorandum (HTM) and Health Building Note (HBN)

The BJC cost forms have been prepared by Gleeds Cost Management Services following a procurement process to identify the preferred supply chain partner and the tender costs with the outturn cost projected to be £1.21m.

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

Capital Costs	£m
Works Cost	£743,179
Fees	£190,285
Non-Works	£ 58,200
Equipment	£188,997
Contingency	£ 69,120
VAT Recovery	£ -31,714
Total Capital Cost/ Cost Forms	**£1,218,067 INC**

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

- The laboratory is essential to the delivery of a high quality New Born Screening programme in Wales which is a key clinical and political priority.
- Public Health Wales are submitting a revenue case to Welsh Government, therefore the UHB has no revenue implications associated with the scheme

- It is proposed that the scheme progresses through the internal governance process with the intention to submit the BJC for scutiny for the proposed capital solution, recognising that the overall delivery of the project will be subject to confirmation from PHW that the revenue consequences will be supported by WG

- An appropriate procurement process has been undertaken to determine the capital investment requirement which is in line with Welsh Government process

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

7.1a All Wales Newborn Screening Laboratory at UHW BJC Executive Summary

Recommendation:

The Board is requested to:

a) NOTE: the paper and contents of the attached Executive Summary for the Business Justification Case for the UHB to deliver additional All Wales New Born Screening at UHW

b) **APPROVE:** the Business Justification Case to be submitted to Welsh Government for scrutiny and to seek capital funding approval of £1.21m

c) NOTE: the project will not proceed until the UHB receive written confirmation of the revenue support for the delivery of the additional services

d) NOTE: the procurement undertaken to select the preferred supply chain partner and relevant advisors to deliver the project

e) APPROVE the following appointments, subject to Welsh Government approval of the BJC.

I. The intention to award the construction contract to ET&S Construction Ltd at a value of £0.744m inclusive of VAT under the NEC4 Option A contract.
II. The intention to award Gleeds Management Services the commission to provide Project Management and Cost Advisor services at a cost of £0.062m inclusive of VAT under the SBS Framework contract.

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	

Quality Impact Assessment Completed?				
Yes –		No –	✓	n/a

Impact Assessment:
Risk: Yes / ~~No~~
Lack of capital funding to deliver the scheme has implications on clinical service delivery.
Safety: Yes/~~No~~
Screening is essential for the early identification of rare conditions with life limiting or fatal consequences.
Financial: ~~Yes~~ / No
Workforce: ~~Yes~~/No
Legal: Yes/~~No~~
Statutory obligations require investment and the lack thereof can lead to exposure to risk and legal challenge.
Reputational: Yes/~~No~~
The all Wales NBS service are not be able to implement any further tests in line with the rest of the UK resulting in possible reputational damage for the Health Board if unable to provide this service.
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: Yes
New ventilation, heating and cooling equipment provided under the scheme will help lower carbon emissions produced by the current heating system.
Welsh Language: ~~Yes~~/No

Approval/Scrutiny Route ***(please note anywhere else this paper has been before)***:	
Committee/Group/Exec	Date:
Capital Management Group	16/03/2026
Finance & Performance Committee Team	18/03/2026
Board	26/03/2026

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All Wales Newborn Screening Laboratory at University Hospital Wales

Business Justification Case: Executive Summary

March 2026 – Final v2

Document Information

Status	Final
Date	12th March 2026
Authors	Adcuris/CVUHB
Circulation	CVUHB Project Team / CMG / PHW

Version	Date Issued	Summary of Change	Document Owner
Draft v1	3rd March 2026	Produced from final Business Case	Sarah Lloyd
Final v1	12th March 2026	Revenue informtio updated	Sarah Lloyd

TABLE OF TABLES

TABLE OF FIGURES

GLOSSARY

AME	Annually Managed Expenditure
BAU	Business As Usual
BECS	Built Environment Consultancy Services
BJC	Business Justification Case
CD&T	Clinical Diagnostics and Therapeutics Clinical Board
CEF	Capital, Estates and Facilities
CF	Cystic Fibrosis
CHT	Congenital Hypothyroidism
CMG	Capital Management Group
CRI	Cardiff Royal Infirmary
CRL	Capital Resource Limit
CSF	Critical Success Factors
CVUHB	Cardiff and Vale University Health Board
DEL	Departmental Expenditure Limit
GA1	Glutaric Aciduria Type 1
HCU	Homocystinuria
HM	His Majesty's
HT1	Hereditary Tyrosinaemia Type 1
IAAP	Integrated Assurance and Approval Plan
IM&T	Information Management & Technology
ISO	International Organization for Standardization
IT	Information Technology
IVA	Isovaleric Acidaemia
M&E	Mechanical & Electrical
MCADD	Medium-Chain Acyl-CoA Dehydrogenase Deficiency
MECC	Making Every Contact Count
MSUD	Maple Syrup Urine Disease
NBS	Newborn Screening
NEC	New Engineering Contract
NHS	National Health Service
OJEU	Official Journal of the European Union
ONS	Office for National Statistics
PBA	Project Bank Account
PER	Project Evaluation Reviews
PHW	Public Health Wales
PIR	Post Implementation Review
PKU	Phenylketonuria
PPE	Post Project Evaluation
PRINCE	PRojects IN Controlled Environments
RIBA	Royal Institute of British Architects
RPA	Risk Potential Assessment
SBS	Shared Business Services
SCD	Sickle Cell Disorders
SCID	Severe Combined Immune Deficiency
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SO	Spending Objectives
SOFW	Shaping Our Future Wellbeing
SRO	Senior Responsible Owner
TOR	Terms of Reference
UHB	University Health Board
UHL	University Hospital Llandough
UHW	University Hospital Wales
UK NSC	UK National Screening Committee
UKAS	United Kingdom Accreditation Service
VAT	Value Added Tax
VFM	Value for Money
WFG	Wellbeing of Future Generations
WG	Welsh Government
WHBN	Welsh Health Building Note
WHC	Welsh Health Circular

1.0 INTRODUCTION

Public Health Wales (PHW) commission the All Wales Newborn Bloodspot Screening (NBS) Laboratory within the Department of Medical Biochemistry at Cardiff and Vale University Health Board (CVUHB), which currently tests for nine conditions, listed within section 3.2 of this document.

Effective NBS testing is essential for the early identification of rare conditions with life limiting or fatal consequences, enabling treatment which prevents or substantially mitigates their impact on affected babies. As such, the NBS laboratory is essential to the delivery of a high quality NBS programme for the entire population of Wales, of which is a key clinical and political priority; impacting on individual families and saving NHS resources linked to irreversible harm that can be prevented by the screening programme. Furthermore, NBS is a key component of the Wales Rare Disease Strategy 2021 - 2026.

In 2023, the UK National Screening Committee (UK NSC) recommended that screening for Hereditary Tyrosinaemia Type 1 (HT1) should be implemented. In addition, the UK NSC are progressing NBS In Service Evaluations for Severe Combined Immune Deficiency (SCID) and Spinal Muscular Atrophy (SMA) with further expansion planned as part of the EquipoISE project. As such PHW has requested that the NBS Laboratory at Cardiff plan for the introduction of these new tests, noting that England and Scotland have already implemented HT1 in the intervening period.

Due to the lack of laboratory, office space and appropriate infrastructure (electrical supply, air conditioning, IT etc.) within the main biochemistry laboratory at University Hospital Wales (UHW) the Wales NBS service would not be able to implement any further tests in line with the rest of the UK as additional staff and equipment are required to carry out the testing.

This business case seeks therefore the approval for a capital investment of £1.218m to enable the Health Board to provide a laboratory and office space for the All Wales Newborn Bloodspot Screening Service at UHW site to provide a service that offers expanded bloodspot screening for all new born babies.

2.0 STRATEGIC CONTEXT

2.1 Organisational Overview

2.1.1 Public Health Wales (PHW)

PHW NHS Trust is the national public health agency in Wales and works to protect and improve health and well-being and reduce health inequalities for the people of Wales.

As the National Public Health Institute for Wales, PHW provides data and science-based leadership, expertise, coordination, advice, and delivery of key public health services. It has an annual income of £256 million with expenditure of £174m and employs around 2,445 employees 46% of whom are clinical, professional, scientific, and technical staff. The estate

is located across Wales and currently comprises multiple properties, including screening centres, laboratories and support accommodation.

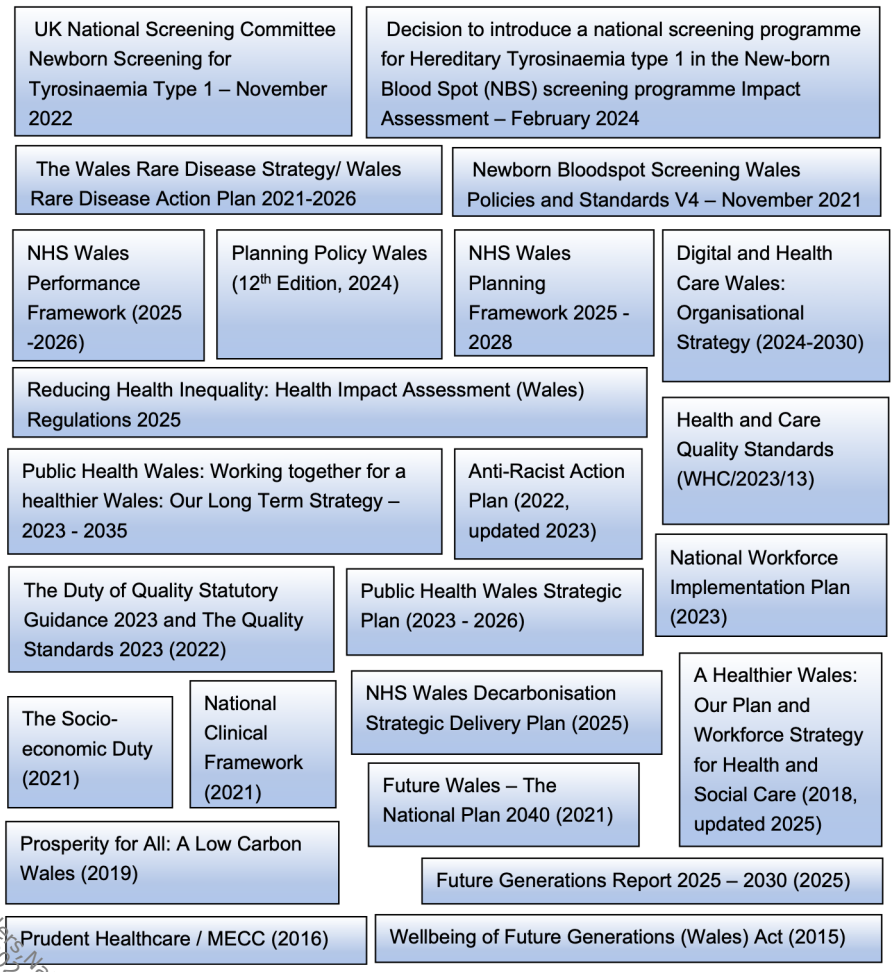
2.1.2 Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (CVUHB) was established in October 2009 and is one of the largest NHS organisations in the UK.

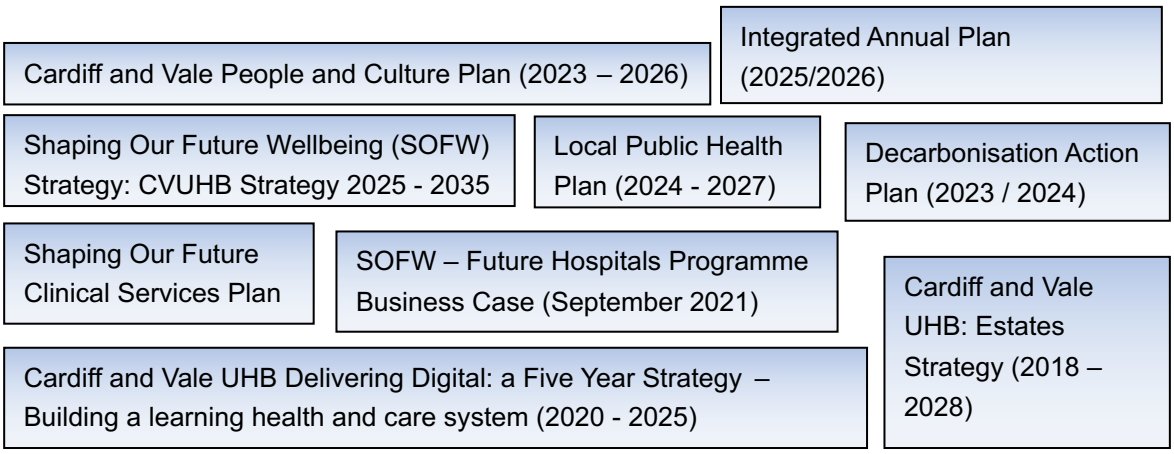
Since its establishment, the Health Board's priority has been to provide safe, high quality and sustainable services that compare well with the best in the world, with a focus on developing centres of excellence that support the actions needed to progress and deliver the vision 'to reduce health inequalities and deliver outstanding services for the population we serve'.

2.2 Business Strategies

The Health Board is confident that the strategic drivers for this investment and associated objectives, programmes and plans are consistent with national, regional and local strategy and policy documents. Some of the key Welsh Government policies that have shaped this infrastructure BJC are:



Executive Summary Figure 1: Overarching National Policies considered within this BJC



Executive Summary Figure 2: Local policies considered within this BJC

This business case will contribute to delivering these overarching national, regional and local strategies through:

- Delivery of the NBS Programme
- Additional testing and future proofing to bring on line additional screening disorders endorsed by the UK National Screening Committee
- Ability to deliver the population screening requirements of the Rare Diseases Plan
- Provision of a sustainable delivery of the All Wales Newborn Screening Service
- Provision of enhanced estate and digital connectivity
- Provision of clear and consistent pathways by ensuring seamless service delivered to nationally agreed standards
- Ensuring practice is evidence based and clinically led

3.0 CASE FOR CHANGE

The specific spending objectives for this business case are:

Spending Objective 1: High Quality and Safe Service
Ensuring the safety of patients and the quality of care through the provision of high quality services that fully meet required clinical standards and will support delivery of the highest possible standard of care, the rapid adoption of best practice, research and development
Spending Objective 2: Provide a High Quality and Compliant Environment
Compliance, wherever possible, with Welsh Health Building Notes (WHBNs) and other relevant guidelines to enable the delivery of high-quality care and provide the laboratory teams the appropriate environment in which to deliver the screening service
Spending Objective 3: Capacity to Meet Expected Demand
To improve productivity, capacity and access times for newborn baby bloodspot screening tests
Spending Objective 4: Effective Use of Resources
To maximise infrastructure to support the use of available resource and provide an environment that promotes improved service efficiencies and delivers a cost effective service with good use of available technology
Spending Objective 5: Sustainability
To provide a solution that will enhance the reputation of the Health Board and will support the delivery of safe and sustainable services and to continue to deliver a sustainable solution for newborn bloodspot screening

Executive Summary Table 1: Spending Objectives

3.1 Current Arrangements

All Wales Newborn Bloodspot Screening identifies babies who may have rare but serious conditions and if a baby is found to have any of the conditions, they will receive early specialist care and treatment. Early treatment can improve an affected baby's health and prevent severe disability or even death.

In Wales all babies are offered screening for the following conditions:

- Inherited metabolic disorders:
  - Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
  - Phenylketonuria (PKU)
  - Maple syrup urine disease (MSUD)
  - Isovaleric acidaemia (IVA)
  - Glutaric aciduria type 1 (GA1)
  - Homocystinuria (HCU)
- Congenital hypothyroidism (CHT)
- Cystic fibrosis (CF)
- Sickle cell disorders (SCD)

The Newborn Screening Laboratory at the University Hospital of Wales screens all babies (approximately 28,000 per year) born in Wales, or resident within the country when aged 5 days. All newborn babies are screened, using dried blood spots, collected between 4-6 days of age, for the nine disorders listed above. Babies moving in to Wales up to the age of 1 are also offered bloodspot screening, for the above conditions, excluding Cystic Fibrosis.

The Wales Newborn Screening Laboratory is commissioned by Screening Division, Public Health Wales to undertake these tests.

The laboratory also provides a dietary monitoring service for patients with PKU and Maple Syrup Urine Disease on dried blood spots collected by the patients at home.

Public Health Wales commission the Wales Newborn Bloodspot Screening Laboratory within the Department of Medical Biochemistry at CVUHB. The NBS laboratory is essential to the delivery of a high quality NBS programme in Wales, which is a key clinical and political priority; impacting on individual families and saving NHS resources linked to irreversible harm. Furthermore, NBS is a key component of the Wales Rare Disease Strategy.

3.1.1 Activity

The following table shows the national position from April 2023 to March 2024:

Health Board	Births	Tested	Rate (%)
Aneurin Bevan	5,697	5,678	99.7
Betsi Cadwaladr	5,782	5,750	99.4
Cardiff & Vale	4,655	4,621	99.3
Cwm Taf	4,044	4,032	99.7
Hywel Dda	3,077	3,052	99.2
Powys	983	971	99.8
Swansea Bay	3,358	3,336	99.3
Wales	**28,014**	**27,856**	**99.4**

Executive Summary Table 2: Number of eligible births and number tested in Wales April 2023 to March 2024

NB: The Wales total in the table above includes some babies who do not map to a health board.

Across the UK, there is active consideration of increasing the number of screened for conditions through in service evaluations and consideration of rapid implementation of conditions that can be screened for using the same commercial test kit required for HT1 introduction. It is anticipated that the next phase of screening expansion will occur at significant pace compared to previous experience.

3.2 Business Need

In 2023, the UK National Screening Committee (UK NSC) recommended that screening for Tyrosinaemia Type 1 should be implemented. In addition, the UK NSC are progressing NBS in service evaluations for Severe Combined Immune Deficiency (SCID) and Spinal Muscular Atrophy (SMA) England and Scotland. As such PHW has requested that the NBS Laboratory in Cardiff plan for the introduction of these new tests.

Rapid implementation of HT1 is required to align the screening offer in Wales with those universally offered in England and Scotland since their HT1 introduction in September 2025 (England) and January 2026 (Scotland). Other UK regions have already planned the implementation of as early as April 2026. Due to the lack of laboratory and office space and appropriate infrastructure (electrical supply, air conditioning, IT etc.) within the main biochemistry laboratory at UHW the Wales NBS service would not be able to implement any further tests in line with the rest of the UK as additional staff and equipment are required to carry out the testing.

3.3 Proposed Scope

The usual process is to comply with Welsh Government guidance is to assess the scope against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes
- An intermediate – essential and desirable requirements/outcomes
- A maximum – essential, desirable and optional requirements/outcomes

However, with regards to this business case there is only one scope that is possible as there can be no partial implementation of the screening programme and there is a defined requirements for the laboratory and office space required to deliver this.

3.4 Main Benefits

This section describes the main outcomes and benefits associated with the implementation of the investment in relation to the identified business needs and potential scope.

The benefits of the national screening programme are included within the impact assessment of the decision to introduce a national screening programme for Hereditary Tyrosinaemia Type 1 in the Newborn Bloodspot Screening programme and the cost-effectiveness of newborn blood spot screening for Tyrosinaemia Type 1 using tandem mass spectrometry - Final report and the UK National Screening Committee additional modelling report that evaluates the clinical and cost effectiveness of screening compared to current UK practice. The arrangements for the realisation of benefits are detailed within the Management Arrangements section of this business case with any community benefits through the construction phase referenced within the procurement section.

3.5 Main Risks

The table below provides a summary of the key risks that might affect the delivery of the project along with counter measures:

Risk Description	Counter Measure
Unexpected inflation impacting on the anticipated not to exceed cost	Where unexpected cost increases occur escalation to WG
Funding availability – WG funding support not achieved to deliver the scheme	Early discussions with Welsh Government to provide background and business needs
Aging equipment for the service (PHW/ MEG/ relocation)	Included in business cases (PHW/WG), MEG and lab relocation
Provisions for future development of new tests/techniques – SCID/SMA	New lab space has been designed with these future conditions/techniques in mind - separate room within lab for clean room

Executive Summary Table 3: Main Risks

4.0 AVAILABLE OPTIONS

This section describes the options considered by the Health Board and the assessment of the benefits and costs of those that were shortlisted. In consultation with key stakeholders including the Project Team the following list of options were identified and assessed:

Development of Options	
Option	**Description**
Option 1	Business As Usual (BAU)
Conclusion	There is no viable business as usual option as the required screening cannot be provided from existing facilities
Option 2	Extend into adjacent areas of the main biochemistry laboratory at UHW
Conclusion	This option has been discounted as the there is no available space without relocating other services
Option 3	Refurbish the vacant genomics building on the UHW site
Conclusion	This option has been discounted as the building would require significant remodelling and refurbishment and would likely not provide suitable laboratory facilities without considerable expense. The location is remote from other laboratory areas, and the current service utilises the 24/7 reception in biochemistry for receipt of samples from across Wales delivered by couriers. This would not be possible in a separate building leading to the requirement for additional staffing to allow out of hours sample delivery and tracking
Option 4	Refurbish the former Cardiff University Research Laboratory (the 5th floor of Tower Block 1b and the link corridor between Ward Blocks B and C) at UHW
Conclusion	This option is the only viable option. Once refurbished this area can provide the required laboratory and office provision to enable the service to be delivered in a suitable safe environment

Executive Summary Table 4: Development of Options

4.1 Conclusion

The drive of this project is to provide the required laboratory facilities to enable implementation of the All Wales Newborn Screening Programme.

Therefore, based on the spending objectives and the analysis above the only viable option that can be considered is:

Option 4	Refurbish the former Cardiff University Research Laboratory (the 5th floor of Tower Block 1b and the link corridor between Ward Blocks B and C) at UHW

Executive Summary Table 5: Summary of Short-Listed Options

Therefore, no further option appraisal or economic appraisal has been undertaken.

5.0 PREFERRED OPTION

The preferred way forward has been identified as the refurbishment of the former Cardiff University research laboratory on the 5th floor of Tower Block 1b and the link corridor between Ward Blocks B and C at UHW.

A vacant laboratory area and supporting office space has been identified on the 5th floor of the hospital has been identified as a suitable location for the newly expanded Newborn Bloodspot Screening Laboratories.

The works include an element of re-planning of the existing accommodation, including some structural alterations, full redecoration, flooring replacement throughout, replacement laboratory fitted benches and storage, equipment both loose and fixed, full mechanical ventilation system, electrical upgrade, staff and office accommodation.

This option will provide a suitable laboratory facility to support the expanding Newborn Bloodspot Screening services for Wales in line with the Public Health Wales Screening Programme. This is to ensure all eligible babies are screened for rare but serious diseases that can lead to sever health issues if not treated early.

6.0 PROCUREMENT ROUTE

Due to the nature and scale of the scheme, the procurement route to be utilised is Cardiff and Vale Health Board's Building Framework. As a result of this process ET&S Construction Ltd have been appointed as the main contractor.

The procurement strategies are in line with the procedures and practices as laid down in the framework. The construction elements of the proposed scheme were formally competitively tendered as part of the production and agreement of the target price. An open book approach to prices was adopted in line with the framework and all costs were closely scrutinised to ensure that the Health Board is getting the best value for money.

7.0 FUNDING AND AFFORDABILITY

7.1 Capital Costs

This Business Case seeks approval to invest £1.218m from the All-Wales Capital Programme, a breakdown of the capital costs is summarised in the table below:

	£000
Building/Engineering Costs	743
Fees	190
Non-works Costs	58
Equipment Costs	189
Contingency	69
Forecast Project Out-turn Cost (pre VAT Recovery)	**1,249**
Recoverable VAT	31
Forecast Project Out-turn Cost	**1,218**

Executive Summary Table 6: Capital Costs for the Preferred Option

7.2 Capital Charges and Depreciation

A summary of the capital and depreciation for the project is as follows:

	£000
Impairment	-675
Reversal of Impairment	0
Depreciation - Building/Engineering	-23
Depreciation – Equipment	23
Accelerated Depreciation	0
Total Capital Charges/Depreciation	**-675**

Executive Summary Table 7: Capital Charges and Depreciation

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimated useful economic life provided by the District Valuer. The following is a summary of the total impact of impairment by year:

	2026/27 £000	2027/28 £000
Departmental expenditure limit (DEL) Impairment		
Annually managed expenditure (AME) Impairment	-675	
AME Reversal of Impairment		
Total Impairment	**-675**	
Depreciation – Build	-6	-23
Depreciation - Equipment	6	23
Total Depreciation	**0**	**0**

Executive Summary Table 8: Impairment and Depreciation for the Preferred Option

This BJC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years as per the above.

7.3 Revenue Costs

Revenue costs of service provision are funded by PHW as part of the commissioning arrangement governed by a Long Term Agreement.

A revenue case for expansion of NBS in Wales to include HT1 has been finalised and is in the final stages of internal approval within PHW. Welsh Government colleagues have been kept informed of progress, including projected costs, and are keen to receive the final document for rapid progression to the Minister. Submission to Welsh Government is expected imminently.

Both capital and revenue proposals will move forward together, ensuring they are aligned so that both types of funding can be approved for this development.

7.4 Impact on the Income and Expenditure Account

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2025/26 £000	2026/27 £000	2027/28 £000	Total £000
Depreciation	0	0	0	0
Total	**0**	**0**	**0**	**0**

Executive Summary Table 9: Impact on Income and Expenditure Account

7.5 Impact on the Balance Sheet

The anticipated cashflow of the project (excluding VAT) is as follows:

	2025/26 £000	2026/27 £000	2027/28 £000	Total £000
Capital (Excluding VAT) - DEL	49	992		1,041
Total	**49**	**992**	**0**	**1,041**

Executive Summary Table 10: Impact on Balance Sheet

The anticipated capital resource limit (CRL) funding flow is as follows (including VAT):

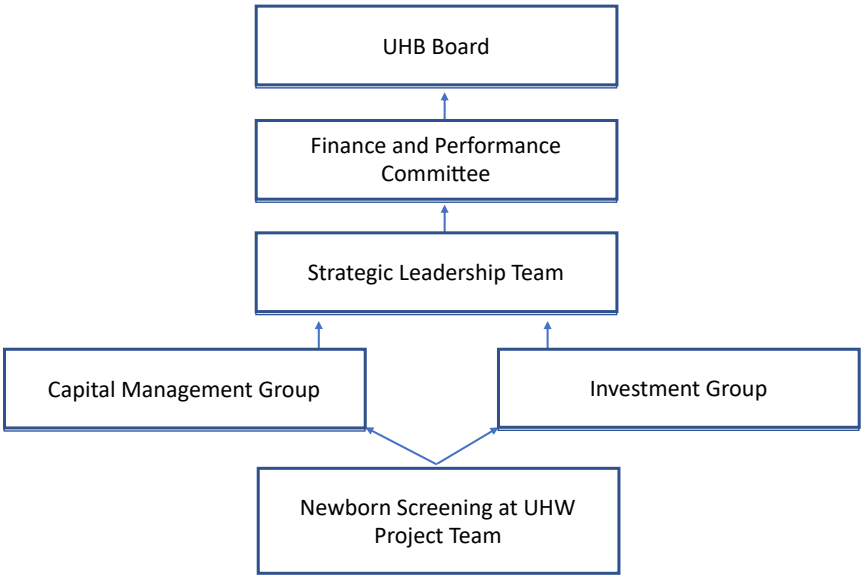
	2025/26 £000	2026/27 £000	2027/28 £000	Total £000
Capital Funding (including VAT) - DEL	0	1,218	0	1,218
Total	**0**	**1,218**	**0**	**1,218**

Executive Summary Table 11: Anticipated CRL Funding Flow

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

8.0 MANAGEMENT ARRANGEMENTS

Robust project management arrangements are vital to ensure the implementation of the overall project, and that effective control is maintained over the capital scheme. The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 3: Project Reporting Structure

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
BJC submission to WG	April 2026
Start of Works	July 2026
Works completion	October 2026

Executive Summary Table 12: Project Plan

8.1 Risk Management

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. A project risk register has also been established and is subject to review and update on a regular basis.

8.2 Post Project Evaluation

The Health Board has identified a robust plan for undertaking post-project evaluation (PPE) in line with current guidance, which is fully embedded in the project management arrangements of the project.

All processes will be managed by the project team and endorsed by the appropriate boards.

8.3 Contingency Plans and Recommendation

The proposed programme of refurbishment will allow the All Wales Newborn Programme to deliver the UK National Screening Committee recommendation that screening for Hereditary Tyrosinaemia Type 1 should be implemented along with future proofing to enable the introduction of screening for a number of additional disorders (SCID, Spinal Muscular Atrophy).

Should this business case not be approved the service will not be able to deliver any additional testing and would not meet the recommended implementation of screening for HT1 due to the lack of laboratory, office space and appropriate infrastructure.

The Health Board would, therefore, recommend that Welsh Government give due consideration to the request for funding and approve this BJC enabling the scheme to progress to the construction stage.

Report Title:	Cardiff and Vale University Health Board Annual Report 2024 - 2025			Agenda Item No:	7.2
Meeting:	Board Meeting	Public	x	Meeting Date:	
		Private			
Status	Assurance		Approval	x	Information/Noting
Lead Executive Title:	Executive Nurse Director				
Report Author Title:	Head of Safeguarding (now retired, Linda Hughes Jones)				

Main Report

Background and Current Situation:

The Safeguarding Annual Report 2024/25 provides a comprehensive overview of the Health Board's statutory safeguarding duties for children and adults at risk, in line with the Social Services and Well-being (Wales) Act 2014, Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015, Wales Safeguarding Procedures (2019), Domestic Abuse Act 2021, Serious Violence Duty (2024) and emerging national safeguarding requirements.

Key activity remains high across all domains:

- Children's safeguarding referrals increased to 6,037 (up from 5,889 in 2023/24).
- 330 Adult at Risk referrals were made (a slight reduction from 364).
- The Health Board continues to operate within a complex safeguarding environment, with increasing presentations relating to self-neglect, domestic abuse, contextual safeguarding, exploitation, and sexual safety.
- Joint Inspection of Child Protection Arrangements (JICPA) in early 2024 highlighted immediate risks relating to supervision, Level 3 training, pressure damage reporting and school nurse engagement at Child Protection Conferences; all actions have been progressed with evidence of improvement.
- Safeguarding demand continues to grow in volume and complexity, with significant multi-agency involvement required, notably through Cardiff MASH, the Regional Safeguarding Board and the Violence Prevention Unit.

Training remains a challenge, particularly achieving the required 85% compliance for Level 2 safeguarding and meeting Welsh Government expectations for VAWDASV Group 1 and Group 2.

The report outlines a substantial programme of work delivered in 2024/25 and a detailed forecast for 2025/26 with clear actions, governance improvements and compliance requirements for the Health Board.

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

The Annual Report demonstrates that the Health Board is meeting statutory safeguarding obligations. However, ongoing pressures, increasing case complexity, and national safeguarding developments continue to present risks to sustainability without strengthened resourcing.

Key Issues Requiring Board Attention

1. Increased safeguarding demand and case complexity, especially relating to self-neglect, contextual safeguarding, exploitation, violence with injury, and domestic abuse.
2. Training compliance gaps, particularly:
    - Level 3 safeguarding
    - VAWDASV Group 2 and Group 3
    - PREVENT (new statutory framework)

    These require workforce prioritisation and potentially additional resource.
3. Impact of the JICPA Inspection
   Improvements have been made, but sustained oversight is required to embed changes across Clinical Boards.
4. Resource constraints within the Corporate Safeguarding Team
   The growing breadth of statutory safeguarding responsibilities (SUSR, FGM, Serious Violence Duty, PREVENT, Child Sexual Abuse national framework) signals a need for strengthened capacity. The report recommends development of a business case in 2025/26.
5. Rising domestic abuse presentations, including 804 Ask and Act referrals and significant staff disclosures requiring UHB support.
6. Children Looked After health assessment pressures, driven by rising numbers and medical staffing gaps.
7. Escalating safeguarding vulnerabilities in ED, including 279 mental health attendances and increases in violence-related presentations requiring VPT involvement.

Conclusion from Executive

The Health Board is discharging its statutory responsibilities; however, safeguarding pressures are increasing, and a strategic strengthening of safeguarding workforce, training compliance, and governance is necessary to mitigate risk and maintain assurance to the Board.

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

7.1a Safeguarding Children and Adults at Risk Annual Report 2024/25 - *This can be found in the supporting documents folder of the Public Board MS Teams Channel or the Cardiff and Vale UHB website.*

Recommendations:

- **NOTE** the Safeguarding Annual Report 2024/25.
- **NOTE** the key risks, including workforce capacity, training compliance, and rising safeguarding demand.
- **SUPPORT** the success of the business case to strengthen safeguarding capacity, including VPT, Health IDVA and Young Person IDVA posts. How this strengthening is required going forward.
- **APPROVE** the planned safeguarding priorities for 2026/27

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		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	x	Long Term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes		No		

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: Yes
Safeguarding demand, training compliance gaps, pressure damage reporting, and resource constraints are recognised risks.
Safety: Yes
A core focus of the report; failure to maintain safeguarding adherence could impact patient safety.
Financial: Yes
Growing safeguarding requirements may necessitate additional resource; a business case is planned for 2025/26 2026/27
Workforce: Yes
Vacancies in Looked After Children medical staffing, demand on safeguarding nurses, and training compliance are core workforce issues. This is discussed in the main report
Legal: Yes
Safeguarding is achieved by managing concerns and risk, withing the legislative framework (Wales Safeguarding Procedures 2019) Compliance with SS&W-b Act, VAWDASV Act, Domestic Abuse Act, Serious Violence Duty, PREVENT and statutory safeguarding procedures. To maintain the Health Boards Duty, the Safeguarding team, requires consideration of management of growth and competing demands.
Reputational: Yes
Failure to meet safeguarding duties carries significant reputational and regulatory risk
Socio Economic: Yes - *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*
Safeguarding issues intersect with deprivation, domestic abuse, exploitation, and self-neglect themes
Equality & Health: Yes
Work includes Children Looked After, Learning Disabilities , domestic abuse survivors, asylum-seeking children and other vulnerable cohorts
Decarbonisation: No
The content does not adversely affect decarbonisation objectives.
Welsh Language: Yes/No

Active Offer principles apply to safeguarding training and patient-facing information	
Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

Report Title:	Annual Equality Report			Agenda Item No:	7.3
Meeting:	Board	Public	X	Meeting Date:	26 March 2026
		Private			
Status	Assurance		Approval	x	Information/Noting	
Lead Executive Title:	Executive Director of People & Culture				
Report Author Title:	Head of Equity & Inclusion				

Main Report

Background and Current Situation:

The Public Sector Equality Duty, as set out under the Equality Act 2010, requires the UHB to report annually on its progress against its strategic equality objectives.

CAVUHB's objectives for the purpose of these reports are set out in the Strategic Equality Plan: Shaping Our Inclusive Culture 2024-2028.

The Annual Equality Report 2024–2025 ***(Appendix 1)*** provides assurance on organisational progress against these objectives for the period 1 April 2024 to 31 March 2025. **The final published report will include imagery and visual content developed in collaboration with the Medical Illustration team to support accessibility and public engagement.**

This is the first Annual Equality Report aligned to the Strategic Equality Plan Shaping Our Inclusive Culture 2024–2028 and therefore establishes a baseline for future reporting. Going forward, Annual Equality Reports will be published in a more timely manner, with the 2025–2026 report scheduled for approval in June/July 2026.

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

The 2024–2025 reporting year demonstrates positive and credible progress in delivering the Strategic Equality Plan 2024–2028. The organisation has strengthened its culture of respect, broadened inclusive communication and engagement, improved accessibility of services, and enhanced the quality and use of equality and workforce data. These developments are evident across the Health Board, including improvements in leadership capability, bilingual service delivery, digital accessibility, widening access initiatives, and strengthened governance arrangements for the Workforce Race Equality Standard (WRES) and gender pay gap reporting. The more consistent application of the 3I Framework further signals that equity and inclusion are increasingly embedded within organisational practice and decision-making.

However, several risks require sustained attention and oversight. NHS Wales Staff Survey findings continue to highlight experiences of discrimination, harassment, and perceived inequity in career progression. Workforce equality data, while improving, remains incomplete, and patient equality data continues to be constrained by multiple digital systems. Capacity pressures, representation gaps at senior levels, and the challenge of embedding inclusive culture consistently within highly pressured environments remain significant.

Addressing these issues will require continued strong governance, further maturation of equality and workforce data, increased confidence and capability among leaders and staff, and consistent reinforcement of inclusive behaviours at

every level of the organisation. The year ahead must focus on consolidating progress while actively addressing these areas of vulnerability to ensure continued movement towards a fair, respectful and equitable Health Board for all.

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

7.3a Appendix 1 – Annual Equality Report

This document can be found in the supporting documents folder in the Public Board MS Teams Channel or the Cardiff and Vale UHB website.

Recommendations:

a) Note the Annual Equality Report 2024-2025 was endorsed for approval of publication by the People and Culture Committee on 17th February 2026

b) Approve publication to the Cardiff and Vale UHB website (once design has been finalised with Medical Illustration)

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		4. Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered:
Please place an "x" in the below boxes where relevant

Prevention		Long Term		Integration		Collaboration		Involvement	X

Quality Impact Assessment Completed?
Please place an "x" in the below boxes where relevant

Yes		No	X	QIA not required for this report.

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

Risk: Yes

The risk assessment has been addressed in the main body of the report. The primary risk involves the potential failure to meet our legal obligations under the Equality Act 2010, which could lead to intervention by the Equality and Human Rights Commission. Additionally, there is a risk related to ensuring compliance with Welsh Language standards.

Saunders, Kathryn 20/03/2026 07:22:30

Safety: No

N/A
Financial: No
N/A
Workforce: No
N/A
Legal: Yes
The main legal risk is the potential failure to meet our obligations under the Equality Act 2010, which could result in intervention by the Equality and Human Rights Commission.
Reputational: Yes
The main reputational risk is failing to provide updates and assurance to our communities regarding the progress we are making against our objectives
Socio Economic: 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*
N.A
Equality & Health: Yes
The report covers progress in equality and health areas in line with our Public Sector Equality Duty.
Decarbonisation: No
N/A
Welsh Language: Yes
There is a risk associated with ensuring compliance with Welsh Language Standards

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

Report Title:	Quality Management System				Agenda Item No:	7.4
Meeting:	Public Board	Public	x		Meeting Date:	26.03.26
		Private				
Status **(please only tick one)**	Assurance		Approval	x	Information/Noting	
Lead Executive Title:	Jason Roberts Executive Nurse Director					
Report Author Title:	Natasha Goswell Deputy Executive Nurse Director					

Main Report

Background and Current Situation:

As part of the Duty of Quality under the Health and Social Care (Quality & Engagement) (Wales) Act 2020, every Health Board and Trust in Wales is required to adopt a Quality Management System (QMS). This involves fostering a dynamically interconnected whole organisation quality approach, linking finance, performance and quality in the delivery of care. The goal is that the delivery and assurance of high-quality care is aligned to strategy, underpinned by documented processes, procedures and responsibilities, and fully embedded in organisational culture.

The QMS Framework and position statement outlined in this paper focuses on the design of an organisation management system and how it can enable the delivery of the highest quality care. It provides an approach that can build on work already underway and can be used at local team, directorate, organisational or national level and is applied in all clinical or non-clinical settings. Its implementation will support the organisation to review how effectively it can begin to embed a sustainable operating system to lead and manage for quality

The QMS project reports into a strategic portfolio programme Shaping our Future Quality Excellence Programme (SoFQE). This falls within CAVUHBs Strategic Framework of Priority Portfolios designed to deliver against Shaping our Future Wellbeing, CAVUHB's strategy. The SoFQE is a Health Board-wide Programme to create a system and culture for quality in its broadest sense. The Quality Management System Project mobilised in April 2025 following a UHB-wide Quality Summit in 2023 and an initial discovery and scoping phase throughout 2024.

The QMS was presented at a Senior Leadership Team meeting (2025) to introduce QMS as an approach and to develop this within CAVUHB. The operating system for a quality-driven learning organisation includes the Key Components of QMS

Quality Planning: Establishing clear objectives and strategies to meet the needs of the population served.

Quality Improvement: Implementing initiatives that enhance service delivery and patient outcomes.

Quality Control: Monitoring and evaluating processes to ensure they meet established standards.

Quality Assurance: Ensuring accountability and continuous improvement through governance structures

To deliver a QMS there is a need to understand the organisational enablers, these include

- Leadership
- Workforce and culture
- Learning, improvement and research
- Whole system approach
- Information (aligned to the Duty of Quality Standards)

To provide assurance to the Welsh Government that this is the case we are asking all NHS Wales organisations to provide: An early position statement (by 1 April 2026) This will outline progress to date and the current position with the development and implementation of a QMS. With the important point at this stage is that there is a focus on a quality approach supported by the stewardship of the Board and leadership of the executive team.

The position statement provides detail on the designing and implementing of QMS, providing a shared understanding of organizational processes, integrating existing systems, and offering clarity on governance and progress. The governance structure of the Shaping Our Future Quality Excellence (SoFQE) Programme is detailed, including joint SROs (Deputy Executive Nurse Director & Associate Medical Director Quality & Safety), a multi-professional project board, and monthly reporting to the Programme Board.

Progress to date, includes key milestones from 2023 to 2026, and details the next steps for implementing the QMS, such as gap analysis, implementation planning, and building capability and capacity. The key challenges to the implementation of the QMS, includes variation in community building maturity, digital capacity constraints, capability gaps in quality improvement, data literacy, and workload pressures.

The Board are asked to approve the position statement, acknowledging progress, supporting organisational readiness workstreams, and noting the forthcoming QMS Implementation Plan due for endorsement and approval in July 2026.

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

Acknowledgment of the progress to date of the QMS as described within the position statement including next steps

The QMS project and position statement highlight the key challenges to the implementation of the QMS, which includes variation in community building maturity, digital capacity constraints, capability gaps in quality improvement, data literacy, and workload pressures.
If approved, the statement is to be sent to NHS Wales Performance and Improvement

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

7.4a Quality Management System Position Statement

Recommendations:

a) Board are asked to **note** for **awareness** the progress to date of the Quality Management System
b) Board asked to **approve** the position statement for Quality management system prior to sending to NHS Performance and Improvement

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	x	Involvement	x

Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes		No	x	n.a

Impact Assessment Please place an "x" in the below boxes where relevant
Risk: No
Safety: No
As we develop the QMS there maybe elements that provide further insight into the safety elements which will be addressed and form part of the implementation and identification and mitigation of any risks and issues
Financial: No
Workforce: Yes
The workforce across the health board will be part of the development and implementation of the QMS. Clinical board leadership and their teams have been involved in the baselining across the four domains of QMS.
Legal: No
Reputational: Yes
As CAVUHB are in level 4 escalation of which quality is a component, not adhering to NHS Wales and Welsh government requirements for implementing a QMS and not providing a position statement will have detrimental consequences for reputational damage
Socio Economic: No
Equality & Health: No
Not required at this stage, will form part of the implementation plan
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:
Shaping our future excellence programme board	10 Feb 2026
Quality Committee	03 Feb 2026

Cardiff and Vale University Health Board
QMS Position Statement

MARCH 2026

1. INTRODUCTION

This Position Statement outlines Cardiff and Vale University Health Board's (CAVUHB) approach to the development and implementation of a quality management system across the whole organisation.

Our objective is to ensure the Quality Management System (QMS) is both accessible, practical and relevant, integrating existing systems into a unified framework. We aim to avoid perceptions of the QMS as theoretical or disconnected from daily operations.

The system will be accessible and applicable at various levels of detail—providing both organisation-wide strategic insights as well as increasingly granular information specific to frontline services, thereby supporting effective quality planning and improvement and demystifying QMS. To achieve this, we propose establishing a set of core principles that apply across all tiers of the operating model, which can be supplemented with additional details to accommodate specialised requirements.

2. QMS GOVERNANCE

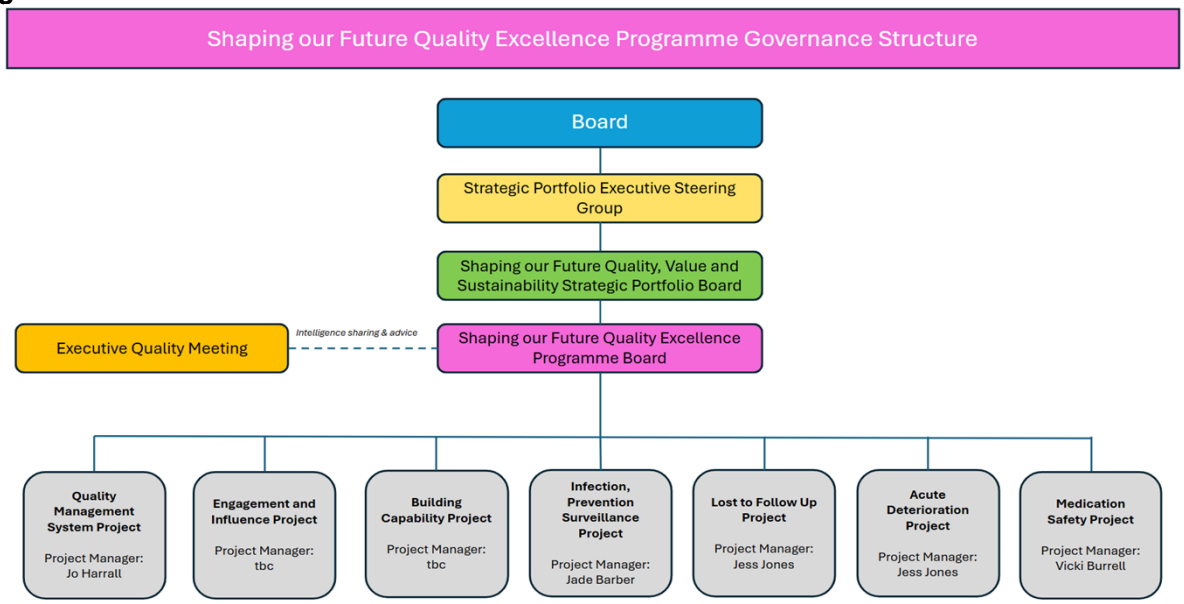
The QMS project reports into the **Shaping our Future Quality Excellence Programme (SoFQE**), a strategic portfolio programme within CAVUHBs Framework of Priority Portfolios designed to deliver against Shaping our Future Wellbeing, CAVUHB's strategy.

SoFQE is a Health Board-wide Programme to create a system and culture for quality in its broadest sense. It is the strategic vehicle by which we deliver the Heath Board's main effort - to eradicate avoidable harm in all its forms.

The Senior Responsible Officer (SRO) for the Shaping our Future Quality Excellence Programme is Jason Roberts, Executive Nurse Director.

The **Quality Management System Project** was mobilised in April 2025 following a UHB-wide Quality Summit in 2023 and an initial discovery and scoping phase throughout 2024. The project is based upon the requirements of the Duty of Quality and the Duty of Candour.

Fig 1: Governance Structure



The QMS project exists with joint SROs; Natasha Goswell, Deputy Executive Nurse Director and Aled Roberts, Physician and AMD Patient Safety and Clinical Effectiveness.

A multi-professional project team oversees the thinking, design, testing and development of a QMS for the UHB and includes membership from across the organisation from various disciplines:

Table 1: QMS Project team

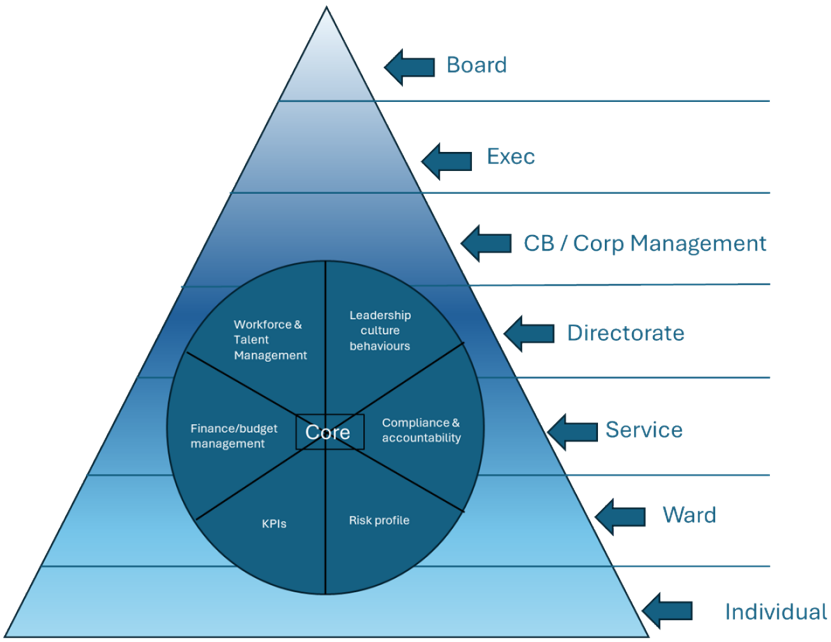
QMS Project Team members
(SRO) Physician and AMD Patient Safety and Clinical Effectiveness
(SRO) Deputy Executive Nurse Director
Head of Strategic Planning
Head of Change Insights and Prioritsation
Director of Medical Physics and Clinical Engineering
Research and Development Manager
Head of Performance
Director of Digital Transformation
Assistant Director of Quality and Patient Safety
Head of Corporate Governance

Value in Health Programme Manager
Director of Nursing and Midwifery, Children and Women's Clinical Board
Head of Change Support
Director of Operational Planning and Performance
Clinical Board Director representative, Specialist Clinical Board
Quality and Safety Manager
Director of Nursing representative, PCIC Clinical Board
Project Manager for QMS

Terms of Reference govern the team and robust Project Management principles are applied using key templates, escalation processes and outcomes evaluation. The QMS Project Board meets monthly and reports to the Shaping our Future Quality Excellence Programme on a monthly basis.

Figure 2 illustrates CAVUHB's goal for a QMS governance framework: quality is delivered by individuals, managed by teams, assured by leaders, owned by executives, and strategically overseen by the Board.

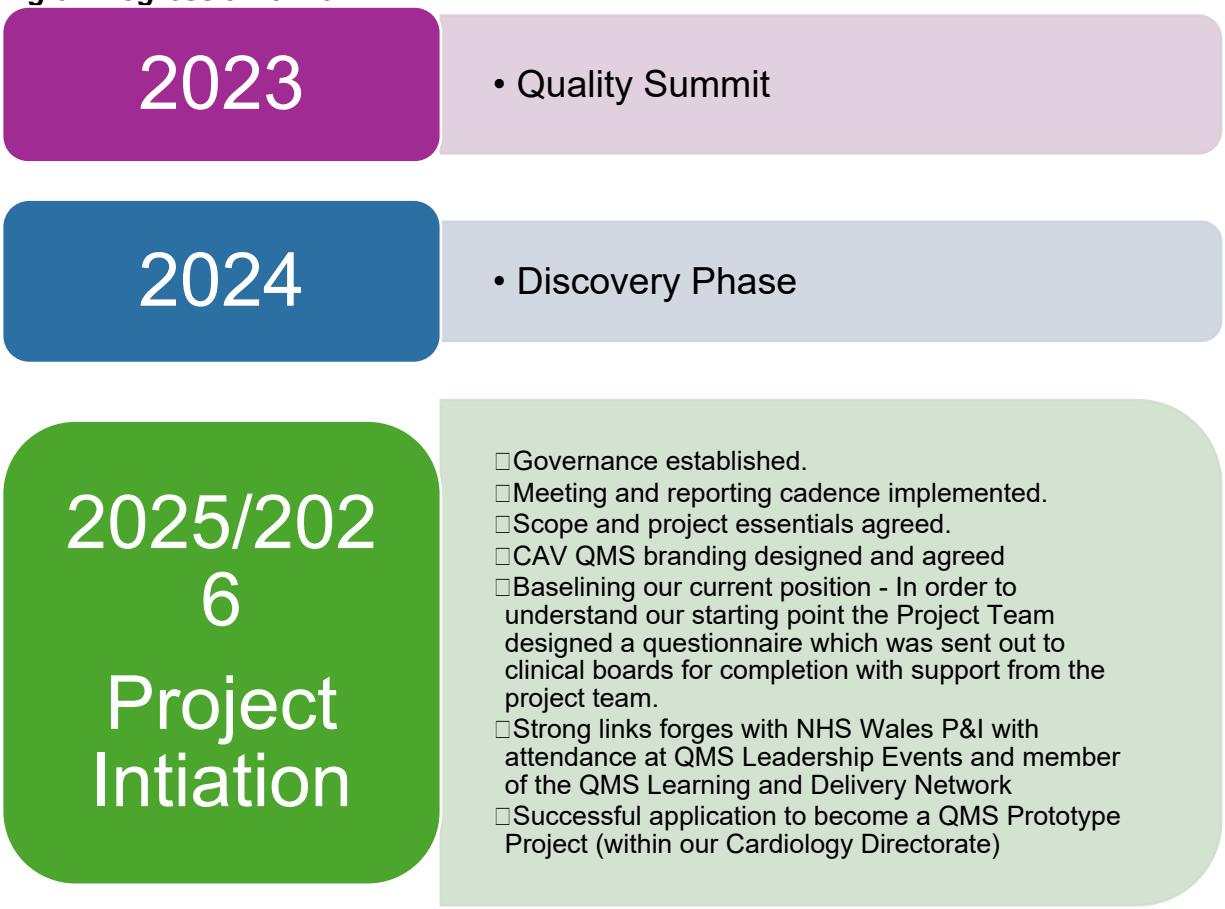
Fig 2: Governance framework



3. PROGRESS TO DATE

The QMS Project Team is clear that the establishment of an effective QMS is a fundamental building block for understanding current position with delivering against priorities and informing future strategic decisions. Utilising the Juran Trilogy concepts (planning, control, improvement) into actions has been a key focus of our consideration. Consequently, initiatives have been launched to commence the formulation of a comprehensive QMS Operating Model, using the NHS Performance & Improvement QMS self-assessment framework.

Fig 3: Progress timeline

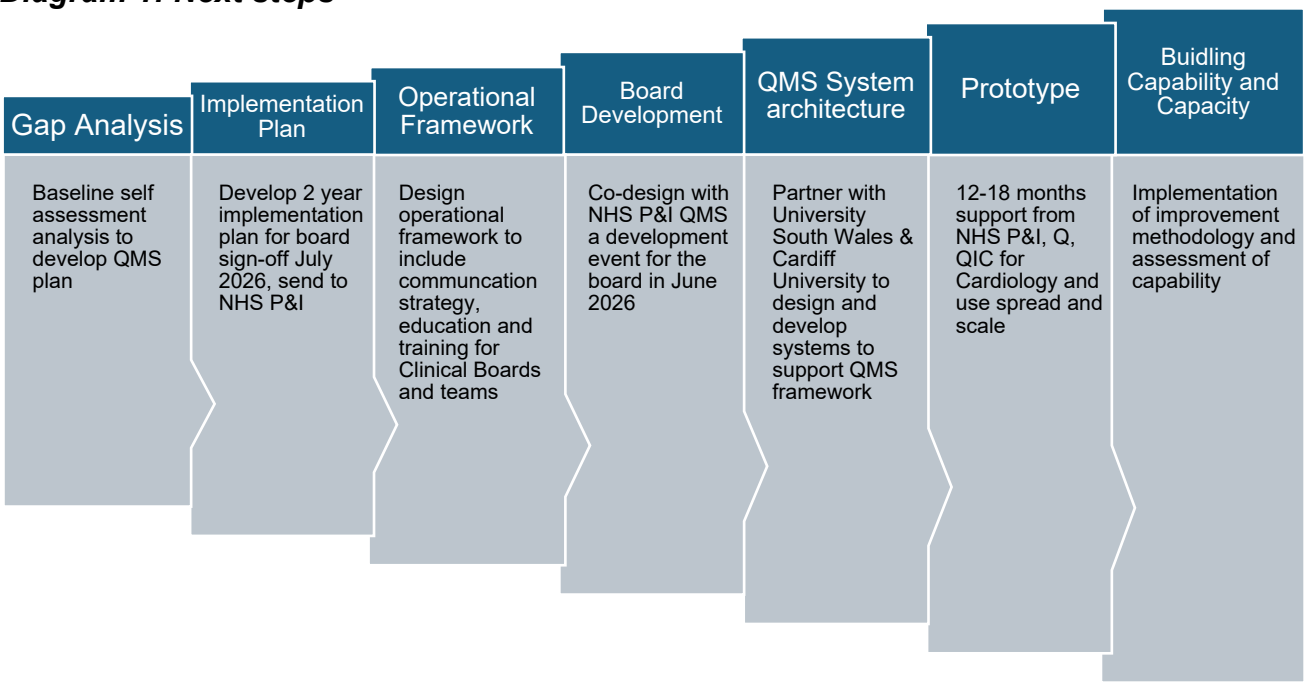


4. Next Steps

To build on this foundation and ensure the Quality Management System moves from concept into meaningful, organisation-wide practice, it is essential to outline the immediate priorities that will shape the next phase of development. The following *Next Steps* set out how we will continue to translate our strategic intent into coordinated action—strengthening our structures, deepening engagement; and to progress the work required to embed a real, relevant and sustainable QMS across Cardiff and Vale University Health Board-wide practice.

The diagram below demonstrates our next steps.

Diagram 1: Next steps



Report Title:	JACIE Inspection Report – Action Plan Progress Update				Agenda Item No:	4.3	
Meeting:	Strategic Leadership Team		Public		Meeting Date:	19/03/26	
			Private	X			
Status	Assurance		Approval		Information/Noting	x	
Lead Executive Title:	Catherine Phillips / Paul Bostock						
Report Author Title:	Jessica Castle (Director of Ops Specialised Services) Katie Innes (Senior Strategic Planning Manager)						

Main Report

Background and Current Situation:

JACIE have issued their formal report (received 12.01.26), following the visit on 18th and 19th September and have deferred reaccreditation of the South Wales Blood and Marrow Transplant Programme.

While clinical outcomes and laboratory practice remain strong, inspectors identified critical deficiencies in adult facilities, workforce capacity, and the absence of a strategic estates' decision for the Processing Facility.

The Health Board must submit a credible, costed, and timelined corrective action plan by 8 July 2026. Failure to do so could lead to loss of accreditation and require NHS Wales to commission services from England.

Many of these areas are within the remit of the programme to correct, however, there are several areas that lie outside of the gift of the directorate, requiring support and/or input variously from JCC, SBUHB, Estates, and the Clinical Boards.:

Progress against actions

The SWBMT Quality Team has a comprehensive database of all 2330 standards and is systematically working through the areas of non-compliance (as a priority) and partial compliance. Each will have an action owner and target completion date.

A Task & Finish Group has been established, meeting 3 weekly to monitor progress against the database and to focus on the significant, system wide actions that require input from other organisations and clinical boards to progress. The first of these meetings took place on 13th March 2026 and the action plan reflects discussion at that meeting and any further updates since.

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

Points of note:

1. Whilst good progress is being made with the expansion of the Haematology Day Centre, the timelines associated with the broader capital scheme to address the ward, ambulatory and outpatient deficits remain challenging. There are several meetings planned in the coming eeks to move discussions forward. By the JACIE deadline we would hope to have:
    a. A completed BJC that has been through internal governance and had approval
    b. A letter of support from Ian Gunny for the scheme
    c. A project plan to include likely timescales to tender and to work commencement (appreciating this will be influenced by ministerial sign off timescales)

2. CAR-T Phase 2 Business Case on the agenda for Specialised Services Commissioning Group (SSCG) 19/3/26 following a pause on it progressing – CAVUHB asked to support
3. Agreement to bring SBUHB proposal through SLT once support given by SBU TSOG/Senior Team
4. Request that CD&T CB and C&W CB support the work required in their areas

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

Appendix 1 – Updated Action Log (found underneath this covering report)

8.1a JACIE Report (Inspection Date: 18/19th September 2025)
8.1b Risk Assessment (July 2025)
These two documents can be found in the supporting documents folder on the Public Board MS Teams Channel or the Cardiff and Vale UHB website.

Recommendations:

Note progress and risks.

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		4. Acting for the Future	x

Five Ways of Working (Sustainable Development Principles) considered:
Please place an "x" in the below boxes where relevant

Prevention		Long Term	x	Integration		Collaboration	x	Involvement	

Quality Impact Assessment Completed?
Please place an "x" in the below boxes where relevant

Yes *(please include the complete QIA document)*		No *(please provide reasoning e.g. not required*	x	Not required at this stage

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

Risk: Yes
Risk Assessment attached
Safety: Yes
Risk Assessment attached
Financial: Yes
Yes there will be both financial and capital implications associated with this report but they are not yet fully assessed.
Workforce: Yes
Yes there are workforce implications which are yet to be full considered.
Legal: Yes/No
Unknown
Reputational: Yes

Loss of accreditation would have significant reputational implications, for the Health Board and NHS Wales
Socio Economic: Yes
Loss of accreditation could result in patients having to travel significant distance for treatment with the potential that this has a disproportionate negative impact on certain patients/patient groups.
Equality & Health: Yes
An EHIA will need to be complete as options are developed to mitigate the risk of losing accreditation. Should the accreditation be lost an EHIA will need to be complete to consider the implications of this.
Decarbonisation: Yes
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. *These include:* • *A focus upon preventing ill health in our population* • *Saving energy or increasing throughput.* • *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions* • *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.* • *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.* • *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.* *Does the subject matter of your paper risk any of the above not being achieved?* The outcome of the accreditation, as well as the mitigating actions may have an impact and will need to be fully assessed and considered.
Welsh Language: Yes
Consideration should be given to potential impact on the Welsh language, including the following key aspects: *• **More than just words**: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?* *• **Accessibility and compliance**: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.* *• **Patient understanding and safety**: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?* *• **Staffing and resources**: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?* *Does the subject matter of your paper risk any of the above not being achieved?* *Loss of accreditation may mean that this services is no longer available in Wales and therefore in Welsh*

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

Saunders,Nathan
20/03/2026 15:27:30

Appendix 1	Issue	Action	Lead	Update 13/03/26	Risk of Action Completion by Deadline
Paediatrics - clinical	The number of autologous HSCT procedures is below JACIE requirements.	Develop options paper for decision on paediatrics programme, options could include: - Derogation (from JACIE and/or against JCC Service Spec) - Service to be commissioned from NHSE - CAV Service to treat patients from a wider geographical area so as to meet the JACIE threshold	Cathy Morley-Jacob	Options paper drafted with Clinical Board for review. Aiming for TSDG 16th April and then SLT.	
Paediatrics - collection	Number of bone marrow harvests below JACIE threshold	JACIE has suggested introducing simulation procedures or ceasing activity	Cathy Morley-Jacob; Jim Murray	Cross cover arrangements and closer links between paeds and adults has been proposed as a solution; detail and governance still to be worked through	
	Number of apheresis harvests insufficient to maintain competencies	Option to maintain apheresis competency by doing adult procedures			
Paediatrics - personnel	Single nurse capable of performing apheresis procedures (succession planning needed)	Consider paediatric nurses maintaining competencies on adult patients or alternatively adult nurses performing procedures on paediatric patients to improve robustness of cover			
Processing facility - personnel	Staffing levels in the processing facility are inadequate	CD&T to undertake gap analysis to address the deficits raised by JACIE	Sian Jones; Sarah Phillips; Keith Wilson; JCC	CAR-T Phase 2 Business Case placed on hold pending JACIE outcome - includes additional staffing which would mitigate this risk. Being progressed by JCC, for discussion at Specialised Services Commissioning Group 19/03/26. Further gap analysis to be shared with JCC to address residual deficits	
	Unable to provide on-call cover for LN2 storage tanks (also noted by HTA as a deficiency)				

CVUHB Adult - premises	Inadequacy of adult facilities, specifically: Haem Day Centre (adults) Day Centre (TCT)	Upgrade of HDC Adults in progress TCT-aged patients to use upgraded adult facilities until upgrade of TCT facilities	Estates; Clinical team	HDC Capital scheme in progress - target completion September 2026	
	Inpatient facility on B4/C5 Haem Ambulatory Care Outpatients	Capital scheme		Ongoing discussions with WG around capital scheme to replace inpatient facility and incorporate ambulatory and outpatient facilities.	
SBUHB - premises	The Autologous Transplant Service needs to expand in both space and workforce to manage current demand.	SBUHB developing a Business Case to address deficits	SBUHB finance; Ann Benton; Keith Wilson	Paper going to SBUHB TSOG 19/3. Decision needed as to how paper is taken through CAVUHB governance as we host the Programme	
SBUHB - personnel	The Autologous Transplant Programme requires a robust succession plan for potential Programme Directors and BMT Nursing Coordinators.				
	The programme is heavily dependent on single CNS for smooth operation, highlighting the need for increased resilience.				
	Expansion of nursing roles at Singleton is needed, in line with the role expansion at Cardiff				
	The Nurse Educator role needs to be restructured to enable the post holder to deliver more effective transplant training to the nursing team.				
	The pharmacist requires dedicated time for transplant related Continuing Professional Development (CPD).				
	Notable differences exist between the two transplant programmes; Singleton patients do not have access to prehab or rehab				

	services, leading to inequities in patient care.				
QA	Remaining non-compliant/partially compliant actions to be addressed by team	Quality team working through full standards spreadsheet, action owners assigned to each non or partially compliant standard	Nicola Davis (QA Manager) Nick Gidman (GM)		
		Vacant posts in the Quality Team to be fast tracked for recruitment			

There are a total of 2330 standards included as part of the inspection process; for the vast majority of these the programme was deemed compliant.
The number of non-compliant and partially compliant standards are noted below:

Actions	Total Non-Compliant	Total Partially Compliant	Completed	Overdue
Clinical (UHW)	24	23	0	0
Clinical (SB)	9	16	0	0
Paediatrics (CHW)	6	57	0	0
Collection (CM)	25	74	2	0
Processing	15	60	0	0
Quality	9	25	0	0
Total	88	255	2	0

Report Title:	Corporate Risk Register				Agenda Item no.	8.2	
Meeting:	Board Meeting		Public	x	Meeting Date:	26th Mar 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 within the Teams Channel and the CAV 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 2025 a Health Board wide Task and Finish Group was established with representatives from each clinical Board & corproate 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 April 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.

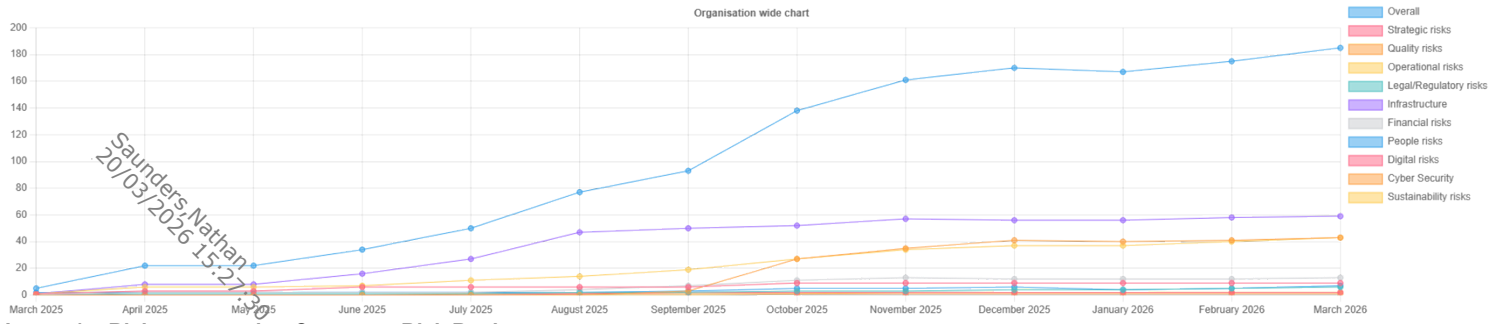


Image 1 – Risks captured to Corporate Risk Register

The second target for Task and Finish Group is to achieve full transition (risks of any score) by the 31st March 2026.

Appendices (located in the suppporting documents folder):

1. Corporate Risk Register

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

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.

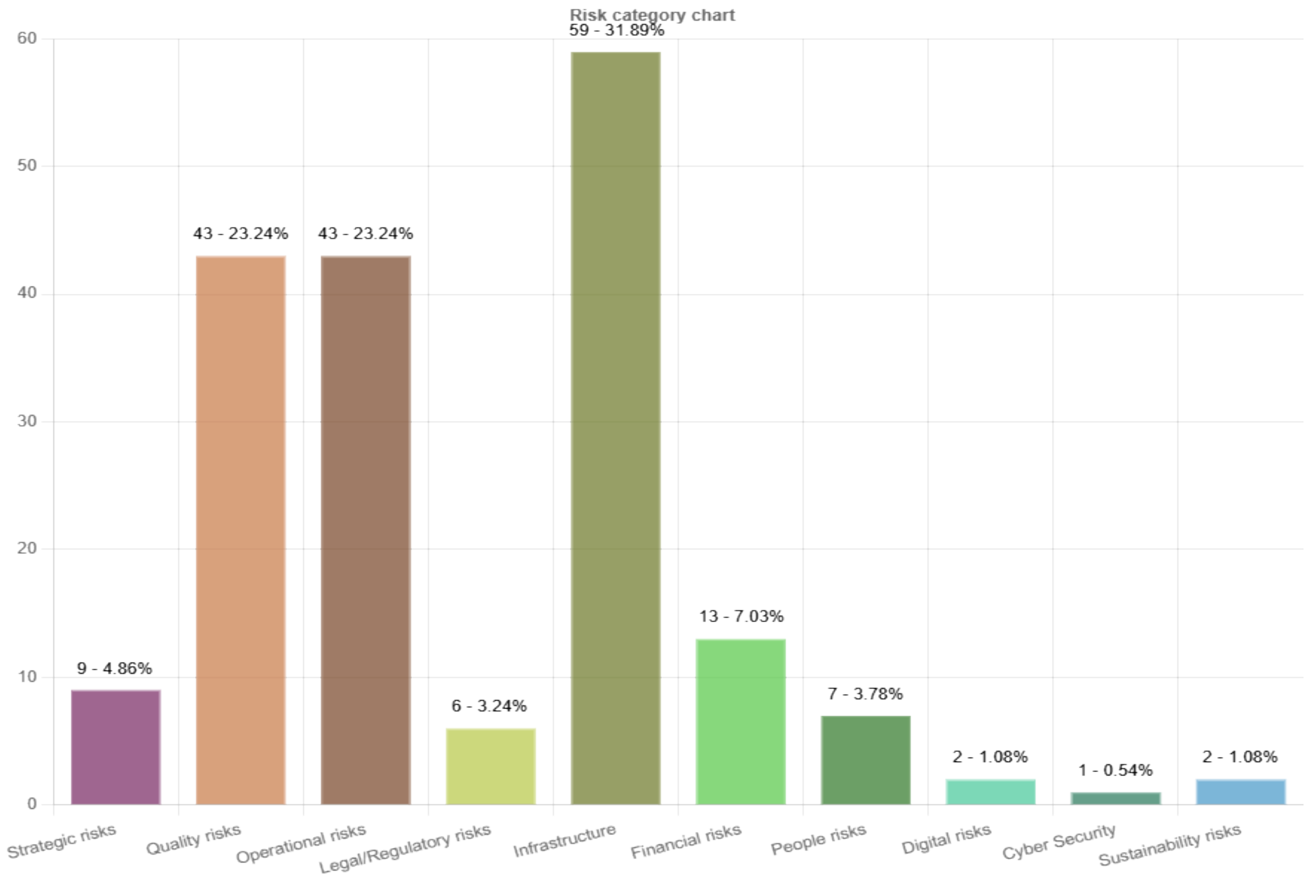


Image 2 – Corporate Risk Register Categories

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 Mar 2026; Tolerate 45.5% Treat 54.05%

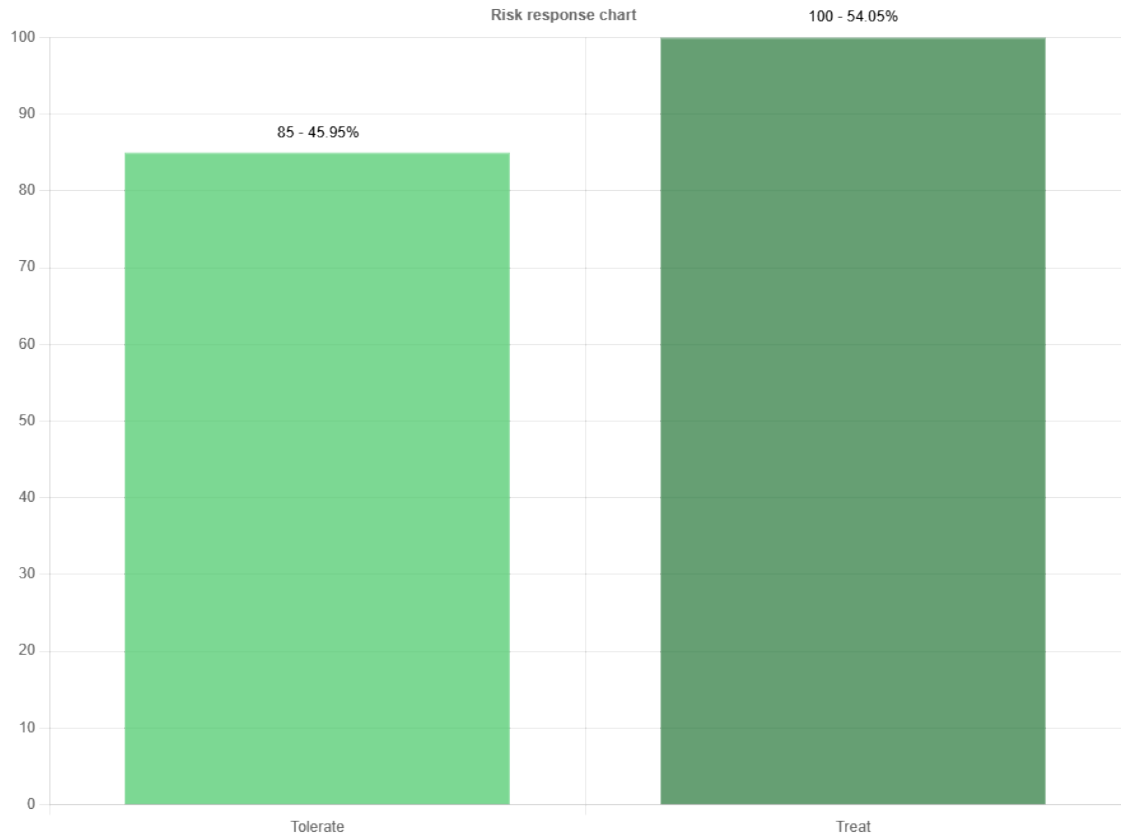


Image 3- Corporate Risks Treat v Tolerate

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 195 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.

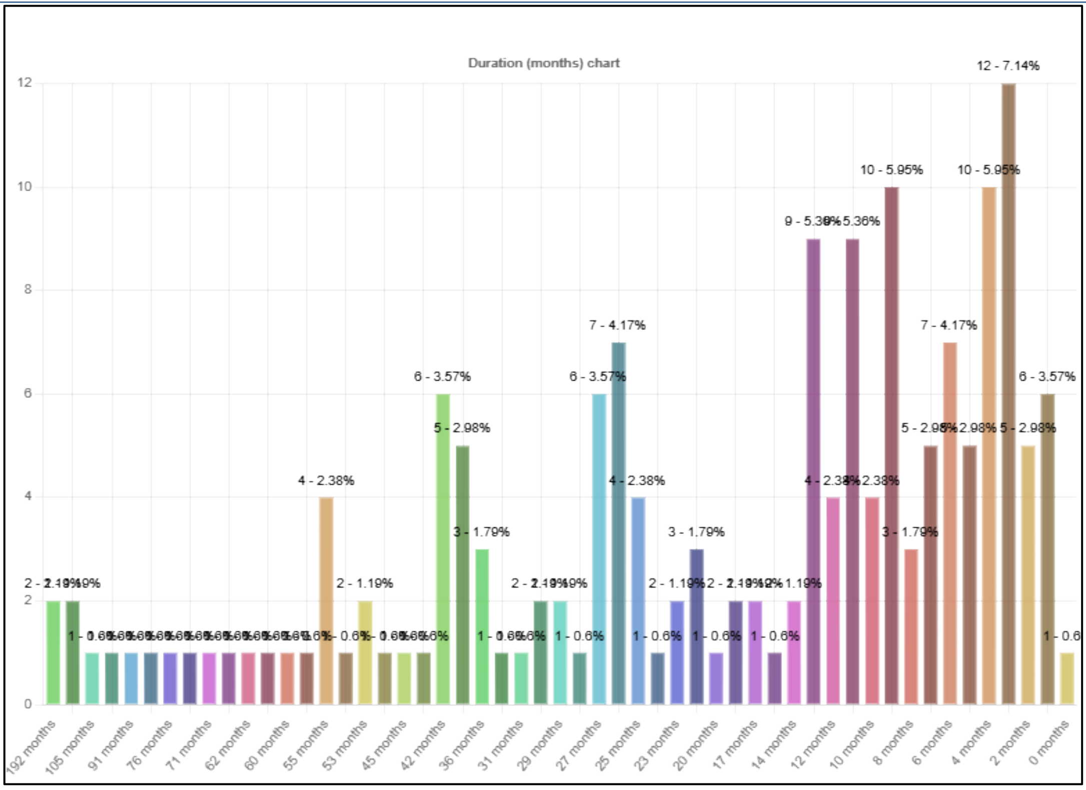


Image 4- Corporate Risks duration in months risks have been held

Among the 186 risks listed in the Corporate Risk Register with a score of 20 or higher, c.11% have been classified as both "Almost Certain" in likelihood and "Catastrophic" in impact.

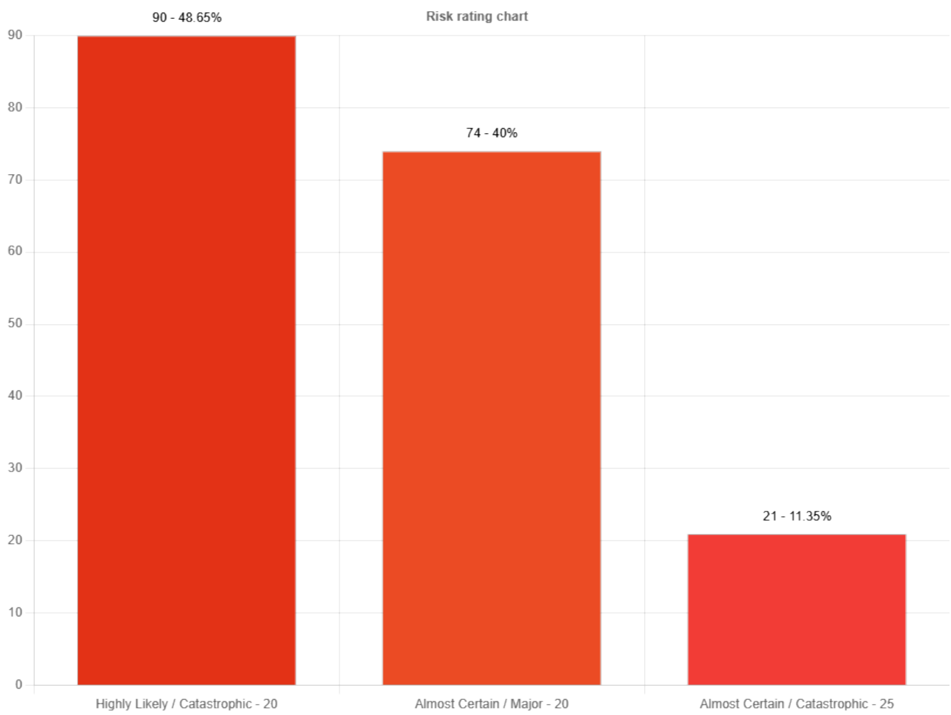


Image 5 – Risk rating chart

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

Prevention	X	Long term		Integration		Collaboration		Involvement	

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

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

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

Risk: Yes
The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processed and procedures.
Safety: No
Financial: /No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Committee/Group/Exec	Date:

Management response form

Audited body	Cardiff and Vale University Health Board
Audit name	2025 Structured Assessment
Response received	26 January 2026

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	The Health Board should improve oversight of the strategic portfolios by: 1.1 Ensuring committees receive routine updates on strategic portfolio development and delivery relevant to their remit (see report paragraph 20).	With a new Executive Director of Strategic Planning joining in the Spring the resource and focus should be available to ensure this can be achieved. It is certainly fully supported by the Chair and Director of Corporate Governance. The IPR will be evolving this year in line with the discussions being led by Welsh Government on the use of SPC and power BI.	December 2026 December 2026	Executive Director of Strategic Planning Director of Operational Planning and Performance

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Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	1.2 Structuring the Integrated Performance Report (IPR) against the strategic portfolios, rather that the quadruple aims, to make it easier to track progress against Annual Plan and strategy delivery (see report paragraph 54).	Whether this lands the IPR as being directly aligned with the strategic portfolios will become evident as the work evolves.		
R2	Given the volume of policies overdue for review, the Audit and Assurance Committee should receive progress updates twice a year (see report paragraph 30).	A policy update will be shared bi-annually in May and November Audit Committee.	November 2026	Director of Corporate Governance
R3	The Health Board should improve its reporting format so that key issues are clearly identified to enable scrutiny and discussion to focus on key challenges. For example, by considering an 'Alert, Advise,	Welsh Government recommendations for the development of performance reporting includes an approach very aligned to 'Alert, Advise, Assure' although not exactly the same. It uses Variation and Assurance. We will review this recommendation over	November 2026	Director of Corporate Governance

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	Assure' format which is used successfully in other NHS bodies (see report paragraph 37).	the next 6 months and conclude on the best method and means to be implemented.		
R4	Given recent Board and committee changes, the Health Board should ensure its annual Board effectiveness report reflects on how its improvement activities have strengthened Board and committee working (see report paragraph 47).	Board improvement and self-assessment is now a standing item at all Board Development sessions. The Chair's report will be used not just to report on this activity but set out how the activities have strengthened working.	December 2026	Director of Corporate Governance
R5	The Health Board must develop a Performance Management Framework to support performance improvement and accountability (see report paragraph 52).	This will be a key output that will need to coincide with the organisational development work and form part of the operating model.	December 2026	Executive Director of Finance and Executive Director of Strategic Planning

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R6	The Health Board should strengthen monitoring of quality and safety by: 6.1 Ensuring it complies with the Duty of Quality requirement to produce an annual quality report (see report paragraph 59). 6.2 Reporting annually on how it is achieving its Duty of Candour (see report paragraph 59). 6.3 Review arrangements for monitoring and agreeing the clinical audit plan at committee level (see report paragraph 60).	Duty of Quality report 24-25 will appear at Quality Committee in March and future reports will appear earlier in the year. These actions will be addressed as part of a current review of the Quality Committee.	March/December 2026 December 2026	Executive Director of Nursing Executive Director of Nursing and Assistant Directors of Patient Safety and Patient Experience

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R7	The Health Board should clarify Board and committee arrangements for reporting on its Quality Improvement and Efficiency Plan (QIEP) (see report paragraph 71).	The QIEP will continue to evolve. Savings, productivity and efficiency are reported within the Finance and performance reports through the Finance and Performance Committee.	October 2026	Deputy Director of Finance and Deputy Director of Operations