

Public Board Meeting 27.11.2025

Thu 27 November 2025, 09:30 - 14:45

Microsoft Teams

Agenda

09:30 - 09:30 1. Welcome, Introductions & Apologies for absence:

0 min

Kirsty Williams

09:30 - 09:30 2. Declarations of Interest

0 min

Kirsty Williams

09:30 - 09:35 3. Minutes of the Board meeting held 25.09.2025

5 min

Kirsty Williams

 3. Draft Minutes of the Public Board Meeting 25.09.2025.pdf (17 pages)

09:35 - 09:40 4. Action Log – following meeting held on: 25.09.2025

5 min

Kirsty Williams

 4. Public Central Action Log.pdf (1 pages)

09:40 - 13:20 5. Items for Review and Assurance

220 min

5.1. Patient Story – Falling off a ladder saved my life – Brian's Story (15 MINUTES)

Jason Roberts

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

Kirsty Williams

 5.2 Chairs Board Report Nov 25.pdf (6 pages)

5.3. Chief Executive Officer Report (20 MINUTES)

Suzanne Rankin

The Strategic Leadership Team's Terms of Reference are located in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

 5.3 CEO Nov Board Report Final copy..pdf (7 pages)

 5.3a SLT Summary.pdf (6 pages)

5.4. Finance & Performance Committee Chairs Report (10 MINUTES)

Catherine Phillips / Rhian Thomas

 5.4 F&P Chairs Report 19.11.2025 (1).pdf (3 pages)

5.5. Board Assurance Framework (10 MINUTES)

Matt Phillips

 5.5 BAF Board Cover Report.pdf (3 pages)

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📄 5.5a BAF.pdf (41 pages)

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

Matt Phillips

1) **Quality – 28.10.25**

2) **Mental Health – 21.10.2025**

3) **P&C – 14.10.2025**

📄 5.6.1 - Quality Committee Chairs Report 28.10.2025.pdf (5 pages)

📄 5.6.2 - Mental Health Legislation Committee Chairs Report 21.10.2025.pdf (5 pages)

📄 5.6.3 P&C Chairs Report 14.10.2025.pdf (5 pages)

5.7. Strategic Planning, Commissioning and Partnership Update (20 MINUTES)

Catherine Phillips

The 2026-27 Planning Update can be located in the supporting document folder on AdminControl and the Cardiff and Vale UHB website.

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

5.8. BREAK – 10 minutes

5.9. Integrated Performance Report (75 MINUTES)

Executives

- **Finance - Catherine Phillips**
- **Public Health - Claire Beynon**
- **Operational Performance - Paul Bostock**
- **Quality, Safety & Experience - Jason Roberts**
- **People & Culture - Rachel Gidman**
- **Digital - David Thomas**

📄 5.9 IPR cover report v2.pdf (33 pages)

📄 5.9a Integrated Performance Report v2.pdf (46 pages)

5.10. Ombudsman Annual Letter (5 MINUTES)

Jason Roberts

📄 5.10 PSOW annual letter (1).pdf (8 pages)

📄 5.10a Appendix 1 - Annual Letter 2024-25.pdf (10 pages)

5.11. LUNCH – 30 MINUTES

13:20 - 14:40 6. Items for Approval / Ratification

80 min

6.1. Winter Plan (20 MINUTES)

Paul Bostock / Adam Wright

📄 6.1 Winter Plan Board Cover Paper - November 2025 (1).pdf (3 pages)

📄 6.1a WINTER 2025 - Board.pdf (17 pages)

6.2. Nurse Staffing Update (10 MINUTES)

📄 6.2 Nurse Staffing Act Cover Report (1).pdf (3 pages)

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📄 6.2a Annual Presentation of Nurse Staffing Levels.pdf (13 pages)

6.3. Director of Public Health Annual Report 2025 (20 MINUTES)

Claire Beynon

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

📄 6.3 DPH report Board 27.11.25 Covering Report (1).pdf (3 pages)

📄 6.3a Cardiff and Vale of Glamorgan PH Report v8.pdf (44 pages)

6.4. Business Cases (15 MINUTES):

6.4.1. Park View

Catherine Phillips

Appendices for this case can be found in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

📄 6.4.1 Park View Wellbeing Hub at Park View.pdf (6 pages)

📄 6.4.1a Park View Wellbeing Hub Executive Summary.pdf (30 pages)

6.4.2. Llantrisant Health Park (OBC)

Catherine Phillips

Appendices for this case can be found in the supporting documents folder on AdminControl and the Cardiff and Vale UHB website.

📄 6.4.2 LHP OBC Cover Paper Nov 2025 - Board.pdf (4 pages)

6.5. Accountable Officer letter in support of a request for Strategic Cash Support (10 MINUTES)

Catherine Phillips

📄 6.5 Accountable Officer Letter _ Strategic Cash Request 2025_26.pdf (3 pages)

6.6. Car Parking Management Services (5 MINUTES)

Catherine Phillips

📄 6.6 Car Parking Management Services V4.pdf (4 pages)

14:40 - 14:45 7. Items for Noting and Information

5 min

7.1. HCSW Band 2/3 (verbal update) (5 MINUTES)

Rachel Gidman

7.2. Corporate Risk Register

Matt Phillips

📄 7.2 CRR Board Cover Report - Nov 2025.pdf (4 pages)

📄 7.2a Corporate Risk Register - Nov 2025.pdf (21 pages)

7.3. Reports from Advisory Groups and Joint Committees:

1) JCC Highlight Report 16.09.2025

2) Shared Services Partnership Committee 30.09.2025

📄 7.3.1 JC Highlight Report - 16 Sept 2025.pdf (6 pages)

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7.4. Committee and Advisory Group Minutes:

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

1. *People & Culture 08.07.2025*
2. *Quality 16.09.2025*
3. *Audit & Assurance 02.09.2025*
4. *Digital & Infrastructure 12.08.2025*
5. *Mental Health 26.08.2025*
6. *Local Partnership Forum 06.08.2025*

14:45 - 14:45 8. Agenda for Private Board Meeting:

0 min

- i. *Approval of Private Board minutes*
- ii. *Legal Update (Verbal)*
- iii. *People & Culture Update*
- iv. *Business Case (Commercially Sensitive)*
- v. *Private Committee minutes*

14:45 - 14:45 9. Any Other Business

0 min

9.1. Review of the meeting

9.2. Date and time of next meeting:

Thursday 29 January 2026 – Microsoft Teams

9.3. Declaration for Private Board:

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

**Minutes of the Public Board Meeting
Woodland House, Coed Y Bwl
25 September 2025**

To view a recording of the meeting, please click the links below:

[Part 1 \(click to view\)](#)

[Part 2 \(click to view\)](#)

Chair:		
Ceri Phillips	CP	University Health Board Vice Chair
Present:		
Claire Beynon	CB	Executive Director of Public Health
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Clive Curtis	CC	Independent Member - Community
David Edwards	DE	Independent Member – ICT
Rachel Gidman	RG	Executive Director of People & Culture
Mike Jones	MJ	Independent Member – Trade Union
Victoria Le Grys	VLG	Programme Director, Strategic Clinical Redesign
Susan Lloyd Selby	SL	Independent Member – Local Authority
Vina Patel	VP	Aspiring Board Member
Catherine Phillips	CPH	Executive Director of Finance
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Steve Riley	SR	Independent Member – University
Jason Roberts	JR	Executive Nurse Director
Abraham Theron	AT	Clinical Board Director - Surgery
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
John Union	JU	Independent Member – Finance
Rachna Upadhyia	RU	Independent Member
Adam Wright	AW	Director of Operational Planning and Performance
Observers:		
Daniel Burke	DB	Management Graduate Trainee
Bevan Howells	BH	Management Graduate Trainee
Nia Tate	NT	Management Graduate Trainee
Members of Public	x2	
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	University Health Board Chair
Paul Bostock	PB	Chief Operating Officer
David Fluck	DF	Executive Medical Director
Katie Powell	KP	Management Graduate Trainee
Lani Tucker	LT	Chair of the Stakeholder Reference Group

Ref	Agenda Item
UHB 25/09/1	<u>Welcome & Introductions (click to view)</u> The University Health Board Vice Chair, Ceri Phillips (CP) welcomed everybody to the meeting in English and Welsh.
UHB 25/09/2	<u>Apologies for Absence (click to view)</u> Apologies for absence were noted.

<p>UHB 25/09/3</p>	<p><u>Declarations of Interest (click to view)</u></p> <p>No declarations of interest were raised.</p>
<p>UHB 25/09/4</p>	<p><u>Minutes of the Board Meeting held 31.07.2025 (click to view)</u></p> <p>The minutes of the Board meeting held 31.07.2025 were received.</p> <p>Corrections were noted for attendance.</p> <p>The Board resolved that:</p> <p>a) The minutes of the Board Meeting held 31.07.2025 were approved as a true and accurate record of the meeting pending minor amendments.</p>
<p>UHB 25/09/5</p>	<p><u>Actions – Following Meeting held 27.05.2025 (click to view)</u></p> <p>All actions were received and reviewed.</p> <p>The Board resolved that:</p> <p>a) The Actions – Following Meeting held 31.07.2025 were noted.</p>
<p>UHB 25/09/6.1</p>	<p><u>Patient Story (click to view)</u></p> <p>The Patient Story was received.</p> <p>The Executive Nurse Director, Jason Roberts (JR) introduced the story, advising the Board that the video highlighted a Patient’s cancer journey and highlighted the positive impact of physiotherapy, nutrition, and multidisciplinary support, emphasising the importance of prehabilitation and rehabilitation in patient pathways.</p> <p>The story showed how those interventions supported the Patients resilience, independence, and quality of life, enabling him to return to work and maintain precious time with his family.</p> <p>Board members discussed the need to embed prehab/rehab approaches across various care pathways, not just cancer, and highlighted ongoing research and seminars on the topic.</p> <p>The discussion included the potential for broader application of those approaches in orthopaedics, dementia, and palliative care, and the importance of maximising patient well-being, not just focusing on recovery.</p> <p>The value of Allied Health Professionals and multidisciplinary teams was highlighted, with examples from cystic fibrosis and neurology, and a suggestion for further research into the benefits of those models for patient outcomes and financial efficiency.</p> <p>The Board expressed appreciation for the Patient’s candidness and the positive message, noting the importance of personal resilience in patient recovery.</p> <p>The Board resolved that:</p> <p>a) The Patient Story was noted.</p>
<p>UHB 25/09/6.2</p>	<p><u>Chairs Report (click to view)</u></p> <p>The Chairs Report was received.</p> <p>CP advised the Board that the report had been written by the UHB Chair, Charles Janczewski (CJ) and noted that he would highlight the areas that he had written about.</p>

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	<p>CJ was thanked for his eight years of dedicated service, leadership, and commitment to Board values, with personal reflections on his impact and adherence to organisational principles.</p> <p>The report discussed the value of clinical area visits, noting increased staff engagement, openness, and willingness to share both positive and challenging experiences. These visits were seen as more authentic and less staged, with medical staff and consultants actively participating.</p> <p>The Board noted that Patient Walk rounds gave a different perspective in comparison to reading detailed papers.</p> <p>The importance of two-way feedback was emphasised, and JR advised the Board that feedback forms had been sent to both Executives and Clinical areas to capture experiences and suggestions following the walk rounds.</p> <p>He added that feedback from clinical staff was overwhelmingly positive, and the process was seen as fostering transparency and problem-solving.</p> <p>The Board recognised CJ's role in upholding organisational values, prioritising patient and staff interests, and building a coherent, respectful team.</p> <p>Best wishes were extended for his next chapter.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The Chairs Report was noted.
<p>UHB 25/09/6.3</p>	<p>CEO report (click to view)</p> <p>The CEO report was received.</p> <p>The CEO, Suzanne Ranking (SR) echoed thanks to the UHB Chair for his leadership, integrity, and support, especially during the pandemic and organisational challenges.</p> <p>She advised the Board that she would take the report as read and cover off key points which included:</p> <ul style="list-style-type: none"> • Targeted Intervention Escalation Status - The Board discussed the targeted intervention escalation status, noting receipt of a detailed escalation framework from Welsh Government (WG). It was noted that a validation and review process was underway, with a focus on improvement work in quality, safety, governance, finance, and performance. • Organisational Redesign, with external experts conducting discovery visits and revising the scope for future planning. • Fire Prosecution – It was noted that the Health Board had received a £25,000 fine which was at the lower end of the scale, attributed to evidence of good safety work. Emphasis was placed on embedding safety improvements, especially in mental health settings. • The Cabinet Secretary's visit to University Hospital Llandough (UHL), with positive feedback on planned care and ophthalmology productivity, efficiency, and reduced waiting times. • Staff survey and flu vaccination campaigns were promoted, with encouragement for Board support to increase uptake and resilience. • The ongoing collaboration with the Local Partnership Forum (LPF) and trade unions.

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	<p>SR emphasised open dialogue, social partnership duties, and the need for effective communication during challenging times.</p> <ul style="list-style-type: none"> Emergency care performance was recognised, with Cardiff and Vale noted as the best performing organisation in Wales, but with ongoing challenges and the need for continued innovation. <p>Improvement work across the Health Board was discussed, with a focus on integrating data, early warning systems, and systematising approaches to address drivers such as team dynamics, quality outcomes, and staff feedback.</p> <p>SR highlighted positive engagement with Health Education and Improvement Wales (HEIW), noting improvements in training and learning environments, while acknowledging areas needing further work.</p> <ul style="list-style-type: none"> Deployment of the BadgerNet maternity electronic health record was celebrated as a digital advancement, improving access to shared healthcare records for women and professionals. Financial risks and winter planning were discussed, with the Board holding firm to forecasts but recognising potential challenges from respiratory virus season and the need for resilience in plans. Hafan Y Coed, Mental Health Investigation. It was noted that the media report was incorrect and that there was no external investigation in mental health; instead, a small team of external mental health care professionals had been brought in to advise and support the leadership team on developing new models and improved services. <p>The media reporting was described as negative and inaccurate, with SR emphasising that the initiative was a positive step focused on service improvement, not investigation.</p> <p>It was noted that Staff feedback on the external support team was reported as highly positive, with staff viewing it as an opportunity to plan for the future of mental health services over the next 10–15 years.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.
<p>UHB 25/09/6.4</p>	<p>Finance & Performance Committee Chairs Report (click to view)</p> <p>The Finance & Performance Committee Chairs Report was received.</p> <p>The Independent Member – Finance, John Union (JU) introduced the report and noted that it provided the Board with an update on the month 5 financial position from the Finance & Performance meeting that was held on 17.10.2025.</p> <p>The Executive Director of Finance, Catherine Phillips (CPH) reminded the Board that they had expressed concern of financial delivery and the commitment of delivery which had culminated in the month four position.</p> <p>It was noted that the Board had discussed ongoing concerns about delivering the financial plan, noting a month 4 position that highlighted a potential £8 million shortfall, later reduced to £4.4 million after deep dives with Clinical Boards and Corporate areas.</p> <p>The Board were reminded that actions to address the gap included implementing a vacancy freeze (targeting 80% of roles not to proceed to recruitment), managing capacity to avoid additional expenditure, and ensuring all identified savings and actions were delivered.</p>

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CPH added that there was recognition that achieving the £56.2 million savings target required all actions to be implemented and that additional pressures, especially in winter, could create further risk.

The Independent Member – Local Authority, Susan Lloyd-Selby (SLS) advised the Board that during the Finance & Performance Committee meeting, discussion was held around need for a financial buffer above the £56.2 million target to account for potential slippage or unforeseen pressures and asked if the buffer had been quantified.

CPH responded that whilst risks were recognised (e.g., Welsh Risk Support, National Insurance funding), it would be difficult to fully mitigate them, and more actions were being identified to create a buffer, but the current focus was on achieving the control total.

The Independent Member – ICT, David Edward (DE) highlighted that achieving the savings target depended on all actions aligning perfectly (deep dives, vacancy freeze, managing winter within existing capacity, no unexpected pressures), and questioned whether the Board should push further now to create a buffer earlier rather than later.

SR responded that Clinical Boards were being asked to deliver their control totals, which often required going further than originally planned, and that the biggest risk was the winter expenditure profile.

The Board discussed the consequences of slowing planned surgery, including loss of national investment and negative impact on patient outcomes and performance targets.

The Independent Member, Rachna Upadhya (RU) asked for clarity on managing winter within the £1.7 million capacity allocation, the breakdown of fixed vs. variable costs, operational lead times for opening/decommissioning wards, and support/training for medical staff on hospital admission criteria during winter.

CPH's response explained that the winter plan was mostly marginal/variable costs, with operational plans to delay opening additional capacity as long as possible, and that training/support for staff formed part of the broader winter planning.

RU also asked about the impact of improved DNA rates and theatre utilisation on costs and whether that created cost pressure or helped cost recovery.

CPH responded that utilisation helped efficiency and could reduce the need for more expensive insourcing but could also increase variable costs.

The Director of Operational Planning and Performance, Adam Wright (AW) concluded the discussion and noted that the operational winter plan involved delaying the opening of additional winter capacity as long as possible, with the earliest scheduled for January 2026, aiming to reduce the £1.7 million expenditure.

He confirmed that the plan's costs were largely marginal and variable, and that delaying capacity opening helped manage financial risk.

AW also addressed questions about productivity and efficiency, stating that making better use of existing resources (e.g., improving theatre utilization) could reduce reliance on more expensive insourcing and help optimise cost.

The Board resolved that:

- a) The Finance & Performance Committee Chairs Report noted.

UHB
25/09/6.5

[Board Assurance Framework \(click to view\)](#)

The Board Assurance Framework (BAF) was received.

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	<p>The Director of Corporate Governance, Matt Phillips (MP) advised the Board that the BAF highlighted changes since the last report, with key points summarised in the covering report.</p> <p>He suggested that the BAF should be kept in mind when discussing strategic portfolios later in the meeting.</p> <p>Discussion was held about integrating the BAF more closely with strategic work, with a plan to bring it further into Committee discussions and align it with ongoing work.</p> <p>CPH identified a specific concern regarding the Welsh Government's (WG) carbon emissions target, noting that the Board had already missed the 16% reduction target, with a significant increase in emissions instead of a reduction. It was agreed that the issue needed to be brought back to the Board for further work and internal review.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.
<p>UHB 25/09/6.6</p>	<p>Committee Chairs Reports (click to view)</p> <p>The Committee Chairs Reports were received.</p> <ul style="list-style-type: none"> • Quality Committee <p>CP, (also Chair of the Quality Committee) noted that the Quality Committee was becoming more data-driven, with the quality indicators report providing valuable insights into current status, progress, and future goals.</p> <p>He noted that the BAF was discussed at the last meeting as a source of insight for the Committee, helping to inform its work.</p> <p>It was noted that the Committee was updated on the review in Mental Health, clarifying that it was not an investigation but aimed to develop service quality and enhance community care where there had been previous shortfalls.</p> <p>The six-month update on equity, equality, experience, and patient safety was highlighted, emphasising the importance of addressing inequalities to reduce demand pressures and improve urgent/emergency care, planning, and finances.</p> <p>The Committee received an update on the theatre review, with thanks given to those involved. The Cabinet Secretary had questioned the timeline for implementing certain actions, but it was confirmed that some actions were now being escalated and implemented sooner, with positive results.</p> <p>The Executive Director of People & Culture, Rachel Gidman (RG) noted the importance of cross-committee communication, especially between the Quality Committee and People & Culture Committee, due to overlapping workforce and equality issues.</p> <p>SR suggested a triangulation of quality data with feedback data across Committees, possibly using a shared data set to draw assurance in different domains (quality, people, finance/performance).</p> <p>The need for Committee collaboration and possibly a Board Development session to agree on a fundamental shared data set was discussed.</p> <ul style="list-style-type: none"> • Digital & Infrastructure Committee.

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DE advised the Board that the Committee was supportive of the strategic direction for both Digital and Infrastructure, but that there were concerns about how to finance the strategy given the current financial situation.

He added that there was an ongoing debate about balancing immediate spending needs with investing for future savings and improved patient experience.

DE noted that Infrastructure safety risks were a significant concern, with 150 risks in the amber category and that recent drone surveys revealed considerable damage and corrosion, particularly in theatre areas, highlighting the need for urgent investment to prevent higher costs later.

The Board were advised that **the UHB Chair had asked for greater Board visibility of those risks and plans for the Director of Capital, Estates & Facilities, Geoff Walsh (GW) to present to the Board, especially for new members and the incoming chair.**

DE noted that Cabinet Secretary had been alerted to the estate issues, which were impacting quality, but funding remained a challenge.

The Board were advised that there were concerns that staff were becoming desensitised to poor clinical environments, leading to workarounds and so plans were in place to triangulate GW's risk list with quality and clinical risks, using the corporate risk register and a new reporting format from the AMAT system to improve cross-referencing and administration.

- **Mental Health Legislation Committee**

CP, (also Chair of the Mental Health Legislation Committee) advised Board that the Committee had acknowledged ongoing challenges in the mental health Clinical Board, particularly workforce issues, which had compounded existing difficulties.

The team was commended for stepping up and showing positive engagement despite the challenges.

It was noted that significant work was underway to align mental health, well-being, and suicide prevention efforts with new national strategies, which now emphasised self-referral and required substantial adaptation.

CP noted that the organisation was compliant on the Mental Health Act, and very compliant for children and young people.

He added that there was non-compliance with Measure 2 (provision of a care and treatment plan for adults), which was being actively addressed in collaboration with NHS performance and improvement teams.

- **Audit & Assurance Committee**

The Independent Member – Capital, Estates & Facilities, Rhian Thomas (RT) advised the Board that Internal Audit reviews were discussed, with a key highlight being the improvement in management response times to audits, which had been a longstanding concern. This improvement was noted as encouraging.

She noted that the next Committee meeting would include a deep dive on procurement compliance, providing an opportunity to address questions and concerns about procurement processes and compliance for the remainder of the year and beyond.

The Committee also discussed the importance of procurement compliance in relation to the social partnership duty, which had specific requirements for procurement. **There was agreement that this should be included in future reviews and measured appropriately by the Audit & Assurance Committee.**

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	<p>The Board resolved that:</p> <p>a) The Chairs Reports were noted.</p>
<p>UHB 25/09/6.7</p>	<p>Strategy Planning Update (click to view)</p> <p>The Strategy Planning Update was received.</p> <p>CPH advised the Board that she would take the report as read and invited questions from Board members.</p> <p>She added that the report included updates on the recent strategic away day and ongoing partnership work.</p> <p>Emphasis was placed on bringing strategic issues, such as infrastructure and digital, back to the Board for greater awareness and to clarify the steps needed on the organisation's journey.</p> <p>The Executive Director of AHPs, Health Scientists & Community Services, Emma Cooke (EC) highlighted the importance of the Clinical Services Plan, led by the Executive Medical Director, David Fluck (DF) and the Chief Operating Officer, Paul Bostock (PB), which was currently out for consultation.</p> <p>She added that timely completion was a priority, as the plan would drive other workstreams, including infrastructure, digital, and the integrated care system.</p> <p>CPH advised the Board that over the next six months, there would be a strong focus on stakeholder engagement to finalise the Clinical Services Plan, recognising its interdependence with other strategic programs.</p> <p>The Board resolved that:</p> <p>a) The progress being made across the Strategic Planning, Commissioning and Partnership portfolio was noted.</p>
<p>UHB 25/09/6.9</p>	<p>Ministerial Advisory Group Update (click to view)</p> <p>The Ministerial Advisory Group (MAG) Update was received.</p> <p>AW advised the Board that the MAG report, published in April 2025, was based on an external independent review chaired by Sir David Sloman, covering productivity and performance across NHS Wales, including Cardiff and Vale. The review focused on planned care, diagnostics, cancer, and urgent/emergency care, with 29 recommendations and 54 actions, of which 34 were accepted by the Cabinet Secretary (17 directly for Cardiff and Vale).</p> <p>It was noted that the Health Boards progress against the actions were being monitored and that most actions were already part of existing plans or ministerial enabling actions, so no new dedicated function was created; instead, delivery was through existing programmes (planned care, urgent/emergency care, operational delivery, and Clinical Boards).</p> <p>AW emphasised that many MAG measures were already included in the Integrated Performance Report (IPR).</p> <p>Key areas noted included:</p> <ul style="list-style-type: none"> • Planned Care: It was identified that there had been mixed progress. Positive trends included lower high-volume referrals (notably in ophthalmology) due to targeted schemes and advice/guidance pathways. However, more work was needed in areas like SOS (see on symptoms) and PIFU (patient-initiated follow-up), where rates had remained flat. A new clinical outcome form was launching to improve those rates.

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- **Outpatients:** Operational focus had been on delivering the national target of 200,000 extra outpatient appointments (36,000 for Cardiff and Vale), which had limited capacity for transformational work.
- **Treat in Turn:** Focused on reducing longest-waiting patients, with weekly reporting to WG and positive feedback.
- **Theatres:** it was noted that utilisation was slightly above baseline, but there was still room for improvement. AW advised the Board that the Theatres Together Programme and the surgical hub were expected to drive further gains.
- **Cancer:** it was noted that the Health Board had broadly implemented the National Cancer Pathways, but performance was still below the desired standard. Many actions were joint with WG, especially around pathway delivery.
- **Diagnostics:** A specific MAG action was to reduce non-obstetric ultrasound waits. A plan was produced and was being delivered, with confidence in achieving a zero-wait position by year-end, despite a small summer increase.
- **Urgent and Emergency Care:** Actions were mostly joint with WG focusing on audits and reducing care delays. The Health Boards performance was strong, especially in ambulance handovers and delayed pathways of care, though challenges remained.
- **Corporate Actions:** Improvements had been observed in productivity data reporting to the Board, with engagement in national efforts to standardise dashboards.

AW concluded that overall, the Health Board were largely delivering on MAG recommendations as part of the existing programmes, with positive feedback from WG.

He added that more work was needed in planned care transformation and some outpatient/cancer areas, but foundations were in place for continued improvement.

The Board resolved that:

- a) The contents of the MAG report update were noted.

UHB
25/09/6.10

[Theatre Service Review Update \(click to view\)](#)

The Theatre Service Review Update was received.

AW advised the Board that a regular update was being given to Board to provide oversight.

He added that the Theatres Together Programme was established to lead and drive changes following a comprehensive service review earlier in the year, which highlighted concerns about leadership, culture, and quality of care.

It was noted that since the last Board update, the full action plan was now available, covering all five tranches (phases) of work.

AW advised the Board that immediate priorities (first two tranches) were previously detailed, but the current report included all actions, even those scheduled for later years and that many actions had started ahead of schedule.

He added that significant progress had been made in the "embedded culture" tranche, considered foundational and included staff engagement, well-being recognition, and visible improvements such as a refurbished theatre coffee room, supported by charity funding.

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	<p>It was noted that communication between theatre staff and leadership remained a priority, with recent meetings showing staff recognised improvements but continued to voice areas needing further work.</p> <p>The Clinical Board Director – Surgery, Abrie Theron (AT) emphasised that open, transparent communication was seen as a healthy sign.</p> <p>AW advised the Board that the foundation tranche continued to focus on compliance with The World Health Organisation (WHO) checklist, with audits showing improvement but ongoing work needed. The collaborative approach had been praised, and best practices were being shared across other departments.</p> <p>He added that cleaning standards and the physical environment were being addressed, with applications submitted for end-of-year discretionary funding to improve two main theatres and anaesthetic rooms. Estates and safety teams were involved in those efforts.</p> <p>It was noted that a dashboard was being developed by the Shaping Change team to track progress and impact, including workforce, quality, productivity, and efficiency metrics. This would provide assurance that actions were delivering real improvements.</p> <p>AT advised the Board that sickness levels in theatres were being monitored and would be included in the dashboard and noted that early indications were positive, but more data was being gathered.</p> <p>AW concluded that the review and improvement programme was ongoing, with regular meetings and staff engagement to maintain momentum and ensure continued progress.</p> <p>CP asked for regular updates to the Board</p> <p>The Board resolved that:</p> <p>a) The progress made on the Theatre Together Programme was noted.</p>
<p>UHB 25/09/6.11</p>	<p>Integrated Performance Report (click to view)</p> <p>The Integrated Performance Report (IPR) was received.</p> <p>Finance</p> <p>CPH advised the Board that she would take the report as read and noted that the month 4 position had already been discussed earlier in the meeting.</p> <p>She noted that the Health Board was £4.4 million off trajectory at month four, with £29 million of £32 million savings schemes identified, but more were needed. Cash allocations were a risk due to outstanding allocations and the need to secure them for applications.</p> <p>Public Health</p> <p>The Executive Director of Public Health, Claire Beynon (CB) identified five main priorities for discussion which included:</p> <ul style="list-style-type: none"> • Obesity: The Health Board had partnered with Vale of Glamorgan council to limit high fat/sugar advertising and support for local authority in public messaging. • Diabetes: it was noted that a Diabetes group had been established to increase the percentage of patients receiving all eight care processes; focus on both diagnosed and undiagnosed populations. • Vaccination: it was noted that staff flu/COVID vaccination had started with 4,800 staff vaccinated so far (about 70% of last year's total);

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A MMR catch-up campaign was started due to measles risk.

- Smoking: it was noted that a new communications campaign had started with success stories; smoke-free ambassadors in schools; new resources on vaping and pregnancy; inpatient smoking cessation pathway being explored.
- Staff sickness: it was noted that 12,000 days were lost to respiratory illness (costing £1.38 million) in five months, highlighting the importance of vaccination.

Operational

AW identified key areas for noting which included:

- August 2025 Emergency Department (ED) attendances were slightly lower than July but higher than last year and the winter months; the expected summer drop was less pronounced, creating volatility and operational challenges.

Admission rates from ED rose slightly to 15.8% but remained within previous months' range.

- Ambulance handover waits and 12/24-hour ED waits saw significant improvement, mainly due to the W-45 initiative (ring-fencing ambulance spaces 7am–7pm), which improved patient flow and reduced long waits.
- Only two patients waited over 24 hours in ED in August, down from 40 the previous month, showing the impact of operational changes.
- Stroke pathway performance had improved, with faster scanning and ward admission, marking the best results in 16 months.
- Pathways of care delays had increased, but most delayed patients were waiting for local placements, giving the Health Board more control over discharge and flow. An audit showed few out-of-area placements.
- Ambulance handover improvements were supported by better ED processes and patient flow, but further work was needed on hospital discharge.
- Primary care activity increased slightly, with strong progress on GMF (General Medical Fund) access standards and community prescribing.
- Community capacity building ahead of winter was a focus, including prevention, seven-day services, and discussions with WG about increasing minor injuries and extended hours capacity.
- Mental health: Children's services were performing well except for neurodevelopmental waits; adults improved in part 1A assessments, but care and treatment plan compliance remained an issue.

AW advised the Board that an updated trajectory for improvement was expected next month.

- Backlogs in cancer patients waiting over 62 days were identified, especially in skin and urology, with plans to address those through seasonal adjustments and additional consultant appointments.
- The number of patients waiting over 52 weeks for a first outpatient appointment reduced in August, mainly due to targeted work in surgical specialties and the start of a national insourcing contract.

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- There were 1622 patients waiting longer than two years at the end of August, with Cardiff remaining on track to deliver its commitment to reduce this to 996 patients by the end of September 2025.
- Diagnostics performance was discussed, with a noted deterioration in the most recent month due to several factors: a planned increase in non-obstetric ultrasound waits (with additional capacity coming in October 2025), an MRI scanner leak, and delays in CT procurement.

AW advised the Board that there was confidence that those issues were being addressed and improvements were expected as new capacity came online.

CP asked about the about the role of Safe @ Home and CAV 24/7 in managing emergency care, specifically questioning to what extent CAV 24/7 could help with emergency management and whether Safe @ Home was one of several schemes being utilised

AW responded that CAV 24/7 was still active and was essentially the single point of access for urgent care, closely integrated with NHS 111 and other community services like Safe @ Home and the Physician Response Unit.

He emphasised ongoing work through the National Six Goals programme to streamline access and ensure education about the differences between services, confirming that CAV 24/7 served as the main access point for urgent care needs.

SLS asked about the increased number of pathways of care delays, specifically referencing previous Board meeting data on patients delayed over 35 days and those delayed due to family disputes or court protection, and inquired whether those trends were increasing or improving.

AW responded that he had detailed data for July 2025 but not for August 2025, explaining that the breakdown took time to process. He committed to obtaining and regularly including more detailed data on those specifics in future reports.

The Executive Director of AHPs, Health Scientists & Community Services, Emma Cooke (EC) explained that for falls, all patients attended by paramedics or the pickup service (St. John's Ambulance in the Vale) were referred to the Living Well Matters service, which provided holistic support and triaged for further interventions, including Vale Community Resource Service (VCRS), coaching, or the falls prevention programme.

She clarified that referrals to Safe @ Home or Emergency Unit were based on the support needed, and the paramedic or responder making that decision at the point of contact.

Quality.

JR advised the Board that he would take the report as read and highlight key points which included.

- More concerns were received during the reporting period, with a slight dip in 30-day closure performance to 69%, and a significant number of inquiries (656) were handled, aligning with the new Putting Things Right (PTR) process aiming to resolve more cases as inquiries rather than full concerns.

JR noted that the median days to response were the lowest in Wales for the month, and patient feedback response rates remained steady at 16–18%, with 85% satisfaction reported.

13 nationally reported incidents (NRIs) occurred in August 2025, the lowest in three months, and ongoing themes were being addressed through the Quality Excellence Programme.

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JR expressed concern about the number of open Datix incidents and described new support clinics for staff to help reduce those, managed through Executive reviews.

- On infection control, JR stated that most bacteraemia rates were stable or improved except for MRSA, which was notably higher than the previous year. He detailed ongoing Executive oversight, deep dives into each MRSA case, and a shift in MRSA cases from hospital to community settings, with some linked to drug use.

JR confirmed that most MRSA cases were line infections, and work was underway to review line insertion, maintenance, and removal practices, aiming for zero tolerance to MRSA.

People & Culture.

RG advised the Board that she would take the report as read and would identify key areas for noting which included:

- The Fire Prosecution Update – RG thanked the Head of Health & Safety, Rob Warren and his team for their work on health, safety, and fire, especially regarding the recent fire incident and the associated legal and documentation efforts.

RG emphasised the importance of the health and safety culture plan, which had been in place since 2021, and its focus on people safety for staff.

- Positive developments in the Theatres Together programme, particularly around cultural work and clarity of roles, and ongoing collaboration with Health Inspectorate Wales (HIW) and others to ensure appropriate workforce models and perioperative best practices.
- Staff survey - a recent session was highlighted where Clinical Boards presented "so what" outcomes to staff, with plans to share those more widely using a new communication tool.

RG stressed the importance of staff seeing the impact of their survey responses and encouraged all to complete the upcoming survey.

- Overall workforce KPIs, such as turnover were good, but there were specific areas that would need further attention.

SR advised the Board that the graphs within the report told a helpful story in the context of providing assurance on what KPIs required further focus.

Digital

The Director of Digital & Health Information, David Thomas (DT) advised the Board that he would take the report as read.

He noted that there were eight Digital priorities which included:

Four tactical, ministerial priorities:

- The NHS App
- Electronic prescribing
- Maternity
- Connecting care

And four strategic priorities:

- National Data Resource
- Preparatory work around electronic health records
- National target architecture
- Artificial Intelligence.

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	<p>DT advised the Board that OpenEyes, an electronic health record system for ophthalmology had gone live between Cardiff and the Vale and Swansea Bay UHB and that good progress had been made.</p> <p>It was noted that rapid planning had taken place around the NHS Wales App between WG, Digital Health Care Wales (DHCW) and Health Boards over the previous 36hrs with a central switch on scheduled for October 2025.</p> <p>CPH asked how the organisation could embrace the digital change from October 2025 and how staff could be encouraged to turn off their paper-based versions.</p> <p>DT responded that as with all big changes in a process, it would run parallel to the older systems with the aim to phase out older processes.</p> <p>DE added that a lot of work had gone into building the new NHS Wales App and other digital solutions and noted that putting tech systems in place was relatively straight forward along with the adoption and functionality side of it all and asked if the timing was right because not all GP's had signed up to the NHS Wales app.</p> <p>DT responded that the short answer was yes because of the suitability of readiness to rollout.</p> <p>The Director of Communications, Arts, Health Charity and Engagement, Joanne Barndon (JB) advised the Board that she had been working with DT's team to align communication of the rollout.</p> <p>RU asked how the potential of health inequity could be addressed and the risk of digital exclusion.</p> <p>DT responded that it was all around capturing people's preferences. If they did not sign up to the app then they would continue to be communicated in the way that they currently were.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.
<p>UHB 25/09/6.13</p>	<p>Strategic Portfolios (click to view)</p> <p>The Strategic Portfolios were received.</p> <p>The Programme Director, Strategic Clinical Redesign, Victoria Le Grys (VLG) advised the Board that the Executive Steering Group provided an opportunity for the Executive team to collectively review progress, delivery and emerging priorities across all strategic portfolios, ensuring assurance to both the CEO and collectively as an Executive team.</p> <p>It was noted that a recent meeting took place as part of a strategy away day on 12th September 2025, which featured presentations from each of the portfolio Senior Responsible Officers (SRO's) and Executive chairs, fostering robust discussion and debate on scope, dependencies, risks, and impact as well as emerging priorities for the coming year.</p> <p>The Board were presented with slides that highlighted how the organisation was structuring, governing, and advancing its strategic portfolios.</p> <p>Leadership roles were clarified, and the importance of partnerships, foundational care models, and organisational redesign was emphasised. Cross-cutting themes such as quality, workforce, digital transformation, and financial sustainability were highlighted as essential enablers.</p>

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	<p>It was noted that the portfolios were collections of strategic plans and programmes, all aligned to deliver strategic objectives and that portfolio boards would oversee scope, progress (with an outcomes focus), risks, and dependencies, but would not manage day-to-day operations or the detailed delivery of individual programmes.</p> <p>The presentation to the Board provided a look to the future and outlined next steps for strategic alignment and planning.</p> <p>SR thanked VLG, CPH and the Team and noted that there was a lot of work to do around the strategic portfolios.</p> <p>She added that the Board had to be open and transparent about the current years planning approach and highlighted that the Health Board had already missed the Welsh Government target of reducing emissions by 16%, noting a significant increase rather than a reduction. She emphasised the need to address that internally and bring the issue back to the Board for further discussion, aligning it with the sustainability strategic risk and upcoming finance performance conversation.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The progress made was noted b) The emerging priorities were endorsed c) The alignment of portfolios to deliver the organisation's strategic objectives for 2026/27 and beyond was supported.
<p>UHB 25/09/7.1</p>	<p><u>Outline Business Case for Llantrisant Health Park (LHP) Community Diagnostic Hub (CDH) (click to view)</u></p> <p>The Outline Business Case for Llantrisant Health Park (LHP) Community Diagnostic Hub (CDH) was received.</p> <p>VLG advised the Board that the case received was a phased process and that the one being received was around the community diagnostic hub element of the plan with some components for endoscopy suites included as well as Health Education and Improvement Wales (HEIW) training suites.</p> <p>She advised that the particular element was coming to the Board for noting as part of the South East Wales Regional planning work and to support onward travel to Welsh Government.</p> <p>The Board was advised that the programme was being led by Cwm Taf Morgannwg University Health Board who would be taking it through their Board for formal approval.</p> <p>VLG concluded and advised the Board that there was a good and robust governance process in place for the programme whilst noting that a significant number of risks around revenue were highlighted which include workforce planning and the need for ongoing engagement.</p> <p>It was stated that those risks were being actively managed and would be addressed as the business case progressed through its phased process.</p> <p>CPH added that the case had been discussed at the Finance & Performance Committee where it was recognised that the outline plan had surveillance but also core work moving to the Llantrisant Health Park.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The regional planning direction and the OBC for LHP CDH was noted. b) CAVUHB's assessment of the documents and the risks and issues set out in the report were noted.

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	<p>c) The submission of the case to Welsh Government following CTMUHB Board approval was supported.</p>	
<p>UHB 25/09/7.2</p>	<p>Terms of Reference & Remit of the Regional Joint Committee (click to view)</p> <p>The Terms of Reference & Remit of the Regional Joint Committee were received.</p> <p>MP reminded the Board that the Southeast Wales Regional Joint Committee was being established as directed by the Cabinet Secretary, requiring Cardiff and Vale, Aneurin Bevan, and Cwm Taf Morgannwg Health Boards to work together on regional priorities. The Committee was designed to facilitate decision-making on regional matters, with initial delegations being limited and further delegations requiring approval from each Health Board.</p> <p>He added that voting members would include the Chair, Vice Chair, Chief Executive, and one other Executive from each Health Board, totalling 12 voting members. Associate members (such as Powys and Velindre) and Welsh Government representatives would participate but not vote. It was noted that the Committee would appoint its own chair, likely on a rotating basis.</p> <p>MP advised the Board that the Committee's initial scope was limited, focusing on laying the foundation for future regional collaboration. Any expansion of delegated powers would require explicit approval from each Health Board and decisions were expected to be made by consensus, with mechanisms in place to resolve disagreements, including escalation to Welsh Government if necessary.</p> <p>There was recognition that partnership working could be complex, especially when balancing local and regional priorities but it was noted that the committee was seen as a necessary step to address challenges such as service delivery across Health Board boundaries.</p> <p>Clarification was sought on whether the Regional Joint Committee would have authority to make decisions on significant matters, such as the LHP decision, and how that would affect the sovereignty of individual Health Boards.</p> <p>MP clarified that the Regional Joint Committee would not immediately have authority to make significant decisions like the LHP decision and that such authority would require explicit delegation from each Health Board.</p> <p>He emphasised that the Committee's remit was currently limited, and any expansion of its decision-making powers would need to be approved by the individual Boards, preserving their sovereignty.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The establishment of the South-East Wales Regional Joint Committee (RJC) and its associated terms of reference and operating arrangements as attached within the papers were approved. b) It was noted that the RJC would appoint a Chair from its membership followed by a rotating period of appointment. Governance support would be provided by the Health Board of the Chair appointed as RJC Chair. c) Membership from each respective health board to join the RJC, in-line with the membership requirements would be determined. d) The wider determinants for the RJC's long term sustainable success was noted. e) The development of a regional OD programme for the RJC and its partners was approved. 	
<p>UHB 25/09/7.3</p>	<p>NWJCC Scheme of Delegation and Reservation of Powers (click to view)</p> <p>The NWJCC Scheme of Delegation and Reservation of Powers were received.</p>	

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	<p>The Scheme of Delegation and Reservation of Powers for the Joint Commissioning Committee was described by MP as a clarification and stop-taking exercise, outlining where decision-making powers currently lay.</p> <p>The Board resolved that:</p> <p>a) The NWJCC Scheme of Delegation and Reservation of Powers was approved.</p>	
<p>UHB 25/09/8.1</p>	<p>Corporate Risk Register (click to view)</p> <p>The Corporate Risk Register was received.</p> <p>The Board resolved that:</p> <p>a) The Corporate Risk Register was noted.</p>	
<p>UHB 25/09/8.2</p>	<p>Reports from Advisory Groups and Joint Committees</p> <p>The Reports from Advisory Groups and Joint Committees were received.</p> <p>The Board resolved that:</p> <p>a) The Reports from Advisory Groups and Joint Committees were noted.</p>	
<p>UHB 25/09/8.3</p>	<p>Committee, Advisory Group and Joint Committee Minutes:</p> <p>The Committee, Advisory Group and Joint Committee Minutes were received.</p> <p>The Board resolved that:</p> <p>a) The Committee, Advisory Group and Joint Committee Minutes were noted.</p>	
<p>UHB 25/09/10</p>	<p>Any Other Business</p> <p>No other business was raised.</p>	
<p>UHB 25/09/10.2</p>	<p>Time & Date of the next Meeting:</p> <p>27 November 2025 via MS Teams</p>	

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PUBLIC BOARD

Minute Reference	Agenda Title	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Status	Comments
Year/Month/Agenda Item number	Title of the agenda item being discussed when the action was created	As much detail as possible to ensure actions are clear and people know what to do			Date the action was created	Date the action will be addressed (e.g. the next meeting)	In Progress or Completed	
UHB 25/09/6.5	Board Assurance Framework	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	Executive Director of Finance	Ruth Jordan	25.09.2025	27.11.2025	Completed	On Forward Plan for Board Meeting in March 2026. Reported to F&P on 19.11.25 where it was agreed the Committee would monitor and review at the May 2026 meeting.
UHB 25/09/6.6	Chairs Report: Digital & Infrastructure Committee	UHB Chair asked for greater Board visibility of the infrastructure safety risks and for the Director of Capital, Estates & Facilities, Geoff Walsh (GW) to present to the Board, especially for new members and the incoming chair.	Executive Director of Finance	Director of Capital, Estates & Facilities	25.09.2025	29.01.2025	Completed	On Forward Plan for January Board Meeting
UHB 25/09/6.10	Theatre Service Review Update	Deliver and Accelerate the Theatres Together Programme	Chief Operating Officer		25.09.2025	27.11.2025	Completed	Quarterly updates to be provided to Board - next one in January 2026 (on Forward Plan)
		Maintain regular meetings and engagement with theatre staff for ongoing feedback and visible progress.	Chief Operating Officer				Completed	Regular meetings taking place.
		Complete refurbishment of the theatre coffee room and pursue broader infrastructure improvements (ventilation, fire safety, roof repairs).	Chief Operating Officer				Completed	Coffee room refurb completed.
		Submit applications for discretionary capital funding for theatre and anaesthetic room upgrades, with contingency plans if funding is not secured.	Chief Operating Officer				Completed	2 theatres planned for refurb in Q4. Wider case for more theatres to be submitted to WG, work ongoing
		Continue foundation tranche work, including WHO checklist collaboration and audits to improve compliance and share best practices.	Chief Operating Officer				Completed	In progress. Quarterly updates to be provided to Board - next one in January (on Forward Plan)
		Enhance cleaning standards across all theatres, led by a dedicated group.	Executive Nurse Director				Completed	Group has made proposal for cleaning, for ratification by Execs before end of December.
		Develop a dashboard with the Shaping Change team to track key metrics (workforce, quality, productivity, efficiency).	Chief Operating Officer				Completed	In progress. Quarterly updates to be provided to Board - next one in January (on Forward Plan)
UHB 25/09/6.9	Ministerial Advisory Group Update	Monitor and report on progress against the Ministerial Advisory Group recommendations and related action plans.	Chief Operating Officer	Chief Operating Officer	25.09.2025	27.11.2025	Completed	Regular reporting in progress. Next update to Board in January 2026 (on Forward Plan)
UHB 25/09/6.9	Finance & Performance Committee Chairs Report	Continue to pursue actions identified in financial deep dives, vacancy freeze, and winter planning to achieve savings targets.	Executive Director of Finance	Executive Director of Finance	25.09.2025	22.10.2025	Completed	Updates provided at the Finance & Performance Committee each month.
UHB 25/09/6.9	Integrated Performance Report: Public Health	Continue to monitor and report on staff vaccination uptake, with additional vaccine orders placed due to high demand.	Executive Director of Public Health	Executive Director of Public Health	25.09.2025	16.10.2025	Completed	Standing data set shared with Strategic Leadership Team at each meeting.
UHB 25/09/6.9	Integrated Performance Report: Quality	Health Protection Exercise paper to go to the Quality Committee in December	Executive Director of Public Health	Executive Director of Public Health	25.09.2025	09.12.2025	Completed	On forward plan for December Quality Committee
UHB 25/09/6.9	Integrated Performance Report: Quality	Ongoing work to reduce MRSA infections, including deep dives and executive oversight	Executive Nurse Director	Executive Nurse Director	25.09.2025	09.12.2025	Completed	IP&C reported via Quality Indicators Reports at Quality Committee meetings.
UHB 25/09/6.9	Chairs Report: Audit & Assurance Committee	The importance of procurement compliance in relation to the social partnership duty, should be included in future reviews and measured appropriately by the Audit & Assurance Committee.	Executive Director of Finance	Executive Director of Finance	25.09.2025	18.11.2025	Completed	Procurement compliance is a standing item at the Audit & Assurance Committee and a Deep Dive was received on 18.11.2025

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Report Title:	Chair's Report to Board			Agenda Item no.	5.2
Meeting:	Public Board	Public	X	Meeting Date:	27 November 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	X
Lead Executive Title:	Chair of the Board				
Report Author (Title):	Head of Corporate Governance				
Main Report Background and current situation:					

Welcome and First Impressions



Shaping Our Future
Wellbeing

I am delighted to welcome Judi Rhys to the Board, who has been appointed as Independent Member for the Third Sector, commencing her 4 year appointment on the 13 October 2025. Judi's extensive experience from a long career in the voluntary sector in Wales will be invaluable as the University Health Board (UHB) continues to strengthen its partnerships with voluntary and community organisations to ensure that the voices of those we serve are reflected in decision-making. We are thrilled to have Judi join the Board and look forward to the contributions she will make in shaping our strategic direction and enhancing the impact of our services across the region.

Congratulations to Rhian Thomas Independent Member for Capital & Estates on securing her extension in post to 16 December 2027. Rhian's continued commitment and expertise are valued, and the Board looks forward to her ongoing contributions as we navigate the challenges and opportunities ahead.

I would like to thank everyone for the warm welcome I have received since joining the organisation. I am grateful for all the help and support of Executive colleagues and Independent Members that have enabled me to settle into my new role.

As I settle into my new role, it is timely to take stock and review Board membership given the recent changes to ensure the Board evolves to become a strong Integrated Board. I am working with Board Colleagues to look at Chair membership for Committees where Independent Members support Executives in the delivery of their strategic portfolios. This is to ensure there is clear alignment and integration between Independent Members and Executives to fulfil the delivery of the [Shaping Our Future Wellbeing Strategy 2023-2035](#).

I have also been planning the programme of Board development sessions for the year ahead with an emphasis on promoting a cohesive and collaborative strong performing Board aligned to the Strategic direction of the UHB.

Since taking up post, I have prioritised opportunities to visit services and listen to staff and patients. I am grateful to them all for sparing time to meet with me and sharing their reflections and experiences. One thing that has been evident is that whilst there are real challenges faced by the UHB, I am really impressed by everybody's commitment to excellent patient care.

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Welsh Government and National Priorities



Delivering in the Right Places



Acting for the Future

I attended my first meeting on the 16 October with the Cabinet Secretary and the new Director General for Health, Social Care and Early Years. It was a productive first meeting where we discussed an array of matters including the Health Board's escalation status.

On the 13 November, the Board participated in its inaugural public accountability meeting, a significant new initiative introduced by the Welsh Government to enhance transparency and strengthen the scrutiny of NHS Wales organisations. These sessions, chaired by the Cabinet Secretary for Health and Social Care, are convened with each health board and national NHS body throughout the financial year. The meeting provided a valuable forum for open and constructive dialogue with Welsh Government representatives, enabling us to articulate our achievements, address ongoing challenges, and outline our future plans. While the discussions were, at times, understandably demanding, the experience served to reaffirm the fundamental importance of transparency, accountability, and a commitment to continuous improvement across all facets of our work. I remain dedicated to working collaboratively with the Board to ensure the UHB delivers on its long-term strategic objectives, in close partnership with the Welsh Government.

The meeting was recorded and can be accessed [here](#).

In October, I had the privilege of attending the Ministerial Summit, which was centered on advancing the delivery of integrated services in Primary Care. This priority is closely aligned with the Health Board's strategic objectives, and it was encouraging to collaborate at a national level to accelerate progress in implementing integrated services within the community and the associated delivery plan.

Building upon Health Board's commitment to integrated health services, my participation in Cardiff's Public Services Board in October afforded a significant opportunity to collaborate with partners across the public sector. This collective endeavor, focused on advancing Cardiff's economic, social, environmental, and cultural well-being, has enabled the development of strategic relationships and partnerships that will underpin the Health Board's long-term ambitions.

I am deeply committed to advancing the integration of health and education within the Health Board, recognising the significant impact this connection has on the wellbeing of our communities. In my new role, I am eager to strengthen these links and ensure our strategic priorities reflect this ambition. My recent engagement with the Cardiff Student Community Partnership exemplifies our dedication to supporting students as they become active participants in local communities, while also acknowledging the vital contribution they make to Cardiff's economic and cultural landscape.

Listening to our Staff and patients



Putting People First

During my induction period, I have undertaken a series of visits to key clinical and community services to gain a comprehensive understanding of the breadth and quality of care provided across the UHB. Within the University Hospital of Wales, I visited the Emergency Unit, Theatres, and the Children's Hospital, where I observed first-hand the dedication and professionalism of staff delivering acute and specialist services to the local population.

Saunders
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Beyond the hospital setting, I actively engaged with a range of community-based initiatives. My visit to the Hangout in Cardiff provided valuable insight into the mental health support available for young people, highlighting the importance of accessible services in promoting wellbeing among our youth. I also met with the Safe @ Home team, whose work in supporting vulnerable individuals within the community is exemplary, and visited a local Community Pharmacy to better understand the pivotal role these services play in delivering frontline healthcare and advice.

Additionally, I had the opportunity to meet with the Wellbeing Matters Service, which serves as a single point of access for health and wellbeing support in the Vale of Glamorgan. This service is closely integrated with the UHB and offers a wide range of resources to patients, carers, and professionals, encompassing health, social care, and voluntary sector provision.

These visits have afforded me a deeper appreciation of the collaborative efforts underway to address the diverse needs of our communities and have reinforced my commitment to supporting and strengthening these vital partnerships moving forward.

As referenced during the recent public accountability meeting with the Welsh Government, I have apprised the Board of correspondence received from staff, represented by the Senior Medical and Dental Staff Committee (SMSC) and the Local Negotiating Committee (LNC), which raised a number of concerns. In response, I have met with the Chair of the SMSC to gain a deeper understanding of these issues and to identify the specific challenges faced by our clinical colleagues.

The Board is actively engaging in open and constructive dialogue with staff at all levels, recognising that meaningful collaboration is essential to addressing these challenges effectively and I held my first meeting with the Chair of the Staff Side group. We are committed to fostering a culture where the insights and expertise of our workforce are valued and integrated into our decision-making processes. As Chair, I wish to assure our patients, staff, and stakeholders that patient safety remains our foremost priority. The Health Board is fully cognisant of the considerable financial challenges presently confronting the organisation, and we remain steadfast in our commitment to addressing these pressures while maintaining an unwavering focus on the delivery of safe, high-quality care for all.

The perspectives and contributions of all colleagues are of utmost importance, and the Board will continue to work in partnership with staff to understand the challenges we face and to develop collaborative solutions that best serve our patients and communities.

I am pleased to share that I had a highly constructive initial meeting with Llais, the Citizen Voice Body for Health and Social Care. This relationship is pivotal in reinforcing the Health Board's commitment to truly listening to, and acting upon, the voices of those we serve. Engaging with Llais not only strengthens our accountability to the public, but also represents a strategic opportunity to cultivate authentic partnership working—ensuring that the perspectives and experiences of citizens are embedded at the heart of our decision-making processes.

Looking ahead, I am committed to maintaining regular and open dialogue between the Board and Llais representatives. By doing so, we will ensure that citizen voice is not only routinely considered but actively shapes Board business and the direction of our organisation. This ongoing collaboration will help us deliver services that are responsive, inclusive, and aligned with the needs and aspirations of our communities.

Board Development Session – 30 October 2025



Acting for the Future



Providing Outstanding Quality

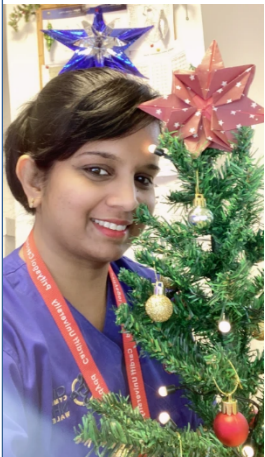
I was delighted to bring the Board together for my first Board Development session in October. The session was extremely engaging, with a strong emphasis on how we work as one Board—drawing on the diverse strengths and expertise of our members to drive the success of the UHB. We explored practical ways to foster a culture of collaboration and mutual support, recognising that our collective efforts are essential to delivering high-quality care and achieving our strategic objectives.

A key focus of the session was on strategic planning for the year ahead. We discussed the development of the 2026/27 Plan, ensuring that our priorities are aligned with the Health Board’s long-term vision and the Shaping Our Future Wellbeing Strategy. The Board reviewed the Integrated Performance Report, using it as a basis to reflect on our progress, identify areas for improvement, and set clear goals for the coming year.

Overall, the Board Development session provided a valuable opportunity to strengthen our shared purpose, enhance our effectiveness as a governing body, and reaffirm our commitment to working together for the benefit of the communities we serve.



Christmas Message



As we approach the festive season, I want to take a moment to reflect on the extraordinary dedication, compassion and professionalism Colleagues have shown throughout the year.

I am extremely aware that this has been a year of both challenge and achievement, and I am already inspired by the way our teams come together to support one another and deliver outstanding care to our communities. Whether you are working on the front line, behind the scenes, or supporting our services in any capacity, your contribution is deeply valued.

Christmas is a time for connection, gratitude and hope. For those who will be working over the holiday period, I extend my heartfelt thanks. Your commitment ensures that patients and families continue to receive the care they need, even during this special time.

To everyone across the UHB, I wish you a peaceful and joyful Christmas. May the season bring warmth to your homes and strength to your hearts, and may the New Year be filled with health, happiness and continued success.



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 **2** x documents since as listed below;

Seal No.	Description of documents	Background Information
1125	Heads of Terms for Lease Renewal - Unit 4, Parc Ty Glas The lease renewal is for Unit 4, Parc Ty Glas, Cardiff. The term of the lease is 5 years, commencing on 31/07/2025	The lease renewal is for Unit 4, Parc Ty Glas, Cardiff. The term of the lease is 5 years, commencing on 31/07/2025 £48,118 (excluding VAT)
1126	Lease, Rental Unit 12 The Concourse	£3,500.00 (excluding VAT)

The following **11 x Legal Documents** are reported as having been signed on behalf of the Health Board;

Date Signed	Type of Document	Background Information
15.09.25	Heads of Terms for Lease Renewal - Unit 4, Parc Ty Glas	The lease renewal is for Unit 4, Parc Ty Glas, Cardiff. The term of the lease is 5 years, commencing on 31/07/2025 £48,118 (excluding VAT)
23.09.25	UHL Hafan-y-Coed ELM Ward Refurbishment (Procurement Outcome Report No.34)	£44,923.65 (excluding VAT)
16.10.25	Lease, Rental Unit 12 The Concourse	£3,500.00 (excluding VAT)
13.10.25	DC25017 - UHL East Ward 2 Asbestos Remediation	£42,369.00 (excluding VAT)
21.10.25	DC25075 North Maternity AHU Replacement	£258,534.00 (excluding VAT)
21.10.25	DC25032 HYC Door Shields and Shower Screens (CAV-MIN-60530)	£53,357.82 (excluding VAT)
27.10.25	DC25001 – UHW TB1 Essential Riser Replacement	£160,377.74 (excluding VAT)
27.10.25	DC24063 - HSDU Phase 2 Roof Works	£50,831.12 (excluding VAT)
24.09.25	Washroom area in HSDU The upgrade would be completed via WG TEF scheme with the spend in this financial year.	Replacement of the chiller and two air handling units (AHUs) at HDSE has been completed at a total cost of £1,194,000 (inc. VAT). Proposed Variation Uplift of £399,296.40 (inc. VAT) which equates to 33.44% increase to cover the supply, installation, and commissioning of the third AHU.
30.10.25	Boiler Replacement for ALAC (Artificial Limb & Appliance Centre), Rookwood Hospital Planned, one-off requirement to ensure reliable heating provision at the facility.	£45,740.15 (excluding VAT)

The following **2 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
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30.09.25	Managed Services Contract for Haematology – Extension	<p>The contract consolidated multiple services and equipment agreements into a single MSC, covering leasing, maintenance, and consumables.</p> <p>The extension ensures continuity of critical services and compliance with procurement regulations while a new tender is prepared.</p> <p>Annual Increase: 0.7% (mainly due to activity growth in test volumes). £1,700,000 plus VAT (£2,040,000 incl. VAT) Total Contract Value (including all extensions): £24,480,371 plus VAT</p>	02.10.25
27.10.25	DC25080 UHW Ward Drainage	<p>UHW has experienced recurring issues with deteriorated cast iron vertical and horizontal drainage pipework within ward blocks and stem corridors. These issues have led to frequent blockages, disrupting ward operations and impacting hygiene standards</p> <p>Contract value is £1,397,547.00 plus VAT</p>	12.11.25

Recommendation:

The Board is requested to:

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

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Report Title:	Chief Executive's Report to Board			Agenda Item no.	5.3
Meeting:	Public Board	Public	x	Meeting Date:	27 November 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Governance				
Main Report					

EXECUTIVE SUMMARY

As we head into a particularly challenging part of the year, I wish to provide the Board with assurance that we have plans in place to respond to the anticipated seasonal pressures whilst providing an update on how we are supporting organisational, team and individual resilience in readiness for the forthcoming winter period.

I will also provide an update on specific elements of work associated with the Strategic Objectives.



Putting People First

Winter Respiratory Virus Programme

An important part of organisational resilience at this time of year is the winter respiratory virus programme of vaccination. We are seeing an earlier wave of influenza than usual and expect this to be a significant influenza season. It is therefore extremely important that we encourage teams and the population to take up the offer of vaccination.

The Public Health Team have worked hard to understand the barriers and facilitators to vaccination with teams and have adapted plans to meet the needs of the organisation. As of the 17 of November, more staff had been vaccinated for influenza than the whole of last year. The UHB has three staff vaccination clinics per week across the UHB and a daily permanent Occupational Health offer. The Vaccination Team are also roaming the wards of the main hospital sites to provide vaccines to busier colleagues. Detailed information on the flu vaccination programme can be found here [Updated: Flu vaccination for CAVUHB colleagues - autumn/winter 2025-26](#)

The Immunisation Team employs detailed, real-time data to identify specific teams and sites with lower vaccination uptake. This intelligence enables the targeted allocation of resources, ensuring that efforts are focused where they will have the greatest impact. The resulting insights are regularly shared with Clinical Boards and teams to support local improvement initiatives. Furthermore, the staff vaccination dashboard—recognised nationally as an exemplar of live data monitoring—has been presented at national meetings, and its underlying code has been disseminated to support replication by other Health Boards.

In addition, the UHB is actively advancing the uptake of influenza, Respiratory Syncytial Virus (RSV), and COVID vaccinations among both the public and inpatients. This is achieved through a comprehensive community vaccination programme, with a particular emphasis on accessibility and convenience for all eligible individuals. These measures collectively demonstrate the organisation's commitment to maximising vaccination coverage and safeguarding the health and wellbeing of staff, patients, and the wider community during the winter period.

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Staff Survey 2025

As we approach the final week before the [NHS Wales Staff Survey](#) closes on **Monday 1st December**, I want to personally encourage all colleagues to take part. Every voice matters, and all feedback is vital in helping us target improvements, share best practice and shape the future of the UHB.

As of 20 November 27.8% of colleagues have completed the Staff Survey. There are however many more voices we want to hear in order to create a better working environment and experience for everyone so I really encourage all who haven't completed the survey to do so before it closes. A further update will be shared with Board following completion and analysis of the Survey later in the financial year.



Providing Outstanding Quality

Infection, Prevention & Control (IP&C)

The seasonal challenges posed by respiratory viruses require a coordinated and proactive response to safeguard patients, colleagues, and communities. The UHB has implemented a comprehensive programme of Infection Prevention and Control (IP&C) measures to mitigate risk and maintain resilience throughout the winter period which are set out below.

The IP&C team is working in close partnership with clinical colleagues to monitor incidents daily and ensure rapid intervention where necessary. Best practice is being reinforced across all ward areas, including the correct use of personal protective equipment (PPE), prompt isolation of patients, and rigorous hand hygiene and regular audits are undertaken to ensure compliance with cleanliness and environmental standards.

Collaboration extends beyond hospitals, with the IP&C team engaging local health partners, community services and neighbouring Health Boards to share intelligence and respond swiftly to outbreaks in the community. Winter preparedness plans include the introduction of a formal weekend on-call IP&C service to strengthen support during peak periods. Additionally, the facilities teams are ensuring timely terminal cleaning of affected areas following any outbreak.

These actions demonstrate the organisation's commitment to maintaining the highest standards of infection prevention and control, providing assurance that robust measures are in place to protect all during the winter months.

Organ Donation

Organ donation remains a critical priority for the NHS community. At the end of the last NHS year, the number of people waiting for a transplant exceeded 8,000—the highest on record. Tragically, someone dies every day in the UK while waiting for a life-saving organ transplant.

I encourage colleagues to support a national initiative to encourage all NHS staff to register their decision on donation on the NHS Organ Donor Register. Healthcare professionals are trusted voices in their communities, and their leadership is essential to normalising conversations about organ donation and offering hope to patients waiting for a transplant. These small actions can make a significant difference for patients waiting for transplants in the communities we serve, further information is available [here](#).

All Wales Prehabilitation Symposium 2025

I was delighted to attend the All Wales Prehabilitation Symposium 2025 in October, an event that brought together colleagues from across organisations to explore new models of care and the vital role of prehabilitation in improving patient outcomes. The Symposium was a powerful reminder of the value of collaboration—seeing teams from right across Wales share their initiatives and best practice was truly inspiring.

For the UHB, the event underscored the importance of working together to develop and implement innovative approaches that support patients before, during, and after treatment. The discussions revealed evidence that demonstrated how prehabilitation can help patients build resilience, improve recovery, and enhance their overall wellbeing.

What I took away most was the energy and commitment of everyone present to drive positive change. The cross-organisational working show cased at the symposium is exactly what we need to deliver better care and outcomes for communities. I look forward to building on these connections and supporting teams to embed practice ensuring that we continue to put patient wellbeing at the heart of everything we do.

Metastatic Cancer Patient Wellbeing Day

I received a warm welcome at the All-Wales Metastatic Cancer Patient Wellbeing Day last month alongside colleagues and patients. The event was a celebration of innovation in treatment, the power of clinical commitment, expertise and skills and most importantly of the power of the patient voice and collaboration as well as being a reminder of the importance of a wellbeing focus alongside exceptional clinical care.

The day was full of inspirational speakers, patient and clinician stories and even some singing! And highlighted the value of bringing together patients, clinicians, and support teams to share experiences, resources, and practical advice. It reinforced commitment to holistic care, ensuring that we address not only the medical needs of patients but also their emotional, psychological, and social wellbeing. The resilience and positivity of the patients and families who attended was inspirational. Their stories and feedback motivate us to keep improving services and to work collaboratively across teams to deliver compassionate, person-centred care. Events like this are essential for building connections, learning from each other, and making sure that every patient feels supported throughout their journey.



Delivering in the Right Places

NHS App: Enhancing Patient Access and Experience

I am pleased to update the Board on the considerable progress we are making to enhance the NHS Wales App, particularly with the introduction of the Waiting List Referral and Hospital Appointments functionality. The digital team has demonstrated exceptional commitment and expertise, working collaboratively with Digital Health and Care Wales (DHCW) and the Digital Services for Patients and the Public (DSPP) teams to ensure that patient data is securely and efficiently shared. This will enable patients to access their first outpatient appointments directly through the app, improving transparency and empowering individuals to manage their care more effectively.

DHCW initially prioritised implementation across the 6 Health Boards using the Welsh Patient Administration System (WPAS), seeing them successfully going live on 31 October 2025. I am pleased to report that the integration of the UHB's data is now in its final stages, with rigorous testing and system integration underway. We anticipate that the patients will be able to benefit from this new functionality from 3 December 2025.

This development marks a positive step forward in the UHB's digital transformation journey, reflecting the ongoing commitment to improving patient experience and supporting the delivery of high-quality, accessible healthcare for the community.

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Winter Plan

As we experienced last winter, high levels of Flu were circulating during the festive period, earlier than anticipated, causing patients to present to services which led to the earlier than planned opening of winter beds, alongside the use of ad-hoc escalation areas to deal with the peaks of patient need.

The Chief Operating Officer will provide a comprehensive update on the Winter Plan later in the Board meeting and it is important to note that the Plan has been developed using forecast modelling from Public Health Wales, shared earlier this year, which enables the Plan to be based upon the most contemporary data and projections.

Nevertheless, it is important to acknowledge and recognise that while the Plan is robust, it is not without its limitations. The winter period presents significant challenges and can be unpredictable even with the benefit of forecasts and modelling. This year will be a challenge given the earlier circulation of influenza across the United Kingdom which most likely leads to a longer winter respiratory virus season. Although the measures we have put in place are intended to mitigate and manage the risks, the pressures on services and colleagues are expected to be considerable.

A key objective remains the maintenance of effective emergency care, which is underpinned by strong out-of-hospital services and close collaboration with partners including the Welsh Ambulance Services Trust (WAST) and local authority colleagues. The focus is to safeguard both emergency and planned care capacity and capability, thereby ensuring we continue to meet the needs of patients by providing timely access to essential services.

Estate and Infrastructure

The UHB continues to take a proactive and systematic approach to addressing the challenges associated with estate infrastructure. The following actions and plans are currently in place:

Electrical Resilience Testing:

On 21 October, the University Hospital of Wales (UHW) site successfully undertook the Operation Power Outage Electrical Test. While several issues were identified during the exercise, it is important to note that there was no impact on clinical services. An action plan is being developed to address the findings and ensure the continued resilience of critical systems.

Theatre Refurbishments:

In collaboration with the Theatres Team, it has been agreed that refurbishment works to Theatres 3 and 4, as well as the Recovery Suite, will be undertaken within the current financial year. A bid for funding support has been submitted to Welsh Government to facilitate these essential improvements.

Response to Infrastructure Failures:

The UHB has responded to recent infrastructure failures, including issues with the Uninterruptable Power Supply (UPS) in the Intensive Therapy Unit (ITU) and other key clinical equipment, which necessitated the relocation of several patients. Failures of this nature are serious and create additional risks and harm to patients and are very stressful and demoralising for teams. Remediation works are underway and are scheduled for completion prior to Christmas 2025. This is essential work to secure resilient safety for patients and teams. I can assure the Board that when failures occur they are reviewed, any potential or actual harm identified and reported appropriately including Duty of Candour where required and learning captured to build on-going resilience and inform remediation priorities and plans.

Strategic Capital Investment:

The UHB has submitted additional bids totalling £15.85 million to Welsh Government to support estates infrastructure projects, medical equipment replacement, and IT equipment, should slippage funding become available. These bids are designed to address both immediate and longer-term infrastructure needs. The UHB looks forward to working

collaboratively with Welsh Government to secure as much investment as possible to enhance facilities for all.

Haematology Day Unit Extension:

Welsh Government has approved funding of £2.7 million for the development of an extension to the Haematology Day Unit at University Hospital of Wales (UHW). This investment will enhance the environment for vulnerable patients receiving care in the Day Unit.

Addressing the many challenges of the UHB's estate and infrastructure is a priority for the Board alongside risk identification and mitigation. The operating environment is constrained as is the availability of investment but nevertheless we must continue to exercise our influence through engagement and proactive management to respond to and address the difficulties to secure a more resilient, therapeutic and enabling environment for patients and colleagues.



Acting for the Future

Cardiff Health Partners

Cardiff Health Partners (CHP) is a strategic collaboration between Cardiff University, Cardiff & Vale UHB, and Velindre University NHS Trust, created to accelerate health innovation and deliver measurable benefits for patients, the economy, and society. Anchored in Cardiff and connected globally, CHP aligns discovery science, clinical care, education, and industry partnerships to reduce health inequalities, improve outcomes, and drive inclusive economic growth. With initial priorities in next-generation cancer care, brain therapies, and precision medicine, CHP leverages world-class assets such as the Canolfan Iechyd Genomig Cymru Wales Genomic Health Centre at Cardiff Edge Life Sciences Park, Velindre Cancer Centre, and globally leading neuroscience research at Cardiff University Brain Research Imaging Centre (CUBRIC) to create faster connected pathways from research to patient care. Over the next decade, investment in CHP is projected to generate huge gross Value-added which is estimated to be around £800m and in excess of 10,000 high-value jobs, positioning Cardiff as a leading centre of excellence for health innovation and regional economic regeneration. To support this CHP have developed a prospectus, which has been collaboratively designed across the Partnership. The prospectus will be presented at the Welsh Government Investment Summit on 1st December to attract commercial partners and inward investment.

Planning for 2026-2027

I can assure the Board that the development of the Annual Plan for 2026–2027 is progressing in accordance with the agreed approach. Strategic Leadership Team planning workshops and discussions have commenced with a further session scheduled for the 11 December, with a continued focus on the complex work of strategy deployment, prioritisation of deliverables, and the triangulation of financial and workforce plans. These efforts are being carefully coordinated to ensure the creation of a coherent, affordable, and aspirational plan that is both credible and deliverable. The outputs from this work will inform successive iterations of the plan, which will be shared with Board Members for further consideration and input prior to final submission.

Christmas Message 2025

As we approach the Festive Season, I want to extend my heartfelt thanks to all colleagues for their dedication, professionalism, and compassion throughout the past year. Your commitment to patients, colleagues, and communities is truly inspiring, and it is your hard work that enables us to do our very best as we seek to meet the needs of the patients and communities we serve, even in the most challenging of times.

A special thank you goes to those who will be working over the Christmas and New Year period. Your continued provision of services during this time ensures that we continue to

provide essential care and support to those who need it most and these efforts do not go unnoticed, and I am deeply grateful for colleagues' professionalism and commitment.

I hope that whether you celebrate Christmas or not, whether you are working or able to take some well-deserved time off, you find moments to rest, recharge, and enjoy time with your loved ones. On behalf of the Strategic Leadership Team, I wish you all a peaceful, joyful Christmas and a happy, healthy New Year.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Targeted Intervention & Public Accountability Meeting 13 November

The UHB recognises the seriousness of its escalation status and remains fully committed to addressing the challenges identified. We welcome the support provided through Targeted Intervention, including the constructive discussions at the Public Accountability meeting on 13 November which is an important part of being a public sector accountable organisation. To ensure effective de-escalation, we have engaged further with Welsh Government to refine the escalation framework, resulting in greater clarity on the rationale for escalation and the planned interventions for each domain. This collaborative approach is ongoing, with executive leads appointed for each area and strengthened oversight arrangements being established. As Chief Executive, I retain overall accountability for delivery, supported by the Senior Responsible Owner and the Executive Team. Oversight of the framework will be maintained through the governance structures, ensuring continued focus on improvement and accountability. I welcome this collaborative approach and will work closely with Welsh Government to finalise the escalation framework and agree specific intervention proposals, ensuring clarity and shared commitment to improvement.

Letter from the Senior Medical Staff Committee (SMSC)

Earlier this month the UHB Chair received a letter from the SMSC that represents medical and dental consultants across the UHB. The letter outlined serious concerns relating to clinical leadership and engagement, estate and infrastructure, decision making approach and culture. The letter is of great concern and clearly demonstrates, despite best efforts, a failure of effective communication between the Strategic Leadership Team of which the Executive Team is part and the SMSC. The UHB Chair has met with the Chair of the SMSC and the Executive Team have responded to the concerns in writing. All correspondence has been shared with NHS Wales Performance and Improvement and Welsh Government and was appropriately and rightly raised as part of the Public Accountability Meeting. Our response set out our absolute commitment to improve engagement, collaboration and culture with our SMSC colleagues and we hope to be able to meet with them soon to have that discussion in more detail. The Board will be kept informed of progress.

Month 7 Finance

As we reach Month 7 of the financial year, I want to provide the Board with a clear update on the UHB financial position. Delivering the planned £56.2m deficit remains the intended target, and I want to assure colleagues and Board members that detailed work is ongoing to minimise the associated risks and maintain financial resilience. We continue to face a challenging environment, but the focus is on delivering a credible and sustainable position for the UHB.

The UHB has reported a month 7 deficit of £35.619m against a month 7 planned deficit of £32.803m. This is a variance of £2.816m against plan at month 7 with a forecast deficit against plan of £1.0m. Follow up deep dive meetings with each Clinical Board has supported an improvement of £4.4m against the month 6 forecast deficit. This however still leaves a gap of £1.0m to mitigate in addition to delivering against the plans in place as we move into a challenging winter period.

I am grateful for the commitment and diligence of teams as we work together to manage resources effectively and ensure that our financial decisions support the delivery of high-quality care for patients and communities. Maintaining financial discipline is essential, and I will keep the Board updated as we progress through the remainder of the year.

For Information

My Chief Executive report for Board will now include the action & decision logs from Strategic Leadership Team meetings.

These meetings are held tri-monthly between the Executive Team and Clinical Board Directors and their leadership teams, alongside other senior corporate directors and leaders, the Terms of Reference for these meetings **can be found in the supporting papers.**





Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 <p>Putting People First</p> <p>Click the objective to view more detail</p>	 <p>Providing Outstanding Quality</p> <p>Click the objective to view more detail</p>
 <p>Delivering in the Right Places</p> <p>Click the objective to view more detail</p>	 <p>Acting for the Future</p> <p>Click the objective to view more detail</p>

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Strategic Leadership Team Meetings Summaries



GIG
CYMRU
NHS
WALES

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

Strategic Leadership Team Meeting 02.10.2025

The Strategic Leadership Team (SLT) of Cardiff and Vale University Health Board, chaired by Chief Executive Suzanne Rankin, convened virtually to address a broad agenda of operational, strategic, and governance matters.

Setting the Scene: Progress and Ongoing Actions

The meeting opened with a review of actions from the previous session. Several ongoing items were discussed, including:

- **Cleaning Standards** and **SMSC/LNCEngagement**—both to remain on the action log for further follow-up.
- The **definition of “critical post”** for vacancy scrutiny, which remained unresolved and would be discussed outside the SLT.
- The **vacancy work** was deemed an active process and removed from the log.
- **Medicine Management** and **Workforce Race Equality Standard** actions were updated, with commitments to further communication and group formation.

Strategic Planning for 2026/27

A major focus was the planning approach for the coming year:

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- The SLT agreed to develop an **Annual Plan for 2026/27** rather than a three-year IMTP, aligning with Welsh Government de-escalation criteria.
- Six organisational priorities were agreed, balancing immediate needs with long-term transformation.
- Financial constraints were stark: Clinical Boards were told that they must plan within devolved budgets, with a gross deficit of around £100 million anticipated if no mitigation taken. Clinical Boards are expected as a first principle to identify options to operate and plan within allocated resources.
- The planning process would be iterative, with a workshop scheduled for 23 October 2025 and immediate action required from Clinical Boards. Templates and guidance were provided, and a focus on preventative care, workforce sickness absence (targeting <5%), and operational efficiency was emphasised.

Internal Communications Transformation

The SLT endorsed a move towards structured, digital-first communications:

- It was agreed that each Clinical Board would develop a SharePoint communication hub, modelled on the Nursing & Midwifery site, with support from the communications team.
- SharePoint would become the main information hub, while Viva Engage would focus on engagement and recognition.
- Directorate Managers were tasked with adopting SharePoint for news and updates, phasing out legacy methods.
- The approach would be refined based on feedback, with a focus on removing outdated information and engaging managers for broader adoption.

Clinical Governance and Service Delivery

Several key frameworks and service areas were addressed:

- The **Non-Medical Prescribing Governance Framework** was ratified, with clear accountability assigned and a plan for organisation-wide rollout and review.
- **Cyber Security** was recognised as a critical risk. The SLT agreed to clarify roles and responsibilities, align cyber security with risk management, and develop a comprehensive plan including training, monitoring, and regular engagement with Clinical Boards. Asset and risk logging, as well as expanded governance, were mandated.
- The **transition from paediatric to adult services** was reframed as an organisation-wide responsibility. Rather than appointing a single lead, the SLT called for broad engagement, formal governance, and an internal summit to develop a new approach. Commissioning issues for 16–18-year-olds and complex needs patients were highlighted, with a transition group to report back in three months.

Emergency Response: Critical Care Infrastructure

A pressing issue was the recurrent failure of critical care infrastructure, notably power outages, posing a major risk to patient safety. The SLT acknowledged the emergency and agreed on the need for both immediate and long-term solutions:

Immediate risk mitigation and a credible plan for temporary relocation were prioritised, alongside progressing a long-term replacement.

Senior leaders were tasked with clarifying and coordinating the action plan, engaging with Welsh Government for urgent investment, and

updating risk registers to reflect the emergency.

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Closing and Next Steps

The next SLT meeting was scheduled for 16 October 2025 at Woodland House.

Strategic Leadership Team Meeting 16.10.2025

The Strategic Leadership Team (SLT) of Cardiff and Vale University Health Board convened virtually, chaired by Chief Operating Officer Paul Bostock.

The session opened with a review of actions from the previous meeting, ensuring all outstanding items were addressed. The team then turned its attention to several key strategic and operational issues:

36 Degrees Mental Health Review:

- A major focus was the 36 Degrees review, which highlighted commissioning and financial challenges, particularly around forensic and secure bed usage and out-of-area placements.
- The SLT endorsed the review's methodology as a template for self-assessment across all Clinical Boards, not just Mental Health. Clinical Boards were tasked with reviewing the findings, applying relevant lessons, and reporting back at the November Executive reviews. The report was approved for internal sharing to support this work.

ePMA (Electronic Prescribing and Medicines Administration)

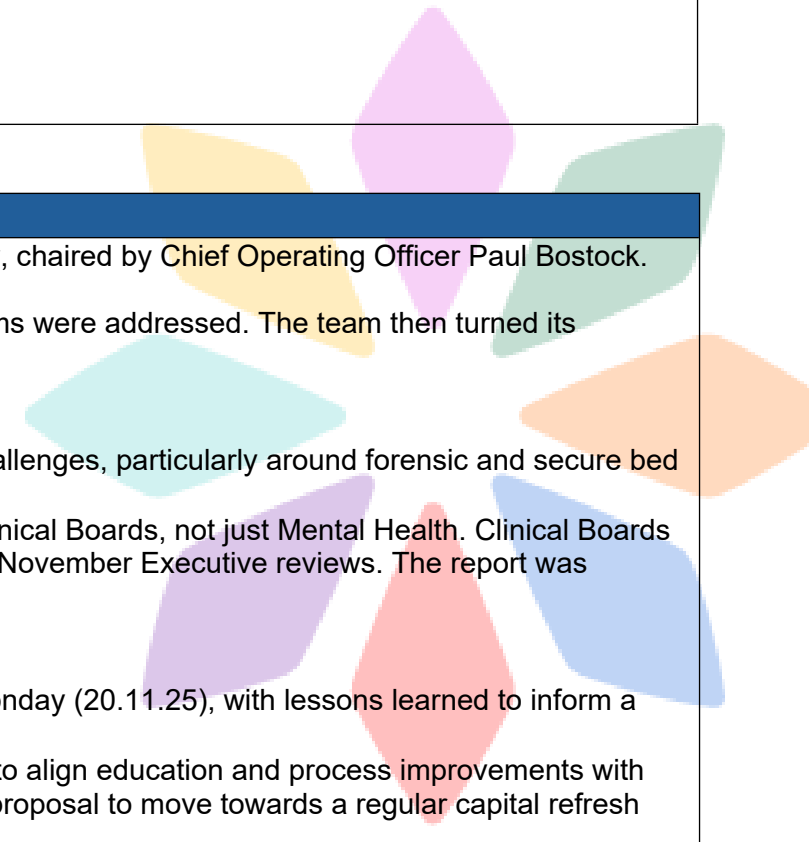
- The SLT agreed that the ePMA team would test the business continuity plan the following Monday (20.11.25), with lessons learned to inform a wider rollout.
- Clinical Boards were asked to resolve outstanding issues with Discharge Advice Letters and to align education and process improvements with the ePMA rollout. The need for a sustainable device replacement plan was identified, with a proposal to move towards a regular capital refresh programme.

Operation POET at UHW:

- The team confirmed that a planned power outage test at University Hospital of Wales would proceed, with robust contingency plans in place. Estates and clinical engineering teams were to be present in critical areas, and communications with affected departments were ongoing.

Digital Foundations:

- Clinical Boards were requested to establish task and finish groups to review the benefits of five main digital solutions, focusing on cash-releasing savings and validating projected benefits. The business case for Digital Foundations would not progress to Board or Welsh



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Government until a clear, board-approved plan for meeting revenue requirements was in place. Updates to the programme business case were scheduled for early 2026

Service Closure – OG Outreach:

- Approval was given to formally notify Swansea Bay and Aneurin Bevan Health Boards of the cessation of the OG cancer surgery outreach service, following the retirement of the supporting consultant. A broader review of vulnerabilities in the on-call rota for OG cancer services was commissioned.

Prioritisation Framework:

- The SLT approved a new framework for prioritising tertiary services, to be embedded in both new proposals and sustainability reviews. The framework would guide decisions on service development, decommissioning, or disinvestment, and would inform communications with commissioners.

Interventions Not Normally Undertaken (INNU) Policy Refresh:

- The updated INNU policy was approved, with further audit and assurance work to be discussed at the Clinical Effectiveness Group and reported to the Quality Committee.

Finance Update:

- The SLT noted that the savings plan was now largely de-risked, but a £5 million recurrent shortfall remained. Actions to close that gap included enforcing the vacancy scrutiny, maximising slippage from winter plans, and ensuring delivery of deep dive actions. The team emphasised that missing the £56.2 million deficit target was not an option..

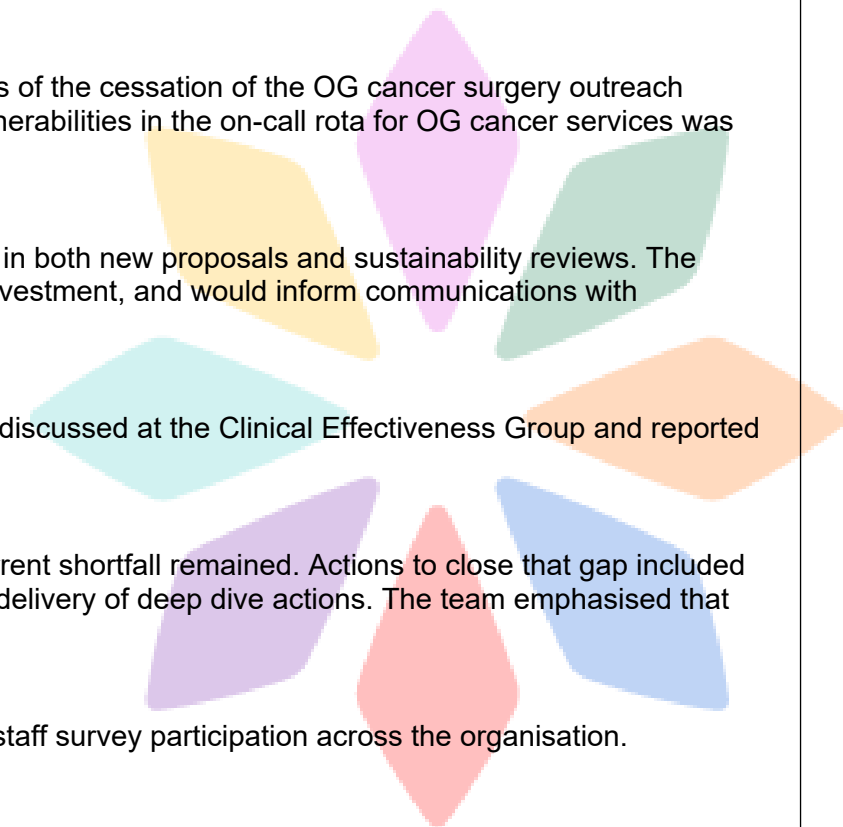
Staff Vaccination and Survey:

- Clinical Boards were asked to continue promoting flu vaccinations and to encourage staff survey participation across the organisation.

Vacancy Management – Any Other Business:

- Concerns were raised about the effectiveness and impact of the current approach. The SLT discussed the need for a more strategic approach to managing risks, including the use of service-level quality impact assessments and a formal appeals process for declined posts.

The meeting concluded with confirmation of the next session, scheduled for 13 November 2025.



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The Strategic Leadership Team (SLT) of Cardiff and Vale University Health Board convened virtually, chaired by Chief Operating Officer Paul Bostock. The action log was discussed with several actions being closed, updated, or moved to Executive review, streamlining the SLT agenda to focus on items requiring senior leadership attention.

Winter Plan Discussion

- A discussion was led on the urgent need for additional winter ward capacity due to high demand and bed pressures. The group debated staffing models, ultimately supporting Option 2 provided in the report (internal staff reallocation, no agency use), with a budget of around £750k. Concerns were raised about current over-capacity, inefficiency risks, and the need for weekly monitoring.

Clinical Coding Update

- SLT were presented with clinical coding challenges and improvements, including staff retention issues, the impact of remote work offers from NHS England, and the shift to digital solutions. Coding completeness improved to 81%, with ongoing efforts to grow the workforce and digitise processes. The group discussed balancing completeness and quality, audit impacts, and the need for further digital transformation.

Preventing Inequalities in Long-Term Conditions

- A collaborative project was introduced with public health and primary care. It was noted that the project targets health inequalities in four clusters using integrated reviews and social prescribing. The group supported the initiative, emphasising alignment with other workstreams, robust evaluation, and improved data sharing.

Cluster Profile Summaries

- Updated cluster profiles were highlighted, providing data on demographics, public health priorities, and long-term conditions to inform local planning and interventions. The group was encouraged to use these profiles in their cluster-level decision-making.

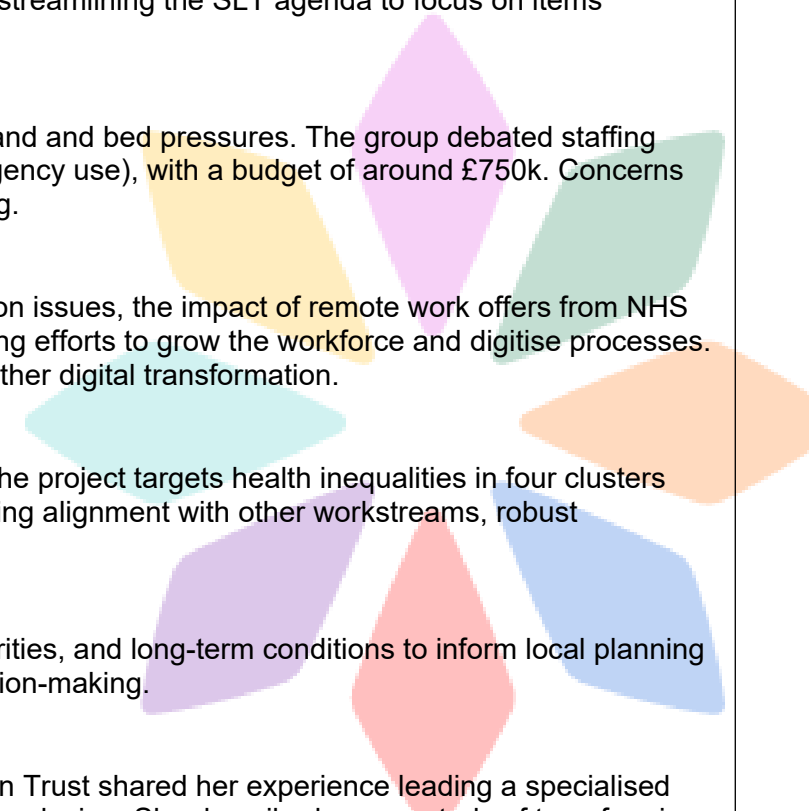
External Presentation: Humber Provider Collaborative

- Melanie Bradbury, a Collaborative Planning Manager from Humber Teaching NHS Foundation Trust shared her experience leading a specialised provider collaborative, focusing on trauma-informed care, financial management, and service redesign. She described a case study of transforming a high-cost patient's care, reinvesting savings into new services, and the importance of patient-centered planning. The group expressed interest in applying these lessons locally, especially in mental health.

Business Cases and Capital Projects

The Parkview business case was discussed, with unresolved revenue funding gaps. The group agreed to support the case only if the funding could be resolved before progressing.

- The Llandough Health Park (LHP) cases for endoscopy and orthopaedics were reviewed, with a significant revenue risk identified. The group supported the cases in principle but required explicit Welsh Government revenue support before proceeding.



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Cardiff HealthPartners and Research Initiatives

- SLT were updated on the Cardiff HealthPartners collaboration, involving Cardiff University, Cardiff and Vale, and Velindre, aiming to drive research, innovation, and economic growth. A prospectus is being prepared for Welsh Government, with more details to follow.

Meeting Close and Next Steps

The meeting ended with some items taken as read due to time constraints and a reminder about the upcoming planning event being held on 20th November 2025.

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21/11/2025 17:51:27

Report Title:	Finance & Performance – Chair’s Report			Agenda Item no.	5.4
Meeting:	Board	Public	x	Meeting Date:	27.11.2025
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report

Background and current situation:

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

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

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

Financial Report – Month 7 (including savings tracker)

The following points were highlighted under the Financial Report:

- A £35.6m deficit was reported at month 7, which was £2.8m over the plan but an improvement from month 6.
- Full savings plan was now in place (£32.6m identified), with only £1.7m in amber status.
- Key pressures: mental health out-of-area placements, contract performance, and national insurance shortfall.
- Confidence was growing in meeting the year-end forecast, but a £1m gap remained to close. Risks include the Welsh risk pool liability and band 2-3 corrective payments. Strategic cash support of £56.2m would be requested from Welsh Government.

Operational Performance Report

The following points were highlighted under the operational performance report:

- Static delayed transfers of care were highlighted, with adult social care as the main cause.
- Cancer referrals had increased 38% over two years, with more patients treated but performance dropping to 60% in September.
- Backlogs in dermatology, urology, and lower GI are being addressed with new hires and pathway changes.
- Diagnostics waiting times improved, with significant reductions in endoscopy and ultrasound waits. Winter plan was in place, with flexibility to respond to flu or other surges. An item on Winter Planning would be received by the Board at its November meeting.

Planning Maturity Self-Assessment

The self-assessment against the planning maturity matrix was presented to the Committee. Progress was noted, but levels remained low due to financial deficit and lack of an approved IMTP. An action plan was in place, with six-monthly reviews proposed.

Accountable Officer Letter

The committee approved submission of a letter to Welsh Government requesting £56.2m strategic cash support and £17m working cash, with risks noted if the forecast was not met or if additional liabilities arose.

Decarbonisation and Climate Agenda

Emissions had increased 62.5% since the 2018/19 baseline, mainly due to scope 3 (procurement/supply chain). Climate risk assessment and adaptation planning were underway. The key challenges included: limited resources, lack of data on high-carbon pathways, and the need for system-wide change. The Committee agreed to revisit this topic with more time in future meetings.

Regional Orthopaedic Business Case

The regional business case was outlined for a new arthroplasty facility at Llantrisant Health Park. Key risks: revenue funding (up to £6.5m) and workforce planning. Detailed discussion deferred to private session.

Monitoring returns for month 6 was 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

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

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Report Title:	Board Assurance Framework			Agenda Item no.	5.5
Meeting:	Board	Public	X	Meeting Date:	27 November 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report

Background and current situation:

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

The 2 delivery focused risk themes are:

1. Quality
2. Health Equity

And there are 4 key enabling risk themes:

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

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

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

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

There have been no changes to overall net risk scores.

The BAF has now appeared or is on the forward plan for all relevant committees. As a reminder these are:

Risk Theme	Committee
Quality	Quality
Health Equity	Quality
People	People and Culture
Digital	Digital and Infrastructure
Infrastructure	Digital and Infrastructure
Sustainability	Finance and Performance

Update

The Finance and Performance Committee receives the BAF at every other meeting (to coincide with Board) on a rotation of long-term finance, decarbonisation and research, delivery and innovation.

This month it received an update on decarbonisation and was briefed on the challenges the Health Board is facing by Ruth Jordan with this key information delivered:

“Despite ongoing efforts to decarbonise operations, Cardiff and Vale University Health Board (CAV UHB) reported 260,091.87 tonnes of CO₂ (tCO₂) in 2024–25 a 62.5% increase from the 2018/19 baseline of 160,000 tCO₂. This also represents a significant rise of 79,966.02 tCO₂ (44.39%) compared to the previous year, making CAV UHB the largest carbon footprint holder in NHS Wales.”

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
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Quality Impact Assessment Completed?:

Please place an “X” in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

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

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

Risk: No
Safety: No
Financial: No
Workforce: No

Legal: No
Reputational: No
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>
Equality and Health: No - <i>Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</i>
Decarbonisation: No
Welsh Language: No
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>

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Board Assurance Framework

Updated 27 Nov 25

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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	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.

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Strategic Framework

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

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Strategic Objectives			
Putting People First	Providing Outstanding Quality	Delivering in the Right Places	Acting for the Future
<p>We will be a great place to train, work and live, where we listen to and empower people to live healthy lives.</p> <p>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.</p>	<p>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.</p> <p>We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.</p>	<p>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.</p> <p>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.</p>	<p>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.</p> <p>By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities.</p>
<p>People will feel valued, developed, supported and engaged.</p> <p>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.</p> <p>Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.</p> <p><i>Saunders Nathan 21/11/2025 17:51:27</i></p>	<p>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</p> <p>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.</p> <p>Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.</p>	<p>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.</p> <p>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.</p> <p>With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future.</p> <p>Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.</p>	<p>Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners.</p> <p>Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value.</p> <p>Maximise the Health Board's contribution to the foundational economy</p> <p>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.</p>

Strategic Risks – Quality

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

Strategic Risk	Risk Appetite Target Risk	Gross Risk (no controls)	Net Risk (after controls)	Trend	Context	Executive Lead(s)
Quality	Cautious 10	25	15		<p>Our ultimate priority - to continuously, reliably, and sustainably meeting the needs of the population that we serve.</p> <p>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.</p>	Exec Dir Nursing Exec Medical Dir Exec Dir AHPs and Health Science Chief Operating Officer
Health Equity	Open 12	16	12		<p>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.'</p> <p>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.</p>	Exec Dir Public Health
People	Open	20	16		The most important asset of any organisation.	Exec Dir People

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Strategic Risks – Quality

	10				<p>Through the delivery of the People and Culture Plan, our strategy will be delivered with a key focus on these core People risks:</p> <p>Attract, Recruit, Retain Culture Wellbeing</p>	
Digital	Cautious	25	20		<p>Data is integral to our strategy. It empowers informed decision making about what we need to do, why, when and how we perform.</p> <p>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.</p> <p>The security, management and accessibility of data is essential.</p>	Dir Digital
	20					
Infrastructure	Open	25	20		<p>The Health Board has the largest hospital in Wales, a footprint across dozens of locations and integrated service locations with key partners.</p> <p>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.</p>	Exec Dir Finance
	15					
Sustainability	Cautious	25	20		<p>Sustainable, efficient services are a legal requirement, improve quality and ensure a sustainability of service for now and future generations.</p>	Exec Dir Finance

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Strategic Risks – Quality

	10				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.	
Risk Appetite						
Avoid	Avoidance of risk and uncertainty is a key organisation objective			Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)	
Minimal	Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential			Seek	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward			Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust	

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Strategic Risk	Strategic Portfolio	Exec Leads	Committee	Date Added
Quality	Shaping our Quality, Value & Sustainability	Exec Dir Nursing Exec Medical Dir Chief Operating Officer Exec Dir Therapies and Health Science	Quality	30 Sep 24
Risk				
Delivering outstanding quality and eliminating avoidable harm is the ultimate priority of the Health Board, however, constraints associated with capacity, Capacity, governance and leadership to deliver measurable success across each of the six domains of quality impacts on the ability to deliver quality all the time and for the entire population				
Cause		Impact		
<p>Safe – avoiding harm to service users and staff Risk to delivering safe care is increased due to demand pressures, workforce shortages, aging physical estate, lack of digital technology and variation across the organisation.</p> <p>Timely – providing care within an appropriate timescale to avoid harmful delays Ability to deliver timely care is significantly impacted by the backlog of referrals following the covid-19 pandemic and the mismatch between demand and recurrent capacity within many clinical services</p> <p>Effective - providing services based on scientific evidence and refrain from providing treatments and services that do not benefit patients Ability to deliver effective care is impacted by workforce pressures, outdated systems and process, particularly related to digital technology, clinical coding and aging physical environments. The challenge in accessing real time data to track care against a robust evidence base means that the organisation is dependent on retrospective data to inform its response to quality risk</p> <p>Efficient - avoiding waste that does not add value to the patient or the desired outcome Risk to delivering efficient care is caused by outdated systems and process, particularly related to digital technology and aging physical environments and workforce efficiency</p> <p>Person Centred - providing care that is respectful and responsive to patient’s values and needs In order to reduce the risk of not delivering person centred care the organisation must seek understanding of our population, empower patients, seek options to receive feedback and develop a responsive culture.</p> <p>Equitable - Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life We embed equality and human rights in our health care system.</p>		<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

We design services that meet the needs of our local population.

Equitable – Our health outcomes between different population groups (e.g. most deprived and least deprived and different ethnic groups indicate that we have more work to do on this aspect of quality. We have developed an 'Equity, Equality and Patient Safety Framework for the Health Board' this describes a framework for change, provides examples of best practice from across the world, and finally outlines the key actions each Clinical Board has committed to. For example, our data collection of protected characteristics is poor, and each Clinical Board will need to make improvements in this area. Using a co-production approach supports equity.

Uncontrolled Risk

Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10
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Controls	Assurances
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • People and communities experience framework • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • PSOW REPORTS • WRP assessments • Accessibility standards • Equity, Equality, Experience and Patient Safety Framework and Action Plan at Quality Committee • Assurance of CAVHIS Business Case Implementation in 2024/25

Strategic Risks – Quality

Equitable – We monitor performance against the actions outlined in the Equity, Experience and Patient Safety Framework and Action Plan. This goes to Quality Committee every six months.

Our Cardiff and Vale Health Inclusion Service (CAVHIS) supports the most vulnerable people experiencing ‘cliff edge’ health inequalities, but there is more to do to support this population and reach out to the next level of people experiencing health inequalities. Investment has been agreed to support this expansion. Implementation of this Business Case will need to be reviewed periodically. Progress against the implementation of our co-production approach will also be important for improvements to equity.

Our Shaping our Future Quality Excellence Programme is focussing on developing a Quality Management System for the UHB and on improving performance against specific quality challenges; Hospital Acquired Infections, Acute Deterioration, Lost to Follow-up and Medication Errors.

Gaps in Controls

Lack of funding available for deliver planned care performance standards recurrently
Both the clinical safety group and the clinical effectiveness groups are relatively new forums, and the Clinical Board quality and Safety governance needs to mature further to deliver a quality management system.

Staff retention and recruitment vulnerabilities are impacting on case ascertainment for national audits.

Many local improvements aligned to patient safety incidents are within the gift of the clinical boards to facilitate, however there are complex health board wide or national improvements for example delivery of scan for safety, implementation of a medical device register, whole system approach to observation and escalation that are dependent on resource

Poor data collection on protected characteristics across the organisation.

Gaps in Assurances

- Approach to Quality Statements
- Quality Outcome Framework
- Resource for widespread health board wide improvements
- Data improvements that will improve data monitoring of protected characteristics at the local level e.g. National Data Repository, a Population Health Management System for Wales and use of the NHS App in Wales

Risk Post-Controls and Mitigation

Impact: 5

Likelihood: 3

Net Risk: 15

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Actions			
What	Lead	By	Update
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	31/12/25	<ul style="list-style-type: none"> 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
Develop and deliver improvement plan for cancer and long waiting patients, including a plan to reduce diagnostic waiting times.	PB	31/03/26	<ul style="list-style-type: none"> Delivery against revised trajectories is monitored internally and by WG Challenging position in select specialities including ophthalmology End of year positions in Cancer and 104 weeks for 24/25 good in comparison to recent years but still too long and not in line with WG expectations. Revised plans in place to deliver reduction during 2025/26 Cancer performance remains best in Wales – further work to do to reach 75% Long waits significantly reduced, meeting agreed trajectories for each quarter. Q2 performance slightly ahead of trajectory for 104 week waits.
Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production	PB	31/12/25	<ul style="list-style-type: none"> 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
Deliver the Theatres Together Programme which includes important quality elements such as the WHO checklist and productivity improvements	PB	31/03/2026	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> External consultancy appointed to support with review of mental health services – work ongoing Plans for neurodevelopment services undergoing significant scrutiny 3-year ND waits for children and young people likely to be >450 by March 2026 – working with WG and NHS P&I
Development of a Quality Outcomes Framework- To support a data informed approach to quality	JR/ RS	31.06.25	<ul style="list-style-type: none"> Meetings underway with corporate teams to agree quality indicators Work to extrapolate data relating to patient safety incidents commenced

Strategic Risks – Quality

			<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

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Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Health Inequity	Shaping our Population Health and Place Based Partnerships	Executive Director of Public Health	Quality	29 July 2021
Risk				
There is a risk that lack of investment in prevention, primary care and community services coupled with a deterioration in the wider determinants of health will adversely impact our statutory duty to improve the health and well-being of our local population and our strategic ambition to reverse the historic trend in widening inequality in life expectancy for men and women living in Cardiff and Vale.				
Cause			Impact	
<ul style="list-style-type: none"> • People in the most deprived areas die earlier on average and live more of their lives in poor health; this is well recognised and deeply entrenched, but it is preventable. • People living in poverty are getting sicker and accessing services later. For the most deprived groups, EU attendances are nearly twice as high and emergency admissions more than double that of the least deprived. • In 2021 the <i>undiagnosed</i> diabetes rate was double for those in the bottom Index of Multiple Deprivation (IMD) quintile compared to the top. This presents a challenge for the NHS in finding those with an unmet need for healthcare. • Greater illness and poorer access to care (the inverse care law) contribute to worse health outcomes. This impacts directly on the gap in life expectancy between the most and least deprived groups. • Our organisation has set the strategic intention to shift spending from reactive care in hospitals to more prevention and proactive care in the community setting – but secondary care has attracted a greater share of NHS spending, meaning that prevention, primary care and community services have received a smaller share. This must be addressed for the sustainability of the organisation. Locally we call this left shift, a ‘shift upstream’ towards prevention. • Spending on prevention, and in primary and community settings had a superior return on investment when compared with acute hospital services. • There is strong evidence that areas that invest more in prevention and community care see 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates together with lower average activity for elective admissions and EU attendances. • Changing both the distribution of resources and the operating model to deliver integrated, preventative care closer to home are the strategic priorities of the 			<ul style="list-style-type: none"> • We can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill health. This in turn reduces the burden on the Health Board and social care while enabling our population to be more productive in our working lives, so strengthening the local economy. This is the desired outcome for individuals, families and the public purse. • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. • The key population groups with multiple vulnerabilities include: <ul style="list-style-type: none"> - Some minority ethnic groups, especially some people in Black and Asian populations - People living in (or at risk of) deprivation and poverty - People in insecure/low income/informal/low-qualification employment, especially women. - People who are marginalised and socially excluded, such as people experiencing homelessness and other inclusion health groups • Areas with higher unemployment have greater incidence of suicide; and people living in the most deprived areas experience the largest increase in mental illness and self-harm. • Health inequalities are estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness. • Lower levels of immunisation in the population have significantly increased the risk of outbreaks of diseases like measles. These will impact disproportionately more on our most deprived communities, with direct risks to health and by further negatively impacting on wider determinants such as education or employment. • The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people 	

organisation as described in the strategy, because they are derived from the changing needs of the population.

- Health inequalities are well documented across the UK, with a recurrent pattern of worsening outcomes linked to factors such as deprivation and ethnicity; these inequalities are evident for many chronic and acute conditions.
- Health inequalities arise in three main ways:
 - structural issues, e.g. income, employment, education and housing
 - unhealthy behaviours due to the environment, social norms and income levels
 - inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to particular needs.
- Differential experience of the wider determinants of health across the life course mean that disadvantage experienced in childhood is often compounded and exacerbated through adult life, and often passes inter-generationally.
- The 'Inverse Care Law' has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan.
- Deprivation correlates strongly with rates of vaccination in the population, the gap in immunisation between the most and least deprived has been widening in recent years.
- The UHB also has a role as a care provider, employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents and to advocate for improvements to the wider determinants of health with other statutory partners.
- Lack of capacity to deliver evidence-based interventions at scale to tackle health behaviours e.g. smoking, diet, physical activity, alcohol, that drive the huge disparities in health outcomes we see across Cardiff and Vale.
- Lack of capacity to undertake more substantial work on the wider determinants of health with partners.

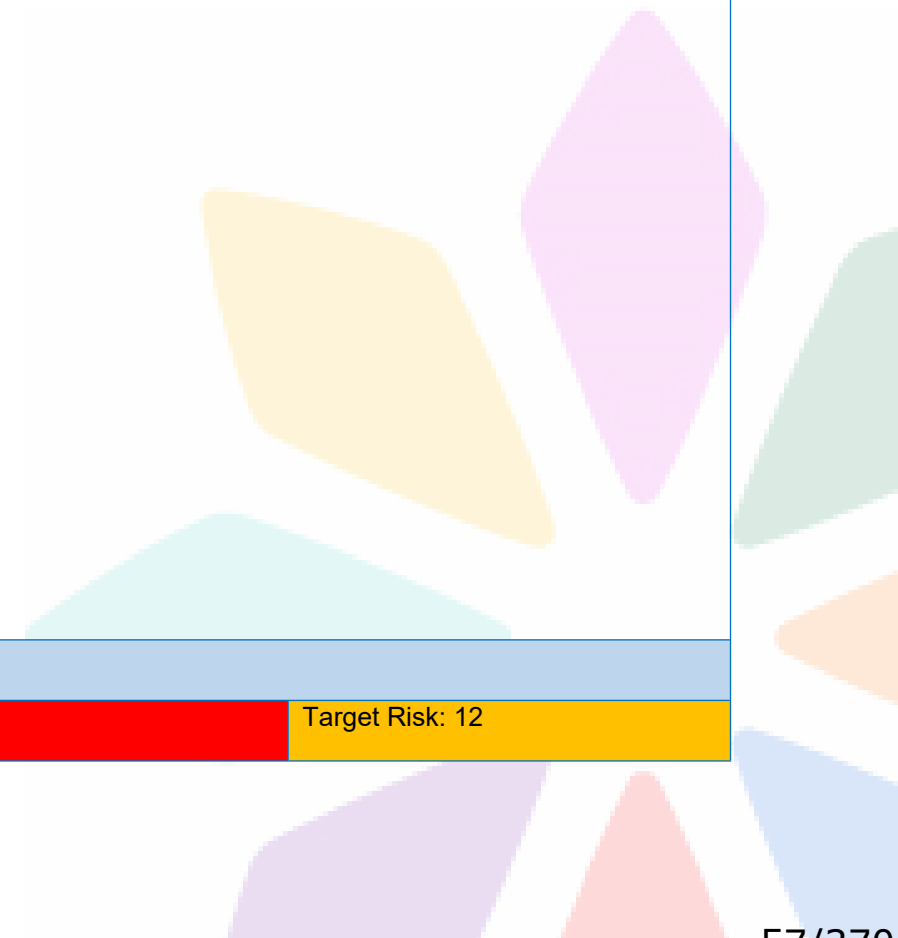
Lack of investment in prevention, primary and community services, e.g. health visitors (UK staff shortages) and public health consultants (Faculty recommends 15 for a population of 500,000).

living in the more deprived areas compared to those living in the least deprived ([PowerPoint Presentation \(nhs.wales\)](#))

- There is a moral and financial sustainability imperative to address health inequalities in our Health Board.

Uncontrolled Risk

Impact: 4	Likelihood: 4	Gross Risk: 16	Target Risk: 12
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Controls	Assurances
<p>1. Statutory duty</p> <ul style="list-style-type: none"> • 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. <p>2. Role as an Employer</p> <ul style="list-style-type: none"> • 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. <p>3. Our Strategy and Plans</p> <ul style="list-style-type: none"> • The refreshed UHB Strategy 'Shaping our Future Well-being' shines a light on the issue of equity at the strategic level. • The Cardiff and Vale long-term public health plan 2024 – 2035 sets out how the UHB intends to achieve its ambitions of increasing life expectancy, reducing inequity and shifting more focus to prevention. • 'Shaping our Inclusive Culture 2024-2028' is closely aligned with the UHB Shaping our Future Well-being. • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB have further identified collective actions. • The future UHB organisational direction agreed at the recent rapid planning event supports the 'shift upstream' by committing to develop an Integrated Community Health System, underpinned by care pathways that begin with prevention; prevention is a 'brilliant basic'. • The establishment of a Strategic Diabetes Programme Board is a key element to reducing health inequalities and has an aim to identify those with undiagnosed diabetes in areas of deprivation across Cardiff and Vale. • The Health Board is implementing and periodically reviewing its strategy to tackle the lower and unequal uptake of vaccination in our most deprived communities. <p>4. Public Health Priorities to reduce health inequalities</p> <ul style="list-style-type: none"> • As a team we have agreed three immediate priorities that will influence health inequalities (and other work that we will need to bring forward when capacity allows): 	<p>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</p>

<ul style="list-style-type: none"> - preventing obesity (focus 0-5 years) - reducing smoking rates (dependent on a new business case) - increasing levels of vaccination (using an outreach model to reduce inequity in uptake). 		
Gaps in Controls		Gaps in Assurances
		Monitoring data (e.g. on protected characteristics) Population Health Management System to reduce inequalities by identifying those at risk
Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 3	Net Risk: 12

Actions			
What	Lead	By	Update
Embed a 'Socio-economic Duty' way of thinking into strategic / operational planning, <i>beyond</i> complying with our statutory duty, and to always consider the unintended consequences of our actions	Claire Beynon/ Rachel Gidman	2025/26	<ul style="list-style-type: none"> • 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. • <u>Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.</u> • <u>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.</u> • The UHB has recruited an Equity & Inclusion Manager who will start in October 2025, improving organisational capacity to support Clinical and Service Boards, including with awareness and training on completing EHIAs.
Within the UHB and through our PSB and RPB partnerships, continue to develop and deliver a suite of focused preventative actions to tackle inequalities in health	Claire Beynon	March 2026	Work to tackle inequalities needs to take place over prolonged time periods. In 2025/26 we will continue to work with PSB and RPB partnerships to address the three priority areas where we know we can make a significant impact on reducing health inequalities: smoking, vaccination and obesity. The Amplifying Prevention Board, held jointly with Local Authority (LA) partners, provides governance oversight of this collective action and works to remove any blocks to collective action.

- The Head of Equity and Inclusion is a member of the Public Sector Equality Network, improving the collaboration between public sector organisations in the area.
- An ongoing, opportunistic programme of MMR vaccination catch ups will continue ~~until the end of the school year.~~ This programme is delivered in school and community environments, also using the vaccination van to support outreach efforts in communities with lower uptake. The wider community delivery model of vaccination is also continuing, with an enhanced focus on delivering vaccination closer to home.
- A more targeted, intelligence driven approach is being discussed with Cardiff Council and appropriate data sharing agreements are under development. It is expected to take some time before the correct information governance will be in place to support ~~this, and this~~ and a Task and Finish group meets fortnightly to maintain focus on this. Digital Health and Care Wales (DHCW) will support with automating the currently manual process of updating the school population data provided from Cardiff Council into the child health record system, CYPRIS.
- The same intelligence driven approach is being used for analysing inequities of childhood vaccination in primary care. This work will help us to support General Practices in targeting and following up children in areas or communities with lower uptake. The Public Health Team's Data Analyst is developing dashboards that can be used to support discussions with individual GP surgeries in an accessible and interactive way.
- ~~Operational plans are in place for the D~~delivery of the injectable gelatine-free flu vaccination in the school setting ~~is underway during 2025.~~ Community engagement activities are gathering insight on awareness of the gelatine-free options, and behaviourally informed communications, including an updated consent form, are being developed.
- ~~Our~~ Health Improvement Officer works across Cardiff Council and the UHB's Public Health Team as part of a collaboration to improve our understanding of and engagement with ethnic minority communities. The aim of their work is to build trust with these communities, supporting us to understand and break down barriers to good health and wellbeing. The Officer is employed in this role by Cardiff Council, funded, via the Public Health Team, by a Welsh Government grant.
- 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.~~ ~~The~~ most recent update ~~being was~~ provided on August 5, 2025. As the actions are being completed, a review ~~is being will be~~ undertaken to identify further actions and steps. Highlights ~~since the last update from the most recent update~~ include:
- ~~Progress has been made on the new health inclusion model based on need - there is a nurse in place between 9am-5pm to provide EU / ward in reach. There is also a GP in place providing primary care in-reach to inclusion groups. There are GP and nurse outreach clinics that have been newly established in the last 3 months into probation services and parlours. The outreach clinics into the frontline single~~

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		<p>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.</p> <ul style="list-style-type: none"> • 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. • Alongside more traditional advertising methods, innovative approaches to promoting 'Help Me Quit' are being trialled, including digital advertising in Cardiff city centre, 'in app' advertising direct to mobile devices, and partnerships with Cardiff City and Barry Town football clubs. In addition, the 'Help Me Quit' community service is working in partnership with local primary care practices and networks to take targeted action in deprived areas to promote smoking cessation services and encourage referrals and uptake amongst high-risk patient groups such as those with chronic respiratory diseases. • Evidence shows that smokers are 36% more likely to be admitted to hospital than non-smokers. The 'Help Me Quit' service within Cardiff and Vale Public Health Team is working closely with the Hospital Smoking Cessation Service to maximise the opportunity to support 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.
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			<ul style="list-style-type: none"> 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). The UHB's Community Smoking Cessation Services aim to ensure that clinic provision aligns to areas with higher smoking prevalence to reduce barriers to service access. Further work is also planned to improve outreach e.g. with housing association tenants. 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.
<p>Improve the routine data collection in relation to equality and inequity across the UHB.</p>	<p>Claire Beynon</p>	<p>March 2026</p>	<p>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.</p> <p>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.</p> <p><u>Useful training tools and guidance are now available via the Health Board's sharepoint pages</u>The next phase will involve rolling out useful training tools and guidance on the intranet 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.</p> <p><u>Starting early 2026-:</u></p> <p>A range of methods is used to gather feedback with the aim of ensuring all patients have the opportunity to contribute, including:</p> <ul style="list-style-type: none"> Website hosted surveys Kiosk surveys Tablet surveys Postal surveys and paper-based feedback forms Telephone surveys SMS surveys Focus groups Patient stories

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			<ul style="list-style-type: none">• Bespoke• QR coded bBedside surveys <p>The All-Wales Peoples Experience Framework was launched in April 2025. The new People's Experience Survey (PES) survey was implemented in May 2025 at the Health Board.</p>
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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	
<p>1. Attract Recruit Retain</p> <ul style="list-style-type: none"> 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. 			<ul style="list-style-type: none"> Higher levels of sickness absence Lack of management capacity to support staff appropriately; <ul style="list-style-type: none"> 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. 	
<p>2. Culture</p> <ul style="list-style-type: none"> 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. 			<ul style="list-style-type: none"> Staff morale may decrease Increase in absenteeism and/or presenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Increase in formal employee relations cases / respect and resolution Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employer of choice may decrease Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. Existing inequalities exacerbated Not realising the opportunities within workforce sustainability 	

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Strategic Risks – People

<p>3. Wellbeing</p> <ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> 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 <p>Impact on retention (negative) and attraction of staff into healthcare</p>	
Uncontrolled Risk			
Impact: 5	Likelihood: 4	Gross Risk: 20	Target Risk: 10

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Controls	Assurances
<ul style="list-style-type: none"> 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 <p>Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme</p> <p>Staff survey</p>	<ul style="list-style-type: none"> 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
<p>Agreed Retention Plan for all staff. Retention & OD Lead for the UHB</p> <ul style="list-style-type: none"> Workforce supply affected by National Shortages. <p>No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles)</p> <ul style="list-style-type: none"> No organisational cultural dashboard 	<p>Capacity to respond to requests for cultural and transformation work</p> <p>Effective measures of culture / engagement</p> <ul style="list-style-type: none"> 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

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Clarity of signposting and support for managers and workforce
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Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 4	Net Risk: 16

Actions			
What	Lead	By	Update
<p>Agreed Retention Framework to support retention for all staff groups, aligned to HEIW Principles and HEIW Nurse Retention Plan.</p> <p>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.</p>	Claire Whiles	<p><u>Jan 2026</u> Oct 2025</p>	<ul style="list-style-type: none"> • The All Wales self-assessment was due on the 31 March 24. The organisation completed and submitted. • <u>Draft OD, Wellbeing and Culture Framework and Toolkit produced and under review engagement process underway for review and feedback. To be ready for publication and engagement October 2025 To bring to People and Culture Committee in January 2026 prior to UHB launch.</u> • <u>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.</u> • <u>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)</u>

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Strategic Risks – People

<p>To develop management and leadership development where compassionate and inclusive leadership principles will be at the core of all the programmes.</p>	<p>Claire Whiles</p>	<p><u>Oct 2025</u> <u>March 2026</u></p>	<ul style="list-style-type: none"> • Management programmes continue to be delivered and evaluated using the Kirkpatrick model (introduced Q1 2024). <u>Lessons learned is part of the ongoing L&M Review.</u> • Compassionate Leadership masterclasses developed via 'train the trainer' session with Professor Michael West. Delivered regularly. Ongoing review and evaluation in place. <u>Lessons learned is part of the ongoing L&M Review.</u> • Leadership, Management and Skills programme for Band 8C and 8B (Optimising Ops) agreed and <u>will commenced in</u> September 2025 for 8C managers. <u>Exploring regional delivery with 2 x ABUHB delegates are attending, demonstrating and CTMUHB to enhance resilience, content and mutual support, shared and</u> regional working. • Elev8 Programme to be launched September 2025 to support Advancing Clinical Leadership. A multi-disciplinary programme to support Band 7 clinical leaders in order to successfully lead compassionate, accountable and improvement focused teams. <u>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.</u> • <u>Successful recruitment to Head of Leadership and Management position, individual will commence in role October 2025. Work continuing until that time, overseen by Head of OD and Culture. We continue to work closely with HEIW to align leadership principles to 4-nations work on leadership and management competencies. Focus on management development focused on brilliant basics – managing attendance and wellbeing, accountability and ownership, compassionate leadership</u> • <u>Hd of L&M appointed wef 29 Sep 25 – new role that will increase capacity within L&M team and contribute to development of a new strategic L&M plan</u> • <u>New HEIW led Leadership and Competency Framework due to be rolled out across Wales in the next 1-3 yrs (based on NHS England work)</u> • <u>Deep dive of existing L&M packages underway to ensure we are aligned alignment with HEIW leadership principles and expectations.</u>
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Strategic Risks – People

			<ul style="list-style-type: none"> • <u>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.</u> • <u>Collaboration with DHI commenced to develop additional offers using a joint capability to improve effectiveness across the system. This mitigates seeking costly external trg delivery i.e Self, Team, Team of Teams (STATT).</u> • <u>HEIW Audit of L&M confirmed for Feb 26. Review of previous advisory in Jul 2023 has been undertaken and preparation for the audit is underway.</u> • All programmes underpinned by compassionate and inclusive leadership principles and aligned to the all-Wales leadership competencies and principles. • Connected to Isle of Wight and Portsmouth NHS Trusts to identify key learning around the Culture and Leadership Programme. Two meetings held to date, documents reviewed and key learnings considered. • 'Cultural Safety Zones' concept <u>being</u> taken to 'Spread and Scale Academy' in October 2025, <u>6 key stakeholders presenting work. This links to Culture and Leadership Programme, Ward accreditation, Service Reviews and Compassionate Leadership Pledge. Supported by TU partners. Outcomes under review to assess opportunities to expand / introduce.</u> • Thorough TNA will be required to support effective leadership and management development. Looking at Management Passport for all managers to ensure underpinning knowledge. <u>This work is ongoing.</u> • <u>Self, Team and Team of Teams pilot leadership programme delivered to Peri-Natal Colleagues April 2025. Evaluation with HEIW to review next steps.</u>
Equality, Diversity and Inclusion	Claire Whiles	<u>OctDec</u> 2025	<ul style="list-style-type: none"> • Continue to monitor the delivery of the Strategic Equality Objectives and Plan through annual reporting.
Welsh Language Standards being implemented.	Claire Whiles	<u>OctDec</u> 2025	<ul style="list-style-type: none"> • Continue to improve capture of Welsh language skills data through 'making every contact count' approach (i.e. Staff Survey roadshows). <ul style="list-style-type: none"> ○ Current registration is <u>53.758.7%</u>, an increase of <u>8.185.08%</u> from <u>AugustOctober</u> 2024 to <u>August October</u> 2025. • Resolve the three Standard Enforcement Investigations currently open with the Welsh Language Commissioner. • <u>Concern raised by Welsh Language Commissioner regarding signage in Neonatal Clinic in UHW has been resolved.</u>

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Strategic Risks – People

			<ul style="list-style-type: none"> Assurance provided to Welsh Government on implementation of the <u>More than just words national strategy in the IQPD review in October 2025.</u> Continue to communicate and deliver Welsh language learning opportunities with Dysgu Cymraeg Caerdydd.
Inclusion - Nine protected Characteristics	Claire Whiles	Oct Dec 2025	<ul style="list-style-type: none"> LGBTQ+ Action Plan development on pause due to capacity, to be revisited and re-energised upon commencement of E&I Manager in October 2025 once guidance received from the Welsh Government on implementation of Supreme Court ruling on definition of sex. WRES WRES report received by UHB, currently being reviewed and meeting with Welsh Government planned for 15 September 2025 to discuss findings and proposed actions. Papers will also be taken to SLT and P&C Committee <u>UHB met with Welsh Government on 15 September 2025 to discuss findings of WRES report. WRES papers presented at People and Culture Committee, Senior Leadership Team, and Local Partnership Forum.</u> Re-assessment taking place to UHB retained Disability Confident Leader (Level 3) status <u>in October 2025.</u>
Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.	Claire Whiles	September 2025 March 2026	<ul style="list-style-type: none"> <u>Connect to current review of L&M packages.</u> <u>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</u> <u>Feasibility review being undertaken to understand if existing L&M team has capacity to deliver/create bespoke trg for the organisation whilst concurrently implementing the new competency leadership framework.</u> 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. P&C MDT established and reviewing organisational requirements in interim. Priority setting meeting scheduled for August 2025. Priority cultural work currently identified and allocated by Chief Operating Officer, EDofP&C and appropriate Executive Directors. Elements of work paused due to Service Review requirements, but action plans now shared and OD/P&C input identified and in planning stage. Progress on OD, Wellbeing and Culture Framework detailed above.

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Strategic Risks – People

<p>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.</p>	<p>Claire Whiles</p>	<p>August-Oct 2025<u>March</u> 2026</p> <p><u>Q1</u> <u>2026/27</u></p>	<ul style="list-style-type: none"> • 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. <u>Exploring post-graduate 'project-based' support via local universities.</u> • OH KPIs regularly reported to WG and KPIs adjusted to align with Welsh Government guidelines (i.e. calendar days). Collaboration review <u>scheduled for took place in</u> September 2025. <u>Currently exploring opportunities to introduce one-system across both UHB's to enable more effective and prudent collaboration.</u> • Internal audit of OH Services moved to Quarter 3, 2025 at request of Audit Team. • NHS Wales Staff Survey 2024 reporting at CB Exec Reviews and SLT. Engagement in 2025 NHS Wales Survey commenced August 2025 in readiness for launch in Oct 2025. Thorough engagement and communication plan supported by P&C Team and TU Partners. • NHS Wales Staff Survey engagement underway, including roadshows, attendance at evening / night and weekend shifts multi-site. Current participation approx 8% points higher than this time last year. • OPAS database implementation underway in EWS to support effective reporting and user experience. Licences procured, in initial stage of handover. • <u>-a Wellbeing Outcomes Framework will be developed by Q1 2026 to track progress using absence, engagement and psychological-safety indicators, ensuring consistent measurement across the organisation</u>
<p>1. Enhance communication methods across UHB</p> <ul style="list-style-type: none"> - Social media platform - Regularity and accessibility of information and resources <p>Improve website navigation and resources</p>	<p>Claire Whiles</p>	<p>Oct-2025 <u>Jan 2026</u></p>	<ul style="list-style-type: none"> • Draft OD, Wellbeing and Culture Framework and Toolkit produced and under review<u>shared for feedback / useability.</u> To be ready for publication and engagement <u>October 2025</u><u>Jan 2026</u>. People Health and Wellbeing Services currently reviewing sharepoint pages for staff following move to Woodland House and staffing changes to ensure most up-to-date information available. Working closely with Public Health Team to ensure consistent engagement around health priorities, including vaccination.
<p>2. Training and education of management</p> <ul style="list-style-type: none"> - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) 	<p>Claire Whiles</p>	<p>Oct 2025<u>March</u> 2026</p>	<ul style="list-style-type: none"> • <u>Connect to review of all existing org L&M trg packages(above). This includes adding more EDI trainingg into trg-packages as EDI contributes to improvement in wellbeing.</u>

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Strategic Risks – People

<p>Enhance training and education courses and support for new and existing managers</p>			<ul style="list-style-type: none"> • <u>L&M Back-to-basics plan, which is being developed will contribute to improvement of wellbeing</u> • Colleague and Manager wellbeing included in all management and leadership programmes, induction. • This is included within leadership and management principles development and leadership programme development as above. • Management training under review and refresh to focus on wellbeing and keeping people well at work. Managing Attendance at Work training reviewed and re-launched April 2025, supported by digital learning. Positive responses to training to date – e-learning element due for launch<u>launched September 2025 following review.</u> • Successful recruitment into Head of Leadership and Management post, role will enable distinct focus on development of existing and future leaders and managers. To commence Oct 2025. • Elev8 Programme to be launched to support Advancing Clinical Leadership in September 2025. A multi-disciplinary programme to support Band 7 clinical leaders in order to successfully lead compassionate, accountable and improvement focused teams. • <u>The multi-professional Elev8 Clinical Managers programme launched in September. 22 managers attended the first 3 workshops and provided overwhelmingly positive feedback. Wellbeing is included in the programme and subject matter expert feedback indicates that more time is required for the People Management element to support managers in supporting their staff.</u> • <u>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.</u> • <u>Stakeholder engagement to support the development of three additional clinical management programmes is underway. The Elev8:2 Senior Clinical Managers' programme, an Aspiring Clinical Managers' programme and a Shift Management programme for nurses who are required to take charge of a clinical area early in their careers, will all launch in Q1 of 2026/27.</u>
<p>Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.</p>	<p>Claire Whiles</p>	<p><u>Q1</u> <u>2026/27</u> <u>November</u> <u>2025</u> <u>March</u> <u>2026</u></p>	<ul style="list-style-type: none"> • EWS continue to offer evidence based interventions and review and enhance offer, e.g. Spring; EMDR

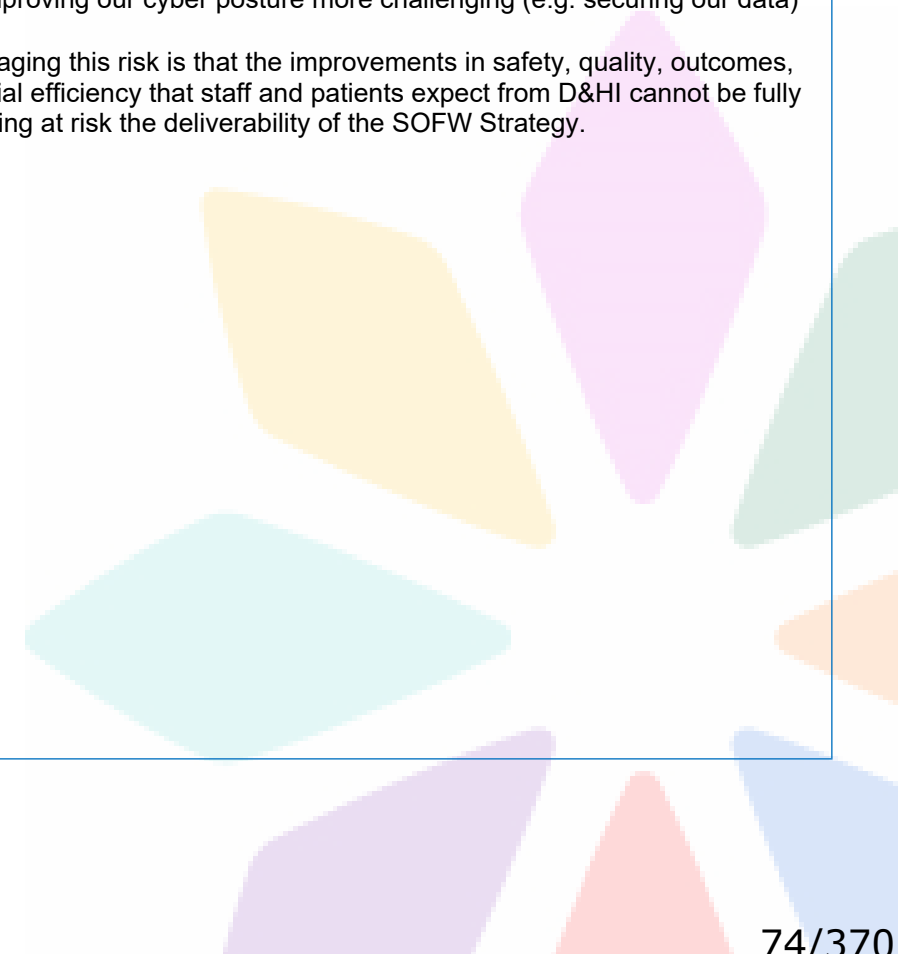
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Strategic Risks – People

		<p><u>Q1</u> <u>2026/27</u></p>	<ul style="list-style-type: none"> • Operating model <u>under</u> review and 3 year plan to be developed to support delivery of the People and Culture Plan and organisational priorities, including trauma informed support and pathways. • Service currently impacted by staffing shortages (sickness absence), this is affecting reporting and administration. Team working together to resolve. • Improvement required across UHB to ensure consistency of offer, e.g. Trauma response / psychologist intervention / evidence based practice. Paper developed and to be presented to Management Executives in first instance. • Staff Fast Track Trauma Pathway under review due to increase in waiting times, proposal within paper as outlined in bullet point above. • Communications and education around Trauma Pathway to be enhanced following feedback and collaboration with the Trauma Pathway Multi-Disciplinary Team. • Trauma Risk Management (TRiM) proposal presented at Senior Leadership Board for feedback, business case in development for presentation as part of paper detailed above. • Review of EWS and OH service based upon direction of 'Brilliant Basics' to align to organisational priorities and support reduction in waiting times. To follow collaboration review (October 2025) • <u>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</u>
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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	
<p>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).</p> <p>There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation</p> <p>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</p> <p>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.</p> <p>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.</p> <p>Meanwhile with new initiatives the technical estate grows and the gap between what we have and what we can support/refresh widens.</p>			<p>Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy.</p> <p>Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data)</p> <p>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.</p>	



Strategic Risks – Digital

Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 20
Controls		Assurances	
<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Work is expected to begin Oct/Nov 2024. This follows positive discussions with WG IIB and NHS CDIO, 		<ul style="list-style-type: none"> 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	

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Strategic Risks – Digital

Actions			
What	Lead	By	Update
Internal investment case to support the Digital Foundations case approved	Director of DHI	Sept 25	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget. Statement of works produced against which a suitable external partner will be sought 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.
Development of the Digital Programme Business case to support the digital foundations ambitions is underway.	Director of DHI	Dec 25	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. <u>Nov 25: Further scoping and detailed workshop being held with each Clinical Board during November and December to capture the detail of where savings can be made arising from automation and digital changes which will be used to off-set the revenue shortfall. The DF PBC has been shared with digital team at WG following the Digital presentation made at the November IQPD meeting. The intention is to submit the final case to Board for approval prior to formally submitting to WG for consideration via the Infrastructure Investment Board</u>

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Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Infrastructure	Shaping our Future Infrastructure	Exec Dir Finance	Digital and Infrastructure	12 November 2018
Risk				
<p>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.</p> <p>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.</p>				
Cause			Impact	
<ul style="list-style-type: none"> • 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. 			<ul style="list-style-type: none"> • The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. • Service provision is regularly interrupted by estates issues and failures. • Patient safety and experience is sometimes adversely impacted. • Medical equipment replaced in a risk priority order where possible, insufficient resource for new equipment or timely replacement • Staff facilities needed to support good staff wellbeing are inadequate in many areas. 	
Uncontrolled Risk				
Impact: 5		Likelihood: 5		Gross Risk: 25
				Target Risk: 15

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Controls	Assurances
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The estates and capital team is in constant dialogue with WG and continues to present business cases to secure the necessary capital to address the major short/medium term service estates issues. This has proven successful in the closing months of the financial year A significant amount of end of year funding has been secured, as in previous years, and this has enabled capital investment in critical digital infrastructure in particular. The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised and reporting of estates risks to the Health and Safety Committee has been strengthened(1) The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). Regular reporting on capital programme and risks to Capital Management, Management Executive and Finance & Performance Committee (1) (2)) Health Care Standard completed annually (3) Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) (2) Finance and Performance Committee continue to oversee the delivery of the Capital Programme (1) A way forward in relation to the Shaping Our Future Hospitals Strategic Outline Case is being progressed by the Health Board(3) Risk Register reporting to D&I Committee

Gaps in Controls	Gaps in Assurances
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

<p>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.</p>	<p>Geoff Walsh</p>	<p>December 2025</p>	<p>The scope and plan for the condition survey have been shared with and supported by Welsh Government. The site survey work has progressed well and, the delivery of the final report is due by the end of 2025.</p>
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Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Sustainability	Shaping our Future Generations	Exec Dir Finance	Finance and Performance	1 April 2022
Risk				
<p>If the organisation cannot produce a balanced 3-year plan or a balanced IMTP in any year it will breach its statutory financial duty and will be limited in the ability to deliver on the strategy and so the services to the population that the organisation serves.</p> <p>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.</p>				
Cause			Impact	
<p>Finance</p> <p>The UHB has to manage its operational budget. In the absence of a 3 year approved IMTP the UHB works to One Year Operational Plans from year to year. These still require significant savings achievements within each financial year irrespective of a deficit year end projection.</p> <p>Decarbonisation</p> <p>The UHB has to achieve 16% and 34% emission savings from a 2018/19 baseline by 2025 and 2030, respectively, aligned with Welsh government targets. Additionally, the "Shaping Our Future Wellbeing" strategy targets a 40% reduction in directly controlled emissions by 2027.</p> <p>In 2024-25 the UHB's emission has 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.</p> <p>Climate Impacts:</p> <p>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.</p>			<p>Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss. Inefficient or reduced service delivery</p> <p>Decarbonisation and Climate Impact Risks:</p> <p>Strategic Risks: CAV UHB is not in line of sight of achieving neither Welsh Government targets nor targets set by Shaping Our Future Wellbeing Strategy as our emissions are increasing, in 2024-25 the UHB's emission has 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.</p> <p>Operational Risks: 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.</p> <p>Financial Risks: The impact of climate change on the UHB is multidimensional and cascading. Initial findings from the heatwave survey indicate a ~30% of clinicians have observed an increase in</p>	

The Welsh government has made it mandatory for UHB to submit an annual qualitative report on climate adaptation.

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

Resource Risks:

CAV UHB has just limited resource for Sustainability and Climate response, this will impact on embedding sustainability and building climate response.

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. These are just some of the emerging consequences. With the projected increase in the frequency and intensity of climate events, such impacts are expected to intensify, ultimately leading to a greater financial strain on the Health Board.

Legal Risks:
Across the UK, public sector organisations and local authorities are increasingly facing legal action for failing to take sufficient steps to meet their emission reduction targets and to adapt to the changing climate. CAV UHB's current trajectory of not meeting its emission reduction targets and showing slow progress on climate adaptation could expose the organisation to climate litigation risks.

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

Controls	Assurances
<p>Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation.</p> <p>Financial Plan submitted to Welsh Government in March 2025⁴ explaining inability to deliver financial balance over the three-year period 2025⁴-2028⁷.</p> <p>The Savings programme is managed through weekly Senior Leadership Team and a series of Financial summit events chaired by CEO aligned to the National Value and Sustainability Board and the annual planning framework enabling actions</p> <p>Decarbonisation</p> <p>A decarbonisation action plan is in place to deliver decarbonisation actions aligned with the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030.</p> <p>SusQI has been implemented to embed sustainability in Q&I projects.</p>	<p>The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1)</p> <p>Financial performance is a standing agenda item monthly on Senior Leadership Team with escalation to Management Executives Meeting (1)</p> <p>Financial performance is monitored by the Management Executive (1).</p> <p>Assurance from internal audit annual review of core financial controls including budgeting and planning.</p> <p>Senior Leadership Team is now weekly to ensure savings delivery, chaired by the Chief Executive.</p> <p>Additional measures implemented IY as set out in actions below</p> <p>Decarbonisation plan is developed annually and overseen by Finance and performance committee</p>

The Welsh Government has mandated yearly reporting, such as Decarbonisation Co-Ordination Reporting and Emission Reporting, along with all other health boards in Wales.

Climate Impacts

The Welsh Government has made it mandatory to report qualitatively on progress regarding climate adaptation.

A task and finish group has been established to identify pathways for climate risk assessment and climate adaptation pathways.

Initial conversations are being held with the MET Office to collaborate and conduct a comprehensive Multi-Risk Assessment, starting with the impacts of heatwaves on our operations.

Gaps in Controls

Decarbonisation

The current financial landscape doesn't allow UHB to meaningfully develop plans to hit NHS Wales targets or the targets set out by the strategy.

Given the complexity of decarbonisation actions across various departments of the UHB, there is a lack of continuous, robust monitoring. This would require the reestablishment of a digital climate change program dashboard, setting of qualitative and quantitative KPIs aligned with targets, and a seamless data collection process for all decarbonisation actions.

Sustainability needs to be embedded in decision-making.

The business plan template needs to capture sustainability from decarbonisation and climate risk perspectives and should be given appropriate weight.

Climate Impacts

Gaps in Assurances

A working group or delivery group needs to be established, comprising staff who are owners of decarbonisation actions, to highlight progress and barriers.

Created by: Nathan
 21/11/2025 17:51:27

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

Climate Impacts needs to be included in appropriate risk registries, and risk thresholds needs to be set.

Risk Post-Controls and Mitigation

Impact: 4

Likelihood: 5

Net Risk: 20

Actions

What	Lead	By	Update
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	SLT will continue to monitor the 'go further options' for the UHB. Each Clinical Board will present to SLT for 30 minutes each month on how they have progressed toward their 2025-26 QIEP targets following rapid planning events in December 2024 and April 2025. 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.
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.

Saunders Nathan
21/11/2025 17:51:27

Report Title:	Quality Committee – Chairs Report		Agenda Item no.	5.6.1
Meeting:	Board	Public	X	Meeting Date: 27.11.2025
		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 28th October 2025.

The papers to this meeting, outlining all of the detail on the below items, can be found on the Cardiff and Vale UHB website linked [here](#).

The draft minutes from this meeting are [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.

UHB Quality Indicators Report: - The Committee were presented with the report and slides which provided assurance in relation to several quality, safety and patient experience priorities. It provided data through the end of September 2025 where available and detailed ongoing actions to drive necessary improvements. Additionally, it included exception reporting to highlight emerging trends and issues related to quality and patient safety.

Regarding C.diff and Infection, Prevention & Control (IP&C) during the winter months, the Committee were informed of the following:

- The UHB was in a much better position on C.diff compared to the previous year, though still not at their reduction target.
- A 50% reduction in C.diff had been achieved in surgery, specialist, and medical wards over the past six months, and they saw fewer hospital-acquired cases, with more community-related transmission.
- An Infection, Prevention & Control (IP&C) nurse had been appointed to focus on community work and antimicrobial stewardship.
- Whilst winter may bring an increase, they hoped that current measures would maintain progress.
- CAVUHB formed part of the C.diff Collaborative Group which was All-Wales based to share learning.

Regarding the reconciliation of the efficacy of falls training with the trend of increased inpatient falls, the Committee were informed of the following:

- Wards across the organisation had been recently audited, focusing on those with good uptake of falls training. It demonstrated progress in trained wards but highlighted more work was needed overall.
- Training aimed to improve the quality of risk assessments and empower staff to mitigate risks such as high-risk prescribing, poor eyesight, and blood pressure issues. They were expanding training to a multi-professional approach, as falls prevention was not just a nursing role.
- Further work included systematic processes around mitigation for high-risk medications.
- The training would be rolled out to other clinical boards and would continue to be monitored and reported back to the committee.

Saunders Nathan
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It was highlighted that strengthening data handling and presentation would help to provide assurance and identify areas needing deeper review.

PCIC Clinical Board Quality Indicators Report: - The Committee were presented with a patient story on the ANCLE Cafe, an innovative multidisciplinary clinic for leg wound care, which combined clinical treatment, education, digital monitoring, and social support. Plans were underway to expand to additional sites and include more staff groups. The story demonstrated the positive impact of collaborative, innovative community care on patient outcomes and wellbeing.

The Committee were informed that at present there was a site in Cardiff, with further sites planned for the Vale of Glamorgan (VoG), commencing in January 2026.

The Committee were presented with the PCIC Clinical Board presented their report and slides to the Committee which detailed the achievements, progress and planned actions within the PCIC Clinical Board to maintain the priority of QSPE. Topics discussed included, but were not limited to:

- PCIC Assurance Mechanisms
- Safe Care – including NRI and Patient Safety Incident Reporting, Pressure Damage, IP&C, Medication Safety
- Effective Care – Mortality, External Assurance
- People Centred – Workforce
- Patient Centred Care – Concerns, Patient Experience
- Equitable Care
- PCIC Top 5 Quality & Safety Risks

It was noted that demonstrating the value of community healthpathways was challenging as it was multifactorial. However, feedback was positive. They reduced referral variation and improved prescribing consistency, supported by a robust quality assurance process involving primary and secondary care.

It was highlighted by the Committee that public accountability often focused on primary care access.

Patient Catering Nutrition Update – Providing Quality Care: - The Committee were presented with the slides and report which highlighted the following:

- The service provided 19 distinct patient menus across 4 hospital sites, serving 1.5million meals annually, including options for therapeutic, religious, allergen-free, and lifestyle-specific diets.
- Dietetic support workers assisted with fortified snacks and eating support, aiming to improve patient nutrition, recovery, and experience.
- The Nutrition and Catering Steering Group met quarterly. Compliance was maintained with the All-Wales Nutrition and Catering Standards and food safety regulations, supported by a dedicated Food Safety Assurance Manager and regular inspections.
- There had been a significant increase in food provision costs (over the past 3-4 years it had totalled around £750k), which contributed to significant budget pressure. Investments in the Central Food Processing Unit (CFPU) had reduced reliance on external providers.
- Demand for specialist meals (e.g. halal, kosher, allergen-free) was rising, with a forecast of 37,000 specialist meals this year.

The additional points were highlighted to the Committee:

- The food production pathway involved several complex steps before the meal was served to a patient – procuring, making and storing the product correct and then serving the correct meal to a patient safely
- Support was recommended for expanding plant-based meal options and reducing processed meat reliance to promote healthier choices

- Financial review may be necessary to ensure a quality product that met the new nutritional standards for now and the future, including menu development proposals for the Children’s Hospital for Wales (CHfW).

The Committee noted that they had significantly reduced food waste from 7-8% to under 5%. A project team had reviewed this in detail, measuring trolley and plate waste across wards and incorporating findings into monthly performance reviews. Benchmarking across other Welsh NHS bodies and national guidance showed they were in a good position.

It was suggested by the Committee that the team engage with the Youth Board on the children’s menu.

The Committee was informed that they aimed to source food locally through shared services and procurement. A menu tasting day was planned soon, and invites could be extended. In addition, a nutrition and catering survey had been created to capture patient feedback.

Update for Women’s Health Hubs: - The Committee were presented with the following report which highlighted the following:

- The Women’s Health Plan was a national plan published at the end of 2024 – it was a 10-year plan that recognised the health inequalities experienced by women across Wales and the need for healthcare to evolve and develop.
- A steering group was established led by Claire Beynon and had good representation across the UHB.
- The focus for the first year of the plan was the establishment of the Pathfinder Hub. The three priority areas for the Hub were around menstrual health, contraception, and menopause.
- Rapid initial scoping identified many good practices already in place in CAVUHB, as well as several challenges.
- The hub aimed to improve community access, streamline pathways, and ensure secondary care was reserved for complex cases.
- Since the paper’s submission, discussions around the Pathfinder Hub focused on the Cardiff East Cluster, which built on a successful menopause pilot, and would offer multidisciplinary support including social prescribing, lifestyle advice, and mental health support.
- Work was ongoing to define service capacity, evaluate impact, and expand primary care training in priority areas.

It was noted that the focus had mainly been on women-specific health issues so far, but addressing wider inequalities was embedded in the health plan. The aim was to complement existing work, not duplicate it.

In terms of capacity, it was noted that specific numbers were still being developed due to the pace of progress but would share more information at a future Committee once the hub was established.

Looked After Children Assessment Backlogs – Six Month Update: - The Committee were presented with the report which highlighted the following:

- The service provided statutory health assessments for children in care, aiming to improve health outcomes and reduce inequalities.
- There had been a significant increase in new referrals, putting pressure on the small team.
- Initial health assessments within 28 days remained challenging due to notification delays, but improvements had been made by involving specialist nurses and health visitors.
- The backlog of initial health assessments had been more than halved since April 2025, though review assessments for under-fives remained a focus.
- Out-of-area placements incurred significant costs and logistical challenges - efforts were underway to reduce these by working with Local Authorities (LAs).
- Actions included requesting additional capacity, reviewing skill mix, expanding health visitor involvement, improving information sharing, and streamlining digital reporting.

Saunders Nathan
21/11/2025 17:51:23

It was noted that whilst the matter was discussed at Regional Partnership Board (RPB) meetings, a more focussed conversation with Local Authorities (LAs) and third-sector partners was needed.

Research and Development – Six Month Update: - The Committee were provided with a presentation on the impact of some of the UHB’s research, which highlighted the following:

- SGLT2 inhibitors were identified as a major advancement, with CAVUHB participating in key clinical trials and rapidly implementing findings into practice.
- Efforts were made to overcome inertia in adopting new treatments, including pharmacist and nurse-led optimisation clinics in secondary care and a primary care project in Caerphilly which screened over 13,000 patients.
- Value-based analysis showed significant predicted reductions in end-stage kidney disease, cardiovascular events, and deaths if best practice was implemented.
- The work received national recognition and awards, and educational tools were developed for primary care to support early intervention and consistent management.
- The specialty formed part of the Wales Commercial Research Delivery Centre, facilitating further research and patient recruitment.

The Committee were informed that public and patient involvement had historically focused on grant development. They worked with patient groups and charities to shape research questions. However, the UHB needed to strengthen involvement in their research portfolio and strategy, which would be reviewed as part of the framework. They needed to improve how public involvement influenced research priorities going forward.

Ombudsman Annual Letter: - The Committee were presented with the report which highlighted the following:

- 149 concerns were referred to the Ombudsman last year out of 3471 total concerns received by the UHB.
- Main issues raised included clinical treatment, mental health, and patient risk management, aligning with local concern trends.
- Nearly half of the complaints received by the Ombudsman did not meet investigation thresholds – only 5% were upheld, and there were no public interest reports.
- Compliance with Ombudsman recommendations had improved to 70%, but further improvement was needed to reach the target of over 90%.
- The UHB was focusing on timely completion of recommendations, strengthening complaints handling, and preparing for new guidance on listening meetings and advocacy services from April 2026.

Policies: - The Committee approved the following documents:

1. Interventions Not Normally Undertaken (INNU) Policy Update
2. Management of Visitors within the Operating Theatre Department Policy – UHB 556

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

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/>

 <p>1. Putting People First</p>	 <p>2. Providing Outstanding Quality</p>	<p>X</p>
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Click the objective above to view more detail.		Click the objective above to view more detail.
 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

Pr ev e n t i o n		L o n g t e r m		Integration		Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?

Yes –		No –	X	n/a
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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:

Saunders, Nathan
21/11/2025 17:51:27

Report Title:	Mental Health Legislation Committee – Chairs Report	Agenda Item no.	5.6.2
Meeting:	Board	Public	X
		Private	
Status:	Assurance X	Approval	Meeting Date: 27/11/2025
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 21st of October 2025.

The papers to this meeting, outlining all of the detail on the below items, can be found on the Cardiff and Vale UHB website linked [here](#).

The draft minutes from this meeting are [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). The MLA and DoLS indicators included, but were not limited to:

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

It was noted that withdrawn applications were common for various reasons. However, due to strict Welsh Government (WG) criteria, only four withdrawal reasons were officially recorded, which reduced the detail in their data.

It was suggested that future reports includes information on key staff areas being targeted for DoLS training.

The Committee noted that the team had struggled to find a suitable venue outside of Barry Hospital for the MCA Practitioner Led Training, but that they were awaiting confirmation on the Civic Offices in Barry. They hoped to run the sessions in Q4.

Saunders
21/11/2025 14:55:21

The Committee were informed that the INCA service provided advocacy for individuals of any age who lacked capacity for serious medical treatment or long-term care decisions. They promoted advocates' roles through ward visits and training. Whilst most referrals involved older patients, this reflected hospital demographics rather than any bias.

It was noted that the increase in the use of advocates was likely due to increased awareness of the role of advocacy.

The Committee noted that there had been a drop in mandatory MCA training across all staff groups which may reflect current financial pressures. This would be monitored going forward.

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 - A&E and CAMHS
- Nearest relatives discharge requests
- Development sessions
- Audits

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

- No fundamentally defective applications
- Two fundamentally defective reports
- Three lapses – two Section 2s, one Section 3
- The use of Section 136s had decreased.

The Committee was provided with assurance on what information was provided to help patients and families understand their rights and consequences if mistakes occurred.

The Committee was informed that the team had investigated whether the increase in detentions was driven by a genuine clinical need, or whether independent doctors were less confident in keeping patients informally. It was noted that it could be linked to changes in the DoLS case law and the more stringent criteria. This trend was clear, as DoLS was not recorded in PARIS. They saw a clear marker that people were being detained more, because they could not be put onto DoLS.

Regarding nearest relative discharge requests, the Committee were informed that the team had produced a survey to distribute with a sample of relatives to understand their experience. It was suggested reviewing communications with families, because if inappropriate requests were being withdrawn once relatives understood the implications, they may need to be more proactive.

Mental Health and Wellbeing Strategy / Suicide and Self-Harm Prevention Strategy – Verbal Update: - The Committee were presented with slides which provided an overview of the Mental Health and Wellbeing Strategy and the Suicide and Self-Harm Prevention Strategy. It emphasised their person-centred, trauma informed, and preventative approaches, with a focus on early intervention, system-wide transformation, and accessible care. Both strategies required significant service redesign, workforce development, and partnership working.

The Committee noted that this work required significant service transformation. Whilst reaching same-day access approach would take significant time and effort, some parts of their service may be closer, and 36 Degrees would support their redesign work.

The Committee was informed that the team had been asked to identify and demonstrate a site for each UHB to get things moving. The focus would be on bolstering NHS 111 Press 2 to make it more effective.

MHA / DoLS Interface – Verbal Update: - The Committee were informed that a guidance booklet had been produced by a consultant from the Liaison Psychiatry Older People (LPOP) service which covered what ward staff should do if someone was ineligible for DoLS and how to arrange an MHA assessment. It also included guidance on the use of Section 5(2) and how to arrange an MHA assessment.

It was agreed that once the document was finalised over the coming weeks, the guidance booklet would be shared at the following Committee.

Section 12 Challenges and Futureproofing – Verbal Update: - The Committee were provided with the following summary:

- The team were currently scoping the issue and reviewing data to understand what was driving the challenge.
- Discussions with the LA were ongoing to identify a possible solution, with further progress expected the following day.
- A Wales-wide pilot app was considered, but opportunity to be a part of this trial was limited, as they had questions before joining. The pilot had since closed, so they were looking at alternative options.

The Committee discussed the difficulties in securing Section 12 doctors for assessments, which may be causing delays. To explore options effectively, they needed a clear understanding and data to develop a more comprehensive response. Both UHB employed psychiatrists and GPs who opted in independently were involved - early indications suggested that delays were more likely with GPs, often due to being out of area and concerns about payment. Discussions were being coordinated between mental health, the PCIC Clinical Board, and the LA to resolve this. Additionally, they needed to be cautious about potential bias in AMHPs selecting which doctors to call – availability could influence assessments and outcomes.

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

- Part 1a - target: 28-day referral to assessment compliance target of 80% (Adult) and (Children & Young People)
- Part 1b – 28-day assessment to intervention compliance target of 80% (Adult) and (Children & Young People)
- Part 2 – Care and Treatment Planning (over 18) and (Children & Young People)
- Part 3 – Self-Referral Assessment Outcomes
- Part 4 – Advocacy Access
- Key priorities for the next quarter

It was suggested that the team improve engagement from children and young people in the Part 2 care and treatment planning, to ensure that the process was adapted to their needs.

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

Any Other Business: - the Committee was informed that following the closure of the Cardiff and Vale Action on Mental Health (CAVAMH), they now engaged with the organisation Adferiad and the Recovery College.

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/>

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

Five Ways of Working (Sustainable Development Principles) considered

Pr ev e n t i o n		L o n g t e r m		Integration		Collaboration	X	Involve ment	X
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Quality Impact Assessment Completed?

Yes – (<i>please provide completed QIA document</i>)		No – (<i>Please provide reasoning, e.g. not required</i>)	X	n/a
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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:

Saunders, Nathan
21/11/2025 17:51:27

Report Title:	People & Culture Committee – Chair’s Report			Agenda Item no.	5.6.3
Meeting:	Board	Public	x	Meeting Date:	14.10.2025
		Private			
Status <i>(please tick one only):</i>	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 14th October 2025.

The papers to 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/Committee:

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

Staff Story – Work in Confidence

The Executive Director of People & Culture, Rachel Gidman (RG) introduced the staff story as an awareness and educational piece focused on "speaking up safely" and confidentially raising concerns, with Nikki Regan (a connector) and Claire Wiles (Assistant Head of Organisational Development) presenting.

The role of connectors was explained, noting there was a broad range across the health board, and discussed how response time can influence who staff choose to approach. Examples of supporting colleagues were shared and the learning curve involved.

Board Assurance Framework – Culture

The following points were highlighted on the Board Assurance Framework (Culture):

- It was important as a foundation for safe, high-quality care and a strategic risk area. Previous committee discussions were referenced on culture, well-being, and psychological safety, and emphasised the need to align interventions and leadership behaviours to improve culture.
- Progress was seen in staff survey results (e.g., increased feelings of safety to raise concerns), the use of the Work in Confidence platform, and improvements in retention, but ongoing challenges were noted with trust in organisational action and increased employee relations cases.
- Psychological safety, leadership and accountability, and staff survey participation, were highlighted as targeted engagement efforts and the need for visible leadership.
- The next steps were outlined, including aligning initiatives, building shared ownership, and developing a cultural dashboard, and the Committee was invited to help shift from listening to acting on results.
- Claire answered questions about data triangulation and maturity, acknowledging improvements but identifying gaps in people analytics and plans to develop a cultural dashboard with university support.
- She also addressed questions about underrepresented groups, referencing work on the workforce race equality standard, strategic equality plans, and ongoing efforts to better understand and support these groups.

Key Workforce Performance Indicators / Health & Safety

The following points were highlighted on the Key Workforce Performance Indicators:

- **Agency Reduction** - the journey on agency reduction since 2023 was part of the workforce sustainability program.
- Significant reductions in both registered nurse and medical agency costs (about 70% reduction in 2023).
- The Health Board was on track to meet the Welsh Government enabling action to reduce agency costs by a further 30% from the previous year's outturn.
- **Staff in Post** - Reported a reduction in staff in post from February to August, mainly due to the vacancy freeze and enhanced scrutiny.
- Noted an increase from August to September (31 whole time equivalents), attributed to new registered nurse streamliners, therapists, and AHPs joining from the summer cohort.
- **Turnover** – had seen a significant reduction over the last two years due to various interventions.
- Confirmed that the improvement in turnover is being maintained month on month.
- **Cumulative Sickness** - the target for year-end sickness is 5.5%, but the current rate is 6.41% and not improving.
- Identified mental health as the main reason for long-term sickness, with stress being a significant factor in both short and long-term absence.
- Committed to bringing a more detailed sickness absence report to the November meeting for fuller discussion.

The following points were highlighted for **Health & Safety**:

- **RIDDOR Reporting** - significant workplace incidents were reported to the Health & Safety Executive (HSE)
- Shared KPIs for each clinical board, based on historical performance (excluding COVID years).
- Noted last year's reports were 78 (a significant reduction), but this year was trending back toward 100.
- **Training Compliance**
- Reported significant improvement in health and safety training compliance since COVID.
- Noted fire safety training compliance was dropping, partly due to staff absence in the fire team and new fire response duties.
- Working with Rachel Gidman, the Executive Director of People & Culture to improve fire safety compliance, including switching some training to Microsoft Teams.
- **General Health & Safety Update**
- Reported a spike in fire-related incidents (9 so far), mainly due to smoking and improper kitchen equipment use – Ongoing work with clinical boards and teams to address those behavioural issues.
- Announced a non-smoking enforcement group and upcoming enforcement officer on site (initially at UHW, then UHL), with a six-month bedding-in period before issuing penalties.
- Collaborating with Public Health Wales and local authority on smoking enforcement.
- **Plus Size Patient Pathway**
- Engagement with clinical teams to develop a pathway for plus size patients, with health and safety support.
- **Medical Gases**
- Addressing issues with transferring patients without proper storage/securing of medical gas cylinders; driving use of brackets for safety.
- **Health & Safety Culture Plan**
- Reported 80% completion rate on the three-year health and safety culture plan, noting progress but acknowledging ongoing work.

Strategic Equality Plan / Workforce Race Equality Standards (WRES)

The following points were highlighted under the strategic equality plan / WRES:

Strategic Equality Plan (SEP):

- The SEP is a statutory requirement structured around four objectives: respect, communication and engagement, accessibility, and data.
- Progress had been made in improving data reporting, engaging positively with campaigns and training, and receiving stakeholder feedback.
- Welsh Government feedback highlighted limited assurance on patient experience.

Workforce Race Equality Standard (WRES):

- The WRES aimed to ensure that Black, Asian, and minority ethnic staff had equal access to career opportunities and fair treatment.
- The 2025 iteration of the WRES report showed a rise in ethnic diversity within the organisation, with diverse staff growing from 14.5% to 16%.
- Significant gaps remained in senior leadership and Board representation, with ethnically diverse staff underrepresented at those levels.
- There were concerns about the undeclared ethnicity rates, which were higher than the NHS Wales average
- **Challenges and Focus Areas:**
- Significant barriers to progression exist beyond Band 5, and ethnically diverse candidates are half as likely to be appointed after shortlisting.
- A task and finish group has been established to address representation and progression issues.
- The organization is undertaking a data deep dive and a career progression survey to understand the lived experiences of staff and identify barriers to career progression

Admin & Clerical Workforce Growth

The following points were highlighted under the admin & clerical workforce growth item:

- The initial reported increase in admin & clerical staff was due to a coding error, where facility supervisors were misclassified; after correction, the actual increase was 67 whole time equivalents over 12 months.
- **Corporate services:** increase of 31 WTE, including digital roles funded by Welsh Government for electronic prescribing and Windows 11 rollout.
- **People and culture:** increase due to Transfer of Undertakings (Protection of Employment) Regulations (TUPE) transfer of the Medacs team, resulting in cost savings and reinvestment in needed posts.
- **Public health:** increase from TUPE transfer and additional Welsh Government investment in smoking cessation.
- **Surgery clinical board:** increase of 21 WTE, mainly from filling long-standing vacancies, external funding to reduce waiting lists, and some data coding errors.
- Despite staff number increases, the substantive pay bill trend was only slightly up, with peaks explained by pay awards and superannuation payments.
- Many new posts were externally funded or filled existing vacancies, so did not impact the Health Board's financial run rate.
- Actions to control growth included: voluntary release scheme, ongoing structure reviews, deep dive meetings, enhanced vacancy scrutiny, and a significant reduction in posts advertised due to recruitment freezes.
- Most externally funded or temporary posts were time-limited and managed to avoid future cost pressures, with appointments made only for the duration of available funding.
- A comprehensive review of structures across corporate and clinical boards had been completed, with visuals now available to support future redesign and operating model work.

Clinical Board Spotlight – Medicine Clinical Board

The following points were highlighted from the Medicine Clinical board:

- The Medicine Clinical Board comprised of three main service groups: Emergency and Acute Medicine (including the emergency unit and acute beds at UHW and Llandough), Integrated Medicine (general medicine, diabetes, endocrinology), and Specialised Medicine (gastroenterology, cancer work, planned care, community services).
- The Clinical board focused on working closely with primary and community services to keep people out of hospital unless specialist intervention was needed and highlighted the high volume of emergency cases handled annually.
- The patient flow: acute assessment, short stay wards, and the importance of early intervention and minimising unnecessary admissions were detailed. The need to change the model of care to better manage complex and frail patients was discussed.
- The strategic drivers were outlined: Shaping Our Future Wellbeing, Six Goals for Emergency Nursing Care, Cancer Standards, Get It Right First Time (GIRFT), and the need for standardisation and evidence-based practice. The importance of home-first approaches and reducing length of stay were highlighted.
- The focus on productivity was highlighted along with, financial challenges, and using resources effectively, such as reducing ambulance handover times (W-45 target) and improving patient pathways.
- The vision for future service delivery was discussed: splitting acute assessment for non-complex/frail patients, developing frail pathways, integrating with therapy and social services, and preventing long hospital

stays. The importance of left-shift (community care), partnership working, and acting for the future to deliver financial balance and empowerment of the workforce was stressed.

- The need for workforce design based on risk and future service models was summarised, and the ongoing interim management structure reviewed.
- The Clinical board’s commitment to compassionate leadership, staff well-being, and culture change was emphasised, with plans to roll out well-being initiatives across the Clinical board.
- Integrated Medicine was the largest directorate area with 973 whole time equivalents, and the largest staff groups were nursing and additional clinical services (mainly healthcare support workers).
- A pie chart was shared and a pay band “Christmas tree” to illustrate workforce distribution, highlighting predominance of band 5s and band 2s.
- The age profile was discussed, emphasising the proportion of staff over 51 and its importance for long-term workforce planning and retirement.
- Retirement age trends were highlighted, noting a dip and subsequent increase, possibly due to external factors like cost of living, and highlighted that admin and clerical staff had the highest average retirement age.
- Sickness absence was covered alongside identifying anxiety, stress, depression, cough/cold/flu, and gastro problems as the top three reasons. An increase in sickness over winter was anticipated.
- Job planning statistics were referenced
- Achievements were highlighted in relation to the people and culture plan, including a complete establishment review, weekly medical workforce planning group, and management structure/portfolio review.

Items for approval:

The Gender Pay Gap Report & the All-Wales anti Sexual Harassment policy was approved.

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

Risk: No

Safety: No

Financial: No

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

Saunders, Nathan
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Report Title:	Strategic Planning, Commissioning and Partnership Update			Agenda Item no.	5.7
Meeting:	Public Board	Public	X	Meeting Date:	27.11.2025
		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:					
<p>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:</p> <ol style="list-style-type: none"> 1. Strategy development and delivery <ol style="list-style-type: none"> a. A focus on SOF Clinical Services portfolio 2. Engagement for service change 3. Commissioning 4. Regional Partnership planning 5. Planning Maturity 6. 26-27 Planning Update (appendix located in the supporting documents folder) 					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
1. Strategic Development and Delivery - Portfolios and plans					
<i>Delivery 25/26</i>					
Strategic Planning support plan development and programmes across the strategic portfolios. A summary of key areas of progress in the Clinical Services Portfolio is set out below.					
Shaping Our Future Clinical Services					
The portfolio strategic initiative and programme actions for this year focus on:					
<ul style="list-style-type: none"> • Development of the clinical services plan by Q4 • Establishment of a regional join committee by end of Q2 and delivery on several SEW regional programmes • Further development of the Specialised services partnership and related programmes • Establishment of a provider planning partnership with VUNHST. 					
<i>Clinical Services Plan</i>					
<p>Planning and engagement work continues with 13 weeks of engagement completed and a broad reach and good response (see section 2 of this report for further detail). Detailed planning is underway for two all day workshops being held on 16th December and 16th January respectively. Clinical leaders from across the organisation have been invited to attend alongside key partners to co-design the plan. The plan remains on track for completion by March 2026.</p>					

Further details on scope and approach can be found in the separate paper on the annual plan and clinical services plan in a separate agenda item.

SEW regional planning

The priority areas include; establishment of a Regional Joint Committee (RJC), progression of Llantrisant Health Park (LHP), Regional Ophthalmology, South-Central regional stroke service, Regional Pathology service- with a focus on microbiology and development of a cancer programme for the region. Key highlights in this period include;

- The Board approved the ToR for the proposed RJC in September, and the Committee will meet for the first time on 19th November. The Director SE Wales Regional Collaborative has now commenced in post and will support the committee's work.
- LHP capital business cases for phase 1 (Full Business Case) and 2a (Outline Business Case) with supporting plans in both Orthopaedics and Radiology have been completed. These cases are submitted to board under a separate agenda item.

CAVUHB & VUNHST Partnership

A new partnership programme is emerging between the two organisations to focus on the development and assessment of opportunities for future models of care, across the two providers. A work programme has been established which includes a number of opportunities for redesigning services to improve patient outcomes, maximising the use of existing estate and ensuring service sustainability in line with national service specifications. The partnership programme is overseen by a joint executive group and reports through the portfolio.

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

At the RSSPPP meeting held on 27th October, members endorsed a two-year accelerated approach to cardiac surgery. The approach involves closer collaboration between the two tertiary centres, enhanced coordination of patient pathways, and shared oversight of service delivery.

Members also reviewed updated IMTP risk submissions for 2026/27. The discussion highlighted ongoing concerns around service fragility, commissioning gaps, and the need for clearer accountability between providers and commissioners. It was agreed that strategic issues should be escalated to national stakeholders, with an emphasis on ensuring appropriate ownership of risk across the system.

2. Engagement for Service Change

Clinical Services Plan

Public engagement continues until the 18th of December and to date 2276 responses have been received.

Co-production workshops for each engagement focus areas have commenced (mental health and women's have already been held – other areas to go ahead on 21st Nov).

Responses have been mapped against the demographic information available to us via 2021 census and the data so far shows a fair representation of communities across Cardiff and Vale.

Llantrisant Health Park

We have used our CSP engagement period as an opportunity to test regional working and have had a positive initial response from the public regarding the idea of travelling further for faster care.

In partnership with CTM and AB engagement leads we are beginning to develop the potential of a patient sounding board to initially use for the LHP programme however with the vision that the board could be utilised for the whole regional programme in the future.

Llais representatives from across the region have been a part of this conversation and are supportive.

3. Commissioning

NWJCC

There is an ongoing delay to the NWJCC commissioning groups and provider SLA interface meetings being established. The commissioning and contracting teams continue to work closely with colleagues in the clinical boards, strategic and operational planning to ensure appropriate representation from across the organisation. These individuals are included in the monthly commissioning group meeting and are responsible for providing appropriate briefs ahead of commissioning and provider SLA meetings.

CP Cymru Commissioning

CAV is the lead commissioner for this consortium contract involving six Health Boards. Four meetings have been held since September 2025 regarding the next steps for the contract which is due to end in March 2026.

Individual Patient Funding Requests (IPFR)

Recruitment is underway for the maternity cover of our IPFR Commissioning Officer. The role was deemed essential due to the statutory nature of the IPFR function. The post was advertised internally for a fortnight, but there were no applicants. A further request has been submitted to advertise externally. A potential gap in this post will be raised as an organisational risk.

The IPFR Policy was approved at the NWJCC Joint Committee meeting (subject to amendments in Appendix 1) and is being prepared for consideration at the Board in January.

4. Cardiff & Vale Regional Partnership Board

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

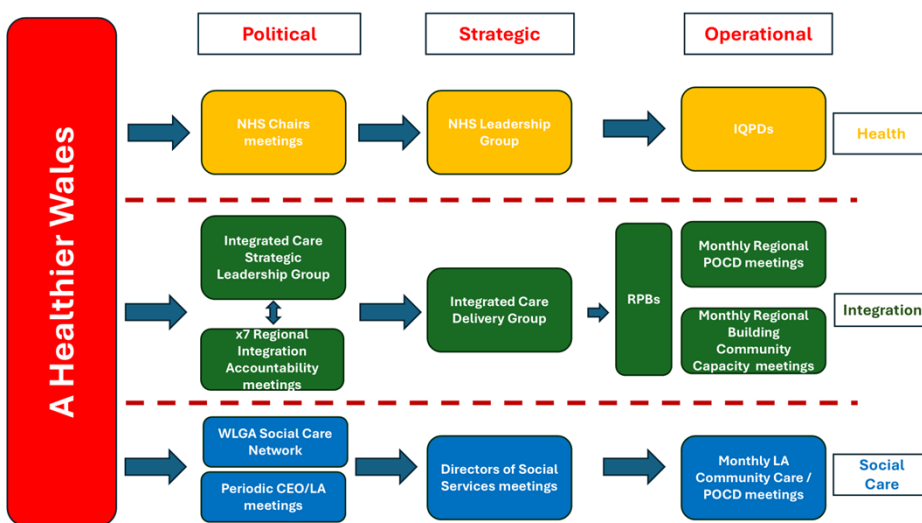
- a) Phase 1 of developing an Integrated Community Care System is in progress and focusing on delivery of four main workstreams:
 - Development of an Urgent Care Centre in Barry Community Hospital
 - Development of the community hospital and community bed model as part of the suite of resources supporting people to remain in their communities. The transfer of the running of community hospitals from Medicine Clinical Board to PCIC will be a significant enabler of this

- Development of our crisis response capability to prevent avoidable admissions to EU and hospital, including an integrated delivery model for responding to falls and reducing the number of level 1 and 2 falls attending the EU
- Development of our 'connected communities' model of care, delivering proactive coordinated care closer to home for individuals with complex need

The Health Board has commissioned the support of the National Association of Primary Care to articulate and develop the 2nd phase of the ICCS. A partner-wide summit is planned for late Spring 2026 to build consensus on the Region's ICCS ambitions and the contribution of each partner.

Alignment of the Clinical Services Plan, ICCS development, estates and infrastructure plans and organisational restructure will be critical to the successful planning and delivery of an out of hospital-focused system.

- The Starting Well Partnership has now been convened, Chaired on behalf of the Partnership by Claire Beynon, Director of Public Health. Priorities include child's First 1000 days.
- Winter Planning: the partnership has submitted its plans with the winter period, aligning interventions across the health and care system to support mitigation of additional demand over this period.
- National ICCS governance has now been established, led by the Cabinet Secretary for Health and Social Care:



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

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

Finally, the Board should be aware of the significant risk associated with the end of the Regional Integration Fund (RIF) in March 2027. 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.

5. Planning Maturity

Planning is critical in NHS Wales as it provides the structure and foresight needed to deliver safe, sustainable, and high-quality health services. In recognition of this, the Welsh Government developed a Planning Maturity assessment tool to support NHS bodies to self-assess their current capacity and capability to undertake high quality planning and to identify areas for improvement.

NHS Wales organisations that are in escalation for planning, strategy and finance are mandated to undertake this self-assessment annually and submit the outcome to Welsh Government as part of their de-escalation criteria. Alongside this submission a detailed evidence pack to justify the levels the organisation as assessed itself is required and also an action plan for improving maturity.

Even if this was not a requirement by Government, undertaking a periodic self-assessment of the organisation’s planning maturity remains a valuable exercise. It prompts wider organisation self-reflection, aids in identifying areas for improvement, supports in setting clear targets and goals for planning capability and capacity, with the aim of improving services and outcomes for patients.

The UHB completed its 2025 assessment in October and this will be presented and discussed at Finance and Performance committee on Wednesday 19 November alongside the proposed action plan. Subject to approval this will then be submitted to Welsh Government.

The table confirms the UHBs current maturity against each of the six high-level domains of the matrix. Level 1 being the least mature and level 5 the most mature.

Domain	Level
Strategy and Plan Development	2
Strategy, Plan Alignment and Development of IMTP	1
Dynamic and Engaged Planning	2
Operational Planning	2
Best Practice Approach to Improvement	2
Realistic and Deliverable	2

This newly developed process by Welsh Government should be welcomed with its true value laying not in the submission to Welsh Government itself ‘per se’, but rather the opportunity it provides the organisation to critically evaluate its planning maturity and to develop an action plan that supports continued development and maturity.

Level 5 remains the aspired end position for the UHB as it seeks to be ‘best in class’. However, it should be noted that achieving this will be a multi-year journey for the organisation and completion of the actions will not automatically take the UHB from its current position to level 5. The UHB should be aspiring to have progressed one level across each domain by the next assessment in twelve months and completion of many of these actions should support achieving this.

It is proposed that Finance and Performance committee will retain oversight and assurance on progress which the UHB is making on its journey to greater planning maturity through periodic review of the actions which have been agreed by the UHB and the impact they are having.

Appendices

- 5.7a 26-27 Planning Update (can be located in the supporting documents folder on AdminControl and 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.

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

Five Ways of Working (Sustainable Development Principles) considered

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

P r e v e n t i o n	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?:

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

Yes – (please provide completed QIA document)

No – (Please provide reasoning, e.g. not required)

Comment here

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group /Exec	Date:

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CARDIFF & VALE UHB INTEGRATED PERFORMANCE REPORT COVER PAPER – November 2025



Finance

Public Health

Operational

Quality, Safety & Experience

People and Culture

Digital



Capital

Conclusion

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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 initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government (WG) and the draft plan was submitted at the end of March 2025. Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided sufficient assurance to increase planned savings delivery by £2m and reduce the forecast 2025/26 deficit position to £56.2m.

The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

At Month 7, the UHB is reporting a year to date overspend of £35.619m.

	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	7,673	7,673	0	49,253	49,253	0	88,233	88,233	(0)
Quality Efficiency Improvement Plans - Savings	(2,987)	(3,024)	(37)	(16,450)	(16,795)	(345)	(32,000)	(32,592)	(592)
Operational Variance	0	(873)	(873)	0	3,161	3,161	0	592	592
Clinical/Service Board Variance	4,686	3,776	(910)	32,803	35,619	2,816	56,233	56,233	(0)

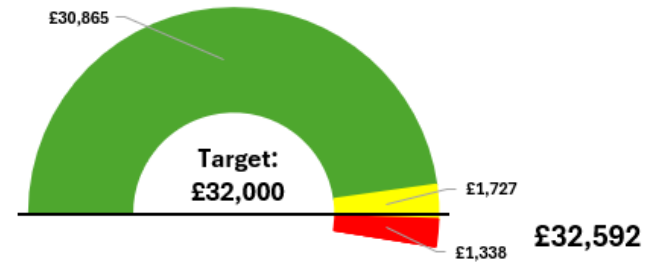
The overall £35.619m deficit at month 7 was made up as follows:

- Planning Deficit **£32.803m**
- Savings Programme surplus of **(£0.345m)**
- Operational Position deficit **£3.161m**.

At month 7, there was a surplus of £0.592m against the revised £32.0m savings programme target and this is expected to mitigate ongoing operational pressures.

At Month 7, the UHB had identified £32.592m (101.9%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.338m were also identified and continue to be reviewed for progression to Green/Amber where possible.

2025/26 UHB Savings Programme: Identified vs Requirement



Forecast savings of £32.592m are reported against the £32m recurrent savings at month 7. The level of recurrent savings identified is lower at £26.700m leaving a gap of £5.300m to target. The combined £8.000m recurrent savings shortfall and recurrent in year operational pressures will increase the underlying deficit being carried into 2026/27 if further savings schemes are not identified and delivered in 2025/26 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 7	8.000
Forecast Underlying Deficit (ULD) at end of 2025/26 without further identification of Savings & Actions	64.233

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.

Finance

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Obesity and Diabetes

- **'Beyond Gold: The Future of Food in Cardiff Event'** held by Food Cardiff, celebrating Cardiff's Gold Award and launching the results of the Cardiff Food Conversations with insights from local leaders and changemakers.
- First event of themed **Park Runs** has taken place (Diabetes). Working through the process to develop Park Run People in the UHB to encourage staff to be Ambassadors. Planning the next one with MIND.
- **Active Soles** is expanding; St David's College has permitted staff to wear comfortable shoes, and they are already seeing the benefit.
- Finalising the 2025 **Director of Public Health report**, which will centre around obesity and diabetes.
- Undertaken a comprehensive facility audit of all spaces available for physical activity and sport within Cardiff to identify gaps in services.
- Working group established to improve 8 Care Processes in primary care.

Vaccination

- As part of the Autumn-Winter campaign we started immunising **Health and Social Care staff against Influenza** from the 1st of September and we have immunised already about 6000 health board staff, over 36% of the entire workforce which is as many as we vaccinated last year.
- The **Influenza campaign for the general population** is also underway and initial uptake reports see us in line with Welsh average with regards to the over 65 and above Welsh average with regards to the clinically at risk 16-64 year old cohort. With regards to the COVID-19 vaccination we are below the Welsh average of 37%
- As this year Influenza started circulating early we have increased our efforts to vaccinate inpatients and healthcare staff with **teams of vaccinators roaming the hospital wards**.

Public
Health



Tobacco

- Cardiff and Vale of Glamorgan 'Help Me Quit' services included in **Western Mail** feature on 25.10.25. The online version of the article had 80,000 views.
- **'The Power of a Patient Story in Helping People Quit Smoking'** presented as a 'lightning talk' at Welsh Public Health Conference.
- **Communications sent to primary care** to highlight the importance of prioritising high-risk patients who are still smoking for smoking cessation support during the winter months to reduce the onset of respiratory infections
- HMQ promotion included in **Barry Town AFC match programmes** for two matches in November. Further promotional work with the football club being planned to include promotion on pitch side perimeter boards.
- **Digital roadside advertising** promoting 'Help Me Quit' in Cardiff city centre from 20.10.25 - 9.11.25
- Designs are being finalised for bespoke posters and banners to be displayed in **Noah's Ark. Children's Hospital**. The images have been created by Creigiau Primary School in Cardiff to raise awareness of the risks of second hand smoke to children's health.
- Work has commenced with maternity colleagues to develop a **Standard Operating Procedure** to formalise the pathway and procedures required to ensure pregnant smokers are CO monitored and referred for smoking cessation support at every opportunity in the antenatal pathway.
- A competition will be launched in November to encourage **primary care colleagues** working in GP practices to refer patients that smoke to Help Me Quit. The competition will run in five clusters where rates of smoking are highest.

Public
Health



Public Health

Substance misuse

- **Call for evidence on reform of the alcohol licensing system** in England and Wales: The UHB Public Health Team has recently submitted a response to the UK Government call for evidence on alcohol licensing. In this response we highlighted the need for the alcohol licensing system to continue to prioritise protection of our communities, for greater recognition of the individual and societal harms of alcohol, and to develop a licensing objective on public health. Our response did not support the proposed inclusion of ‘promoting economic growth’ as a statutory licensing objective.
- **Alliance Leadership Team (ALT) development:** The second ALT session in October 2025 brought together strategic leaders to strengthen collaboration across the Cardiff and Vale substance use system. The event focused on mapping services to the recovery journey and identifying opportunities for integration, with a growing emphasis on embedding prevention into service planning and leadership discussions.
- **Emergency Planning Event – Nitazenes – Action Plan:** Following the Cardiff and Vale Emergency Planning Exercise on synthetic opioids, the Area Planning Board (APB) Support Team has developed a multi-agency action plan to strengthen preparedness and response. Key actions include improving Local Drug Information System (LDIS) procedures, enhancing data sharing, and delivering targeted workforce training. Further engagement with partners is planned to embed these changes and support system-wide resilience. Next steps include wider partner engagement and regular updates as the action plan progresses.
- **Commissioned services monitoring:** A new quarterly monitoring process has been introduced to support more collaborative and streamlined oversight of commissioned services. The approach sets out consistent cycles, shared responsibilities, and clearer roles, enabling timely provider engagement, coordinated data review, and joint development of performance narratives. It enhances transparency, supports early risk identification, and ensures reporting is meaningful and aligned with strategic priorities.

Women’s Health Hubs

- A **Training Needs Analysis** has been completed through the Primary Care Academy. This has identified key areas of focus for the training offer(s) to be made available to primary care staff over the next 5 months using the women’s health hub funding. This includes two in-person events planned for March 2026.
- A **pathfinder hub operational group has been established** to rapidly mobilise the first women’s health hub. The hub will be based in a primary care cluster in an area of deprivation, providing a cluster-based menopause clinic with a holistic approach to menopause care (e.g. social prescribing, mental health support and menopause cafe in addition to medical and pharmaceutical interventions)

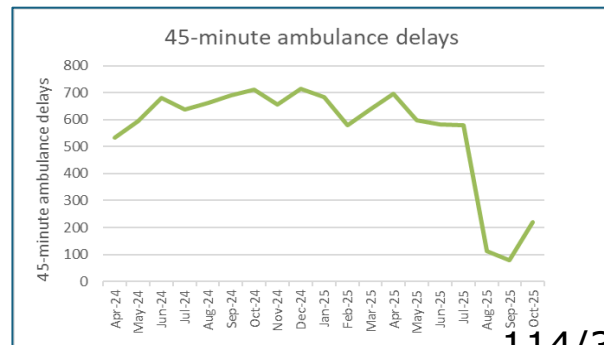
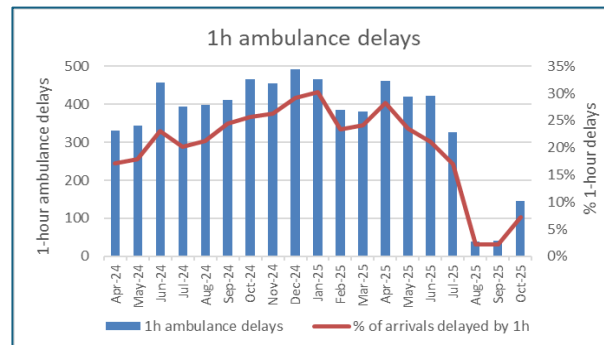
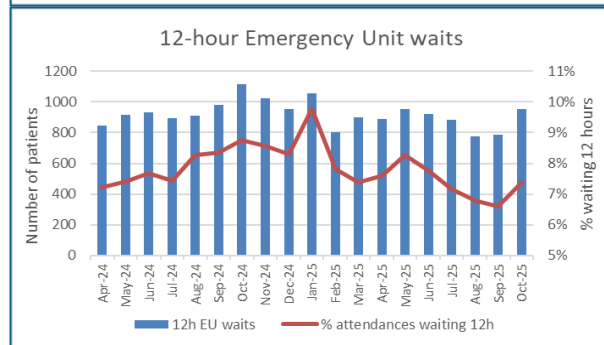
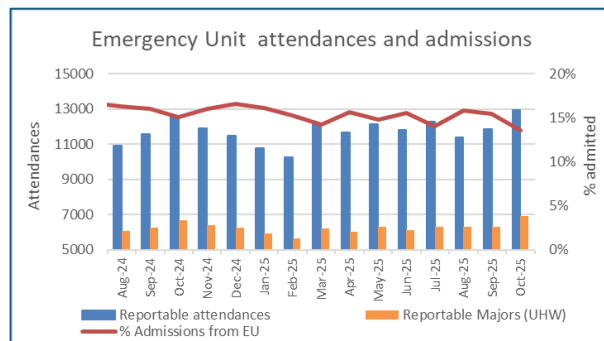
Health protection

- **HIV anti-stigma campaign**, being run in partnership with Fast Track Cymru, now underway across social media and outdoor advertising platforms.
- **Exercise Pegasus** phase 3 was undertaken in November. The organisation is using this as learning to improve local pandemic preparedness.

Urgent and Emergency Care – Out of Hospital and Front Door

- In October attendances at the Emergency Unit increased from those in September and were increased by around 2.5% compared to October '24. The number of Majors attendances was increased from September '25. The proportion of patients admitted via EU reduced to 13.6% and is reduced when compared to October '24
- We have seen a 3.6% increase in demand over the last 12 month, against a forecast of 4%. This is putting pressure on EU as we move into winter
- Following periods of intense operational pressure, the number of patients waiting 12 hours or more in EU increased and the proportion of attendances resulting in a 12 hour wait increased to 7.4%. The number of patients waiting 24 hours in the EU footprint was 36, with over half those coming in the last 3 days of the month
- The number of 1-hour ambulance holds increased in October – c7% 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 performance remains improved from the summer

Urgent and Emergency

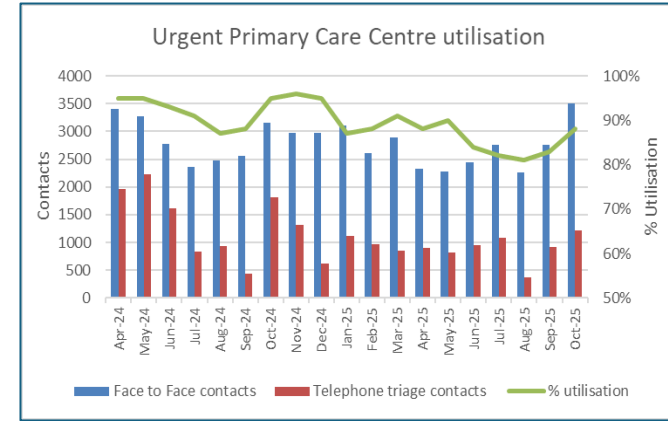


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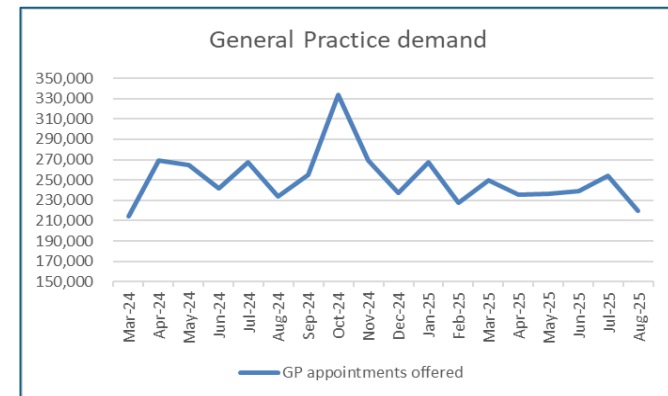
Urgent and Emergency Care – Out of Hospital and Front Door

- In October, 3,498 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 1219 patients triaged by telephone. In October 88% of the available slots were utilised, increased from September
- In 24/25 there were over 4.5 million calls to GP surgeries, with over 3.1 million appointments offered. So far this year over 1 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 August reduced from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required

Urgent and Emergency



GMS activity		August 2025	Year to date 25/26
	Calls to GP surgeries	283,572	1,552,023
	Digital requests to GP practices	76,901	380,914
	GP appointments offered	219,901	1,184,874
	Items issued via prescription	711,771	3,649,929

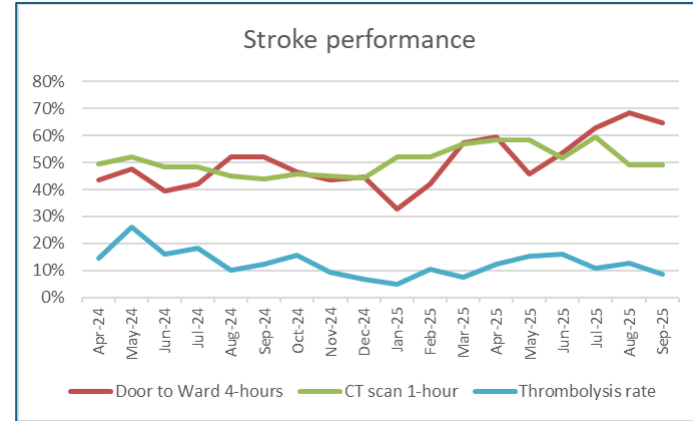


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Urgent and Emergency Care – Hospital Flow and Discharge

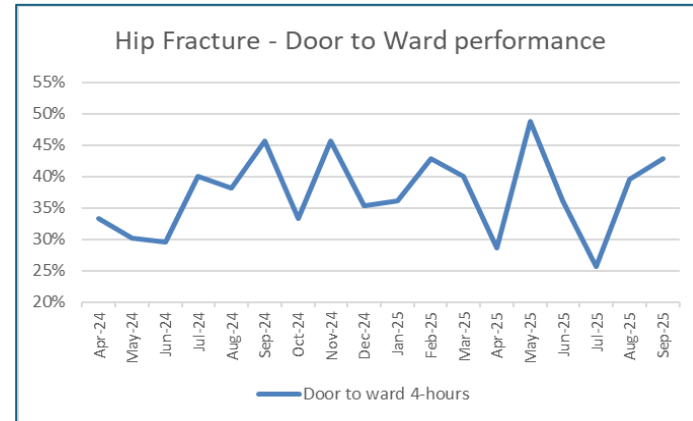
Stroke

- The most recent data from September showed a small drop in compliance with the Door to Ward standard for Stroke patients. Compliance fell from 68.4% to 64.8%. In September 49.2% of patients receiving their CT scan within 1-hour, the same as August



Hip fracture

- In September, 42.9% of Hip Fracture patients were admitted to the ward within 4-hours. This represents an increase in performance from August and remains significantly above the national average of 9.6%

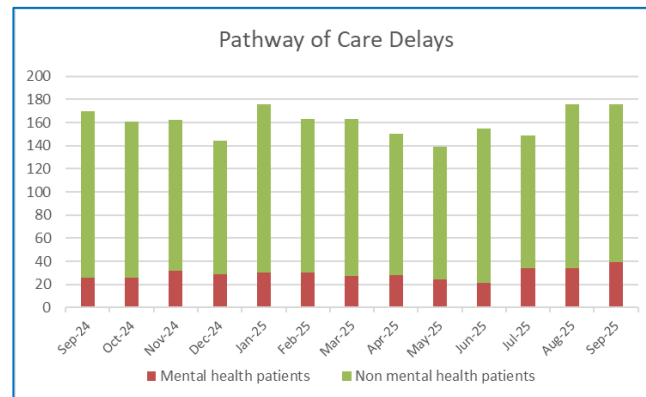


Urgent and Emergency

Saunders Nathan
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Urgent and Emergency Care – Hospital Flow and Discharge

- Pathway of Care Delays remained steady in October at 177, the number of non-Mental Health delays increased to 142 with an average length of stay since becoming clinically optimised of 40.3 days. Mental Health delays reduced to 35, with an average length of stay since becoming clinically optimised of 116 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 9,793 beds days were lost in October.



- 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

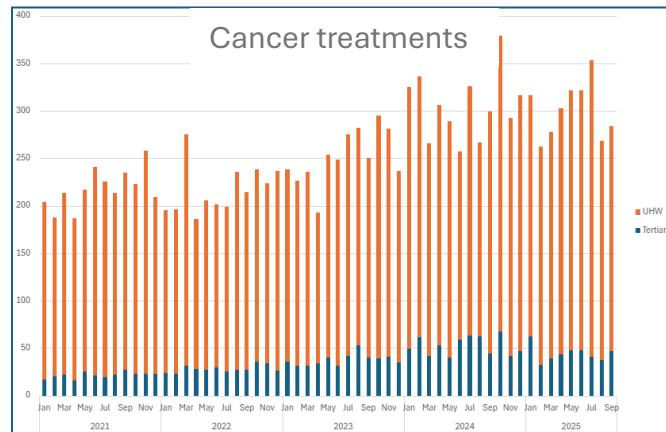
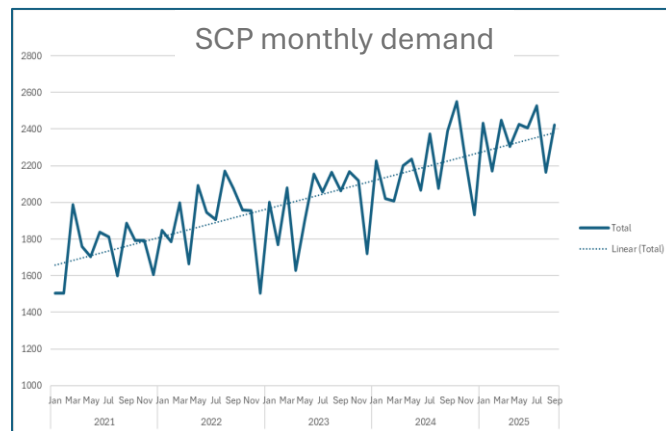
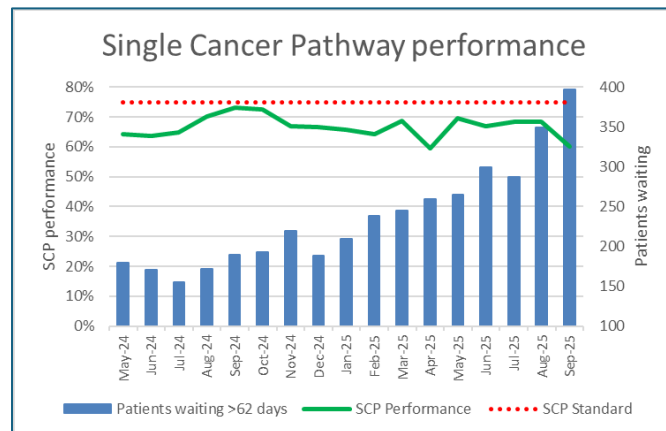
Top 6 Reasons for non- MH	Number of Delays
Awaiting completion of assessment by social worker	36
Awaiting social worker allocation	16
Awaiting start of new care package funding by social care	11
Mental Capacity Assessment delays	10
Awaiting joint assessment	8
Awaiting completion of best interest	8

Top 6 Reasons for MH Delays	Number of Delays
Awaiting dementia nursing availability	5
Awaiting care home manager visit assessment and provide outcome (nursing)	4
Awaiting funding decision	3
Awaiting funding decision FNC/CHC	3
Identifying specialist bed	3
Awaiting supported living availability	3

Planned Care, Cancer and Diagnostics

- Performance against the Single Cancer Pathway dropped in September to 60.2%
- We have seen an increase in the number of patients waiting over 62 days for treatment. SCP compliance will remain reduced as we treat longer waiting patients to reduce the backlog
- We continue to see increasing referrals onto the SCP and while treatments per month have also increased, we face a challenge to maintain our improved SCP performance and deliver the 75% standard
- We have seen a 38% increase in referrals to the SCP in the past 3 years. In 2022 we treated c190 C&V patients per month, this has increased to c250 in 2025
- Our forecast dip in compliance is mainly related to challenges in 3 tumour sites. We have identified, through pathway and breach analysis, the main causes of delays and developed actions :

Planned Care



Planned Care, Cancer and Diagnostics

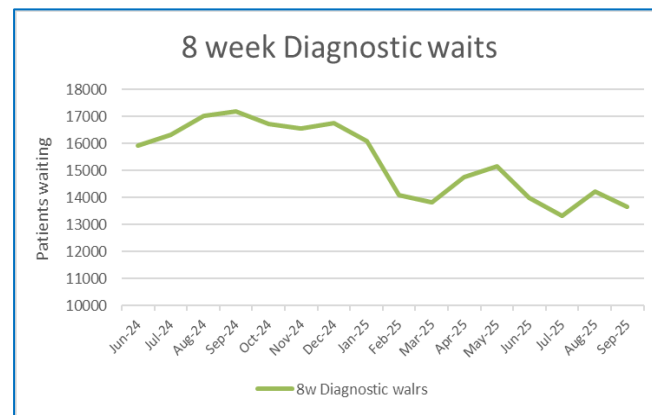
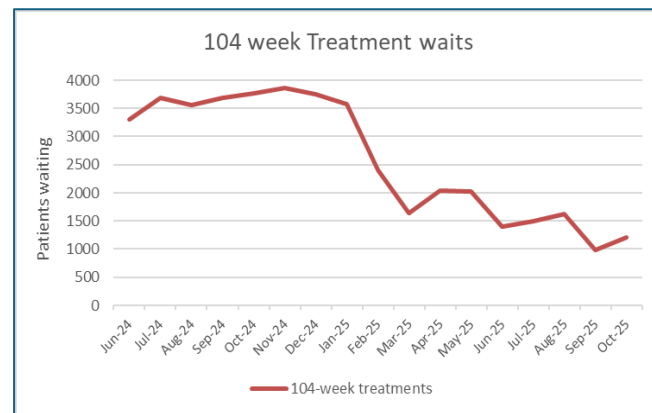
- Skin
 - Skin demand has been rising at the fastest rate of any tumour site and demand in 2025 has been 8% higher than last year
 - The major cause of the increase in backlog for skin patients is the increase in wait for a first outpatient appointment.
 - Additional OP slots have been allocated in November through WLI and use of non-cancer clinic capacity
 - Longer term actions include recruitment of 2 consultants (from January) and use of patient initiated FUs for SCC in line with national guidance
 - October has seen a drop in demand and with the actions outlined we forecast compliance to return to >90% by January 2026
- Urology
 - The backlog in Urology has been growing since October 2024
 - Demand in 2025 is 14% higher than in 2024
 - Treatment volumes have increased between 6-8% since April 2024
 - Urology consistently sees the highest volume of breaches - recently this has accounted for 1/3 of all breaches
 - Prostate makes up the majority of these breaches – with TP biopsy the most frequent cause of delay
 - Plan to use SSSU lists and SAS/Consultant time to reduce TP waits to 1 week would see SCP compliance improve to 70% by May 2026
- Lower GI
 - The backlog in lower GI has been increasing since October 2024
 - Tracking data shows and breach analysis shows most breaches are associated with Endoscopy and Bowel Screening Wales
 - Time to surgery has been identified as the main cause of Endoscopy delays – plans are being developed to provide 1 additional theatre list per week to bring this back into balance

Planned
Care

Planned Care, Cancer and Diagnostics

- Following delivery of our Q2 commitment to reduce 2- year waits, the number of patients waiting 2-years for treatment increased in October as forecast to 1202. We are working on delivering our commitment to deliver a reduced position of 630 at the end of Q3. We are currently on trajectory to deliver this. Even with additional funding we are currently unable to eliminate 2-year waits for sleep studies or spinal surgery by the end of the year. The waiting list is tracked daily, with weekly updates to the COO, CEO and Chair
- Diagnostic 8-week waits reduced in September 2025 to 13,667, mainly driven by reductions in endoscopy and NOUS waits. The MRI and CT positions increased but this will be recovered with additional capacity in Q3 and Q4.
- A verbal update will be given at the meeting on the formal October position – we expect to see a further reduction driven by continued improvements to Endoscopy and NOUS. We have also seen small improvements for MRI and CT as we begin to recover their positions

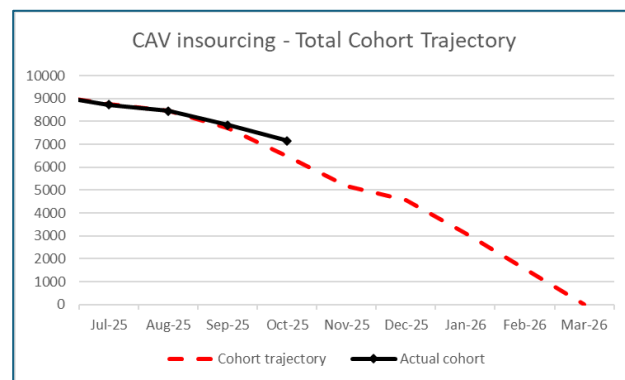
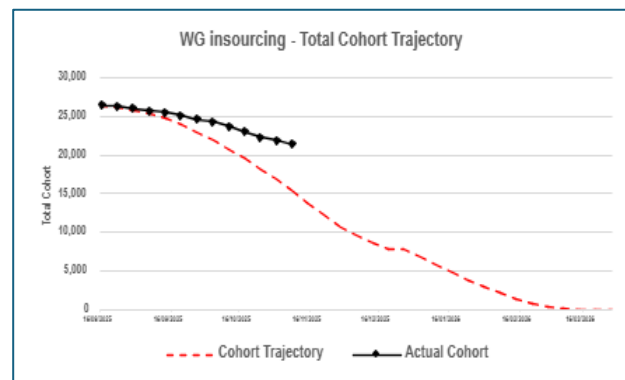
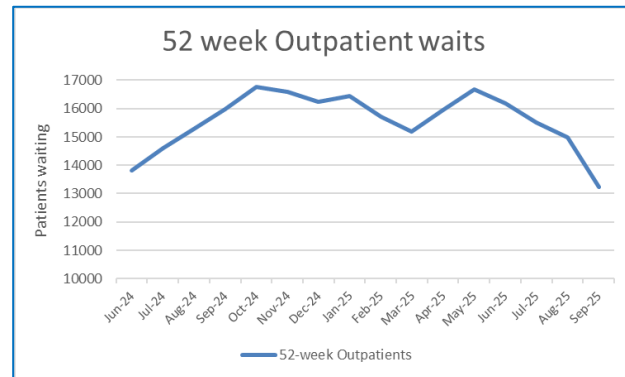
Planned Care



Planned Care, Cancer and Diagnostics

- The number of patients waiting 52-weeks for an outpatient appointment reduced in September 2025 driven mainly by surgical specialties. October's position will be updated at the meeting. We are anticipating further improvement in line with the outpatient work below
- We are working closely with Welsh Government on national schemes to undertake c33,000 additional outpatient appointments through this year
- To date we have delivered c4200 appointments through the Government insourcing contract and over 1300 appointments through C&V schemes
- We hold weekly senior meetings with HBS (WG insourcing provider) – while we are off trajectory, robust improvement trajectories are in place to recover the position. Main risk areas are oral surgery and dermatology – the contract has been reviewed in line with our core delivery model to allow clinicians to be onboarded

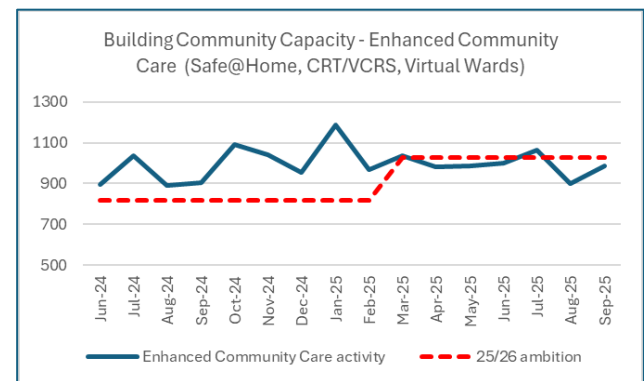
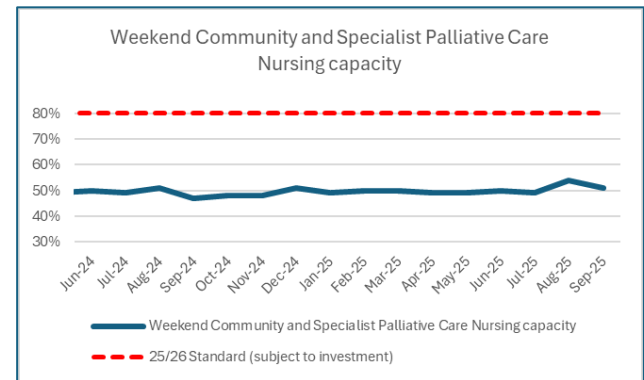
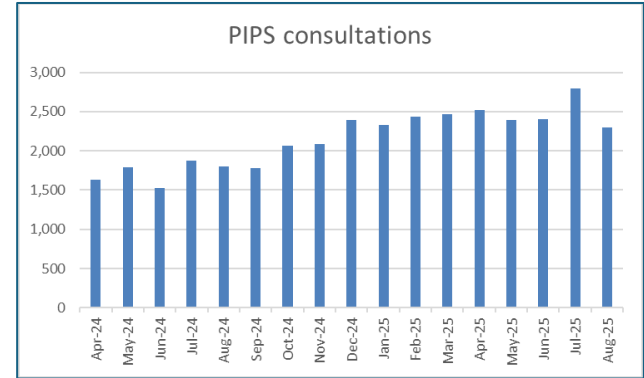
Planned Care



Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards through 24/25 and into Q2 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 2,299 consultations delivered in August 2025, increased from the August last year
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. District Nursing contacts exceeds the number of visits to EU on a monthly basis and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services, in July we met our ambition of a 20% increase this year. Activity dropped as forecast in August, with annual leave and reduced demand but increased in September

Primary and Community Care



Mental Health

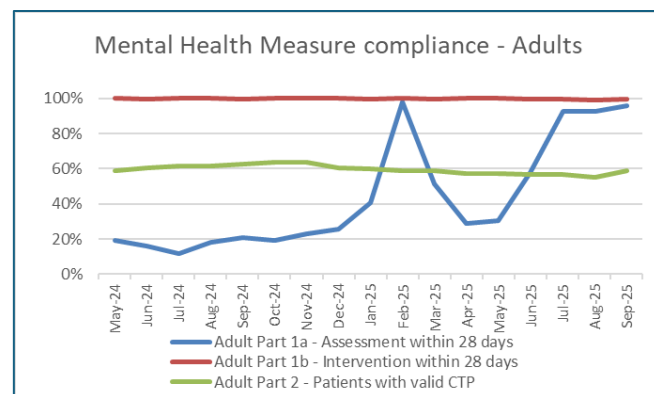
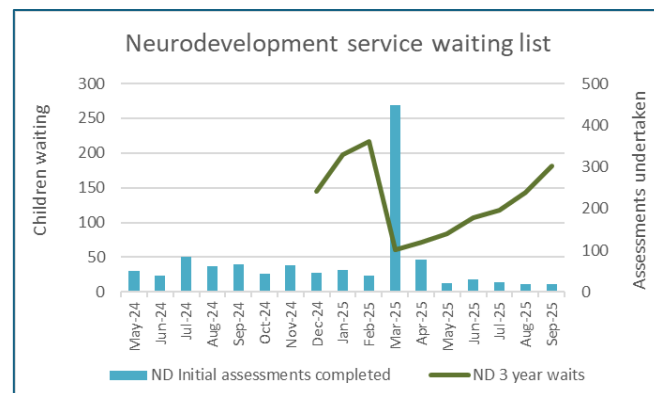
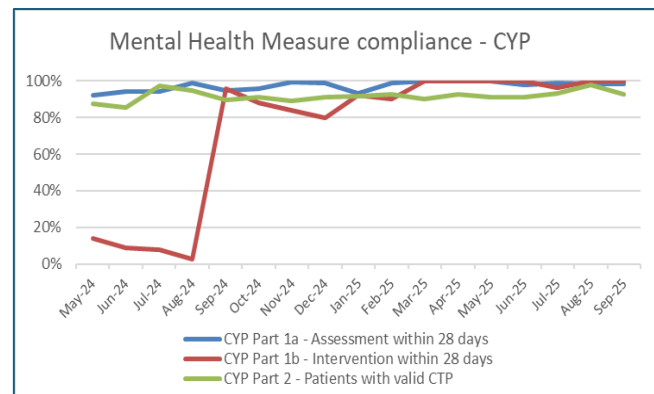
- For Children and Young People, Part 1a and 1b remain compliant despite high demand, >98% compliance reported for September 2025. Part 2 performance also remains compliant, with over 90% compliance maintained throughout 2025
- The Neurodevelopment service waiting list continues to grow with 213 referrals in September. The service anticipate the number of children waiting 3 years for assessment will grow throughout 2025 with the current capacity. The number of 3-year waits increased to 181 in September. In total there are 4,820 children on the waiting list for assessment
- For Adult and older people's mental health services, September saw Part 1a compliance maintained over 95%, despite referrals remaining high. Part 1b remains compliant with 99.6% reported in September. Part 2 compliance remained low despite ongoing actions. 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

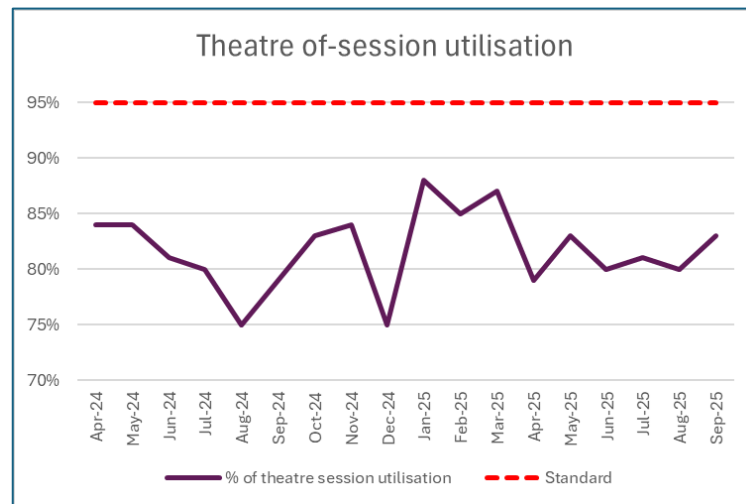
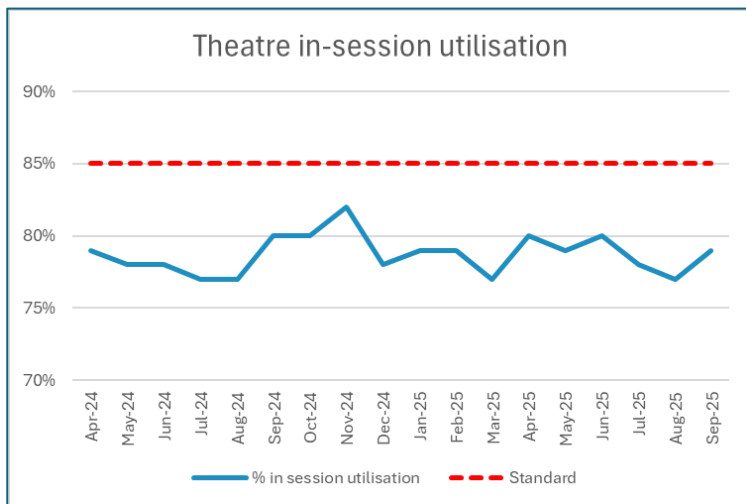
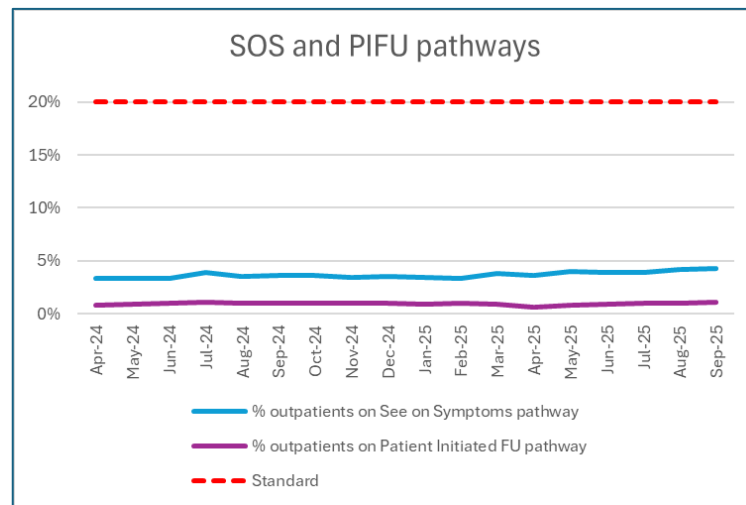
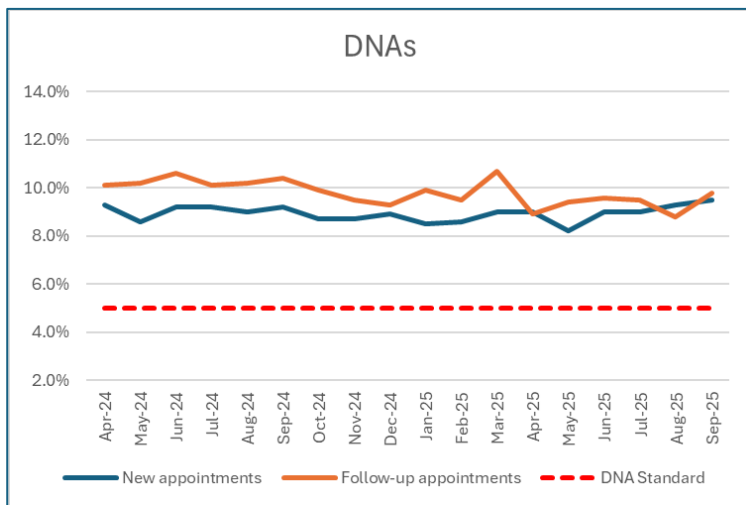


Mental Health

Productivity and Efficiency

Measure		Standard	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Outpatients	% DNAs - New appointments	5%	9.2%	8.7%	8.7%	8.9%	8.5%	8.6%	9.0%	9.0%	8.2%	9.0%	9.0%	9.3%	9.5%	
	% DNAs - Follow-up appointments	5%	10.4%	9.9%	9.5%	9.3%	9.9%	9.5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.8%	
	% outpatients on See on Symptoms pathway	20%	3.6%	3.6%	6.6%	3.5%	3.4%	3.3%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	
	% outpatients on Patient Initiated FU pathway		1.0%	1.0%	1.0%	1.0%	0.9%	1.0%	0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	
Endoscopy	% room utilisation	90%	74%	68%	78%	75%	83%	82%	88%	78%	88%	81%	87%	71%	72%	
	% utilisation (activity points available)	95%	83%	85%	87%	85%	84%	81%	84%	87%	89%	87%	90%	89%	87%	
Theatres	Average turnaround time (minutes)	10	18.9	19.9	15.9	16.2	15.9	18.2	17.1	16.6	15.9	17.5	17.0	16.8	18.1	
	% of theatre session utilisation	95%	79%	83%	84%	75%	88%	85%	87%	79%	83%	80%	81%	80%	83%	
	% in session utilisation	85%	80%	80%	82%	78%	79%	79%	77%	80%	79%	80%	78%	77%	79%	
	<24 hour elective cancellations	N/A	190	363	198	217	315	295	347	237	229	281	287	220	238	
Waiting list	Total RTT waiting list volume	N/A	155,063	156,194	154,994	154,605	153,519	151,069	151,226	152,150	152,901	151,955	150,902	150,551	150,553	
Inpatient	Delayed pathways of Care - Mental Health	217	26	26	32	29	30	30	27	28	24	21	34	34	39	
	Delayed Pathways of Care - non-Mental Health		144	135	130	115	146	133	136	122	115	134	115	142	137	
	7 day LOS on Acute Wards (snapshot)	<40%	58.5%	59.4%	57.3%	62.3%	60.5%	59.4%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	
	21 day LOS on Acute Wards (snapshot)	<20%	31.8%	31.4%	30.9%	35.5%	37.3%	34.0%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	11.9	10.7	10.4	10.5	9.8	12.4	11.0	10.3	11.9	9.8	10.9	9.7	9.2	
Urgent and Emergency	Reportable attendances	N/A	11,567	12,628	11,922	11,468	10,756	10,237	12,193	11,659	11,517	11,823	12,304	11,398	11,880	
	Reportable Majors attendances	N/A	6,235	6,691	6,398	6,272	5,924	5,628	6,210	6,041	6,297	6,113	6,295	6,291	6,308	
	Reportable EU admissions	N/A	1,768	1,823	1,831	1,829	1,676	1,502	1,658	1,754	1,708	1,757	1,733	1,805	1,839	
	SDEC attendances	N/A	1,730	1,847	1,716	1,601	1,786	1,609	1,770	1,678	1,779	1,753	1,908	1,676	1,807	

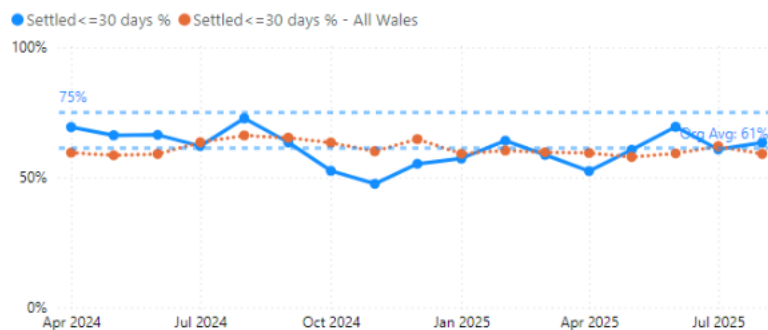
Productivity and Efficiency



Concerns: September 25

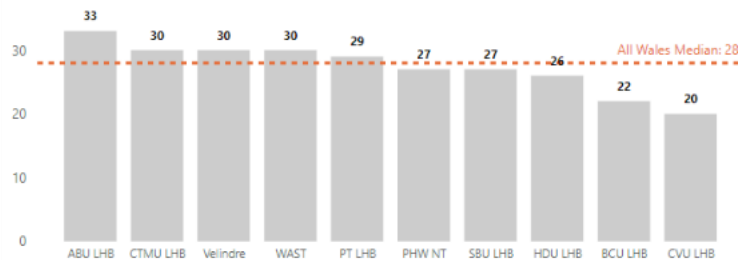
We process up to 350 complaints per month and contact all complainants to agree the questions for Investigation
Response times are currently at 68% and below is the latest all Wales comparative date on the Beacon dashboard.

CVU UHB - % PTR Concerns Settled in 30 Working Days - by Date R...



Quality,
Safety and
Experience

All Wales - Median working days for a response (includes still open co...



Duty of Candour

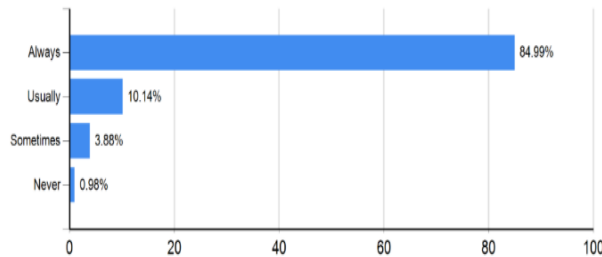
- Between 1 March and 30 August 2025, 12,675 incidents were reported, with 6 triggering the Duty of Candour. Common themes included:
 - Avoidable pressure damage
 - Avoidable falls
 - Missed follow-ups
 - Medication errors
 - Missed diagnoses.

Feedback



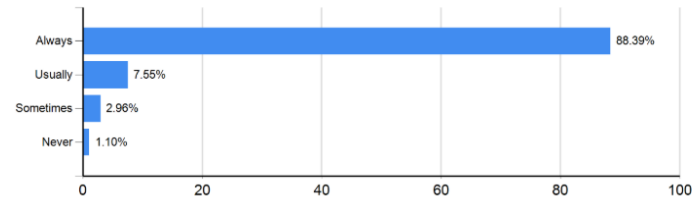
Were staff kind and Carin;

Score: 93%



Whilst in our care did you feel safe?

Score: 94%



The SMS People Experience Survey (PES), Bedside PES, and Website PES are currently available in ten languages. Surveys Report 94% of people were able to communicate in their preferred language.

Quality,
Safety and
Experience



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

Brilliant Basics: What we are Doing

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

1. Your Hands – CLEAN

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

2. Your Uniform – SMART

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

3. Your Technique – SAFE

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

4. Your Standards – SURE

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

Quality,
Safety and
Experience

Sawyers, Nathan
21/11/2025 17:51:27

The UHB reported 29 NRIs in October, a rate of 5.6 per 100 000 population. This significant increase is as a result of a reconciliation exercise that resulted in retrospective reporting of nine historic avoidable cases of pressure damage. The increase in NRI reporting from previous months was due to a reconciliation exercise and retrospective reporting of several health care associated pressure damage incidents.

2306 patient safety incidents were reported in October 2026; 76% (1748) were reported as causing no or low harm, 21%(476) moderate harm and 4% (82) severe or catastrophic harm. Of those reported as causing severe and catastrophic harm the majority have been subject to initial review and down graded with only 5 incidents confirmed remaining at this level- these cases will be subject to national reporting and a multi professional review undertaken.

Shaping our Future Quality Excellence Lost to Follow Up

The standardised clinic outcome form has been rolled out and early feedback supports the delivery of educations for clinic coordinators. An exercise to review all outpatient clinics without clear clinic outcomes, a weekly report will be developed to support ongoing monitoring and oversight.

Shaping our Future Quality Excellence HAI Dashboard Development

Analysis of the data sources for HAI dashboard will be completed in November 25 and scoping of resources required for the development of the next stage of the dashboard development is underway.

Shaping our Future Quality Excellence Acute Deterioration

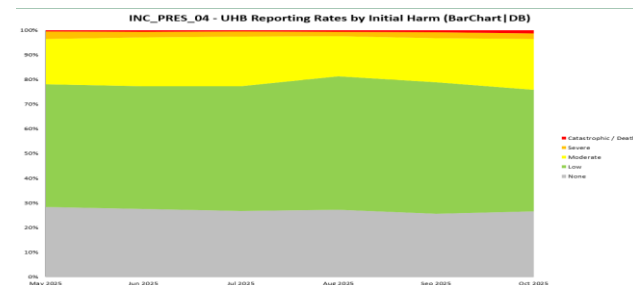
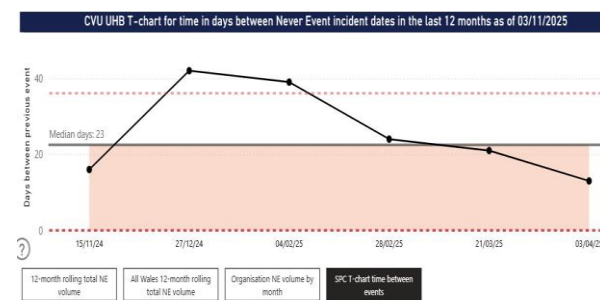
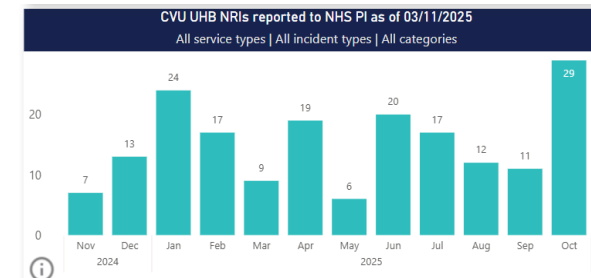
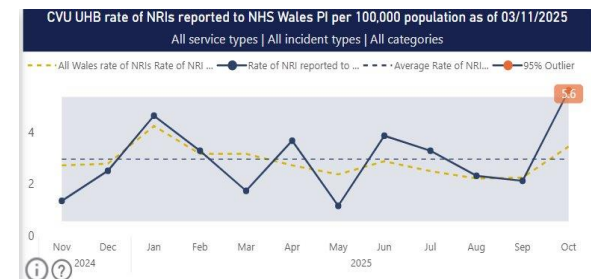
Early warning scores are fully implemented across the acute setting, work to deliver the tools in the community will be implemented in December 25. The work of the group will expand to incorporate delivery and oversight of the sepsis pathway and treatment escalation plans.

Shaping our Future Quality Excellence Medication Safety

The scope of the medication group includes strengthened governance around medication safety and exploring the potential to develop data sources that support assurance and scrutiny.

WHO Checklist Collaborative

The collaborative have developed a prototype checklist, there will be consultation across the perioperative directorate and surgical group before finalisation. Audit remains ongoing to provide assurance of uptake and compliance.



Quality, Safety and Experience

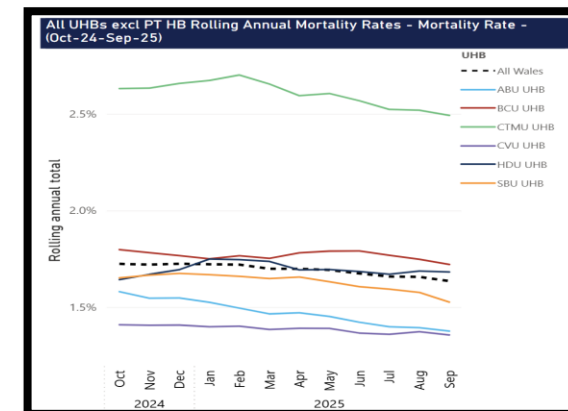
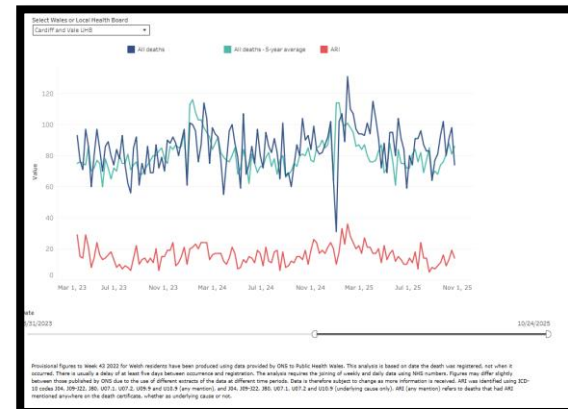
Sawyers Nathan
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Mortality

The all-cause mortality rate across the Cardiff and Vale UHB area continues a similar seasonal pattern to the five-year average. Numbers of deaths are similar to the same period in the previous year. During week 43 of 2024/2025, 74 deaths were registered in the CAV area, compared with a five year average of 98 deaths for the same period.

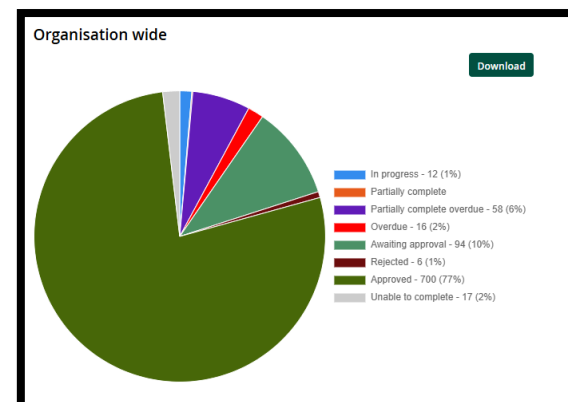
The national quality outcomes framework has been published and includes a crude measure of inpatient mortality measured against All Wales crude mortality rate. This will supersede the previous UHB crude mortality indicator.

The crude annual rolling mortality rate for the UHB was 1.4% in September 2025, compared with an All Wales average of 1.6%.



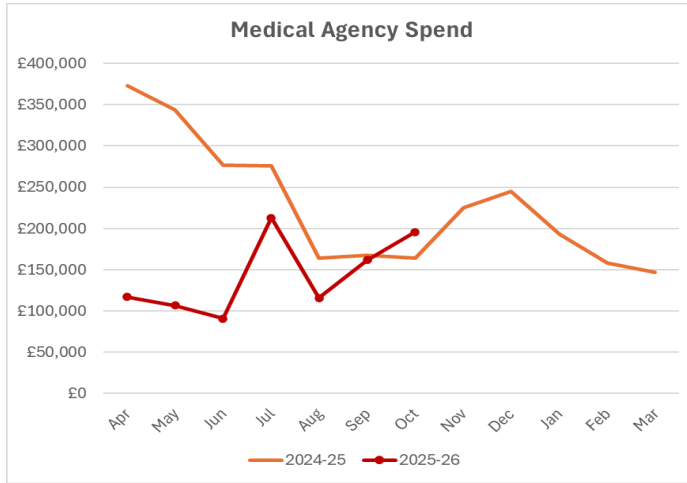
Healthcare Inspectorate Wales

There have been no inspections undertaken by HIW in October 25. An update to the improvement plan relating to the 2024 Children and Adolescent Mental Health (CAMH) national thematic review has been provided to HIW. Progress includes the appointment of an audit lead and development of an audit plan to provide assurance and scrutiny around clinical record keeping. Delivery of engagement events within Primary Care settings to ensure effective communication and partnership between General Practice and CAMHS services, and development of policy to standardise the approach to managing non attendance of children and young people at appointments. The regional Partnership Board have confirmed the appointment to posts within the Early Help Team and the implementation of Silvercloud virtual psychological therapies platform in front door mental health services with ongoing work to expand this to other services.





People and Culture



Agency Reduction continues to be a key focus of the Medical Workforce Advisory Group (MWAG) aligned to the WG Enabling action for 25/26. The medical workforce agency position increased from 8 to 9 with a monthly increase in spend of £29,901. This spend is driven by a CAMHS Consultant.

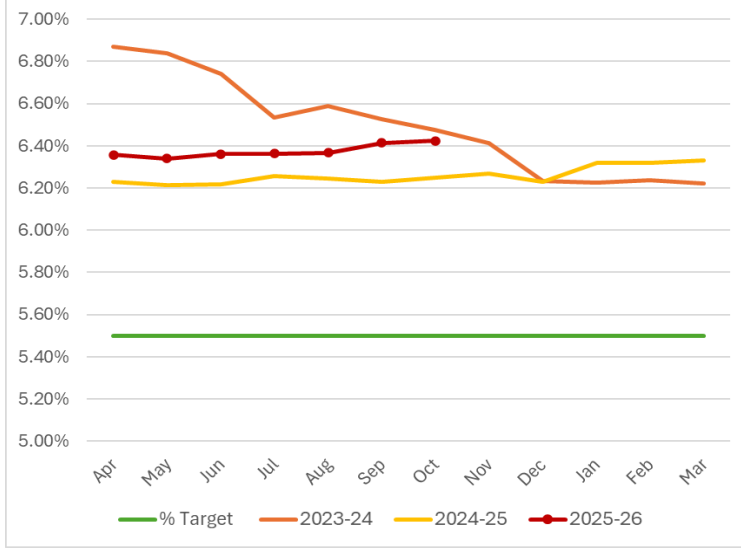


Job Planning - Improving job planning compliance remains a key priority. The Welsh Government’s enabling action requires that over 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025. Progress against this target is monitored fortnightly as part of the agreed Medical & Dental workplan. Compliance peaked in August 2025 at 76.33%, but declined to 74.80% in September 2025. The position improved in October 2025, rising to 78%



People and Culture

12-Month Cumulative Sickness



Sickness Absence

- The graph opposite shows the 12-month cumulative sickness rates over the last 3 years. The target for 25/26 is 5.5% and in Oct-25 the rate was 6.42%.
- Primary reason for absence continues to be Anxiety, Stress and Depression with a cumulative rate of 34.60% – targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.
- The second highest reason for sickness is Cold, Cough, Flu – Influenza with a cumulative rate of 10.43%. Over 60% of our staff have received the Flu Vaccine.

VBA Compliance



VBA - The number of VBAs completed has reduced since Nov-24. The importance of having a meaningful appraisal has been raised by the Executive team during the Clinical Board Reviews and Clinical Boards/CEF have been asked for improvement trajectories.

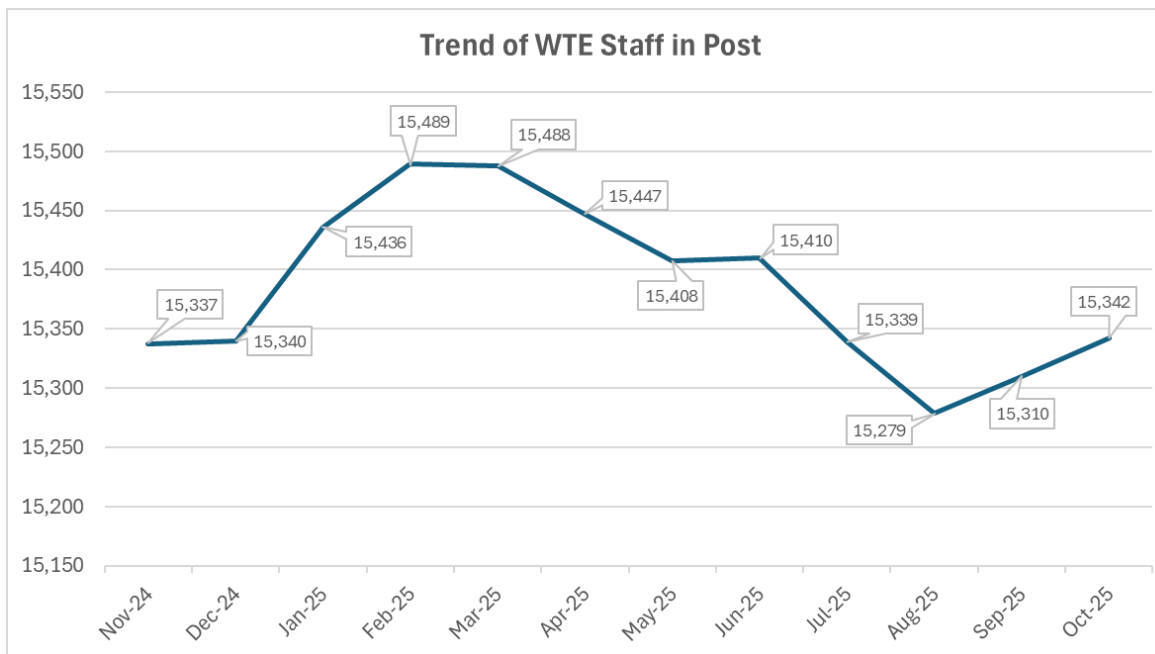
Cultural Measurements: The UHB is reviewing the existing range of culture data available to design a more structured, Quality Management System aligned cultural measurement dashboard that will provide assurance to the Board and Welsh Government



Staff in Post – Monthly Monitoring

Staff Group	WTE												12-Month Change
	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	
Add Prof Scientific and Technic	585	583	596	598	601	602	598	598	600	601	597	605	20
Additional Clinical Services	2971	2957	2971	2995	3035	3010	3007	3007	2990	2969	2943	2918	-53
Administrative and Clerical	2592	2597	2623	2639	2655	2649	2639	2640	2663	2644	2643	2595	3
Allied Health Professionals	1300	1297	1288	1276	1269	1270	1266	1267	1258	1268	1283	1301	1
Estates and Ancillary	1249	1251	1253	1250	1216	1213	1202	1203	1193	1184	1185	1215	-34
Healthcare Scientists	592	599	600	599	559	566	565	565	562	554	562	568	-24
Medical and Dental	1137	1139	1146	1152	1157	1158	1159	1160	1150	1139	1152	1150	13
Nursing and Midwifery Registered	4884	4887	4925	4948	4970	4950	4945	4944	4901	4897	4929	4965	81
Students	28	30	34	32	27	28	26	26	24	23	17	25	-3
Grand Total	15337	15340	15436	15489	15488	15447	15408	15410	15279	15310	15310	15342	5

Trend of WTE Staff in Post

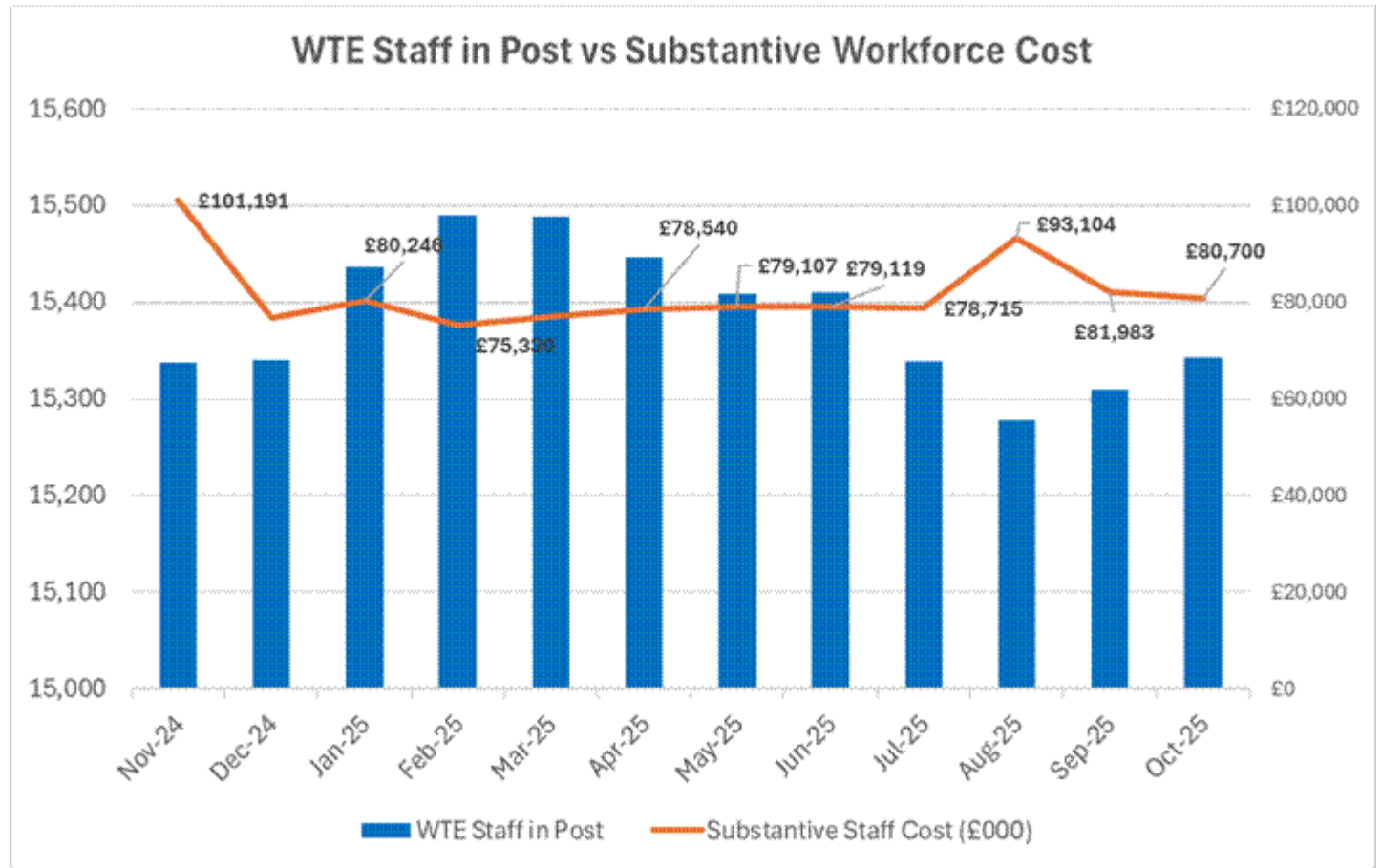


Reduction from Feb-Aug 25 = 210wte

The increase in Sept & Oct-25 is predominantly due to graduate Nurse recruitment which was forecast and approved.



People and Culture



Implementation of MS Windows 11 device upgrades and replacements continues to be a priority, as the team work to minimise the number of devices requiring extended support to a minimum. The Wifi installation work continues apace, primarily to support the rollout of the ePMA (e-prescribing) programme across the health board. Progress is set out in the accompanying Integrated Performance Report.

Digital Service Management Team Update

- NHS Wales App – Work is nearing completion to push our patient data into DHCW’s CDR system, which is a prerequisite to surfacing this information to patients. Planned completion is late November/early December 2025 for activating patient appointments in the NHS App for CAV patients. Scoping work is underway for further improvements and enhancements to the NHS App.
- Connecting Care (i.e. PARIS our existing Community and Mental Health EPR system) – Following the allocation of revenue funding for foundational works in 2025/26, we are now in the process of commissioning a third-party agency to undertake detailed business analysis and develop a data migration strategy during the remainder of 2025/26. This work is essential to ensure readiness for the national procurement process for a replacement Community and Mental Health EPR system. In parallel, we are utilising capital funding to procure laptops to replace outdated netbooks. Temporary staffing is also being sought to support the configuration and rollout of these devices to staff, ensuring digital readiness for a future system, funded by the national programme.
- Mental Health electronic Discharge Advice Letters (eDALs) - PARIS system and the Welsh Clinical Portal - we launched eDALs for Mental Health Inpatients on 17th November, replacing paper-based processes to improve patient safety and communication between secondary and primary care. The system will deliver discharge information securely to GPs within four hours, reducing transcription errors and supporting continuity of care during the high-risk post-discharge period.
- The Digital Care Region (DCR) programme - Adult Safeguarding rollout is progressing well, with training completed and access pending issue of NADEX (user account details) credentials to both local authorities granting access to them and our Safeguarding team. The Children’s Safeguarding project is also advancing, with a target go-live before Christmas. Additionally, engagement has begun with Mental Health and Learning Disability services to explore use of the Summary Care Viewer to support clinical practice.

Digital

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Digital Eyecare – Update

- We continue to support internal users and those from other organisations now using the OpenEyes eyecare Electronic Patient Record system. In addition to CAV, SB UHB and CTM UHB are using the OpenEyes system.
- AB UHB has confirmed target deployment in January 2026, with HDD UHB are targeting February 2026.
- An Eyecare Electronic Referral solution has been selected with Opera procured by DHCW as the tactical short-term solution. Longer-term DHCW are looking at strategic e-referral system covering more services.

Digital Foundations

The Programme Business Case has been produced including several Year 1 business justification cases. These are progressing through internal governance, culminating in a presentation to Board to secure approval as the cases require revenue investment, which the organisation will be asked to support. Current focus on a cost and benefit review will continue to iterate as the case progresses. Following Board approval, the case will go to Welsh Government Infrastructure Investment Board requesting that capital and capital depreciation charges are funded. The case has been shared with the digital team in Welsh Government.

Digital Operations

- The Networks team has played a crucial role in successfully completing various electrical tests this year, including Operation POET and the ongoing work for the Substation replacement. They have diligently managed all out-of-hours requests, completed numerous audits, and conducted walkarounds. These tests have resulted in significant infrastructure and power distribution enhancements, improving resilience. Ongoing projects include the replacement of ageing core networking and the implementation of new perimeter firewalls.
- The Server team are preparing to introduce a new NAS file storage solution to replace legacy on-premise virtual file servers.
- Work toward adopting a scheduled vulnerability scanning service continues which will provide greater visibility of cyber security risks.
- Preparations for the national programme-led LIMS2 and RISP projects continue with the installation of new WAN links and additional security devices for RISP. Both of these major diagnostics systems are being replaced in late January and early February and are not without significant risks, which are being managed via the relevant programme boards and senior leadership at DHCW.

Digital

Saunders, Nathan
21/11/2025 17:51:27

- The AWS Cloud landing zone project is progressing through a series of technical workshops and design meetings focused on our cloud adoption strategy
- The Telecommunications team has completed a trial of the Vocera messaging feature within the RESUS department and collated data showing substantially improved alert and response times compared to the existing bleep system.
- The “InAttend” switchboard upgrade is imminent, prior to completing this the telecommunications team are working with the switchboard to improve the internal telephone directory's accuracy and completeness and will be reaching out to directorate managers and department heads to review their teams listings. All new mobile phones issues by the Telecoms team will now be managed by InTune to allow us to better control their use and to allow reissuing of preowned devices.

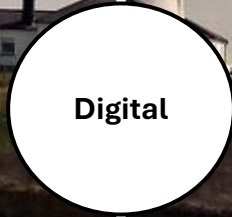
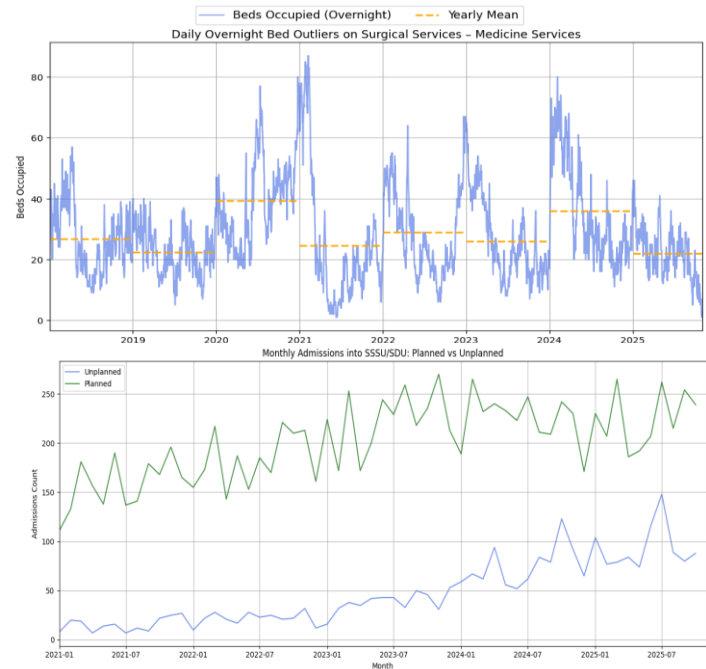
Analytics Team – Update

The team were asked for ‘Future Bed Modelling’ forecasts for the Surgery Clinical Board. Below are the results shared with the Clinical Board -

Medicine outliers in surgery accounted for an average of 22 overnight bed occupancies per day in 2025.

Unplanned admissions to SSSU/SDU show a gradual upward trend.

- Average monthly occupancy since 2024 is 302 beds.
- If bed availability remains at 302 and unplanned admissions increase as forecasted, only 130 beds will be available for planned patients by Q4 2026.

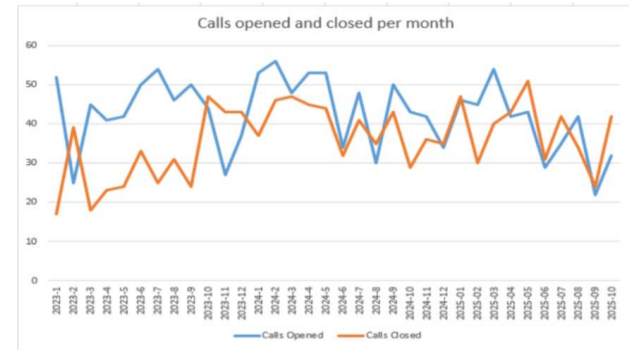
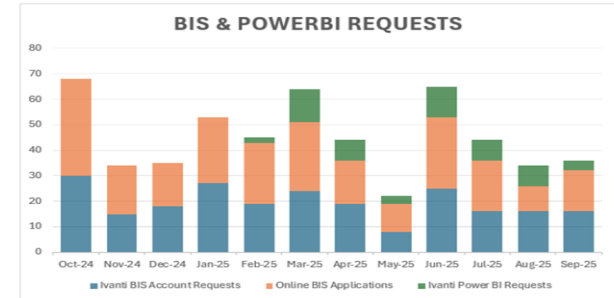


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Business Intelligence (BI) Information – Update

- Work with Trustmarque to implement guardrails for Power BI continues. Focus is on minimum required training and enhanced process for allocating professional development licences to enable wider access to Power BI.
- One of our BI Partners has provided support to C&W clinical board including a review of data and dashboards produced in the children hospital, providing advise on future developments and interpretation of outputs. Also looking at staffing levels in relation to performance with a view to producing a predictive model.
- A BI Partner has also provided a week by week forecast for bed requirements for Medicine clinical board with a discharge requirement to mitigate gains. This describes variation in cluster usage of secondary care by age group and deprivation'

Digital



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Recommendation:

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

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
	X	X		

Quality Impact Assessment Completed?

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

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

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

Committee/Group/Exec	Date:

Cardiff and Vale Integrated Performance Report

2025/26

November 2025

Saunders, Nathan
21/11/2025 17:51:27

Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required

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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

Saunders Nathan
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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
Building community Capacity	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	<160	Yes	Q4	177 Oct-25	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception National standard/ambition: Increase Reporting period: Monthly	>2,185	Yes	Q2	2,299 Aug-25	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care National standard/ambition: 80% Reporting period: Monthly	>51% Increase from 24/25	No	Q4	51% Sept-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	988 Sept-25	Hyperlink to section

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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental health access	<p>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</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	98.6% Sep-25	Hyperlink to section
	<p>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</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	95.9% Sep-25	Hyperlink to section
	<p>Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	100% Sep-25	Hyperlink to section
	<p>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</p> <p>National standard/ambition: 80%</p> <p>Reporting period: Monthly</p>	80%	Yes	Q1	99.6% Sep-25	Hyperlink to section
Population health and prevention	<p>Measure: Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes</p> <p>National standard/ambition: Increase</p> <p>Reporting period: Monthly</p>	48%	Yes	Q4	45.6% Aug-25	Hyperlink to section

Saunders Nathan
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Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	Measure: Reduce the number of ambulance patient handovers over 1 hour National standard/ambition: Zero Reporting period: Monthly	<400	No	Q4	146 Oct-25	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: Reduce compared to 24/25 towards zero Reporting period: Monthly	<750	Yes	Q4	949 Oct-25	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment National standard/ambition: Zero Reporting period: Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	981 Sep-25	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) National standard/ambition: 12m improvement trend towards 80% by March 2026 Reporting period: Monthly	75%	No	Q4	60.2% Sept-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	13,667 Sept-25	Hyperlink to section

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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

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Financial Performance

Priority	Performance Summary	Reported Period	Data
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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 initial planned deficit of £58.2m was noted by the UHB for submission to Welsh Government at the end of March 2025. Welsh Government asked the UHB to detail further actions to reduce the forecast deficit of £58.2m. In response, the UHB confirmed that progress in the identification of savings provided sufficient assurance to increase planned savings delivery by £2m and reduce the forecast 2025/26 deficit position to £56.2m.

The submitted plan projects a deficit for the financial year and therefore a failure of the UHB's statutory requirement to deliver a balanced financial plan over a 3-year rolling period. This also prevents Ministerial approval of the plan.

The overall position at month 7 was a £35.619m deficit as outlined in the table.

Oct. 2026

	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	49,253	49,253	0
Quality Efficiency Improvement Plans - Savings	(16,450)	(16,795)	(345)
Operational Variance	0	3,161	3,161
Clinical/Service Board Variance	32,803	35,619	2,816

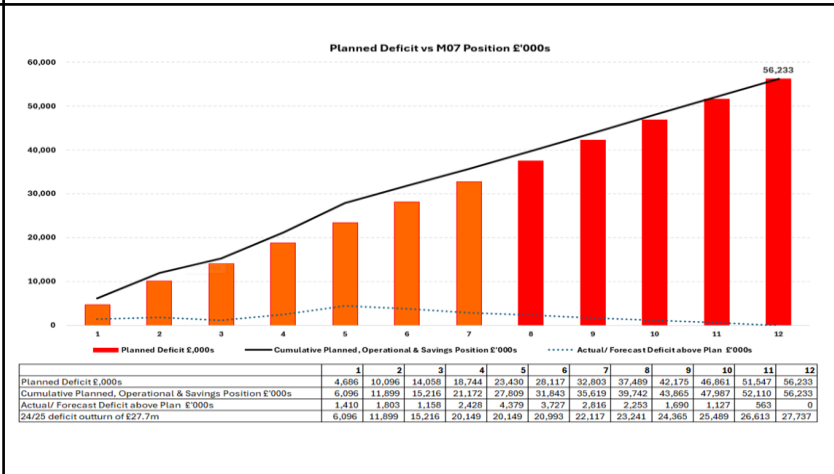
Return to financial balance and approved IMTP status

£56.2m underlying deficit by end of 2025/26 financial year. In year, the UHB is reporting a surplus against the savings target of (£0.345m) and an operational deficit of £3.161m at Month 7.

A significant part of the savings identified in 2025/26 are deemed non recurrent and there is a gap of £5.300m against the £32m recurrent target. The combined recurrent savings shortfall and recurrent in year operational pressures of £8.000m will increase the underlying deficit being carried into 2026/27 if further savings schemes are not identified.

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

Oct. 2025



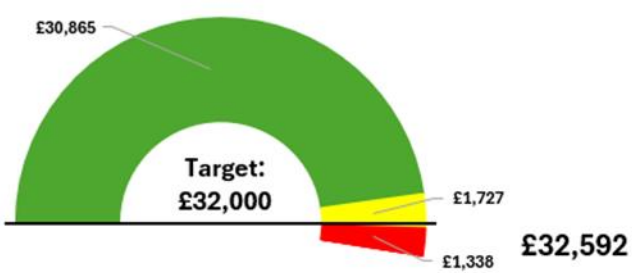
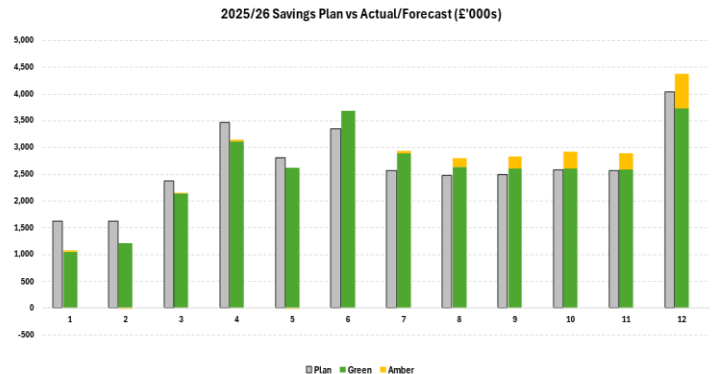
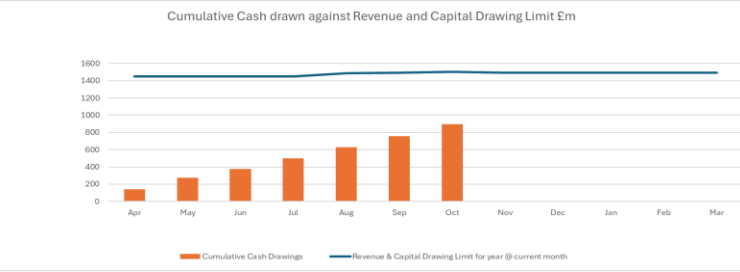
Management of operational budget pressures

Failure to adequately manage budget pressures. This is the responsibility of the primary budget holders. £3.161m operational deficit reported at month 7. Year to date operational variances are partly abated and managed by vacancies across non-medical staff groups and non recurrent underspends in non pay areas. It is anticipated that the operational pressures at month 7 will be managed and mitigated as the year progresses and that the UHB will deliver its planned deficit position of £56.200m.

Following confirmation of the month 5 position, the UHB undertook deep dives for all clinical boards to understand the issues and risks and gain assurance on the actions required to deliver within their deficit control totals

Oct. 2025

Operational Pressure	Operational Variance YTD (£'000s)	Operational Variance Forecast (£'000s)
Mental Health Out Of Area Placements (OOA)	2,000	2,000
Specialist Services Activity Related Underperformance	1,900	0
Employers NI (ENIC) Funding Gap	1,251	2,145
JCC Forecast Outturn Growth	600	600
Pay Vacancies & other mitigating actions to be agreed	(2,590)	(4,745)
Sub-Total Surplus/Deficit	3,161	0

	Priority	Performance Summary	Reported Period	Data
	<p>Delivery of recurrent £32.0m savings target</p>	<p>At Month 7, the UHB had identified £32.592m (101.9%) of green and amber savings to deliver against the revised £32.0m savings target. Red schemes of £1.338m were also identified and continue to be reviewed for progression to Green/Amber where possible.</p> <p>There is a reported surplus of £0.592m against the £32.0m savings target and this is expected to mitigate ongoing operational pressures.</p> <p>£26.700m of recurrent savings schemes were identified leaving a gap of £5.300m against the £32m recurrent target. The combined £8.000m recurrent savings shortfall and recurrent in year operational pressures will increase the underlying deficit being carried into 2026/27 if further savings schemes are not identified.</p> <p>The second chart illustrates that the profile of the UHB's 2025/26 savings programme is skewed towards the end of the year.</p>	<p>Oct. 2025</p>	<p>2025/26 UHB Savings Programme: Identified vs Requirement</p>  <p>2025/26 Savings Plan vs Actual/Forecast (£'000s)</p> 
<p>Saunders, Nathan 21/11/2025 17:51:27</p>	<p>Remain within Cash Limit</p>	<p>The UHB will require cash support from Welsh Government for the 2025/26 revised planned deficit of £56.2m along with an estimated £17m in working capital for movements from the 2024/25 balance sheet.</p> <p>The closing cash balance at the end of October 2025 was £4.773m.</p> <p>The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right</p>	<p>Oct. 2025</p>	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> 

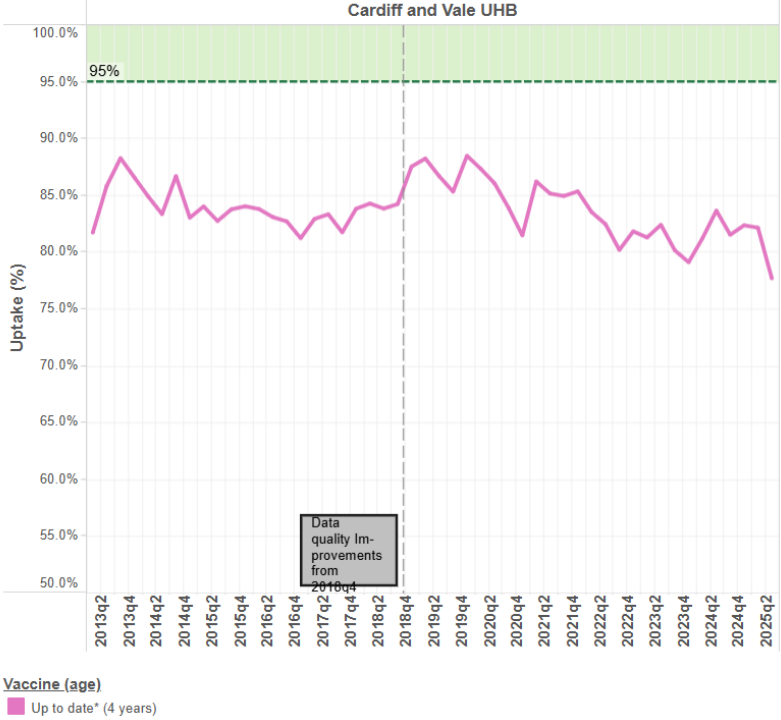
Priority	Performance Summary	Reported Period	On target?	Data																																													
Health Protection	<p>Seasonal respiratory infections</p> <p>Vaccination – COVID-19, influenza and Respiratory Syncytial Virus (RSV)</p> <ul style="list-style-type: none"> The Covid-19 and Influenza Autumn Winter campaign has been running since the beginning of October. As of the 4th of November, it has delivered 52,612 vaccines to a total eligible population of 97,417 over 65 years old in Cardiff and the Vale for an uptake of 54% which is in line with the Welsh average of 54.2%. With regards to COVID-19, as of the 6th of November, out of 58,819 eligible people, 17,556 were vaccinated, for an uptake of 29.9% which is below the Welsh average of 37.4%. The Autumn Winter vaccination campaign has started for health and social care staff from the 1st of September, and for all eligible population groups from the 1st of October. With regards to RSV vaccination, the latest reported figures in September show 53.4% of people reaching their 75th birthday in the year to 31.8.25 received vaccine in C&V, above the Welsh average of 47.3% <p>Surveillance</p> <ul style="list-style-type: none"> Respiratory surveillance summary (All Wales) <ul style="list-style-type: none"> Evidence from surveillance suggests that influenza is now circulating in the community in Wales. Incidence of confirmed cases of Respiratory Syncytial Virus (RSV) in young children is now at medium intensity levels COVID-19 case numbers remain elevated, but have decreased in recent weeks. Hospital incidents and outbreaks (C&V) <ul style="list-style-type: none"> There are currently 4 Covid-19 outbreaks and 0 incidents in hospitals in C&V UHB; and 2 influenza outbreaks and 0 incidents. Since the start of the 2025/26 financial year, in C&V UHB there have been 16 influenza incidents or outbreaks, with 49 bed days lost. In the same period there have been 97 Covid-19 incidents or outbreaks, with 376 bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the loss of 425 bed days, representing an estimated opportunity cost of £212,500 to the UHB Staff sickness absence (C&V) <ul style="list-style-type: none"> Financial year to date (Apr-Oct 2025 inclusive): <ul style="list-style-type: none"> 20,377 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 £2.32m† <p>* Because of the way absence is recorded on ESR these figures include weekends and non-working days † Salary costs for staff reporting sickness absence</p>	Data to 4/11/25	Below target, but above Wales average	<p>Table 2b. Coverage of the 2025 Autumn COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 06/11/2025, by Local Health Board of residence.</p> <table border="1"> <thead> <tr> <th>Local Health Board of Residence</th> <th>Eligible population (n)</th> <th>Vaccinated (n)</th> <th>Coverage (%)</th> <th>Of those vaccinated, number with no previous doses (n)</th> </tr> </thead> <tbody> <tr> <td>Aneurin Bevan UHB</td> <td>82,008</td> <td>31,726</td> <td>38.69</td> <td>51</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>109,146</td> <td>47,398</td> <td>43.43</td> <td>170</td> </tr> <tr> <td>Cardiff and Vale UHB</td> <td>58,819</td> <td>17,556</td> <td>29.85</td> <td>46</td> </tr> <tr> <td>Cwm Taf Morgannwg UHB</td> <td>59,343</td> <td>16,697</td> <td>28.14</td> <td>18</td> </tr> <tr> <td>Hywel Dda UHB</td> <td>64,384</td> <td>25,770</td> <td>40.03</td> <td>112</td> </tr> <tr> <td>Powys THB</td> <td>24,212</td> <td>6,483</td> <td>26.78</td> <td>29</td> </tr> <tr> <td>Swansea Bay UHB</td> <td>52,478</td> <td>22,239</td> <td>42.38</td> <td>49</td> </tr> <tr> <td>All Wales</td> <td>450,390</td> <td>167,869</td> <td>37.27</td> <td>475</td> </tr> </tbody> </table> <p>Source: Source: Wales COVID-19 Vaccination Weekly Surveillance Summary</p> <p>Source: PHW weekly ARI summary</p> <p>RSV data: PHW VPDP surveillance data</p>	Local Health Board of Residence	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)	Aneurin Bevan UHB	82,008	31,726	38.69	51	Betsi Cadwaladr UHB	109,146	47,398	43.43	170	Cardiff and Vale UHB	58,819	17,556	29.85	46	Cwm Taf Morgannwg UHB	59,343	16,697	28.14	18	Hywel Dda UHB	64,384	25,770	40.03	112	Powys THB	24,212	6,483	26.78	29	Swansea Bay UHB	52,478	22,239	42.38	49	All Wales	450,390	167,869	37.27	475
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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> At 4 years of age, 77.7% of children are up to date with vaccination, a decline on the previous quarter and below the target of 95% and a Welsh average of 84.5% At 5 years of age, 85.6% of children are up to date with vaccinations, an increase over the previous quarter, but still below the Welsh average of 87.7% 	01/04/25 - 30/06/25	Above local targets for age 5, but below national targets.	<p>Cardiff & Vale UHB quarterly COVER trends</p>  <p>Source quarterly COVER data</p>

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Priority	Performance Summary	Reported Period	On target?	Data																																																																						
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none"> 2023/24 Child Measurement Programme data demonstrated a slight increase in healthy weight to 77.7%, from 77.5% the previous year (for Cardiff and Vale UHB). The UHB had the highest level of healthy weight of all Welsh Health Boards for 2023/24. This is in line with the English average. 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 29% in Wales (NSfW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 56% in Wales (NSfW, 2021/22+2022/23)*. There are no comparable data in other UK countries due to different methodologies being used. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. 	2023/24	<p>Healthy weight:</p> <p>On target</p>	<table border="1"> <caption>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB</th> <th>Cardiff</th> <th>Vale of Glamorgan</th> <th>Wales</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2012/13</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2013/14</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2014/15</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2015/16</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2016/17</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2017/18</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2018/19</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2019/20</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2020/21</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2021/22</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2022/23</td><td>77.5</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> <tr><td>2023/24</td><td>77.7</td><td>75.0</td><td>75.0</td><td>75.0</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB	Cardiff	Vale of Glamorgan	Wales	2011/12	77.5	75.0	75.0	75.0	2012/13	77.5	75.0	75.0	75.0	2013/14	77.5	75.0	75.0	75.0	2014/15	77.5	75.0	75.0	75.0	2015/16	77.5	75.0	75.0	75.0	2016/17	77.5	75.0	75.0	75.0	2017/18	77.5	75.0	75.0	75.0	2018/19	77.5	75.0	75.0	75.0	2019/20	77.5	75.0	75.0	75.0	2020/21	77.5	75.0	75.0	75.0	2021/22	77.5	75.0	75.0	75.0	2022/23	77.5	75.0	75.0	75.0	2023/24	77.7	75.0	75.0	75.0
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Priority	Performance Summary	Reported Period	On target?	Data																																																																																						
Health improvement	<p>Diabetes</p> <ul style="list-style-type: none"> Percentage of patients with diabetes with completed care processes <ul style="list-style-type: none"> Slow but consistent downward trend Percentage of patients with diabetes with completed care processes – by each care process <ul style="list-style-type: none"> Static/very slight downward trend Whilst overall completion rates is c. 45%, some processes (e.g. HbA1c check) are substantially higher percentage uptake compared to others (e.g. urine albumin) - some of this may be the way the data are collected rather than actual lack of care process completion. Working group has been established with pan-cluster membership to review processes and share best practice on improving rates. 	Sep 2025	Below target	<table border="1"> <thead> <tr> <th>April 2025</th> <th>May 2025</th> <th>Jun 2025</th> <th>Jul 2025</th> <th>Aug 2025</th> <th>Sep 2025</th> <th>Oct 2025</th> </tr> </thead> <tbody> <tr> <td>46.53%</td> <td>45.93%</td> <td>46.04%</td> <td>46.06%</td> <td>45.67%</td> <td>45.26%</td> <td>44.92%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Care process</th> <th>April 2025</th> <th>May 2025</th> <th>June 2025</th> <th>July 2025</th> <th>Aug 2025</th> <th>Sep 2025</th> <th>Oct 2025</th> </tr> </thead> <tbody> <tr> <td>Urine ACR</td> <td>63.14 %</td> <td>62.91%</td> <td>62.9%</td> <td>63.14%</td> <td>63.1%</td> <td>63.07%</td> <td>63.04%</td> </tr> <tr> <td>Foot check</td> <td>70.28 %</td> <td>69.62%</td> <td>69.84%</td> <td>69.7%</td> <td>69.42%</td> <td>69.45%</td> <td>69.06%</td> </tr> <tr> <td>Smoking status</td> <td>73.98 %</td> <td>72.9%</td> <td>73.03%</td> <td>72.56%</td> <td>72.41%</td> <td>72.06%</td> <td>71.62%</td> </tr> <tr> <td>BMI</td> <td>78.91 %</td> <td>78.37%</td> <td>78.57%</td> <td>78.33%</td> <td>78.3%</td> <td>78.04%</td> <td>77.95%</td> </tr> <tr> <td>Serum cholesterol</td> <td>80.63 %</td> <td>80.29%</td> <td>80.4%</td> <td>80.47%</td> <td>80.36%</td> <td>80.15%</td> <td>80.15%</td> </tr> <tr> <td>Blood pressure</td> <td>86.8%</td> <td>86.32%</td> <td>86.46%</td> <td>86.75%</td> <td>86.76%</td> <td>86.77%</td> <td>86.65%</td> </tr> <tr> <td>HbA1c</td> <td>88.91 %</td> <td>88.63%</td> <td>88.58%</td> <td>88.55%</td> <td>88.62%</td> <td>88.35%</td> <td>88.24%</td> </tr> <tr> <td>Serum creatinine</td> <td>88.8%</td> <td>88.58%</td> <td>88.69%</td> <td>88.63%</td> <td>88.74%</td> <td>88.44%</td> <td>88.4%</td> </tr> </tbody> </table>	April 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	46.53%	45.93%	46.04%	46.06%	45.67%	45.26%	44.92%	Care process	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Urine ACR	63.14 %	62.91%	62.9%	63.14%	63.1%	63.07%	63.04%	Foot check	70.28 %	69.62%	69.84%	69.7%	69.42%	69.45%	69.06%	Smoking status	73.98 %	72.9%	73.03%	72.56%	72.41%	72.06%	71.62%	BMI	78.91 %	78.37%	78.57%	78.33%	78.3%	78.04%	77.95%	Serum cholesterol	80.63 %	80.29%	80.4%	80.47%	80.36%	80.15%	80.15%	Blood pressure	86.8%	86.32%	86.46%	86.75%	86.76%	86.77%	86.65%	HbA1c	88.91 %	88.63%	88.58%	88.55%	88.62%	88.35%	88.24%	Serum creatinine	88.8%	88.58%	88.69%	88.63%	88.74%	88.44%	88.4%
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Priority	Performance Summary	Reported Period	On target?	Data
Health Improvement	<p>Tobacco</p> <ul style="list-style-type: none"> Overall there is an improvement in quit rates since the previous quarter. In 2024/25 the highest number of treated smokers for all services combined in any quarter was 288. For Q1 2025/26 this figure was 310. Smoking prevalence in Wales has reduced from 13% to 10%. It is 9.1% in Cardiff and the Vale of Glamorgan which equates to an estimated population of people who smoke of 39,000. <p><i>There is a time lag of around 6/8 weeks between a client's first interaction with a Smoking Cessation Adviser, and their progress showing in the data. This is due to the length of time between clients having an assessment session, setting a quit date, then progressing through their treatment plan, and reporting as having quit smoking for 4 weeks and this being validated by CO monitoring. Additional time is needed for data to be processed and presented.</i></p>	Q1 2025/26	<p>0.8% (Q1 25/26) Meets local target 0.8 Below national target 1.25</p>	<p>Graph showing 4 week quit rates by service, in %'s</p>

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Priority	Performance Summary	Reported Period	On target?	Data
Substance misuse	<p>Substance misuse</p> <ul style="list-style-type: none"> • There has been a quarterly improvement in the percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol). This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. • There have been decreases in the percentages of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol), when including both health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service), and for health board services alone. However, these percentages remain above the Welsh Government baseline of 80% (a separate indicator) for health board services. • Given the small numbers of patients that are included as part of this performance measure, it is likely that there may be some variation in these percentages from quarter to quarter. However, we will continue to closely review any change in this performance measure to understand if there is any evidence of a decrease in performance over time. 	Q2 2025/26	On target	See table below

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Smoking

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services <i>Quarter 1 25/26</i> <ul style="list-style-type: none"> 182 treated smokers achieved by Community HMQ service 101 treated smokers achieved by Level 3 Pharmacy 27 treated smokers achieved by Hospital Smoking Cessation service Total = 310 	Q1 25/26	Annual Target is 5% of 39,000 smokers n = 1900 Quarterly target is 1.25% of 39,000 smokers n = 475	0.8% (Q1 25/26) Below national target Meets local target 0.8	Q1	Q2	Q3	Q4
				310 = 0.8% (Q1 25/26)				
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. <i>Quarter 1 25/26</i> <ul style="list-style-type: none"> CO validated 4 week quit rates – Total 38% HMQ Community – 37% Level 3 – 21% Hospital – 56% 	Q1 25/26	40%	38% (Q1 25/26) Below target	Q1	Q2	Q3	Q4
				38% (Q1 25/26)				

Other measures

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

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Substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)* <i>This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. The measure may also include other services outside Cardiff and Vale, but where the client resides in Cardiff and Vale.</i>	Q1 2025/26	4 quarter improvement trend		68.70%	78.80%		

**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			
					Q1	Q2		
n/a	Percentage of people who have been referred to health board and health board commissioned services who have completed treatment for substance misuse (drugs or alcohol). This measure includes health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service).	Q1 2025/26	See performance measure 3, above		80.47%	75.33%		
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol).	Q1 2025/26	See performance measure 3, above		95.52%	87.50%		

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Immunisation and vaccination

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Apr-Jun 25	95%	85.6% Below target	84.6%	85.6%		
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 <i>Applicable during: 01.04.2025 - 30.06.2025 and 01.01.2026 - 31.03.2026</i>	1 Jan 25 – 30 Apr 25	90%	71.3% Below target	68.8%	71.3%		
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	54%	18.3%	54%		
7.	Percentage uptake of the COVID-19 vaccination for those eligible <i>Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	56.8% Below target	29.85%			
	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old	1.9.24 - 31.8.25	n/a	53.4%	53.4%			

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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			

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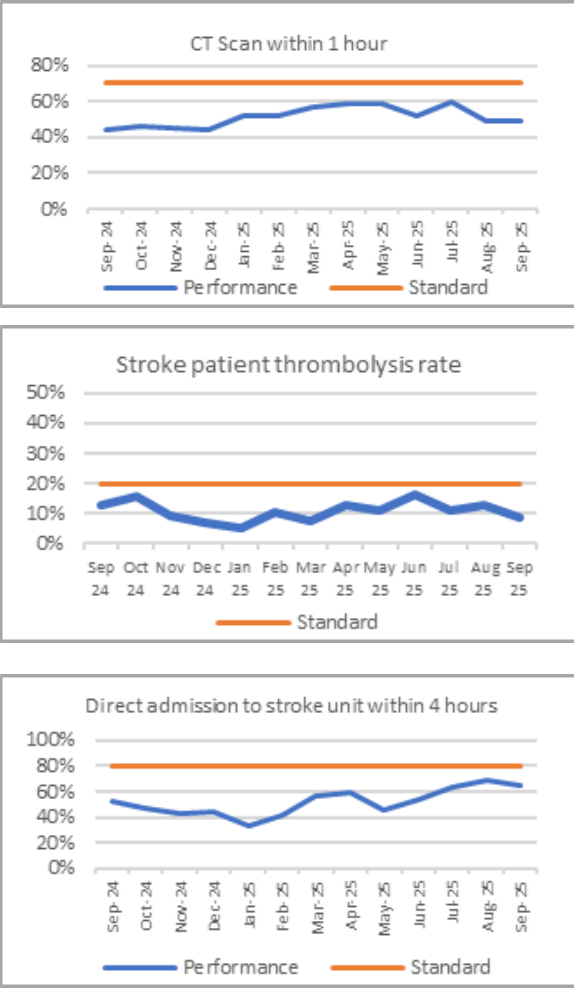
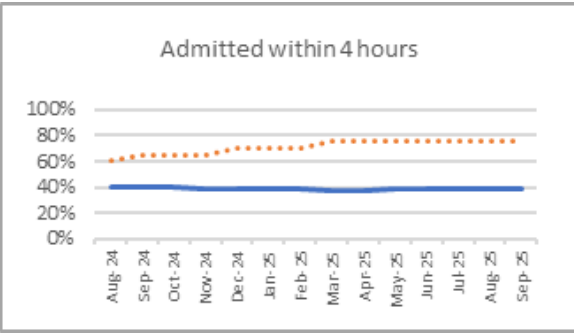
Screening

NHS Wales Performance Framework measures

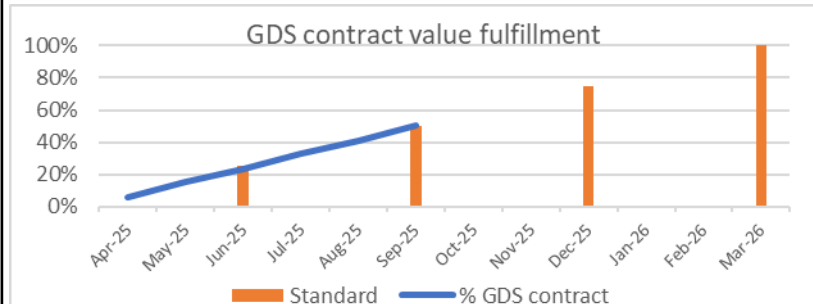

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Aug-25	90%	8.3% Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>0.00%</td> <td>3.20%</td> <td>8.30%</td> <td>6.30%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	0.00%	3.20%	8.30%	6.30%
May-25	Jun-25	Jul-25	Aug-25										
0.00%	3.20%	8.30%	6.30%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Aug-25	90%	98.2% Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>98.70%</td> <td>94.40%</td> <td>96.10%</td> <td>98.20%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	98.70%	94.40%	96.10%	98.20%
May-25	Jun-25	Jul-25	Aug-25										
98.70%	94.40%	96.10%	98.20%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Aug-25	95%	97.1% Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>96.50%</td> <td>95.10%</td> <td>98.30%</td> <td>97.10%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	96.50%	95.10%	98.30%	97.10%
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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In October utilisation was 88%, 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</p> <p>Community visits – 95% of face-to-face visits within 8 hours Q1 to date 94% compliance with 8-hour standard</p>	<p>Oct-25</p> <p>Aug-25</p>	<p>88% utilisation Below standard</p> <p>94% Below standard</p>	<p>UPCC Utilisation</p>
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4 In October we reported 46 2-hour ambulance delays, through a period of intense operational pressure at the end of the month. In October we reported 146 1-hour ambulance delays, an increase from August but below our commitment of <365</p> <p>In October lost minutes per arrival increased to 13, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper</p> <p>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 October we reported an increase in patients waiting 12-hours in EU compared to September. This equates to 92.7% of attendances waiting less than 12-hours and below our ambition for Q4, but an improvement from the previous month</p> <p>SDEC units In October we reported an increase in activity compared to September, and increased from October 2024 activity.</p>	<p>Oct-25</p> <p>Oct-25</p> <p>Oct-25</p>	<p>46 2-hour delays Above standard</p> <p>146 1-hour delays Below standard</p> <p>13 minutes lost/arrival Above standard</p> <p>92.7% patients <12h Below standard</p> <p>1966 SDEC attends Below standard</p>	<p>Ambulance handover >1 hour</p> <p>EU more than 12 hours</p> <p>Number of patients seen in SDECs</p>
<p>Reducing time in hospital and Continuity of Care</p>	<p>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 October 56.7% of patients in acute beds had a LOS of >7 days, 29.5% >21 days – a deterioration from September. See paper for POCD update</p> <p>Pathway of Care Delays – <160 delayed patients each month In October 2025 the number of POCDs was 177 – this is similar to August and September – actions undertaken with local authority partners are detailed in the paper</p>	<p>Sept-25</p> <p>Oct-25</p>	<p>54.4% >7d Above standard</p> <p>29.4% >21d Above standard</p> <p>177 Above standard</p>	<p>Number of patients seen in SDECs</p>

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In September 49.2% of patients were received their CT scan within 1 hour of arrival at EU, the same as August</p> <p>Thrombolysis – 20% thrombolysis rate In September 8.5 % of stroke patients were thrombolysed, reduced from August. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In September 64.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance has improved despite pathways continuing to be impacted by operational pressures within the Emergency Unit</p> <p>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</p> <p>Overall Stroke performance is assessed through the Sentinel Stroke National Audit Programme (SSNAP) – which uses metrics across the whole patient pathway. In the most recent assessment period UHW received a grade B. The SSNAP criteria have changed for this year and will be reflected in the 25/26 IPR following conclusion of National discussions around KPIs for Wales</p>	<p>Sep-25</p>	<p>49.2% CT Below standard</p> <p>8.5% Thrombolysis Below standard</p> <p>64.8% Door-to-ward Below standard</p>	 <p>The data section for the High Impact Pathways - Stroke contains three line charts. Each chart plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from September 2024 to September 2025. The first chart, 'CT Scan within 1 hour', shows a performance of 49.2% in Sep-25 against a standard of 70%. The second chart, 'Stroke patient thrombolysis rate', shows a performance of 8.5% in Sep-25 against a standard of 20%. The third chart, 'Direct admission to stroke unit within 4 hours', shows a performance of 64.8% in Sep-25 against a standard of 80%.</p>
<p>High Impact pathways – Hip fracture</p>	<p>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 September our annualised compliance showed 38.0% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 9.6%.</p>	<p>Sep-25</p>	<p>38.0% (Annualised) Below standard</p>	 <p>The data section for High Impact pathways – Hip fracture contains one line chart titled 'Admitted within 4 hours'. It plots 'Performance' (blue line) against 'Standard' (orange horizontal line) from August 2024 to September 2025. The performance in Sep-25 is 38.0% against a standard of 80%.</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
Primary and Community Care	<p>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</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 98.5% of the contract value had been delivered. So far in 25/26 (data to September) 50.2% of the contract value has been delivered</p> <p>Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In July 100% of practices were providing CCPS services, providing 2,797 consultations</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	Sep-25	100% At standard	 <p>GDS contract value fulfillment</p>
		Jul-25	50.2% At standard (Apr-25 – Sep-25) 2,299 Above standard 100% Above standard	
Cancer	<p>Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In September 60.2% of patients received their first definitive treatment within 62 days. This is below our ambition. In recent months we have seen the number of patients waiting >62 days for treatment increase and performance is challenged as a result of treating the longest waiting patients in month. More detail is discussed in the accompanying paper</p>	Sep-25	60.2% Below standard	 <p>% cancer patients starting treatment within 62 days</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In September there were 13,617 patients waiting 52 weeks for their first outpatient appointment. This is improved from August, additional actions are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In September there were 981 patients waiting 104 weeks for treatment. This is reduced from August and delivers the trajectory shared with Welsh Government.</p> <p>Our October data has not been released at the time of producing this report – a verbal update will be provided at the meeting</p>	<p>Sep-25</p>	<p>13,617 patients Above standard</p> <p>981 patients Below standard (Q2)</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In September 13,667 patients were waiting over 8 weeks for a specified diagnostic, A reduction from August. Improvement in the radiology position this month, with NOUS waits also notably reduced.</p> <p>Therapies – National standard of zero 14 week waits In September 894 patients were waiting over 14 weeks for therapies, An increase from August. 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</p>	<p>Sep-25</p>	<p>13,667 patients Diagnostics Above standard</p> <p>894 patients Therapies Above standard</p>	

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In September there were 0 patients waiting over 52 weeks for a new outpatient appointment</p>	<p>Sep-25</p>	<p>0 Meeting standard</p>	
<p>Emotional Health and Wellbeing</p>	<p>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 September 98.6% of assessments were completed within 28 days</p> <p>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 September 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</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In September 92.5% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Sep-25</p>	<p>98.6% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>92.5% Part 2 Above standard</p>	<p>The data section contains three line charts. The first chart, 'LPMHSS assessments started 28 days < 18 years', shows performance fluctuating around 98.6% against an 80% standard. The second chart, 'Therapeutic interventions started 28 days < 18 years', shows performance at 100% against an 80% standard. The third chart, 'Valid Treatment Plan < 18 Years', shows performance at 92.5% against an 80% standard. All charts show performance consistently above the standard line.</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data																																													
Mental Health Measures – Part 1a	<p>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</p> <p>In September 95.9% of patients received their assessment within 28 days. Referrals to the service remain high.</p>	Sep-25	95.9% Part 1a Above standard	<table border="1"> <caption>LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Q2 (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>20</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>30</td><td>80</td></tr> <tr><td>Jan-25</td><td>40</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>50</td><td>80</td></tr> <tr><td>Apr-25</td><td>30</td><td>80</td></tr> <tr><td>May-25</td><td>30</td><td>80</td></tr> <tr><td>Jun-25</td><td>60</td><td>80</td></tr> <tr><td>Jul-25</td><td>90</td><td>80</td></tr> <tr><td>Aug-25</td><td>90</td><td>80</td></tr> <tr><td>Sep-25</td><td>95.9</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Q2 (%)	Sep-24	20	80	Oct-24	20	80	Nov-24	25	80	Dec-24	30	80	Jan-25	40	80	Feb-25	100	80	Mar-25	50	80	Apr-25	30	80	May-25	30	80	Jun-25	60	80	Jul-25	90	80	Aug-25	90	80	Sep-25	95.9	80			
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Mental Health Measures – Part 1b	<p>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</p> <p>In September 99.6% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Sep-25	99.6% Part 1b Above standard	<table border="1"> <caption>LPMHSS interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard Dec-24 (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>99.6</td><td>80</td></tr> <tr><td>Oct-24</td><td>99.6</td><td>80</td></tr> <tr><td>Nov-24</td><td>99.6</td><td>80</td></tr> <tr><td>Dec-24</td><td>99.6</td><td>80</td></tr> <tr><td>Jan-25</td><td>99.6</td><td>80</td></tr> <tr><td>Feb-25</td><td>99.6</td><td>80</td></tr> <tr><td>Mar-25</td><td>99.6</td><td>80</td></tr> <tr><td>Apr-25</td><td>99.6</td><td>80</td></tr> <tr><td>May-25</td><td>99.6</td><td>80</td></tr> <tr><td>Jun-25</td><td>99.6</td><td>80</td></tr> <tr><td>Jul-25</td><td>99.6</td><td>80</td></tr> <tr><td>Aug-25</td><td>99.6</td><td>80</td></tr> <tr><td>Sep-25</td><td>99.6</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard Dec-24 (%)	Sep-24	99.6	80	Oct-24	99.6	80	Nov-24	99.6	80	Dec-24	99.6	80	Jan-25	99.6	80	Feb-25	99.6	80	Mar-25	99.6	80	Apr-25	99.6	80	May-25	99.6	80	Jun-25	99.6	80	Jul-25	99.6	80	Aug-25	99.6	80	Sep-25	99.6	80			
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Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</p> <p>In September 58.6% of patients had a valid Care and Treatment plan, a small decrease from July. Performance remains below the standard– the RAMP protocol and Part 1 schemes have been approved though the Mental Health Liaison Committee to support longer term improvements in compliance. Additional information is provided in the paper</p>	Aug-25	58.6% Part 2 Below standard	<table border="1"> <caption>Valid Treatment Plan - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Jul-24</td><td>60</td><td>80</td></tr> <tr><td>Aug-24</td><td>60</td><td>80</td></tr> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>60</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> <tr><td>Jan-25</td><td>58</td><td>80</td></tr> <tr><td>Feb-25</td><td>58</td><td>80</td></tr> <tr><td>Mar-25</td><td>58</td><td>80</td></tr> <tr><td>Apr-25</td><td>58</td><td>80</td></tr> <tr><td>May-25</td><td>58</td><td>80</td></tr> <tr><td>Jun-25</td><td>58</td><td>80</td></tr> <tr><td>Jul-25</td><td>58</td><td>80</td></tr> <tr><td>Aug-25</td><td>58.6</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Jul-24	60	80	Aug-24	60	80	Sep-24	60	80	Oct-24	60	80	Nov-24	60	80	Dec-24	58	80	Jan-25	58	80	Feb-25	58	80	Mar-25	58	80	Apr-25	58	80	May-25	58	80	Jun-25	58	80	Jul-25	58	80	Aug-25	58.6	80
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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100% At standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
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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 - Sep-25	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	50.2% Above standard	<table border="1"> <tr> <td>Apr-25 - Jun-25</td> <td>Apr-25 - Jul-25</td> <td>Apr-25 - Aug-25</td> <td>Apr-25 - Sep-25</td> </tr> <tr> <td>23.4%</td> <td>32.8%</td> <td>40.8%</td> <td>50.2%</td> </tr> </table>	Apr-25 - Jun-25	Apr-25 - Jul-25	Apr-25 - Aug-25	Apr-25 - Sep-25	23.4%	32.8%	40.8%	50.2%
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14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Aug-25	Increase compared to the same month in the previous year	2299 Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>2388</td> <td>2398</td> <td>2797</td> <td>2299</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	2388	2398	2797	2299
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Jun-25	Jul-25	Aug-25	Sep-25										
100%	96%	100%	100%										
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	Sep-25	80%	95.9% Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>57.9%</td> <td>92.0%</td> <td>92.5%</td> <td>95.9%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	57.9%	92.0%	92.5%	95.9%
Jun-25	Jul-25	Aug-25	Sep-25										
57.9%	92.0%	92.5%	95.9%										
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	Sep-25	80%	99.6% Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>99.5%</td> <td>99.6%</td> <td>99.0%</td> <td>99.6%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	99.5%	99.6%	99.0%	99.6%
Jun-25	Jul-25	Aug-25	Sep-25										
99.5%	99.6%	99.0%	99.6%										
19.	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	50% Below standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>50%</td> <td>51%</td> <td>50%</td> <td>50%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25										
50%	51%	50%	50%										
20.	Median emergency response time to amber calls	Aug-25	12 month reduction trend	01:26:17 Above standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>01:19:34</td> <td>01:34:20</td> <td>01:27:34</td> <td>01:26:17</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	01:19:34	01:34:20	01:27:34	01:26:17
May-25	Jun-25	Jul-25	Aug-25										
01:19:34	01:34:20	01:27:34	01:26:17										

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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	Aug-25	15 minutes or less	5 Below standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>6</td> <td>6</td> <td>5</td> <td>5</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	6	6	5	5
May-25	Jun-25	Jul-25	Aug-25										
6	6	5	5										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Aug-25	60 minutes or less	71 Above standard	<table border="1"> <tr> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> <tr> <td>64</td> <td>68</td> <td>65</td> <td>71</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	64	68	65	71
May-25	Jun-25	Jul-25	Aug-25										
64	68	65	71										
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	Oct-25	Improvement compared to the same month in the previous year, towards the national target of 95%	60.1% Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>65.5%</td> <td>61.5%</td> <td>59.7%</td> <td>60.1%</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	65.5%	61.5%	59.7%	60.1%
Jul-25	Aug-25	Sep-25	Oct-25										
65.5%	61.5%	59.7%	60.1%										
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	Oct-25	Reduction compared to the same month in the previous year, towards the national target of zero	949 Above standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>883</td> <td>774</td> <td>785</td> <td>949</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	883	774	785	949
Jul-25	Aug-25	Sep-25	Oct-25										
883	774	785	949										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Sep-25	12 month improvement trend towards a national target of 80% by 31 March 2026	60.2% Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>67.0%</td> <td>68.4%</td> <td>68.4%</td> <td>60.2%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	67.0%	68.4%	68.4%	60.2%
Jun-25	Jul-25	Aug-25	Sep-25										
67.0%	68.4%	68.4%	60.2%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Sep-25	0	13,667 Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>1007</td> <td>13344</td> <td>14243</td> <td>13667</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	1007	13344	14243	13667
Jun-25	Jul-25	Aug-25	Sep-25										
1007	13344	14243	13667										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Sep-25	100%	61.13% Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>..83%</td> <td>68.37%</td> <td>65.20%</td> <td>61.13%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	..83%	68.37%	65.20%	61.13%
Jun-25	Jul-25	Aug-25	Sep-25										
..83%	68.37%	65.20%	61.13%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sep-25	0	894 Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>156</td> <td>681</td> <td>797</td> <td>894</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	156	681	797	894
Jun-25	Jul-25	Aug-25	Sep-25										
156	681	797	894										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Sep-25	0	1,079 Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>579</td> <td>861</td> <td>999</td> <td>1079</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	579	861	999	1079
Jun-25	Jul-25	Aug-25	Sep-25										
579	861	999	1079										

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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	Sep-25	0	13,617 Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>16172</td> <td>15505</td> <td>14990</td> <td>13617</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	16172	15505	14990	13617
Jun-25	Jul-25	Aug-25	Sep-25										
16172	15505	14990	13617										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Oct-25	Reduction compared to the same month in the previous year	26,898 Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>23,473</td> <td>24,346</td> <td>24,869</td> <td>26,898</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	23,473	24,346	24,869	26,898
Jul-25	Aug-25	Sep-25	Oct-25										
23,473	24,346	24,869	26,898										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Sep-25	0	981 Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>1401</td> <td>1498</td> <td>1623</td> <td>981</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	1401	1498	1623	981
Jun-25	Jul-25	Aug-25	Sep-25										
1401	1498	1623	981										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Sep-25	Month on month reduction towards the national target of zero by 30 June 2025	31,707 Above standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>34374</td> <td>33323</td> <td>32990</td> <td>31707</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	34374	33323	32990	31707
Jun-25	Jul-25	Aug-25	Sep-25										
34374	33323	32990	31707										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Sep-25	80%	21% Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>16%</td> <td>19%</td> <td>21%</td> <td>21%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	16%	19%	21%	21%
Jun-25	Jul-25	Aug-25	Sep-25										
16%	19%	21%	21%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Sep-25	80%	73% Below standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>68%</td> <td>68%</td> <td>72%</td> <td>73%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	68%	68%	72%	73%
Jun-25	Jul-25	Aug-25	Sep-25										
68%	68%	72%	73%										

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Nov-24; the rates have fallen from 9.50% at Nov-24 to 8.39% in Oct-25 UHB wide. The turnover rate for Oct-25 rose by comparison with Sep-25. Despite this there has been a net 1.11% decrease, which represents 159 WTE fewer leavers.</p> <p>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'.</p>	October 2025	
Sickness Absence	<p>The monthly sickness rate for Oct-25 was 6.49%. The 12-month cumulative rate has risen slightly during the past year and is 6.42% at Oct-25 (an increase of 0.17% by comparison with the 12-month cumulative rate at Oct-24).</p>	October 2025	
Statutory and Mandatory Training	<p>The overall compliance rates fell for Oct-25 to 82.24%, 2.76% below the overall target. The compliance for All Wales Genomics Service and Capital, Estates & Facilities are above the 85% target; and Clinical Diagnostics & Therapeutics, Corporate Executives, Children & Women's, PCIC and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has risen to 72.60% at Aug-25. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p>	October 2025	
Values Based Appraisal	<p>VBA compliance has fallen marginally for Oct-25, to 70.28%. Capital, Estates & Facilities remains the only Clinical Board that has achieved the 85% target rate%.</p>	October 2025	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases remains above the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p> <p>Suspensions - Four members of staff have been suspended/excluded for three months:</p> <ul style="list-style-type: none"> · Two cases remain subject to ongoing Criminal Investigations. · One case was subject to a Criminal Investigation which has now concluded; an internal investigation is currently being undertaken in accordance with the All Wales Disciplinary Policy and Procedure and is nearing completion. · One case is under formal investigation in accordance with the Upholding Professional Standard in Wales procedure. 	October 2025	

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Priority	Performance Summary	Reported Period	Data																																																				
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. A target of 90% was set for completion of a job plan, to have been achieved by Sep-25. At Oct-25 77.13% of clinicians have a signed off job plan.	October 2025	<table border="1"> <caption>Job Plan Compliance Rate</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>62</td><td>90</td></tr> <tr><td>Dec-24</td><td>65</td><td>90</td></tr> <tr><td>Jan-25</td><td>65</td><td>90</td></tr> <tr><td>Feb-25</td><td>65</td><td>90</td></tr> <tr><td>Mar-25</td><td>66</td><td>90</td></tr> <tr><td>Apr-25</td><td>66</td><td>90</td></tr> <tr><td>May-25</td><td>67</td><td>90</td></tr> <tr><td>Jun-25</td><td>70</td><td>90</td></tr> <tr><td>Jul-25</td><td>75</td><td>90</td></tr> <tr><td>Aug-25</td><td>76</td><td>90</td></tr> <tr><td>Sep-25</td><td>76</td><td>90</td></tr> <tr><td>Oct-25</td><td>77.13</td><td>90</td></tr> </tbody> </table>	Month	% Compliance	% Target	Nov-24	62	90	Dec-24	65	90	Jan-25	65	90	Feb-25	65	90	Mar-25	66	90	Apr-25	66	90	May-25	67	90	Jun-25	70	90	Jul-25	75	90	Aug-25	76	90	Sep-25	76	90	Oct-25	77.13	90													
Month	% Compliance	% Target																																																					
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Oct-25	77.13	90																																																					
Medical Appraisals	The rate of compliance with Medical Appraisal fell slightly to 84.32% for Oct-25, below the 85% target.	October 2025	<table border="1"> <caption>Medical Appraisal Compliance Rate</caption> <thead> <tr> <th>Month</th> <th>% Compliance</th> <th>% Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>78</td><td>85</td></tr> <tr><td>Dec-24</td><td>78</td><td>85</td></tr> <tr><td>Jan-25</td><td>84</td><td>85</td></tr> <tr><td>Feb-25</td><td>84</td><td>85</td></tr> <tr><td>Mar-25</td><td>84</td><td>85</td></tr> <tr><td>Apr-25</td><td>84</td><td>85</td></tr> <tr><td>May-25</td><td>84</td><td>85</td></tr> <tr><td>Jun-25</td><td>84</td><td>85</td></tr> <tr><td>Jul-25</td><td>84</td><td>85</td></tr> <tr><td>Aug-25</td><td>84</td><td>85</td></tr> <tr><td>Sep-25</td><td>84</td><td>85</td></tr> <tr><td>Oct-25</td><td>84.32</td><td>85</td></tr> </tbody> </table>	Month	% Compliance	% Target	Nov-24	78	85	Dec-24	78	85	Jan-25	84	85	Feb-25	84	85	Mar-25	84	85	Apr-25	84	85	May-25	84	85	Jun-25	84	85	Jul-25	84	85	Aug-25	84	85	Sep-25	84	85	Oct-25	84.32	85													
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Sep-25	84	85																																																					
Oct-25	84.32	85																																																					
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 5 WTE, to 15,341.99 WTE at Oct-25. Between Feb-25 and Aug-25 there had been a reduction of 211 WTE, which has been achieved through the implementation of a vacancy freeze from Jan-25. The increase since Sep-25 reflects the commitment to take new graduate nurses and therapists. The vacancy freeze will continue until Mar-26, with the intention to further reduce staffing levels.	October 2025	<table border="1"> <caption>WTE Permanent and Fixed-Term Staff in Post Numbers</caption> <thead> <tr> <th>Month</th> <th>Employed Staffing WTE</th> <th>Permanent (Left Axis)</th> <th>Fixed-Term Temp (Right Axis)</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Dec-24</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Jan-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Feb-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Mar-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Apr-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>May-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Jun-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Jul-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Aug-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Sep-25</td><td>14,400</td><td>1,450</td><td>700</td></tr> <tr><td>Oct-25</td><td>15,341.99</td><td>1,450</td><td>700</td></tr> </tbody> </table>	Month	Employed Staffing WTE	Permanent (Left Axis)	Fixed-Term Temp (Right Axis)	Nov-24	14,400	1,450	700	Dec-24	14,400	1,450	700	Jan-25	14,400	1,450	700	Feb-25	14,400	1,450	700	Mar-25	14,400	1,450	700	Apr-25	14,400	1,450	700	May-25	14,400	1,450	700	Jun-25	14,400	1,450	700	Jul-25	14,400	1,450	700	Aug-25	14,400	1,450	700	Sep-25	14,400	1,450	700	Oct-25	15,341.99	1,450	700
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Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Dec-24 the percentage was 7.60% of the total spend on pay, but in Oct-25 had fallen to 6.21%. It must however be borne in mind that the total pay bill is increasing. There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	October 2025	<table border="1"> <caption>Proportion of Total Pay Bill Attributable to Variable Pay</caption> <thead> <tr> <th>Month</th> <th>% Variable Pay</th> <th>Linear (% Variable Pay)</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>6.00</td><td>6.50</td></tr> <tr><td>Dec-24</td><td>7.60</td><td>6.50</td></tr> <tr><td>Jan-25</td><td>7.50</td><td>6.50</td></tr> <tr><td>Feb-25</td><td>7.50</td><td>6.50</td></tr> <tr><td>Mar-25</td><td>7.00</td><td>6.50</td></tr> <tr><td>Apr-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>May-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Jun-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Jul-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Aug-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Sep-25</td><td>6.00</td><td>6.50</td></tr> <tr><td>Oct-25</td><td>6.21</td><td>6.50</td></tr> </tbody> </table>	Month	% Variable Pay	Linear (% Variable Pay)	Nov-24	6.00	6.50	Dec-24	7.60	6.50	Jan-25	7.50	6.50	Feb-25	7.50	6.50	Mar-25	7.00	6.50	Apr-25	6.00	6.50	May-25	6.00	6.50	Jun-25	6.00	6.50	Jul-25	6.00	6.50	Aug-25	6.00	6.50	Sep-25	6.00	6.50	Oct-25	6.21	6.50													
Month	% Variable Pay	Linear (% Variable Pay)																																																					
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Sep-25	6.00	6.50																																																					
Oct-25	6.21	6.50																																																					
Staff Winter Vaccination Programme	The winter flu vaccination programme for 2025-26 commenced in Sep-25; the vaccination rate at Oct-25 was 36.40%, against a target of 75%.	October 2025	<table border="1"> <caption>Staff Vaccination Rate</caption> <thead> <tr> <th>Month</th> <th>24-25 Flu</th> <th>25-26 Flu</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>30</td><td>0</td><td>75</td></tr> <tr><td>Dec-24</td><td>35</td><td>0</td><td>75</td></tr> <tr><td>Jan-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Feb-25</td><td>35</td><td>0</td><td>75</td></tr> <tr><td>Mar-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Apr-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>May-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Jun-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Jul-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Aug-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Sep-25</td><td>40</td><td>0</td><td>75</td></tr> <tr><td>Oct-25</td><td>36.40</td><td>0</td><td>75</td></tr> </tbody> </table>	Month	24-25 Flu	25-26 Flu	Target	Nov-24	30	0	75	Dec-24	35	0	75	Jan-25	40	0	75	Feb-25	35	0	75	Mar-25	40	0	75	Apr-25	40	0	75	May-25	40	0	75	Jun-25	40	0	75	Jul-25	40	0	75	Aug-25	40	0	75	Sep-25	40	0	75	Oct-25	36.40	0	75
Month	24-25 Flu	25-26 Flu	Target																																																				
Nov-24	30	0	75																																																				
Dec-24	35	0	75																																																				
Jan-25	40	0	75																																																				
Feb-25	35	0	75																																																				
Mar-25	40	0	75																																																				
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Sep-25	40	0	75																																																				
Oct-25	36.40	0	75																																																				
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for Nov-24 was 0.38% of the total spend on pay and was 0.33% at Oct-25. The percentage has however risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	October 2025	<table border="1"> <caption>Agency Spend as % of Total Pay Bill</caption> <thead> <tr> <th>Month</th> <th>Agency Spend as % of Total Pay Bill</th> </tr> </thead> <tbody> <tr><td>Nov-24</td><td>0.38</td></tr> <tr><td>Dec-24</td><td>0.40</td></tr> <tr><td>Jan-25</td><td>0.60</td></tr> <tr><td>Feb-25</td><td>0.60</td></tr> <tr><td>Mar-25</td><td>0.20</td></tr> <tr><td>Apr-25</td><td>0.40</td></tr> <tr><td>May-25</td><td>0.40</td></tr> <tr><td>Jun-25</td><td>0.40</td></tr> <tr><td>Jul-25</td><td>0.70</td></tr> <tr><td>Aug-25</td><td>0.40</td></tr> <tr><td>Sep-25</td><td>0.50</td></tr> <tr><td>Oct-25</td><td>0.33</td></tr> </tbody> </table>	Month	Agency Spend as % of Total Pay Bill	Nov-24	0.38	Dec-24	0.40	Jan-25	0.60	Feb-25	0.60	Mar-25	0.20	Apr-25	0.40	May-25	0.40	Jun-25	0.40	Jul-25	0.70	Aug-25	0.40	Sep-25	0.50	Oct-25	0.33																										
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Priority	Performance Summary	Reported Period	Data
Time to Hire	<p>The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales monthly average is 64.0 days. The figure for Cardiff & Vale uHB for Sep-25 was 107 days.</p> <p>This change is due to the vacancy freeze implemented in Jan-25, which will continue until Mar-26.</p>	October 2025	
Time to Shortlist	<p>The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7.4 days. The figure for Cardiff & Vale uHB for Aug-25 was 12 days.</p>	October 2025	
Exit Questionnaire Completion	<p>At Sep-25 the return rate of exit questionnaires was 26%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Dec-25.</p>	September 2025	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	<p>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 Oct-25 the rate was 0.60%, by comparison with a nominal 5% target. ESR position data continues to be validated.</p>	October 2025	
Provision of EDI Data in ESR	<p>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.</p> <p>At Oct-25 35.19% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.</p>	October 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	<p>This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 46.62% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.</p> <p>At Oct-25 6.52% of staff have identified their Welsh Skills as between level 2 and level 5.</p>	October 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend					
					May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
36.	Percentage of sickness absence rate of staff (In-month)	October 2025	5.50%	6.49%	5.60%	6.25%	6.37%	6.20%	6.55%	6.49%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	October 2025	5.50%	6.42%	6.34%	6.36%	6.36%	6.37%	6.41%	6.42%
38.	Staff turnover	October 2025	7%-9%	8.39%	8.76%	8.45%	8.41%	8.41%	8.28%	8.39%
39.	Agency spend as a percentage of the total pay bill.	October 2025	12-month reduction trend	0.33%	0.39%	0.41%	0.79%	0.39%	0.54%	0.33%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	October 2025	85%	71.15%	72.59%	72.68%	72.04%	71.26%	71.33%	71.15%

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Concerns 30-day performance</p>	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During Sep and Oct 25, the Health Board:</p> <ul style="list-style-type: none"> •Received 611 Concerns •Closed 580 concerns • 68 % closed within 30 working days (including Early Resolution) • 11 % closed under Early Resolution (within 2 days including day of receipt) •In addition •Received 726 Enquiries •Received 123 Compliments •We currently have 327 active concerns <p>•Graph opposite shows median response time to formal concerns across Wales</p> <p>Top 3 themes and trends</p> <ul style="list-style-type: none"> • Clinical Treatment and Assessment • Concerns around appointments (waiting times/cancellations) • Communication 	<p>Sep and Oct 25</p>		<p>% of concerns closed within 30 working days including Early Resolution</p> <p>All Wales - Median working days for a response (includes still open co...)</p>
<p>Duty of Candour</p>	<p>Key Updates: From 1st March 2025 to 31st October 2025, a total of 16,895 incidents have been reported. Of these incidents, 74 have triggered the duty of candour.</p> <p>Themes and Trends for Triggered Duty of Candour:</p> <ul style="list-style-type: none"> • Avoidable pressure damage. • Avoidable falls. • Patients lost to follow-up (particularly in AMD) • Failure to prescribe or administer appropriate medication. • Administration of incorrect medication. • Missed opportunities to diagnose • Procedural Issues-Incorrect implementation of protocols and procedures. • Escalation and monitoring failures- delays in responding to deteriorating patients. Failure to act on clinical findings • Unexpected admissions to neonatal • Unexpected deaths of patients under mental health services • Surgical and procedural complications 	<p>To September 30th 2025</p>		<p>Duty of Candour</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Patient Feedback – Civica</p>	<p>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 183,000 text messages have been distributed, yielding an overall response rate of 16%.</p> <p>In October, a total of 17,147 messages were sent, resulting in 2,905 completed surveys, which corresponds to a response rate of 17%. Among respondents discharged in September and October who answered the rating question, 84% reported satisfaction with the service received.</p> <p>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.</p>	<p>Sep/Oct 2025</p>		<p>PES rating question satisfaction score for the three SMS cohorts: Random, EU and Mental Health</p>
<p>Patient Safety</p>	<p>The UHB reported 29 NRIs in October, a rate of 5.6 per 100 000 population. This significant increase is as a result of a reconciliation exercise that resulted in retrospective reporting of nine historic avoidable cases of pressure damage.</p> <p>2306 patient safety incidents were reported in October 2026; 76% (1748) were reported as causing no or low harm, 21%(476) moderate harm and 4% (82) severe or catastrophic harm. Of those reported as causing severe and</p>	<p>October 25</p>		<p>CVU UHB rate of NRIs reported to NHS Wales PI per 100,000 population as of 03/11/2025 All service types All incident types All categories</p> <p>CVU UHB T-chart for time in days between Never Event incident dates in the last 12 months as of 03/11/2025</p>

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Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>The all-cause mortality rate across the Cardiff and Vale UHB area continues a similar seasonal pattern to the five-year average. Numbers of deaths are similar to the same period in the previous year. During week 43 of 2024/2025, 74 deaths were registered in the CAV area, compared with a five year average of 98 deaths for the same period.</p> <p>The national quality outcomes framework has been published and includes a crude measure of inpatient mortality measured against All Wales crude mortality rate. This will supersede the previous UHB crude mortality indicator.</p> <p>The crude annual rolling mortality rate for the UHB was 1.4% in September 2025, compared with an All Wales average of 1.6%.</p>	<p>October 2025</p>		
<p>Infection Control</p>	<p><i>Clostridioides difficile</i> – The total number of CDI cases this year is currently 119, with 39 hospital onset. This number of hospital onset cases is 32 lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales.</p> <p>MRSA - The total number of MRSA cases this year is currently 12, with 5 hospital onset. This number of cases is 2 hospital onset case higher than this period in 2024/2025. CAV UHB have the 2nd highest rate of the 6 acute Health Boards in Wales.</p> <p>MSSA - The total number of MSSA cases this year is currently 76, with 30 hospital onset. This number of cases is 10 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.</p> <p>E.coli - The total number of E.coli cases this year is currently 169, with 41 hospital onset. This number of cases is 8 hospital onset cases lower than this period in 2024/2025. CAV UHB have the lowest rate of the 6 acute Health Boards in Wales.</p> <p><i>Klebsiella spec's</i> - The total number of Klebs cases this year is currently 72, with 35 hospital onset. This number of cases is 6 hospital onset cases higher than this period in 2024/2025. CAV UHB have the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>PAER - The total number of Pseud cases this year is currently 16, with 10 hospital onset. This number of cases 6 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.</p>	<p>October 25</p>		

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jul-25	12 month improvement trend	51.9% Below standard	<table border="1"> <tr> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> </tr> <tr> <td>67.30%</td> <td>68.10%</td> <td>53.30%</td> <td>51.90%</td> </tr> </table>	Apr-25	May-25	Jun-25	Jul-25	67.30%	68.10%	53.30%	51.90%
Apr-25	May-25	Jun-25	Jul-25										
67.30%	68.10%	53.30%	51.90%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Aug-25	90%	88.2% Below standard	<table border="1"> <tr> <td>May-25</td> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> </tr> <tr> <td>52.00%</td> <td>59.50%</td> <td>39.70%</td> <td>88.20%</td> </tr> </table>	May-25	Jun-25	Jul-25	Aug-25	52.00%	59.50%	39.70%	88.20%
May-25	Jun-25	Jul-25	Aug-25										
52.00%	59.50%	39.70%	88.20%										
42.	Number of Pathways of Care delayed discharges	Sep-25	12 month reduction trend	176 Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>155</td> <td>149</td> <td>176</td> <td>176</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	155	149	176	176
Jun-25	Jul-25	Aug-25	Sep-25										
155	149	176	176										
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	Sep-25	90%	92.5% Above standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>92.2%</td> <td>94.1%</td> <td>97.7%</td> <td>92.5%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	92.2%	94.1%	97.7%	92.5%
Jun-25	Jul-25	Aug-25	Sep-25										
92.2%	94.1%	97.7%	92.5%										
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	Sep-25	90%	58.6% Below standard	<table border="1"> <tr> <td>Jun-25</td> <td>Jul-25</td> <td>Aug-25</td> <td>Sep-25</td> </tr> <tr> <td>53.9%</td> <td>53.8%</td> <td>53.9%</td> <td>58.6%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	53.9%	53.8%	53.9%	58.6%
Jun-25	Jul-25	Aug-25	Sep-25										
53.9%	53.8%	53.9%	58.6%										
45.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Jul/Aug 25	(Some system issues)	6733	In July and August we sent 31,442 texts								

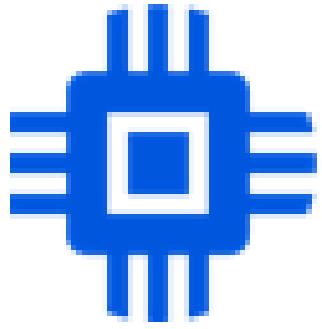
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No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
46.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i>	Oct-25	<i>Klebsiella</i> sp - 100 <i>P. aeruginosa</i> – 31	72 16 Below standard	Not on trajectory to achieve the reduction expectation number On trajectory to achieve the reduction expectation number								
47.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Oct-25	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	55.62 cases per 100,000 population Below Standard 27.16 cases per 100,000 population Above standard	On trajectory to achieve the reduction expectation rate Not on trajectory to achieve the reduction expectation rate								
48.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Oct-25	25 cases per 100,000 population	38.83 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)	Sep-25	Reduction compared to the same month in the previous year	34.7% On standard	<table border="1"> <tr> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> </tr> <tr> <td>30.60%</td> <td>39.70%</td> <td>39.30%</td> <td>34.70%</td> </tr> </table>	Jun-25	Jul-25	Aug-25	Sep-25	30.60%	39.70%	39.30%	34.70%
Jun-25	Jul-25	Aug-25	Sep-25										
30.60%	39.70%	39.30%	34.70%										
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Oct-25	12 month improvement trend towards national target of 95%	67.13% Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>65.96%</td> <td>65.23%</td> <td>64.58%</td> <td>67.13%</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	65.96%	65.23%	64.58%	67.13%
Jul-25	Aug-25	Sep-25	Oct-25										
65.96%	65.23%	64.58%	67.13%										
51.	Number of ambulance patient handovers over one hour	Oct-25	0	147 Under standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>318</td> <td>36</td> <td>39</td> <td>147</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	318	36	39	147
Jul-25	Aug-25	Sep-25	Oct-25										
318	36	39	147										
52.	Percentage of ambulance patient handovers within 15 minutes	Oct-25	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	17.64% Below standard	<table border="1"> <tr> <th>Jul-25</th> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> </tr> <tr> <td>11.78%</td> <td>18.08%</td> <td>25.20%</td> <td>17.64%</td> </tr> </table>	Jul-25	Aug-25	Sep-25	Oct-25	11.78%	18.08%	25.20%	17.64%
Jul-25	Aug-25	Sep-25	Oct-25										
11.78%	18.08%	25.20%	17.64%										
53.	Number of National Reportable incidents that remain open 90 days or more				No longer reported by NHS P&I								

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Shaping Our Future

**Digital
Services**

Digital & Health Intelligence

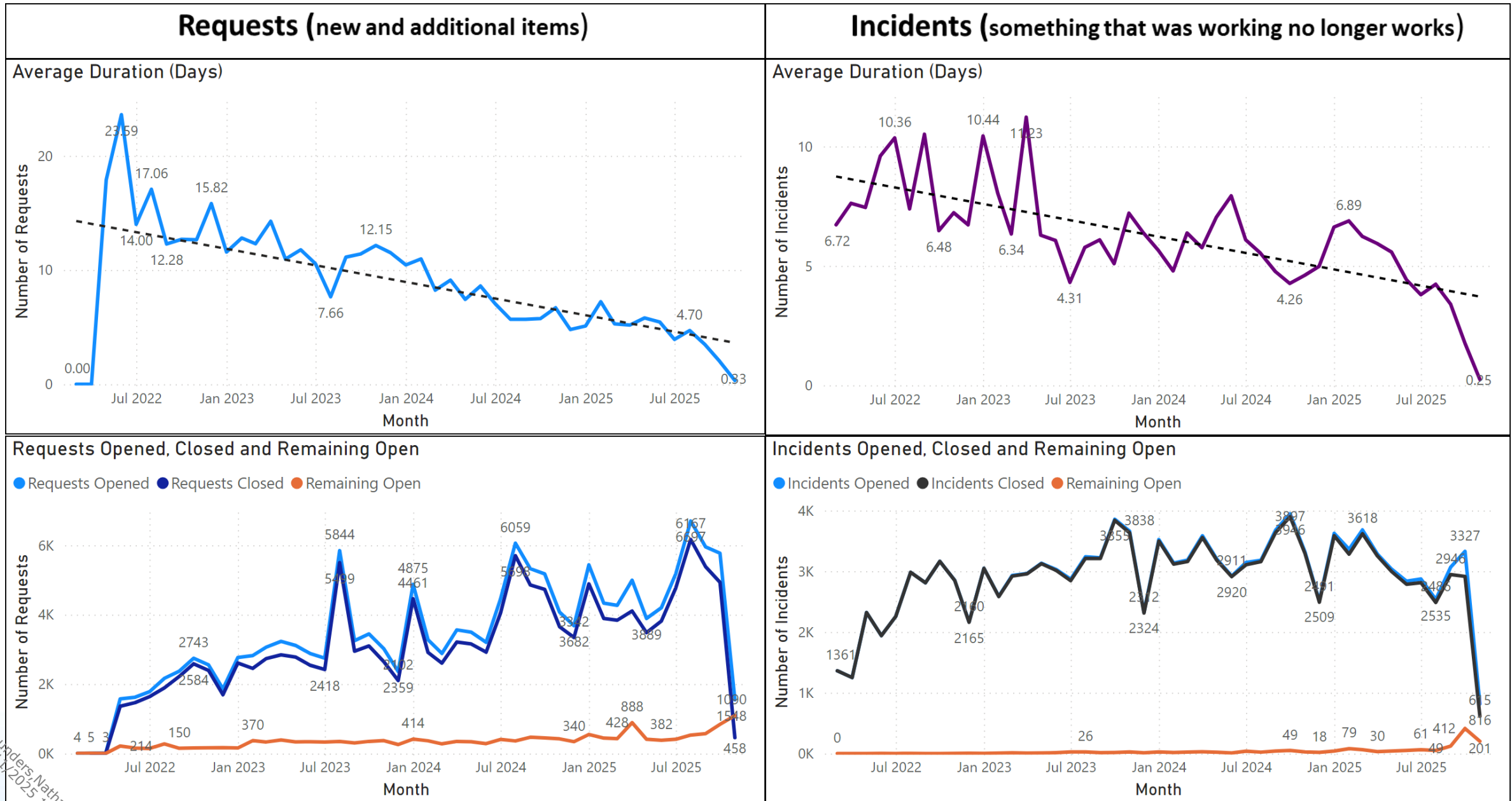
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Executive Scorecard (Includes Service Desk)

Year 2024		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
39321 Incidents Opened	50046 Requests Opened	32435 Incidents Opened	52254 Requests Opened	816 Incidents Opened	1548 Requests Opened
39004 Incidents Closed	45578 Closed Requests	31289 Incidents Closed	45719 Closed Requests	615 Incidents Closed	458 Closed Requests
317 Remaining Open	4468 Remaining Open	1146 Remaining Open	6535 Remaining Open	201 Remaining Open	1090 Remaining Open
5.61 Avg Duration (Days)	7.30 Avg Duration (Days)	4.90 Avg Duration (Days)	4.58 Avg Duration (Days)	0.25 Avg Duration (Days)	0.33 Avg Duration (Days)



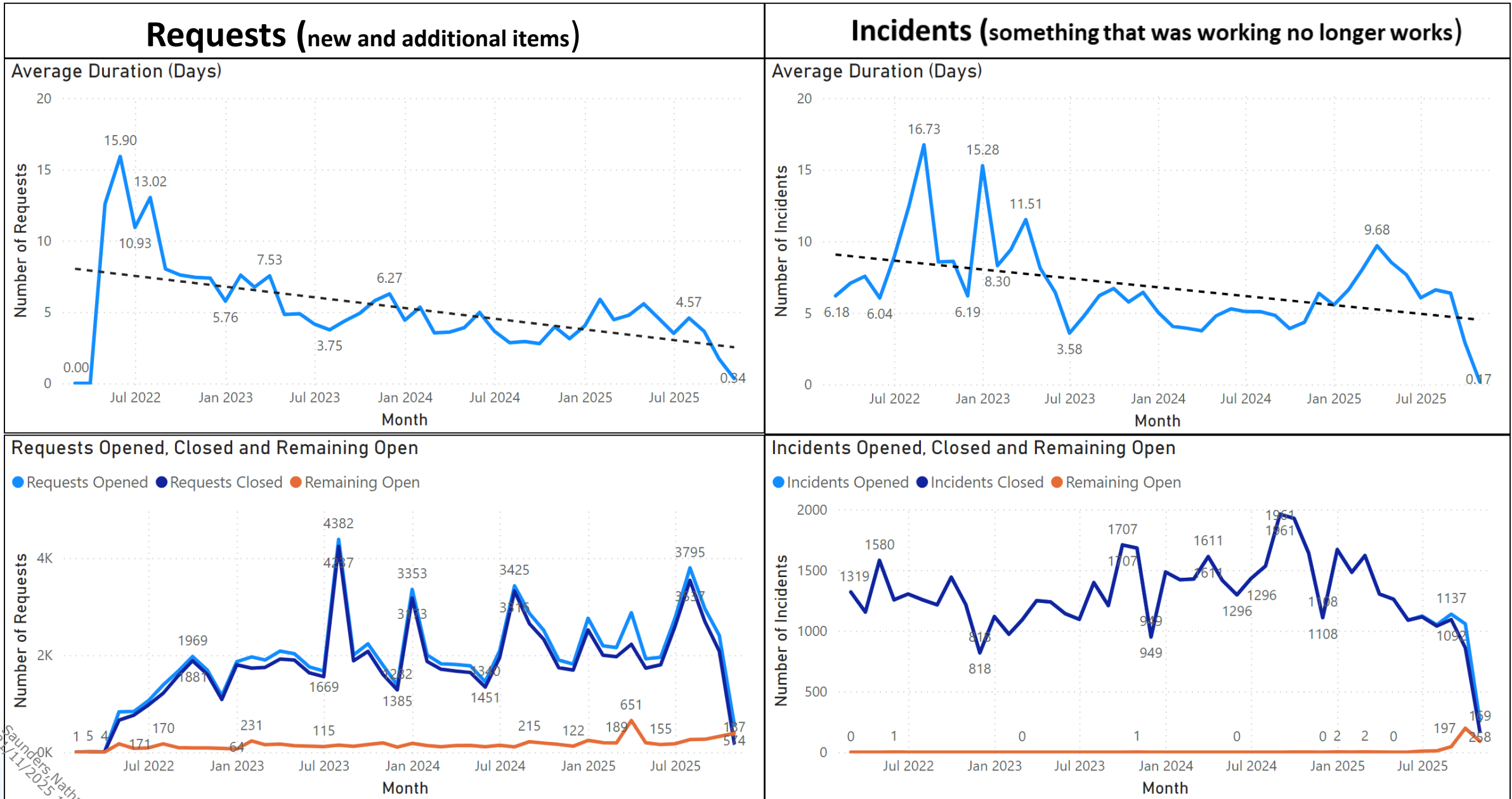
Executive Trending



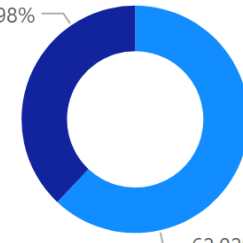
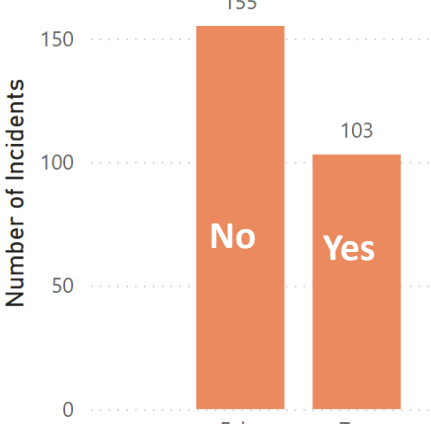
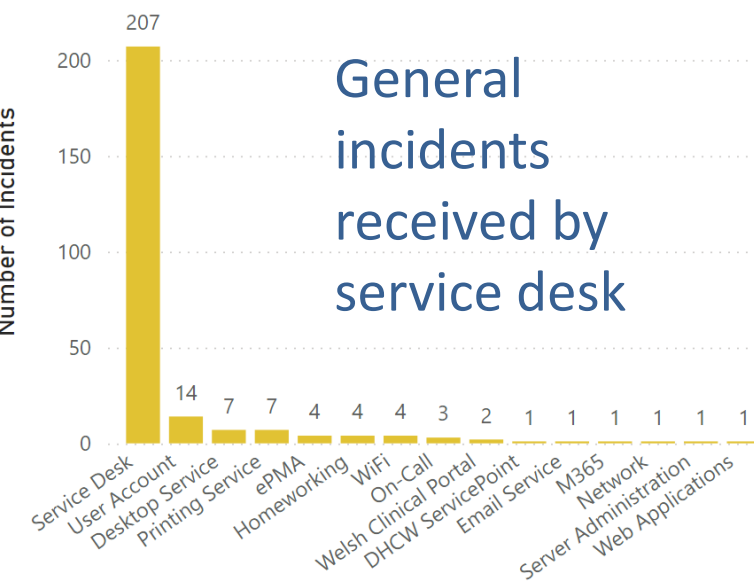
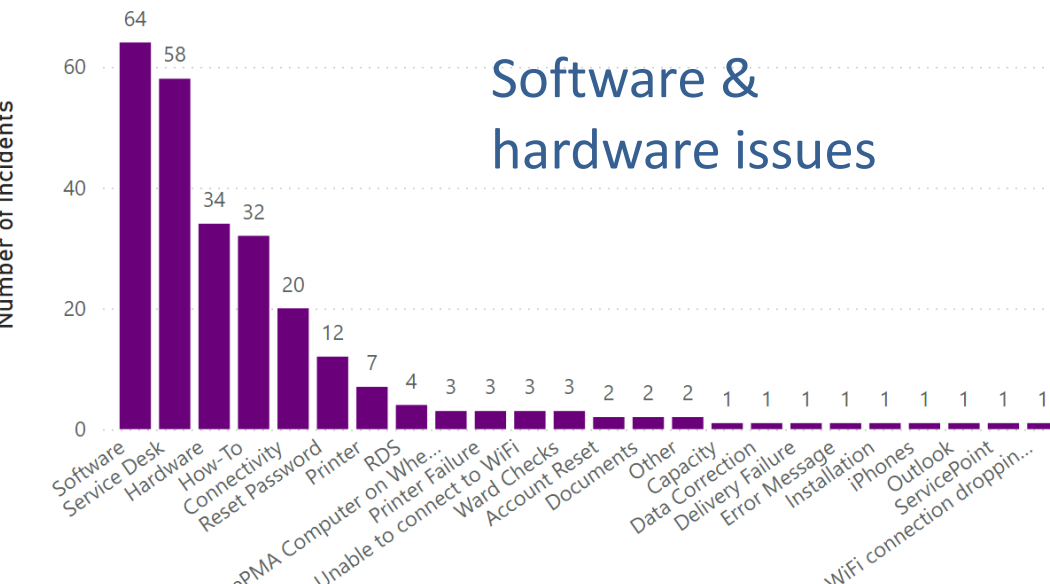
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Service Desk Trending



SUMMARY

<p>Date by Year</p>	<p>This month</p> <h2>258</h2> <p>Incidents Opened</p>	<p>Closed this month (Oct '25)</p> <h2>169</h2> <p>Incidents Closed</p>	<p>Incidents by Source</p>  <p>Source</p> <ul style="list-style-type: none"> Phone Self Service 	<p>First Call Resolution</p>  <p>Number of Incidents</p> <p>First Call Resolution</p>
<p>Date By Month</p> <ul style="list-style-type: none"> <input type="checkbox"/> March 2022 <input type="checkbox"/> April 2022 <input type="checkbox"/> May 2022 <input type="checkbox"/> June 2022 <input type="checkbox"/> July 2022 <input type="checkbox"/> August 2022 <input type="checkbox"/> September 2022 <input type="checkbox"/> October 2022 <input type="checkbox"/> November 2022 <input type="checkbox"/> December 2022 	<h2>0.17</h2> <p>Avg Duration (Days)</p>	<h2>89</h2> <p>Older then 30 Days</p>		
<p>OwnerTeam</p> <ul style="list-style-type: none"> <input type="checkbox"/> Badgernet <input type="checkbox"/> BI Applications and Warehouse <input type="checkbox"/> Cyber Security <input type="checkbox"/> Digital Integration Development <input type="checkbox"/> ePMA IT <input type="checkbox"/> ISM Admin <input type="checkbox"/> Network <input type="checkbox"/> Paris <input type="checkbox"/> PCIC <p>Site</p> <ul style="list-style-type: none"> <input type="checkbox"/> At Home <input type="checkbox"/> CRI <input type="checkbox"/> Dental Hospital <input type="checkbox"/> Llandough <input type="checkbox"/> Parc Ty Glas <input type="checkbox"/> Riverside Health Centre <input type="checkbox"/> Treforest Industrial Estate 	<p>Incidents by Service</p>  <p>Number of Incidents</p> <p>Service</p> <p>General incidents received by service desk</p>	<p>Incidents by Category</p>  <p>Number of Incidents</p> <p>Category</p> <p>Software & hardware issues</p>		

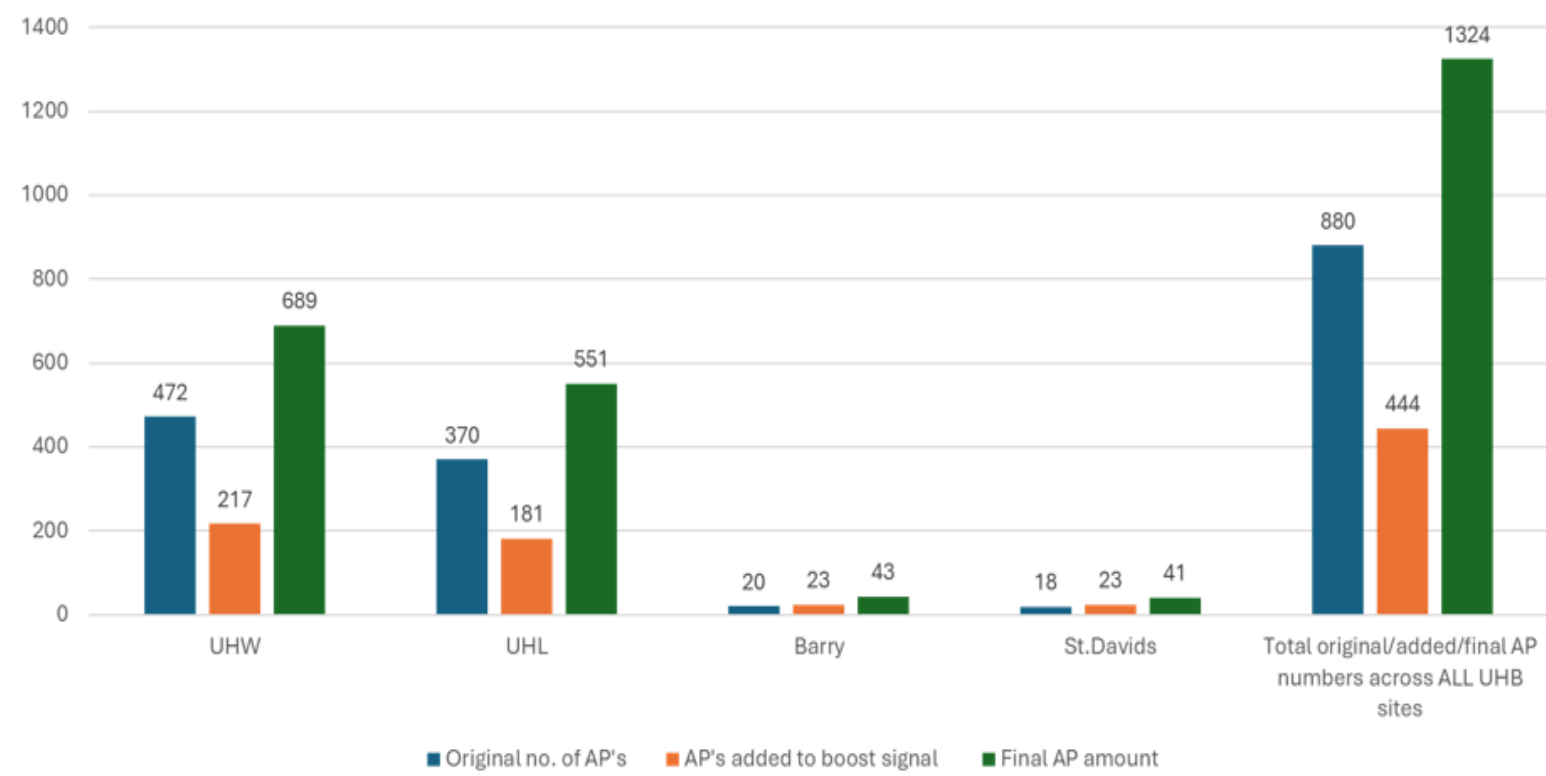
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WiFi Project

Current metrics on completed AP's (access points as of 10/11/2025)

Metrics on AP amounts added to boost signal across uHB site since start of project



*Please note that a request was made by the ePMA team to add **circa 40 new locations** and swap existing locations from wider Wi-Fi categorisation on the database to ePMA areas – mainly under Mental Health CB and Outpatient locations which are due for completion before Summer 2026.

This has led to a change in the percentage amount of completed areas for ePMA. ePMA have also indicated that as lists of these areas are still being collated, there may be future additions and subtractions to these areas, which may continue to affect the total percentage amount represented above.

Total areas (including ePMA, wider Wi-Fi & CEF)	Total areas complete	% total of areas complete
198	82	41%

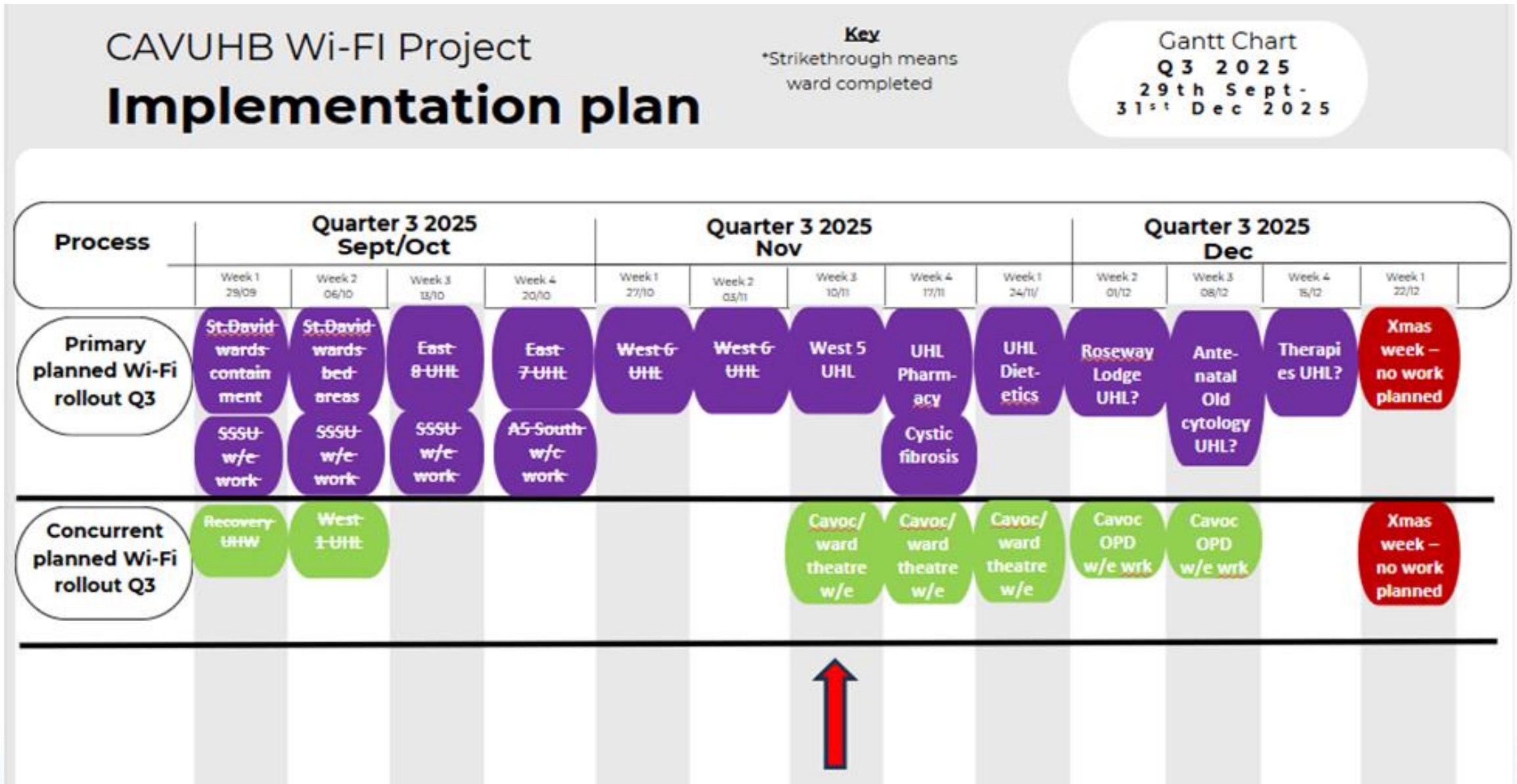
Total ePMA areas (ePMA only)**	Total areas complete	% total of areas complete
*130	69	53%

Total wider Wi-Fi/CEF areas: (CEF & wider Wi-Fi only)	Total areas complete	% total of areas complete
*68	13	19%





Phase 5 Wi-Fi work schedule



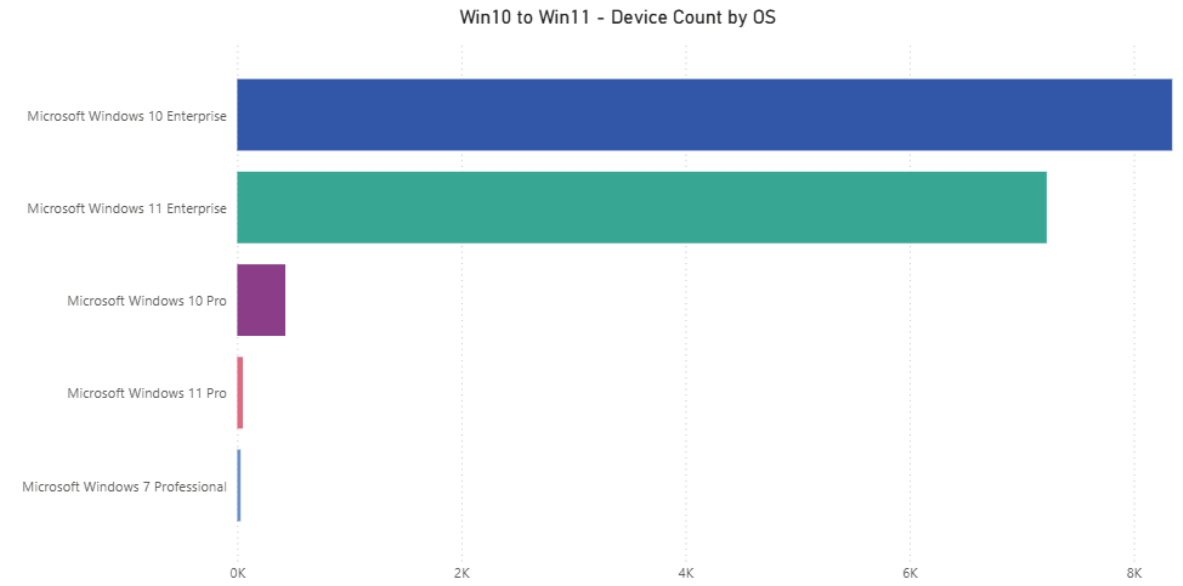
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21/11/2025 17:51:27

Windows 11 Project

Progress continues with the UHB device upgrades to Windows 11. Over 7,200 devices are now running Windows 11 which is over 45% of CAV networked devices.

The team have been focusing on upgrading the existing compatible devices and this has resulted in a sharp increase in upgrades. Over 3,500 devices were upgraded in October.

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Win 11 Migration Rate %

45.27%

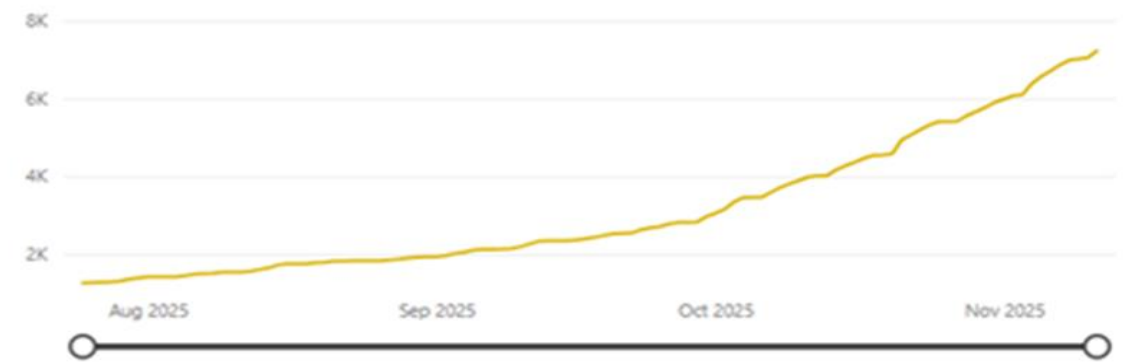
PCs with windows 11

Details History Time period Connections

7.22K/16.11K

At risk

+ 941.00 Weekly



Report Title:	Ombudsman Annual Letter 2025			Agenda Item No:	5.10
Meeting:	Board	Public	X	Meeting Date:	27.11.25
		Private			
Status	Assurance	X	Approval	Information/Noting	
Lead Executive Title:	Executive Nurse Director				
Report Author Title:	Assistant Director of Patient Experience				

Main Report
Background and Current Situation:

This report presents an analysis of Cardiff and Vale University Health Board’s complaints performance, drawing on data from the Public Services Ombudsman for Wales (PSOW) annual letter and Putting Things Right (PTR) metrics.

- The PSOW annual letters serve as a key accountability and improvement tool for public bodies in Wales.
- They provide: Performance Overview: A summary of complaints received and considered, including volumes, categories, and outcomes.
- Service Improvement Insights: Identification of recurring themes and trends to support enhancements in complaint handling and service delivery.
- Transparency and Benchmarking: Publicly available data enables comparison across organisations and promotes accountability.
- Best Practice and Compliance Monitoring: Highlights effective practices and assesses adherence to Ombudsman recommendations, including the Model Complaints Policy.

This report analyses Cardiff and Vale University Health Board’s (CVU UHB) complaints performance using data from the Public Services Ombudsman for Wales (PSOW) and internal PTR metrics.

The report highlights complaint volumes, patterns, resolution timeliness, and compliance with recommendations.

[Annual Letters page https://www.ombudsman.wales/annual-letters](https://www.ombudsman.wales/annual-letters) to browse letters by year, including:

- **2023/2024**
- **2022/2023**
- **2021/2022**
- And earlier years

2024/25 Attached as Appendix 1

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

Complaints Volume and Rate

- Complaints Received by PSOW: 149 in the period of 1 April 2024 to 31 March 2025. In that period the Health Board addresses some 3471 concerns.

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Appendix A – Complaints received (overview)

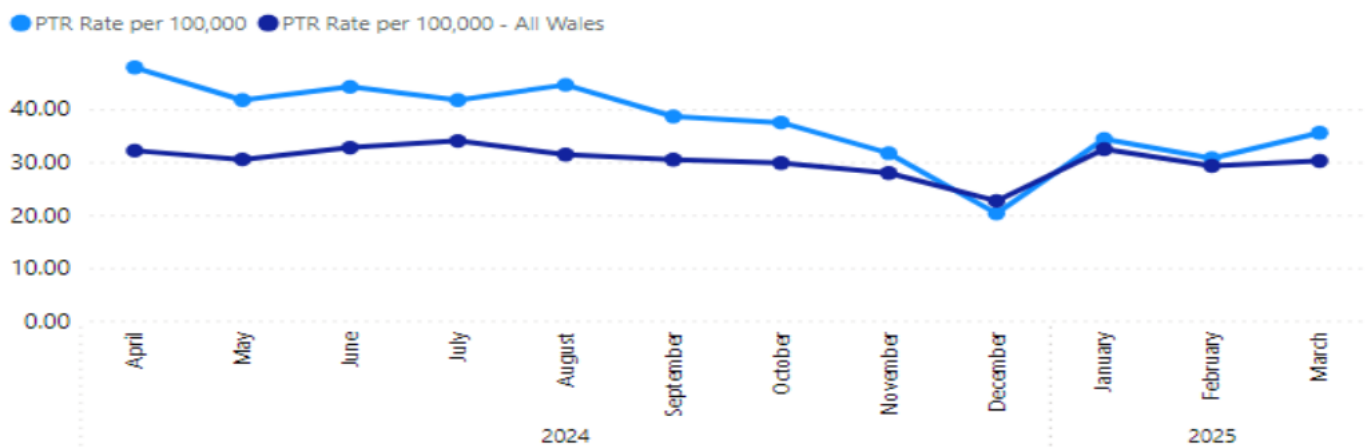
Health Board	Complaints Received	Population	Received per 1,000 residents
Aneurin Bevan University Health Board	178	595412	0.30
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Cwm Taf Morgannwg University Health Board	102	446514	0.23
Hywel Dda University Health Board	130	388139	0.33
Powys Teaching Health Board	20	134439	0.15
Swansea Bay University Health Board	134	389640	0.34
Welsh Ambulance Services University NHS Trust	24	-	-
Total	973	3164404	0.28

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25.

These complaints are contextualised by the population of each authority.

Across the Health Board for this time we received for all Complaints above the average All Wales figures which we feel demonstrates the accessibility of the Complaints process to people who use our services. It also demonstrates the on-going capacity issues within the system.

CVU UHB - PTR Concerns per 100,000 population



Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Nature of Complaints (PSOW Data)

Saunders, Nathan
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Appendix B – Complaints received (by organisation)

Cardiff and Vale University Health Board	Complaints Received	% Share
Admissions/discharge and transfer procedures	2	1%
Adult Mental Health	18	12%
Ambulance Services	0	
Appointment procedures (including outpatients)	4	3%
Care Homes	0	
Child and Adolescent Mental Health	3	2%
Clinical treatment in hospital	83	56%
Clinical treatment outside hospital; Dentist	1	1%
Clinical treatment outside hospital; GP	1	1%
Clinical treatment outside hospital; Other	4	3%
Clinical treatment outside hospital; Physiotherapist	0	
Complaints Handling	0	
Confidentiality	0	
Continuing care	0	
De-Registration	0	
Disclosure of personal information / data loss	0	
Funding	1	1%
Gender Identity Funding	0	
Health	5	3%
Housing	0	
Medical records/standards of record-keeping	3	2%
Medication > Prescription dispensing	0	
Non-medical services	0	
Nosocomial (Framework)	1	1%
Other	6	4%
Out of Hours GP care	0	
Patient list issues	8	5%
Poor/No communication or failure to provide information	2	1%
Prisoner Care	0	
Referral to treatment time	5	3%
Rudeness/inconsiderate behaviour/staff attitude	2	1%
Various Other	0	
Total	149	

Annual Complaints Overview – Cardiff and Vale UHB

The table summarises Cardiff and Vale UHB's complaints data for the year, highlighting key patterns in volume, category distribution, and resolution performance. Clinical treatment and mental health services remain prominent areas of concern. The Health Board demonstrates strong performance in early resolution and acknowledgement compliance, with resolution timeliness varying across months. Comparative data suggests Cardiff and Vale maintains higher reporting rates than the All-Wales average, reflecting strong accessibility and engagement.

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	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Access (to Services)	61	46	43	29	179
Accident/Falls	1	2	3	4	10
Admissions	4	6	14	4	28
Appointments	273	256	122	128	779
Attitude and Behaviour	55	35	36	43	169
Catering	1	1	0	1	3
Clinical treatment/Assessment	273	252	164	234	923
Communication Issues (including Language)	218	220	99	90	627
Confidentiality	2	0	0	3	5
Consent	0	0	2	1	3
Discharge Issues	17	32	26	19	94
Environment/Facilities	6	12	6	3	27
Equality	3	4	1	1	9
Equipment	9	15	8	5	37
Infection Control	2	0	2	1	5
Medication	21	27	21	17	86
Monitoring/Observation Issues	1	3	14	11	29
Nutrition/Hydration Issues	2	2	3	0	7
Other	3	2	2	3	10
Patient Care	33	53	49	32	167
Personal Property/Finance	1	0	0	1	2
Post Death Issues	13	8	4	11	36
Privacy and Dignity	1	2	1	0	4
Record Keeping	8	4	1	0	13
Referral	19	31	14	17	81
Resources	3	5	1	0	9
Skin Damage	0	1	0	1	2
Test and Investigation Results	40	61	14	12	127
Total	1070	1080	650	671	3471

Dominant Categories

Categories such as clinical treatment, appointments and communication are prominently featured, reflecting consistent areas of concern across the Health Board. These categories concur with the Ombudsman ones as Clinical Treatment in Hospital: 83 complaints (56%)

- Adult Mental Health: 18 complaints (12%)
- Patient List Issues: 8 complaints (5%)

The Shaping Our Future Quality Excellence Programme has established four dedicated program boards to address the most frequently reported themes identified through the Concerns including NRI (Nationally Reportable Incidents) Complaints, Redress cases, Claims and Inquests. These thematic areas include: the care of the deteriorating patient, patients lost to follow-up, infection prevention and control, and medication safety.

Additionally, the University Health Board's strategic approach to implementing a Quality Management System will be key to oversight of the data to drive improvements and the monitoring of quality and performance metrics.

The implementation of the **National Early Warning Score (NEWS)** within the **Shaping Our Future Quality Excellence Programme** at Cardiff and Vale UHB is progressing well, particularly within the **deteriorating patient workstream**.

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

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution or a voluntary settlement.

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
Aneurin Bevan University Health Board	50	176	28%
Betsi Cadwaladr University Health Board	64	227	28%
Cardiff and Vale University Health Board	27	154	18%
Cwm Taf Morgannwg University Health Board	36	104	35%
Hywel Dda University Health Board	43	131	33%
Powys Teaching Health Board	6	25	24%
Swansea Bay University Health Board	33	136	24%
Welsh Ambulance Services University NHS Trust	4	29	14%
Total	263	982	27%

PSOW Outcomes and Interventions

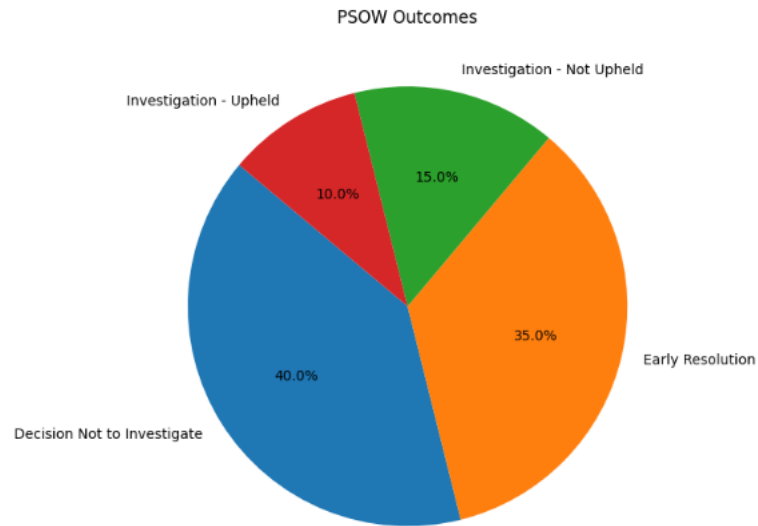
- Complaints Closed by PSOW: 154
- Intervention Rate: 18% (below national average of 27%)
- Early Resolutions: 19 cases (12%)
- Decisions Not to Investigate: 67 cases (44%)
- This demonstrates that many complaints are either resolved early or do not meet investigation thresholds, reflecting positively on local resolution efforts.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board

Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

Cardiff and Vale University Health Board	Complaint Outcomes	% Share
Complaint investigation discontinued (with early resolution at assessment stages)*	0	
Complaint investigation discontinued (without settlement)	1	1%
Decision not to investigate complaint	67	44%
Early resolution*	19	12%
Matter out of jurisdiction	40	26%
Non-public interest report issued: complaint not upheld	9	6%
Non-public interest report issued: complaint upheld*	8	5%
Non-public interest report issued: complaint upheld with early resolution at assessment stage*	0	
Premature	10	6%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	0	
Special Interest Report*	0	
Voluntary settlement*	0	
Total	154	

Saunders Nathan
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Complaints Performance Analysis – PSOW Data
 Total Complaints Considered: 154

Key Outcome Categories:

- **Decision Not to Investigate:**
 - **67 cases (44%)**
 - This represents the largest proportion, indicating that nearly half of the complaints did not meet the threshold for formal investigation when considered by the Ombudsman.
- **Matters Out of Jurisdiction:**
 - **40 cases (26%)**
 - A significant number of complaints fell outside the Ombudsman’s remit
- **Early Resolution (Intervention):**
 - **19 cases (12%)**
 - These cases were resolved early with Ombudsman intervention, reflecting proactive engagement and opportunities for service recovery.
- **Non-Public Interest Reports:**
 - **Not Upheld:** 9 cases (6%)
 - **Upheld (with intervention):** 8 cases (5%)
 - These outcomes show a modest number of formal investigations resulting in findings, with a small proportion upheld.
- **Premature Complaints:**
 - **10 cases (6%)**
 - These were referred to the Health Board from the Ombudsman for local resolution, indicating scope for improving initial complaint handling information or awareness of process by the Health Board.
- **No Public Interest or Special Reports Issued:**
 - Indicates no cases met the threshold for broader systemic concern or formal publication.

Observations and Implications:

The data supports ongoing efforts to enhance complaint handling, align with the Model Complaints Policy, and ensure timely, proportionate responses.

Appendix E shows the compliance performance regarding the recommendations following a review and the timeliness of providing the evidence of compliance to the Ombudsman.

For assurance the HB does not have any outstanding recommendations

Recommendations Made: 72
 - Recommendations Due: 101
 - Compliance Rate: 70 %

While above average, this still leaves significant room for improvement. A targeted compliance strategy could help raise this figure above 75% in 25/ 26 with a sustained increase moving forward. We have regular compliance meetings with the Ombudsman’s office and have developed the dashboards to monitor compliance and an escalation process with regards to non-compliance is in place.

In line with the Annual letter the Health Board is asked to take the following actions by the Ombudsman

- *Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place*
- *Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation’s compliance with recommendations made by my office.*
- *Provide my office with a copy of the Health Board’s Annual Report for 2024-25 on the Duty of Candour and Quality.*
- *Inform me of the outcome of the Board’s considerations and proposed actions on the above matters at your earliest opportunity.*

Observations and Implications:

- The relatively low number of upheld complaints and absence of public interest reports reflects effective local resolution or low severity of issues raised.
- Early resolution interventions (12%) demonstrate positive engagement with the Ombudsman and opportunities for learning and improvement.
- The data supports ongoing efforts to enhance complaint handling, align with the Model Complaints Policy, and ensure timely, proportionate responses.
- The high proportion of non-investigated and out-of-jurisdiction complaints (70%) suggests a need to strengthen public awareness in the Health Board and internal triage processes.
- The focus for the next year will be on recommendation compliance in a timely manner.

Appendices that accompany this report:





1. 5.10a Appendix 1 - Annual Letter 2024-25

Recommendations:

The Board is requested to:

- a) **NOTE** the contents of this report and actions to be taken

Link to Strategic Objectives of Shaping our Future Wellbeing:

<p>1.</p>  <p>Putting People First</p>	<p>2.</p>  <p>Providing Outstanding Quality</p>	
<p>3.</p>  <p>Delivering in the Right Places</p>	<p>4.</p>  <p>Acting for the Future</p>	

Five Waves of Working (Sustainable Development Principles) considered:				
Prevention	Long Term	Integration	Collaboration	Involvement
Quality Impact Assessment Completed?				
Yes		No (please provide reasoning e.g. not required)		n/a
Impact Assessment				
Risk: n/a				
Safety: n/a				
Financial: n/a				
Workforce: n/a				
Legal: n/a				
Reputational: n/a				
Socio Economic: n/a				
Equality & Health: n/a				
Decarbonisation: n/a				
Welsh Language: n/a				
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)				
Name of Committee/Group/Exec			Date:	
Quality Committee			28.10.25	

Saunders, Nathan
21/11/2025 17:51:27

Ask for: Communications



01656 641150



Caseinfo@ombudsman.wales

Date: 14 August 2025

PERSONAL & CONFIDENTIAL

Charles Janczewski
Cardiff and Vale University Health Board

By email only

charles.janczewski@wales.nhs.uk
suzanne.rankin@wales.nhs.uk
Psow.Cardiffuhb@wales.nhs.uk

Dear Charles Janczewski

Annual Letter 2024-25

Role of PSOW

As you know, our role as the Public Services Ombudsman for Wales is to consider complaints about public services, to investigate alleged breaches of the councillor Code of Conduct, to set standards for complaints handling by public bodies and to drive improvement in complaints handling and learning from complaints. We also undertake investigations into public services on own initiative.

Purpose of letter

Through this letter, we want to give you an update on our work, share key trends in complaints about local government in Wales and highlight any particular issues for your organisation, together with actions I would like your organisation to take.

Complaints about public services

This letter, as always, coincides with the publication of our Annual Report. Again, we saw an increase in the number of people contacting us about public services. Since 2019-20, the volume of new complaints about public services reaching our office has increased by 44%.

We also closed a record number of complaints about public services – 5% more than last year. This year, we intervened (found that something has gone wrong, and recommended how to put things right) in 18% of complaints that we closed. Positively, this year we resolved many more complaints early on. 87% of our interventions this year involved Early Resolution, compared to 70% in 2023-24.

Page 1 of 10

ombwdsmon.cymru
holwch@ombwdsmon.cymru
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
Rydym yn hapus i dderbyn ac
ymateb i ohebiaeth yn y Gymraeg.

ombudsman.wales
ask@ombudsman.wales
0300 790 0203
1 Ffordd yr Hen Gae, CF 35 5LJ
We are happy to accept and respond
to correspondence in Welsh.

Saunders Nathan
21/11/2025 17:51:27

We understand that people who come to us want their complaints resolved as quickly as possible and we are committed to dealing with them in a timely manner.

Overall, we assessed incoming complaints, or intervened with an Early Resolution, within an average of 4 weeks; well within our target of 6 weeks. We have also reduced the time it takes us to complete an average investigation, from 64 weeks in 2023-24, to 53 weeks this year.

During 2024-25, we received 949 complaints about health boards. This is an increase of only 1% since last year, and shows that the rate of increase in health board complaints is still slowing down. Still, we are now receiving 26% more complaints about health boards than in 2019-20.

Predictably, most complaints about health boards concern health services. By far, the most common area of these complaints is clinical treatment in hospital. In addition, about 16% of complaints about health boards related to complaint handling. This was a welcome drop from 18% the year before.

We intervened in 27% of health board complaints that we closed – compared to 31% last year.

In 2024-25, we received 149 complaints about Cardiff and Vale University Health Board and closed 154 – some complaints were carried over from the previous year. Cardiff and Vale University Health Board's intervention rate was 18%. You can find detailed information on complaints about your organisation that we handled this year can be found in the appendices.

We made 72 recommendations to your organisation during the year. To ensure that our investigations and reports drive improvement, we follow up compliance with the recommendations agreed with your organisation. In 2024-25, 101 recommendations were due. 61% of the recommendations due was complied with in the timescale agreed. Recommendations and timescales for complying with recommendations are always agreed with the public body concerned before being finalised, and we therefore expect organisations to comply within the timescales agreed.

Supporting improvement of public services

We continued our work on supporting improvement in public services.

During 2024-25, we concluded our second wider own initiative investigation which looked into unpaid carers' needs assessments in Wales. We considered whether 4 local councils – Caerphilly, Ceredigion, Flintshire and Neath Port Talbot - undertook carers' assessments in line with their statutory obligations.

We published the report on this investigation in October 2024. We found that only 2.8% of people in those council areas who identified as carers had received a needs assessment. In addition, only 1.5% had received a proper support plan following their assessment. Many carers were also not aware of their rights with regard to assessments and support services that might be available to them.

We identified some areas of good practice by the councils we investigated. However, we also made several recommendations including to:

- improve recording practices
- improve how information is shared with carers
- offer staff refresher training on carers' rights
- collaborate better with the healthcare sector.

We invited the other local councils in Wales to make similar improvements.

As we did in the case of our first own initiative investigation, we have been actively monitoring how organisations' have been complying with our recommendations.

We are planning to review compliance with the recommendations and any other impacts of the report in October 2025.

Currently 54 organisations across Wales operate our model complaints policy. This includes all local councils, all health boards and now most housing associations - representing about 85% of the complaints which we receive.

Our offer of free complaints handling training has remained popular and we provided a further 52 training sessions to public bodies across Wales during the year. This brings the total to 550 training sessions and 10,000 people, since 2020.

We have continued our work to publish complaints statistics, gathered from public bodies, with data published twice a year. We expect to publish the data on complaints handled by local councils in Wales during 2024-25 in the Autumn. This data allows us to see information with greater context – for example, during 2024-25, 6.13% of complaints made to NHS bodies went on to be referred to us.

Finally, this year we also published 1 thematic report, which included as case studies complaints about health boards:

- 'Equality Matters' (January 2025): a thematic report on inclusion and accessibility across public services.

This report includes general recommendations for public service providers, drawing on lessons learned from our casework.

Action we would like your organisation to take

Further to this letter can I ask that your organisation takes the following actions:

- Present my Annual Letter to the Board at the next available opportunity and notify me of when these meetings will take place.

- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.
- Provide my office with a copy of the Health Board's Annual Report for 2024-25 on the Duty of Candour and Quality.
- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

I would like to thank you, and your officers, for your continued openness and engagement with my office.

Yours sincerely

Michelle Morris

Michelle Morris
Public Services Ombudsman

Cc. Suzanne Rankin, Chief Executive, Cardiff and Vale University Health Board
Roz Meah, PSOW Liaison Officer, Cardiff and Vale University Health Board

Saunders, Nathan
21/11/2025 17:51:27

Information Sheet

Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25. These complaints are contextualised by the population of each authority.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows intervention rates for all health boards in 2024-25. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Appendix D shows outcomes of the complaints which PSOW closed for the Health Board in 2024-25. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix E shows the compliance performance of each health board.

Saunders, Nathan
21/11/2025 17:51:27

Appendix A – Complaints received (overview)

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Saunders, Nathan
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Disclosure of personal information / data loss	0	
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Various Other	0	
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Saunders, Nathan
21/11/2025 17:51:27

Appendix C – Cases with PSOW intervention (overview)

Health Board	No. of interventions	No. of closures	% of interventions
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Saunders, Nathan
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Appendix D – Complaint outcomes (by organisation) (* denotes intervention)

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Non-public interest report issued: complaint upheld with early resolution at assessment stage*	0	
Premature	10	6%
Public interest report issued: complaint upheld*	0	
Public Interest report issued: complaint upheld with early resolution at assessment stage*	0	
Special Interest Report*	0	
Voluntary settlement*	0	
Total	154	

Saunders Nathan
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Appendix E – Compliance performance comparison

Health Board	Number of recommendations made on complaints closed in 2024-25	Number of recommendations falling due in 2024-25	% of recommendations, complied with in line with agreed target date
Aneurin Bevan University Health Board	136	151	60%
Betsi Cadwaladr University Health Board	194	190	55%
Cardiff and Vale University Health Board	72	101	61%
Cwm Taf Morgannwg University Health Board	101	120	39%
Hywel Dda University Health Board	137	135	82%
Powys Teaching Health Board	16	10	20%
Swansea Bay University Health Board	86	87	53%
Welsh Ambulance Services University NHS Trust	18	6	17%

Saunders Nathan
21/11/2025 17:51:27

Report Title:	Winter Plan			Agenda Item No:	6.1
Meeting:	Board	Public	X	Meeting Date:	27/11/25
		Private			
Status	Assurance	Approval	X	Information/Noting	
Lead Executive Title:	Chief Operating Officer				
Report Author Title:	Senior Programme Manager – Urgent and Emergency Care				

Main Report

Background and Current Situation:

Winter Planning Overview

Winter planning is a critical element of our seasonal operational response, ensuring we are prepared to manage increased pressures across the Urgent and Emergency Care system. This cover paper provides a high-level overview of our winter response, including the instructions and requirements set out by Welsh Government.

Over the past four months, Welsh Government has issued seven letters to University Health Boards requesting assurance, plans, and reiterating ministerial risks and priorities. The main areas of focus have been:

- Joint regional planning toolkit with local authorities
- Respiratory illnesses, with emphasis on breathlessness and COPD
- All-Wales paediatric surge and capacity planning
- Operational resilience for the Christmas–January period
- NHS Wales Leadership Board top five risks
- Additional assurance and governance

We have responded to all correspondence and associated actions on time. However, some actions remain unachievable due to short notice, complexity, and the significant investment required resources we cannot commit given current financial constraints. Despite these challenges, we have made positive progress in many areas.

Key Achievements and Current Position

- Ambulance handover performance and implementation of the W45 standard have been highly successful.
- Community services, including the Single Point of Access and Urgent Primary Care, continue to provide effective alternatives to admission which is critical as demand rises.
- Advanced modelling predicted a 4% year-on-year growth and an additional 17 patients per day at our Emergency Unit this winter. This forecast has proven accurate, with demand surging over the past two weeks.
- We anticipate sustained high demand until Christmas week, followed by a sharp decline and then a significant increase in early January. This elevated demand is expected to continue until March.

Our Winter Plan

Our approach to managing these pressures is structured around three key priorities:

1. Building community capacity
2. Maximising acute and community hospital capacity

3. Optimising hospital flow with a 'home first' approach

Community services will remain central to avoiding unnecessary hospital conveyance and admission. We will also work with WAST to step down the “always ED” list in 111. To maintain ambulance handover performance and protect patient safety, we must create additional hospital capacity. We plan to open 26 extra medical beds in Lakeside Wing in two phases:

- Phase 1: 12 beds (completed)
- Phase 2: Additional 14 beds by the last week of December, ahead of the anticipated post-New Year surge

The expected full cost for the winter ward has been reduced from an original £1.70m down to £1.07m, this was achieved through reviewing the timescale and model of delivery. Discussion at SLT on 13th November further narrowed down the potential costs depending on which option is progressed.

- **Option 1** £967k – All post are filled with mix of staff from clinical boards, these staff are then backfilled within relevant clinical boards
- **Option 2** £750k – 40% of nurses utilised for winter ward staff are not back filled and winter ward prioritised. This is in the context of higher staffing levels this year when compared with previous years and as such wards have more reliance and a lower vacancy rate.

SLT recommended option 2 is progressed subject to Board approval. Weekly governance meetings will be established to monitor expenditure patterns and mitigate variance to plan.

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

- Our winter plan seeks to manage significant risks within tight financial constraints.
- Additional bed capacity is being utilised to support over winter, this capacity is less than was originally planned for and therefore is at a lower cost
- Board is asked to support option 2 for the staffing model.
- While we cannot deliver every element of the Welsh Government’s winter requirements, we have achieved substantial progress in key areas and remain committed to mitigating gaps wherever possible

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



- **Winter Planning Slides**



Recommendations:

- a) Note and approve the Cardiff and Vale Winter Plan for 25/26 including the plan for the opening of additional beds using option 2.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

 Putting People First	2.  Providing Outstanding Quality	X
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3.	 Delivering in the Right Places	X	4.	 Acting for the Future
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Five Waves of Working (Sustainable Development Principles) considered:

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

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

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

Yes		No		X	n/a
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Impact Assessment

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

Risk: Yes	
Safety: Yes	
Financial: Yes	
Workforce: Yes	
Legal: No	
Reputational: Yes	
Socio Economic: Yes - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance</i>	
Equality & Health: No	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:
Strategic Leadership Team	13.11.2025

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Winter Plan 2025/26

Board Update

Paul Bostock
27th November 2025

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Overview of WG Asks

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14/07/2025	Planning Together for Winter 2025/26 – Expectations and key actions	Excel – Planning together toolkit	12/9/25 – Yes – Complete
06/08/2025	Winter Planning – Support for people with chronic respiratory conditions and symptoms of breathlessness	Excel – Planning together toolkit – additional tab	12/9/25 – Yes – Complete
12/08/2025	All-Wales Paediatric Surge and Capacity Planning	Peads plan	19/9/25 – Yes – Complete
22/08/2025	Planning for Winter Period 2025 - Operational Resilience Planning	Excel – Planning together toolkit – additional tab	31/1025 – Yes – Complete
07/10/2025	Feedback on Winter Plans and Request for Governance Assurance	Excel – Planning together toolkit – additional column	31/1025 – Yes – Complete
22/10/2025	Winter Planning <ul style="list-style-type: none"> Operational Resilience Plan overview Top 5 risks following NHS Wales Leadership Board Additional assurance on NEPTS, Discharge, COPD and 50% SDEC Take 	PP slides – Winter Planning Assurance – Top 5 Risks and Specific Assurance	31/1025 – Yes – Complete
22/10/2025	Email to CEO from WG Slides outlining “Next Steps”	Word Document – Gap Analysis	Complete

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Main Risks Across All Asks



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Main Risks / What We Can't Do	Reason	RAG
7-day community nursing capacity at 100% of weekday	Lack of capacity – would need recruitment	
Additional breathlessness and COPD specific support	Lack of capacity – would need considerable recruitment in respiratory services	Received as standalone item and included in multiple letters
0.5% Supplementary Service in GMS	Financial ask of ~£1.3m for 6 months of 100% uptake	In the WG top 5 risks
Deliver an Urgent Care Centre service	Dependant on WG funding – not had confirmation post BC submission	
Undertaking Decision Support Tools (DST)/CHC processes in the community	Unable to reach agreement with local authorities	
Expansion of SDECs to 50% of take	Lack of space, acute physicians, support services and time to implement. We may increase a little but won't achieve 50%	Morning ANP EU ward round & additional hot clinic
Implement 7-day discharge teams: Focus on weekends and BH	Would require more workforce to expand IDH and IDS operating hours into the weekend	
Virtual Wards and Hospital at home: scale up to reduce admissions and accelerate discharges	Virtual Ward operating at capacity. Workforce gaps in Safe@home	In the WG top 5 risks

Across all WG letters there were roughly 40 actions and requests for assurance

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1. Our Progress

2. This Winter

3. Our Plans

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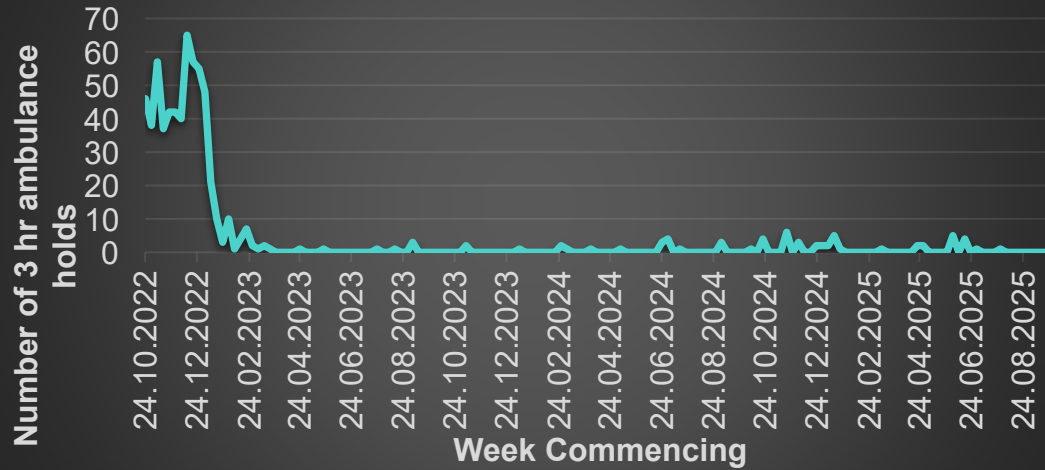
Ambulance Handover



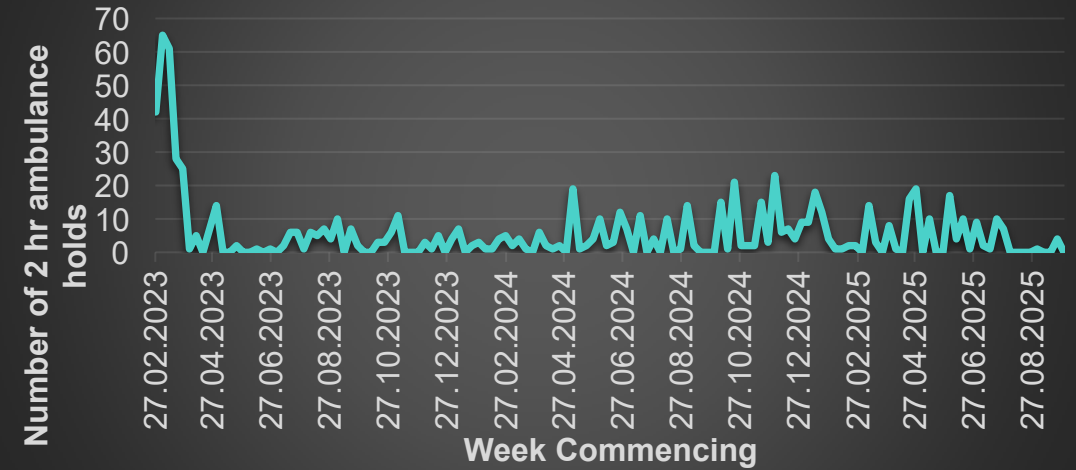
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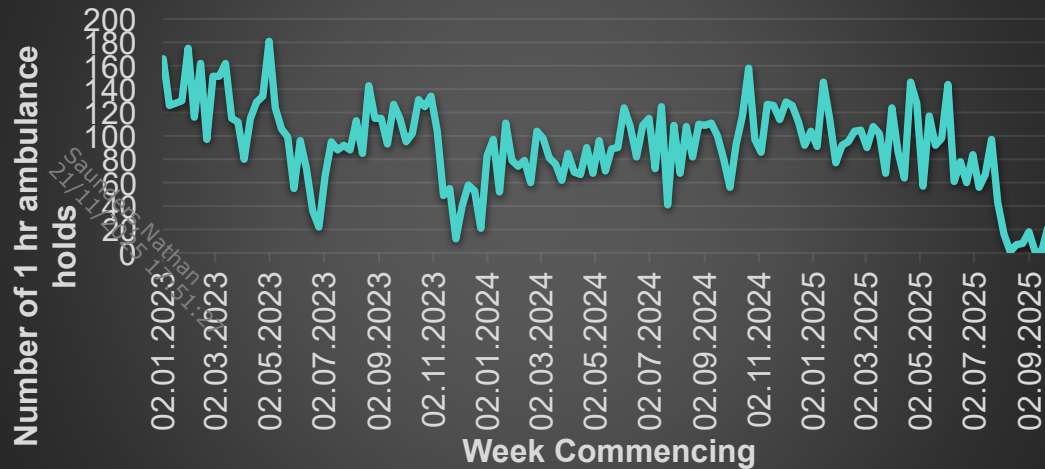
3 hour ambulance holds



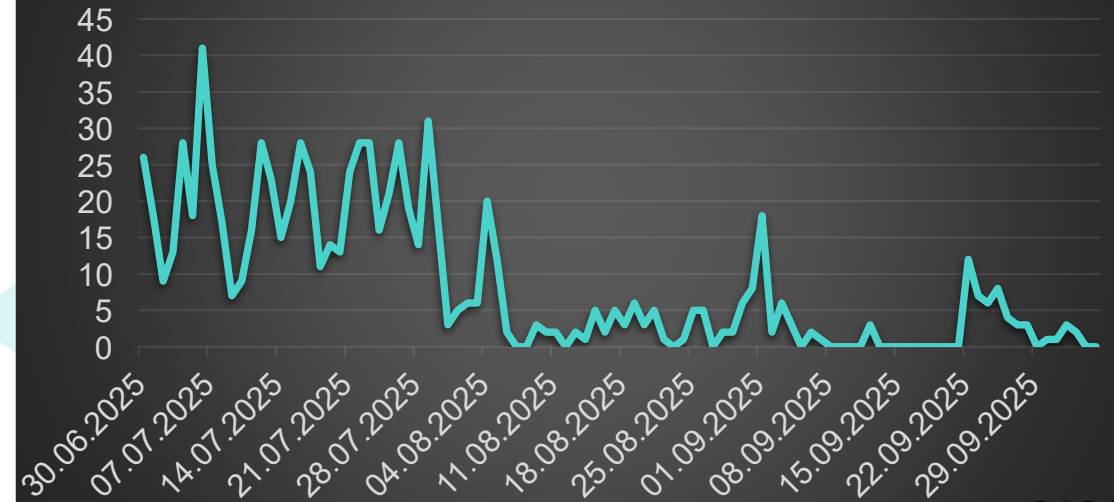
2 hour ambulance holds



1 hour ambulance holds



45 minute ambulance holds



Alternatives to Admission



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Safe@home

Same Day Emergency Care

Urgent Primary Care

Single Point of Access

Community nursing teams

Virtual Ward

- c25 patients a day looked after by the Safe@home team
- 30% of medical patients who would have previously been admitted are now seen and treated in our dedicated same day emergency care unit.
- 1,000 appointments are offered each week for same day urgent primary care
- 250 calls a week for 111+2 for Mental Health support
- Rapid response to level 1 & 2 community falls in partnership with WAST and Local Authorities should result in 50 fewer patients who fall brought to EU each month
- 3,500 patients every day looked after in their own beds in their own homes by our community nursing teams/15,000 patient contacts per month
- 50+ patients a week being cared for by acute physicians but in their own homes

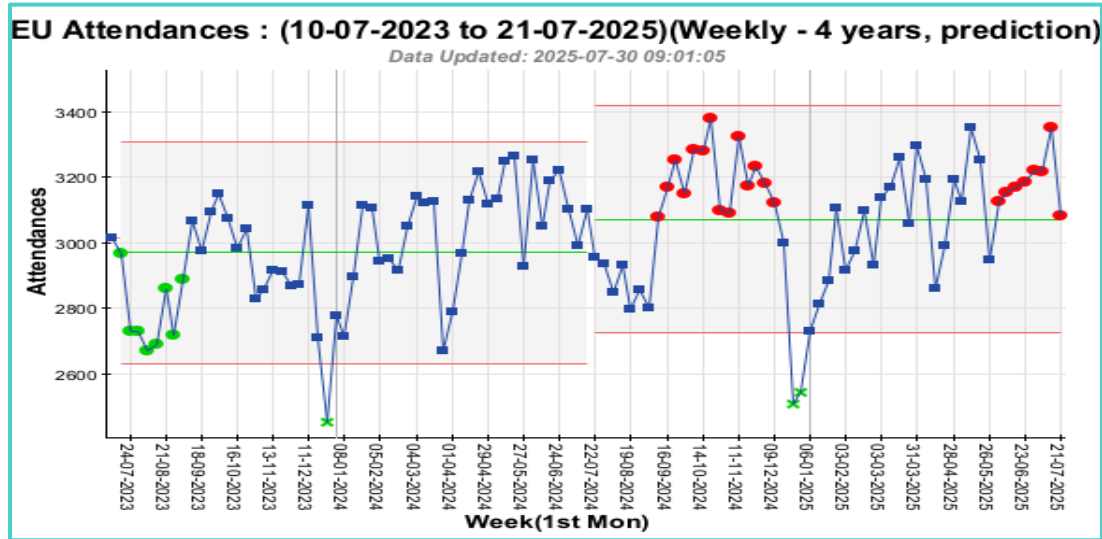


Demand Increasing

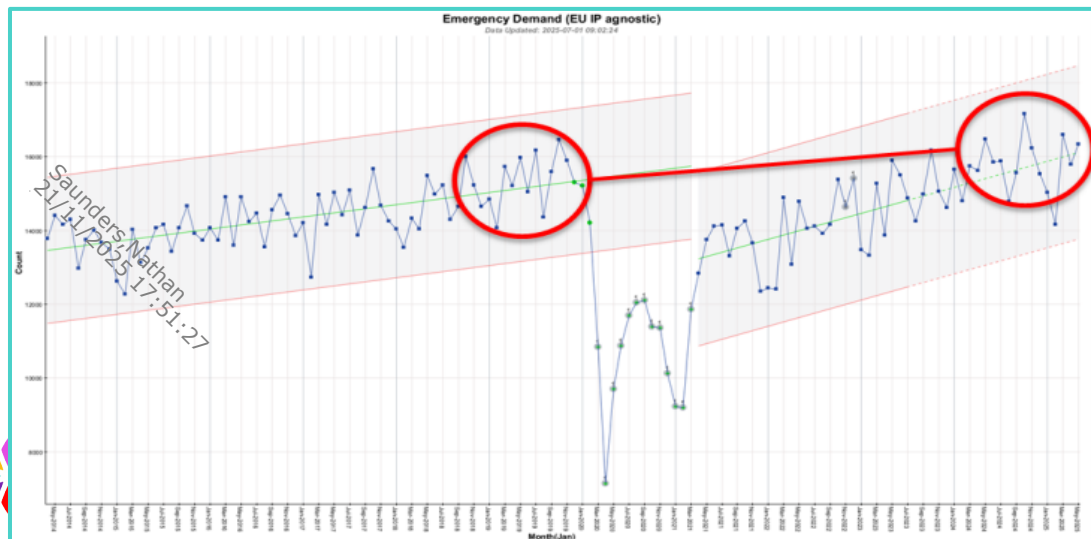


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- 3.6% increase in EU attendances over the past 12 months - 16 more patients attend EU per day (average 432 per day)
- 3.3% increase in all emergency sites (EU, MEAU, MIU, etc.) vs. the 4% prediction.



- 25 more patients attending EU per day than pre-covid (775 per month = 5% increase)
- The rate of increase for EU is a lot quicker than it was pre-covid (something is different).

Winter 2025/26 Bed Demand



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Week Commencing	Additional Bed Requirement	Additional Capacity introduced	Remaining Gap
10/11/2025	29	12	17
17/11/2025	25	12	13
24/11/2025	27	12	15
01/12/2025	27	12	15
08/12/2025	33	12	21
15/12/2025	18	12	6
22/12/2025	-8	12	-20
29/12/2025	3	26	-23
05/01/2026	72	26	46
12/01/2026	72	26	46
19/01/2026	64	26	38
26/01/2026	61	26	35
02/02/2026	61	26	35
09/02/2026	63	26	37
16/02/2026	59	26	33
23/02/2026	52	26	26
02/03/2026	52	26	26
09/03/2026	47	26	21
16/03/2026	36	26	10
23/03/2026	1	0	1

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What's Our Plan?



Welsh Government Winter Strategic Goals

Key actions being taken to mitigate the increasing demand

- Maintained IACU capacity leading up to Christmas
- Opened additional Acute capacity in Lakeside wing with 7-day MDT
- Opening Winter beds – January
- Community admission avoidance
- Improved discharge and length of stay by an average of 3 day
- Organisation wide operational response – Summit in November

Building Community Capacity – Supporting care closer to home

- Build on the Single Point of Access
- Deliver an Urgent Care Centre Phase 1
- Implement a Community-based falls framework
- Support existing community services to

Maximising available acute and community hospital capacity

- Open 26 Winter Ward beds in Lakeside wing
- Step down the 111 “always ED list”
- Move the GP take from UHW to UHL
- Review of Community Bed model

Optimal hospital flow and a home first approach

- Continue to deliver on the Optimising hospital Flow framework
- Focus on Clinically Optimised patients
- Implement and abide by the acute referral policy
- Complete early CFS and CGA
- PoCD action plan





Winter Capacity to support Flow: Staffing & Financial Model

Winter Plan 25/26

Clinical Board	Scheme	Description	Start Date	End Date	WTE	Expected Cost	Option 1	Option 2
Medicine	LSW3	Staff Nurse - band 5	01/11/2025	31/12/2025	8.53	99,789	(33,199)	(26,636)
Medicine	LSW3	HCSW - band 2	01/11/2025	31/12/2025	8.53	41,993		(16,797)
Medicine	LSW3	Medical Cover Sat-Sun 8-1	01/11/2025	31/12/2025	1.20	18,294		
Medicine	LSW3	Ward Non-Pay	01/11/2025	31/12/2025		13,503		
Medicine	LSW3	Therapies	01/11/2025	31/12/2025	2.00	18,206		
Sub-Total	LSW3					191,784	(33,199)	(43,433)
Medicine	LSW4	Ward Sister - band 7	01/01/2026	31/03/2026	1.00	28,085		
Medicine	LSW4	Senior Staff Nurse - band 6	01/01/2026	31/03/2026	1.00	26,365		
Medicine	LSW4	Staff Nurse - band 5	01/01/2026	31/03/2026	18.90	331,618	(73,552)	(103,226)
Medicine	LSW4	HCSW - band 2	01/01/2026	31/03/2026	17.06	175,431		(70,172)
Medicine	LSW4	Ward Receptionist - band 2	01/01/2026	31/03/2026	1.00	13,126		
Medicine	LSW4	Ward Non-Pay	01/01/2026	31/03/2026		43,886		
Medicine	LSW4	Medical Cover Mon-Fri 9-5 & Sat-Sun 8-1	01/01/2026	31/03/2026	4.20	201,818		
CD&T	LSW4	Therapies	01/01/2026	31/03/2026	2.00	27,309		
CD&T	LSW4	Pharmacy	01/01/2026	31/03/2026	1.77	34,447		
Sub-Total	LSW4					882,086	(73,552)	(173,399)
							(106,751)	(216,832)
Total Winter						1,073,870	967,119	750,287

Surplus

(626,130)

(732,881)

(949,713)





Winter Capacity to support Flow: Staffing & Financial Model

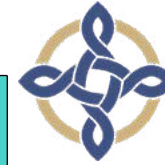
- Expected full cost £1,073k – This predicts that every post is backfilled with a mix of bank and agency covering staff utilised in winter ward (30% agency)
- **Option 1** cost of £967k – No agency utilised as all post are filled with mix of staff from clinical boards, but staff then backfilled within relevant clinical boards
- **Option 2** cost of £750k – To live within the financial envelope the organisation needs to utilise the additional staffing in post this year compared to the same time last year to resource the winter ward. This would mean the following: 40% of nurses utilised for winter ward 21 staff are not backfilled and winter ward prioritised. This is in the context of higher staffing levels this year
- Financial plans in place to ensure weekly governance meetings to monitor expenditure patterns and mitigate variance to plan

Option 2 has been approved by SLT – the ask is for the board to support this decision

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Pathway of Care Delays



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PoCD Census Month	Number of Non-Mental Health Delays	Total days lost for non-MH patients	Average LoS post clinically optimised for non-MH patients	Number of Mental Health Delays	Total days lost for MH patients	Average LoS post clinically optimised for MH patients
Oct-25	142	5,718	40.3 days	35	4,075	116 days

Top 6 Reasons for non- MH	Number of Delays
Awaiting completion of assessment by social worker	36
Awaiting social worker allocation	16
Awaiting start of new care package funding by social care	11
Mental Capacity Assessment delays	10
Awaiting joint assessment	8
Awaiting completion of best interest	8

Top 6 Reasons for MH Delays	Number of Delays
Awaiting dementia nursing availability	5
Awaiting care home manager visit assessment and provide outcome (nursing)	4
Awaiting funding decision	3
Awaiting funding decision FNC/CHC	3
Identifying specialist bed	3
Awaiting supported living availability	3

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





Winter Capacity to support Flow: Risks & Mitigation

- Operational risks
 - Workforce issues around sharing of nursing still need to be resolved
 - Infrastructure constraints
 - Running with locums given earlier demand
 - Map discharge rate vs IACU discharge rate to identify benefits
 - Risk of increasing outliers
- Financial risks and mitigation
 - Affordability is linked with closure of IACU (£42k per week costs)
 - Balancing increased staffing levels with prioritisation of winter
 - Winter vs Operational pressure due to demand

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Clinical Board Plans

Clinical Board	Plan in place/Received?	Key Points
Medicine	Yes	<ul style="list-style-type: none"> • Open 26 winter ward beds in LSW – With additional 8 beds in place of AOS • Implement refined acute referral policy • Improve CGA and CFS at the front door and across the A1 footprint • GP take move to MEAU in UHL • Enhanced social work presence on medicine wards
Surgery	Yes	<ul style="list-style-type: none"> • Implementation of virtual ward for sSDEC • Saturday US slot • Pre-booked MRCP /ERCP • Additional SSSU/ DSU list for toe amputations • Open SSSU Sunday PM • OMFS - Move NP from clinics to support EU • OMFS & ENT Cons led twice daily ward rounds • OMFS & ENT TTH's to be written up day before PDD • Dental - Flex emergency dental DSDEC capacity • OMfs & ENT - Timely rotas to ensure no gaps
Specialist	Partial	TBC – Initial information provided on critical care capacity following ward moves
PCIC	Yes	<ul style="list-style-type: none"> • Community beds transfer • SPoA • 111 always ED step down into CAV 24/7 • Additional operational capacity to support December – January period • Level 1&2 falls response
Mental Health	Partial	<ul style="list-style-type: none"> • Mental health have redirected an 8a resource to work on improvements in inpatient flow through to the end of the financial year to support the current challenges of the high number of OOA placements as well as embedding improved practices to bed management
CD&T	Yes	<ul style="list-style-type: none"> • Plans in place spanning Therapies, Pharmacy, Radiology and Labs
Children and Women	Yes	<ul style="list-style-type: none"> • ChfW surge plan in place and submitted • Full ChfW winter plan (29 pages) in place

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Vaccinations

We have already vaccinated 5,800 members of staff against influenza

That's 33% of the entire staff population.

The Numbers

Around 17,800 vaccines have been given to citizens who are over 65

That's a 18.3% uptake and above the Welsh national average

We've also vaccinated 3,826, or 7.8% of our clinically at-risk group.

We're currently the leading health board in this area.

Key Messages

Normalise: Increase social opportunity by normalising getting vaccinated, making it feel like a routine and socially expected behaviour. Seasonal routine behaviour, popular, wide intent

Educate: Address concerns and increase capability by providing clear and accurate information on the vaccine. Flu can be serious, proven safety of vaccination

Motivate: Increase motivation by emphasising instant benefit/early protection and create intent to receive vaccine. Protecting loved ones, support positive lifestyle, quick protection



Summary

- Winter plans have been submitted to WG
- There are some risks that we're not able to mitigate
 - Bed Gap
 - Financial constraints
- We may already be experiencing winter demand
- We have a plan in MCB and PCIC to mitigate the demand where possible
- Winter plans are in place across the clinical boards with further detail being worked up

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Report Title:	Annual Presentation of Nurse Staffing Levels to the Board		Agenda Item no.	6.2	
Meeting:	Public Board	Public Meeting	X	Meeting Date:	27 th November 2025
		Private Meeting			
Status:	Assurance	Approval		Information	X
Lead Executive :	Executive Director of Nursing				
Report Author:	Nurse Staffing Levels Lead				

Background and current situation:

The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) became law in March 2016. The 2016 Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure sufficient nurses are available to provide time to care for patients sensitively. Cardiff and Vale UHB continue to meet the requirements of the Nurse Staffing Levels (Wales) Act 2016, in accordance with Sections 25B and 25C, ensuring that nurse staffing levels are appropriately calculated and maintained across adult acute medical, surgical, and paediatric inpatient wards.

The Health Board also extends its review to a range of Section 25A clinical areas, including assessment units, critical care, community hospitals, and mental health inpatient settings, applying a triangulated methodology that incorporates professional judgement, patient acuity, and quality indicators. This approach is supported by digital tools such as SafeCare and HealthRoster.

The reporting period covers 1 October 2024 to 30 September 2025. The Executive Director of Nursing leads biannual reviews to ensure ongoing compliance with Section 25B requirements and to extend assessments, where appropriate, to Section 25A areas.

Specialist areas such as outpatient clinics and theatres are currently excluded, pending the development of all-Wales guidance on the application of the methodology to these extended settings.

Compliance is aligned with the *Nurse Staffing Levels (Wales) Act 2016: Statutory Guidance* and informed by recommendations from the All-Wales Nurse Staffing Programme. Workforce planning and recruitment are supported by digital tools that provide real-time data to enhance monitoring and operational responsiveness. Governance arrangements include clear escalation processes and assurance reporting to the designated person and the Board, ensuring transparency and accountability.

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

During this reporting period, Cardiff and Vale UHB have demonstrated a clear commitment to upholding the principles of the Nurse Staffing Levels (Wales) Act 2016. The Health Board has continued to focus on ensuring patient safety and quality of care through appropriate nurse staffing levels and appropriate calculation of these levels. Highlights of the reports include:

Funding Gaps

- Three wards to which Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, are not fully funded against their professionally agreed establishments, creating additional financial pressure within the Clinical Board.
- A significant gap persists between budgeted and professionally agreed nurse staffing levels, particularly within acute and older people’s mental health services, resulting in continued reliance on temporary staffing solutions.

Service Expansion and Complexity

- The number of adult medical inpatient wards has increased from 19 to 22 due to service reconfiguration and ward reclassification, adding complexity to nurse staffing calculations.
- The report identifies variation in the application of the 26.9% uplift in areas outside the scope of Section 25B and notes three wards that have not received professional sign-off from ward sisters.

Recruitment and Workforce Pressures

- Targeted recruitment, student streamlining, and improved rostering have contributed to reductions in vacancies and agency usage; however, ongoing monitoring is required to manage the use of all temporary staffing and to understand the underlying causes of substantive unavailability.

Operational Oversight and Responsiveness

- Governance has been strengthened initially through the establishment of the Nursing Workforce Hub and followed by the introduction of twice-daily staffing reviews. These initiatives enhanced real-time oversight and responsiveness but require ongoing resource commitment.

Appendices (Please list any appendices that will accompany this report, do **not** embed within documents)

- 1) Annual Presentation of Nurse Staffing Levels to the Board (Report)
- 2) Appendix: Annual Presentation of the Nurse Staffing Level to the Board report (*this can be located in the supporting documents folder on AdminControl or the Cardiff and Vale UHB website*)



Recommendation:



The Board is requested to:

- Formally **receive the annual presentation** of Nurse Staffing Levels as required by the Nurse Staffing Levels (Wales) Act 2016.
- Endorse the continued use of the triangulated methodology and robust governance arrangements for nurse staffing calculations.
- Receive and note the complexities described, particularly regarding mental health establishments and variation in headroom within different clinical areas.
- Acknowledge the clinical areas where there is a difference between the budgeted and professionally agreed nurse staffing levels.
- Endorse and support the development of business cases for submission to the Values, Benefits and Realisation Group. Submissions from the relevant Clinical Boards should be consolidated into a single overarching paper for progression through the organisation’s governance structures.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered:

Prevention	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?

Yes	No	X	Not required
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Impact Assessment:

Risk: NA

Safety: NA

Financial: NA

Workforce: NA

Legal: NA

Reputational: NA

Socio Economic: NA

Equality and Health: NA

Decarbonisation: NA

Welsh Language: NA

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

Committee/Group/Exec	Date:

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Annual Presentation of Nurse Staffing Levels to the Board	
Health Board	Cardiff and Vale University Health Board
Date of annual presentation of Nurse Staffing Levels to Board	27 th November 2025
Period Covered	01 st October 2024 to 30 th September 2025
<p>Number and identity of section 25B wards during the reporting period.</p> <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards) • Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards) • <u>Paediatric</u> inpatient wards 	<p>Section 25B of The Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) requires Local Health Boards and Trusts in Wales to calculate and take all reasonable steps to maintain nurse staffing levels, as well as to inform patients of these levels. For the 2024–2025 reporting period, Section 25B of the 2016 Act remains applicable to adult acute medical inpatient wards, adult acute surgical inpatient wards, and paediatric inpatient wards.</p> <p>While statutory guidance excludes certain areas, such as assessment units, intensive care units, and rehabilitation units from the definition of wards, to which Section 25B of the 2016 Act pertains, Cardiff and Vale University Health Board (UHB) adopts a broader approach. The Executive Director of Nursing (the designated person) conducts a biannual review of nurse staffing levels not only across all areas under Section 25B of the 2016 Act, but also a significant number of additional clinical areas. These areas described under Section 25A of the 2016 Act include:</p> <ul style="list-style-type: none"> • Assessment units and the Emergency Unit • Critical care areas (including Post-Anaesthetic Care Units and Coronary Care Units) • Community hospitals and mental health inpatient areas • Primary care areas (such as district nursing and prison healthcare) <p>This comprehensive review uses the same triangulated methodology as areas where Section 25B of the 2016 Act applies, incorporating patient acuity, quality indicators, and professional judgement, and is supported by digital tools such as SafeCare and HealthRoster for real-time data capture and oversight.</p> <p>It should be noted that certain specialist areas such as outpatient clinics, theatres, and specialist nurse services are not included in this review. These areas are highly specialised and require a different methodology to determine appropriate nurse staffing levels. The All-Wales Nurse Staffing Programme recognises this and is</p>

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currently developing guidance to support the principles of calculating nurse staffing levels in Section 25A areas. The appendix contains detailed changes for areas under section 25B of the 2016 Act, while a summary of key issues for other clinical areas is outlined below.

Mental Health Services and Nurse Staffing Levels

Mental health services remain designated as Section 25A areas under the Nurse Staffing Levels (Wales) Act 2016 and are therefore not subject to Section 25B requirements. Previous Board reports have highlighted ongoing challenges in aligning mental health nurse staffing with the available financial envelope. These challenges have been partially mitigated through staff redeployment and underspends arising from vacancies within the Mental Health Clinical Board.

The establishment template has been updated to include:

- The budgeted establishment
- The current nurse staffing establishment agreed within the past six months
- The professionally agreed establishment for the forthcoming six months

The Director of Nursing and Deputy Director of Nursing in Mental Health Clinical Board have undertaken a comprehensive review using a triangulated approach and presented their findings to the Executive Director of Nursing. Key developments include proposals to increase the number of registered nurses on night shifts in some Mental Health Services for Older People (MHSOP) wards from one to two, ensuring safe patient care across the service. This change will also reduce reliance on overnight pool shifts. Adjustments have also been made to the daytime skill mix.

Financial modelling shows that achieving the newly agreed professional establishments will incur a further additional cost of approximately £100,000 compared to the previously professionally agreed nurse staffing establishments.

Governance and Approval Process

As outlined in the previous Board report (November 2024), organisational governance procedures require that this uplift is progressed through the Values, Benefits and Realisation Group. To date, the business case has not been

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submitted to this group; therefore, the professionally agreed establishment is currently being maintained through the use of temporary staffing.

The Executive Director of Nursing has requested that this paper be presented to the Values, Benefits and Realisation Group as part of a broader programme of work, which will also encompass other proposed increases in nursing establishments across different areas.

Acute Mental Health Establishments

The table below presents the budgeted establishment alongside the professionally agreed establishments for acute mental health services. This comparison highlights an overall increase of **56.87 whole time equivalent (WTE)** posts required across all staff grades to meet the proposed establishments to support safe and effective patient care.

Ward	Budgeted WTE	Proposed WTE
Willow	24.18	37.95
Beech	24.32	37.95
Pine	18.17	20.29
Phoenix	17.58	18.06
Park Road	22.57	21.1
Meadow	23.74	25.92
Daffodil	23.74	25.92
Cedar	31.16	43.54
Alder	43.42	41.8
Maple	26.93	27.52
Oak	25.32	37.95

Mental Health Services for Older People (MHSOP)

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For Mental Health Services for Older People (MHSOP), the table below displays the budgeted establishment alongside the professionally agreed establishment. This comparison highlights a shortfall of **32.85 WTE** posts required to achieve the proposed staffing levels.

Ward	Budgeted WTE	Proposed WTE
East 10	25.63	37.53
East 12	26.33	37.12
East 14	32.49	37.62
East 16	31.49	36.35
East 18	30.51	32.5
St Barruc	37.74	36.35
Ash (Neuropsychiatry)	35.21	34.78

Summary

The data above demonstrates the significant gap between current budgeted establishments and the professionally agreed staffing levels required to deliver safe and effective care in both acute and older people’s mental health services. The Board is asked to note the ongoing reliance on temporary staffing to support these establishments pending completion of the required business case and approval through organisational governance processes.

Primary Care and Community Services

The nursing establishments for Primary Care and Community Services have been reviewed as part of the Autumn cycle, with no changes identified since the previous review. While potential adjustments were discussed for district nursing services, these are not expected to impact overall staffing numbers or establishments, instead, the focus will be on realigning services.

The All-Wales Community Nurse Specification was considered, particularly in relation to strategic priorities and the *Further Faster* funding initiative. Increasing weekend capacity to address growing patient complexity and support a robust seven-day community care model was discussed. The Director of Nursing emphasised the need to

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review referral volumes. Currently, services are maintaining weekend referrals and ensuring patients receive appropriate care throughout the weekend.

Key Discussion Areas

- Her Majesty's Prison (HMP) and the Department of Sexual Health (DOSH) require further review of workforce requirements and the skill mix needed to support these specialist services.

Primary Care Considerations

- Establishments are presented to the Executive Director of Nursing for sign-off; however, the methodology used for areas to which Section 25B of the 2016 Act apply is not suitable in this context.
- The All-Wales Nurse Staffing Template is being explored as a potential framework for adaptation.
- Further work is needed to:
 - Clarify headroom allocations within teams.
 - Determine how triangulated methodology and principles can be applied to strengthen nurse staffing discussions in Primary Care.

Medicine Clinical Board

The Emergency and Acute Medicine Directorate undertook a comprehensive review of nursing establishments in August 2025 to ensure alignment with recent organisational changes and service relocations. As part of this process, the Lead Nurse reviewed all establishments and planned rosters, removing specialist posts from the total establishment to provide clarity on the core roster and required staffing levels. A key outcome was the confirmation of headroom allocations. Emergency Departments (Adults and Paediatrics), MSDEC, and the Assessment Unit currently operate with a 24% uplift to support annual leave, sickness, and study leave requirements.

The community wards (Elizabeth, Lansdowne, Rhydlafer, and Sam Davies) also maintain a 24% uplift across these areas. Sickness, absence and unavailability are closely monitored to ensure safe staffing and continuity of care across all settings. Across the community wards in St David's, the Ward Sisters have not signed off the establishment during both the Autumn and Spring reviews. The current establishments have been agreed by the

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Clinical Board nursing structure, recognising that ongoing discussions continue regarding future models of care and the skill mix required across community hospitals.

Across ward A7, there has been a reduction in parental nutrition activity. During this reporting cycle, the establishment was reviewed, and following triangulation of data, it was deemed appropriate to reduce the establishment by one Health Care Support Worker (HCSW) on night shifts. The nursing team has determined that no further reduction is possible due to ongoing complexities and patient acuity. Previously, parental nutrition activity was supported through joint commissioning; however, with the decrease in patient numbers, this funding has now been withdrawn. Consequently, 1.53 WTE within the establishment currently remains unfunded and this is recognised as a cost pressure within the Clinical Board.

Women and Children Clinical Board

Two wards within the Women and Children Clinical Board have been identified where professionally signed-off rosters fall outside current funding arrangements. Both areas are compliant with Section 25B of the 2016 Act and have followed the triangulated methodology.

B2Link (Gynaecology)

The agreed nursing establishment for Gynaecology is **41.76 WTE**, reflecting an increase during 2023–2024 to support additional capacity and bed numbers. This establishment also incorporates the Emergency Pregnancy Assessment Unit, which operates Monday to Friday.

The Clinical Board has reported a **shortfall of 7.05 WTE**. While the Clinical Board remains committed to maintaining the agreed nurse staffing levels and planned rosters, this approach is contributing to a financial deficit within the Clinical Board. This shortfall will need to be addressed through the Clinical Board's financial plan.

Gwdihw (Paediatric Surgical Ward)

There is a **shortfall of 4.36 WTE** across the roster. This is primarily due to the increase in establishment originally funded through Planned Care investment in 2023–2024, which has since been withdrawn. As a result, the Clinical

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Board is experiencing an additional financial deficit. The nursing structure continues to professionally agree the establishment, and this is recognised as a cost pressure within the Clinical Board.

Changes in Ward Classification and Implications for Nurse Staffing Data

The figures presented in the table below are derived from previous nurse staffing papers submitted to the Board. The current appendix accompanying this report includes additional wards and their historical establishments.

During the current reporting cycle, the number of wards reported under *Adult medical inpatient wards* has increased from 19 to 22. This change reflects the inclusion of the winter ward, which is now classified as a ward to which section 25B of the Nurse Staffing Levels (Wales) Act pertains and therefore included within the medical inpatient figures. Previously, the winter ward operated under a model of care comparable to the Integrated Assessment Care Unit (IACU) and did not meet the criteria for inclusion in these calculations.

In addition, B5 Renal has been more appropriately recorded as a medical ward rather than a surgical ward. Ward A2, which was not previously designated as a ward falling under section 25B of the 2016 Act, has also been reclassified in line with its model of care and average length of stay following the establishment review in Spring 2025.

These refinements should be interpreted with a degree of caution. The figures presented represent a point-in-time position and do not fully account for the evolving complexity of patient needs or the operational flexibility required to ensure that nurse staffing models remain both safe and responsive. It is also important to recognise the ongoing impact of opening short-term or surge capacity on nurse staffing levels. Such actions, while essential to maintaining patient flow and service continuity during periods of pressure, inevitably increase demand on existing nursing resources.

The Executive Director of Nursing continues to provide assurance and oversight in this area. Where service models or capacity change, recalculation of nurse staffing levels will be undertaken through an out-of-cycle review process. This governance mechanism ensures that decisions regarding establishment and deployment are evidence-based, responsive to operational demand, and consistent with the organisation's commitment to maintaining safe and sustainable nurse staffing levels.

Cardiff and Vale UHB has met the statutory requirement, to calculate nurse staffing levels using the triangulated methodology across clinical areas to which Section 25B of the 2016 Act applies. The above report provides an

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	overview by exception of key discussions and areas where variances in funding or establishment require continued monitoring.					
	Adult acute <u>medical</u> inpatient wards		Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
	19		18		2	
Required establishment (WTE) calculated (October 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	376.78	352.86	435.51	273.93	106.24	25.02
WTE of required establishment funded (October 2024)	374.48	344.51	435.51	273.93	106.24	25.02
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	19		18		2	
Staffing requirements following Spring Cycle (May 2025)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
	20		18		2	
Required establishment (WTE) calculated (May 2025)	RN	HCSW	RN	HCSW	RN	HCSW
	416.63	364.25	432.58	273.76	106.24	25.84
WTE of required establishment funded (May 2025)	416.63	364.25	432.58	273.76	106.24	25.84
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	20		18		2	
Staffing requirements at end of reporting period (September 2025)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
	22		17		2	
	RN	HCSW	RN	HCSW	RN	HCSW

Required establishment (WTE) calculated (September 2025)	467.42	398.41	408.4	259.72	106.8	26.8
WTE of required establishment funded (September 2025)	465.89	398.41	407.03	254.04	104.22	25.02
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	22		17		2	
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards	<p>Cardiff and Vale University Health Board applies a robust, evidence-based process for determining nurse staffing levels in line with the Nurse Staffing Levels (Wales) Act 2016 and its statutory guidance. For clinical areas to which Section 25B of the 2016 Act applies, the calculation methodology is prescribed under Section 25C and operationalised through the Health Board's Operating Framework (this is currently in the process of being reviewed and agreed). This ensures compliance with legal duties while supporting safe, sensitive patient care.</p> <p>The triangulated approach integrates three key components: Professional Judgement, Patient Acuity, and Quality Indicators, to provide a comprehensive view of staffing needs. This methodology is documented using the All-Wales Nurse Staffing Template and reviewed through the nursing hierarchy, from Ward Sister to Executive Director of Nursing.</p> <p>Professional Judgement: Ward Sisters/Charge Nurses, Lead Nurses, Senior Nurses, and Clinical Board Directors of Nursing apply their expertise to interpret workforce and compliance data, including:</p> <ul style="list-style-type: none"> • Mandatory training compliance • Vacancy and sickness rates • Temporary staffing usage • Bed occupancy trends and ward environment • Student nurse feedback <p>These insights are presented during bi-annual establishment reviews and form the basis for sign-off by the Executive Nurse Director.</p>					

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Patient Acuity: Patients on inpatient wards are assessed twice daily using the Welsh Levels of Care (WLOC) tool. The digital platform SafeCare supports real-time operational decisions and monthly trend analysis via Power BI dashboards. This ensures timely responses to changes in patient complexity and underpins the Health Board's commitment to maintaining safe staffing levels.

Quality Indicators: Indicators sensitive to nurse staffing levels and the delivery of nursing care are reviewed during establishment calculations:

- **Adult Wards:** Falls, pressure ulcers, medication errors
- **Paediatric Wards:** Falls, pressure ulcers, medication errors, infiltration/extravasation injuries

Complaints relating to nursing care are also considered to ensure patient safety and experience remain central to staffing decisions.

Additional Considerations

Before triangulation, a 26.9% uplift is applied to account for planned absences (exceptions are listed above). Ward Sisters and Charge Nurses are rostered as supernumerary; however, redeployment may occur in exceptional circumstances. In line with the SafeCare Standard Operating Procedure, a Red Flag is raised if these roles are not supernumerary, ensuring transparency and escalation in staffing risk management.

Governance and Compliance

All calculations and decisions are recorded on the All-Wales Establishment Template and monitored to ensure transparency and accountability. Variances from planned rosters are tracked through a monthly dashboard, and robust governance arrangements support escalation procedures when nurse staffing falls below calculated levels

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	<p>to manage the risks daily. These measures ensure that decisions remain evidence-based and compliant with statutory duties under Sections 25A–25C of the Nurse Staffing Levels (Wales) Act 2016.</p> <p>To strengthen the oversight, an additional governance step has been introduced: a professional discussion with the Executive Director of Nursing, where data on acuity, vacancies, unavailability, and quality indicators is presented at Clinical Board level. This provides an opportunity for discussion and review ahead of final sign-off. The process needs further refinement but will be adopted going forward.</p>
<p>Finance and workforce implications</p>	<p>As part of the biannual review process, the Executive Director of Nursing, Executive Director of Finance, Executive Director of People and Culture, and Chief Operating Officer (or their delegates) met with each Clinical Board to review staffing requirements using a triangulated approach. This process ensures that approved staffing establishments are appropriately funded and aligned with organisational priorities.</p> <p>Risk Mitigation</p> <p>The Health Board continues to experience significant financial pressures, with workforce costs remaining a key area of focus. Maintaining safe and effective staffing requires continuous oversight and responsive decision-making. To strengthen this, a Nursing Workforce Hub was established at the start of the year to provide centralised monitoring of staffing levels, review temporary staffing requests, and respond to ‘red flags’ raised in SafeCare. The Hub was empowered to make professional decisions to address critical gaps in real time. This model has since evolved into twice-daily meetings with Clinical Boards, ensuring system-wide visibility and coordination. At weekends, a Senior or Lead Nurse remains on call to provide leadership and support for staffing decisions.</p> <p>Recruitment and Data</p> <p>Alongside these operational developments, there has been a strong organisational focus on recruitment and workforce optimisation. Nursing vacancy rates have reduced following successful recruitment activity. Detailed analysis of ESR and HealthRoster data has provided a clearer understanding of the current vacancy position</p>

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across the organisation. This has supported the effective deployment of newly qualified nurses through the student streamlining process, ensuring they are placed in the right locations. Further workforce modelling will be undertaken in the coming months to inform future planning. Combined with daily staffing reviews, these actions have contributed to a sustained reduction in agency usage. Where temporary staffing remains necessary, shifts are increasingly being filled by bank staff, improving both cost-effectiveness and continuity of care.

Monitoring and Governance

Throughout the reporting period, the Executive Team has received bi-monthly, evidence-based updates detailing substantive and temporary staffing usage against agreed establishments. These reports highlight areas of variance and enable close monitoring of trends during this period of transition.

Optimising the substantive workforce remains a key priority, overseen by the Nursing Productivity Group. Improvements in annual leave management and roster balance have been achieved. This has been supported by robust HealthRoster data and the development of the Rostering Principles, which has been shared across the organisation. Nurse staffing dashboards are now widely accessible, enabling Clinical Boards to monitor rostering trends and drive continuous improvement locally.

Summary

In summary, the combined focus on workforce oversight, recruitment, and rostering improvement has strengthened the Health Board's ability to manage nurse staffing level safely and closely monitor the impact of this within the current financial context. Specific details of funding allocations are outlined within the Clinical Board summaries above, providing a comprehensive overview of workforce and financial implications across the organisation.

Conclusion & Recommendations

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The Health Board continues to face a notable gap between budgeted establishments and the professionally agreed staffing levels, particularly within acute and older people's mental health services. This shortfall necessitates ongoing reliance on temporary staff to ensure safe and effective care delivery.

Despite these challenges, a well-governed methodology underpins nurse staffing calculations, combining professional judgement, patient acuity, and quality indicators. Clear escalation processes and regular oversight at operational and executive levels reinforce accountability.

While financial pressures persist, progress has been made in reducing vacancies and agency usage through targeted recruitment and improved rostering. However, certain areas such as Mental Health Services and several specialist wards continue to experience funding and establishment constraints. The Health Board remains committed to continuous improvement, supported by initiatives such as the Nursing Workforce Hub, enhanced data monitoring, and twice-daily staffing reviews

The Executive Director of Nursing is committed to coordinating unfunded establishments through the Values, Benefits and Realisation Group. Each Clinical Board where appropriate will be required to complete a business case for its respective area. These cases will then be consolidated into an overarching paper to ensure clear governance and alignment across the organisation.

The Board is asked to:

- Formally receive the annual presentation of Nurse Staffing Levels as required by the Nurse Staffing Levels (Wales) Act 2016.
- Endorse the continued use of the triangulated methodology and robust governance arrangements for nurse staffing calculations.
- Receive and note the complexities described, particularly regarding mental health establishments and variation in headroom within different clinical areas.
- Acknowledge the clinical areas where there is a difference between the budgeted and professionally agreed nurse staffing levels.
- Endorse and support the development of business cases for submission to the Values, Benefits and Realisation Group. Submissions from the relevant Clinical Boards should be consolidated into a single overarching paper for progression through the organisation's governance structures.

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Report Title:	Annual Director of Public Health Report 2025		Agenda Item no.	6.3	
Meeting:	CAVUHB Board	Public Meeting	x	Meeting Date:	27.11.25
		Private Meeting			
Status:	Assurance	Approval	x	Information	
Lead Executive :	Claire Beynon, Executive Director of Public Health				
Report Author:	Dr. Michael Allum, Consultant in Public Health				

Background and current situation:

The Director of Public Health (DPH) has a duty to provide an annual independent report on the health of the local population. This year's DPH report is entitled '**What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes**'.

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

In Cardiff and the Vale of Glamorgan, more people are living with obesity and type 2 diabetes. This means that more people are living in poor health, needing long term treatment and care. As preventable health conditions, we can, and we must work together and work differently to prevent obesity and type 2 diabetes.

We know that whilst individual level interventions (including weight management support and/or medication) are important in supporting some individuals, they have limited reach. Focusing on these alone to treat obesity and type 2 diabetes leaves the wider influences around people unchanged. Unless these broader influences are addressed obesity and type 2 diabetes will continue to rise, and the costs to local people and the NHS are unsustainable. A whole-system approach is the evidence based solution to preventing obesity and diabetes.

A whole system approach means:

- **Big picture thinking:** so that we consider all the influences, how they affect each other, who has a role to play and what they can do.
- **Common purpose:** so that we all pull in the same direction towards our shared goals
- **Collaboration:** so that we create solutions together and connect people so that ideas and resource can be shared
- **Shared leadership:** so that we spread leadership across communities, teams and organisations to enable everyone to play their role and take action to make change
- **Flexibility:** so that we embed a culture of learning, sharing and reflection to enable us to adapt what we do and how we do it.

This report sets out how society has changed over the last 2 decades and what impact this has had on obesity and type 2 diabetes. It also shares what we are currently doing together to prevent these health conditions through the Good Food and Movement Framework (2024-2030) which aims to enable good food and movement for everyone in Cardiff and the Vale of Glamorgan. By 'Good Food' we mean, food that is nourishing, healthy and culturally appropriate and by 'Movement' we mean, all kinds of movement such as physical activity, taking the stairs, sport, play, housework, or active travel.

The report makes three calls to action which will accelerate our collaborative efforts:

1. Make prevention the focus

- Public sector budgets need to prioritise and refocus spend towards to the earliest stage prevention of obesity and type 2 diabetes
- Put the prevention of obesity and type 2 diabetes at the centre of decision-making

2. Create supportive spaces and places

- Plan, design and build the spaces and places around where we live with a focus on movement and to ensure access to healthy affordable food
- Design, build and operate the places where we spend our time to support and enable good food and movement
- Use our strong local voice to influence and advocate for wider policy change

3. Put communities at the heart

- Come together and build a picture of community health development; what is going well and where, to identify what more we can do together to support and enable good food and movement

These will create the change needed to have population level impact and reduce the number of people living with obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan.

Appendices (Please list any appendices that will accompany this report, do not embed within documents)

1. 6.3a Director of Public Health Report 2025
2. 6.3b DPH Report 2025 Obesity and Diabetes Presentation (**can be found in the supporting documents folder**)





Recommendation:

The Board is requested to:

- a) To note the Director of Public Health Report 2025.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered:

Pre v e n t i o n	Y	L o n g t e r m	Y	Integration	Y	Collaboration	Y	Involve ment	Y
Quality Impact Assessment Completed?									
Yes		No				N/A			
Impact Assessment:									
Risk: No									
N/A									
Safety: No									
N/A									
Financial: No									
<i>Not directly</i>									
Workforce: No									
<i>Not directly</i>									
Legal: No									
Reputational: No									
The DPH report is an annual independent report required to be completed by the Director of Public Health									
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>									
The report does not contain specific strategic decisions, such the development of services. It is supportive of addressing and reducing inequalities.									
Equality and Health: No									
Not required									
Decarbonisation: No									
Welsh Language: No									
The report will be translated in to Welsh ahead of publication, and made available in English and Welsh.									
Approval/Scrutiny Route (<i>please note anywhere else this paper has been before</i>):									
Senior Leadership Team	13 th November 2025								
The Board	27 th November 2025								
[External] Vale of Glamorgan Public Services Board	2 nd December 2025								
Quality Committee	9 th December 2025								
[External] Regional Partnership Board	13 th January 2026								
[External] Cardiff Public Services Board	20 th January 2026								



What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes



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Acknowledgements

With thanks to Cardiff and Vale Public Health Team and all those who contributed to writing, editing and producing this report including Suzanne Wood, Michael Allum, Rebecca Stewart, Lauren Idowu, Alex Wood and Helen Griffith.

Thanks also to all our colleagues who contributed their time and expertise to having conversations with us, providing case studies and photos, to Miacis Media for the design work and to Matthew Horwood for photos.

I'd like to also acknowledge everyone who is already contributing and committed to working towards the vision for Good Food and Movement.

Together, change is possible.

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Director of Public Health Report 2025

What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes

Foreword

In Cardiff and the Vale of Glamorgan, more people are living with obesity and type 2 diabetes. As Executive Director of Public Health for Cardiff and Vale University Health Board, I have chosen to focus my second report on obesity and type 2 diabetes; two closely linked health conditions that are both largely preventable.

What surrounds us, shapes us. It is easy to think that what we eat and how we move is entirely personal choice however we are constantly being influenced by what is around us. It is these wide range of influences that make preventing obesity and type 2 diabetes a complex challenge. To address the broader influences, we must shift from traditional approaches which have focused on individual behaviours, to a whole system approach so that we zoom out to look at the big picture and tackle the full range of influences, for lasting change rather than short-term fixes.



We are already taking a whole system approach in Cardiff and the Vale of Glamorgan through our Good Food and Movement Framework (2024-2030) and making some great progress. However, we need to do more, we need to go further and act faster.

My report makes three calls to action that I believe will accelerate our collaborative effort towards Good Food and Movement and create change so that together we can have the population level impact that is needed to reduce the number of people living with obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan.

I am committed to taking a collaborative, whole system approach and I look forward to discussing how we can all play our part in driving forward my calls to action.

Claire Beynon
Executive Director of Public Health
Cardiff and Vale University Health Board

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Director of Public Health Report 2025

What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes

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Introduction

My Director of Public Health report this year brings together obesity and type 2 diabetes as health conditions that are both highly preventable.

In Cardiff and the Vale of Glamorgan, more people are living with obesity and type 2 diabetes. This means that more people are living in poor health, needing long term treatment and care. As preventable health conditions, we can, and we must work together and work differently to prevent obesity and type 2 diabetes.

This report sets out what influences how we live, how society has changed and what impact this has had on obesity and type 2 diabetes. It also shares what we are currently doing together to prevent these health conditions through the Good Food and Movement Framework (2024-2030) which aims to enable good food and movement for everyone in Cardiff and the Vale of Glamorgan. By 'Good Food' we mean, food that is nourishing, healthy and culturally appropriate and by 'Movement' we mean, all kinds of movement such as physical activity, taking the stairs, sport, play, housework, or active travel.

I make three calls to action which will accelerate our collaborative efforts. These will create the change needed to have population level impact and reduce the number of people living with obesity and type 2 diabetes.



1. What influences how we live?

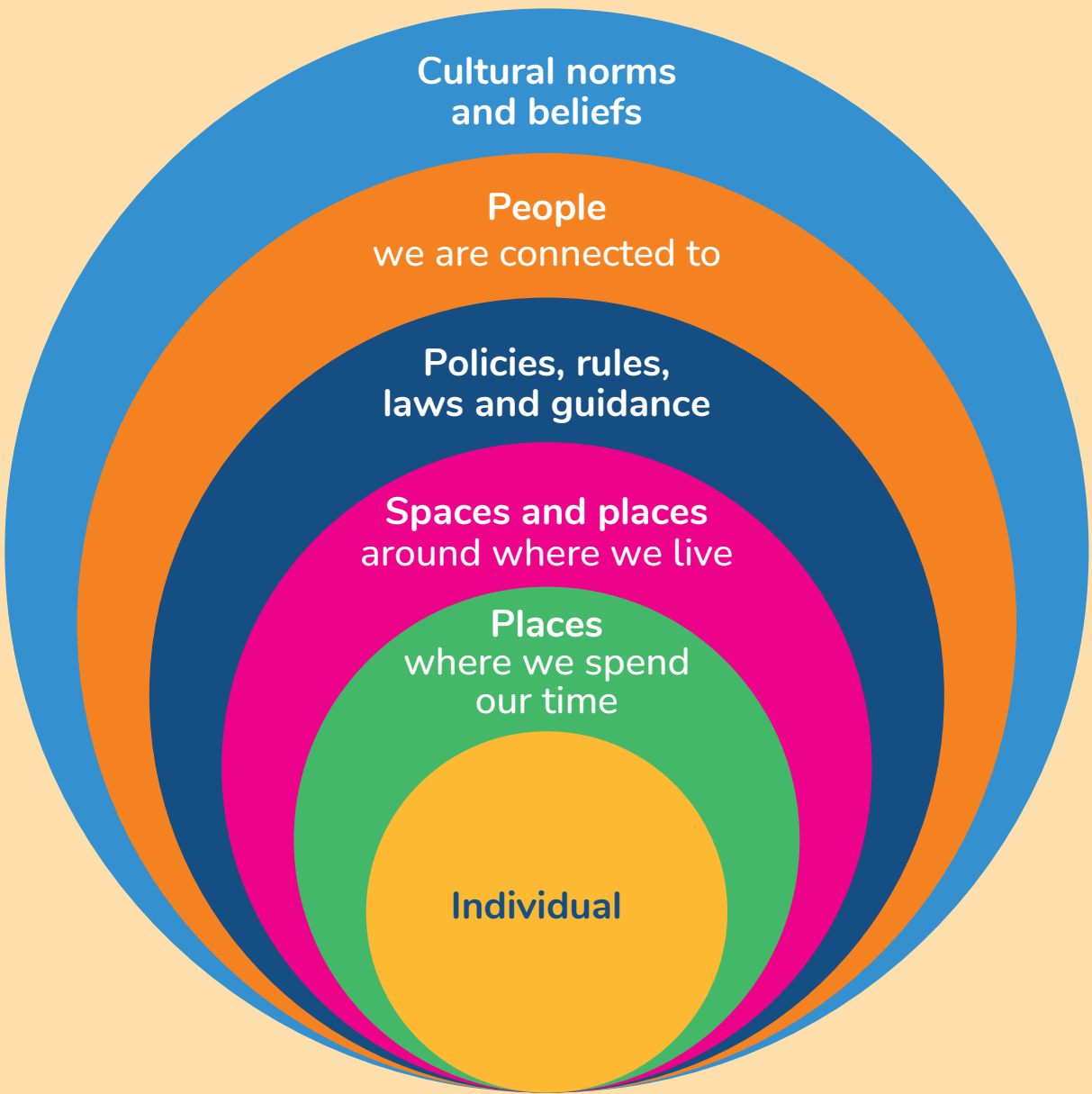
What surrounds us, shapes us. It is easy to think that what we eat and how we move is entirely personal choice however we are constantly being influenced by what is around us.¹

We can think about all these different influences as layers² around us that continuously interact and affect how we live, including the food we eat and how we move. The layers are described below.

- The **places where we spend our time**. These influence how we access and experience food and movement through how they are designed, built and how they operate. Places could include our schools, workplaces, hospitals, health centres, sports clubs, community centres as well as places of worship.
- Around the places where we spend our time are the **spaces and places around where we live** like our neighbourhoods, high streets, parks, fields, sports pitches, playgrounds, roads, and public transport routes. These affect how we access food and experience movement through how they are designed.
- Next are the **policies, rules, laws and guidance** that shape our places and spaces. These affect what food is available, affordable and promoted, as well as what opportunities to move are made possible.
- Then we have, the **people we are connected to like family, friends, colleagues and neighbours**. They affect how we think, feel and act about food and movement. Our connections to other social support networks, either in person or virtually are often around common interests or at life stages and these can also shape what we think, feel and how we act.
- **Cultural norms and beliefs** are the shared ideas and unwritten rules that shape how people live, what they value, how they think and what they prioritise.
- Finally, a **person's own knowledge, attitudes and behaviours towards food and movement** includes things like what they know about healthy food and movement, their belief in their own abilities, their preferences and relationship with food and movement, the resources available to them, as well as how motivated and confident they are. A person's knowledge, attitudes and behaviours are shaped by their life experience, and through the influences described above that continuously interact around them. These influences can act to support and positively reinforce health behaviours around good food and movement; they can also hinder.



Figure 1: Layers of influence



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2. How has the world changed?

In recent generations, the way we live has changed. Figure 2 shows how some of the influences that surround us have changed over time.

Figure 2: Influences over time



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The places where we spend our time, such as schools and workplaces, have evolved.

- Adjustments to the school day has seen lunchbreaks become shorter and afternoon breaks nearly disappearing in many schools; meaning less time for play and movement.³
- There has been a small but gradual decline in time allocated for Physical Education in both primary and secondary schools.⁴
- How we get to school has changed; in the 1970's, most children in the UK (63%) walked to school, but by 2023 this had dropped to less than half (44%).⁵
- Manual jobs have declined, and office-based working has risen dramatically.⁶
- Office workers now spend most of the working day (82%) sitting down.⁷

The places and spaces around where we live, such as our roads and transport, and the make-up of our food environment have seen major changes.

- Until the 1950s, most people got around on foot or by public transport. Since then, car ownership has risen rapidly, and we have seen a huge increase in car use (27% of journeys were made by car in 1952 compared to 83% in 2016).⁸
- Our road network is often designed for cars, rather than pedestrians or cyclists.⁹
- Accessing food is easier than ever before through the rise in online home delivery services, smaller convenience stores, and a rapid increase in fast-food outlets. This has altered how we buy food and what we eat.¹⁰ Many convenience stores rely on sales of less healthy products¹¹ and take-away food is often high in fat, sugar and salt.¹²

The policies, rules, laws and guidance that shape our places and spaces have led to positive change, but keeping pace with changes in society is a challenge

- We have strong laws in Wales which support and improve health and wellbeing such as the Well-being of Future Generations Act,¹³ and the Active Travel Act.¹⁴
- UK-wide laws are also driving positive change, such as the advertising watershed. This will ban TV adverts for unhealthy food and drink before 9pm, ban online paid adverts altogether and will come into effect in 2026.¹⁵

● However, laws and guidance can face challenges such as heavy lobbying from industry leading to delays and/or modifications and putting the laws into practice at a local level can be limited by capacity, short term funding and lack of enforcement.¹⁶





Cultural norms and beliefs about how people usually behave change over time and shape how we live.

- The rise in families where both parents work¹⁷ has reduced time for cooking, making convenient solutions like ready meals and takeaways often a necessity rather than an option.¹⁸
- The introduction of freezers and microwaves has contributed to the rise of ready meals, and reliance on these instead of home cooked meals. Ready meals are often high in salt, high fat, and low in fibre.¹⁹
- Three quarters of parents agree that society is less accepting of children playing outside than it was when they were growing up, with confidence, perception of safety and traffic, recognised as key factors.²⁰
- Evolution of social media, online gaming and use of smart phones has changed how we interact with huge impacts on sedentary and sitting time for children, young people and adults.²¹



3. What are the consequences?

The changes described have shaped the way we all live, and this is affecting our health.

3.1 Living with obesity

Every year, the Child Measurement Programme for Wales measures the height and weight of children in Reception class (aged 4–5). It's a simple check that helps us see how young children are growing.

The most recent results for Cardiff and the Vale of Glamorgan found that 1 in 10 children aged 4-5 years old are already living with obesity when they start primary school²². There are also more young children living in our most disadvantaged communities living with obesity.

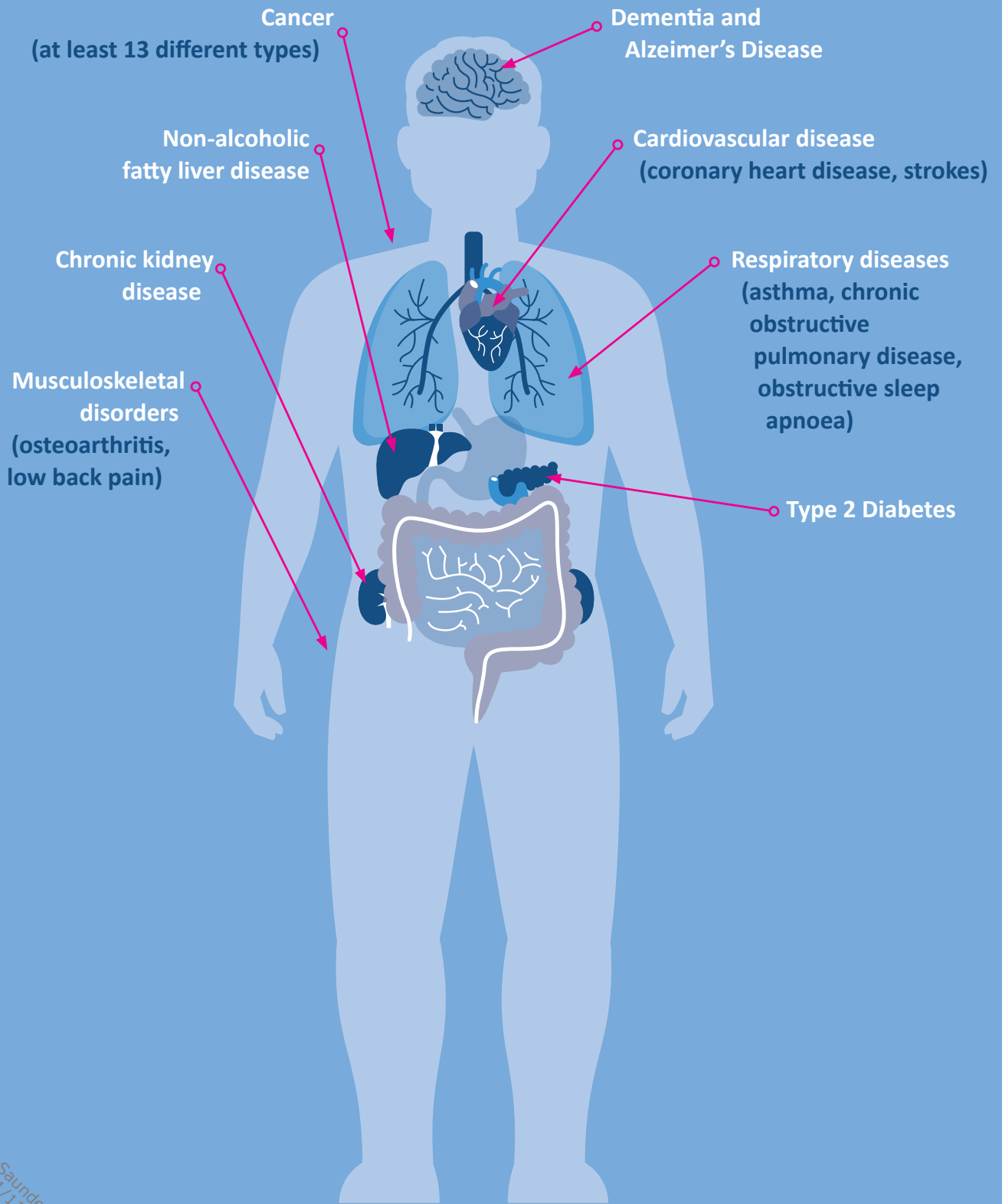
Obesity in early childhood often continues into later childhood²³, through adolescence and into adult life, and children and young people living with obesity are five times more likely to be living with obesity when they become adults²⁴.

More than 1 in 5 adults (21%) in Cardiff and the Vale of Glamorgan are living with obesity²⁵. People living with obesity are more likely to develop a range of medical conditions and illnesses as shown in Figure 3²⁶. These include type 2 diabetes, as well stroke, cancer, dementia, and heart disease. These conditions can shorten lives. Across Cardiff and the Vale of Glamorgan we are also seeing more adults living with obesity in our most disadvantaged communities.

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Figure 3: How living with obesity affects the body



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3.2 Living with type 2 diabetes

Wales has more than 200,000 people (8% of adults) living with the condition²⁷. Type 2 diabetes is a serious condition that can affect your heart, kidneys, eyes and nerves.

Many people are also living with pre-diabetes meaning their blood sugar levels are high but not yet in the diabetes range. It is estimated that 65,500 people are living with undiagnosed type 2 diabetes in Wales²⁸. Young adults are more likely to be living with undiagnosed type 2 diabetes, and type 2 diabetes in younger people often develops faster and causes problems earlier²⁹.

Adults from Black and Asian ethnic backgrounds³⁰ are also more likely than twice as likely to be living with pre-diabetes or undiagnosed type 2 diabetes compared to adults from White, Mixed and Other ethnic backgrounds. People who don't know they have diabetes miss out on treatment and support and are at a much higher risk of health problems that could have been prevented.

3.3 How are obesity and type 2 diabetes connected?

Obesity and type 2 diabetes are closely linked. When someone is living with obesity, it can change how the body uses insulin. Insulin is a hormone that helps move sugar (glucose) from the bloodstream into cells, where it is used for energy. Living with obesity, especially when fat is stored around the abdomen can lead to insulin resistance. This means that although the body still produces insulin, it's doesn't work as well, and sugar starts building up in the bloodstream instead of being used for energy. Over time, this can lead to type 2 diabetes³¹.

3.4 The data story

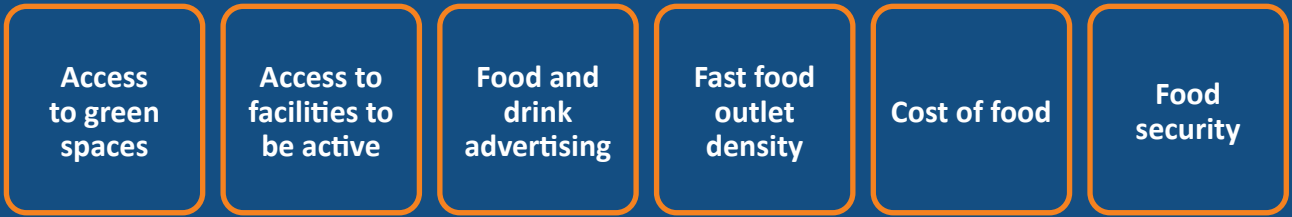
Figure 4 presents key local and national data which shows the link between some of the influences around us, that shapes what we eat and how we move and contribute to obesity and type 2 diabetes. It also shines a light on some of the unfair differences that we are seeing across our communities in Cardiff and the Vale of Glamorgan.

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Figure 4: The data story

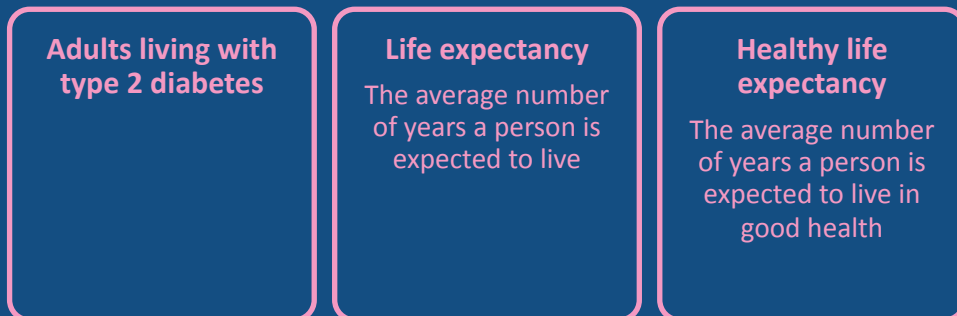
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Access and use of green space

Green spaces include parks, gardens, playground, fields, sports pitches, community gardens and nature reserves

Young children living in the **most disadvantaged communities** across Cardiff and the Vale of Glamorgan have **less access** to **green spaces** where they can play.³²

People living in the **most disadvantaged communities** of Cardiff are almost **twice as likely** as people living in least disadvantaged communities to report that they **do not regularly spend time in nature/green spaces**.³³

Access to facilities to be active

Facilities can include for example, sports halls, swimming pools, leisure centres

The **closer** adults **live to sports facilities**, the **more active** they are.³⁴

Food and drink advertising

Including bus stops and billboards

An average of **1 in 4 adverts on display*** across Council assets were for foods and drinks **high in fat, sugar and or salt**.³⁵

*Mapped across 4 time points between Nov 2022 – July 2024

Fast food outlet density

Food outlets that serve energy dense savoury food eaten outside of the home

There are almost **twice the number of fast-food outlets** in our **most disadvantaged communities** compared to our least disadvantaged communities.³⁶

Cost of food

What people pay for their food

Prices of food and non-alcoholic beverages rose around 25% between January 2022 and January 2024.³⁷

Around **33% of adults** in the Vale of Glamorgan say that **high food prices** are the **main difficulty in getting food**, followed by how far they must travel to buy it.³⁸

Food Security

People have enough safe and healthy food to meet their dietary needs and keep them healthy

Around **10%** of households in Cardiff have **worries about food security**, have skipped or reduced meals or sought external help.³⁹

People living in the **most disadvantaged communities** of Cardiff are more likely to report **not being able to afford food**.⁴⁰





SHAPES

The food that we eat

Around **61%** of adults living in Cardiff and the Vale of Glamorgan report that they did **not eat** the recommended **five portions of fruit or vegetables** on the previous day.⁴¹

45% of young people in Cardiff and the Vale of Glamorgan report **eating under one portion of fruit or vegetables a day**.⁴²



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How we move

33% of adults living in Cardiff and the Vale of Glamorgan report they **did not meet** the recommended guidelines of **150 minutes of physical activity** in the previous week.⁴³

80% of young people **aren't meeting recommended guidelines** of **60 minutes of physical activity every day**.⁴⁴

In a **class of 30 young people** in Cardiff and the Vale of Glamorgan, **nearly 5 (15%) now sit for 7 or more hours on a weekday**—up from 3 (10%) in 2017.⁴⁵



CONTRIBUTING TO

Reception aged children living with overweight and obesity

Children aged 4-5 years

Around **25%** of reception aged children are **living with overweight or obesity**.⁴⁶

Almost **three times the number** of reception aged children are **living with obesity** in our **most disadvantaged communities (14.5%)** compared to our least disadvantaged communities (**5.4%**).⁴⁷

Adults living with overweight or obesity

16+ years

58% of adults in Cardiff and the Vale of Glamorgan are **living with overweight or obesity**.⁴⁸

21% of adults in Cardiff and the Vale of Glamorgan are **living with obesity**.⁴⁹

Adults living with type 2 diabetes

1 in 15 people aged 17 and over living in Cardiff and the Vale of Glamorgan have already been **diagnosed with type 2 diabetes**.⁵⁰

Type 2 diabetes is a growing problem. If current trends continue, around **1 in 11 adults** in Wales could be **living with diabetes by 2035**.⁵¹

Life expectancy

The average number of years a person is expected to live

There are **major differences in life expectancy** between our **most disadvantaged** and **least disadvantaged communities** across Cardiff and the Vale of Glamorgan. For **men**, life expectancy is **9.6 years shorter**, and for **women** life expectancy is **7.6 years shorter**.⁵²

Healthy life expectancy

The average number of years a person is expected to live in good health

People living in our **most disadvantaged communities** can expect to have between **14 -18 fewer years of healthy life** than people living in our least disadvantaged communities.⁵³





4. What are we already doing about this?

4.1 A complex challenge: why we need a different approach

As described, we are constantly being influenced by what surrounds us. These wide range of influences make preventing obesity and type 2 diabetes a complex challenge and our approach must reflect this. It requires a shift from traditional approaches which have focused on individual behaviours, to approaches that recognise and address the broader influences that shape the food we eat and how we move.

We know that whilst behaviour change interventions are important in supporting some individuals, they have limited reach. Focusing on these alone to prevent obesity and type 2 diabetes leaves the wider influences around people unchanged. Unless these broader influences are addressed, they will continue to impact on health behaviours. We also know weight-loss medicines can help some people reduce health risks, but they are not a population-level solution because the wider causes of obesity remain⁵⁴. Ultimately, behaviour change interventions, and medication alone won't lead to population-level impact and may increase inequalities.



A whole-system approach is required, so that we zoom out to look at the big picture and tackle the full range of influences, for lasting change rather than short-term fixes.

A whole system approach means:

- **Big picture thinking:** so that we consider all the influences, how they affect each other, who has a role to play and what they can do.
- **Common purpose:** so that we all pull in the same direction towards our shared goals.
- **Collaboration:** so that we create solutions together and connect people so that ideas and resource can be shared.
- **Shared leadership:** so that we spread leadership across communities, teams and organisations to enable everyone to play their role and take action to make change.
- **Flexibility:** so that we embed a culture of learning, sharing and reflection to enable us to adapt what we do and how we do it.

4.2 Good Food and Movement Framework (2024-2030) and Implementation Plan

We are already taking a whole system approach in Cardiff and the Vale of Glamorgan through our Good Food and Movement Framework (2024-2030)⁵⁵. Shaped by a wide range of ideas, perspectives and voices, it describes our shared vision, approach, where we prioritise our collective efforts, and how we work together to create change over the six-year period.

The Framework brings together a number of partnership groups, strategies and programmes of work focused on key areas such as sport, physical activity, movement, and good food to progress action against four key themes; Healthy Environment, Healthy Settings, Healthy People, and Leadership and Enabling Change.



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Figure 5: Good Food and Movement Framework (2024-2030) Vision and Goals



Two-year Implementation Plans outline the actions we will take together, with different teams, and organisations working collaboratively to change the influences that affect how we live. Our local work also aligns to Welsh Government’s Healthy Weight: Healthy Wales Strategy⁵⁶, their 10-year plan to prevent and reduce obesity.

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4.3 Progress so far

We are already making a lot of great progress. Figure 5 highlights a few examples from across the themes: Healthy Environment, Healthy Settings and Healthy People. We are also making progress in the Leadership and Enabling Change theme including strengthening strategic leadership, developing an evaluation framework and delivering training.

Healthy Environment

- Healthier Advertising and Sponsorship policies developed by the Vale of Glamorgan Council and Cardiff Council that will restrict high fat, salt and sugar food and drink advertising across their owned/managed assets.
- Growing number of Public Sector organisations signed up to the Healthy Travel Charter.
- Significant progress in transforming active travel infrastructure across Cardiff and the Vale of Glamorgan.
- Health and wellbeing embedded into Cardiff and the Vale of Glamorgan Replacement Local Development Plans.
- Audit of all the facilities that enable people to be active in Cardiff complete and the Vale of Glamorgan audit underway.
- Increased focus on inclusive play equipment through changes to the Vale of Glamorgan Council's Fixed Play Areas inspection process.
- Pilot project progressed with parcels of land identified and being used by community groups for food growing as part of the development of a community growing plan for Cardiff.
- Community food growing projects in the Vale of Glamorgan mapped and key barriers to participation and access explored.



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Spotlight on Inclusive Parks and Planning Cardiff Council/ Child Friendly Cardiff



Cardiff is embedding a child-rights approach to planning inclusive parks, playgrounds and community spaces.

Cross sector collaboration between planning, parks, health, housing, youth services, and academia has been critical to this work. Progress includes:

- HerParks research at Cardiff University explored how teenage girls and young women experience local parks and play areas, finding that many feel excluded by design, safety concerns and lack of voice.
- Cardiff Council collaborated with AtkinsRealis to test a new framework for child-centred design, identifying improvements to independent routes, visibility, playful features and safe routes of movement.
- The inclusion of a dedicated Play Policy and Supplementary Planning Guidance (SPG) in the Replacement Local Development Plan 2021-2036 seeks to embed and enhance inclusive play opportunities and greenspace access across the city.

By designing and building public spaces that are genuinely inclusive, welcoming, and designed with children's voices at the heart, we can create healthier spaces that children and teenage girls feel safe and empowered to use. This will make a meaningful difference in how children grow, move and thrive.

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Healthy Settings

- Brought a wide range of partners together to consider the influences, how they affect each other, who has a role to play and what they can do in supporting schools to embed whole school approaches to food and physical activity.
- Early Years partners explored what influences how these settings access, use, and embed food and movement training and resources, and how they create opportunities for ‘healthy conversations’ with families.



Spotlight on Active Soles

Active Soles aims to change the culture of workplaces by giving employees permission to wear comfortable shoes. What we wear changes the way we think and behave. Wearing comfortable shoes at work makes it easier to build movement into the day, such as taking extra steps, taking the stairs instead of the lift, standing at desks instead of sitting, or walking meetings.



Cardiff and Vale University Health Board, Cardiff Metropolitan University, Cardiff Council, and Vale of Glamorgan Council have all adopted Active Soles, and the feedback has been overwhelmingly positive. Senior leaders are role-modelling active soles, and colleagues are swapping traditional footwear for more active alternatives. There have been reports of improvements in physical health, mental health too, as well as boosts to team morale and productivity.

Ruth Jordan, Assistant Director for Improvement, Implementation and Spread at Cardiff and Vale University Health Board, said wearing trainers to work has made a “massive difference” to her wellbeing. “I’m a physiotherapist by background, so I was used to being on my feet all day, everyday walking thousands of steps. Then I got another job which meant I was desk-bound,” she explained. “I felt grumpy, lethargic and put on too much weight. It was terrible. But being given permission to wear trainers to work has made such a difference to getting up and about – and my step count has gone up no end.” Ruth said seeing senior leaders also wearing comfortable shoes around the office has given others the confidence to do the same. “We’re now having walking meetings, and a lot of our one-to-ones are on the go. It’s actually improved the working environment.”

Active Soles continues to grow and expand, with more organisations joining in. Visit the website to find out more: <https://makeyourmove.org.uk/activesoles>





Healthy People

- Food-related benefits training package updated, improving the links to community food initiatives like Food Pantries and providing resources, posters, and videos to share with communities.
- Activity finder being developed to support communities to access local physical activity opportunities in Cardiff.
- Families living in more disadvantaged communities supported and connected to local opportunities for play, physical activity, nutrition and food activities.
- Research undertaken with parents to better understand barriers and enablers to breastfeeding to influence policy development.
- Roll out of the Planet Card by Food Cardiff Partnership which aims to support low-income households to access healthy food.



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Spotlight on Food Vale Partnership work through the Llantwit Major Food Access Partnership Project

Food Vale is the local food partnership for the Vale of Glamorgan and is driving Good Food and Movement action. Over recent years, in response to increasing levels of deprivation caused by the cost of living crisis there has been a groundswell of community-led projects. These seek to improve access to affordable food by providing no or low-cost food, often redirecting surplus food from supermarkets.



Whilst this is often deemed as a win-win in terms of reducing food poverty and preventing food waste, there can also be distinct risks⁵⁷. By simply providing free or low-cost food to the individual, we risk failing to address the root causes of household food insecurity.

To address this, Food Vale has been working with partners to improving access to food in the Vale of Glamorgan, using the 'Food Ladders Toolkit'⁵⁸ to understand some of the root or 'systemic' causes of food insecurity and identify resources and opportunities to reduce vulnerability and improve community resilience.

This was first trialled in the award-winning, Llantwit Major Food Access Partnership Project. So far this has seen; two food pantries being supported in the rural Western Vale, the establishment of a community drop-in hub to provide face-to-face community support around food-adjacent issues, investment in local community growing spaces and practical cooking and nutrition skill building opportunities. Importantly, community engagement has been an integral part of this work, ensuring that it is being led by those with lived experience.

Funding secured from both Welsh Government and The National Lottery Community Fund, will see a roll-out of this approach across the whole of the Vale of Glamorgan from 2026.

To find out more visit: <https://foodvale.org/llantwit/>

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5. What more can we do?

As described, we are already making some great progress towards preventing obesity and type 2 diabetes. However, we need to go further and act faster to reduce the number of people living with and experiencing the consequences of obesity and type 2 diabetes.

This report is my call to action. I have identified three key areas that if we all commit to doing well, will move us forward and accelerate our efforts. These are:



1.

**Make prevention
the focus**



2.

**Create supportive
spaces and
places**



3.

**Put communities
at the heart**

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Director of Public Health Report 2025

What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes

5.1 Call to action 1: Make prevention the focus.



Why this call to action?

We can't treat our way out of the current situation. With over a quarter of reception aged children and over half of adults living with overweight and obesity in Cardiff and the Vale of Glamorgan the only real solution is prevention to keep people healthy and well and stop the development of these preventable health conditions.

Public sector organisations have a duty to focus efforts and resource on prevention as a core goal of the Wellbeing of Future Generations Act⁵⁹ with the principle of 'acting to prevent problems occurring or getting worse as well'.

Obesity and type 2 diabetes are both mainly preventable. Currently our resources and budgets are directed towards treatment and managing the complications of these conditions. This reactive approach is unsustainable. There needs to be a shift in resource and budget to ensure we can make prevention the focus, enabling our whole system approach to progress at the pace and scale needed to have population level impact.

What do we mean by prevention?

Prevention can often mean different things to different people⁶⁰. Broadly, prevention is any action that keeps people healthy and prevents or avoids the risk of ill health or death. Prevention can be grouped by the stage at which action is taken, as well as focus on whole populations or particularly high-risk groups/individuals.

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Figure 6: Types of prevention

TYPE	DEFINITION	EXAMPLE
Earliest stage prevention	Acting early to stop the influences that lead to obesity and type 2 diabetes from occurring	<ul style="list-style-type: none"> • Designing our places and spaces so that they support and enable access to good food and movement • Restricting food and drink advertising • Protecting and building new green spaces and places to play, be active, take part in sport
Primary prevention	Acting to reduce or manage the known harmful influences that are leading to obesity and type 2 diabetes	<ul style="list-style-type: none"> • School programmes that actively support healthy eating and active lifestyles • Community initiatives supporting active lifestyles and healthy eating
Secondary prevention	Acting to detect and manage obesity and type 2 diabetes early to stop them getting worse	<ul style="list-style-type: none"> • Diabetes risk assessment in primary care • Community weight management programmes
Tertiary prevention	Acting after obesity and type 2 diabetes have developed helping people to live well with their health condition preventing complications and improving quality of life	<ul style="list-style-type: none"> • Specialist weight management services • Diabetic Eye Screening • Diabetes annual check ups

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What we need to do

As an underpinning call to action, we need to make earliest stage prevention the focus by:

- Building more capacity for our whole-system approach for Good Food and Movement so that we can take stronger action at pace, scale and at the 'earliest stage' to stop the influences that lead to obesity and type 2 diabetes from occurring. This will require public sector organisations to prioritise prevention and refocus spend.
- Putting earliest stage prevention of obesity and type 2 diabetes at the centre of all our decision-making, as part of our duty to prevent problems rather than react to them. By doing this, we can activate every opportunity available to us to change the influences.

Call to action: Make Prevention the Focus



1

Public sector budgets need to prioritise and refocus spend towards to the earliest stage prevention of obesity and type 2 diabetes

2

Put the prevention of obesity and type 2 diabetes at the centre of all our decision-making

5.2 Call to action 2: Create supportive spaces and places.



Why this call to action and what do we need to do?

We know what surrounds us shapes us. The spaces and places where we live, work, learn and play make all the difference. We are already making progress towards creating supportive spaces and places but need to go further:

- Plan, design, build and enhance the spaces and places around where we live (e.g. our neighbourhoods, high streets, parks, playgrounds, roads, and public transport routes) so that movement is designed into everyday life and access to healthy food is easy and affordable.
- Design, build and operate the places where we spend our time (e.g. our schools, workplaces, hospitals, community centres) to support and enable good food and movement.

Some of this we can continue to progress locally as there are lots of opportunities. For example, through; the Replacement Local Development Plans (RLDPs) for Cardiff and the Vale of Glamorgan alongside Supplementary Planning Guidance (SPG) development, regeneration and placemaking, and through the roll out of the new Curriculum for Wales⁶¹ and School Improvement.

To enable us to take local action, we may also need wider policy change at a national level (e.g. changing the use class of hot food takeaways through national Planning Policy Wales). Working together, we can identify where wider policy change is needed and use our strong local voice to advocate for national change.

Call to action: Create supportive spaces and places



- 1 Plan, design, build and enhance the spaces and places around where we live with a focus on movement and to ensure access to healthy affordable food**
- 2 Design, build and operate the places where we spend our time to support and enable good food and movement**
- 3 Use our strong local voice to influence and advocate for wider policy change**

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5.3 Call to action 3: Put communities at the heart.



Why this call to action and what do we need to do?

As already described, there are unfair differences across our communities. We know that people living in our most disadvantaged areas don't always have access to the same opportunities for good food and movement.

Many community groups, third sector and public sector organisations are already doing fantastic work using a range of approaches and working with many communities across Cardiff and the Vale of Glamorgan to create change. This brings diversity, creativity and strong local connections.

To build on this we need to:

- Continue to focus our collective community health development resource and efforts in the communities that need it most.
- Work with our communities to develop solutions together that reflect communities' unique needs, priorities and ideas.
- Consider how we co-ordinate our efforts so that we all pull in the same direction towards our shared goals.

By coming together to share our learning, develop a picture of what is going well and where, we can agree what more we need to do together.

Call to action: Put communities at the heart

1

Come together and build a picture of community health development; what is going well and where, to identify what more we can do together to support and enable good food and movement



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6. What will be the impact?

If we respond to my calls to action, we will build the capacity that we need to accelerate action at pace and scale and stop the influences that lead to obesity and type 2 diabetes.

The impact of this is described in Figure 7.

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Director of Public Health Report 2025

What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes



Figure 7: Examples of how creating change will lead to impact

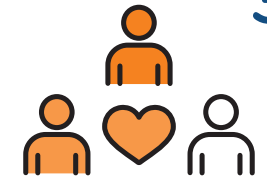
Create supportive spaces and places





Create supportive spaces and places





Put communities at the heart





7. Conclusion

My report has shared what influences how we live, how society has changed and what impact this has had on obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan. The wide range of influences described make preventing obesity and type 2 diabetes a complex challenge and our approach must reflect this. We need to shift from traditional approaches which have focused on individual behaviours to approaches that recognise and address the broader influences that shape the food we eat and how we move.

We are already making some great progress. However, we need to go further and act faster if we are to reduce the number of people living with and experiencing the consequences of these health conditions.

My calls to action will accelerate our collaborative effort and create change so that together we can have the population level impact that is needed to reduce the number of people living with obesity and type 2 diabetes in Cardiff and the Vale of Glamorgan.

Change is possible. Together we can prevent obesity and type 2 diabetes.



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Appendix 1

DPH Report 2024: Prioritising the Early Years – Investing for the Future

Progress update

Following publication of the 2024 DPH Report 'Prioritising the Early Years – Investing for the Future', much progress has been made in addressing the recommendations contained in the report.

A launch event was held in April 2025, which brought together colleagues from across the early years space, to share the findings and add their expertise and knowledge in taking the recommendations forward together. Speakers on the day included colleagues from Play Wales, Cardiff and Vale UHB and its Youth Board, Vale of Glamorgan Council, Cardiff Council and the Royal College of Paediatrics and Child Health.

Following on from this success, Claire Beynon will lead the Starting Well Partnership which will have a distinct focus on the early years.



Director of Public Health Report
Prioritising the Early Years – Investing for the Future



Saunders Nathan
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Director of Public Health Report 2025

What Surrounds us, Shapes us: A Whole System Approach to Preventing Obesity and Type 2 Diabetes

Notable successes to date include:

- Completion of an early years Health Needs Assessment
Key findings include –
 - School readiness: data last published in 2019 suggested significant inequalities between social and gender groups. The population group with the highest percentage of children assessed as ready for school were boys of White British ethnicity. The population group with the lowest percentage of children assessed as ready for school in this period were girls from traveller backgrounds.
 - Childcare Supply: Childcare place provision in Cardiff in 2023-24 was 189.07 per 1000 children. Provision in the Vale of Glamorgan in 2023-24 was 254.53 per 1000 children.
 - Health Visiting: 60220 children did not receive their health visiting appointments during the 2020-2023 (including COVID-19 pandemic) period. 43895 children in Cardiff and 16325 in the Vale of Glamorgan did not receive their full health visiting appointments during the COVID pandemic period 2020-2023. There have been improvements in more recent data with the service.
- An updated Childhood Immunisations Strategy, which will include a detailed delivery plan focussing on key areas:
 - Improving access
 - Communications and engagement
 - Data and intelligence
 - Measles Prevention
 - The strategy is supported through a series of annual delivery plans.
- Further breastfeeding research undertaken and completed to help understand the barriers and facilitators to improving breastfeeding rates across Cardiff and the Vale
A number of recommendations were made from this research which are being advanced through the Infant Feeding Strategic Group within the Health Board.

BARRIERS

- Inadequate Support
- Challenges establishing or maintaining breastfeeding
- Shared care of baby
- Lack of knowledge / expectations
- Emotionally challenging



FACILITATORS

- Knowledge of benefits
- Bonding
- Health/immunity
- Nutrition
- Previous experience
- Convenience
- External support
- Attitudes





- Comprehensive mapping of the key early years actions identified in 'Good Food and Movement' is underway. Partners from across the early years workforce have been invited to workshops and meetings to input their knowledge and expertise. This will develop into several actions around how early years settings can support babies and young children through healthy eating and keeping active.

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Contact us:

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Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team

Report Title:	Shaping Our Future Wellbeing: In Our Community (SOFW), Wellbeing Hub at Parkview – FBC		Agenda Item no.	6.4.1	
Meeting:	Board	Public	X	Meeting Date:	27/11/25
		Private			
Status:	Assurance	Approval	X	Information	
Lead Executive:	Catherine Phillips (Executive sponsor)				
Report Author:	Director of Operations, Community Services - PCIC Clinical Board				

Background and current situation:

The development of a Wellbeing Hub at Park View is being progressed in line with the Health Board's original SOFW:IOC Programme Business Case (PBC), endorsed by Welsh Government in August 2019.

This paper seeks approval of the Full Business Case (FBC), which is the preferred option for the development of a maximum scope community-based facility that supports the sustainability of General Medical Services (GMS) and also provides better access to care and support for the local population, as local services remain dispersed since the closure of the original Park View Health Centre in 2018.

The Economic Case of the FBC reaffirms the appraisal undertaken at the Outline Business Case (OBC) stage, for a more ambitious development (intermediate option plus an increased or additional provision in local services, new outpatient clinics and cluster delivered services) as the preferred way forward. This best meets the Health Board's service needs and optimises value for money, in accordance with the Infrastructure Investment Guidance and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector).

The development of the Wellbeing Hub at Park View will provide the infrastructure and a whole system opportunity to realign services towards a 'community by design' approach, enabling the shift of health care services into the community and the delivery of a range of integrated wellbeing services. This is delivered with other statutory and third sector partners in an area of high deprivation, and is aligned to our ambition to become an Integrated Community Care System (ICCS).

The Wellbeing Hub will include:

- Wellbeing facilities including group / community rooms, a teaching kitchen and information / advice area. These spaces, in collaboration with existing facilities within the adjoining Community Hub, will support health, local authority and third sector groups to deliver wellbeing advice, education, support and signposting that can be personalised to support independence in the local community.
- Re-instated Park View Health Centre services that are currently fragmented and dispersed across the locality such as diabetic eye screening services, podiatry clinics, community wound, stop smoking, AAA and continence clinics, learning disability services, district nurse treatments and community dental services.
- Access to an increased range of clinics for the Locality such as dietetic clinics, sexual health clinics and child health clinics, including access to health visitors, community paediatricians, child therapies and primary mental health.
- Re-provision of Westway Surgery, providing a wide range of GMS services and in-practice hosted clinics.
- Access to a new range of specialised health clinics delivering seamless care closer to home along with proactive improvement of health and wellbeing services, including access to cardiology clinics, antenatal and maternity clinics, primary mental health support services (PMHSS), falls prevention

services as well as wider cluster support services such as community mental health teams, IRIS/ Domestic abuse support, phlebotomy services and dementia / memory clinics.

- Office and administrative facilities to support team working, which will be evidence driven using lessons learned from Health Board and partners' experience of delivering merged services.

The current scope of the facility is based on an agreed set of priorities and facilities required, which will continue to be refined by the project team to ensure a continued fit in line with population needs.

The financial case and impact from the FBC is summarised below, reflecting a request for £36.801m capital funding from the IRCF with Welsh Government. The net revenue requirement is £0.334m recurrently; this impact has been mitigated through wider offsetting and enabling savings commitments.

Annual Revenue Requirement	FBC Current Year (£)	FBC Recurrent (£)	<i>OBC approved costs (£)</i>
	0.0m	0.334m	<i>0.676m (Revenue)</i>
Capital Requirement (£)	36.8M		<i>21.415M (Capital)</i>

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

- The revenue requirement for the hub is driven by facilities and estates running costs, in particular noting the need now to comply with the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan as well. For example, the energy model has increased utilities costs due to estimated electricity usage and prices but with the associated value from a reduced carbon impact.
- There are no additional clinical service costs associated with the build. However, a £57k saving from GMS rent and rates and a £32k saving from Pendine running costs are netted down in the £0.334m revenue impact.
- Capital costs have increased since OBC due to additional works costs with the inclusion of carbon reduction measures and construction market inflation. All capital costs are expected to be funded by Welsh Government, including impairment and ongoing capital charges / depreciation in line with usual NHS financial arrangements.
- The recurrent revenue requirement of £0.334m becomes applicable on completion of the building (expected in January - February 2028), and requires accounting for in the UHB forward financial plan. Given the UHB's current deficit position, this 'revenue tail' requires further mitigation and offset.
- Financial management of the revenue tail will be achieved through wider, planned workforce efficiencies and non-pay enabling savings within the Clinical Board, as summarised below. In addition, and in partnership with CEF Service Board, further work around wider estates utilisation and rationalisation will continue, to pursue further potential opportunities for additional risk management and savings.

	£m
Additional workforce efficiency savings	(0.204)
Further medicines switching / price savings	(0.130)
	(0.334)

- The Wellbeing Hub provides capacity and a model to help enable the future benefits realisation from the UHB move towards an ICCS, with the significant return of investment and social value derived from enhanced multi-disciplinary care in the community, avoiding unwarranted medical intervention and hospital admission.

Saunders Wynne
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Assumed start date	Opening Date January-February 2028
Funding Source Revenue:	Revenue Costs - Health Board: through financial plan provision, offsetting savings and benefits realisation longer term Capital Charges Depreciation – Welsh Government
Funding Source Capital:	Welsh Government

Appendices:

- 6.4.1a Park View Wellbeing Hub Executive Summary
- 6.4.1b Park View FBC (**located in the supporting documents folder**)
- 6.4.1c Park View Wellbeing Hub VBRG (**located in the supporting documents folder**)
- 6.4.1d Park View Appendices-compressed (**located in the supporting documents folder**)





Recommendation:

The Board are requested to:

- **APPROVE** and support submission of the FBC to Welsh Government (WG) for £36.801m capital funding from the IRCF
- **NOTE** the revenue impact of the FBC and the proposed financial management of the revenue tail through the financial plan and the wider mitigating and offsetting savings

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 Putting People First	X	 Providing Outstanding Quality	X
 Delivering in the Right Places	X	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?

Yes (please provide completed QIA document)	EHIA Completed as part of the FBC	No – (Please provide reasoning, e.g. not required)		
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Impact Assessment:

Risk: Yes	
The Project Team maintain the risk register and actively review the assessment of risk. This will continue through to post operational opening.	
Safety: No	
Financial: Yes, but offset through mitigating savings.	
The net revenue impact from the FBC is £0.334m. This, however, has been mitigated through enabling savings as set out in the paper.	
Workforce: No	
The development seeks to re-provide services previously delivered at Park View Health Centre.	
Legal: Yes	
The development is being progressed in line with: <ul style="list-style-type: none"> • Priority 1 of the Health and Social Care Integration and Rebalancing Capital Fund (IRCF) (Development of integrated health and social care hubs and centres for capital investment. • Infrastructure Investment Guidance and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector • WG NHS Zero Carbon strategy 	
Reputational: Yes	
The FBC has been developed over a number of years with significant engagement from a range of local partners and services within the area, to increase access and sustainability of health and wellbeing facilities in an area of high deprivation.	
Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES	
The Socio-Economic Duty impact of this proposal has been detailed in the Strategic Objectives of Shaping our Future Wellbeing section above, specifically points 2. Providing Outstanding Quality and 3. Delivering in the Right Places.	
Equality and Health: Yes	
An Equality Health Impact Assessment (EHIA) has been completed and is included within the Full Business Case (FBC).	
Decarbonisation: Yes	
Alignment with the organisation's decarbonization targets is noted in the Strategic Objectives of Shaping our Future Wellbeing strategy: <ul style="list-style-type: none"> • Reducing Operational Carbon – the operational energy demands of the building will be reduced from a base line figure of 160 kWh/m2 to 110 kWh/m2 per year equating to a carbon reduction of 37,000 kgCO2 in first year of operation (will reduce on a year-by-year basis as the national grid decarbonises) • Reducing Embodied Carbon - Embodied carbon will be targeted between 600 and 800 KgCo2/m2 	
Welsh Language: Yes	
Cardiff and Vale University Health Board supports our patients and services users who require a Welsh language provision when discussing their healthcare. We also recognise the importance for staff to use their preferred language of Welsh when applicable, and developing their Welsh skills.	
Cardiff and Vale University Health Board recognise the importance for staff to use their preferred language of Welsh when applicable and developing their Welsh skills. We also recognise the duty the UHB in ensuring that it complies with the Welsh Language Measure (2011) and progress and support on the Welsh Government's Welsh Language in Healthcare Strategic Framework (the More than Just Words Strategy).	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Capital Management Group	Date: 16.06.2025
Value & Benefits Realisation Group (VBRG)	Date: 02.07.2025 Date: 14.11.2025

Senior Leadership Team (SLT)	Date: 11.07.2025 Date: 13.11.2025
Regional Partnership Board Capital Co-ordination Group	Date: 24.07.2025
F&P Committee	Date: 19.11.2025
UHB Board	Date: 31.07.2025 Date: <i>Planned for 27.11.2025</i>
Regional Partnership Board SLB	Date: 21.08.2025
Regional Partnership Board	Date: 09.09.2025

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University Health Board

Development of a Wellbeing Hub @ Park View



Full Business Case (Document 1) – Executive Summary

July 2025 – Final v7.2

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KEEPING PEOPLE WELL**



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Glossary of Abbreviations and Acronyms utilised in the FBC

A&E	Accident & Emergency	IAAP	Integrated Assurance and Approval Plan
AAA	Abdominal Aortic Aneurysm	ICCS	Integrated Community Care System
ACE	Action in Caerau & Ely	IFRS	International Financial Reporting Standard
AIP	Agreement in Principle	IM&T	Information Management & Technology
AME	Annually Managed Expenditure	IMTP	Integrated Medium Term Plan
BAU	Business As Usual	IP&C	Infection Prevention and Control
BCR	Benefit Cost Ratio	IRCF	Integration and Rebalancing Capital Fund
BIM	Building Information Management	IRIS	Identification and Referral to Improve Safety
CA	Cost Advisor	IT	Information Technology
CAVRPB	Cardiff and Vale Regional Partnership Board	LA	Local Authority
CC	Cardiff Council	LDP	Local Development Plan
CIA	Comprehensive Investment Appraisal	MECC	Making Every Contact Count
CMG	Capital Management Group	MP	Member of Parliament
CRB	Cash Releasing Benefits	NEC	New Engineering Contract
CRI	Cardiff Royal Infirmary	NHS	National Health Service
CRL	Capital Resource Limit	NPV	Net Present Value
CSF	Critical Success Factors	NWSSP-SES	NHS Wales Shared Services Partnership – Specialist Estates Services
CV	Curriculum Vitae	NZC	Net Zero Carbon
CAVUHB	Cardiff and Vale University Health Board	OBC	Outline Business Case
DDA	Disability Discrimination Act	OCG	Office of Government Commerce
DEL	Departmental Expenditure Limit	OCP	Organisational Change Policy
DNAs	Did Not Attends	PAC	Pre-Application Planning Consultation
EFPMS	Estates and Facilities Performance Management System	PBA	Project Bank Account
EHIA	Equality and Health Inequalities Impact Assessment	PBC	Programme Business Case
FBC	Full Business Case	PCIC	Primary, Community and Intermediate Care
GDS	General Dental Services	PER	Project Evaluation Reviews
GMS	General Medical Services	PFG	Programme for Government
GP	General Practitioner	PHW	Public Health Wales
H&WC	Health and Wellbeing Centre	PIR	Post Implementation Review
HCF	Housing Care Fund	PM	Project Manager
HIA	Health Impact Assessment	PMHSS	Primary Mental Health Support Services
HM	His Majesty's	PPE	Post Project Evaluation
HPCCAS	Healthcare Planning, Construction Consultancy and Ancillary Services		
HR	Human Resources		

PRINCE	PProjects IN Controlled Environments
PV	Park View
QB	Quantifiable Benefits
RDS	Room Data Sheets
RPA	Risk Potential Assessment
RPB	Regional Partnership Board
SBS	Shared Business Services
SCP	Supply Chain Partner
SMART	Specific, Measurable, Achievable, Relevant and Time-bound
SOC	Strategic Outline Case
SOFW	Shaping Our Future Wellbeing
SOW:IOC	Shaping Our Future Wellbeing: In Our Community Programme
SRO	Senior Responsible Owner
TOR	Terms of Reference
TUPE	Transfer of Undertakings (Protection of Employment)

UHB	University Health Board
UHL	University Hospital Llandough
UHW	University Hospital Wales
UK	United Kingdom
VAT	Value Added Tax
VBRG	Value & Benefits Realisation Group
VFM	Value for Money
WFG	Wellbeing of Future Generations
WG	Welsh Government
WH	Wellbeing Hubs
WHBN	Welsh Health Building Note
WHC	Welsh Health Circular
WHTM	Welsh Health Technical Memorandum
WIMD	Welsh Index of Multiple Deprivation
WODT	Workforce and Organisational Development Team

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1.0 EXECUTIVE SUMMARY

1.1 Overview and Introduction

This document presents the executive summary of the Full Business Case (FBC) for the development of a Wellbeing Hub at Park View to provide an integrated health and social model of care from fit for purpose facilities for the benefit of communities living in the Cardiff South West Cluster and the wider community in relation to providing a much-needed integrated health and social model of care.

The development of a Wellbeing Hub at Park View is based upon the assessment undertaken by the Health Board, alongside Public Health Wales, to support the SOFW:IOC Programme Business Case (PBC), which was endorsed by Welsh Government (WG) in August 2019.

The business case seeks the approval for a capital investment of £36.801m in support of the Cardiff and Vale University Health Board (CAVUHB) vision for integrated community care services as outlined within the *Shaping Our Future Wellbeing (SOFW) Strategy 2025 - 2035* whilst also providing a key role in delivering the ambitions and priorities of the Programme for Government (PfG) via the Health and Social Care Integration and Rebalancing Capital Fund (IRCF).

This scheme is a fundamental priority for the Health Board and its key stakeholders and partners and is a key enabler to delivering its ambition to become an Integrated Community Care System (ICCS). It represents the culmination of over five years planning with preparation to enable the redevelopment of these facilities to not only provide much needed local support services to residents but also enabling the implementation of the Health Board's plan *Shaping our Future Wellbeing* to shift delivery of services, where appropriate, from acute hospitals into the community. It supports the Health Board's ambition to deliver on the four strategic ambitions:

- Putting people first
- Providing outstanding quality
- Delivering in the right places
- Acting for the future

Key stakeholders have been fully engaged throughout the business case and development process. This project is also in full alignment with the *Cardiff and Vale Regional Partnership Board Joint Area Plan* and *Cardiff Public Service Board Wellbeing Plan*.

1.1.1 Progress since Submission of the Outline Business Case (OBC)

An Outline Business Case (OBC) for the development was submitted to Welsh Government for approval and endorsed in June 2023.

During the development of the Full Business Case in support of the project, the outputs within the OBC have been reviewed with this assessment reaffirming the major assumptions and outputs of the OBC. The result of this is that the preferred option remains unchanged, however key changes since submission of the OBC however include:

- Increase in inflation costs
- New Part L2 building regulations resulting in cost increases
- Best endeavours to reach a Net Zero Carbon (NZC) target resulting in cost increases
- Some additional refurbishment works to the existing community hub to support full collaboration and integration with partner services
- A comprehensive investment appraisal has been undertaken in place of the generic economic model to support validation of the preferred way forward and value for money.

Capital Cost	FBC £m	OBC £m	Change £m
Building / Engineering	36.331	20.850	15.481
Equipment costs	0.470	0.565	(0.095)
Total Capital Cost	36.801	21.415	15.386

Executive Summary Table 1: Changes in Capital Costs – OBC to FBC

	FBC Current Year (£m)	FBC Recurrent (£)	OBC approved Cost (£)
Annual Revenue Requirement	0.0m	0.624m	0.676m

Executive Summary Table 2: Changes in Revenue Costs – OBC to FBC

The overarching service scope for the proposed facility remains valid and therefore the main emphasis for the project remains to re-integrate existing Health Board services that are currently fragmented across the locality, enhance wellbeing support through collaboration with partner organisations, support general medical services (GMS) sustainability within the cluster by delivering viable accommodation for Westway Surgery and provide increased local service provision for residents such as outpatient clinics and wider cluster delivered services. The Hub will support the Health Boards response to planned population growth, enabling the further development of integrated wellbeing solutions and the adoption of new ways of working.

The revenue requirement for the facility has marginally reduced from OBC, but is driven by facilities and estates running costs, noting the need to comply with the NHS Zero Carbon strategies. There are no additional net clinical service costs associated with the build. However, a saving from GMS rent and rates is netted down in the £0.624m revenue impact.

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1.2 Strategic Case

1.2.1 The Strategic Context

The development of the Wellbeing Hub at Parkview has been a priority for a significant period of time. Wellbeing Hubs serve as a vital component in the delivery of the Primary Care Model of Wales, through enhancing the community infrastructure to enable delivery of integrated services, closer to home, in line with population need through high quality primary care in fit-for-purpose estates and accommodation.

When determining the need for facilities during the development of the SOFW PBC (endorsed by Welsh Government in August 2019), the Health Board, alongside Public Health Wales used a simple algorithm that took into account deprivation (WIMD), travel time (by walking, cycling, bus and car) and opportunities to integrate the delivery of health, social and wellbeing services in the South West Cardiff Cluster. This assessment indicated that a Wellbeing Hub at Park View was deemed to be a suitable location to serve residents and provide the infrastructure to support the shift of health care services into the community whilst supporting the delivery of a range of integrated services with other statutory and third sector services.

Throughout development of the business case, the Health Board has been mindful to continue to consider and take account of the relevant national, regional and local drivers with the publications outlined below confirming and strengthening to future direction for health and social care services, they also have a number of common themes for action to take account of the transformation agenda for primary care and general practice. Many of these strategies look to improve the social, economic, environmental and cultural wellbeing of Wales now and in the future. They ensure that public bodies consider more about the long-term, work better with people, communities and each other, and take a more joined-up approach to improve access to public services which are equitable and culturally appropriate to their needs which is a crucial driver for this project.

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Executive Summary Figure 1: Overarching National Policies considered within the FBC

This business case will support these drivers and national policies by aiming to deliver the following:

- Providing facilities to support greater access to high class healthcare which aids healing and recovery, whilst supporting a social model of health which promotes physical, mental and social wellbeing by providing access to multi-disciplinary teams who offer a range of differing skills and activities thus improving effectiveness and enabling users to potentially avoid multiple visits through a single point of access approach with community and social care support
- Supporting initiatives to narrow the health inequalities gap through targeted action in areas of greatest need

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- Providing sufficient capacity to meet clinical demand in relation to the shift of healthcare services into the community
- Utilising new technology and systems to support the ongoing diagnostic and digital needs of the Health Board to deliver high quality care whilst also supporting an increased range of collaborative services with statutory and third sector partners
- Providing facilities that are fit for purpose, whilst being as adaptable as possible for further future change
- Providing an information and knowledge sharing model to support better and more integrated working across professions and organisations leading to more seamless delivery and co-ordination between primary and secondary care, health and social care
- Backing the NHS workforce: by providing a pleasant working environment which permits the integration of services and collaboration which permits staff to deliver services to standards that are necessary
- Encouraging active travel and healthier wellbeing for patients, staff and visitors by providing facilities that promote leisure activities and green spaces
- Providing facilities in sustainable way which limits the use of fossil fuels and moves towards a Net Zero Carbon goal
- Providing commitment to embedding the sustainability principles set out in the Wellbeing of Future Generations Act and the way that the Health Board and its partner work together to deliver them
- Assisting the Health Board to further contribute to the Foundational Economy in Health and Social Services programme via promotion of community-based developments.

This business case demonstrates alignment with the priorities and strategic direction as set out by the *CAVRPB Joint Area Plan (2023 – 2028)* and *Strategic Capital Plan 2023* and aims to provide seamless delivery of services that are jointly located with community and other public services to enable a fully integrated and collaborative model of health and social care, accessible to all and committed to building on a long history of collaboration and vision for community place based care.

The Health Board has also further developed its Shaping Our Future Wellbeing Strategy with the ambition to progress the integrated health and social care programme to achieve its vision for better health and outstanding care based on four strategic objectives:

Strategic Objectives

- Putting People First – The Health Board will be a great place to train, work and live, where the organisation will listen to and empower people to live healthy lives. By 2035, colleagues would recommend the Health Board a great place to work, workforce will reflect the diversity of communities, and more people will be living healthier lives
- Providing Outstanding Care – The Health Board 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. Inequities will be reduced in

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prevention, and there will be improved access to clinical services and clinical outcomes

- Delivering in the Right Places - By 2035 the Health Board 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. The organisation will be well on the journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery
- Acting for the Future – The Health Board will work to ensure that what is done today does not compromise the wellbeing of future generations. The Health Board 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 the Health Board’s will have reduced its carbon footprint by 34% (currently under review) and will have increased research and clinical innovation activities.



Executive Summary Figure 2: Key Local / CVUHB Strategies

This project supports and strengthens the crucial future vision of these Health Board strategies and culture through:

- Supporting the development of population focused place-based plans, through Cluster and Pan Cluster working to provide care closer to home, supporting people to live healthier lives and reduce the unfair differences in the prevalence of illness and health outcomes seen across Welsh communities
- Delivering new models of place-based, integrated care and support across NHS partnerships with councils, third sector services and local community networks
- Enabling more people to retain their independence through care and support delivered at home or closer to home

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- Increasing the effectiveness and capacity of community-based infrastructure to provide a network of flexible multi-functional accommodation solutions delivered in partnership across Cardiff and the Vale of Glamorgan
- Irradicating poor infrastructure that is no longer suitable for current and future use and is not conducive to the best patient outcomes and experience, nor staff wellbeing
- Contributing to the future sustainability of General Medical Services (GMS)
- Providing sessional use of multi-functional, generic room types rather than service specific areas that will create a flexible approach that will also create efficiencies in utilisation across assets
- Providing a means to reduce the Health Board's carbon footprint by providing sustainable healthcare
- Assistance in meeting the themes set out in the Workforce Strategy for Health and Social Care in relation to the Health Board's *People and Culture Plan* by improving the experience of staff working across services as well as supporting further education and training where possible to attract, recruit and retain the right staff with the right skills
- Providing settings that enable engaged, motivated and a healthy workforce - to have a workforce that feels valued and supported wherever they work
- Enabling opportunities for volunteers or employment in a range of disciplines.

The Hub and spoke model depicted in the business case and overarching SOFW strategy will support the Health Boards response to planned population growth, enabling the further development of integrated wellbeing solutions and the adoption of new ways of working with Wellbeing Hubs serving as a vital component in the delivery of the Primary Care Model of Wales, through enhancing the community infrastructure to enable delivery of integrated services, closer to home, in line with population need through high quality primary care in fit-for-purpose estates and accommodation.

1.2.2 The Case for Change

This focus of this business case is on the Cardiff South West Cluster that primarily covers the communities of Caerau, Canton, Ely, Pontcanna and Riverside In January 2025 the cluster had a population of approximately 74,934 (those who are registered with a GP) and includes areas of high deprivation and areas of ethnic diversity.

Key challenges and drivers for the locality and specifically the Cardiff South West cluster include:

- The continued growth in the older population (over 65's) will result in greater need and consequently greater demand for health and care services
- A new Local Development Plan (LDP) is currently being prepared for Cardiff, with a consultation taking place on 3 population growth scenarios, these include options for strategic sites within the Cardiff North West locality and the Cardiff South West cluster creating a stark rise in the local population and contributing to the increase in local health and social activity resulting in further pressures on GP and other health services currently provided within the area

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- The inequalities and high deprivation levels of the local community resulting in residents not accessing the health and social care they need to remain in good health. 45.3% of the population of the Cardiff South West cluster live in the 20% most deprived areas in Wales
- Poor local community health infrastructure and GMS sustainability issues
- Supporting the needs of younger people in the community (higher proportion of young people under 15 years compared to other clusters)
- Supporting the concentrated future priorities as set out the South West cluster plan such as coordinated help with issues such as alcohol, smoking, living healthier, chronic conditions and immunisation / screening encouragement.

These challenges along with the loss of Health Board services provided from the former Park View Health Centre (closed in March 2018) has left patients and members of the community needing to travel further afield for their care. Services across the cluster such as abdominal aortic aneurysm (AAA) screening, community nurse treatment, continence, dental, diabetic retinopathy, podiatry and dietetic clinics as well as facilities for community learning disabilities, sexual health and paediatrics (that were delivered from the original health centre) are now fragmented and disjointed.

To aid consistent care within the community and support the vision outlined within the SOFW:IOC Programme Business Case, the Health Board wish to develop revised community-based infrastructure with a wellbeing hub to serve residents of the Cardiff South West Cluster being within the first tranche. This wellbeing hub will bring back services to local residents but also support GMS sustainability and provide enhanced access to a range of collaborative initiatives, further strengthened by the priorities as set out by the Programme for Government and the development of integrated health and social hubs and centres.

Spending Objectives, Scope and Benefits

The scope of the project includes the implementation of a community-based facility that supports GMS sustainability, meets statutory requirements, best practice models and addresses service models, known capacity issues and improves clinical flows along with providing a better social model of health for the community and wider cluster population.

The range of service priorities and scope of service considered at OBC has formed the basis for the identification of the preferred option now proposed in the FBC. It reaffirms the community and cluster service priorities and continues to ensure the requirements are fit for purpose and meet the service and population needs.

The following list provides the full-service scope of the project:

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WELLBEING HUB@PARK VIEW (PV)	
W	Wellbeing Zone
Ref	Service
	Group/Community Rooms/Info and advice:-
W01	· podiatry
W02	· dietetics
W03	· third sector social/activity groups
W04	· PMHSS
W05	· falls prevention
W06	· perinatal
W07	Teaching kitchen
W08	Information and advice area
H	Health Zone
Ref	Service
H01	Child Health clinics (PV=incr) (HV clinics, community paed, continence/soiling, SaLT incr, C&YP PMH)
H02	Paeds Audiology (interim)
H03	Sexual health clinics (PV + incr.)
H04	DESW clinic (PV)
H05	Community Wound Clinic (PV)
H06	Continence Clinic (PV)
H07	Stop Smoking Wales clinic (PV)
H08	Dietetics clinic (PV + incr.)
H09	DN Ely treatment room (PV)
H10	Core Podiatry clinic (PV)
H11	Westway Surgery (new)
H12	Community Dental Service (PV)
H13	Learning Disability services (SBUHB) (PV)
H14	AAA screening clinic (continuation of current clinic) (PV)
H15	Cardiology clinics (new)
H16	Maternity clinics (new)
H17	PMHSS (see COS for wellbeing zone) (new)
H18	Falls prevention (linked to COS for wellbeing zone) (new)
R01	CMHT Clinics for Cluster (Supported)
R03	IRIS/domestic abuse (Supported)
	Supported Cluster delivered services:-
R04	· MSK/MHP services – GMS sustainability
R05	· Acute Paediatrics/GP clinic for Cluster
R06	· Dementia/memory clinics for Cluster
R07	· Phlebotomy - Cluster delivered clinics

KEY:
 PV – activity previously delivered from PV Health Centre
 Incr – increase in activity for PV clinic
 New – previously delivered elsewhere/different model

Executive Summary Figure 3: Service Scope of the Project

The service scope outlined above continues to take into consideration the extensive engagement between individual services and the service planning team with regards to the most appropriate configuration of services for the locality and local community.

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Specific objectives and benefits include:

Spending Objective	Beneficiary	Main Benefits
1. To improve the way universal prevention and population health services are delivered to support the empowerment of people to choose healthy behaviours and encourage self-management of conditions	Patients	<ul style="list-style-type: none"> Increased referrals to “Help me Quit” programme for the Cluster
		<ul style="list-style-type: none"> Increased participants completing self-management/ Education for Patients Programmes for example Move More, Eat Well Programme
	Health Board / Staff	<ul style="list-style-type: none"> People are empowered to self-manage their health with the potential to reduce overall demand for healthcare
	Wider community/ partner organisations	<ul style="list-style-type: none"> Increased uptake of child primary immunisations
		<ul style="list-style-type: none"> Improved healthy behaviours leading to improved health of population who can contribute to society both economically and socially
		<ul style="list-style-type: none"> Reduced No of GP attendances
2. To improve the quality of health and wellbeing services by working with partners to deliver more co-ordinated and collaborative services closer to home	Patients	<ul style="list-style-type: none"> Increased ‘outpatient’ appointments delivered in a community setting avoiding the need to travel to hospital
		<ul style="list-style-type: none"> Enables more health and wellbeing services to be provided closer to home to support patients not having to travel further afield for their care
	Health Board/ Staff	<ul style="list-style-type: none"> Reduced number/% of outpatient appointment DNAs (did not attend).
3. To work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need	Patients	<ul style="list-style-type: none"> Location of facilities in relation to access times for Cluster residents in most deprived areas and proximity to appropriate Local Authority services
		<ul style="list-style-type: none"> Improved patient satisfaction
	Health Board/ Staff	<ul style="list-style-type: none"> Environment offers appropriate facilities for delivery of services, which conform to appropriate WHBNs and WHTMs, and appropriate IP&C measures
	Wider community / partner organisations	<ul style="list-style-type: none"> Workforce benefits through: <ul style="list-style-type: none"> training and development in new roles reduced turnover improved staff satisfaction
<ul style="list-style-type: none"> Providing sustainable and energy efficient accommodation contributing to net zero carbon targets 		
4. To improve health outcomes, focusing on conditions where prevention will have the greatest impact, as	Patients	<ul style="list-style-type: none"> Number/ rate of emergency hospital attendances for chronic conditions per 100,000 population
	Health Board/ Staff	<ul style="list-style-type: none"> Early intervention and timely treatment reduces admissions to acute hospital

Spending Objective	Beneficiary	Main Benefits
identified in SOFW: - Cancer; Dementia; Dental and eye care; Maternal health; Mental health; Stroke	Wider community / partner organisations	<ul style="list-style-type: none"> Collaborative services focussing on particular conditions
5. To reduce health inequalities through targeted provision of services/interventions which better meet the health and wellbeing needs of the local population	Patients	<ul style="list-style-type: none"> Activity and resources focussed where identified need is highest (supporting gap in healthy life years)
	Health Board/ Staff / Wider community / partner organisations	<ul style="list-style-type: none"> Ensure that services are provided in locations and ways which are likely to reduce inequalities in access (i.e. link to public transport routes, avoiding discrimination by language)
6. To improve the capacity of services to meet increasing and changing demand for services, focusing on: - service/clinic utilisation; workforce; facilities and technology	Patients	<ul style="list-style-type: none"> Flexible use of multi-functional/ generic facilities available leading to greater utilisation
	Health Board/ Staff	<ul style="list-style-type: none"> Economic opportunity to release services from fragmented estate outwith the cluster
		<ul style="list-style-type: none"> Efficient use of bookable clinical facilities
Wider community / partner organisations	<ul style="list-style-type: none"> Enhanced IT/ digital technology supports effective communication between professionals and citizens via joint working 	

Executive Summary Table 3: Spending Objectives and Main Benefits

Patients will benefit from improved and actively supported access to important services, with the ability to access both health, social care, and other community and wellbeing services, with activity and resource focused at where the need is highest leading to improved population health outcomes and reductions in health inequalities across Cardiff. For example, it's expected that the project will lead to the reduction in the number and rate of emergency hospital attendances for chronic conditions, which will improve the ability of hospital sites in the area to be better able to respond to increasing demand and by offering co-located services with other public services a fully integrated model with a single point of access can be achieved within enhanced social prescribing opportunities.

1.3 Economic Case

The long list of options was generated during the development of the OBC and were evaluated in accordance with best practice contained in the Infrastructure Investment Guidance. The evaluation was based upon how well each option met the spending objectives and critical success factors (CSFs) of the project. This long list has been revisited in the context of the FBC, and it has been confirmed that no changes are required since the evaluation of those options presented within the OBC. This summary of assessment is shown below:

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Option	Finding
1.0 - Potential Scoping Options	
1.1 Do Minimum – Business as usual with regards to services provided	Discounted but carried forward for comparative purposes
1.2 All services that were provided from the now closed Park View Health Centre and GMS	Discounted
1.3 Less ambitious - All services that were provided from the now closed Park View Health Centre, GMS and increased delivery of wellbeing services	Possible
1.4 Increased delivery of services for Cluster population only	Discounted
1.5 Increased delivery of services for Cluster population and wider	Discounted
1.6 Intermediate scope – All services that were provided from the now closed Park View Health Centre, GMS, wellbeing and collaborative services with partner organisations (LA and 3rd sector)	Possible
1.7 All services that were provided from the now closed Park View Health Centre and collaborative services delivered with partner organisations (LA and 3rd Sector)	Discounted
1.8 More ambitious scope - Social model of health – As 1.6 plus increased local service provision, outpatient clinics and cluster delivered services	Preferred
2.0 – Potential Service Solutions (in relation to the preferred scope)	
2.1 New build facility on Park View site	Preferred
2.2 Utilise an existing Health Board building in the Cardiff South West Cluster – St. David's Community Hospital	Discounted
2.3 Utilise an existing Health Board building in the Cardiff South West Cluster – Riverside Health Centre	Discounted
2.4 Lease/buy an existing building in the Cardiff South West Cluster	Discounted
2.5 New build facility elsewhere in the Cardiff South West Cluster	Discounted
3.0 – Potential Service Delivery Options (in relation to the preferred scope and service solution)	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
4.0 – Potential Implementation Options (in relation to the preferred scope, service solution and method of service delivery)	
4.1 Big Bang	Preferred
4.2 Phased	Discounted
5.0 – Potential Funding Options (in relation to the preferred scope, service solution, method of service delivery and implementation)	

Option	Finding
	Only public funding has been considered as it has been established with Welsh Government that this project will be supported

Executive Summary Table 4: Preferred Way Forward

All the options that were discounted above as impracticable have been excluded, except for the Do Minimum option which has been carried forward for comparative purposes only. Based on this analysis, the recommended short list was as follows:

	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Service Scope	1.1 - All services that were provided from the now closed Park View Health Centre	1.3 - All services that were provided from the now closed Park View Health Centre plus GMS and UHB wellbeing services	1.6 - All services that were provided from the now closed Park View Health Centre plus GMS, UHB wellbeing services and partner organisation services (LA and third sector)	1.8 - All services that were provided from the now closed Park View Health Centre, GMS, UHB wellbeing services and partner organisation services (LA and third sector) plus increased or additional provision in local services, outpatient clinics and cluster delivered services
Service Solution	2.1 - New build facility on the Park View site			
Service Delivery	3.1 - In House			
Implementation	4.1 - Big Bang – single phase			
Funding	5.0 - Public funding			

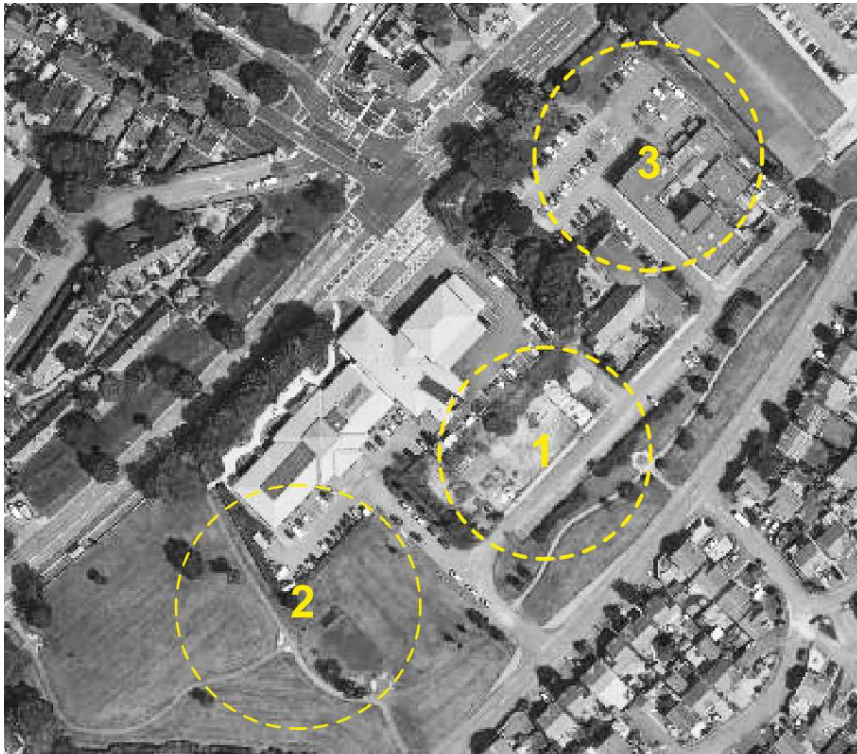
Executive Summary Table 5: Short Listed Options

There are various locations potentially available on the site for delivery of the shortlisted options. These include:

Location	Description
Location 1	A previously developed area in the centre of the Park View site with close proximity to the existing community hub and local fire station
Location 2	Land currently used as amenity parkland with close proximity to the existing community hub
Location 3	The former Park View Health Centre site

Executive Summary Table 6: Site Locations with potential to deliver the Shortlisted Options

These are shown diagrammatically below:



Executive Summary Figure 4: Site plan showing different location options

During the development of the OBC, a qualitative benefits appraisal was undertaken, and it was assumed that due to the limited-service scope of shortlisted options 1 and 2, they could be accommodated on the former Health Board owned Park View Health Centre site (site location 3). However, options 3 and 4 require the inclusion of increased collaborative services therefore leading to the requirement for colocation with the existing Ely and Caerau Community Hub on the wider Park View site, with option 4 requiring a larger footprint to accommodate the additional necessary functional content and increase in collaborative service provision (site location 2).

Site location 1 was ruled out due to the potential constraints to the south of the plot by the current access road and to the east due to the residential aspects of Rowan House.

The shortlisted options have been further analysed against the spending objectives and critical success factors during development of the FBC. The table below shows the outcome of this analysis:

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Option:	1	2	3	4
Spending Objectives				
1. Empower the person	✓	✓	✓✓	✓✓
2. Home first	✓	✓	✓	✓✓
3. Developing appropriate infrastructure	✓	✓	✓✓	✓✓
4. Outcomes that matter to people	✓	✓✓	✓✓	✓✓
5. Reducing health inequalities	✓	✓	✓✓	✓✓
6. Avoid harm, waste and variation	✓	✓	✓✓	✓✓
Critical Success Factors				
Strategic Fit	X	✓	✓	✓✓
Business Need	X	✓	✓	✓✓
Potential Affordability	✓	✓	✓	✓
Potential Achievability	✓✓	✓✓	✓	✓
Potential Value for Money	✓	✓	✓✓	✓✓
Summary	Discounted	Possible	Possible	Preferred

Executive Summary Table 7: Summary Assessment of Shortlisted

It is therefore confirmed that the shortlisted options presented remain valid at this FBC stage.

1.3.1 Economic Appraisal

The economic appraisal of the shortlisted options that was undertaken at the OBC stage, concluded with a clear preference for Option 4. However, to confirm that this option remains value for money and in line with updated cost information, a comprehensive investment appraisal has been undertaken during the development of this FBC for the preferred option against the do-nothing as agreed with NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES).

The economic appraisal has been conducted in accordance with HM Treasury guidance.

The principles and assumptions used in the business case are:

- Capital costs have been based on Tender proposals and agreements
- Contingency has been included in costs for the purpose of economic assessment
- Revenue costs for the new facility have been included
- Where possible benefits have been calculated and included for the preferred option
- The assessment has been run for 60 years using 3.5% interest rate for years 1 - 30 and 3.0% thereafter
- Lifecycle costs for the preferred option have been included as per the Cost Advisor calculations
- No land sales or residual values have been included

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- A sensitivity analysis has been undertaken on the financial and combined element to test the range of sensitivity between the preferred option and the do-nothing option.

Benefits

The benefit register has been reviewed and the following benefits included in the CIA:

Benefits	Category	Preferred Option Value NPV Over 60 Years (£'m)
Reduction in Hospital Activity (Risk Adjusted)	NCRB	183.1
Reduction in DNA	NCRB	4.5
GP attendances	NCRB	1.9
Patient Travel	NCRB	0.2
Carbon Savings	SB	0.5
Total		190.2

Executive Summary Table 8: Benefits utilised within the CIA

Other potential unmonetizable benefits at this stage which have not been included in the model include:

- The impact of the new facility on staff resilience and well-being
- The impact of new ways of working, consolidated services and new health initiatives to increase healthy life expectancies of the deprived populations affected. As this is a single element of wider initiatives it has been difficult to estimate a justified contribution of the new H&WB Centre to this.

Economic Analysis

Based on the combined costs the Benefits Cost Ratio (BCR) is calculated at 3.90 showing a strong contribution over the life of the asset:

Economic Impact	Preferred Option
Incremental Costs	(48.8)
Incremental Benefits	190.2
Risk Adjusted Net Present Value (NPV)	141.4
	3.90

Executive Summary Table 9: Economic Analysis

Sensitivity Analysis

Sensitivity analysis has been undertaken to assess the switching values between do nothing and the preferred option and are detailed in the analysis below. This demonstrates that a significant change would be required across all values to make do nothing equal to the preferred option:

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	Preferred option	Percentage Change Required	Value Change Required
Capital costs	(34,410)	511%	(175,792)
Revenue costs	(14,422)	1080%	(155,797)
Total costs	(48,832)	0%	0
Non cash-releasing benefits	189,743	0%	0
Societal benefits	475	25%	48,323
Total benefits	190,218	-29669%	(140,860)
NPV	141,386	0%	0
BCR	3.90	1.0	1.0

Executive Summary Table 10: Switching Value

Additionally, a change in costs and benefits of 20% has been assessed on the preferred case to estimate the impact on the BCR:

	Change	Adjusted NPV	BCR
Capital costs	+20%	135.655	3.49
Revenue costs	+20%	138.321	3.67
Non cash-releasing benefits	-20%	103.437	3.12
Societal benefits	-20%	141.291	3.89
BCR	3.90		

Executive Summary Table 11: Impact of sensitivity analysis on BCR

None of these sensitivities would materially affect the selection of the preferred option.

Summary

Based on the appraisal above there is a clear value for money case for the implementation of the new Health and Wellbeing Centre which will be strengthened with its key role in the overall wider strategy for the improvement of the health and wellbeing of the local population.

1.4 The Preferred Option

The provision is for a fit for purpose new Health Centre on the wider site at Park View in Ely (*Wellbeing Hub@Park View*) adjoining the existing Ely and Caerau Community Hub, that meets all statutory requirements and best practice models whilst supporting GMS sustainability and increases utilisation of public assets. The facility will provide high quality, sustainable and adaptable accommodation which supports improved access to a seamless range of integrated social, health and wellbeing services delivered closer to peoples' homes, supporting an improved social model of health for the residents of the Cardiff South West cluster community but also the wider locality.

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Access to an enhanced community health and wellbeing facility will help connect local people to community resources, practical help, group activities and provide opportunities to meet their health needs whilst increasing social participation but through developing new facilities where health, social care, and community services are co-located, public sector assets can be shared, with opportunities to deliver efficiencies as a result.

Proposals have been developed in partnership with local GPs, the Local Authority, third sector organisations and the local community and will focus on 'prevention' and 'wellness' rather than 'illness' supporting the Wellbeing of Future Generations (Wales) Act 2015.

The provision of the new Wellbeing Hub will deliver a range of benefits to the population, staff, and the organisations within the Regional Partnership. Patients will benefit from improved access to important services, with the ability to access both health, care, and other community services closer to home, with activity and resource focused at where the need is highest across Cardiff and the Vale of Glamorgan.

The Cardiff South West Cluster in particular has been developing over the past seven years and has grown from a collective of GP practices, working together to develop core primary care services to best meet population health needs to a much wider, integrated collaboration across health, voluntary sector and community partners with the aim of improving the overall wellbeing of people living within the boundaries of the cluster.

The new Wellbeing Hub will include:

Wellbeing facilities including group/ community rooms, a teaching kitchen and information/ advice area. These spaces, in collaboration with existing facilities within the adjoining Community Hub, will support health, local authority and third sector groups to deliver wellbeing advice, education, support and signposting that can be personalised to support independence in the local community
Any services that are currently fragmented and dispersed across the locality such as diabetic eye screening services, podiatry clinics, community wound, stop smoking, AAA and continence clinics, learning disability services, district nurse treatments and community dental services
Access to an increased range of clinics for the locality such as dietetic clinics, sexual health clinics and child health clinics including access to health visitors, community paediatricians, child therapies and primary mental health
A re-provision of Westway Surgery providing a wide range of GMS services and in-practice hosted clinics
Access to a new range of specialised health clinics delivering seamless care closer to home along with proactive improvement of health and wellbeing services including access to cardiology clinics, antenatal and maternity clinics, primary mental health support services (PMHSS), falls prevention services as well as wider cluster support services such as community mental health teams, IRIS/ domestic abuse support, phlebotomy services and dementia / memory clinics
Office and administrative facilities to support team working, which will be evidence driven, using lessons learned from Health Board and partners' experience of delivering merged services.

Executive Summary Table 12: Summary of Facilities within new Wellbeing Hub

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A decarbonisation strategy for the scheme has been produced and sets out how the design will capture the various fundamentals required to support the targets moving forward and what is in place to align with Welsh Governments overarching Decarbonisation Programme.

1.5 Commercial Case

The proposals for the scheme have been developed through an agreed project structure led by Cardiff and Vale University Health Board working with Westway Surgery as part of the Afon Elai Partnership, NHS Wales Specialist Estates Services and Cardiff Council as key stakeholders.

The procurement strategy for the Design Team will be in line with the procedures and practices as laid down in the NHS Building for Wales framework. The various construction elements of the proposed Wellbeing Hub will be formally competitively tendered by the Supply Chain Partner as part of the production and agreement of the target price. An open book approach to prices will be adopted in line with the Framework and all costs will be closely scrutinised to ensure that the Health Board is getting the best value for money.

Contractual Arrangements have been entered into with all parties for this FBC stage using the NEC contract as prescribed under the Framework.

Lease Arrangements

Recipients of the health services associated with the project will be local residents and as such services will be commissioned by the Health Board. The majority of services will be delivered by the Health Board and GP Practice, although the Local Authority and third sector partners may deliver provide wellbeing services, as appropriate. Lease arrangements have been discussed with all parties regarding the operational management of the facilities and Head of Terms regarding the arrangements are ongoing with both Westway GP Practice (Afon Elai Partnership) and the Council.

Contract Arrangements

The Health Board intends to make payments in respect of the proposed products and services as follows:

- Charging will be completed under the 'Building for Wales' Framework terms and conditions
- The contract will be managed by Cardiff and Vale University Health Board under the NEC3 Option C Target Cost Contract.

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1.6 Financial Case

A summary of the financial expenditure for the preferred option is as follows:

Capital Cost	FBC £m	OBC £m	Change £m
Building / Engineering	36.331	20.850	15.481
Equipment costs	0.470	0.565	(0.095)
Total Capital Cost	36.801	21.415	15.386

Executive Summary Table 13: Capital Costs for the Preferred Option (£'m)

Capital Charges for FBC	£m
Impairment	21.105
Depreciation – Building / Engineering	0.332
Depreciation – Equipment	0.000
Accelerated Depreciation	0.000
Total Capital Charges / Depreciation	21.437

Executive Summary Table 14: Total Capital Charges / Depreciation – (£'m)

The following is a summary of the total impact of impairment and depreciation by year until the planned opening of the new facility:

	2027/28 £m
DEL Impairment	0.000
AME Impairment	21.105
Total	21.105

Executive Summary Table 15: Total Capital Charges and Depreciation by Year – (£'m)

The Health Board plans to lease a parcel of land from Cardiff Council on which the new wellbeing hub will be built. Under IFRS 16 accounting this will give rise to a capital requirement in 2025/26 and subsequent Annually Managed Expenditure (AME) depreciation funding. The details of the lease have not been finalised, but an estimate of the effect has been based on the Draft Heads of Terms negotiated with Cardiff Council for a peppercorn lease with a term of 125 years, similar to the lease negotiated with the council for Maelfa H&WC.

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	2025/26 £m	2026/27 £m
Revenue Resource Reduction	0.525	0.000
AME Depreciation	0.001	0.004
Total	0.526	0.004

Executive Summary Table 16: AME Depreciation Funding by Year (£'m)

The FBC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years provided in the table above.

As detailed throughout the FBC, this scheme will provide new facilities for the transfer of existing services currently dispersed across the locality since the closure of the original Park View Health Centre. The centre will also provide for GMS facilities from a relocated Westway Surgery and include an increase in local service provision by delivering more services closer to people's homes, enabling where possible out of hospital care. As such, there will at FBC stage, be no net additional clinical service costs, however, a £57k saving from GMS rent and rates is netted down in the £0.624m revenue impact.

Whilst the approved OBC included demolition of the existing Park View Health Centre, recent security matters and health and safety considerations has meant that it has been necessary to undertake asbestos removal and demolition in advance.

There will be additional facilities, estates and utilities costs associated with the new centre and the required footprint. These have developed further to the OBC, and reflect revised rates adjusted for inflation and savings. A major element of this is alignment where possible to the NHS Wales Decarbonisation Strategic Delivery Plan and the installation of air source heat pumps and associated electricity usage is a contributor to an increased utilities cost. By comparison, the old Park View building Gas and Electricity model is estimated at £45k at current rates, compared to the assumptions of circa £218k electricity consumption at this FBC stage.

The summary of additional revenue costs is as follows:

Cost Type	Additional Revenue Costs £m
Facilities / Utilities	0.681
Savings from Westway Surgery	(0.057)
Total	0.624

Executive Summary Table 17: Additional Revenue Costs (£'m)

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Additional Estates and FM	£m
Domestics staff	0.094
Domestics consumables	0.005
Waste	0.013
Estates	0.107
Security (Inc CCTV & TDSi)	0.013
Post	0.002
Utilities	0.248
Rates	0.150
Comms and digital	0.050
Total	0.681

Executive Summary Table 18: Estates and Facilities Revenue Summary (£'m)

The net revenue impact would need to be provided for within the Health Board forward financial plan. However, work between Capital, Estates and Facilities and PCIC Boards to mitigate these costs will be ongoing prior to opening the new facility. In addition, the Wellbeing Hub provides capacity and a model to help enable the future benefits realisation from the Health Board move towards an ICCS, with the significant return of investment and social value derived from enhanced multi-disciplinary, partnership care in the community, avoiding unwarranted medical intervention and hospital admission.

The following assumptions have been made in respect of the revenue case:

- Costs have been taken from Estates and Facilities Performance Management System (EFPMS) and inflated, where relevant
- Domestics consumables reflect the new cleaning standards
- Rates have been calculated based on the current estimates
- The saving for the transfer of Westway Surgery to the new facility is being realised and included
- Costs associated with room requirements etc. are assumed to be built into the capital costs
- Utilities have been costed by the energy team but may be variable and so consideration should be given for a +/- 30% tolerance
- Comms and digital costs have reduced and reflect ongoing data lines and licences

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

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	21/22	22/23	23/24	24/25	25/26	26/27	27/28	28/29
	£m	£m	£m	£m	£m	£m	£m	£m
Capital (excl. VAT) - DEL	0.629	0.000	0.614	1.472	5.638	22.591	0.401	0.000
AME Resource	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Accelerated Depreciation – DEL	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Depreciation – DEL	0.000	0.000	0.000	0.000	0.000	0.000	0.084	0.332
Depreciation - AME	0.000	0.000	0.000	0.000	0.001	0.004	0.004	0.004
Total	0.629	0.000	0.614	1.472	5.639	22.595	0.489	0.336

Executive Summary Table 19: Anticipated Spend, Capital Charges and Depreciation Profile (£'m)

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.

Overall Affordability

It is assumed the impairment and recurrent charges for depreciation will be funded by Welsh Government.

The revenue implications, subject to final Board approval and submission of the FBC, will be met from the Health Board's forward financial planning assumptions, in recognition of the benefits and value delivered from the new facilities and supporting the care in the community.

The ICCS strategic direction presents a significant opportunity for return on investment and social value from partnership working over the medium to long term. The Wellbeing Hub provides an enabling opportunity for an integrated approach and capacity to support this 'left shift' and realise cost avoidance benefits in hospital settings, from connected and enhanced community care within the cluster.

1.7 Management Case

1.7.1 Programme and Project Management Arrangements

This project is an integral part of the Health Board's portfolio of projects for the delivery of the 'Shaping Our Future Wellbeing: In Our Community' strategy.

Robust project management arrangements are vital to ensure the implementation of the overall project, and that effective control is maintained.

In managing the project, the Health Board aims to:

- Deliver the project on time and to budget
- Ensure effective and proactive lines of accountability and responsibility for the project deliverables, and

- Establish user involvement at all stages of the project.

The project has a well-defined structure and includes the following identified key roles:

- Investment Decision Maker
- Senior Responsible Owner
- Programme Director
- Programme Manager
- Project Director
- Programme Board
- Project Team
- Other Roles including:
 - Capital Planning
 - Finance
 - Strategic Clinical Engagement
 - Workforce
 - IM&T
 - Primary Community and Intermediate Care Clinical Board
 - External Stakeholders and Partner Organisations (including Local Authorities, other Health Boards, Welsh Ambulance Services Trust, Third Sector, Llais Wales)
 - Engagement and co-production with service users and local communities

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
FBC submission to WG	August 2025
Commence construction	January 2026
Construction completion	September 2027
Facility operational	October 2027

Executive Summary Table 20: Project Plan

1.7.2 **Change and Contract Management**

The reconfiguration will be implemented in a systematic way that causes the least disruption to services and users of the current community hub and local facilities. The programme and project structures have been established to implement the necessary changes and ensure clinical leadership remains central to this with project delivery being managed through a series of workstreams, each supported by a terms of reference. The Project Team will support the project delivery workstreams and their roles will migrate through the next stages of the project to include all matters pertaining to the implementation and commissioning.

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1.7.3 *Communication and Engagement*

Effective communications, consultation and engagement is central and critical to the successful delivery of the project. The Health Board has a duty to involve people in the planning and delivery of health services and significant service developments.

Extensive engagement on the Wellbeing Hub@ Park View has been undertaken during all stages of the business case process with results informing and influencing the design and development as far as possible. The Health Board and its key stakeholders via members of the communications and engagement workstream will continue to support ongoing dialogue with the local community and residents throughout the development of this FBC and beyond into the delivery stages.

1.7.4 *Benefits Realisation and Risk Management*

Benefits are anticipated when a change is conceived and there are measurable improvements that result from the outcome which is perceived as an advantage by the organisation and/or stakeholders. Benefit management and realisation therefore aims to identify, define, track, realise and optimise benefits within and beyond the programme. A benefits realisation plan has been established that provides a framework for this aim, and purposely identifies the realistic operational benefits associated with the business needs outlined by the Cardiff South West Cluster.

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The key risks of the development have been assessed and strategies for managing them described with a risk register which will be taken forward through to the delivery stages and continuously reviewed.

An additional risk assessment has been completed for the overarching consequences of the development using the agreed risk assessment framework for Cardiff and Vale University Health Board (the risk potential assessment (RPA) model).

1.7.5 *Post Project Evaluation*

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project.

The Health Board has identified a robust plan for undertaking PPE in line with current guidance, which is fully embedded in the project management arrangements of the project.

1.8 *Recommendation*

If this Full Business Case and proposals for the development of a Wellbeing Hub at Park View is not approved, Cardiff and Vale University Health Board will not be able to fully deliver the wellbeing and healthcare services needed by the people of Caerau, Canton, Ely

and Pontcanna and Riverside as well as the wider Cardiff South West Cluster sustainably in the future.

Access to services across the locality will remain fragmented and residents will not be given the opportunity to receive increased health service provision or additional wellbeing support from collaborative partners closer to their homes. The GMS delivery model for the Cardiff South West Cluster GPs will remain unmanageable.

The current real opportunity to provide an enhanced community health and wellbeing facility that helps connect local people to community resources, practical help, group activities and provide opportunities to meet their health needs whilst increasing social participation under one roof will be lost as well as support to the economic regeneration of the area.

Additionally, if the Business Case is not approved the scheme cannot deliver the broader economic benefits of the project, programme and related strategies, in turn reducing its ability to fully comply with the Welsh Government's strategies such as *Wellbeing for Future Generations Act*, *Prosperity for All* and *A Healthier Wales* or deliver the widespread operational benefits anticipated to the population, staff, and the organisations in the Regional Partnership via the Integration Rebalancing Capital Fund under priority 1.

It is therefore recommended that **approval** of this Full Business Case be given for the Cardiff and Vale University Health Board to develop the preferred option and commence the project through to delivery stage. This will enable the shift of health care services into the community and the delivery of a range of integrated services with other statutory and third sector services to be realised, aligned to the Health Boards ambition to become an Integrated Community Care System (ICCS).

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Report Title:	Llantrisant Park Outline Business Case, Phase 2a regional Arthroplasty facility		Agenda Item No:	6.4.2	
Meeting:	Board	Public	x	Meeting Date:	19.11.25
		Private			
Status (please only tick one)	Assurance	Approval	x	Information/Noting	x
Lead Executive Title:	Paul Bostock and David Fluck, Senior Responsible Officers Shaping Our Future Clinical Services				
Report Author Title:	Joanne Hill, Strategic Planning Cardiff and Vale UHB				

Main Report

Background and Current Situation:

In December 2022, CTMUHB submitted a successful business case to WG to purchase the former British Airways Avionics Engineering site at Llantrisant, with the purchase of the site completing in February 2023.

The vision for the LHP site is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards.

LHP will also act an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, "Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales" (April 2022).

The project is being led by the LHP Project Team at CTM in partnership with ABUHB and CAVUHB. Health Boards in South East Wales have committed to active collaboration where this delivers added value to clinical service delivery, access, and sustainability.

The development of LHP will be undertaken via a phased approach which has been supported by WG. Phase 1 is the development of a CDH, which includes Radiology and Endoscopy. Phase 2a will include a high volume, low complexity orthopaedic inpatient unit. The final Phase 2b, will include a multi-modality day surgery unit.

This OBC specifically refers to Phase 2a of the scheme for an orthopaedic inpatient unit serving as a regional Arthroplasty facility.

The Regional Orthopaedic Plan that informs this business case was noted at CAVUHB, ABUHB, CTMUHB Boards in September this year. It identified a clear need for additional lower limb arthroplasty capacity in South East Wales. Based on the demand and capacity analysis, the Arthroplasty facility will contribute to closing the demand and capacity gap, however the additional capacity alone will not fully meet the current demand, backlog and forecasted projections for lower limb arthroplasty. It is noted that further work is needed to address the shortfalls, including efficiency assumptions and utilisation of existing capacity, all of which will be set out in the SE Wales Regional Lower Limb Arthroplasty Plan, due for completion April 2026 which will inform the LHP Full Business Case (FBC).

Workforce planning will continue as a cornerstone of the next phase of the Orthopaedic planning supporting all arthroplasty delivery sites. The LHP, as a regional service will bring

development opportunities for our staff as we work together to deliver orthopaedic services. There will also be a key focus on establishing the additionality of staff to work within our SEW region as part of this development as an increased number of arthroplasty operations, will impact on staffing requirements across the patient pathway including outpatients, radiology, pre-operative assessment care, rehab and follow-up.

Significant revenue will be required to fund the additional lower limb arthroplasty capacity. The revenue principles at this stage are;

- Where activity is shifting from existing services the money will follow the patient.
- Activity over and above core funded positions will require additional revenue funding,
- We will seek to identify best value for money (i.e. procurement) through planning activities.

The OBC includes;

- Demand and Capacity assumptions (as shared with Board in September 25) that confirm the need for the LHP facility.
- Capital design.
- Emerging clinical model.

Engagement leads are working together to jointly produce engagement plan for the Orthopaedic OBC and CDH FBC. Producing core content to widen profile and understanding of LHP amongst public audiences and enable localised delivery of engagement actions. Inc. key messages, content for web and socials, graphics, talking heads videos. This work will also include workforce engagement across the region.

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

Key issues and risks include:

1. **Revenue Funding:** There are significant risks associated with revenue funding availability for services. Based on potential revenue cost of operations projected usage by CAVUHB may be £6.5m to maintain acceptable arthroplasty waiting times. This remains subject to a range of potential revenue commitments that are not within existing financial plans and would require National support.
2. **Workforce Planning** – workforce shortages across a number of areas are highlighted. Further planning work is required include the detailed workforce model for the LHP. CAVUHB is committed to maximising internal efficiencies and detailed workforce planning as regional plans develop.
3. **Operational Impact:** Local Health Board plans and LHP regional facility will support reduced waiting times and improved patient outcomes for CAVUHB residents.
4. **Ongoing engagement** is required with regional partners and stakeholders including the public on the service redesign.

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

- Llantrisant Health Park phase 2a OBC (*can be found in the supporting documents folder on the Cardiff and Vale UHB website and AdminControl*)
- Llantrisant Health Park Capital Cost Addendum (*can be found in the supporting documents folder on the Cardiff and Vale UHB website and AdminControl*)

Recommendations:

The Board is requested to:

- a) Approve submission of the Phase 2 LHP OBC

b) Note the associated risks and potential revenue consequences and approach to seeking national support.

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	<input type="checkbox"/>	Long Term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

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

Yes (please include the complete QIA document)	x	No (please provide reasoning e.g. not required)			
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Impact Assessment

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

Risk: Yes This is addressed in the regional plan attached
Safety: No
Financial: Yes This is addressed in the regional plan attached
Workforce: Yes This is addressed in the regional plan attached
Legal: Yes This is addressed in the regional plan attached
Reputational: Yes
Socio Economic: Yes - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance</i>
Equality & Health: Yes Both LHP and Regional Orthopaedic Programmes have developed and approved EHIA through the regional portfolio
Decarbonisation: Yes <i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:</i>

- *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? No

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? No

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

Name of Committee/Group/Exec	Date:
Strategic Leadership Team	13/11/2025
Value Benefits Realisation Group	14/11/2025
Finance and Performance Committee	19/11/2025
CAV UHB Board	27/11/2025

Saunders,Nathan
21/11/2025 17:51:27

Report Title:	Accountable Officer Letter: 2025-26 Strategic Cash Request Submission		Agenda Item no.	6.5
Meeting:	Board	Public	x	Meeting Date: 27.11.25
		Private		
Status:	Assurance	Approval	x	Information
Lead Executive:	Executive Director of Finance			
Report Author:	Deputy Director of Finance			

Background and current situation:

SITUATION

2025-26 Technical Update 3 issued by the Finance Directorate, Health Social Care and Early Years Group, Welsh Government on the 7th November 2025 confirmed that Health Boards are required to submit an Accountable Officer letter (once requirements are established) in support of a request for Strategic Cash Support in 2025/26. Application requests must be submitted by Monday 8th December 2025.

The following application requirements are in place for Strategic Cash Support to ensure appropriate oversight from LHB Boards:

- All applications for Strategic Cash Support are required to be made to Jacqueline Totterdell Chief Executive NHS Wales, Jacqueline.Totterdell@gov.wales and copied to Hywel.Jones038@gov.wales, Matthew.Denham-Jones@gov.wales and Jacqueline.Salmon@gov.wales
- All applications are to be approved by the Board prior to submission, including consideration of the cumulative cash support position of the LHB and the actions management are taking to mitigate the cash support requirement;
- Actions management are taking to mitigate the cash support requirements
- All applications to be made by the Accountable Officer of the LHB.

The UHB has highlighted its 2025/26 year end cash deficit arising from its forecast deficit within the monthly monitoring return which is submitted to Welsh Government. In addition, the Finance Committee has been advised that in due course, the UHB expects to seek Finance Committee and Board approval to request £56.233m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.

At month 7, the UHB is reporting an overspend of £35.619m and is working to recover the month 7 operational and savings overspend to deliver the £56.233m planned deficit. The UHB also continues to strengthen its processes to recover all income due on a timely basis.

In addition to the forecast deficit, the UHB has noted material risks to its financial position in respect of the band 2/3 pay arrears risk of £8.185m and the potential additional Welsh Risk Pool contribution (£7.378m + £1.906m). **If the month 7 financial forecast is not delivered, the UHB may need to seek additional approval from the Board to submit a further application to Welsh Government for supplementary strategic cash support.**

The UHB received strategic cash support of £26.900m in 2022/23, £16.460m in 2023/24 and £9.100m in 2024/25. Therefore, the cumulative cash support position of the LHB will stand at £108.693m if a 2025/26 request for £56.233m is approved.

Table 1 - Cumulative Strategic Cash Support

Year	Support	Amount £m
2022/23	Strategic Assistance	26.900
2023/24	Strategic Assistance	16.460
2024/25	Strategic Assistance - approved	9.100
2024/25 cumulative	Cumulative Strategic Cash support at the end of 2024/25	52.460
2025/26	Strategic Assistance - requested	56.233
2025/26 cumulative	Cumulative Strategic Cash support at the end of 2025/26	108.693

In addition to the strategic cash request, the UHB estimates that it requires £17m of working cash support to cover in year movement in its revenue and capital working balances since April 2025. The UHB has reported this requirement to Welsh Government through the Monthly Monitoring Returns (MMR) and will continue to review the requirement for working balances cash as the year progresses.

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

The UHB request for Strategic Cash Support in 2025/26 is consistent with the forecast deficit reported through the UHBs Finance & Performance Committee.

Recommendation:

The Board are requested to:

- a) **NOTE** the UHBs current assessment of £17.000m working cash balance support.
- b) **Approve** the UHB’s application to Welsh Government for £56.233m Strategic Cash Support in support of its 2025/26 forecast deficit.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?

Yes	No
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Impact Assessment:

Risk: No

Safety: No	
Financial: Yes	
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 <i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)</i>	
Decarbonisation: No	
Welsh Language: No	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Finance and Performance Committee	Date: 19 th November 2025

Saunders, Nathan
21/11/2025 17:51:27

Report Title:	Car Parking Management Services			Agenda Item no.	6.6
Meeting:	Board Meeting	Public	X	Meeting Date:	27.11.25
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive:	Catherine Phillips (executive director of Finance)				
Report Author (Title):	Iliass Dadda (Senior Procurement Business Manager)				

Main Report

Background and current situation:

Background & Requirement:

Cardiff and Vale University Health Board is seeking to appoint a suitably qualified experienced car park management service provider to deliver a comprehensive and customer-focused parking solution. The service will be provided free of charge with a revenue share model, and with no upfront capital expenditure required from the Health Board. All revenue generated under this model will be reinvested into maintaining and improving parking facilities, supporting sustainability initiatives, and creating a dedicated fund to allow discretionary cancellations. This fund will enable the Health Board to exercise leniency for consultants, surgeons, GPs, nurses, patients, and visitors in distress or exceptional circumstances, ensuring fairness and alignment with patient-centered care values.

The requirements include the delivery of a comprehensive car parking management service across all UHB sites, ensuring safety, security and efficient traffic flow. The service must operate 24/7/365, with staff presence at UHW and UHL (Mon–Fri, 8am–4pm) and an onsite helpdesk at UHW during the same hours. Telephone call points must be provided across key hospital sites, with calls answered promptly.

The Winning Bidder will manage all parking administration, including an online staff permit system, and must handle all complaints through a transparent process while monitoring performance via feedback, complaints, and service data to drive improvements. The Bidder must provide enforcement services in line with pre-agreed criteria confirmed before the contract begins.

Each UHB site has a maximum stay limit (UHW/UHL: 4 hours; CRI/St David's: 2 hours; Barry: 3 hours). If exceeded, patients and visitors must register vehicle details using touch screen validation systems (40 at UHW, 5 at UHL, 1 at each smaller site), which must issue receipts as proof.

The Winning Bidder will manage parking enforcement, including issuing PCNs (max £40 if paid within 14 days, £70 thereafter) under agreed criteria, with exemptions for emergency vehicles, medical emergencies, cognitive impairment, and long-stay patients. UHB reserves the right to cancel PCNs, and the Bidder will oversee the appeals process.

Additionally, the Winning Bidder must ensure clear and adequate signage, provide and maintain all equipment and consumables (both their own and Health Board–purchased), and deliver a robust contingency plan as part of the service.

Procurement Process:

The contract followed an open non-OJEU Procedure for tender, and will be awarded to the most Advantageous tender with the highest combined Quality and Cost score. A comprehensive Qualitative and Commercial Evaluation was undertaken of the tender submissions based on the following evaluation criteria:

Stage 1: Pre-qualification stage

Stage 2: Invitation to Tender (ITT)

- Part 1: Technical and Qualitative submission 60%
- Part 2: Commercial Evaluation 40%

Final Scoring table:

	UKCPM	ParkingEye	Group Nexus	National Parking Control (Winner)	Hozah*
Percentage income share	21%	20%	20%	25%	75%
Commercial score 40%	33%	32%	32%	40%	0%
Technical score 60%	46%	36%	31%	44%	26%
Total score	79%	68%	63%	84%	26%

***Hozah was excluded as abnormally high bid. This exclusion is in accordance with the Procurement Act 2023, Section 19, which governs the Award of Public Contracts following a Competitive Tendering Procedure: Specifically, Section 19 (3).**

Based on the final scoring table above and following a discussion between the Procurement and Transport Teams, it became apparent that National Parking Control presented the most competitive income share percentage among competitors. Consequently, it has been decided to award a contract for the Car Parking Management role to National Parking Control following the evaluation outcome.

Financial implications:

This contract will be delivered at **no direct cost to Cardiff and Vale University Health Board**. Under the agreed terms, the Health Board was offered a **25% share** of all parking income from the winning bidder, which will be reinvested into maintaining and improving parking facilities, supporting sustainability initiatives, and funding discretionary PCN cancellations. This fund will enable greater flexibility and leniency for staff, patients, and visitors in distress or exceptional circumstances, ensuring the parking system aligns with the Health Board's values of fairness and patient-centered care.

PCN Cost (Paid within 14 days)	£40	<i>max £40</i>
PCN Cost (Paid after 14 days)	£70	<i>max £70</i>
Cost to install an additional touch screen validation system	£0	
% Revenue Share offer for the full contract term	25%	
Estimated annual Revenue Share for maintenance, sustainability, and cancellation	£300k	

Recognising the sensitive nature of hospital environments, the system will also support discretionary cancellation of PCNs (Penalty Charge Notices) by the Health Board's Car Parking Team. This functionality is essential to accommodate exceptional circumstances such as:

- Emergency admissions or unplanned visits,
- Bereavement or end-of-life situations,
- Vulnerable individuals or carers under distress,
- Patients or visitors who were unaware of parking protocols due to medical urgency.

To support this, the system will include a "Discretionary Cancellation" function accessible only to authorised Health Board Transport staff. This feature should allow staff to review PCNs and cancel them based on compassionate grounds or exceptional context. Each cancellation must be logged with a reason code and optional notes for audit purposes, ensuring transparency and accountability.

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

The new agreement supports the Health Board's commitment to compassionate, patient-centered care, accommodating exceptional circumstances such as:

- Emergency admissions or unplanned visits
- Bereavement or end-of-life situations

- Vulnerable individuals or carers under distress
- Medical urgency or lack of awareness of parking protocols

By embedding discretionary cancellation functionality and manual review options, the system ensures fairness and transparency while maintaining financial sustainability.

Internal Considerations: the current approach is the most sensitive and ethically aligned approach, it introduces a set of operational and cultural challenges that must be acknowledged and proactively managed.

- **Staff Pressure:** One of the most significant risks is the escalation of cancellation requests by senior members of staff, who may advocate for PCNs to be cancelled regardless of whether the circumstances meet the defined discretionary criteria. This can undermine the integrity of the cancellation policy. It would also create tension between departments, particularly between clinical teams and the Transport/Parking Team. Also, this could lead to inconsistent decision-making and perceived unfairness among staff and visitors.
- **Transport Team Burden:** The Parking Team may face increased workload and scrutiny, especially when declining cancellation requests that fall outside the defined criteria. There will be a potential high volume of appeals and cancellation requests, many of which may be emotionally charged or politically sensitive. The Transport Team will have difficulty in enforcing policy boundaries, especially when requests come from influential individuals or are framed around patient care.
- **Policy Integrity Risks:** Without clear boundaries and audit trails, discretionary cancellations could be misused or perceived as unfair. Additionally, the discretionary cancellation feature could become a default expectation rather than an exception and, subject to misuse or overuse, eroding the financial viability of the PCN system and building tensions with the suppliers as it will be impacting their bottom line.

Recommendation:

The Board are requested to:

- **APPROVE** the award of this contract for the Car Parking Management to National Parking Control.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	X	 Providing Outstanding Quality	
 Delivering in the Right Places	X	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

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

Risk: yes

There is a risk of internal pressure to cancel PCNs outside agreed compassionate grounds, which could affect revenue integrity. Strong governance and audit controls will mitigate this.

Safety: No

Financial: Yes

Revenue forecasts are based on assumptions and may vary throughout the contract due to operational changes and cancellation volumes. However, the Health Board incurs no direct cost and benefits from a consistent income share.

Workforce: Yes

The Transport Team will experience an increased administrative workload managing appeals and cancellations. Training and clear escalation processes will be required.

Legal: Yes

Compliance with data protection, audit requirements, and contractual obligations is essential. All cancellations must be logged with reason codes for transparency.

Reputational: Yes

Mismanagement or perceived unfairness in cancellation decisions could impact the Health Board's reputation. Clear communication and consistent application of policy will mitigate this.

Socio Economic: Yes

Improved parking management supports patient access and staff convenience, contributing positively to community outcomes.

Equality and Health: Yes

The discretionary cancellation policy ensures fairness and supports vulnerable individuals, aligning with equality and health objectives.

Decarbonization: Yes

Revenue will fund sustainability initiatives, including greener transport solutions and energy-efficient parking infrastructure.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Committee/Group/Exec	Date:

Saunders, Nathan
21/11/2025 17:51:27

Report Title:	Corporate Risk Register			Agenda Item no.	7.2
Meeting:	Board Meeting	Public	x	Meeting Date:	27 th Nov 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information	x
Lead Executive (Title):	Director of Corporate Governance				
Report Author (Title):	Corporate Archivist and Records Management Manager				

Main Report

Background and current situation:

The Corporate Risk Register (“the Register”) has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Register includes risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

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

Risk registers have traditionally been managed using an Excel spreadsheet. However, the Corporate Governance team have been working to streamline and digitise this process across the Health Board by implementing a new Risk module within the AMaT (Audit Management and Tracking) system. As early adopters of this evolving module, we have had the opportunity to trial its functionality and participate in regular workshops with the system developers to provide valuable feedback for system enhancements. These improvements will help create a more robust system for all Clinical Boards and Directorates.

As of the 1st August a Health Board wide Task and Finish Group was established with representatives from each clinical Board & corporate area. The aim of the group is to support the delivery of the Digital Risk project in the following areas: Data mapping, AMaT Training, communication and rollout across the clinical boards and Directorates.

By supporting these areas, the task and finish group will ensure that the project is delivered in a timely manner and contribute to the UHB transferring from managing their risks in excel to the digital solution. Invitations to monthly meetings to March 2026 have been shared with all risk owners/representatives.

The initial milestone target was set by the Task and Finish group to fully transition the Corporate Register (Risks scoring 20 and above) by the 31 October 2025. This target was achieved and the register included with this report and supporting graphs below were produced directly from the risk module in AMaT.

The second target for Task and Finish Group is to achieve full transition (risks of any score) by the 31 March 2026.

Appendices (located in the supporting documents folder):

1. Corporate Risk Register

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

The Board should note that Clinical Board risks are also monitored and scrutinised at regular Clinical Board Review meetings. Clinical risk is addressed through the Clinical Safety Group governance framework.

The risks presented in the register can be viewed through a lens of cause and effect. The largest area of risk cause falls into infrastructure risks as demonstrated in the graph at image 1 below. In line with monitoring the UHB financial position, there are 4 x Finance risks which have been identified as risk score 20 and incorporated into the register.

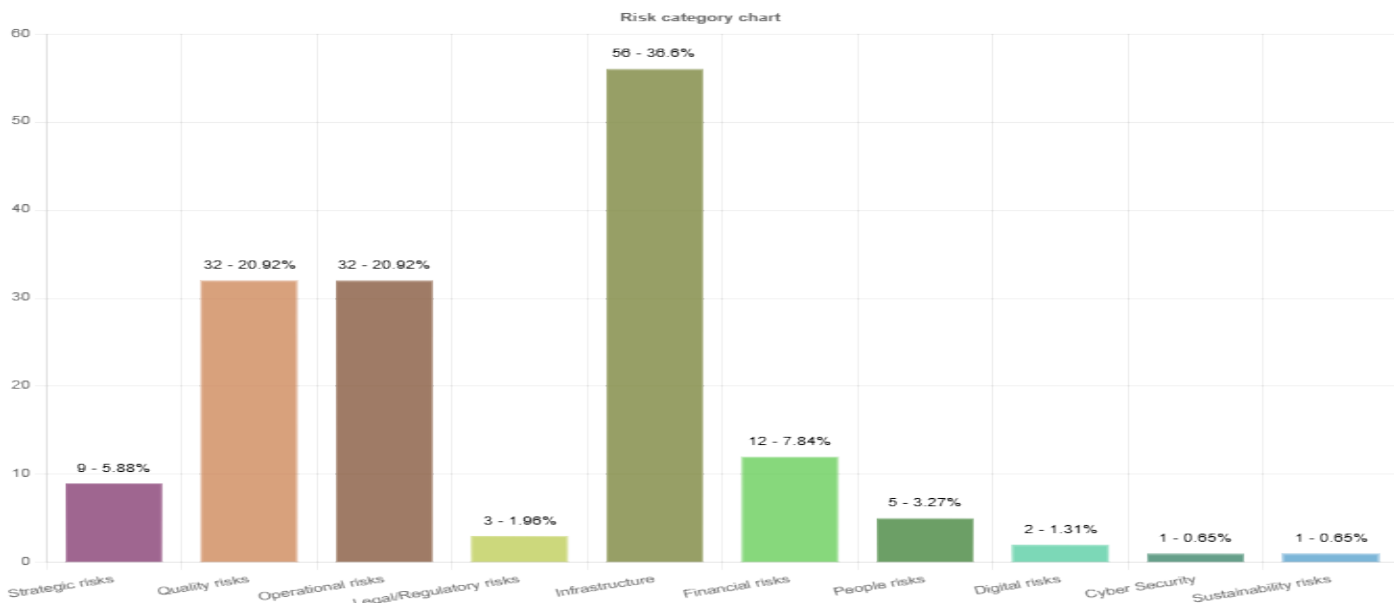
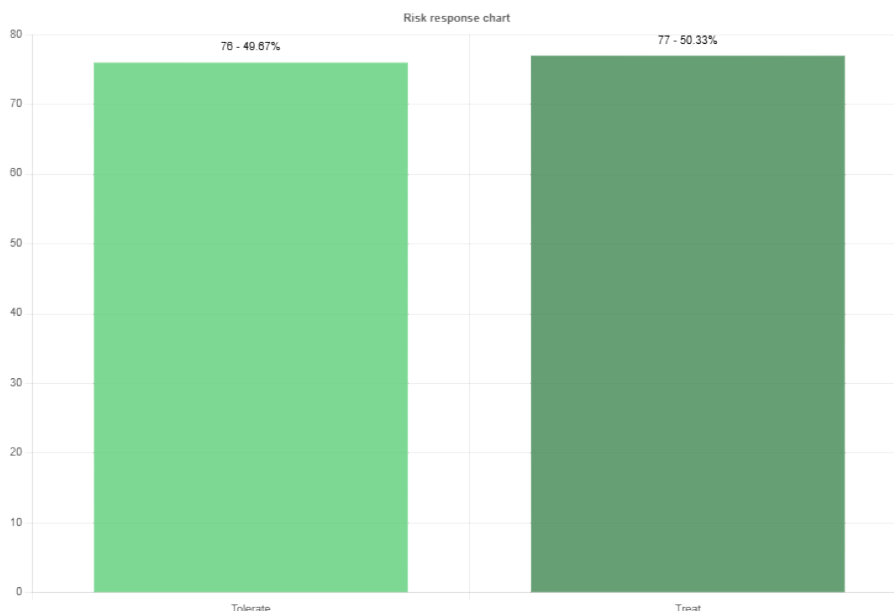


Image 1 – Corporate Risk Register Categories

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.50% of these extreme risks currently being tolerated (49.6% v 50.3%).



Saunders, Nathan
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Image 2- 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 190 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.

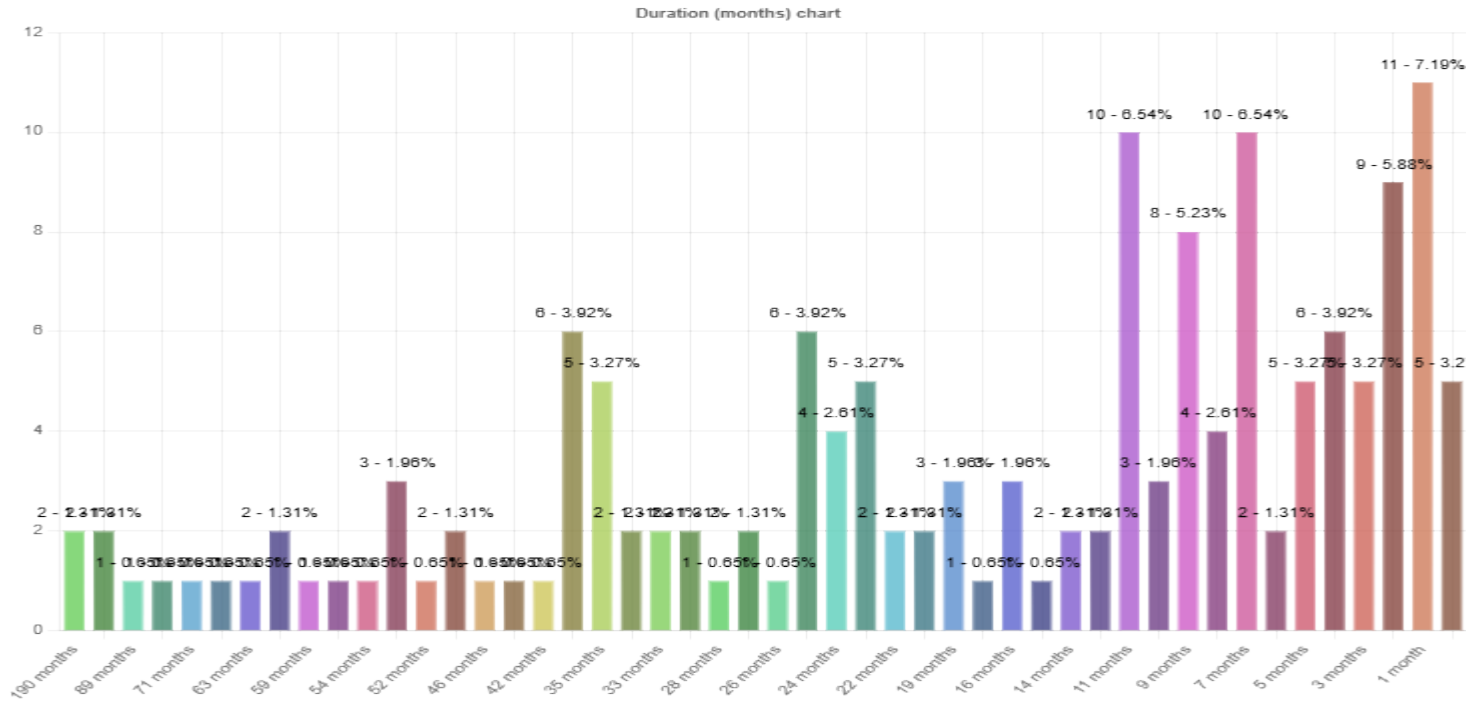


Image 3- Corporate Risks duration in months risks have been held

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.

<p>1.  Putting People First</p> <p>Click the objective above to view more detail.</p>	X	<p> Providing Outstanding Quality</p> <p>Click the objective above to view more detail.</p>	X
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<p>3.  Delivering in the Right Places</p> <p>Click the objective above to view more detail.</p>	X	<p> Acting for the Future</p> <p>Click the objective above to view more detail.</p>	X
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Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

Pre ven tion	X	Long term		Integration		Collaboration		Involve ment	
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Quality Impact Assessment Completed?
Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – <i>(please provide completed QIA document)</i>	X	No – <i>(Please provide reasoning, e.g. not required)</i>	X	<i>Not required</i>
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes
The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processes and procedures.
Safety: No
Financial: /No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

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

Committee/Group/Exec	Date:
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Saunders, Nathan
 21/11/2025 17:51:27

Page Index for the Corporate Risk Register

Page	Division (Clinical Board)	Business unit (Directorate)	Speciality (Service)
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Assurance & Compliance
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Building
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital Property
2	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU
3	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance
3	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project
4	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical
4	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment
4	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates
6	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical
7	Children & Women	Community Child Health	
7	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics
8	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Podiatry
8	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Biochemistry
8	Clinical Diagnostics & Therapeutics	Pharmacy and Medicine Management	St Mary's Pharmaceutical Unit (SMPU)
9	Clinical Diagnostics & Therapeutics		
10	Corporate	Clinical Safety Group	Medicines Safety Group
10	Corporate	Digital and Health Intelligence	D&HI - Cyber Security
10	Corporate	EPRR	
11	Corporate	Finance	
11	Medicine	Integrated Medicine	
11	Medicine	Specialised Medicine	Dermatology
11	Medicine	Specialised Medicine	Endoscopy
12	Medicine	Specialised Medicine	Gastroenterology
13	Medicine	Specialised Medicine	Rheumatology
13	Medicine	Specialised Medicine	Welsh Gender Service
14	Medicine	Specialised Medicine	
14	Medicine		
14	Mental health	MHSOP	St Barrucs Ward, Barry
15	Primary, Community & Intermediate Care	Cardiff Specialist	HMP Cardiff
15	Primary, Community & Intermediate Care	Cardiff Specialist	
16	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management	
16	Primary, Community & Intermediate Care	Primary Care	
16	Specialist Services	Artificial Limb & Appliance Service	Electronic Assistive Technologies
17	Specialist Services	Cardiothoracic	Cardiac Physiology
17	Specialist Services	Cardiothoracic	Cardiac Surgery
17	Specialist Services	Cardiothoracic	Thoracic Surgery
17	Specialist Services	Cardiothoracic	
18	Specialist Services	Critical Care & Major Trauma	Critical Care
19	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult
19	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric
19	Specialist Services	Haem / Imm / Met Med / NETs	Bone Marrow Transplant
20	Specialist Services	Haem / Imm / Met Med / NETs	Haematology
20	Specialist Services	Haem / Imm / Met Med / NETs	Neuroendocrine Tumour Service
20	Specialist Services	Nephrology & Transplant	
21	Surgical	Dental	
21	Surgical		

Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
CEF - Asbestos/2025-2605	Regulation 18 Areas - Dental Hospital	02/01/2025	Regulation 18 (R18) areas in the Dental Hospital (ceiling voids and risers) do not allow routine maintenance of services (Fire alarms, fire compartmentation & dampers, ventilation systems and other essential services). It also makes routine upgrades of equipment, cabling and other services complex and more high risk and makes dealing with emergencies (water leaks etc) slower, more complex and more expensive	Although the R18 areas have been identified previously, due to the type and condition of the asbestos materials - primarily friable materials. It has become more apparent how the risk associated with such areas will impact upon the need to access such areas to carry out plant repairs/ replacement.	When there are emergencies (ceiling tile collapsing, fire etc) there is an increased risk of exposure to persons in the vicinity of airborne asbestos fibres above the control limit of 0.010 f/ml. This has the potential to lead to persons developing incurable asbestos related diseases. The lack of routine maintenance increases the risk of loss of service for the clinical areas. The increased costs involved in working in this building are significant.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Asbestos	Team Meeting Board	20	20	10	Tolerate	General access to ceiling voids and risers is generally restricted and this is primarily communicated via MiCAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler. Has document: Yes Adrian Griffin 10/03/2025 14:34	General access to ceiling voids and risers is generally restricted and this is primarily communicated via MiCAD and staff Asbestos training sessions. Where preplanned maintenance of services is required suitably competent and equipped people are able to undertake these tasks under asbestos conditions. This is expensive (2 or 3 times the cost of an equivalent non-asbestos contractor). There are a number of areas where the ceiling voids and risers have already been remediated and these experience far less issues in terms of leaks and general maintenance of these areas is simpler. Has document: Yes Adrian Griffin 10/03/2025 14:37	There have been several occasions over the last 3 years where contractors have undertaken work without the necessary controls in place because they were not aware of the requirements. Has document: No Adrian Griffin 10/03/2025 14:40	Review date: 24/04/2026 Is reviewed: No Owen Davies 24/10/2025 09:34 Review date: 10/09/2025 Is reviewed: Yes Adrian Griffin 10/03/2025 15:14
CEF - Assurance & Compliance/2025-2601	Unsuitable and insufficient Contractor Documentation	14/02/2025	Risk Assessment (RA)/ Method Statements (MS) that are provided and in some cases not provided unless prompted and are often not suitable for the task being carried out. They are often generic and not job specific. The RA/MS are often not provided in good time for review. On occasion contractors will attend site to start work without the submission of RA/MS. Contractors / sub-contractors often attend site not provided with or equipped with the information and documentation that they require to work safely on the C&V estate.	The risk cause being, that we are not compliant with the Cardiff & Vale University Health Board Control of Contractors Policy V4. There is a potential for an accident/ incident that can be serious in nature, leading to enforcement action/ prosecution by the enforcing authorities	Supervising officers often fail to ensure that the contracted out works are not always carried out in accordance with the C&V Control of Contractors Policy V4. Supervising Officers have specific duties under the policy. Contractors often do not work in accordance to the Control of Contractors Policy V4.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Assurance & Compliance	Board Health & Safety	20	20	5	Tolerate	Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently Has document: No Adrian Griffin 13/03/2025 14:23	Following the Cardiff and Vale Control of Contractors Policy V4 would allow for compliance to the policy. The standard dictated within the policy if followed should provide the necessary assurance to the health board that contracted out works will be carried out safely and efficiently Has document: Yes Adrian Griffin 13/03/2025 14:26	By not following the policy both Health Board and its Supervising Officers and contractors lend themselves to investigation in the event of an accident/ incident. Has document: No Adrian Griffin 13/03/2025 14:26	Review date: 03/11/2025 Is reviewed: Yes Adrian Griffin 04/08/2025 13:26 Review date: 30/05/2025 Is reviewed: Yes Adrian Griffin 13/03/2025 14:35
CEF - Building/2021-2201	Plant Room Roofs - UHW. Profiled steal sheeting	02/08/2021	Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk that	Corrosion, possible damage during installation, inability to maintain safely.	Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk here is a risk that w/could lead to an impact/effect on	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Building	Team Meeting Board	25	25	10	Tolerate	Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss Has document: No Adrian Griffin 13/08/2025 15:18	Roof is subject to ongoing monitoring. Has document: No Adrian Griffin 13/08/2025 15:19	No plan at present to address the issues. No plan at present to address the issues. Has document: No Adrian Griffin 13/08/2025 15:20	Review date: 12/11/2025 Is reviewed: No Adrian Griffin 13/08/2025 15:20
CEF - Capital PFI/2023-2404	SDH End of PFI Agreement	15/11/2023	End of PFI. Significant resource need to oversee the plan for the end of the PFI agreement.	PFI ends 31/01/31 series of activities will be required.	Uncertainty of ongoing contract management	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	Team Meeting Board	20	20	4	Tolerate	Series of activities required. Has document: No Adrian Griffin 08/04/2025 10:53	Separate risk register prepared to monitor all associated risks. Has document: No Adrian Griffin 08/04/2025 10:53	Risk increased to 20 to emphasise need to commence appointment and activities, especially with loss of PFI manager in April. Has document: No Adrian Griffin 08/04/2025 10:46	Review date: 13/10/2025 Is reviewed: No Adrian Griffin 09/06/2025 08:56 Review date: 04/07/2025 Is reviewed: Yes Adrian Griffin 04/04/2025 13:32
CEF - Capital PFI/2023-2403	End of 3PD Agreement - Third Party Development	15/11/2023	End of 3PD Significant resource needed to oversee and plan for the end of agreement.	End of 3PD - 16/08/2027.	Uncertainty of ongoing contract management.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	Team Meeting Board	20	20	4	Tolerate	Series of activities required. Has document: No Adrian Griffin 08/04/2025 10:55	Separate risk register prepared to monitor all associated risks. Has document: No Adrian Griffin 08/04/2025 10:56	None provided Has document: No Adrian Griffin 08/04/2025 14:57	Review date: 04/07/2025 Is reviewed: No Adrian Griffin 04/04/2025 13:31
CEF - Capital PFI/2023-2402	Saint Davids Hospital PFI Expiry	08/11/2023	Saint Davids Hospital PFI Expiry	No joint plan in place	No plan in place to oversee the end of the PFI	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	Team Meeting Board	20	20	4	Tolerate	End PFI project team to be formed. Has document: No Adrian Griffin 06/06/2025 10:39	None specified. Has document: No Adrian Griffin 06/06/2025 10:40	None specified. Has document: No Adrian Griffin 06/06/2025 10:40	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 06/06/2025 10:48
CEF - Capital PFI/2023-2401	UHB PPP Expiry	08/11/2023	University Health Board PPP Expiry.	No plan in place to oversee the end of the PPP.	Lack of a plan to control the effects of the end of the PPP.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital PFI	Team Meeting Board	20	20	4	Tolerate	End PFI project team to be formed. Has document: No Adrian Griffin 06/06/2025 11:23	None Specified. Has document: No Adrian Griffin 06/06/2025 11:23	None specified. Has document: No Adrian Griffin 06/06/2025 11:23	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 06/06/2025 11:32
CEF - Capital Property/2024-2501	Capital Property - WRP Cover of UHB Tenants	12/01/2024	WRP have cast doubt on whether they will indemnify the UHB against building risks traditionally offered by commercial insurance.	Financial Impact and Legal Impact. Plus potential loss of tenants.	Possible lack of buildings insurance cover.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Capital Property	Team Meeting Board	20	20	5	Tolerate	Ongoing discussions between NWSSP and WRP Has document: No Adrian Griffin 13/03/2025 15:31	Progress will be reported to relevant committees. Has document: No Adrian Griffin 13/03/2025 15:32	None provided Has document: No Adrian Griffin 13/03/2025 15:33	Review date: 15/09/2025 Is reviewed: No Adrian Griffin 09/06/2025 08:54 Review date: 13/06/2025 Is reviewed: Yes Adrian Griffin 13/03/2025 15:43
CEF - Catering CFPU/2023-2401	Not Able to Maximise Stock Levels	19/12/2023	Not able to maximise stock levels to create a contingency stock level of frozen patient meals at the CFPU.	Unable to increase provisions of patient frozen meals to provide contingency levels. New food safety measures and controls required as identified by the food safety assurance manager requires a 4 hours blast freeze process compared to the previous 2 hours along with the new enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day.	Financial impact: The need to purchase additional meals from an external company at an approximate cost of £25k monthly.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	Team Meeting Board	20	20	4	Tolerate	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction. Purchase meals from Appetito for additional stock items Has document: No Adrian Griffin 08/04/2025 11:07	Team managers/Supervisors monitoring weekly priority given to the 4 hour blast freeze process and the cleaning and enzyme treatments over the production requirements. - Assurance is provided ability to produce and the additional purchase of external meals. Has document: No Adrian Griffin 08/04/2025 11:08	Additional labour funding required to provide designated hygiene cleaning team allowing the current production staff to maximise production. Recognition of the additional cost of purchasing externally. Has document: No Adrian Griffin 08/04/2025 11:08	Review date: 06/02/2026 Is reviewed: No Stuart Davies 06/11/2025 14:41 Review date: 04/07/2025 Is reviewed: Yes Adrian Griffin 04/04/2025 13:31
CEF - Catering CFPU/2024-2501	Electrical Distribution - Potential Loss of Power	01/02/2024	CFPU are sitting on the outer HV ring, which isn't currently backed up by the HV generator, also without a local LV generator.	Current electrical back-up distribution system does support the CFPU in the event of a power failure.	Food production of patient cook freeze meals would stop. Large storage freezers and refrigeration holding high stock levels would fail to store frozen products at the correct temperature, stock levels of patient meals will need to be disposed of, this will compromise the ability to feed patients in line with Nutrition and hydration guidelines.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	Team Meeting Board	20	20	5	Tolerate	The issue has been highlighted during the Power outage testing. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:16	There is limited reassurance due to the fact we have no location with large freezer space for the volume of meals. Has document: No Adrian Griffin 08/04/2025 11:11	A location for an external freezer/refrigeration space is required. A generator to supply the CFPU is preferred. Has document: No Adrian Griffin 08/04/2025 11:12	Review date: 13/02/2026 Is reviewed: No Stuart Davies 14/11/2025 13:41 Review date: 08/09/2025 Is reviewed: Yes Adrian Griffin 09/06/2025 09:01 Review date: 04/06/2025 Is reviewed: Yes Adrian Griffin 04/04/2025 13:29
CEF - Catering CFPU/2024-2502	Potential Goods Lift Failure Service Impact	23/04/2024	CFPU is based on the first floor with one goods lift available - if the lift fails the transport of food provisions will be through an alternative route that is not conducive to a food safe environment. Aged equipment with parts no longer stocked - Risk of staff injury due to heavy handballing and lifting of products up stairways	Age of equipment, unavailability of parts.	Food production of patient cook freeze meals would stop, due to the ability to move high quantity heavy amounts (somedays 200-300kg) fresh meat, chilled/frozen food in a food safe timescale. Increased level of staff injuries and possible claims.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Catering CFPU	Team Meeting Board	20	20	5	Tolerate	The issue has been highlighted during the lift failure 19/04/24. CEF are aware. Has document: No Adrian Griffin 08/04/2025 11:18	There is limited reassurance due to the fact we have no alternative lift available other than increase the priority level for lift 46 any future repairs. Has document: No Adrian Griffin 08/04/2025 11:18	A location for an additional lift as contingency or a suitable food safe route for food provisions Has document: No Adrian Griffin 08/04/2025 11:18	Review date: 13/02/2026 Is reviewed: No Stuart Davies 14/11/2025 13:42 Review date: 06/10/2025 Is reviewed: Yes Adrian Griffin 09/06/2025 08:58 Review date: 04/07/2025 Is reviewed: Yes Adrian Griffin 04/04/2025 14:03

Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
CEF - Compliance/2023-2402	Verification Smoke/Fire Dampers	01/12/2023	There is a risk that insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Potential for loss of service. Disruption to patient care. Danger of fire spread.	Assets not assetised at the time of installation. Asset identification incomplete/inaccurate.	Which w/could lead to a potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	Team Meeting Board	20	20	5	Tolerate	Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Has document: No Adrian Griffin 13/08/2025 14:26	5 year contract in place. Started 1st Sept 2019. 3 + 1 + 1 year contract end date 1st Sept till 2024. 60% of dampers are being inspected annually. Has document: No Adrian Griffin 13/08/2025 14:26	Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatched through to existing services prevent void access. Has document: No Adrian Griffin 13/08/2025 14:27	Review date: 12/11/2025 Is reviewed: No Adrian Griffin 13/08/2025 14:28
CEF - Compliance/2023-2404	Ventilation Smoke/Fire Dampers Dental Hospital UHW	01/12/2023	There is a risk that regular inspection and / or maintenance is not possible.	This is caused by the fire / smoke dampers are housed in ceiling void which is contaminated with Asbestos.	Which w/could lead to the potential for loss of service. Disruption to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	Team Meeting Board	20	20	5	Tolerate	The current drainage replacement programme involves clearing asbestos from the whole ceiling void on of a wing, one floor at a time. This will allow access to these areas. Has document: No Adrian Griffin 13/08/2025 14:42	Fire damper inspections will be carried when asbestos clearance has been completed. This will be done on a floor by floor basis. Has document: No Adrian Griffin 13/08/2025 14:43	Unable to complete until all floors have been made safe of asbestos. Has document: No Adrian Griffin 13/08/2025 14:43	Review date: 13/02/2026 Is reviewed: No Adrian Griffin 13/08/2025 14:44
CEF - Compliance/2024-2502	Fire Compartmentation	08/04/2024	There is a risk that fire could spread from one compartmentation (i.e ward) to another.	This is caused by potential breach in fire compartmentation.	Which w/could lead to an impact/effect to patient care. Danger of fire spread.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	Team Meeting	20	20	10	Treat	5 year contract in place to inspect compartmentation Has document: No Tony Ward 28/08/2025 09:37	Working through HB from high risk patient areas to low risk patient areas Has document: No Tony Ward 28/08/2025 09:38	Timescale to complete all areas throughout HB and amount of breaches encountered Has document: No Tony Ward 28/08/2025 09:39	Review date: 28/11/2025 Is reviewed: No Tony Ward 28/08/2025 09:42
CEF - Compliance/2023-2405	Fume Cabinet Inspections	11/10/2023	There is a risk of Service delivery, harm to staff, compliance with Authority Departments	This is caused by insufficient asset identification and lack of regular inspections and / or maintenance	Which w/could lead to an impact/effect on service delivery harm to staff using equipment.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Compliance	Team Meeting	20	20	5	Treat	Inspections required with documentation held centrally Has document: No Tony Ward 28/08/2025 10:34		These assets are owned by end users. We are unsure of all known assets. Assets need to be collated, records recorded and kept in one location. This information has been requested on several occasions at the Ventilation Safety Group (VSG). Has document: No Tony Ward 28/08/2025 10:20	Review date: 28/11/2025 Is reviewed: No Tony Ward 28/08/2025 10:49
CEF - Critical Risk Project/2023-2403	UHW High Voltage Load Shedding Equipment	20/11/2023	The system relies on data provided by the Building Management System (BMS).	The system age is now not compatible with latest BMS installed	Failure of the system could result in no power being distributed to site. Failure could result in the overload of the generator and no power available. External parts could fail and not work correctly causing loss of power.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	25	25	5	Tolerate	Operation POET conducted on September the 13th 2023 allowed full testing and analysis of the load shedding system. UHW conducted a total power outage from the mains that normally feeds the site, and engineers and technicians ensured the system functioned as it should. A contract with the provider BMSI is in place to maintain the system. Has document: No Adrian Griffin 17/07/2025 14:36	None specified. Has document: No Adrian Griffin 17/07/2025 14:37	None specified. Has document: No Adrian Griffin 17/07/2025 14:38	Review date: 01/06/2026 Is reviewed: No Ian Fitsall 28/10/2025 10:53 Review date: 01/05/2026 Is reviewed: Yes Ian Fitsall 28/10/2025 10:17 Review date: 01/05/2026 Is reviewed: Yes Ian Fitsall 28/10/2025 10:18 Review date: 01/05/2026 Is reviewed: Yes Ian Fitsall 28/10/2025 10:21 Review date: 28/04/2026 Is reviewed: Yes Ian Fitsall 27/10/2025 15:24 Review date: 27/04/2026 Is reviewed: Yes Ian Fitsall 27/10/2025 15:20 Review date: 16/10/2025 Is reviewed: Yes Adrian Griffin 17/07/2025 14:49
CEF - Critical Risk Project/2023-2402	UHW Pumped Cold Water Mains to Roof Tanks	22/11/2023	Unable to supply cold water to roof tanks.	Failure of pipework (resilience). Age of original pipe and number of previous repairs. +1 Pipe is now approximately 20 years old. Both pipes converge into one riser (single point of failure) Disruption to site when failure occurs. Treated water (chlorine dioxide) not supplied in the event of total failure. Labour intensive to resolve.	Cold water supply unavailable. Affecting operational capabilities.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	*N+1 installed one can supply the site *Contractors usually effect repair within 2 days *Pipes separated for most of run minimizing accidental damage, or subsidence. **+1 installed within 20 years *Alternative supply available in LGF (untreated)" Has document: No Adrian Griffin 18/07/2025 11:15	None specified. Has document: No Adrian Griffin 18/07/2025 11:16	None specified. Has document: No Adrian Griffin 18/07/2025 11:16	Review date: 01/04/2026 Is reviewed: No Ian Fitsall 28/10/2025 10:19 Review date: 17/10/2025 Is reviewed: Yes Adrian Griffin 18/07/2025 11:23
CEF - Critical Risk Project/2023-2401	UHW Blowdown vessel of main steam boilers	01/12/2023	Operational difficulty in controlling quality of boiler water	Plant/equipment age - deterioration	*Failure to meet pressure vessel regulations (subject to defect notice) *Contravention for water discharge permit by Welsh water *Scalding risk *Isolation vales showing signs of wear *Age of vessel beyond working life	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	*Discharge water pipe repaired and replaced by estates recently to prevent boiling water being exhausted through vent (actual event) *Approved people in boiler house and trained Has document: No Adrian Griffin 18/07/2025 11:45	None specified. Has document: No Adrian Griffin 18/07/2025 11:46	None specified. Has document: No Adrian Griffin 18/07/2025 11:46	Review date: 17/10/2025 Is reviewed: Yes Adrian Griffin 18/07/2025 11:50
CEF - Critical Risk Project/2024-2505	UHW 11KV Mains Distribution Board - Site Network	01/12/2024	There are no additional spare circuits for any further expansion. Any additional substations are added to existing circuits adding to their criticality and reliance. Fault with board causing loss of power to hospital Breakers are SF6 (Sulphur hexafluoride) ozone depleting gas	Unsure of the availability of replacement parts due to age and Gas type (Sulphur hexafluoride)	All the electrical intake equipment is in one location, feeding the whole of hospital, risk to loss from fire would mean total loss.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	*Able to split board and feed from other half of board *Contract with specialist contractors for maintenance *Trained staff and competent staff on call 24/7 *Full alarm system and regular maintenance. Has document: No Adrian Griffin 28/07/2025 13:58	*Undertake independent review and seek advice off Authorizing Engineer on level of Risk *Consider sourcing spares *Review upgrade options *Look at extension of existing board *Look at having back up emergency arrangements away from existing building." Has document: No Adrian Griffin 28/07/2025 14:01	None recorded. Has document: No Adrian Griffin 28/07/2025 14:01	Review date: 27/04/2026 Is reviewed: No Adrian Griffin 28/07/2025 14:16
CEF - Critical Risk Project/2024-2504	Main 415v Distribution Panel - UHW	01/12/2024	Loss of power. Leading to the disruption to the electrical distribution system.	Due to Age of equipment.	*Live terminals exposed RISK OF ELECTROCUTION. *Whole distribution board requires shut down, to work on system. *Parts not readily available, adaptations would need to be completed to make a repair. *No overload protection only rewirable fuses. *No expansion available without add on board.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	*No mitigation against failure. *Warning notices to be fitted. *Qualified competent electrician only to work on system. Has document: No Adrian Griffin 28/07/2025 14:51	None provided. Has document: No Adrian Griffin 28/07/2025 14:52	No mitigation against failure. Has document: No Adrian Griffin 28/07/2025 14:52	Review date: 01/04/2026 Is reviewed: No Ian Fitsall 28/10/2025 10:24 Review date: 27/10/2025 Is reviewed: Yes Adrian Griffin 28/07/2025 15:06
CEF - Critical Risk Project/2024-2503	2 Cold/ Hot Water Storage Tanks - CFW	01/12/2024	Tank or Tanks Failure.	Loss of water supply Cold/ Hot to CHFV Phase 1.	*Failure of a tank or tanks leading to loss of water supply hot and cold to CHFV Phase 1. *Tanks not being turned over in 12 hours meaning over capacity and not compliant with Guidance. *Tanks serve both services hot and cold any issues result in both services being affected. *Tanks 24 years old life expectancy is 25 years *Tanks physically joined together and not wholly independent. *Access ladder non-compliant.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	*Chlorine dioxide plant feeding tanks reducing legionella and pseudomonas risk to system. Has document: No Adrian Griffin 28/07/2025 15:29	*2 tanks normally available for resilience. Has document: No Adrian Griffin 28/07/2025 15:29	None provided. Has document: No Adrian Griffin 28/07/2025 15:30	Review date: 31/12/2025 Is reviewed: No Ian Fitsall 27/10/2025 15:19 Review date: 27/10/2025 Is reviewed: Yes Adrian Griffin 28/07/2025 15:38

Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
CEF - Critical Risk Project/2024-2502	Cast Iron Above Ground Drainage Pipes	04/12/2024	Failure of cast iron pipes.	Age related cracking.	•Sewerage outfall at failure of pipes causing disruption to departments. •Internal bore restricted causing blockages •Damage to equipment and departments •Expensive repairs and clean ups to revenue budget	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	•Replacement program for main ward blocks Has document: No Adrian Griffin 29/07/2025 15:09	•Repairs can be carried out at point of failure Has document: No Adrian Griffin 29/07/2025 15:10	None provided. Has document: No Adrian Griffin 29/07/2025 15:10	Review date: 10/04/2026 Is reviewed: No Ian Faisal 28/10/2025 10:05 Review date: 28/10/2025 Is reviewed: Yes Adrian Griffin 29/07/2025 15:17
CEF - Critical Risk Project/2024-2501	UHW Day Surgery Medical Air Compressors	04/12/2024	The plant is located within in a general plantroom. The plant is aged with repairs being carried out to keep it operable.	The location of the plant is unsuitable.	Non-conformity/ non-compliance - of plant due to its unsuitable location.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Critical Risk Project	Team Meeting Board	20	20	5	Tolerate	Maintenance contract in place for repairs to plant. Has document: No Adrian Griffin 01/08/2025 13:33	None. Has document: No Adrian Griffin 01/08/2025 13:34	Unable to mitigate against non-compliance. Has document: No Adrian Griffin 01/08/2025 13:39	Review date: 30/04/2026 Is reviewed: No Adrian Griffin 01/08/2025 13:51
CEF - Electrical/2025-2607	E18 - UHW LGF Switch Room 4	09/06/2025	UHW LGF switch room 4 suffers from water ingress, that as a potential to cause harm / loss of electrical supply.	Water ingress and damp, due to leaking valves and the humidity within the room.	The electrical switch gear is suffering from corrosion and standing water, water dripping off leaking valves which is an electrocution risk to operatives.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical	Team Meeting Board	25	25	5	Tolerate	Estates are aware of the issues Has document: No Adrian Griffin 12/08/2025 15:32	Discretionary Capital will look at the cause and rectify , add suitable drainage, switch gear replacement. Has document: No Adrian Griffin 12/08/2025 15:33	None specified. Has document: No Adrian Griffin 12/08/2025 15:33	Review date: 01/11/2025 Is reviewed: No Adrian Griffin 12/08/2025 15:34
CEF - Electrical/2024-2505	E16 - Electrical sub station 2A - auto changeover fail.	02/12/2024	The automatic changeover for electrical sub station 2A is not functioning. Maintenance and re-testing has been carried out on numerous times however the fault persists.	The equipment cannot be directly replaced due to the age of the switchgear and replacement parts being obsolete.	In the event of an unplanned power outage the changeover system will not work and will require manual switching by Estates staff. Sub 2A provides power for a number of essential areas including Main Operating Theatres, recovery, SDEC, Mortuary, Cath labs A B and C, sections of the LGF tunnels and other essential plant.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical	Team Meeting Board	20	20	5	Tolerate	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss. Has document: No Adrian Griffin 12/08/2025 13:35	Discretionary Capital will start the Design and Tender process to enable funding to be sought from Welsh Government for replacement of the equipment. Has document: No Adrian Griffin 12/08/2025 13:36	Obsolete parts unavailable in the short term until replacement project can be undertaken. Has document: No Adrian Griffin 12/08/2025 13:37	Review date: 11/11/2025 Is reviewed: No Adrian Griffin 12/08/2025 13:42
CEF - Electrical/2024-2504	E17 - Reliance on High Voltage generation for critical services.	02/12/2024	There is a risk of reliance on HV generation for critical resources across the health board.	This is caused by the need for a stand by source of electrical power generation in the event of a mains power failure.	Failure of the second source of electrical power distribution (HV generation).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Electrical	Team Meeting Board	20	20	5	Tolerate	On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss. Has document: No Adrian Griffin 12/08/2025 15:00	Redesign of the electrical infrastructure required to improve reliability and resilience. Has document: No Adrian Griffin 12/08/2025 15:01	None specified. Has document: No Adrian Griffin 12/08/2025 15:01	Review date: 11/11/2025 Is reviewed: No Adrian Griffin 12/08/2025 15:05
CEF - Energy & Environment /2025-2602	Energy Cost Pressures - instability within the energy markets.	14/08/2025	There is a risk that the Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	War in the Ukraine, energy costs in general, uncertainty in the energy markets	The increase in costs, causing an additional drain on the annual overall health board budget.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	Team Meeting Board	25	25	5	Tolerate	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings Has document: No Adrian Griffin 14/08/2025 14:51	None specified. Has document: No Adrian Griffin 14/08/2025 14:51	Review date: 13/01/2026 Is reviewed: No Adrian Griffin 14/08/2025 14:52
CEF - Energy & Environment /2025-2603	IT Connectivity	15/08/2025	There is a financial risk associated with the delay in bringing Ph 2 and Ph3 of the energy refit on stream.	IT connectivity required to complete the existing and current solar installations. Allowing for them to be brought on stream.	Which has lead to cost savings being delayed. These cost savings would reduce the annual energy bill.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	Team Meeting Board	20	20	5	Tolerate	Refit phases 2 and 3 have meetings with contractor and IT weekly to resolve. Has document: No Adrian Griffin 15/08/2025 09:42	Assurances are through monthly reporting and meetings with finance. Has document: No Adrian Griffin 15/08/2025 09:43	None provided. Has document: No Adrian Griffin 15/08/2025 09:47	Review date: 14/12/2025 Is reviewed: No Adrian Griffin 15/08/2025 09:50
CEF - Energy & Environment /2025-2605	Combined Heating and Power Plant (CHP)	28/02/2025	Current CHP plant has exceeded 90,000 run hours requiring major overhaul / upgrade or plant replacement. O and M contract is in place but does not provide warranty or cover for major CHP failure.	This is caused by the end of the current contract.	As the CHP plant provides significant revenue savings and forms a significant element of the heating and electricity infrastructure, plant failure will result in operational difficulties. Current contract states that plant failure risk lies with the UHB	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	Team Meeting Board	20	20	5	Tolerate	Current O and M contract is in place until April 2025. Internal discussions are being held to develop proposed solutions. Has document: No Adrian Griffin 15/08/2025 11:06	Controls are through Departmental Assurance meetings, Team Brief and discussions with Clarke Energy. Has document: No Adrian Griffin 15/08/2025 11:07	CHP plant upgrade/replacement is required. Has document: No Adrian Griffin 15/08/2025 11:19	Review date: 14/01/2026 Is reviewed: No Adrian Griffin 15/08/2025 11:07
CEF - Energy & Environment /2025-2606	UHW Increased water consumption	01/07/2025	There is a risk that UHW Water Consumption Water consumption is increasing.	This is attributed to leaks and unexplained usage.	This is resulting in water wastage and excessive costs.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Energy & Environment	Team Meeting Board	20	20	8	Treat	Water studies and leakage detection surveys are in progress to determine the scale of the leakage and the location(s) of the leaks. Has document: No Adrian Griffin 15/08/2025 11:55	Meeting being carried out each week between Estates, Energy Team and Enica along with other stakeholders to monitor progress. Updates are provided to senior leadership team fortnightly. Has document: No Adrian Griffin 15/08/2025 11:56	HH Data is currently missing from Welsh Water, UHB and Enica are chasing to get this fixed Has document: No Rhiannan Windsor 12/11/2025 11:16	Review date: 14/12/2025 Is reviewed: No Adrian Griffin 15/08/2025 12:02
CEF - Estates/2025-2611	Fire Doors Require Replacing	07/04/2025	Fire doors identified as requiring replacement , due to condition of the doors not meeting fire requirements.	Fire doors. Non Compliant.	Door will not perform in accordance with standards in the event of fire, thus not containing the spread of fire and putting patients staff , visitors and property at risk.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Door inspected weekly as part of a PPM by estates staff Has document: No Adrian Griffin 08/04/2025 11:19	Inspection results recorded Has document: No Adrian Griffin 08/04/2025 11:20	Doors identified as not been compliant LGF Central link doors 237 x 2, LGF PLANT ROOM 3 No 143 x 2, LGF Dental No 14 x 2, LGF Medical Records No 317 new doors required, LGF Pembroke 330, 341N, 341, 343, 345, 346, 360 all require replacing, LGF Lakeside No 317 x 2, 359, 330, 331, 335A, LGF Outpatients rear exit doors. Has document: No Adrian Griffin 08/04/2025 11:20	Review date: 08/11/2025 Is reviewed: No Adrian Griffin 04/08/2025 13:21 Review date: 08/08/2025 Is reviewed: Yes Adrian Griffin 09/06/2025 09:01 Review date: 07/07/2025 Is reviewed: Yes Adrian Griffin 07/04/2025 10:46
CEF - Estates/2022-2301	Medical Gas Safety PRV Equipment	31/12/2022	Medical Gas safety PRV, equipment and Gauges unable to test and carry out inspection or change.	Obsolete equipment and currently out of compliance with overdue uninspection.	Unable to isolate equipment supplying critical parts of the hospital.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Visual inspection only. Has document: No Adrian Griffin 09/04/2025 11:17	Equipment checks. Has document: No Adrian Griffin 09/04/2025 11:20	Unable to isolate equipment supplying critical parts of the hospital. Has document: No Adrian Griffin 09/04/2025 11:22	Review date: 31/10/2025 Is reviewed: No Adrian Griffin 09/04/2025 11:29
CEF - Estates/2022-2305	No Authorising Engineer Assigned to Lifts	07/12/2022	With no Authorising Engineer assigned to Lifts, we are unable to appoint Lift AP's and carry out Audits on Lift condition & management systems etc	Unavailability of lift Authorising Engineer.	Unable to carry out Audits on Lift condition & management systems etc.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Audit and Assurance Committee	20	20	4	Tolerate	Reliant on training that has been provided at Eastwood Park. Lift engineer to manage the lift system. Has document: No Adrian Griffin 09/04/2025 11:55	No incidents recorded, the system is managed to the correct standard using OTIS contractor & statutory inspection. Has document: No Adrian Griffin 09/04/2025 11:56	System managed, trained but not appointed formally. Has document: No Adrian Griffin 09/04/2025 11:57	Review date: 03/11/2025 Is reviewed: No Adrian Griffin 04/08/2025 13:25 Review date: 31/08/2025 Is reviewed: Yes Adrian Griffin 09/04/2025 13:45
CEF - Estates/2023-2407	Auto changeover system - On loss of power to LV sub A1 panel	29/07/2023	Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through.	Failure to provide on distribution strategies standby generators resilience of N+1 automatically.	Lack of/ unavailability of electrical distribution system back up.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	10	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:06	"LVAP action plan include - Electrical team providing ongoing weekly checks BMS Alarms to shift pager is being investigated/feasibility to provide early warning of changeover failure Emergency SOP in place with all Electrical team/shift teams - manual switching of ACB – restoring secondary supply to high risk areas (risk in delay of time to attend minimum time of 5/10 minutes, maximum time of 40 minutes) potentially without power for this duration Mitigation on attendance timeline: lift support system is covered by uninterruptible power supplies (UPS systems) up to 60 minutes (can vary on loading will affect duration) Panelboard coverage - include life support areas, main theatres, pre-operation, post-operation, ITU, Home Office Essential Areas, Essential Public Health Wales Labs Investigations on the ACB completed by a specialist electrical contractor, with report of direct replacement part being obsolete & un-serviceable " Has document: No Adrian Griffin 09/04/2025 14:07	Unable to test generators on-load (monthly test) as per HTM 06-01 requirement Has document: No Adrian Griffin 09/04/2025 14:10	Review date: 09/10/2025 Is reviewed: No Adrian Griffin 09/04/2025 14:17

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
CEF - Estates/2023-2406	Both DSS4 Maternity HV substation double doors and LV switchroom double doors and LV switchroom single door	09/09/2023	Both DSS4 Maternity HV substation double doors and LV switchroom single door are made from slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.	Wooden doors and rotten, damaged and not secure.	The condition of the doors will impact upon the security of the switch rooms leading potentially to unauthorised access.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Monitor condition until planned replacement Has document: No Adrian Griffin 10/04/2025 14:53	Due to the condition and no solid fixing availability and loose fitting doors plus the possibility of barring open the doors allowing access into the HV/LV rooms No assurances. No issues to date but high possibility Has document: No Adrian Griffin 10/04/2025 14:56	Due to the condition no solid fixing, loose fitting doors, plus possible barring open the doors into the HV/LV rooms No assurances. No issues to date but high possibility Has document: No Adrian Griffin 10/04/2025 14:59	Review date: 03/11/2025 Is reviewed: No Adrian Griffin 04/08/2025 13:47 Review date: 30/09/2025 Is reviewed: Yes Adrian Griffin 10/04/2025 15:04
CEF - Estates/2023-2408	Safe Access Cold Water Storage Tank (CWST) (B58)	14/10/2023	Safe Access to the CWST (B58) is difficult.	No ladder or any safe means of access to carry out statutory tank inspections and testing.	Serious risk of fall from height and injury to the person.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	The CWST has been inspected and a further visit required to see what temporary solution can be put in place. Has document: No Adrian Griffin 15/04/2025 14:49	Monthly, quarterly and annual thorough cleaning of the CWST is required and some safe access as a temporary measure utilised until permanent access can be installed. Has document: No Adrian Griffin 15/04/2025 14:53	Both contractors and estates labour require access. Has document: No Adrian Griffin 15/04/2025 14:56	Review date: 29/11/2025 Is reviewed: No Adrian Griffin 04/08/2025 13:15 Review date: 30/08/2025 Is reviewed: Yes Adrian Griffin 15/04/2025 15:03
CEF - Estates/2023-2405	2 Unservicable Boilers (from 6)	04/08/2023	2 Boilers unservicable out of 6	Leaking flue causing damage to the printed circuit boards related to boiler control.	Possibility of losing heating or hot water, affecting clinics and patient care (leaking flue affected PCB's)	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Leak diverted / temporary fix until Flu repair has been carried Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:03	None specified. Has document: No Adrian Griffin 05/06/2025 14:04	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 05/06/2025 13:21
CEF - Estates/2023-2610	Roofing Sheets Rusted Through	05/06/2025	Roofing sheets rusted through (at high level) A Block Link	Corrosion - possible lack of maintenance due to the inaccessibility, due to the height and lack safety infrastructure for safe working.	Ingress of water causing flooding to the floors/ office space below.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Contractor attended site to look at temporary repair, before further damage can be caused by inclement weather (Flooding below and roof sheet deterioration) Has document: No Adrian Griffin 05/06/2025 14:07	None specified. Has document: No Adrian Griffin 05/06/2025 14:09	None specified. Has document: No Adrian Griffin 05/06/2025 14:10	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 05/06/2025 14:17
CEF - Estates/2019-2001	Theatre Block UHL AHU Component Failure	22/05/2019	Component failure, leading to the inoperability of critical equipment.	Star delta control parts obsolete.	Procedures/ operations being cancelled, delayed or moved.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Equipment is currently being maintained to a reasonable standard. Plans in place to fit direct drives to all systems under the refit scheme. Has document: No Adrian Griffin 06/06/2025 11:49	Some parts are maintained in stock at the current time. Has document: No Adrian Griffin 06/06/2025 11:54	Some parts in stock although becoming depleted. Has document: No Adrian Griffin 06/06/2025 11:50	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 06/06/2025 12:00
CEF - Estates/2022-2304	General Issues With I.T. Ports - BEMS	14/12/2022	Issues with BEMS related I.T. Ports	The ports become locked preventing system communications over the network.	Affecting plant - primarily its control functions.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Contact IT department to reset the I.T. port. Has document: No Adrian Griffin 06/06/2025 13:28	Can operate valves, pumps and vents manually. Has document: No Adrian Griffin 06/06/2025 13:30	Not ideal and adds additional pressures to the already stretched estates team. Has document: No Adrian Griffin 06/06/2025 13:31	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 06/06/2025 13:39
CEF - Estates/2022-2303	UHW Mains water services risk of failure	14/12/2022	Failure of mains water services.	Aged infrastructure.	Supply failure. Preventing mains water supply.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Most repairs can be completed within 48 hours depending on location of the leak and a water bowser can be hired to provide water supply. Has document: No Adrian Griffin 06/06/2025 14:01	Currently only short duration with water turned off for repair to minimise disruption to services and areas affected. Has document: No Adrian Griffin 06/06/2025 14:02	None specified. Has document: No Adrian Griffin 06/06/2025 14:02	Review date: 05/09/2025 Is reviewed: No Adrian Griffin 06/06/2025 14:08
CEF - Estates/2022-2302	Community Barry Drainage issue	14/12/2022	Drainage problems unable to flow backing up.	Various - patients do flush materials e.g. paper hand towels down toilets.	External contractor call to jet the sewerage/ drainage lines, at considerable cost.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	The drains are checked on a weekly basis. Camera survey carried out, contractor has reported the underlying problem is the drains may need re-benching. Has document: No Adrian Griffin 06/06/2025 14:35	Meeting with TSF flooring contractor at Barry Hospitals to see if a solution can be devised. Has document: No Adrian Griffin 06/06/2025 14:35	Improper materials being flushed causing additional issues. Has document: No Adrian Griffin 06/06/2025 14:36	Review date: 06/09/2025 Is reviewed: No Adrian Griffin 06/06/2025 14:37
CEF - Estates/2023-2404	Satchwell Sigma BMS Control Cards	18/01/2023	Control cards are no longer supported.	The unavailability of control cards will potentially impact upon heating/ventilation/ LTHW/DHW and cooling in the following areas - UHW Operating theatres (plantroom 19), CHFW theatres, SSSU day theatres, ITU, NICU, Boiler House, Multiple Cardiff University labs including BIOVS facility (regulated by Home office, reportable when out of compliance) Known outstations failures have increased due to the start-up of heating session instigation across various location	Loss of service and patient care facilities.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Have now been limited to unknown second-hand option's (potentially unavailability) Has document: No Adrian Griffin 10/06/2025 10:02	None specified. Has document: No Adrian Griffin 10/06/2025 10:03	Minimal Upgrades have taken part, recent issues with IM&T ports closing down, firewall rules not allowing communication, single points of failure BMS computer, no IT direct support. Has document: No Adrian Griffin 10/06/2025 10:04	Review date: 09/09/2025 Is reviewed: No Adrian Griffin 10/06/2025 10:17
CEF - Estates/2023-2403	VIE underground piped oxygen - From estates.	18/10/2023	VIE piped oxygen runs underground. No ducting and large tree growing above the oxygen pipe run.	Environmental issue, tree roots encroaching on oxygen pipe run. Ducting should have been installed along the pipe run to ensure the protection and containment of the oxygen pipe along its length.	Potential loss of oxygen supply caused by environmental damage.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	C&V UHB an have emergency manifold system for an emergency scenario, but not for longevity to maintain oxygen demand for hospital. Has document: No Adrian Griffin 10/06/2025 10:36	Planned improvement works to site oxygen from the second site VIE. The long term project and the estates VIE will form part of the overall improvement plan. Has document: No Adrian Griffin 10/06/2025 10:37	Unsure of general condition of buried oxygen pipework. Has document: No Adrian Griffin 10/06/2025 10:39	Review date: 31/10/2025 Is reviewed: No Adrian Griffin 10/06/2025 12:54
CEF - Estates/2024-2503	Leaking Flue - CRI Main plant room	16/04/2024	Leaking flue into CRI Plant Room.	The Flue is leaking in CRI main plantroom. Early indications are its leaking through the double skinned flue. The leak is coming back onto the boilers and causing considerable damage and corrosion to the boilers resulting in expensive repairs and a safety concern. We are awaiting more information on what the exact cause is as it appears to be condensation from the flue.	The risk of major failure is likely if the boilers fail as this offers large parts of CRI, heating and hot water.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	We have tried to minimise the damage to the boilers by putting a temporary system in place to catch the water. The x2 back up boilers are currently awaiting repairs with Equans, but the boilers have considerable damage. The long term solution is a flue replacement and boilers, but obviously in the short term this is not a realistic option. Has document: No Adrian Griffin 03/07/2025 14:47	None specified. Has document: No Adrian Griffin 03/07/2025 14:48		Review date: 03/10/2025 Is reviewed: No Adrian Griffin 03/07/2025 14:55
CEF - Estates/2024-2501	Cold water supply to theatres (CAVOC, Spinal)	02/12/2024	54MM pipework is leaking, possibly across multiple locations. The locations of the leaks are masked by asbestos containing materials e.g. pipe lagging.	The pipework is pin holed across a distance 20 mts.	The removal of the pipe lagging would constitute a licensable removal. The removal of the lagging could possibly expediate the failing condition of the 54mm pipework.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Temporary water supply diversion initiated. Has document: No Adrian Griffin 07/07/2025 14:01	Temporary bypass to keep the areas previously identified as operational. Has document: No Adrian Griffin 07/07/2025 14:02	The bypass is a short term solution. Has document: No Adrian Griffin 07/07/2025 14:02	Review date: 06/10/2025 Is reviewed: No Adrian Griffin 07/07/2025 14:07
CEF - Estates/2025-2609	Working at Height lack of edge protection	16/01/2025	Edge protection to the east and West elevations of the roof only.	Lack of edge protection/ mansafe system.	Potential for a fall from height. Limited access to the roof area.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Access restricted. Has document: No Adrian Griffin 07/07/2025 14:25	Restrict access to the gutter walkway only. Has document: No Adrian Griffin 07/07/2025 14:26	Personel not adhering to the instruction to utilise the access gutter walkway (access gutter not an ideal solution). Has document: No Adrian Griffin 07/07/2025 14:38	Review date: 06/10/2025 Is reviewed: No Adrian Griffin 07/07/2025 14:55
CEF - Estates/2025-2608	Overtime authorisation potentially not given - Electrical	11/02/2025	Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Electrical Engineer on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of fire alarm activation, loss of electrical power, lift entrapments, significant health and safety concern/s relating to the patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Escalation to Senior High Voltage Engineer, Senior Management Team & SMOC. Has document: No Adrian Griffin 07/07/2025 15:17	None available. Has document: No Adrian Griffin 07/07/2025 15:18	None, due to levels of constraints around time and travelling to site. Has document: No Adrian Griffin 07/07/2025 15:18	Review date: 06/10/2025 Is reviewed: No Adrian Griffin 07/07/2025 15:23
CEF - Estates/2025-2607	Overtime authorisation potentially not given - Mechanical	11/02/2025	Due to authorisation not given, there will be occasions when there will be no qualified and competent Mechanical Engineer on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam (sterilisation), lift entrapments, significant health and safety concern relating to patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Escalation to Senior Management team & SMOC. Has document: No Adrian Griffin 08/07/2025 14:20	None available. Has document: No Adrian Griffin 08/07/2025 14:20	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 08/07/2025 14:21	Review date: 07/10/2025 Is reviewed: No Adrian Griffin 08/07/2025 14:47

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
CEF - Estates/2025-2606	Overtime authorisation potentially not given - Team Leader	11/02/2025	Due to overtime authorisation not given, there will be occasions when there will be no qualified and competent Team Leader on site out of hours to respond to emergencies.	Budget constraints.	These emergencies consist of loss of electrical supply, fire alarm activation, loss of medical gases including oxygen, loss of mechanical services such as critical ventilation such as theatres, heating hot water and steam which is used for sterilisation, lift entrapments, significant health and safety concern relating to the patient experience or staff and visitor safety.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Escalate to Senior Management Team & SMOG, Has document: No Adrian Griffin 16/07/2025 09:37	None available Has document: No Adrian Griffin 16/07/2025 09:38	None, due to levels of constraints around overtime payments, time and travelling to site. Has document: No Adrian Griffin 16/07/2025 09:40	Review date: 15/10/2025 Is reviewed: No Adrian Griffin 16/07/2025 09:57
CEF - Estates/2025-2605	Roof Lifeline/Mansafe covered & obstructed	01/05/2025	Roof Lifeline/Mansafe covered & obstructed.	Persons are unable to clip onto the Mansafe line.	The lifeline is unusable in it's current state and as parts of the lifeline are under the AHU, it cannot be certified for use under LOLER.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Restrict / No Access, lifeline cannot be used. Has document: No Adrian Griffin 16/07/2025 10:35	Access restricted. Has document: No Adrian Griffin 16/07/2025 10:38	None specified. Has document: No Adrian Griffin 16/07/2025 10:39	Review date: 15/10/2025 Is reviewed: No Adrian Griffin 16/07/2025 10:52
CEF - Estates/2025-2604	Roof parapet wall not to regulation height.	01/05/2025	Roof Parapet wall not to regulation height (1.1M)	Parapet wall not to regulation height. Local Mansafe system inaccessible.	Suitable edge protection unavailable. Mansafe is not safely accessible in it's current state (to clip on lifeline, you would have to climb onto sloping roof to be able to clip on). As AC Units section cover place of safe access.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Restrict access. Has document: No Adrian Griffin 16/07/2025 11:07	None specified. Has document: No Adrian Griffin 16/07/2025 11:07	None specified. Has document: No Adrian Griffin 16/07/2025 11:08	Review date: 15/10/2025 Is reviewed: No Adrian Griffin 16/07/2025 11:29
CEF - Estates/2025-2603	MRC plant room condition.	12/06/2025	MRC plant failure. Plant failure would significantly impact the services provided.	Aged plant and equipment/ general condition.	High risk of failure. Whole plant room needs total full refurbishment of plant infrastructure. Heating calorifier and access limited. Single calorifier unlagged and uneconomical. Condense Receiver has a big split in the tank surrounded with asbestos, high cost for removal. Hot water cylinder original copper cylinder beyond working life and ready to fail. Condensate pumps corroded and poor condition. Electrics containment and switches corroded. Old BMS controls. Poor circulation on heating system. Disruption to dept. services users (IPC-Housekeeping Department-Medical records Staff). High financial cost for the whole of the plant infrastructure. Rusted corroded failed/pipework valves - Needs replacing	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	16	20	5	Tolerate	Estates continue to monitor on a weekly basis and look to repair minor repairs when required. We have diverted the current leak from the calorifier. Has document: No Adrian Griffin 16/07/2025 13:48	Due to the size of the works required and financial risk cost, this needs to be passed for Capital intervention to replace whole plant infrastructure. This should be looked at before and review the winter season. Has document: No Adrian Griffin 16/07/2025 13:49	High risk of failure of large plant and to provide heating and hot water to the service users. Has document: No Adrian Griffin 16/07/2025 13:51	Review date: 15/10/2025 Is reviewed: No Adrian Griffin 16/07/2025 14:04
CEF - Estates/2025-2602	Issues to control Legionella bacteria.	23/06/2025	Ongoing issues to control Legionella bacteria.	Modifications to clinical areas has made the system to control difficult.	Legionella positive water sample results are of concern and require consideration and action.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	8	Tolerate	Currently estates have Chlorine Dioxide dosing into the cold water system and manual flushing by estates and clinical staff. Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution. Has document: No Adrian Griffin 16/07/2025 14:32	Reasonable assurance with the work carried out to fight the legionella bacteria. Has document: No Adrian Griffin 16/07/2025 14:32	Due to the age of the system, modifications to clinical areas has made the system to control difficult Has document: No Adrian Griffin 16/07/2025 14:33	Review date: 15/10/2025 Is reviewed: No Adrian Griffin 16/07/2025 14:36
CEF - Estates/2025-2601	UHW, currently as no Chlorine Dioxide dosing into the cold water system.	24/06/2025	No Chlorine Dioxide dosing into the cold water system.	Not previously installed into the cold water system.	Lack of Chlorine Dioxide dosing (which would provide additional assurance).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	Maintenance program in place to strip and clean TMVs and filters. Ongoing routine water sampling and remedial works to disinfect the outlet. Temperature control on hot water system distribution. Has document: No Adrian Griffin 16/07/2025 14:57	Reliance of clinical staff carrying out manual flushing as per the C&V water safety plan and procedures. Has document: No Adrian Griffin 16/07/2025 14:58	Without dosing into the cold water system unable to provide assurance on the cold water system. Has document: No Adrian Griffin 16/07/2025 14:59	Review date: 15/10/2025 Is reviewed: No Adrian Griffin 16/07/2025 15:10
CEF - Estates/2024-2505	CRI Main Boiler Plant - High Levels of Corrosion	02/12/2024	The boilers in the main plantroom at CRI are suffering from high levels of corrosion.	Upon investigation the general opinion from two separate contracting companies was, that this corrosion is due to compromised gaskets in the double skin of the flue itself.	Temperature control is proving difficult. The leak on the flue is also a concern for the offering a source of combustion in the plantroom. (Due to fears around the integrity of the flue).	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	4	Tolerate	Leak diversion set up. Has document: No Adrian Griffin 19/08/2025 11:34	The secondary assurance is that of the ongoing protection of the boilers to prevent further deterioration. Has document: No Adrian Griffin 19/08/2025 11:37	None specified. Has document: No Adrian Griffin 19/08/2025 11:38	Review date: 18/11/2025 Is reviewed: No Adrian Griffin 19/08/2025 11:38
CEF - Estates/2025-2613	CHFW Ph 2 MRI Unit Scaleformation, Corrosion, Biological Growth	24/03/2025	Poor industrial water quality.	This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation	Energy Impact of Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 11:20	None provided. Has document: No Adrian Griffin 20/08/2025 11:20	None provided. Has document: No Adrian Griffin 20/08/2025 11:21	
CEF - Estates/2025-2615	CHFW P2 Main Chiller Scale Formation, Corrosion, Biological Growth,	13/02/2025	Poor industrial water quality.	This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation.	Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	None provided. Has document: No Adrian Griffin 20/08/2025 11:41	Review date: 19/11/2025 Is reviewed: No Adrian Griffin 20/08/2025 11:44
CEF - Estates/2025-2616	Radiology Plantroom Main Chillers	24/03/2025	Poor industrial water quality.	This is caused by: Scale Formation, Corrosion, Biological Growth, Sedimentation.	Energy Impact of Poor Industrial Water Quality a chiller operating with scaled heat exchangers can consume up to 30% more energy to provide the same amount of cooling.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	None provided. Has document: No Adrian Griffin 20/08/2025 13:15	Review date: 19/11/2025 Is reviewed: No Adrian Griffin 20/08/2025 13:16
CEF - Estates/2025-2620	Non WHTM compliant AGSS Pump set	03/09/2025	There is a risk that the single AGSS pump set that supplies three theatres may fail.	This is caused by by all three pump sets being end of life. Components are subject to failure e.g. printed circuit boards.	Which w/could lead to an impact/effect on the potential for the loss of operating availability of three operating theatres.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Clinical Board Review	20	20	8	Tolerate	Maintained as best as possible, but only so much that be done with aged and EOL equipment. Has document: No Adrian Griffin 25/09/2025 13:40	Limited assurance provided. Has document: No Adrian Griffin 25/09/2025 13:41	None specified. Has document: No Adrian Griffin 25/09/2025 13:41	Review date: 03/12/2025 Is reviewed: No Adrian Griffin 25/09/2025 13:43
CEF - Estates/2025-2619	Fire Fighting Lift Control	26/03/2025	18 Fire fighting or Evacuation lifts require annual testing and inspection throughout CAVUHB 2 at Barry, 6 at UHL and 10 at UHW.	This has not been done previously (no record if it has).	This was noted in the LOLER inspections for firefighting lifts.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Estates	Team Meeting Board	20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	None specified. Has document: No Adrian Griffin 20/08/2025 14:55	Review date: 19/11/2025 Is reviewed: No Adrian Griffin 20/08/2025 14:56
CEF - Mechanical/2021-2207	UHW & UHL Medical Gas Pressure Reducing Sets.	01/01/2021	Potential to fail - Medical Gas Pressure reducing sets	Are out of the manufacturers recommended operational service date periods.	Equipment Failure leading to Loss of Service and Interruption of supply impacting on patients	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	25	25	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 07/08/2025 12:39	UHL set has been replaced, the second set is due for completion under current upgrade scheme and is due for completion March 2023. There are approximately 15 sets at UHW. Funding has been approved for 6 sets which are due to be completed this financial year. Funding for the remaining sets is being sourced. Has document: No Adrian Griffin 07/08/2025 12:40	Not compliant with HTM Has document: No Adrian Griffin 07/08/2025 12:41	Review date: 06/11/2025 Is reviewed: No Adrian Griffin 07/08/2025 12:43
CEF - Mechanical/2021-2202	UHW ITU A3N Non Compliance	01/06/2021	There is a risk that the Ventilation verification of UHW ITU A3N is Non Compliant.	This is caused by non compliance to the Hospital Technical Memorandum (HTM).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	5	Tolerate	Restricted maintenance operations. Has document: No Adrian Griffin 06/08/2025 11:36	None specified. Has document: No Adrian Griffin 06/08/2025 11:37	System is not suitable and correct maintenance is restricted, control measures are not sufficient to reduce the risks significantly. Has document: No Adrian Griffin 06/08/2025 11:38	Review date: 05/11/2025 Is reviewed: No Adrian Griffin 06/08/2025 11:44
CEF - Mechanical/2021-2204	UHW ITU B3N Non Compliance	01/06/2021	There is a risk that the Ventilation verification of UHW ITU B3N is Non Compliant.	This is caused by non compliance to the Hospital Technical Memorandum (HTM).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	5	Tolerate	Maintenance intermittent due to access issues AHU within ward. Has document: No Adrian Griffin 06/08/2025 11:59	None specified. Has document: No Adrian Griffin 06/08/2025 11:59	Maintenance intermittent due to access issues AHU within ward. Has document: No Adrian Griffin 06/08/2025 12:01	Review date: 05/11/2025 Is reviewed: No Adrian Griffin 06/08/2025 12:04

Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
CEF - Mechanical/2021-2205	UHW ITU C3 Link Non Compliance	01/06/2021	There is a risk that the Ventilation verification of UHW Cardiac ITU C3 Link is Non Compliant.	This is caused by non compliance to the Hospital Technical Memorandum (HTM).	Which would lead to the HTM not being adhered to.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	5	Tolerate	Regular maintenance being carried out Has document: No Adrian Griffin 06/08/2025 14:22	None specified. Has document: No Adrian Griffin 06/08/2025 14:24	System isn't suitable and correct maintenance is restricted. Control measures are not sufficient to reduce the risks significantly Has document: No Adrian Griffin 06/08/2025 14:25	Review date: 05/11/2025 Is reviewed: No Adrian Griffin 06/08/2025 14:28
CEF - Mechanical/2023-2403	Hamadryad Centre Boiler 1 & 2	02/10/2023	Boilers 1&2 Poor Condition	Overall condition. Fan dilution system inadequate.	Boilers becoming inoperable. Potential loss of heating to the area.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Adrian Griffin 07/08/2025 13:32	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 07/08/2025 13:32	None specified. Has document: No Adrian Griffin 07/08/2025 13:33	Review date: 06/11/2025 Is reviewed: No Adrian Griffin 07/08/2025 13:51
CEF - Mechanical/2023-2405	UHW Main Recovery	02/10/2023	There is a risk that the ventilation verification of the critical systems at UHW main recovery has identified a non compliant plant.	Potentially initial incorrect design and installation. Changes to the HTM.	Potential AHU failure leading to the loss of service.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	5	Tolerate	Regular maintenance being carried out. Has document: No Adrian Griffin 08/08/2025 10:03	System is subject to statutory testing and inspection in line with legislation and HTM as far as possible. Has document: No Adrian Griffin 08/08/2025 10:04	Overall the system needs replacing. Has document: No Adrian Griffin 08/08/2025 10:05	Review date: 07/11/2025 Is reviewed: No Adrian Griffin 08/08/2025 10:11
CEF - Mechanical/2023-2404	UHW Maternity suites	02/10/2023	There is a risk that the Ventilation AHU serving maternity suites have major issues.	Potentially original design and installation issue. Non compliance to the HTM.	AHU failure leading to loss of service to the maternity suites.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	4	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Adrian Griffin 12/08/2025 09:13	System is subject to statutory testing and inspection in line with legislation and HTM Has document: No Adrian Griffin 12/08/2025 09:14	Replacement of AHU required Has document: No Adrian Griffin 12/08/2025 09:15	Review date: 11/11/2025 Is reviewed: No Adrian Griffin 12/08/2025 09:18
CEF - Mechanical/2023-2401	Main CIAT Chiller, replacement X6 EBM Papsst fan assemblies units on chiller circuit No2.	04/07/2023	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure.	Age and condition of the chiller plant.	Chiller plant unable to provide the necessary assurance as to its required performance.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting Board	20	20	5	Tolerate	None specified. Has document: No Adrian Griffin 09/04/2025 14:54	3 out of 8 fans working on circuit No1: 3 out of 4 on circuit No2, removed 3 of faulty fans from circuit No1 and replaced the 3 working from circuit No2. Circuit No1 is larger system running on single point of failure. Due to chilled circuit being on roof plant room, any temporary chiller options would be very challenging, but not impossible. Has document: No Adrian Griffin 09/04/2025 14:56	Parts availability 6-8 weeks Has document: No Adrian Griffin 09/04/2025 14:58	Review date: 31/07/2025 Is reviewed: No Adrian Griffin 09/04/2025 15:05
CEF - Mechanical/2019-2005	M38- Ventilation AHU serving HDU AT UHL does not comply to WHTM's.	01/12/2019	There are major issues with it's Air Handling Unit and we recommend a replacement.	Potential AHU failure leading to loss of service. Patient safety at risk.	Theatres cannot be used in its current condition.	Speciality	Capital Estates and Facilities	Capital Estates and Facilities	CEF - Mechanical	Team Meeting	20	20	5	Tolerate	Regular maintenance being carried out to maintain the systems as is. Has document: No Jamie Garrett 07/11/2025 15:33	Systems are statutory tested and inspected annually Has document: No Adrian Griffin 17/11/2025 10:03	replacement of AHU required Has document: No Adrian Griffin 17/11/2025 10:04	Review date: 17/02/2026 Is reviewed: No Adrian Griffin 17/11/2025 10:04
Community Child Health/2025-2601	Critical absence of approved Clinicians who can take on responsible clinician (RC) responsibilities in EWMH Service	07/10/2025	There is a risk that we are unable to legally assess and detain C&YP under the mental health act on a daily basis (Monday-Friday working week)	This is caused by resignation of two consultants meaning 2.4wte vacancies. Inability to recruit despite advertising. This has led to a gap in consultants available to provide responsible clinician cover. The service has been sustained under significant pressure as of w/c 6.10.2025, two consultant who both hold RC responsibilities have reported long term sick.	The lack of RC cover has impacted the ability to safely cover the crisis pathway and specialist eating disorder service. -Not being able to meet obligations under Mental Health Act to provide Responsible Clinician cover 24/7 to detain and provide ongoing clinical assessment in hospital and in the community -There will be legal complications when the sections need to be upheld as these patients will not have a named RC. Although initial detention is lawful, detaining a child without a named RC places the health board at risk of judicial challenge. --Delays in providing timely psychiatric input for young people – this could result in catastrophic harm if they are risk taking and not agreeable to informal admission whilst awaiting a MHA assessment. -Risk of health board not being able to meet statutory Mental Health Act duties. •Risk to partner agencies, increasing pressure on neighbouring health boards, Tier 4 and AMH Clinical Board.	Business unit	Children & Women	Community Child Health		Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting	25	25	5	Treat	1.Approval from Exec Board to go off contract for Locum Consultant cover Has document: No Kirsty Hook 14/10/2025 13:57 2.Discussions with CD of CTM (Manages Tier 4) of quicker access to Tier 4 assessment Has document: No Kirsty Hook 14/10/2025 13:57 3.Adult MH Clinical Board will provide support to initial MHA assessments but not eligible to be RC. Has document: No Kirsty Hook 14/10/2025 13:57 4.Neighbouring HB's contacted re: CAMHS support – in progress Has document: No Kirsty Hook 14/10/2025 13:58	Approval received from Exec Board to go off contract for Locum Consultant Cover Has document: No Kirsty Hook 14/10/2025 13:59 Regular discussions ongoing with Cwm Taf. Agreement of consideration where possible for earlier Tier 4 assessment to be undertaken Has document: No Kirsty Hook 14/10/2025 14:00 AMH have agreed to support with Mental Health Act Assessment (MHA) only Has document: No Kirsty Hook 14/10/2025 14:00	1.Unsuccessful Locum Consultant recruitment on framework over last 2 months Has document: No Kirsty Hook 14/10/2025 14:01 2.Tier 4 earlier assessment will be dependent on their capacity Has document: No Kirsty Hook 14/10/2025 14:01 AMH unable to support RC responsibilities Has document: No Kirsty Hook 14/10/2025 14:02 Currently there is no consultant capacity to provide cover for these gaps Has document: No Kirsty Hook 14/10/2025 14:03 The consultant Child and Adolescent Psychiatrists in post in Cardiff and Vale UHB together with Clinical Director have carefully considered all possible ways to mitigate this risk. Due to very limited sessions available not been able to identify a solution. Has document: No Kirsty Hook 14/10/2025 14:03	Review date: 07/11/2025 Is reviewed: Yes Kirsty Hook 14/10/2025 14:09
Community Child Health/2023-2401	Long wait times for C&YP requiring therapeutic intervention from the nursing team in EWMH (EWMH09)	02/06/2023	There is a risk of adverse health outcomes	This is caused due to the long wait times for therapeutic intervention	Which w/could lead to an impact/effect on adverse health outcomes for C&YP	Business unit	Children & Women	Community Child Health		Clinical Board Q&S Meeting Clinical Board Review Directorate Q&S meeting	20	20	8	Treat	Weekly monitoring of weekly wait list Has document: No Kirsty Hook 10/09/2025 10:30 Monitoring new referrals for appropriateness and correct information Has document: No Kirsty Hook 10/09/2025 10:31	Robust monitoring of waiting list and clinical case load management through regular supervision Has document: No Kirsty Hook 10/09/2025 10:32 Fortnightly monitoring meetings with MDT Has document: No Kirsty Hook 10/09/2025 10:33 Reduction in the number of concerns/complaints due to long waits Has document: No Kirsty Hook 10/09/2025 10:33	Lack of clear pathway for nursing intervention Has document: No Kirsty Hook 10/09/2025 10:34	Review date: 31/10/2025 Is reviewed: No Kirsty Hook 14/10/2025 14:14
N&D/2025-2603	Dietetic Eating Disorders in Specialist High risk eating disorders (SHED) - inability to see service users	18/09/2025	There is a lack of staffing in SHED which is having a knock on effect on Dietetics There is a risk that staff will leave, have a lack of supervision, no service, patient safety, wellbeing	This is caused by lack of staff and processes in SHED	Which could lead to an impact/effect on patients and staff Increased admission to acute hospital	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics	Team Meeting Clinical Board Review	20	20	4	Treat	Datix of particular patient concerns Regular dietetic staff supervision and support remains in place Has document: No Joanne Jefford 25/09/2025 15:51 Escalation to senior management Community mental health teams have been informed All patients have been RAG rates Has document: No Joanne Jefford 02/10/2025 08:39 Response to request regards what a Band 6 dietitian can do within the team has been drafted - will be uploaded Comments to be returned to senior staff within mental health clinical board Has document: No Joanne Jefford 02/10/2025 08:44	Discussed in Therapies Performance Review with CD&T Senior Management Team Discussions ongoing between CD&T and MH Senior Management Team Has document: No Helen Jenkins 03/10/2025 08:21	Concerns remain around the controls that have been put in place ? T timely review of patients Further sickness in the team Dietetics main therapy remaining and may be asked to work outside of core competencies to compensate for skeleton staff Has document: No Joanne Jefford 02/10/2025 08:42	Review date: 31/10/2025 Is reviewed: No Helen Jenkins 03/10/2025 08:18

Saunders Nathan
21/11/2025 17:51:27

Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
N&D/2025-2604	Loss of PESU surgical dietician post (1.0 wte band 7)	03/10/2025	There is a risk that the loss of the Lead Macmillan UGI Dietitian post has left the UGI service critically understaffed. As a result, patients are now at increased risk of being discharged without appropriate dietetic input, heightening the likelihood of malnutrition, post-operative complications, and hospital readmissions. The absence of this role has disrupted multidisciplinary team (MDT) collaboration, undermining effective treatment planning and holistic care for UGI cancer patients. Pre-surgical nutritional optimisation reviews have ceased, which may contribute to poorer surgical outcomes and extended hospital stays. Access to specialist dietetic care has been significantly reduced. The UGI dietetic service is now limited to seeing post-operative CAV oncology patients attending UGI clinics, leaving many others without the nutritional support they require. Surgical follow-up duration has been shortened from five years to just one year, increasing the risk of long-term complications due to insufficient	This is caused by the withdrawal of PESU COVID recovery funding in June 2024, which previously supported the 1.0 WTE Band 7 Lead Dietitian post. With no replacement funding secured and the post-holder now departed, the service has been left without its critical leadership. Since 2013, UGI surgical activity has increased by 163%, yet dietetic staffing has not kept pace. There has also been a 3200% increase in home enteral feeding discharges, which require intensive dietetic coordination. The centralisation of UGI services to CAV has shifted dietitian time heavy procedures like jejunostomy placements to UHW, adding further pressure. Additionally, surgical wards have been restructured post-pandemic, increasing the complexity and breadth of the caseload managed by the dietitian.	Which could lead to an impact by having serious consequences for patient safety, service quality, and workforce sustainability. Inadequate nutritional care can contribute to complications and poorer outcomes. The quality of service has declined as key dietetic functions such as MDT attendance and pre-operative reviews have been discontinued. Remaining staff are facing unsafe caseloads, risking burnout and further attrition. Hospital resources will be put under further strain due to increased admissions for feeding and delayed discharges. Long-term patient outcomes are at risk due to reduced follow-up and lack of specialist input, and equity of care has been compromised as benign UGI patients are diverted to less specialised community services.	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Nutrition & Dietetics	Clinical Board Q&S Meeting Clinical Board Review QSE Committee	20	20	6	Treat	The issue has been escalated to the Surgical Clinical Board, with a meeting held on 8th September 2025 to formally raise concerns. Has document: No Emily Capener 03/10/2025 13:49 Moondance Application for temporary funding to support the service aiming to restore some capacity lost with the withdrawal of PESU funding Has document: No Emily Capener 03/10/2025 13:51 Band 6 dietitian secondment has been arranged to provide interim support, with the individual due to start on 6th October 2025 and remain in post until April 2026. Has document: No Emily Capener 03/10/2025 13:52 To maintain core service delivery during the loss of the Lead surgical PESU Dietitian post, several temporary adjustments have been implemented. These include reducing post-operative follow-up from five years to one year, withdrawing dietetic input from pre-surgical clinics, and redirecting benign UGI patients to community dietetic services. Patients requiring NG/NJ feeding initiation must now be admitted to hospital rather than receiving outpatient support. Additionally, other surgical dietitians have absorbed a broader general surgical caseload to help distribute workload and sustain coverage. These measures are intended to keep the service operational in the short term, but they represent	The risk has been escalated to the Surgical Clinical Board, and we had a meeting on 8th September 2025 to formally raise concerns and discuss the impact. This has supported to bring visibility to the issue. Has document: No Emily Capener 03/10/2025 13:53 Funding application to be submitted to Moondance, which includes a breakdown of the service pressures and a proposed plan to temporarily support the gap. If successful, that would offer some external validation and short-term support - particularly from an enteral feed perspective. Has document: No Emily Capener 03/10/2025 16:33 Band 6 secondment, due to start on 6th October - monitoring caseload and service delivery Has document: No Emily Capener 03/10/2025 16:34	Loss of strategic dietetic leadership within the UGI surgical team with the departure of the Lead Macmillan UGI Dietitian and no replacement funding secured, the service has lost its senior clinical leadership. This has weakened leadership within UGI and surgery, disrupted MDT collaboration, and removed the voice that advocates for nutritional care in surgical planning. SMART Goals: Develop and submit a Moondance Application in October 2025, band 6 secondment out and has been interviewed for - due to start 6th October 2025 Has document: No Emily Capener 03/10/2025 13:54 While temporary measures have been put in place to keep the UGI dietetic service running, there is still no permanent funding solution to replace the Lead UGI Dietitian post. The service remains vulnerable and reliant on short-term fixes, with no formal contingency plan for sustaining specialist input beyond April 2026, when the Band 6 secondment ends. SMART goal: band 6 secondment recruitment, moondance application for further funding to support service	Review date: 31/10/2025 Is reviewed: No Helen Jenkins 08/10/2025 15:47
Podiatry/2010-1102	No Foot Assessment on Hospital Admission	01/01/2010	There is a risk that the UHB is failing to meet the requirements for patients admitted to hospital who have diabetes to receive a foot examination within 6 hours of admission.	This is caused by a lack of ownership within the UHB and no role delegated responsibility for undertaking the assessment.	Which w/could lead to an impact/effect on patients being at increased risk of preventable hospital acquired pressure damage. there is increased risk of amputation and risk of litigation	Speciality	Clinical Diagnostics & Therapeutics	Allied Health Professionals	Podiatry	Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting QSE Committee	20	20	8	Treat	Validated foot assessment tool available Has document: No Helen Jenkins 23/10/2025 15:11 Training programme available via TVN's/Podiatry Has document: No Helen Jenkins 23/10/2025 15:11 Pressure relieving mattresses and heel pressure devices available in UHB Has document: No Helen Jenkins 23/10/2025 15:12 E-comms to Podiatry available for advice and support Has document: No Helen Jenkins 23/10/2025 15:12	* Foot assessment on admission identified as objective in UHB IMTP Has document: No Helen Jenkins 23/10/2025 15:12 Identified in the Diabetes delivery plan requiring urgent action: NaDIA Audit Has document: No Helen Jenkins 23/10/2025 15:12	No ownership within the UHB of responsibility Has document: No Helen Jenkins 23/10/2025 15:13 No uptake of assessment tool and/or training programme Has document: No Helen Jenkins 23/10/2025 15:13 Pressure relieving devices and mattresses only instigated if patient identified as having risk or after sustaining tissue damage. Has document: No Helen Jenkins 23/10/2025 15:13 E-comms not fully utilised Has document: No Helen Jenkins 23/10/2025 15:13	Review date: 01/11/2025 Is reviewed: No Helen Jenkins 23/10/2025 15:19
Biochemistry/2025-2604	Departmental Staffing Issues	05/11/2025	There is a risk that there are insufficient staff in the department to sustain a safe quality laboratory service. Risk to accreditation and TCLE implementation due to Specimen reception manager and Quality manager posts are vacant	This is caused by staff retirement, pregnancy and staff leaving to work in other Health boards/Departments	Which w/could lead to an impact/effect on the current 24hr service not being sustainable.	Speciality	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Biochemistry	Clinical Board Review Directorate Meeting	20	20	4	Treat	Demand management has been removed, ETR will give controls to the clinician Appointed a number of APs in the department. Trained APs so that they can help to cover the extended day/Saturday mornings Use of Bank shifts to reduce accumulation of additional hours Staffing issues raised with the Clinical Board Reviewed current shift system and introduced Rosterpro Reviewed Toxicology repertoire, reduced a number of assays QMS – Audits, incident management and trending New Workflow in Specimen reception Contingency plans in place Appointment of BMS staff to Band6 posts as they become available following the departmental skill mix review Increased uptake of eTR and GPTR Staff training and competency Reception manager tasks shared Quality manager working additional hours Has document: No Helen Jenkins 05/11/2025 12:20	Contingency plans in place and have been used Has document: No Helen Jenkins 05/11/2025 12:20 Request for additional staff made to the CB Has document: No Helen Jenkins 05/11/2025 12:20	Bank shifts used, but limited staff are available Has document: No Helen Jenkins 05/11/2025 12:20 Difficulty in maintaining staffing levels due to sickness and staff are leaving due to additional pressure that low staffing numbers has caused. Has document: No Helen Jenkins 05/11/2025 12:21 Insufficient time available to complete training/competency of newly qualified staff Has document: No Helen Jenkins 05/11/2025 12:21 Additional reception tasks for current staff is not sustainable Has document: No Helen Jenkins 05/11/2025 12:21 Ad hoc additional hours worked by QM is not a robust solution Has document: No Helen Jenkins 05/11/2025 12:21	Review date: 05/12/2025 Is reviewed: No Helen Jenkins 05/11/2025 12:23
Biochemistry/2025-2612	Refurbishment of new NBS Laboratory Space	26/09/2025	There is a risk that adequate funding needs to be provided to refurbish the new laboratory space.	This is caused by the need for funding to be agreed by Welsh Government. Estates team are designing the build to generate a quote and an external company to prepare a BIP to submit to WG for funding.	Which w/could lead to an impact/effect on the expansion of the NBS Service, expansion of ABS track system, the need for the laboratory space to be brought up to building standards. If the space is not refurbished there is a risk to enabling Wales to provide HT1 screening and screening for additional conditions.	Speciality	Clinical Diagnostics & Therapeutics	Laboratory Medicine	Biochemistry	Clinical Board Q&S Meeting Clinical Board Review Directorate Q&S meeting	20	20	2	Treat	Estates team designing build to generate quote Has document: No Helen Jenkins 06/11/2025 12:58 External consultant employed to prepare BIP to submit to WG for funding Has document: No Helen Jenkins 06/11/2025 12:58	Draft floorplan drawings available Has document: No Helen Jenkins 06/11/2025 12:58 BIP in progress Has document: No Helen Jenkins 06/11/2025 12:58	Confirmation of funding required Has document: No Helen Jenkins 06/11/2025 12:58	Review date: 30/01/2026 Is reviewed: No Helen Jenkins 06/11/2025 12:59
SMPU/2025-2602	Risk related to air pressure cascade within aseptic suite of rooms in SMPU in relation to production of Hemgenix	16/10/2025	There is a risk that the air pressure cascade within this suite of rooms could create a background environment within the M22 room that was at higher risk of contamination due to personnel entry without a fully compliant positive cascade of air out through the change rooms to the corridor	This is caused by the clean room and support rooms are non-compliant with Quality Assurance of Aseptic preparation Standards (QAAPS) in that the correct pressure cascades between the M22 room and change room are not fully met. Furthermore, the M22 and M30 rooms do not meet the ideal total air change requirements	Which could result in higher risk of contamination of the product	Speciality	Clinical Diagnostics & Therapeutics	Pharmacy and Medicine Management	St Mary's Pharmaceutical Unit (SMPU)	Directorate Q&S meeting	20	20	4	Treat	1.Continuous facility monitoring (Pharmagraph) of room pressures. Pharmagraph alarms configured to alert incorrect pressure differentials 2.Cleaning completed per schedule. 3.Appropriate clothing grade work within the unit. Dedicated change room for Hemgenix activity 4.Room settle plates twice weekly and in-operation sessional plate monitoring 5.Qube Isolator performing correctly (weekly checks until in use) and if any out of specifications or alarms noted, cabinets are placed out of use immediately until issue resolved. 6.Validation of transfer sanitisation of materials process verified for Hemgenix preparation 7.Monthly viable monitoring to ensure graded rooms are within specification. 8.Three monthly non-viable monitoring to ensure all graded rooms are within specification 9.Environmental trending completed monthly and reported to Monthly Quality Meeting. 10.Six monthly servicing and calibration of Qube isolator 11.Validated VHP gassing cycle of empty chamber (for decontamination purposes) Has document: No Helen Luton 16/10/2025 09:37	1.Current viable monitoring (monthly/weekly/sessional) of the rooms provide assurances the clean rooms are achieving the required room specifications and no trends identified upon review. 2.Review of the pressure differentials seen between rooms have no adverse trend 3.TAC monitoring shows no adverse trend in M22 room. Has document: No Helen Luton 16/10/2025 09:37	1.Estates – SMPU Technical agreement not in place / No formal AHU service and maintenance programme 2.Six monthly servicing and planned preventative maintenance for facility. 3.AHU last serviced 12 months (October 2024) 4.Stores roof leak not resolved 5.Pharmagraph system (facility monitoring) requires update as version out of support from August 2026 Has document: No Helen Luton 16/10/2025 09:37	

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Clinical Diagnostics & Therapeutics /2025-2602	Non-Compliance with Regulatory and Accreditation Requirements	26/08/2025	There is a risk that regulated areas in the Clinical Board report non-compliance with regulatory and accreditation requirements.	This is caused by non-compliance in meeting the standards required by regulatory bodies following inspections and assessments.	Which could lead to an impact/effect on: - impact on service delivery and patient safety (potential for cease and desist of service) - reputational risk - financial risk e.g. loss of income, fine for breach of statutory duty - inability to maintain suitable systems, practices and facilities to ensure on-going compliance - increasing requirements from regulators which cannot be met - mismatch in capacity/demand on QMS which leads to failure to deliver activities - patient/staff harm as a result of poor safety governance, e.g. ultrasound, MR safety, decontamination, POCT - Health and Safety at Work incidents - patient concerns, claims and redress - failure to comply with GDPR and Information Governance	Division	Clinical Diagnostics & Therapeutics			Clinical Board Q&S Meeting Clinical Board Review QSE Committee	5	20	10	Treat	Governance through QSE and Regulatory Compliance Group with Clinical Board oversight of regulated and accredited services. Has document: No Helen Jenkins 26/08/2025 11:00 Incident management, including Root Cause Analysis Has document: No Helen Jenkins 26/08/2025 11:02 Concerns management Has document: No Helen Jenkins 26/08/2025 11:03 Audit of practice/standards Has document: No Helen Jenkins 26/08/2025 11:03 risk register management Has document: No Helen Jenkins 26/08/2025 11:03 Service improvement initiatives Has document: No Helen Jenkins 26/08/2025 11:03 Clinical Board Data Integrity Policy and Assessment Has document: No Helen Jenkins 26/08/2025 11:04	Compliance dashboard developed to monitor KPI/metrics Has document: No Helen Jenkins 26/08/2025 11:00 Q-Pulse/local audit Has document: No Helen Jenkins 26/08/2025 11:05 Locally replicated QSE structures with escalation triggers Has document: No Helen Jenkins 26/08/2025 11:05 Monitoring of non-conformance/action plans through QSE and Regulatory Compliance Group Has document: No Helen Jenkins 26/08/2025 11:05 Suitable foru Has document: No Helen Jenkins 26/08/2025 11:06 Suitable forums for monitoring governance compliance Has document: No Helen Jenkins 26/08/2025 11:06 Assessment against Healthcare Standards Has document: No Helen Jenkins 26/08/2025 11:06	1. Limited or no capacity to undertake full range of QMS activities including self-assessment/audit, change control, incident management. Has document: No Helen Jenkins 26/08/2025 11:01 Limited mitigation possible to address ageing estate and equipment risks without significant investment. Timeframes associated with TRANS and other regional solutions increases risk of not meeting regulatory standards. Has document: No Helen Jenkins 26/08/2025 11:08 LIMS deals and repeat UAT also impacting on QMS across labs but particularly Blood Transfusion Laboratory and Haematology Has document: No Helen Jenkins 26/08/2025 11:09	Review date: 01/11/2025 Is reviewed: No Helen Luton 09/09/2025 09:38 Review date: 01/10/2025 Is reviewed: Yes Helen Jenkins 26/08/2025 11:14
Clinical Diagnostics & Therapeutics /2025-2603	IT/digital risks linked to hardware and software	27/08/2025	There is a risk that services are being compounded by hardware and software issues and slow delivery of key IT systems	This is caused by ageing hardware and software, ongoing stability issues with WCCIS, WLIMS, TrakCare, Telepath and connectivity issues with POCT devices and electronic requesting within the Radiology Information System's inability to address patient identification issues.	Which could lead to an impact/effect on multiple workstreams with digital agenda not being aligned/inconsistently implemented; inability of PARIS system to interface with the Welsh Clinical Portal and Electronic requesting within RADIS only available for GP and inpatients and not for Outpatients.	Division	Clinical Diagnostics & Therapeutics			Clinical Board Q&S Meeting Clinical Board Review Digital Health Intelligence Directorate Q&S meeting	20	20	12	Treat	Robust business continuity plans Workarounds to mitigate risks SOPs/governance arrangements Has document: No Helen Jenkins 27/08/2025 10:45 Engagement with DHCW ETR/GPTR mandated from July 2022 Communication with end users Has document: No Helen Jenkins 27/08/2025 10:46 Managed service contracts Maintenance service agreements Has document: No Helen Jenkins 27/08/2025 10:47	Validation and change controls. Has document: No Helen Jenkins 27/08/2025 10:47 Enhanced monitoring arrangements Has document: No Helen Jenkins 27/08/2025 10:47	Implementation of key IT systems which are part of the National Programme - LIMS (Lab Medicine) Sept 2025 and RISP (Radiology) timeframes likely 2026 Has document: No Helen Jenkins 27/08/2025 10:47	Review date: 01/11/2025 Is reviewed: No Helen Luton 09/09/2025 09:39 Review date: 01/10/2025 Is reviewed: Yes Helen Jenkins 27/08/2025 10:49
Clinical Diagnostics & Therapeutics /2025-2605	Ageing equipment across the CD&T Clinical Board	08/09/2025	There is a risk that Ageing equipment will fail, including Air handling units, chiller units, air tube for lab specimens, pharmacy isolators and autoclaves, laboratory equipment and CT scanner	This is caused by ageing equipment	Which w/could lead to an impact/effect on temperature sensitive equipment, timely delivery of specimens to the laboratory, ability to make 700 doses of pre filled syringes, lack of sterility to products, delays in laboratory processes and delays to patients receiving timely CT scans and thus diagnosis	Division	Clinical Diagnostics & Therapeutics			Clinical Board Q&S Meeting	20	20	8	Treat	capital management programme, discretionary capital programme, escalation routes to CEF, business continuity plans, managed service contracts, maintenance agreements, medical equipment governance framework Has document: No Helen Luton 08/09/2025 15:40	Inspections and audits, trend and theme analysis from incidents, validation and change control processes. Enhanced monitoring arrangements Has document: No Helen Luton 08/09/2025 15:40	High risk areas may be subject to regulatory improvement notices when inspected. No definitive timeframe for TrAMS which would resolve some of the pharmacy equipment risks. Biochemistry staff only have a basic mechanical overview of air tube to manage breakdowns, not covered by CEF. Has document: No Helen Luton 08/09/2025 15:43	Review date: 30/10/2025 Is reviewed: No Helen Jenkins 09/09/2025 07:25
Clinical Diagnostics & Therapeutics /2025-2606	Fabric of the estate is suboptimal to deliver modern, safe and sustainable health care	12/09/2025	There is significant aggregated risks across the CB directorate risks registers including: Inadequate accommodation for stem cell processing unit, risk of compressor failures and liquid nitrogen supply from external tanks Inadequate storage capacity across health records, risk to security of records, increased costs of off site storage and difficulties in tracking medical records Overcrowded accommodation for clinical engineering, OT, SLT, Pharmacy, POCT, WEQAS, CEDAR impacting on staff experience Repeated examples of water and sewage ingress into clinical and non clinical areas, risk to service delivery and staff health and safety Potential of electrical supply to UHL failing with delays to back up supply or fluctuations leading to insufficient time to power down CT scanner, risking costly damage to the collimator and associated downtime leading to loss of clinical activity	This is caused by ageing infrastructure	Which w/could lead to an impact/effect on service delivery, health and safety of colleagues working in suboptimal environments	Division	Clinical Diagnostics & Therapeutics			Clinical Board Q&S Meeting	20	20	8	Treat	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Has document: No Helen Luton 12/09/2025 10:23	Inspections and audit Risk register Trend and theme analysis from incidents Validation and change control Enhanced monitoring arrangements Has document: No Helen Luton 12/09/2025 10:18	High risk areas may be subject to regulatory improvement notices when inspected, eg SMPU, Stem cell, PSU Timescales for refurbishment or replacement schemes have been lengthy Has document: No Helen Luton 12/09/2025 10:19	Review date: 01/11/2025 Is reviewed: No Helen Luton 12/09/2025 10:26

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Clinical Diagnostics & Therapeutics /2025-2607	Delay to laboratory information system (LIMS) implementation	01/07/2025	There is a risk that Laboratory information system, migration from TLC2016 to TCLE. If TLC2016 continues to operate past mid-December 2025, it presents significant operational, clinical and financial risk. - Financial - DHCW have estimated that the cost of passing the December deadline could amount to £6.5m nationally with the need to update the hosting infrastructure and licencing, and extension of the programme team. - Operational - Despite the infrastructure refresh, the TLC2016 system is end of life, and presents a greater risk of breakdown / disruption to service for which there would be minimal support from the supplier and inability to fix problems. - Clinical - Running the laboratories on an unsupported system presents significant clinical risk of unavailability of results for patient care. - Workforce - Extending the programme beyond December 2025 will exacerbate an already known workforce risk of burnout and retention. 2. Risk to achieving December deadline - Ongoing delays to the completion of UAT	This is caused by issues with completion of UAT	Which w/could lead to an impact/effect on achieving December deadline, potential financial risk, disruption to the service, having to run laboratories on unsupported systems presents a clinical risk. The effect could also be on staff burnout and retention	Division	Clinical Diagnostics & Therapeutics			Clinical Board Q&S Meeting Clinical Board Review Digital Health Intelligence	20	20	5	Treat	1. Contingency plans for backup and alternative storage systems 2. Accelerate migration to TCLE 3. Prioritise completing UAT for TCLE Has document: No Helen Luton 12/09/2025 14:14	1. Monitor storage configurations closely and conduct regular audits to assess 2. Programme board developing robust monitoring plan to identify blockers. Has document: No Helen Luton 12/09/2025 14:15	1. Repeat UAT impacting on other work within BTL and Haematology, high levels of sickness within team if continues may impact on delivery 2. UAT cannot be prioritised over urgent operational deliverables, where it relies on the same people to do both. 3. Loss of local expertise, integral to the programme, cannot be replaced within timescales. Has document: No Helen Luton 12/09/2025 14:15	Review date: 31/10/2025 Is reviewed: No Helen Jenkins 12/09/2025 14:18
Med Safety/2025-2604	Variation in heparin infusion protocols	29/09/2025	There is a risk that variation in heparin regimens and niche protocols is leading to medication errors and risk to patients.	This is caused by different protocols being used in different areas. This lack of standardisation poses a risk in particular during transfer of care.	Which could lead to lack of staff awareness of differences in protocols and increase risk to patients for medication errors. There have been two recent significant incidents where these differences in protocols have resulted in patient harm (Datix ID 72441 and 97581)	Speciality	Corporate	Clinical Safety Group	Medicines Safety Group	Clinical Board Q&S Meeting Clinical Safety Group	20	20	5	Treat	Standardised concentration used in critical care Has document: No Jenna Walker 29/09/2025 14:57 Heparin sign introduced in Critical Care and is attached to the monitor in the bed space of each patient who is prescribed heparin Has document: No Jenna Walker 29/09/2025 14:58	Monitoring of Datix reports Has document: No Jenna Walker 29/09/2025 15:02	Different protocols remain in different clinical areas Has document: No Jenna Walker 29/09/2025 15:03 Current measures remain insufficient to reduce risk. Has document: No Jenna Walker 29/09/2025 15:04	
DH&I - Cyber Security/2025-2647	Cyber Security	21/07/2025	UHB's IT infrastructure could be compromised resulting in prolonged service interruption and potential impacts on the safety of patients due to an inability to access electronically stored data.	Prevailing national and international Cyber Security threats	All UHB business services and data could be adversely impacted.	Speciality	Corporate	Digital and Health Intelligence	D&HI - Cyber Security	Digital Health Intelligence	20	20	12	Treat				
EPRR/2025-2602	Staff Shortage	03/02/2025	There is a significant risk of staff absence severely impacting service provision	Extremely small critical mass of specialist staff. EPRR team consists of only 2 whole time equivalents. Both have in excess of 40 years expert knowledge and experience across the NHS / HM Forces / Blue light organisations. Both post holders are close to retirement, however there is no succession planning. Highly specialist role which is not replicated by any other postholder within the UHB. Neighbouring UHBs has a larger establishment which affords a greater degree of security and resilience. Business cases to enhance establishment, promote resilience, facilitate succession planning, have been repeatedly declined from 2014 - 2023 due to a stated lack of financial resources.	Which would lead to the Health Board failing to meet and comply with its statutory duties	Business unit	Corporate	EPRR		Team Meeting Directorate Meeting	20	20	6	Tolerate				Review date: 01/12/2025 Is reviewed: No Simon Dring 22/07/2025 08:00 Review date: 01/08/2025 Is reviewed: Yes Simon Dring 27/03/2025 11:49
EPRR/2025-2604	Lack of dedicated staff resource to effectively embed business continuity planning within the organisation.	03/02/2025	There is a risk that business continuity planning within the organisation will not be effectively embed.	The team consists of only 2 whole time equivalents. Business continuity is one component of a far reaching portfolio, and represents 1 of the 7 statutory responsibilities under the Civil Contingencies Act (2004). Do not have the capacity to ensure BC is absolutely embedded within the UHB.	The organisation fails to comply with its statutory duties under the Civil Contingencies Act 2004	Business unit	Corporate	EPRR		Team Meeting Directorate Meeting	20	20	4	Tolerate				Review date: 01/12/2025 Is reviewed: No Simon Dring 22/07/2025 08:02 Review date: 01/08/2025 Is reviewed: Yes Simon Dring 27/03/2025 13:05
EPRR/2025-2603	No provision for specialist EPRR advice or presence outside normal office hours.	12/03/2025	There is a risk that specialist advice is not available during adverse events out of hours	Historically this provision has been provided on a "good will" free of charge basis, and has not attracted the same financial recompense afforded to other on call managers. The frequency of calls for advice, and both "stand by" and "Live" incidents have increased to an unacceptable level for good will alone. Role will default to the on call Executive Director and Senior Manager. A dedicated SMOC training programme has been developed and delivered in the last 3 years to help address knowledge gaps. However, there is uncertainty if staff will be released this year. Requests to shorten the course and remove content will leave gaps in knowledge and lack of compliance with minimum occupational standards. Training is not mandated	Specialist Advice and support to commanders will not be available for an incident which may impact on patient and responder safety	Business unit	Corporate	EPRR		Team Meeting Directorate Meeting	20	20	6	Tolerate				Review date: 01/10/2025 Is reviewed: No Simon Dring 22/07/2025 08:01 Review date: 12/09/2025 Is reviewed: Yes Simon Dring 27/03/2025 13:40
EPRR/2025-2611	EPRR Training is not mandatory	06/02/2025	There is a risk that staff responding to an incident / event are not trained to the minimum occupational standards	EPRR education and training non mandatory - but essential to meet organisations Statutory compliance. Present austerity measures have resulted in staff declining training opportunities. Service managers supportive of training, but unable to release staff.	Staff are inadequately trained which may impact on patient and responder safety, and create reputational issues	Business unit	Corporate	EPRR		Team Meeting Directorate Meeting	20	20	4	Treat	EPRR team will exercise maximum flexibility and provide as much inhouse training as possible at individual staff base.WG / LRF / Multi agency training opportunities which involve travel will be declined until Executive direction permits expenditure. Has document: No Simon Dring 01/04/2025 12:30			Review date: 01/12/2025 Is reviewed: No Simon Dring 22/07/2025 08:05 Review date: 04/08/2025 Is reviewed: Yes Simon Dring 01/04/2025 12:29

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Finance/2025-2602	The UHB is very unlikely to meet WG set financial targets (25/26 deficit £56.2m)	01/04/2025	The UHB is very unlikely to meet WG set financial targets.	The revised deficit for 2025/26 is £56.2m. There are numerous financial targets this will miss: - breakeven (statutory duty) - £9.1m (WG Target Control Total) - £27.7m (24/25 outturn)	Failure to deliver a breakeven position breaks the UHBs statutory duty and risks reputational damage. A financial deficit is unsustainable.	Business unit	Corporate	Finance		Finance & Performance Committee	20	20	12	Treat	Governance reporting and monitoring arrangements through operational team, Finance & Performance Committee and Board Has document: No Rachael Broome 29/08/2025 17:18	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission. Has document: No Rachael Broome 29/08/2025 17:19 Internal audits confirming controls are in place. Has document: No Rachael Broome 29/08/2025 17:19 Internal audits confirming controls are in place. Has document: No Rachael Broome 29/08/2025 17:19 Targeted Intervention de-escalation plan Has document: No Rachael Broome 29/08/2025 17:19		
Finance/2025-2606	Failure to manage recurrent operational/CIP pressures	01/04/2025	Failure to manage recurrent operational pressures and to deliver a recurrent Cost Improvement Programme could lead to a deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP	Failure to manage recurrent operational pressures and deliver recurrent Cost Improvement Programme	Deterioration in underlying deficit, future financial plans and ability to produce 3 year balanced and approved IMTP	Business unit	Corporate	Finance		Finance & Performance Committee	20	20	12	Treat	Governance reporting and monitoring arrangements through operational teams, Finance & Performance Committee and Board Has document: No Rachael Broome 20/10/2025 16:46 Cost Improvement tracker in place with weekly monitoring of progress across the organisation Has document: No Rachael Broome 20/10/2025 16:46	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 20/10/2025 16:47 Various internal audits confirming controls are in-place Has document: No Rachael Broome 20/10/2025 16:47		
Finance/2025-2609	Remain within Cash Limit	01/04/2025	The UHB will require cash support from WG.	This is caused by the 25/26 planned deficit of £56.2m along with likely movements in working capital from the 24/25 balance sheet.	Which w/could lead to an impact/effect on the UHBs ability to meet payment deadlines.	Business unit	Corporate	Finance		Finance & Performance Committee	20	20	10	Treat	Careful management of creditor payment feeds/payment performance targets Has document: No Rachael Broome 28/10/2025 09:09	Reviews with Welsh Government and FP&D via Monthly Monitoring Returns submission Has document: No Rachael Broome 28/10/2025 09:09 Various internal audits confirming controls are in place Has document: No Rachael Broome 28/10/2025 09:09		
Finance/2025-2611	Welsh Risk Pool - Increased Risks Apportionment	01/04/2025	There is a risk that the UHBs risk share apportionment will be higher than plan.	This is caused by increasing Welsh Risk Pool value and therefore subsequent share for the UHB.	Which w/could lead to an impact/effect on the UHBs ability to achieve £56.2m plan.	Business unit	Corporate	Finance		Finance & Performance Committee	20	20	10	Treat	NWSSP recalibration of in year liabilities over and above plan Has document: No Rachael Broome 28/10/2025 09:28	Reported through Welsh Government Monthly Monitoring Returns Has document: No Rachael Broome 28/10/2025 09:28		
Integrated Medicine/2024-2502	Specialities within Integrated Medicine: Breaching 52 weeks in outpatient waiting list from Sep/Oct 2024	21/08/2024	There is a risk that we will see delayed diagnosis and treatments	This is caused by capacity constraints with single handed operators in and increased demand for service in specific areas within IM: Endocrine: nurse led clinic Respiratory: COPD Service Respiratory: ILD Service	Which w/could lead to an increase in patient harm due to long waits, poor patient experience, increased patient concerns, staff burnout, reputational risk, potential to lose trainee posts further impacting on workforce, potential to lose commissioned services.	Business unit	Medicine	Integrated Medicine		Audit and Assurance Committee	20	20	6	Tolerate	Endocrine: Clinic is run by one member of staff on alternative weeks. Due to level of detail given to patient there are only 4 news seen per clinic. Were increasing clinic capacity to 3 per month but due to nursing vacancy within team, this has stopped. Consultants unable to support due to 2x vacancies within team. Respiratory: COPD Service: Clinic is run by one consultant Increase in demand post COVID and due to being delivered by one member of staff, unable to increase further. Sought to obtain dedicated SpR/CRF but not possible due to staffing levels. Respiratory ILD Service: Ongoing increase in demand Capacity issues earlier in the year due to consultant absence Clinical decision made to see urgent patients only due to length of waiting time. Overall capacity issues with follow up due to increases in patient numbers and change in treatment options Has document: No Lyndsey Macdonald 03/11/2025 14:50	no assurance described Has document: No Lyndsey Macdonald 03/11/2025 14:51	No identified resources to increase capacity at this time. Has document: No Lyndsey Macdonald 03/11/2025 14:51 Action April 2025: robust action required to address the clinical risk associated with long waits/delayed treatment and FU across several services across IM. Urgent action required. Will update May 2025 Has document: No Lyndsey Macdonald 03/11/2025 14:53	Review date: 01/05/2025 Is reviewed: No Lyndsey Macdonald 03/11/2025 14:54
Dermatology/2023-2402	Operational pressures in cellular pathology resulting in backlogs and delays in reporting	16/06/2023	There is a risk that Delay in histopathology reporting and diagnosis with potential loss or compromise in treatment options for Cancers	This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting	Which w/could lead to an impact/effect on Patient risk of harm due to long waits; poor patient experience; patient concerns;	Speciality	Medicine	Specialised Medicine	Dermatology	Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	20	20	10	Treat	"Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing System in place to identify USC specimen for prioritisation" Has document: No Catherine Morris 27/10/2025 12:13	"Straight to test Radiology/CT process in place within Gastroenterology for staging when likely cancers identified through Endoscopy Process in place to escalate urgent cases for MDT" Has document: No Catherine Morris 27/10/2025 12:13	Constraints within cellular pathology but cross cut to Dermatology Has document: No Catherine Morris 27/10/2025 12:13 Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 27/10/2025 12:13	Review date: 05/11/2025 Is reviewed: No Catherine Morris 27/10/2025 12:15
Endoscopy/2020-2101	Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures	09/11/2020	There is a risk that there would be increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures due to limited capacity to schedule surveillance procedures.	This is caused by limited capacity to schedule surveillance procedures due to workforce and procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards and delay in identifying malignant disease. This could cause progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Previous series of SI's related to surveillance backlog	Speciality	Medicine	Specialised Medicine	Endoscopy	Clinical Board Q&S Meeting Directorate Q&S meeting	25	25	4	Treat	Clinical validation of surveillance waiting list Has document: No Catherine Morris 22/10/2025 14:42 risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided Has document: No Catherine Morris 22/10/2025 14:43 high risk surveillance patients started to be listed for procedures Has document: No Catherine Morris 22/10/2025 14:43 team to send patient risk letters for delayed surveillance cases to manage patient risk Has document: No Catherine Morris 22/10/2025 14:43 Ongoing insourcing @ UHL. Mobile Theatre in commissioning phase and predicted to be operational Qtr 1 of 2022. TNE pilot complete and pending evaluation. Surveillance validation ongoing but no further recovery funding agreed to date Has document: No Catherine Morris 22/10/2025 14:44	NEP surveillance spreadsheet validation completed (on s-drive) Has document: No Catherine Morris 22/10/2025 14:44 Regular review of endoscopy position with MCB/exec team including surveillance procedures Has document: No Catherine Morris 22/10/2025 14:44	Procedures currently pulled through in chronological vs risk order using corporate BIS surveillance cube Has document: No Catherine Morris 22/10/2025 14:45 Incomplete clerical validation of surveillance waiting list and PMS update following clerical validation Has document: No Catherine Morris 22/10/2025 14:45	Review date: 29/10/2025 Is reviewed: No Catherine Morris 22/10/2025 15:29

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Gastroenterology/2020-2102	Increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures	09/11/2020	There is a risk that increased waiting times for surveillance and planned recall (e.g. gastric ulcer follow up) endoscopy procedures. Which w/could lead to an impact/effect on Progression of benign to malignant disease (e.g. polyps, Barrett's oesophagus). Current position there are multiple NRI's reported.	This is caused by Delay caused by COVID-19 pandemic due to reduced operating capacity through pandemic. Endoscopy expansion (from 4 to 6 rooms) delayed due to workforce constraints including operators capacity. Demand is current in excess of capacity.	Which could lead to Unnecessary cancer treatments (e.g. chemoradiotherapy) and associated short & long-term consequences; conversion from curative to palliative cancer treatment intent; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards	Speciality	Medicine	Specialised Medicine	Gastroenterology	Board Clinical Board Q&S Meeting Clinical Safety Group Directorate Meeting Directorate Q&S meeting Directorate Safety & Quality Session (Audit) Senior Leadership Board Mortality and Learning Group	25	25	4	Treat	Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification Insourcing extended into Q1 2024/2025, as well as in week insourcing in Q4 2023/2024 to increase to 6 rooms 5 days per week. Weekly Endoscopy Dashboard shared articulating planned activity to address backlog. Has document: No Catherine Morris 23/10/2025 08:43	Bi-Monthly Priority and planning meetings to manage the clinical risk. Attendance at the Weekly, Endoscopy Delivery Group meeting with the UHB. Endoscopy dashboard utilised to manage activity. Utilisation of Datix Cymru for reporting Incidents Has document: No Catherine Morris 23/10/2025 08:35	There is not an agreed standard of risk stratification following COVID-19, NEP guidance not applicable in the current climate. Patients being prioritised by the current risk rating of 4A, 4B and 4C and not necessarily based on clinical risk. Patients unaware of potential delays & need to seek medical attention if symptom change whilst on waiting list Planned recall patients with short recall dates (e.g. within 8 weeks) form part of surveillance waiting list - not identified unless pulled based upon surveillance risk cube score or review of PMS report comments Has document: No Catherine Morris 23/10/2025 08:38	Review date: 29/10/2025 Is reviewed: No Catherine Morris 23/10/2025 08:44
Gastroenterology/2024-2501	there is not a robust method of risk stratifying patients based on current, evidence based guidance for surveillance.	28/03/2024	There is a risk that progression of benign to malignant disease (polyps, Barrett's oesophagus). Currently there are multiple NRI being reported which identify this as being a theme.	This is caused by: Due to the high volume of surveillance patients as a result of COVID-19 pandemic, the change in guidance and sustained need for ongoing surveillance, there is not a robust method of risk stratifying patients based on current, evidence based guidance for surveillance. The service continues to use the 4A, 4B and 4C method of stratifying risk which was used during COVID-19 pandemic until an appropriate alternatives has been identified, which is insufficient to assist with ensuring the most urgent cases are prioritised.	Which w/could lead to an impact/effect on Patient may require cancer treatments unnecessarily, with associated short and long term effects. In extreme this could result in the death of patients due to the delay of diagnosis of any malignant diseases.	Speciality	Medicine	Specialised Medicine	Gastroenterology	Board Clinical Board Q&S Meeting Clinical Effectiveness Committee Clinical Safety Group Directorate Meeting Directorate Q&S meeting Senior Leadership Team Meeting Mortality and Learning Group	25	25	9	Treat	Corporate risk stratification cube available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification Insourcing extended into Q1 2024/2025, as well as in week insourcing in Q4 2023/2024 to increase to 6 rooms 5 days per week. Weekly Endoscopy Dashboard shared articulating planned activity to address backlog. Has document: No Catherine Morris 23/10/2025 09:09	Bi-Monthly Priority and planning meetings to manage the clinical risk. Attendance at the Weekly, Endoscopy Delivery Group meeting with the UHB. Endoscopy dashboard utilised to manage activity. Utilisation of Datix Cymru for reporting Incidents. Has document: No Catherine Morris 23/10/2025 09:11	There is not an agreed standard of risk stratification following COVID-19, NEP guidance not applicable in the current climate. Patients being prioritised by the current risk rating of 4A, 4B and 4C and not necessarily based on clinical risk. Patients unaware of potential delays & need to seek medical attention if symptom change whilst on waiting list Planned recall patients with short recall dates (e.g. within 8 weeks) form part of surveillance waiting list - not identified unless pulled based upon surveillance risk cube score or review of PMS report comments There is no definitive decisions on how best to risk stratify surveillance patients within the directorate Has document: No Catherine Morris 23/10/2025 09:11 "There is not an up to date Clerical and Clinical Validation of the Surveillance waiting lists. There is no agreed process on how to validate. There is no agreed method of collating and recording	Review date: 29/10/2025 Is reviewed: No Catherine Morris 23/10/2025 09:15
Gastroenterology/2025-2604	Inability to admit people electively in a timely way leading to a deterioration in condition East 4	23/10/2025	There is a risk that inability to admit people electively in a timely way leading to a deterioration in condition including death. Inability to admit CF patients to the ward as a result of Gastro elective activity	This is caused by Ward West 1 provided the Gastroenterology specialty bed base at UHL prior to COVID which included a day case bed and 4 ring-fenced beds to support patients requiring elective admissions. At the start of COVID this ward was taken over by orthopaedics on an interim basis as part of the COVID response. Gastroenterology was relocated to East 4 as a result, however have no capacity to directly admit to the ward nor have any ring fenced capacity to support elective activity from endoscopy. Currently utilising the Cystic Fibrosis Ward to support with Elective admissions	Which w/could lead to an impact/effect on patient harm resulting in Major or catastrophic harm ; non-compliance with national standards; multiple patient concerns	Speciality	Medicine	Specialised Medicine	Gastroenterology	Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting Mortality and Learning Group	25	25	10	Treat	"Utilising SOP to admit Elective patients to the Cystic Fibrosis Unit due to a lack of assured capacity on East 4. Gastroenterology patients are prioritised to be admitted to East 4 from MEAU due to the presence of the gastroenterology team on the ward." Has document: No Catherine Morris 23/10/2025 12:23	"Daily review the UHL safety Huddle Weekly meetings in specialised medicine to review and plan for the admission of electives" Has document: No Catherine Morris 23/10/2025 12:23	"Elective demand is increasing due to the expansion of the Endoscopy Unit, Increased operator ability to carry out more complex work likely requiring post procedural admission and a period of observations" Has document: No Catherine Morris 23/10/2025 12:24 Update analysis of required Bed Base to manage UHL gastroenterology demands including Electives, IBD admissions Has document: No Catherine Morris 23/10/2025 12:24	Review date: 29/10/2025 Is reviewed: No Catherine Morris 23/10/2025 12:25
Gastroenterology/2020-2105	General Anaesthetic/deep sedation procedures	08/12/2020	There is a risk that there would be a delay in treating patients with suspected cancer, pre-malignant changes or confirmed malignancy (e.g. Barrett's)	This is caused by Some patients require procedures performed under General Anaesthetic (GA) or Propofol deep sedation either due to the nature of the procedure (e.g. complex endoscopy) or tolerance. Pre-COVID the directorate had to 0.5 funded sessions per week of GA/Propofol lists. COVID resulted in redeployment of anaesthetic staff to ITU and suspension of Propofol lists due to IP&C restrictions. As a result of this there is a current backlog of patients as well as limited availability due to surgical/anaesthetic service recovery	Which w/could lead to an impact/effect on Unnecessary cancer treatments; increased number of GP expedites; non-compliance with national (WG/JAG) waiting timeliness standards	Speciality	Medicine	Specialised Medicine	Gastroenterology	Team Meeting Audit and Assurance Committee Board Clinical Board Q&S Meeting Clinical Effectiveness Committee Clinical Safety Group Directorate Meeting Directorate Q&S meeting Directorate Safety & Quality Session (Audit) Finance & Performance Committee	20	20	12	Treat	Waiting list validated to confirm need for procedure on Propofol/GA Dedicated GA/Propofol endoscopy coordinator optimises available capacity (Jenna) Has document: No Catherine Morris 23/10/2025 09:38	Patients informed of anticipated delays at the time of listing, routinely completed by the consulting clinician. Production of Endoscopy Dashboard. Has document: No Catherine Morris 23/10/2025 09:38	"Continuous need for Waiting list validation in the context of reduced clinical capacity. Unassured GA / Theatre capacity - creating ad hoc capacity resulting in patients having delayed procedures. Limited bed capacity to admit patients to due to current UHW footprint and pressures." Has document: No Catherine Morris 23/10/2025 09:40 Lack of evidence that patients are provided with advice of waiting times and safety netting advice. GA waiting times not highlighted specifically on reporting dashboards. Has document: No Catherine Morris 23/10/2025 09:41 16.07.2024 Continued issues with unassured GA activity; causing delays in treatment and harm to patients. GM liaising with SCB regarding assured GA capacity - update sought." Has document: No Catherine Morris 23/10/2025 09:41	Review date: 29/10/2025 Is reviewed: No Catherine Morris 23/10/2025 09:43

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Gastroenterology/2023-2402	Workforce & Capacity constraints	08/02/2023	There is a risk that Delayed diagnosis and treatments of cancer and benign diseases; risk of not fulfilling commissioned activity and income generation; inability to fulfil training needs for trainees in line with HEIW junior doctor training;	This is caused by Workforce & Capacity constraints across Gastroenterology & Endoscopy are compromising the ability to deliver a robust Gastroenterology service to meet competing demands of the speciality and service i.e. emergency/acute gastroenterology; Endoscopy activity to meet cancer diagnostic/therapeutics/surveillance as well as planned care within speciality components of gastroenterology including services with single handed operators and single points of failure.	Which w/could lead to an impact/effect on patient safety due to long waits; poor patient experience; patient concerns; staff burnout; reputational risk; potential to lose trainee posts further impacting on workforce; potential to lose commissioned services	Speciality	Medicine	Specialised Medicine	Gastroenterology	Team Meeting Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting People & Culture Committee	20	20	10	Treat	Locum cover for the Medical Workforce gaps and progressing active recruitment Overseas Nurse recruitment and reactive recruitment efforts for Registered Nurses Work with NEP on recruitment strategy #BeVital Weekend insourcing to increase capacity to 5 rooms Continuing with Business Case and Endoscopy expansion Implementation of FIT stool testing as part of patient risk stratification/management Has document: No Catherine Morris 23/10/2025 13:22	Regular review of endoscopy position with MCB/exec team Agreed Consultant job plans in place Referral vetting and USC prioritisation Validation of waiting lists undertaken, both clerical and clinical Endoscopy expansion and build underway and scheduled for completion in October 23 Day case activity for admission avoidance" Has document: No Catherine Morris 23/10/2025 13:23	"Lack of sustainable staffing across the multidisciplinary team to meet the current demand, delaying patient procedures. Emergency demand results in urgent planned admissions for assessment or interventional procedures being cancelled and limits the ability for admission avoidance Inability to maximise Endoscopy capacity due to workforce constraints Insufficient nursing workforce to meet the demands of specialist services (Capsule, IBD, Hepatology) Delay in operationalisation of teh 5th and 6th Room in Endoscopy to October 2024. " Has document: No Catherine Morris 23/10/2025 13:23 "1. Activity within Endoscopy isn't meeting the demand for those patients requiring surveillance carrying significant risk of undiagnosed cancers in a high risk population 2. Gastro Consultant of the day model to be agreed 3. Uncertain ability to recruit the required nursing workforce to meet the uplift in numbers to run 6 theatres 6 days per week 4. Single handed operator services and single point of failure requiring investment to ensure a robust succession plan	Review date: 29/10/2025 Is reviewed: No Catherine Morris 23/10/2025 13:24
Gastroenterology/2023-2404	Delay in histopathology reporting and diagnosis	08/02/2023	There is a risk that due to the delay in histopathology reporting and diagnosis there is a potential loss or compromise in treatment options for Cancers	This is caused by Operational pressures in cellular pathology resulting in backlogs and delays in reporting	Which w/could lead to an impact/effect on Patient safety due to long waits and delay in diagnosis, poor patient experience and an increase in patient concerns	Speciality	Medicine	Specialised Medicine	Gastroenterology	Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	20	20	10	Treat	"Actions in cellular pathology to mitigate delays in turnaround time, including changes to flow, extended days and outsourcing System in place to identify USC specimen for prioritisation " Has document: No Catherine Morris 23/10/2025 13:32	"Straight to test Radiology/CT process in place within Gastroenterology for staging when likely cancers identified through Endoscopy Process in place to escalate urgent cases for MDT" Has document: No Catherine Morris 23/10/2025 13:32	Constraints within cellular pathology but cross cut to Gastroenterology Has document: No Catherine Morris 23/10/2025 13:32 Sustainability of service with growth in service and activity when additional activity undertaken Has document: No Catherine Morris 23/10/2025 13:33	Review date: 29/10/2025 Is reviewed: No Catherine Morris 23/10/2025 13:34
Rheumatology/2021-2202	Rheumatology waiting list times	01/07/2021	There is a risk that urgent cases will wait too long on rheumatology waiting list as number of patients waiting over 52 weeks has significantly increased	This is caused by backlog post covid	Which w/could lead to an impact/effect on patient safety, experience and outcomes	Speciality	Medicine	Specialised Medicine	Rheumatology	Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	25	25	10	Treat	"Existing controls: Urgent patients expedited where possible. Additional clinics arranged by consultants to see patients with significant delay. Adequacy of existing controls:Inadequate Summary of additional controls required: Additional resource as per recovery plan with Consultant session" Has document: No Catherine Morris 27/10/2025 14:04	The Rheumatology Department continue to escalate the waiting list position and associated risk. The DMT will continue to request recurrent funding to build sustainable recovery plans, increase capacity and reduce the waiting list Has document: No Catherine Morris 27/10/2025 14:04	Unable to recruit to clinical posts on a longer term/substantive basis therefore very little interest during recruitment (max 6 month contracts in 21/22) Has document: No Catherine Morris 27/10/2025 14:04	Review date: 07/11/2025 Is reviewed: No Catherine Morris 27/10/2025 14:05
Rheumatology/2022-2302	Nursing and Medical Workforce	31/03/2022	There is a risk that there will be a reduced service activity due to staffing levels. The Medical Workforce have very limited capacity to cover on calls during times of annual leave and are struggling to meet CPD requirements	This is caused by vacancies & absence across all disciplines (Admin & Clerical, Medical & Nursing) are putting the service under significant pressure. Medical & Nursing vacancies are a particular concern with repeated attempts to recruit but without success.	Which w/could lead to an impact/effect on patient concerns due to delays in care delivery; patient harm due to delays in delivering care i.e. Waiting times for initiation of new biologics is 6-8 to initial assessment by the nurse and 12 weeks to start treatment	Speciality	Medicine	Specialised Medicine	Rheumatology	Board Directorate Meeting Directorate Q&S meeting Senior Leadership Team Meeting	25	25	3	Treat	"Referral vetting and prioritisation SOS & PIFU Active recruitment strategy Cross cover within staffing groups to limit impact with home working utilised where possible to continue to deliver clinical activity" Has document: No Catherine Morris 27/10/2025 14:18	Cross cover within staffing groups to limit impact with home working utilised where possible to continue to deliver clinical activity" Has document: No Catherine Morris 27/10/2025 14:19	"Only some components of clinical workload can be delivered remotely (e.g. clinics) & limitations by IT access " Has document: No Catherine Morris 27/10/2025 14:19 "Clinical areas require a core minimum workforce group below which activity is reduced COVID cases are increasing with further omicron variant which is more transmissible resulting in an increased level of staff sickness absence and isolation across Cardiff & Vale. Nurse recruitment is challenging globally due to global recruitment crisis in nursing, but Unit manager is maximising opportunities through recruitment events and student streaming. " Has document: No Catherine Morris 27/10/2025 14:19	Review date: 07/11/2025 Is reviewed: No Catherine Morris 27/10/2025 14:20
Rheumatology/2018-1902	Medical staffing	01/06/2018	There is a risk that waiting times and nurse led clinics would suffer delays due to lack of medical cover.	This is caused by medical cover being significantly reduced following the addition of junior medical team to the medical on call rota. There is also a limited consultant cover due to maternity/paternity leave.	Which w/could lead to an impact/effect on waiting times and nurse led clinics which will have an impact on patient care	Speciality	Medicine	Specialised Medicine	Rheumatology	Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	20	20	8	Treat	"Adequacy of existing controls: Inadequate: Summary of Controls required: Service manager to notify DMT of any other occurrences where nurse led clinics will not have medical support to give opportunity to address if possible. Additional medical cover needed to replace what has been lost to the service. 5.4.22 addition: Due to Medical staffing constraints at both Senior & junior level and commitment to GIM on call rota, the Rheumatology on call rota cannot be covered adequately, meaning that only an advisory service from Consultant Rheumatologist can be facilitated and certainty of delays in patients receiving specialist Rheumatology reviews if they present as an emergency" Has document: No Catherine Morris 27/10/2025 13:39	Update - 22/03/2023 - Hot clinics initiated with split consultant post with Acute medicine, however inadequate medical cover for Rheum on-call cover and impacted on consultant work load and reduced activity for both F/U and new patient capacity in clinic. If on-call consultant/reg in UHL, then this falls to the day unit nurses impacting their workload. Has document: No Catherine Morris 27/10/2025 13:40	Funding, workforce, recruitment Has document: No Catherine Morris 27/10/2025 13:41	Review date: 07/11/2025 Is reviewed: No Catherine Morris 27/10/2025 13:42
Welsh Gender Service/2021-2211	Psychology waiting times	11/08/2021	There is a risk that Increased waiting times for Psychology support leading to High risk of suicidal ideation/completion and self-harm due to delay in assessment and treatment, high risk of patients starting to self-medicate also.	This is caused by Psychology capacity in the team severely constrained due to LTS/Mat Leave/Recruitment difficulties	Which w/could lead to an impact/effect on Serious risk of harm and to patient life; delays to patients; increased dissatisfaction from stakeholder community; risk of negative national media coverage putting the Welsh model and reputation at risk.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service	Clinical Board Q&S Meeting Directorate Q&S meeting	25	25	5	Treat	Proactive engagement with interested clinicians contacting the service enquiring about upcoming recruitment. Continued development of local expertise through training and shadowing moving towards permanent recruitment plans. Demcap/skills analysis to take place to ensure correct skills mix in place. Has document: No Catherine Morris 28/10/2025 09:27	Regular review of service performance with WHSSC commissioner by senior management and directorate. Following return of Psychology 8c, prioritisation of work to develop a staffing model that does not carry the single operator risk. Has document: No Catherine Morris 28/10/2025 09:27	No capacity and resource currently available to meet Psychology demand 08/02/2023 Risk mitigated with increased Psychology capacity Has document: No Catherine Morris 28/10/2025 09:28	Review date: 07/11/2025 Is reviewed: No Catherine Morris 28/10/2025 09:29

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Welsh Gender Service/2021-2202	Increased waiting times for Local Gender Teams	23/04/2021	There is a risk to patient safety unable to access hormone treatment. LGT waiting list growing; increased waiting time for patients to initiate hormone treatment.	This is caused by Local Gender Teams (LGT) role is to prescribe, initiate and monitor hormone therapy in line with specialised guidance until the patient is optimised. Models UHB initiative to treat patients closer to home, support with appropriate prescribing, initiating and monitoring of hormone therapy or SALT and admin support accessed locally in each of 7 Health Boards. Optimised patients, after 1 year with a LGT that require ongoing hormone therapy after such treatment has been initiated, can be discharged to the Directed Enhanced Service (DES) for maintenance treatment in primary care. At present local HBs are not taking responsibility for this service provision.	Which w/could lead to an impact/effect on Patient complaints; service business interruption as WGS has picked up additional workload from other HBs unable to cope, lacking capacity and resource.	Speciality	Medicine	Specialised Medicine	Welsh Gender Service	Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	20	20	8	Treat	LGTs in each local HB to resume agreed activity. Has document: No Catherine Morris 28/10/2025 08:31	"Validation of waiting lists in each HB being undertaken to discharge suitable patients to DES. WHSSC coordinating an audience with Judith Paget to gain exec level support. Meeting with Judith Paget and Local Health Boards took place on 10th June 2021. During this meeting actions were agreed to review LGT service spec, analysis of LGT DEM/CAP with each health board. A managed clinical network will also be established in order to support LGTs. Additional resource and communication was requested in order to support LGT demand and capacity constraints. Follow up meeting to be arranged with Judith Paget in August + a separate meeting with LGT leads & team to establish areas of challenge and solutions going forward. " Has document: No Catherine Morris 28/10/2025 08:31	Limited capacity and resource available to meet demand. Has document: No Catherine Morris 28/10/2025 08:31 Defined funding stream to support increase in resource. 08/02/2023 Progress has stalled on creation of a Managed Clinical Network; there has not been any additional resource made available to Health Boards. Waiting lists for access to the LGT vary between 6 weeks and 15 months. Feb 24 - Has document: No Catherine Morris 28/10/2025 08:31	Review date: 07/11/2025 Is reviewed: No Catherine Morris 28/10/2025 08:33
Specialised Medicine/2025-2602	HPN (Home Parenteral Nutrition) Service	22/10/2025	There is a risk that Intestinal failure/HPN (Home Parenteral Nutrition) is a WHSSC funded south/mid Wales service for patients unable to maintain their nutrition through alternative routes. There is a single Consultant providing clinical leadership but with no succession plan. Due to advances in surgical techniques and critical care there are increased numbers of patients requiring HPN which is commonly needed longer term (increase in patients numbers from 80 in 2015 to 130 in 2019). The funding model has been based upon an inpatient bed day model which does not capture all service components. The service has no current capacity with delays in inpatient transfer and outpatient assessment. There was widespread patient concern & media reporting when there was previous impact on the HPN nutrition chain. An SBAR and case has been submitted to WHSSC	This is caused by delays in offering nutrition to patients in whom there is no alternative with complications including death & increased length of hospitalisation for shorter term bridging treatments. There is also currently a single consultant with an HPN interest creating significant service vulnerability and gaps in patient care during any times of leave. This is against national nutritional society recommendations	Which w/could lead to an impact/effect on potential harm including death; multiple concerns and media coverage; not meeting national guidelines	Business unit	Medicine	Specialised Medicine		QSE Committee	20	20	20	Tolerate	Position regularly reviewed by nutrition service (crosses CB's) and constraints appropriately escalated Previous business case and SBAR to WHSSC for additional service support including consultant post Has document: No Lyndsey Macdonald 22/10/2025 14:43	WHSSC case submitted for additional funding for workforce in addition to SBAR. UHB in discussions with WHSSC regarding business case (UHB agreed to cover some sessions at risk) Has document: No Lyndsey Macdonald 22/10/2025 14:44	Only single consultant with clinical experience required to manage complex tertiary (SW) patient group - no cross cover available during periods of prolonged leave (patients would require referral to English tertiary nutrition centre) Has document: No Lyndsey Macdonald 22/10/2025 14:45	
Medicine/2024-2501	Endoscopy - EMR/ESD/EUS/ERCP	09/08/2024	There is a risk that some complex procedures (i.e. Endoscopic mucosal resection (EMR), submucosal dissection (ESD) of colorectal and upper GI tract lesions, upper and lower GI Endoscopic ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP)) may be delayed beyond desired timeframes.	This is caused by limited capacity due to there only being a single handed operator with the skill required to undertake these specialised endoscopy procedures.	Which could lead to harm including death; if patients do not receive therapeutic procedures in a timely manner they are at risk of deteriorating further and can then require more invasive interventions or progress to non-curative status.	Division	Medicine			Clinical Board Q&S Meeting Clinical Safety Group meeting Directorate Q&S meeting Directorate Safety & Quality Session (Audit)	25	20	10	Treat	Prioritisation of patients by clinicians based on clinical urgency. Has document: No Sian Rowlands 03/10/2024 11:32 Formal arrangement in place with ABHB for EMR. Has document: No Sian Rowlands 03/10/2024 11:34 Additional sessions offered to clinicians to increase capacity for complex endoscopy Has document: No Sian Rowlands 03/10/2024 11:34	MCB Board reporting, Endoscopy Delivery group oversight, Exec scrutiny of performance and Joint Commissioning Committee. Has document: No Sian Rowlands 03/10/2024 12:16	Arrangement in place with ABHB is only temporary. Has document: No Sian Rowlands 03/10/2024 12:18	Review date: 23/06/2025 Is reviewed: No Mike Bond 23/06/2025 08:13 Review date: 01/01/2025 Is reviewed: Yes Andrew Partridge 22/11/2024 14:06
St Barrus Ward, Barry/2025-2602	St Barrus Ward isolation	19/09/2025	There are risks that patients on St Barrus ward will receive inequitable care and support due to the location of the ward, and of potential harm to patients as a result of the ward not being on a general hospital site.	St Barrus Ward, a 14-bedded Young Onset Dementia unit at Barry Hospital, is increasingly unable to meet the complex needs of its patient cohort, which includes individuals with acute mental health issues and significant physical health comorbidities. Despite improvements in nursing standards following previous incidents, the ward remains isolated with limited emergency response capabilities, no high care areas, and inadequate psychiatric support compared to other sites. Environmental and infrastructure issues—such as broken locks, faulty doors, water and other leaks, and an unsuitable fire alarm system—pose ongoing safety risks. The ward's design and staffing model are no longer fit for purpose given the rising acuity and vulnerability of patients, and there is a persistent risk of serious incidents In the last 3 years there have been 4 patient safety incidents; 2 of which identified training needs to improve practice, and action plans have been implemented. There have been noted improvements in standards of nursing,	The lack of emergency response and ambulance response poses a significant risk to very vulnerable patients. Although discussions have been held with WAST, the site is still considered to be a hospital site and is a lower priority response than community dwellings. Ambulances have taken 5 hours+ to arrive. Staff on the ward are mental health trained nurses, and do not have the physical health skills required to support acutely unwell patients. Reputationally, patients on St Barrus ward receive an inequitable standard of care in terms of emergency response than they would if in UHL or UHW	Speciality	Mental health	MHSOP	St Barrus Ward, Barry	QSE Committee	20	20	6	Treat	GPs attend twice a week. Has document: No Joanne Wilson 19/09/2025 16:45 Increase Senior Nurse support to twice a week. Including physical health nurse. Has document: No Joanne Wilson 19/09/2025 16:45 News 2 implemented to identify deteriorating patient. Has document: No Joanne Wilson 19/09/2025 16:45 Clear procedure to access 999. Has document: No Joanne Wilson 19/09/2025 16:46 Physical Health Training Sessions provided to staff. Has document: No Joanne Wilson 19/09/2025 16:46 Training to be provided – bladder scanner/ECG. Has document: No Joanne Wilson 19/09/2025 16:46 All staff to be trained in ILS. Has document: No Joanne Wilson 19/09/2025 16:46	SBAR raised to Clinical Board November 2022 raising concerns about location, access to support- this has been raised to executive team and plans to move St Barrus in Spring 2024 Has document: No Joanne Wilson 19/09/2025 16:48 Lists of trained Staff trained in each physical health skill. Has document: No Joanne Wilson 19/09/2025 16:48 999 Emergency response procedure sign off on CDOG Has document: No Joanne Wilson 19/09/2025 16:48 Ward managers meeting 3 times a week to identify physically and psychiatrically unwell patients and put extra support in place. Has document: No Joanne Wilson 19/09/2025 16:48 Datix reports identifying delays in care. Has document: No Joanne Wilson 19/09/2025 16:48 Continued Senior Nurse presence twice a week Has document: No Joanne Wilson 19/09/2025 16:48	Training does not alleviate the inequitable service patients receive in Barry Hospital compared to UHL, where emergency response and physical health care is available more regularly Has document: No Joanne Wilson 10/11/2025 12:48	Review date: 31/12/2025 Is reviewed: No Joanne Wilson 10/11/2025 12:48

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
HMP Cardiff/2025-2601	HMP Staffing	27/08/2025	There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients	This is caused by staffing levels in the nursing team	Which w/could lead to an impact/effect on the administration of medication, the assessment of new arrivals and the ongoing triage and care of patients.	Speciality	Primary, Community & Intermediate Care	Cardiff Specialist	HMP Cardiff	Clinical Board Q&S Meeting Directorate Q&S meeting	20	20	8	Treat	Regular staff meetings. Has document: No Rachel Armitage 27/08/2025 15:14 SMT undertaking OD work to cascade. Has document: No Rachel Armitage 27/08/2025 15:14 Support for those staff who feel they're subject to concerns/issues raised. Has document: No Rachel Armitage 27/08/2025 15:14 Management provided to staff when concerns raised. Has document: No Rachel Armitage 27/08/2025 15:15 Improved HR support Has document: No Rachel Armitage 27/08/2025 15:15 Regular meetings with HR to review concerns raised to ensure processes being followed. Has document: No Rachel Armitage 27/08/2025 15:15 Ensuring mandatory e learning is fully compliant by all staff. Has document: No		New management team embedding new changes. Has document: No Rachel Armitage 27/08/2025 15:16 Awaiting OD support Has document: No Rachel Armitage 27/08/2025 15:16 Allocation of new HR support Has document: No Rachel Armitage 27/08/2025 15:16 Limited study time for staff to complete training Has document: No Rachel Armitage 27/08/2025 15:17	
Cardiff Specialist/2024-2504	111p2 staffing levels	01/07/2024	PCIC Reference Number: CAV 18 There is a risk of high sickness and vacancy rates among all bands.	This is caused by demand on service and inability to fill core shifts within rota. Shortage of reg nurses nationwide.	Which w/could lead to possible patient harm, adverse effect on patient safety, failure to meet required standards for the service, reputational risk to UHB.	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		Clinical Board Q&S Meeting Clinical Board Review Directorate Q&S meeting	25	25	10	Tolerate	Call Handlers to take overflow calls that are waiting/in absence of mental health practitioner Has document: No Rachel Armitage 27/08/2025 13:38 GPs to triage mental health calls and support mental health practitioners when working at reduced staffing Has document: No Rachel Armitage 27/08/2025 13:39 Raised to PCIC SMT and ongoing work to source outside mental health support Has document: No Rachel Armitage 27/08/2025 13:39 Work ongoing with recruitment drive Has document: No Rachel Armitage 27/08/2025 13:39 Temporary rota implemented. Reviewing rota with view to go to OCP Has document: No Rachel Armitage 27/08/2025 13:39 Ongoing support and training to call handlers Has document: No Rachel Armitage 27/08/2025 13:40		New intake of call handlers inexperienced in dealing with complex calls. Has document: No Rachel Armitage 27/08/2025 13:41 Sometimes only 1 GP working within CAV247, could be held up by home visits/palliative calls particularly overnight Has document: No Rachel Armitage 27/08/2025 13:41 Nursing triage staff feel they are working outside of scope - escalated to Unions and SMT Has document: No Rachel Armitage 27/08/2025 13:41 Inability to recruit Has document: No Rachel Armitage 27/08/2025 13:42 WTD restrictions meaning bank staff are limited on where they can support Has document: No Rachel Armitage 27/08/2025 13:42 Rota is being reviewed on a week-by-week basis, difficult for staff to plan in advance Has document: No	Review date: 01/11/2025 Is reviewed: No Rachel Armitage 26/09/2025 14:32
Cardiff Specialist/2024-2505	Worker Status of GPs	01/07/2024	PCIC Risk Reference: CAV11 There is a risk that some GPs may challenge their worker status with the UHB	This is caused by recent cases in NHS Wales where GPs have successfully challenged their right to worker status, working for an OOH provider in another UHB	Which w/could lead to an impact/effect on financial position and workforce pressures	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		Clinical Board Q&S Meeting	20	20	10	Treat	Salaried GP roles offered to all GP's. Updated consultancy agreement shared with all GP's. Has document: No Rachel Armitage 08/09/2025 09:27 Working closely with Legal and Risk Has document: No Rachel Armitage 08/09/2025 09:28 Rota patterns changed alongside C&D. Has document: No Rachel Armitage 08/09/2025 09:28 All Wales working on a worker status Contract Has document: No Rachel Armitage 08/09/2025 09:28 The risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022. Has document: No Rachel Armitage 08/09/2025 09:30 Plans for costs included within Clinical Board financial forecast Has document: No Rachel Armitage 15/09/2025 10:50	From: Chris Markall (Cardiff and Vale UHB - Finance) Christopher.Markall@wales.nhs.uk Sent: 05 September 2025 12:48 To: Lisa Waters (Cardiff and Vale UHB - PCIC) Lisa.Waters@wales.nhs.uk; Sherard Lemaitre (Cardiff and Vale UHB - Out Of Hours) Sherard.Lemaitre2@wales.nhs.uk Cc: Eleri Thomas (Cardiff and Vale UHB - Primary, Community and Intermediate Care (PCIC)) Eleri.Thomas4@wales.nhs.uk; Rachel Armitage (Cardiff and Vale UHB - PCIC) Rachel.Armitage@wales.nhs.uk Subject: Re: Risk Register From a financial perspective, this remains a significant unfunded issue that is nearing crystallisation. However, the risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022. The impact of accounting for this risk, assuming no WG funding, could be failure of the Clinical Board to deliver its control total in 2025/26, and a recurrent 'up to' £0.8m pressure. Efforts to secure WG financial support for this national issue should be ongoing. Thanks, Chris M	Old consultancy agreement that differs across Wales. Has document: No Rachel Armitage 08/09/2025 09:34 All Wales working on worker status contract but financial implications because of backpay Has document: No Rachel Armitage 08/09/2025 09:35 05.09.2025: this remains a significant unfunded issue that is nearing crystallisation. Has document: No Rachel Armitage 08/09/2025 09:35 Efforts to secure WG financial support for this national issue should be ongoing. Has document: No Rachel Armitage 08/09/2025 09:35	
Cardiff Specialist/2024-2507	RSV Cost Pressure	11/09/2024	PCIC Risk Register reference MVC33 There is a risk that the funding allocated to the RSV programme, both catch up and those turning 75 from September 2024, is insufficient to deliver the escalated programme	This is caused by funding limitations	Which w/could lead to cost pressure (and saving in 2025)	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		Clinical Board Q&S Meeting	20	20	10	Treat	The invitations to the eligible population have been sent out Has document: No Rachel Armitage 08/09/2025 12:18 There is a DNA of 50% Has document: No Rachel Armitage 08/09/2025 12:19 There is an opportunity to revisit the delivery model Has document: No Rachel Armitage 08/09/2025 12:19 Steps can be taken to modify the delivery model, however, this would not apply to Primary Care colleagues Has document: No Rachel Armitage 08/09/2025 12:19 Activity reduced over the WRVP period Has document: No Rachel Armitage 08/09/2025 12:19		No clarity from national colleagues around how the allocation of funding was reached Has document: No Rachel Armitage 08/09/2025 12:19	Review date: 31/10/2025 Is reviewed: No Rachel Armitage 26/09/2025 14:35

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Cardiff Specialist/2024-2506	Worker Status of GPs working in Out of Hours Service (CaV 24/7)	01/07/2024	PCIC Risk Register Reference CAV11 There is a risk that some GPs may challenge their worker status with the UHB	This is caused by recent cases in NHS Wales where GPs have successfully challenged their right to worker status, working for an OOH provider in another UHB	Which w/could lead to the generation of financial risk	Business unit	Primary, Community & Intermediate Care	Cardiff Specialist		Clinical Board Q&S Meeting Directorate Q&S meeting	20	20	10	Tolerate	Working closely with Legal and Risk Has document: No Rachel Armitage 20/08/2025 14:37 Risk has been accounted for within the financial position and forecast at Month 5 based on the latest intelligence, including backpay risks to April 2022 (as per email from Chris Markall 05.09.2025). Has document: No Rachel Armitage 17/09/2025 11:49	Salaried GP roles offered to all GP's. Updated consultancy agreement shared with all GP's. Working closely with Legal and Risk Has document: No Rachel Armitage 20/08/2025 14:36 Rota patterns changed alongside C&D. All Wales working on a worker status Contract Has document: No Rachel Armitage 20/08/2025 14:36	Old consultancy agreement that differs across Wales. Has document: No Rachel Armitage 20/08/2025 14:37 All Wales working on worker status contract but financial implications because of backpay Has document: No Rachel Armitage 20/08/2025 14:37	
Community Pharmacy / Medicines Management /2015-1601	Prescribing Budget	25/08/2015	Risk Reference: MM005 There is a risk of overspend in the prescribing budget	This is caused by volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care. Savings are increasingly hard to find that have no detriment to patients or do not require a GP appointment, and appetite to support switches is decreasing.	Which w/could lead to an impact/effect on spend being more than forecast and mitigating solutions are limited.	Business unit	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management		Clinical Board Q&S Meeting Clinical Board Review	20	20	8	Treat	Medicines Management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs Has document: No Rachel Armitage 20/08/2025 15:13 Monthly meetings with finance Has document: No Rachel Armitage 20/08/2025 15:13 Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings Has document: No Rachel Armitage 20/08/2025 15:13 Processes in place within the Analytics team to proactively identify changes in Drug Tariff Has document: No Rachel Armitage 20/08/2025 15:14 Updated 25/09/2023: National Medicines Value Analytics Group meeting to prioritise savings ideas on an All Wales basis Has document: No Rachel Armitage 20/08/2025 15:14	Mitigation put in place where possible but limited; GPs are prescribers and whilst we can influence we cannot mandate - there is switch fatigue amongst GPs with decreased engagement in cost saving work Has document: No Rachel Armitage 20/08/2025 15:16 Consequences of COVID, BREXIT and energy costs on supply chain and manufacturing costs are impacting on medicine costs . Price concessions and changes in DT price are UK wide and unable to be influenced by the UHB Has document: No Rachel Armitage 20/08/2025 15:16 More advanced therapy tends to be at increased cost Has document: No Rachel Armitage 20/08/2025 15:16 Community services are being delivered increasing activity in primary care Has document: No Rachel Armitage 20/08/2025 15:17 Patient review and process change to make efficiencies take time to be represented in medication spend. Has document: No	Review date: 31/10/2025 Is reviewed: No Rachel Armitage 26/09/2025 15:10	
Community Pharmacy / Medicines Management /2015-1603	Prescribing budget	25/08/2015	PCIC Risk Register reference: MM005 NB duplicate number There is a risk of overspend in the prescribing budget	This is caused by volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, increased use of expensive medicines in primary care. Savings are increasingly hard to find that have no detriment to patients or do not require a GP appointment, and appetite to support switches is decreasing	Spend is more than forecast and mitigating solutions are limited.	Business unit	Primary, Community & Intermediate Care	Community Pharmacy / Medicines Management		Finance & Performance Committee	20	20	20	Tolerate	Medicines Management team deliver efficiencies in primary care drug budget, identify and reduce wasteful use of medicines, reduce variation, work with secondary care to manage the introduction of new drugs Has document: No Rachel Armitage 08/09/2025 09:59 Monthly meetings with finance team Has document: No Rachel Armitage 08/09/2025 09:59 Cost-effective prescribing considered and appropriate access to medicines encouraged via formulary process and at Medicines Management Meetings Has document: No Rachel Armitage 08/09/2025 09:59 Processes in place within the Analytics team to proactively identify changes in Drug Tariff Has document: No Rachel Armitage 08/09/2025 09:59 Updated 25/09/2023: National Medicines Value Analytics Group meeting to prioritise savings ideas on an All Wales basis. Has document: No Rachel Armitage 08/09/2025 09:59 Targeted improvement work and engagement	Mitigation put in place where possible but limited; GPs are prescribers and whilst we can influence we cannot mandate - there is switch fatigue amongst GPs with decreased engagement in cost saving work Has document: No Rachel Armitage 08/09/2025 10:00 Consequences of COVID, BREXIT and energy costs on supply chain and manufacturing costs are impacting on medicine costs Has document: No Rachel Armitage 08/09/2025 10:00 Price concessions and changes in drug tariff price are UK wide and unable to be influenced by the UHB Has document: No Rachel Armitage 08/09/2025 10:01 More advanced therapy tends to be at increased cost Has document: No Rachel Armitage 08/09/2025 10:01 More community services are being delivered increasing activity in primary care Has document: No Rachel Armitage 08/09/2025 10:01 Patient review and process change to make		
Primary Care/2025-2602	New GDS Contract	16/07/2025	PCIC Risk Reference: PC037 The proposed contract reform to General Dental Services (GDS) is expected to have significant, wide-ranging impacts, both operational and clinical, with many concerns raised by dental service providers around access, patient care, and workforce morale.	This is caused by lack of clarity around how many patients practices will be expected to treat. This makes it difficult to compare current activity with future expectations. The proposal assumes a level playing field across practices, but there is variation in patient demographics and existing workload. Practices in areas of higher deprivation, which typically treat more high-risk patients, are unlikely to benefit from the efficiencies offered by transferring low-risk patients onto the Dental Access Portal (DAP). As a result, they will face increased pressure, potentially compromising recall intervals and reducing capacity for new patients. In contrast, practices in more affluent areas may find it easier to shift low-risk patients onto DAP, freeing up appointments and improving access.	Which w/could lead to: Further deterioration in the morale of the GDS workforce. Return of NHS dental contracts. NHS dental activity delayed / lost due to the time constraints within the procurement tender processes. Lack of interest from the dental community in any subsequent procurement tender process . Loss of NHS dental provision and activity. Potential for CDS to be overwhelmed. The role of the Community Dental Service (CDS) in the proposal raises alarms. CDS is meant to serve the most vulnerable populations, yet the plan suggests it will take on treatment for the highest-need GDS patients. This would stretch an already overloaded system and divert resources from its core mission. Any such change would require not just funding, but also a workforce solution, something not adequately addressed in the proposal (though WG have since described a plan to bring dentists from India to start this service). Even if high-need patients are stabilised in GDS before transfer, delays and lack of continuity will result in	Business unit	Primary, Community & Intermediate Care	Primary Care		Clinical Board Review	20	20	20	Tolerate	The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:20 The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:20 The HB contributed to responses from other stakeholders. Has document: No Rachel Armitage 03/09/2025 11:40 The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 08/09/2025 09:16 When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed. Has document: No Rachel Armitage 08/09/2025 09:17	The UHB has submitted a full response to WG regarding the new dental contract proposal outlining the potential risks relating to the proposed changes. Has document: No Rachel Armitage 03/09/2025 11:15 The HB continues to communicate frequently with the LDC to understand their concerns. Has document: No Rachel Armitage 03/09/2025 11:15 The Community Directors for GDS continue to communicate with the Dental Directors Group to unpick ambiguities and clarify unclear aspects of the proposal. Has document: No Rachel Armitage 03/09/2025 11:16 When the final version of the contract is confirmed, the HB will need to consider how best to mitigate the various consequences described, not least the likely loss of NHS provision, and the potential for CDS to be overwhelmed. Has document: No Rachel Armitage 03/09/2025 11:16 There are procurement processes which the HB could use to re-invest any surrendered funding. Has document: No Rachel Armitage 03/09/2025 11:17	Providers who currently hold a GDS contract only need to give three months' notice of termination of their contract. Has document: No Rachel Armitage 03/09/2025 11:17 Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. Has document: No Rachel Armitage 03/09/2025 11:17 Any funding returned from GDS contracts would need to receive approval for re-investment into GDS. If approved, it would need to go through a full procurement tender process. Has document: No Rachel Armitage 03/09/2025 11:18 If interest was identified and activity secured through a procurement process, clinicians and infrastructure would be required to be in place before a contract, and its associated activity could commence. Has document: No Rachel Armitage 03/09/2025 11:18 Concern if new contract is implemented, more contracts will be handed back which will have a knock on effect on CDS also, given the new measures.	Review date: 01/10/2025 Is reviewed: No Rachel Armitage 03/09/2025 11:42
EAT/2025-2602	Lack of Paediatric Speech and Language for Electronic assistive technology service	03/2025	referrals to All Wales EAT Service have increased significantly since its commissioning by WHSSC in 2015. The increase in Paediatric referrals is now at a situation where it cannot be met with the current paediatric SLT's in post	Increase in referrals for paediatric input	paediatric patients not being seen in a timely manner. Waiting lists increasing and missing commissioned targets for delivery of service	Speciality	Specialist Services	Artificial Limb & Appliance Service	Electronic Assistive Technologies	Team Meeting Directorate Q&S meeting	20	20	6	Treat	Some support by Adult SLT's and Technical assistants in providing support and issuing / following up on communication aid equipment Has document: No Gavin Cooper 31/10/2025 14:32	patients numbers reviewed locally and at ALAS reporting levels. Waiting lists reported to ALAS senior managers and reported back to commissioners Has document: No Gavin Cooper 31/10/2025 15:55	Business case and risk assessment for additional staffing Has document: Yes Gavin Cooper 31/10/2025 14:34	Review date: 01/12/2025 Is reviewed: No Gavin Cooper 31/10/2025 15:55

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Cardiac Physiology/2025-2601	Admin Staffing Crisis in Cardiac Physiology	03/10/2025	Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result.	Vacancies not being filled. 2x band 3 coordinator vacancies and 1x band 2 receptionist vacancy. In addition to 2x members of staff on LTS. This leaves us with 1x PT and 1x FT individual.	Appointments and targets being missed, left unused in all Cardiac Physiology Areas. Device service under significant pressure to undertake new implants and box changes.	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology	Clinical Board Review Directorate Meeting	20	20	2	Treat	Support being provided from directorate however this is not sustainable to risk associated with this Has document: No Mike Henson 15/10/2025 13:55	DMT have provided support from other areas. Training being provided but this support is limited. Has document: No Mike Henson 03/10/2025 15:43 vacancies to be approved and recruitment to take place Has document: No Mike Henson 03/10/2025 15:44 Increased waiting times for all cardiac physiology areas. Staff under extreme pressure to book appointments and meet targets. Significant number of customer queries and complaints as a result. Has document: No Mike Henson 03/10/2025 15:47 escalated to directorate, clinical board and executives Has document: No Mike Henson 15/10/2025 13:45	Appointments and targets will be missed. new device implantation and box changes appointments available and unable to be booked with additional staff. This is linked to increased demand. Has document: No Mike Henson 03/10/2025 15:34	Review date: 10/11/2025 Is reviewed: Yes Mike Henson 15/10/2025 15:51
Cardiac Physiology/2025-2602	Risk of deaths in patients with cardiac devices	03/11/2025	Risk of deaths in patients with cardiac devices due to gaps in device processes and increased waiting times for box changes and new implants	gaps in processes and loss of capacity within pacing theatre	risk of deaths to patients waiting for box changes or waiting new implants	Speciality	Specialist Services	Cardiothoracic	Cardiac Physiology	Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting Directorate Safety & Quality Session (Audit)	20	20	10	Treat	Weekly device meetings in place with attendance from physiology team, directorate team, clinical board team and lead consultant for devices/pacing to review action log, review waiting list positions and identify risks and opportunities for improving processes. SOPs developed/being developed to improve processes and patient management. Demand and capacity work underway and SBAR in progress regarding solutions to increase device lists and reduce waiting list times. Plan to list box changes earlier to minimise risk but backlog of patients needs to be addressed to support this. Has document: No Gayle Smith 03/11/2025 10:07	Escalated to the clinical board and executive team. Regular meetings in place with device team, directorate and clinical board. Demand and capacity work underway to identify gaps in workforce. Has document: No Gayle Smith 03/11/2025 10:08	Reviewing capacity and booking templates and processes. Short term support from research fellow to increase capacity. Has document: No Gayle Smith 03/11/2025 10:08	Review date: 01/04/2026 Is reviewed: No Gayle Smith 03/11/2025 10:24
Cardiac Surgery/2025-2602	Deaths on Cardiac Surgery Waiting List	15/10/2025	There is a risk that patients who have been waiting for longstanding elective admissions under Cardiac Surgery are not being seen in a timely manner and may result in Deaths on the waiting list.	This is caused by the inability to treat patients through the elective stream due to staff shortages (lack of theatre and CITU staff) resulting in the lack of available theatre lists to run elective activity, on top of emergency and inpatient streams.	Which could lead to an impact/effect on patients wellbeing, life and deterioration of health & increased frailty. This also effects and prolongs Cardiac Surgery Elective Waiting List times that are omitted by WHSSC.	Speciality	Specialist Services	Cardiothoracic	Cardiac Surgery	Clinical Board Review Directorate Meeting	20	20	10	Treat	Daily validation of cardiac surgery waiting lists by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly cardiac surgery operational meeting to discuss cancellations, late starts, overruns and staffing constraints. Standardised communication processes for patients on the waiting list for cardiac surgery. Has document: No Lewis Whitehorn 16/10/2025 07:44	Forward planning for Cardiac surgery undertaken weekly through key stake holders. Recruitment and retention of theatre personnel. During the COVID pandemic, referrals to cardiac surgery reduced by 60% providing an opportunity to significantly reduce the waiting list and the inherent clinical risk. Has document: No Lewis Whitehorn 16/10/2025 07:44	Theatre staff shortages, limited flexibility on CITU beds. Limited ability to undertake weekend working Has document: No Lewis Whitehorn 16/10/2025 07:45	
Thoracic Surgery/2025-2601	Delays to treatment of lung cancer patients due to cancelled Theatres	01/04/2025	There is a risk that due to amount of theatre lists cancelled due to lack of available theatre staff, cancer waiting times will breach and increase in length due to the lack of available theatre allocation to Thoracic Surgery.	This is caused by the lack of retention of Theatre Staff and recruitment into vacancies within Theatres to allow sufficient staffing across Cardiothoracic Surgery	Which w/could lead to an impact/effect on increased waiting list demand, more cancer breached patients and delays to cancer treatment.	Speciality	Specialist Services	Cardiothoracic	Thoracic Surgery	Clinical Board Review Directorate Meeting Directorate Q&S meeting	20	20	10	Treat	Weekly validation of thoracic waiting list by the directorate management team. Weekly monitoring of booking and scheduling, utilisation and productivity. Weekly theatre scheduling meeting to discuss cancellations, late starts, overruns and staffing constraints. Weekly attendance at wider UHB cancer tracking meeting. Has document: No Lewis Whitehorn 16/10/2025 14:09	Forward planning for thoracic surgery undertaken weekly through key stake holders. Recruitment and retention of theatre personnel. Has document: No Lewis Whitehorn 16/10/2025 14:09	Limited assurance due to significant establishment gaps in theatre scrub staff. Mitigation with overtime payment for current theatre staff is no longer supported, so can no longer guarantee backfill of lists or lists not being cancelled at short notice. Has document: No Lewis Whitehorn 16/10/2025 14:10	
Cardiothoracic/2022-2301	Interventional/structural cardiology capacity is unable to manage referral demand leading to increasing waiting times and inevitable clinical risk	01/01/2022	Increasing waiting times for acute and outpatient interventional cardiology procedures	Demand for interventional cardiology services outstripping capacity	Serious patient harm or death due delays in care	Business unit	Specialist Services	Cardiothoracic		Clinical Board Review Directorate Meeting Directorate Q&S meeting	20	20	10	Treat	Daily validation of cardiology waiting lists. Has document: No David Hanna 01/10/2025 15:34 Regular feedback to the consultant body highlighting long waits. Has document: No David Hanna 01/10/2025 15:34 Elective lists cancelled to support ACS lab support due to no ability for cross-cover. Has document: No David Hanna 01/10/2025 15:37	Discussed through the Clinical Director forum, CB and DMT. Has document: No David Hanna 01/10/2025 15:35	Backfilling of vacant cath lab lists stopped due to financial constraints. Has document: No David Hanna 01/10/2025 15:34 Limited assurance due to increased case mix complexity and its affect on capacity. Has document: No David Hanna 01/10/2025 15:37	
Cardiothoracic/2025-2609	Cardiology Outpatient Waiting times	01/07/2025	Patients with significant cardiovascular disease who are referred to Cardiology Outpatient services will not receive timely and remain undiagnosed	1. including long wait for processing of referrals from primary care 2. long delays for outpatient cardiology appointments and investigations	Serious patient harm or death due to cardiovascular disease	Business unit	Specialist Services	Cardiothoracic		Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting	20	20	10	Treat	Waiting list management by directorate, clinical and admin teams to treat longest waiting patients/clinically urgent patients. Has document: No David Hanna 01/10/2025 16:25 EP consultant outpatient waiting lists have been reverted back to EP clinics only. Has document: No David Hanna 01/10/2025 16:25	Escalated to clinical board and JCC. Has document: No David Hanna 01/10/2025 16:26 SBAR in progress to support evaluation and redesign of EP service including proposed increase in medical and non-medical workforce Has document: No David Hanna 01/10/2025 16:27	Lack of operator availability Has document: No David Hanna 01/10/2025 16:27 Lack of cath lab capacity Has document: No David Hanna 01/10/2025 16:28 Lack of GA support for complex ablations Has document: No David Hanna 01/10/2025 16:28	Review date: 03/04/2026 Is reviewed: No Gayle Smith 03/11/2025 10:23
Cardiothoracic/2025-2602	Lack of SCP provision for Cardiothoracic surgery	13/10/2025	There is a risk to Cardiothoracic Surgery service due to unavailability of current SCP provision and under-establishment of the current SCP provision	This is caused by lack of investment and under-establishment of the current SCP provision	Which w/could lead to an impact/effect on the lack of Surgical Care Practitioner (SCP) provision in Cardiothoracic Surgery may lead to reduced surgical capacity, increased pressure on medical staff, compromised patient safety, and potential non-compliance with workforce standards. The under-establishment of SCPs places additional physical demands on the existing team, contributing to fatigue, stress, and potential burnout – especially in high-intensity surgical environments.	Business unit	Specialist Services	Cardiothoracic		Team Meeting Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting	20	20	20	Treat	To mitigate the impact of insufficient SCP provision, the service is actively recruiting and planning for future workforce needs, while also developing internal training pathways to upskill existing staff. Escalation protocols are in place to manage service delivery when staffing falls below safe levels, supported by temporary cross-cover arrangements where possible. SCP staffing levels and service impact are regularly monitored, and staff wellbeing is supported through flexible working and occupational health measures Has document: No Ceri Phillips 13/10/2025 16:53			
Cardiothoracic/2025-2610	no identified funding source for the nursing establishment for the 2 additional CCU beds on C1 after relocation	15/10/2025	There is a risk that currently there is no funding source for the nursing establishment for the 2 additional CCU beds on C1 following refurshment and relocation of CCU from C3S	This is caused by an increase of 2 level 2 beds on C1 following relocation of services that are currently not funded within the existing nursing establishment of CCU/C3	An increase of 2 Level 2 Coronary Care Unit (CCU) beds has been implemented to meet rising patient demand and improve service capacity. However, this expansion has occurred without a corresponding increase in nursing establishment, raising significant concerns regarding patient safety, staff wellbeing, and service sustainability. The beds will not be able to open without funding sourced	Business unit	Specialist Services	Cardiothoracic		Clinical Board Review Directorate Meeting	20	20	20	Treat	Full establishment review and realignment across cardiothoracic in collaboration with finance and clinical board. Beds not to be opened until funding identified. Has document: No Ceri Phillips 15/10/2025 08:46	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB, Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:44	Full review of current nursing provision across Cardiothoracic nursing establishment undertaken. Identified significant shortfall. Risk/ establishment review escalated to CB, Beds will not open until funding resourced. Has document: No Ceri Phillips 15/10/2025 08:41	Review date: 06/04/2026 Is reviewed: No Ceri Phillips 03/11/2025 10:27 Review date: 01/04/2026 Is reviewed: No Gayle Smith 03/11/2025 10:24

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Cardiothoracic/2025-2605	No out of Hours SOP agreed for pacing cases when Pacing Theatre relocates to SSSU Theatre 6	15/10/2025	There is a risk that currently there is no clear, agreed and signed off, standard operating procedure for the provision of pacing out of hours, that all the team are fully aware of. Without this there is a risk relating to patient safety and the potential failure to provide this service resulting in poor patient outcomes.	This is caused by the planned relocation of the current pacing theatre from its site on CCU to its new site in SSSU Theatre 6. This is a very isolated area, that whilst suitable during working hours, is not appropriate for out of hours use. A SOP is required to ensure the safe, ongoing provision of this 24 hour service.	The lack of a clear, fully agreed SOP could result in: Delayed treatment of life-threatening bradyarrhythmias (e.g. complete heart block) This could result in syncope, cardiac arrest or death. Hemodynamic instability without pacing may cause organ failure or result in an ITU stay. Emergency transfers elsewhere for this service may result in increased risk and delayed care A lack of agreed staffing levels out-of-hours may lead to delays or errors.	Business unit	Specialist Services	Cardiothoracic		Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting Directorate Safety & Quality Session (Audit)	20	20	10	Treat	The cardiac catheter labs have been identified as the suitable location for this out of hours service. Has document: No Beverley Oughton 15/10/2025 09:05 Confirmation of consultants who will provide out of hours pacing Has document: No Beverley Oughton 15/10/2025 09:06	Escalated to clinical board and at bi-weekly operational meetings with all stakeholders. Discussed regularly with CD Has document: No Beverley Oughton 15/10/2025 09:07	Cath labs identified as appropriate place for out of hours pacing to take place. CD & DM to meet with consultant team to confirm process for managing out of hours pacing cases in terms of clinical teams. Has document: No Beverley Oughton 15/10/2025 09:07	Review date: 10/11/2025 Is reviewed: Yes Beverley Oughton 15/10/2025 15:47
Cardiothoracic/2025-2606	Temporary loss of 4 Beds on ward C5 to support renal capacity	01/03/2025	Haematology require an area to isolate patients so that Renal can move into the area on A5 this is due to an ongoing outbreak in Renal patients and IP&C Guidance	Temporary loss of 4 cubicles on C5 in order to support the wider UHB priorities to expand renal capacity following IP&C issues.	The closure of four beds on C5 poses a significant risk to cardiothoracic surgery scheduling due to the reduced bed footprint. This reduction may lead to cancellations, directly affecting surgical capacity. Additionally, C5 currently supports outlying patients from Cardiology. A decrease in available beds will impact our ability to meet Cardiology demand, further straining service delivery across both specialities.	Business unit	Specialist Services	Cardiothoracic		Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting	20	20	20	Treat	Regular review of bed capacity versus activity for both cardiothoracic surgery patients and reduction of cardiology footprint until the relocation of C1 with high risk of IP&C issues currently resulting in closed beds. Has document: No Sian Williams 24/10/2025 12:12	Directorate Bed Management Rota: To work in close collaboration with site bed managers to optimise bed utilisation across all areas. Early Escalation Protocol: Ensure timely identification and escalation of any capacity constraints to prevent delays or cancellations. Weekly Theatre Scheduling Meetings: Regular coordination with theatre teams to align surgical schedules with bed availability and improve planning efficiency. Has document: No Sian Williams 24/10/2025 11:56	C1 Completion & Renal IP&C issues: The timeframe for completion of works on C1 and resolution of renal infection prevention and control (IP&C) issues remains unknown. This is delaying the return of four cubicles to cardiothoracic capacity. Theatre Capacity Variability: Ongoing staffing constraints within theatres continue to impact scheduling and reduce consistency in available theatre capacity. Has document: No Sian Williams 24/10/2025 11:58	
Cardiothoracic/2025-2607	Office/Seminar Room provision linked to relocation of C3/CCU	03/11/2025	Critical Care are relocating to C3 once cardiology/CCU are relocated to C1. As part of the move no provision has been made for the offices/seminar room currently occupied by cardiothoracic directorate.	organisational move to expand critical care footprint	no office spaces for consultant cardiologists and perfusion team. No seminar room for regular training/education/MDTS	Business unit	Specialist Services	Cardiothoracic		Clinical Board Review Directorate Meeting	20	20	1	Treat	Already undertaken an assessment of all office capacity across the whole directorate to free up space for service expansion and to maximise current capacity. Has document: No Gayle Smith 03/11/2025 09:39	Discussed with head of operational planning/clinical board and project team for C3/CCU relocation Has document: No Gayle Smith 03/11/2025 09:39	submission of office requirements to relocate 4 consultants, perfusion team office and the essential seminar room as we have no other facilities for meetings/training/MDT etc Has document: No Gayle Smith 03/11/2025 09:41	Review date: 31/01/2026 Is reviewed: No Gayle Smith 03/11/2025 09:45
Critical Care/2022-2306	Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030	12/07/2022	There is a risk that Critical Care will not have enough capacity to keep up with predicted demand to 2030.	This is caused by lack of physical bed spaces on the unit.	Which could cause delays in Emergency admission to Critical Care result in avoidable deaths and impaired functional outcomes. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Clinical Board Review Directorate Meeting Directorate Q&S meeting Senior Leadership Board	25	20	1	Treat	Directorate are working with the Director of Finance, Specialist Services Clinical Board to understand current commissioning arrangements and to agree how we increase our current funding allocation aligned to capacity. Directorate have engaged with key stakeholders in the production of the Critical Care escalation policy Has document: No Rhys Williams 31/10/2025 14:07			
Critical Care/2022-2307	Lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	12/07/2022	The Long Term Ventilation service is at risk of closing.	This is caused by the lack of dedicated infrastructure for a Long Term Ventilation Unit at C&V.	The lack of a dedicated unit causes great uncertainty about the future viability of the service and this severely affects recruitment. This requires acute Critical Care nurses to care for LTV patients, further reducing Critical Care capacity which is also noted as a Critical risk. This would have a significant effect of Welsh Critical Care capacity and Health board reputation.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Directorate Meeting	20	20	1	Treat	Approach made to Critical Care Network to seek an alternate provider of LTV services – no other provider Has document: No Rhys Williams 31/10/2025 14:17			
Critical Care/2022-2308	Lack of patient isolation facilities in UHW Critical Care Unit	12/07/2022	There is a risk that there is not enough isolation facilities in UHW Critical Care Unit.	This is caused by there only being 2 cubicles and one 2 bedded bay that can be used to isolate patients.	Which leads to a higher risk of IP&C issues when all cubicle spaces are already occupied. This means we then have to determine which patients are highest risk, leaving some patients who should be isolated on the main unit. This can be at a risk to other patients or themselves if they have a compromised/suppressed immune system. This also means we may not have the cubicle capacity to give end of life patients and their relatives privacy.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Directorate Meeting Directorate Q&S meeting	20	20	1	Treat	Staff prioritise patient with highest need to isolation. Trial of temp isolation cubicles were found to be unsuitable in Critical Care. Design work for a Critical Care refurbishment is ongoing which is intended to reduce this risk. Has document: No Rhys Williams 31/10/2025 14:53			
Critical Care/2022-2302	Obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	12/07/2022	There is a risk that a failure of a hose or connector, in the next 10 years, without appropriate spares could result (in the best case scenario) loss of a single bed space, or (in worst case scenario) loss of 9 bedspaces for an extended period whilst emergency refurbishment occurs.	This is caused by obsolete Pendants systems providing medical gases to patients on the Critical Care Unit	Which would lead to an impact on Tertiary Critical Care Services in South Wales.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Directorate Meeting	25	20	1	Treat	Design work is ongoing for a refurbishment of the current Critical Care which includes pendant replacement. Has document: No Rhys Williams 12/11/2025 10:46	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 10:47		
Critical Care/2022-2304	Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit	12/07/2022	There is a risk of HCAI due to use of mobile air conditioners, impaired brain outcomes due to difficulty treating pyrexias, delirium due to over-reliance on blinds to reduce temperature, ineffectual existing HVAC due to having windows open and risk of air pollution, Staff discomfort resulting in impaired staff retention.	This is caused by Sub-standard Heating, Ventilation and Air Circulation system in the Critical Care Unit.	Which w/could lead to an impact/effect on patient outcomes and staff comfort. Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs)	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Directorate Meeting	25	20	1	Treat	Use of mobile air conditioners (risk of increasing HCAI). Use of patient skin cooling devices (cost). Use of blinds (risk of delirium). Opening windows (reduces effect of existing system and causes pollution) and staff comfort measures on hot days (cool drinks, cold lollies, wearing scrubs) Has document: No Rhys Williams 12/11/2025 11:03	A refurbishment of UHW Critical Care is currently in the design phase, which may reduce this risk. Has document: No Rhys Williams 12/11/2025 11:03		
Critical Care/2022-2305	Lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit	12/07/2022	There is a risk that there is a lack of appropriate Level 2 and 3 facilities to admit Critically ill patients escalating from UHW High Consequence Infectious Disease Unit. In 2020 Cardiff and Vale Health board built a 10 bed High Consequence infectious Disease Unit at the UHW site. This facility is for airborne High Consequence infectious diseases (e.g. MERS) as opposed to contact infectious diseases (e.g. Ebola).	Upon opening an assessment of the suitability of the HCID to provide level 2 and 3 Critical Care was made. The conclusion was that although the facility may (like other areas of UHW) be suitable for a Critical Care team to reach out and stabilise and intubate a patient there, it was not suitable for ongoing Critical Care. Patients would need to be transferred to a suitable Critical Care Unit for ongoing care.	Which would lead to an impact on Critical Care's ability to deliver care to both patients with infectious diseases due to lack of isolation cubicles on the unit, and therefore other patients requiring critical care due to reduced admitting capacity.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Directorate Meeting	20	20	6	Treat	Design work is under way on a Critical Care refurbishment to provide a with 5 lobbied isolation rooms. Has document: No Rhys Williams 12/11/2025 11:13	Plan for the renovation specifically targeting issues mentioned. Has document: No Rhys Williams 12/11/2025 11:14		

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Critical Care/2024-2502	Multiple UPS Failures leading to power cuts on the Critical Care Unit	07/11/2024	Failure of UPS in two areas recently, A3 link 18/10/24 and A3 South (Emerald bay) 05/11/24 resulting in total loss of power for a short period of time. All equipment apart from those with internal battery back-ups were without power for a period of time. No harm came to patients at this time however there was potential for catastrophic harm if UPS systems cannot be relied on. The UPS fault in A3 link has now been repaired and is fully functional. The diagnosis of the failure in A3 South: failed batteries on (UPS 4/2) this UPS has gone into automatic bypass with no output, being a critical care area, we have what we call an end +1, basically another UPS, (UPS 4/1) which has been checked and can be confirmed is protecting the load therefore maintaining UPS cover on DB A1 feeding A3S.	This is caused by old/faulty UPS systems that are on a programme of replacement.	Which would lead to an impact on patient safety due to loss of power to essential equipment such as ventilators that have a limited battery backup. The UPS also supplies the lights which means lighting may be lost which will be a significant risk especially at night.	Speciality	Specialist Services	Critical Care & Major Trauma	Critical Care	Clinical Board Review Directorate Meeting Directorate Q&S meeting Senior Leadership Board	25	20	12	Treat	1.Continue to use the area for lowest risk patients on balance of risk of using other areas 2.If absolutely necessary to put a level 3 patient in A3s use a vent with an external battery pack. 3.Daily checks on functioning UPS battery to be undertaken by Estates 4.OPAT to support with flow & prioritise DTOC patients Has document: No Rhys Williams 13/11/2025 14:56	1.Faulty UPS battery (1 & 2) to be replaced, lead time 2 to 3 weeks for delivery / installation. 2.Daily checks are in place to confirm the status of the UPS, which would pick up any concerns Has document: No Rhys Williams 13/11/2025 14:56		
Major Trauma - Adult/2020-2102	Repatriation from MTC to TU [Internal Escalation Policy]	22/07/2020	There is a risk that patient flow from the MTC will be reduced due to a failure to operationalise the repatriation policy internally within Cardiff and Vale.	Current hospital pressures has limited the ability to operationalise the document consistently.	Which could impact equity of care to all MTC patients	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	Team Meeting Directorate Meeting	20	20	3	Treat	Patient flow managed via OPAT with raised focus on movement of patients on MTC pathway. Has document: No Rhys Williams 19/09/2025 12:55	All MTC patients discussed in daily meetings (5) within OPAT to ensure consistent approach and focus. Has document: No Rhys Williams 19/09/2025 12:55		Review date: 01/09/2026 Is reviewed: No Matt Creed 24/09/2025 08:52
Major Trauma - Adult/2022-2301	Risk for patients with isolated non operative brain injury due to a lack of agreed speciality ownership	03/05/2022	There is a risk to patient safety and patient flow for those patients with isolated non operative brain injury.	This is caused by a lack of agreed speciality ownership of these patients.	Which could lead to delays in patients receiving the acute care they need.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	Directorate Meeting	20	20	4	Treat	Impacted MTC TBI patients discussed daily in MTC MDT and a bespoke solution is sought on a case by case basis. Has document: No Rhys Williams 23/10/2025 13:55			
Major Trauma - Adult/2024-2501	Bedside tables on wheels on PTU have no brake mechanism	10/12/2024	Risk identified when a patient attempted to stand whilst using his table for support. The table rolled away and the patient fell sustaining a significant injury.	This is caused by bedside tables on wheels on PTU have no brake mechanism.	Which could lead to an impact on patients who use the bedside tables for support when moving around the bed space.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	Directorate Meeting	20	20	1	Treat	1. Review alternative solutions in other wards and source funding. 2.Consider applying for charity funding to procure suitable tables which reduce risk of falls if used by patients as support to stand. Has document: No Rhys Williams 29/10/2025 17:33			
Major Trauma - Adult/2025-2601	The MTC Peer Review business case funding not confirmed	16/09/2025	There is a risk that serious concerns identified in the Peer Review will not be addressed.	This is caused by funding for the business case not being released.	Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Adult	Directorate Meeting	20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			
Major Trauma - Paediatric/2022-2301	There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7	06/12/2022	There is a risk around paediatric nursing capacity within ED which may impact on the delivery of care given 24/7	This is caused by lack of paediatric nursing capacity, requires more to ensure 24/7 cover.	Which w/could lead to an impact/effect on paediatric patients in ED receiving care.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric	Directorate Meeting	12	20	2	Treat	Staff work on a rotational basis Has document: No Rhys Williams 24/10/2025 14:26	Internal review Has document: No Rhys Williams 24/10/2025 14:27		
Major Trauma - Paediatric/2025-2601	The MTC Peer Review business case funding not confirmed	16/09/2025	There is a risk that serious concerns identified in the Peer Review will not be addressed.	This is caused by funding for the business case not being released.	Which will lead to an impact on a range of service across UHW due to there being no funding to address the concerns raised.	Speciality	Specialist Services	Critical Care & Major Trauma	Major Trauma - Paediatric	Directorate Meeting	20	20	1	Treat	Request update from JCC on next steps for business case funding release. Has document: No Rhys Williams 29/10/2025 17:21			
Bone Marrow Transplant/2025-2601	Risk to the organisation of losing JACIE accreditation for the South Wales Blood & Marrow Programme.	30/07/2025	There is a risk that Cardiff & Vale University Health Board (C&VUHB) is commissioned by NHS Wales Joint Commissioning committee to provide the South Wales Blood and Marrow Programme for South Wales, West Wales and South Powys. JACIE accreditation is a mandatory quality standard for haematopoietic stem cell transplantation (HSCT) and CAR-T therapy. It is a commissioning requirement for NWJCC and a requirement for the supply of CAR-T therapy from pharmaceutical companies. C&VUHB is currently non-compliant with several JACIE standards due to infrastructure and environmental deficiencies. If accreditation is withdrawn, the BMT and CAR-T services may be decommissioned, severely impacting haematological cancer care across South Wales. There are a number of concerns that are captured in separate risk assessments (ref). Inadequate inpatient infrastructure:	This is caused by lack of strategic planning and lack of resource/investment.	The SWBMT Programme would be the only major UK programme, the 9th largest of 53 UK and Irish transplant centres, (BSBMTCT 2021 report, 2019 pre-pandemic data) without JACIE accreditation and would be the first and only centre to have had JACIE accreditation withdrawn The SWBMT Programme would need to [immediately] cease activity as: - it is the explicit policy of all UK BMT commissioners, including NWJCC, to procure services only from JACIE-accredited centre - the pharmaceutical companies who manufacture CAR-T will only supply products to JACIE accredited centres. Cessation of the SWBMT Programme is highly likely to impact on recruitment and retention of staff as: - Specialist staff would no longer be delivering care based on their expertise - Training and development opportunities	Speciality	Specialist Services	Haem / Imm / Met Med / NETS	Bone Marrow Transplant	Board Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting	25	25	10	Treat	Haematology Directorate/Specialist Services Clinical Board 1.Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards. 2.Multidisciplinary Governance: Oversight by clinical, laboratory, and quality leads. 3.Training and Competency Frameworks: Regular staff training and competency assessments. 4.Participation in EBMT Registry: Enables benchmarking and outcome tracking. 5.Clinical Excellence: Strong clinical outcomes and experienced multidisciplinary teams 6.Ambulatory Care Model: Reduces inpatient pressure and improves flexibility. 7.Weekly Planning Meetings: Intensive triaging to manage bed capacity and patient risk. 8.Unscheduled care triage beds: separate bedded area to triage and screen unscheduled care admissions prior to admission to haematology ward, reducing risk of nosocomial infection. 9.Dedicated toilet/shower facilities: communal facilities designated for use by specific patients to reduce risk of nosocomial infection. Cardiff & Vale UHB 1.Development of Business Case for new clinical facility for SWBMT Programme 2.Continued engagement with Welsh Government regarding prioritisation of capital allocation for new facility 3.Agreement from WG Capital and Estates team to attend JACIE	1.Previous JACIE Accreditation: Demonstrates historical compliance. 2.HTA Licensing: In place since 2007. 3.Internal Quality Reports: Regular reporting to governance boards. 4.Clinical Outcomes: Among the best in the UK despite infrastructure issues. 5.Patient Outcome Monitoring: Through EBMT and internal KPIs. 6.External Peer Reviews: Participation in national and international benchmarking. 7.Prioritisation: Capital scheme prioritised by both the Health Board and Welsh Government 8.Capital Scheme: Strategic outline case submitted to Welsh Government in 2023 – ongoing dialogue with WG who are supportive and have indicated prioritisation of capital scheme. Has document: No Jordan Wills 23/10/2025 11:45	Gaps in Controls: 1.Infrastructure Deficiencies – inpatients: a.Inadequate isolation facilities and air handling provision b.Lack of ensuite facilities for transplant patients resulting in poor patient experience and increasing risk of nosocomial infections from shared communal areas/facilities c.Overcrowded and outdated ward environment with poor physical fabric 2.Infrastructure Deficiencies – day care: a.Inadequate isolation and triage/screening facilities and air handling provision b.Overcrowding and lack of appropriate waiting area c.Insufficient space for volume of patients 3.Infrastructure Deficiencies – outpatients: a.Inadequate isolation facilities and air handling provision b.Overcrowding and lack of appropriate waiting area c.Insufficient space for volume of patients 4.No approved capital scheme to rectify the infrastructure deficiencies 5.Limited mitigation within current clinical facilities at UHW Gaps in Assurance:	Review date: 01/04/2026 Is reviewed: No Gareth Jenkins 29/10/2025 12:48
Bone Marrow Transplant/2010-1102	Current facilities for BMT patients inadequate	01/01/2010	There are concerns that facilities are not JACIE compliant and there is a significant risk of loss of accreditation at the JACIE inspection (2013, 2019 & 2025).	This is caused by lack of isolation cubicles and appropriate filtration on Ward B4H. Insufficient number of toilets/washrooms. Increased risk of cross infection, existing facilities difficult to access. Individual toilets isolated on a named basis for high risk cases. Separate commodes for c.diff and BMT pts. Footprint for BMT patients inadequate. En-suite facilities required.	Which could lead to an impact/effect on the increase of cross-infection amongst BMT patients.	Speciality	Specialist Services	Haem / Imm / Met Med / NETS	Bone Marrow Transplant	Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	25	25	1	Treat	*Established Quality Management System (QMS): Regular audits, SOPs, and continuous improvement processes aligned with JACIE standards (outlined in GUI-QUA-4 – Quality Manual). *BMT patients are located in a positive pressure environment designed to protect immunocompromised patients from airborne infection. Magnehelic air pressure gauges are located outside BMT cubicles, regular surveillance/ monitoring is procedure by ward personnel and reporting structure for noted deviations *Patients are admitted to ward C5 for triage prior to admission to B4. Has document: Yes Hibach Farah 28/10/2025 12:49	Previous JACIE Accreditation: Demonstrates historical compliance. Has document: No Hibach Farah 28/10/2025 12:46 HCAI monitored monthly. Has document: No Hibach Farah 28/10/2025 12:53 Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Has document: No Hibach Farah 28/10/2025 12:54 Air pressure system validated by Estates Dept. High C4C scores consistently achieved. Has document: No Hibach Farah 28/10/2025 12:54	A new dedicated JACIE compliant facility is required. Has document: No Hibach Farah 28/10/2025 12:51 Bid for new JACIE compliant facility is being progressed with Capital Planning Team and Welsh Government. Has document: No Hibach Farah 28/10/2025 12:52	

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Haematology /2020-2102	Lack of expertise in pharmacy and nursing teams related to TYA cancer care delivery	17/02/2020	There is a risk that TYA cancer patients might elect to have their treatment on the designated TYA cancer unit hosted in University Hospital of Wales. Chemotherapy plans are determined by the site specific MDT/ Consultant and facilitated by the TYA cancer Team on the unit. Chemotherapy is currently prescribed by the Consultant or TYA Staff Grade. Chemotherapy may be prescribed in 4 different ways.	This is caused by the lack of expertise in pharmacy and nursing teams involved in TYA cancer care delivery.	Which could lead to an impact/effect on: - Transcribing of chemotherapy. - Lack of oversight of chemotherapy being prescribed by oncology clinician for their TYA patients. - Variation in practices between UHW and VCC. - Over-reliance on individuals to make the TYA oncology cancer care delivery work, including patients and families to provide history.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	20	20	5	Treat	Email correspondence from VCC Clinician confirming treatment plans. Has document: No Hibach Farah 28/10/2025 14:50 Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:50	Gain expertise in pharmacy and nursing teams involved in TYA cancer care delivery. Has document: No Hibach Farah 28/10/2025 14:51	Electronic prescribing system for Velindre Cancer Patients in TYA unit that is accessible to all. Has document: No Hibach Farah 28/10/2025 14:52 Utilisation of Canisb by TYA Team. Has document: No Hibach Farah 28/10/2025 14:52 Utilisation of formal chemotherapy treatment plan. Has document: No Hibach Farah 28/10/2025 14:52 Funding and IT solution to access VCC chemocare not identified. Has document: No Hibach Farah 28/10/2025 14:53 Monitoring delivery of a solution. Has document: No Hibach Farah 28/10/2025 14:53	
Haematology /2025-2603	Haem Day Centre workforce is inadequate to support service requirements	10/06/2025	A workforce review and audit has been undertaken to demonstrate the gaps in Haem Day Centre workforce service provision. Identification of poor skill mix and a need for more highly trained staff in this specialist area are required as a priority.	Haem Day Centre workforce is insufficient to support service requirements and does not comply with nurse staffing levels.	There are medical gaps which impact directly on patient care and timely treatments. A higher skilled nursing workforce would support this gap in service provision, this would include a Nurse Prac workforce requirement.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	Team Meeting Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting	25	20	6	Treat	Shaping Change team is supporting HDC with workforce review, planning and implementation. Has document: No Hibach Farah 29/10/2025 11:58 Robust training for new staff implemented. Has document: No Hibach Farah 29/10/2025 11:58 Rotation of more experienced staff to support, use of Bank staff and priority recruitment of staff. Has document: No Hibach Farah 29/10/2025 11:58	Support from practice educators, CNSs, trainers and senior staff. Has document: No Hibach Farah 29/10/2025 11:59 Staff recruitment – redesign of roles. Responsible skill mix allocation. Has document: No Hibach Farah 29/10/2025 12:00 Liaison with other specialities to support and streamline the services offered, promoting efficiency and effective delivery. Has document: No Hibach Farah 29/10/2025 12:00	Vacant Deputy Manager post, long term sickness of substantive Manager. Has document: No Hibach Farah 29/10/2025 12:05 Insufficient workforce according to Safe Staffing template used to calculate workforce. Has document: No Hibach Farah 29/10/2025 12:05 Poor skill mix in establishment and a need for Band 7 Nurse Prac plus additional Band 6 staff required. Has document: No Hibach Farah 29/10/2025 12:05	
Haematology /2024-2501	Insufficient medical staff support identified in nursing team	06/02/2024	Ward vacancy for Nurse Practitioner and insufficient medical staff support has resulted in an increased reliance on the nursing team, who are already at capacity. There is a need to provide ideally a 24/7 NP cover to ensure greater governance and oversight of patient care delivery, treatments and to support the medical workforce. This will support the sustainable development of nursing, & career progression to the ANP role, required for the new Haem/BMT facility.	This is caused by lack of timely care, inadequate knowledge/experience impacting on decision making, lack of continuity of care & poor oversight of medical support.	Due to the high number of inexperienced staff/streamliners and high acuity on the ward, there is significant risk to patient care. No Ward Sister and inexperienced interim deputies also significantly increases the risk to B4H.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Haematology	Team Meeting Clinical Board Q&S Meeting Clinical Board Review Directorate Meeting Directorate Q&S meeting	20	20	6	Treat	One post has been advertised, SBAR submitted to Clinical Board for consideration, however Clinical Board have requested further details in relation to roles, responsibilities and impact. Currently there is no funding stream for the additional posts which are required. Finance have agreed to reconfigure funds from establishment to create additional Band 7 NP post. This will provide a limited NP service (M-F, 07.00-19.30 hrs), which will significantly reduce the risk for nursing staff and patient care. This would be a bridging support until the new workforce model has been agreed. Has document: No Hibach Farah 29/10/2025 12:39	There is wide medical support for the development of NP posts. Directorate is committed to progressing this model. Wider nursing support due to the positive impact on nursing and patient care regarding the enhanced skills and governance that these roles will provide. In particular, the positive impact this will have for all levels of nursing staff and patients. Has document: No Hibach Farah 29/10/2025 12:41	No funding stream for 24/7 cover, funding for one additional NP post has been agreed through reconfiguration of service. Currently only able to recruit to one post, which will only cover 3 x 12 hour shifts leaving gaps for the remainder of the week and significant risk to delivery of patient care and increased risk of clinical errors. Has document: No Hibach Farah 29/10/2025 12:43 Patients are disadvantaged due to lack of additional NP cover. Has document: No Hibach Farah 29/10/2025 12:44	
Neuroendocrine Tumour Service/2024-2502	Single-handed consultant in NET Service	31/10/2024	Single handed consultant delivered service for commissioned South Wales Neuroendocrine Cancer service since 2017 with unsuccessful recruitment despite resource from JCC. High risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc.	This is caused by unsuccessful recruitment attempts despite resource from JCC.	Which could lead to a high risk of service collapse with increasing patient numbers, no cover for leave/sickness, etc.	Speciality	Specialist Services	Haem / Imm / Met Med / NETs	Neuroendocrine Tumour Service	Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting	25	20	12	Treat	Executive oversight (COO) with transition into new clinical board. Has document: No Gareth Jenkins 28/10/2025 09:53 Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:53 Plan to optimise non-medical support of service – admin roles, new cancer service roles, roles of existing CNSs. Has document: No Gareth Jenkins 28/10/2025 09:54	Ad-hoc external consultant (and gastroenterology) input into handful of clinics. Has document: No Gareth Jenkins 28/10/2025 09:45	Prof Reed clinics 1/m only temporary. Has document: No Gareth Jenkins 28/10/2025 09:45 Availability of additional medical support to sustain level of service. Has document: No Gareth Jenkins 28/10/2025 09:46	
Nephrology & Transplant/2025-2601	Maintenance of RO plant (Dialysis water)	31/03/2025	There is a risk that the service could lose dialysis water provision	This is caused by the unreliable technical maintenance cover for the RO plants throughout the whole directorate	Which would lead to an effect on the dialysis service throughout UHW, which services the population of South East Wales and is the only in hospital facility available.	Business unit	Specialist Services	Nephrology & Transplant		Clinical Board Q&S Meeting Directorate Q&S meeting	20	20	10	Treat	Safety checks by estates weekly Has document: No Lisa Higginson 16/10/2025 16:39	Safety check list to be made available to directorate for review Has document: No Lisa Higginson 16/10/2025 16:40	Unclear roles and responsibilities of maintenance of RO Has document: No Lisa Higginson 16/10/2025 16:40	
Nephrology & Transplant/2025-2603	Risk to workforce sustainability, quality, safety and regulatory compliance due to ongoing vacancy approval process	18/08/2025	There is a risk that the directorate will not be able to provide sustainable, quality service in line with regulatory compliance due to lack of sufficient workforce	This is caused by a recent decision to freeze all vacancy requests until 31/03/2026	Which could lead to an impact on the ability to offer chronic kidney disease service, transplant on call rota and home dialysis programme.	Business unit	Specialist Services	Nephrology & Transplant		Team Meeting Clinical Board Q&S Meeting Directorate Meeting Directorate Q&S meeting Directorate Safety & Quality Session (Audit)	20	20	8	Treat	CKD: active management of clinics and work load Transplant on-call: gaps filled with temporary staffing Home Dialysis: Patient numbers monitored Has document: No Lisa Higginson 27/10/2025 14:51			Review date: 07/11/2025 Is reviewed: No Lisa Higginson 27/10/2025 15:21

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Risk ID	Risk title	Date raised	Risk event	Risk cause	Risk effect	Service	Division	Business unit	Speciality	Reported group (Committee)	Initial rating score	Current rating score	Target rating score	Response (Status)	Key controls	Assurance on controls	Gaps in controls	Review dates
Dental/2025-2602	Lack of Special care dentistry Consultant	25/05/2025	There is a risk that the Health Board will be unable to provide any expert dental care for its most vulnerable residents in the special care dentistry cohort and the provision of GA services, particularly for people with severe learning disabilities will cease as since January 2024 the last 15 months the HB has lost 2 wte consultant and 0.4 CDS consultants. Despite running advertisements for recruitment there has been no interest shown in these posts	This is caused by no interest in applicants when these posts have been placed on Trac	Which w/could lead to an impact/effect on the dental needs of our most vulnerable population will be adversely affected. The Bevan commissioned proposed Dental Sedation Training Centre will not be realised. Teaching the Special Care Dentistry component of the undergraduate curriculum will be unmet. With a sole Consultant in Special Care Dentistry post at present, the health board is at high risk. A recent High Court hearing made a number of recommendations for Special Care Dentistry in Cardiff and Vale UHB including the need not to have a clinician responsible for service planning in Special Care Dentistry. Learning outcomes from this case are that a single Consultant is sufficient to meet the demands of	Business unit	Surgical	Dental		Team Meeting Clinical Board Q&S Meeting Clinical Effectiveness Committee Clinical Safety Group Directorate Q&S meeting Directorate Safety & Quality Session (Audit) QSE Committee Senior Leadership Team Meeting	20	20	4	Treat	Recent discussions with the Chair of the SE Wales Clinical Network for care has not led to any progress- chair happy to support on an advisory capacity for our SCD staff. Exploring existing / Future SLAs with neighbouring HBS for SCS delivery Has document: No Clare Wade 31/10/2025 14:50	Assurances in Place Governance Oversight Risk is logged on the Clinical Board Risk Register and monitored through monthly reviews. Escalation to Executive Team and inclusion in SCB Board agendas ensures visibility at senior level. External Advisory Support Chair of the South East Wales Managed Clinical Network (MCN) has committed to provide advisory input for SCD staff, even though operational support is limited. Service Continuity Planning Active exploration of Service Level Agreements (SLAs) with neighbouring Health Boards to maintain access to GA and SCD services. Ongoing dialogue with Community Dental Service (CDS) to redesign the service model.	Workforce Shortage No substantive progress on recruiting consultants despite repeated advertisements. No interim clinical leadership in place to meet UK guidance for GA in SCD. Limited Operational Support SE Wales MCN Chair offers only advisory support, not operational solutions. No formalised SLA yet with neighbouring Health Boards for service continuity. Training Pipeline Fragility Current HEIW trainee moving to Aneurin Bevan UHB, leaving Cardiff without specialist trainee support. No confirmed plan for future trainees or succession planning. Service Redesign Still in Planning	Review date: 30/11/2025 Is reviewed: No Clare Wade 31/10/2025 14:48
Surgical/2025-2601	Ageing estates impacting on Patient Care	02/01/2025	There is a risk that many areas within the Clinical Board will not receive the urgent estates work they require	This is caused by the age of the buildings and general estates and the need to prioritise estates work across the entire site and the ability for the Health board to fully resource the work	Which could lead to an impact/effect on the safety, functionality, and overall quality of the clinical environment, potentially affecting patient care and staff potentially leading to sub optimal caer	Division	Surgical			Clinical Board Q&S Meeting Clinical Board Review Clinical Safety Group Directorate Q&S meeting Directorate Safety & Quality Session (Audit) Health & Safety IPCG (Infection Prevention Control Group) QSE Committee UHB Decontamination Group	20	20	6	Treat	Create a clear schedule for urgent works within the Clinical Board, aligned with Health Board organisational priorities and risk assessments. Has document: No Clare Wade 31/10/2025 12:04 Ensure high-risk areas are flagged for immediate attention and funding allocation Has document: No Clare Wade 31/10/2025 12:04 Continue with routine inspections between estates/ IPCG and clinical teams to identify emerging risks early and update the local risk registers accordingly Has document: No Clare Wade 31/10/2025 12:05 Explore capital bids to accelerate essential works. Has document: No Clare Wade 31/10/2025 12:05 Inform clinical teams of potential disruptions and develop contingency plans to maintain patient safety and service continuity Has document: No Clare Wade 31/10/2025 12:05	Exec review, QSE, IPC committee Has document: No Clare Wade 31/10/2025 12:09 Communication plans may not reach all clinical teams promptly. Has document: No Clare Wade 31/10/2025 12:30	Prioritisation plan does not guarantee immediate action for high-risk areas. Funding availability is uncertain from WG Interim safety measures may not fully address compliance risks.	Review date: 31/12/2025 Is reviewed: No Clare Wade 31/10/2025 12:39

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	16/09/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Matthew Edwards, Acting Assistant Committee Secretary, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	November 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 16 September 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [September 2025 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<p>During the meeting, Members:</p> <ul style="list-style-type: none"> • Plastic Surgery Commissioning Project – Members: <ul style="list-style-type: none"> ○ Noted the work undertaken to date on the first phase of the plastic surgery commissioning project to realign commissioning responsibilities for plastic surgery between NWJCC and HBs ○ Discussed the 3 options set out in the paper, namely Option 1 to transfer non-specialised plastics to Health Board commissioning, Option 2 to transfer all plastics to HB commissioning, and Option 3 to retain current arrangements ○ Noted the view and advice of the Collaborative Commissioning Leadership Group (CCLG) and differing advice of NWJCC officers ○ Support the continuity of current commissioning arrangements with a view to realign commissioning responsibility back to HBs through the IMTP, working collaboratively with HBs to identify improved pathway commissioning and to seek assurance from the provider HB that they are addressing the coding issues. • Welsh Kidney Network (WKN) Governance Report – <ul style="list-style-type: none"> ○ Members noted: <ul style="list-style-type: none"> • The independent review undertaken on the governance and reporting arrangements of the WKN • Engagement with the current Independent Chair of the WKN and the agreed actions to be taken in response to the review • Conversations regarding future chairing arrangements for the WKN. ○ Members resolved to: <ul style="list-style-type: none"> • Note the findings and recommendations within the Independent Review Report • Note the management response to the report and actions within to strengthen the governance and reporting arrangements for the WKN in the new NWJCC operating model.
Advise	<ul style="list-style-type: none"> • The Chair's Report noted the recent JC Strategy Session held on 19 August 2025 with a focus on the NWJCC Financial Plan, Cardiac Review (a NWJCC Strategic Priority) and NHS 111 Wales and the NHS Wales Chairs Peer Group meeting held on 26 August 2025.

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Status	Update
	<ul style="list-style-type: none"> • The Chief Commissioner's Report included an update on: <ul style="list-style-type: none"> ○ The progress made in relation to implementing the new organisational structure for the NWJCC (with a 32% vacancy rate [August 2025] with key appointments having been made to leadership roles, these would be commencing by 1 October 2025 ○ NWJCC Foundation Plan 2025-26 – correspondence received from Welsh Government confirming the plan had been assessed as satisfactory and a set of accountability conditions has been agreed to support the Plan’s implementation ○ CCLG – meeting held on 26 August 2025 with a focus on plastic surgery, cardiac, cystic fibrosis, specialised immunology and immunoglobulin therapy and the NWJCC IMTP (2026-29) ○ Programmes of Work – an update on a number of national programmes and the need to redirect NWJCC capacity to work on these. The programmes included National Commissioning Arrangements for Third Sector Organisations, Sexual Assault Referral Centres (SARC). • Reports from each of the Commissioning Directors: <ul style="list-style-type: none"> ○ Director of Commissioning for Ambulance Services and 111 Members noted: <ul style="list-style-type: none"> • The Phase 2 of the New Ambulance Response Model in Wales, due for implementation by 31 December 2025 • The multi-faceted review process to ensure a comprehensive evaluation in relation to the Manchester Arena Inquiry • Challenges for the Non-Emergency Patient Transport Service and the cancellation of patient journeys to prioritise the use of resources • The establishment of the 111 Re-Roster Project Board to ensure effective roster practices and to improve access • The update on the Judicial Review in relation to the Emergency Medical Retrieval and Transfer Service • Discussions with NHS Performance and Improvement regarding the future options for hosting the neonatal clinical lead roles. ○ Director of Commissioning for Specialised Services Members noted: <ul style="list-style-type: none"> • The request for Cardiff and Vale University Health Board (CVUHB) to submit a revised business case by the end of

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Status	Update
<p style="font-size: small; transform: rotate(-45deg); position: absolute; bottom: 10px; left: 10px;">Saunders, Nathan 21/11/2025 17:51:27</p>	<p>September 2025 for the expansion of Thrombectomy Service in South Wales</p> <ul style="list-style-type: none"> • Following a formal provider designation process, correspondence sent to Betsi Cadwaladr University Health Board advising that the NWJCC intended to commission the Health Board as a designated Stereotactic Ablative Body Radiotherapy (SABR) provider for the population of North Wales • The Joint Accreditation Committee of the European BMT Society (JACIE) accreditation inspection was taking place week commencing 15 September 2025 • The Project Initiation Document (PID) for Cardiac Review Phase 2, to be delivered in collaboration with CVUHB, Swansea Bay University Health Board, and the Regional Specialised Services Provider Planning Partnership. The Review would be progressed, noting discussions at the JC's Strategy Session in August 2025 around the need for meaningful stakeholder engagement and wider consultation and ensuring robust and inclusive decision-making. <ul style="list-style-type: none"> ○ <u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u> Members noted: <ul style="list-style-type: none"> • The update provided on the Care Home Framework Agreement, the key risks and matters for escalation and discussions on the potential to extend the existing Framework as a contingency measure • The work being undertaken by SBUHB in relation to the Caswell Clinic and the review by the NWJCC team of the service delivered there to consider the best approach to commission a service which offers good quality and safety alongside value for money • The update provided against the separate agenda item on the work being undertaken by the NWJCC with Cwm Taf Morgannwg University Health Board and Public Health Wales colleagues in relation to Traumatic Stress Wales. • <u>Development of NWJCC IMTP 2026-29</u> – Members noted: <ul style="list-style-type: none"> ○ The update provided on the development of the IMTP to date and discussions at the CCLG meeting in August 2025 to ensure support for the approach and draft Commissioning Principles ○ The IMTP would define the NWJCC's role in supporting Health Boards on delivery for Better Health and Care ○ The IMTP as a Corporate Plan with agreed Commissioning Principles

Status	Update
	<ul style="list-style-type: none"> The timelines as presented including a discussion on high level risks at October's CCLG and a draft IMTP being presented at the JC meeting in January 2026.
Assure	<ul style="list-style-type: none"> Governance & Risk Management: <ul style="list-style-type: none"> The Risk Register at 31 July 2025 was received and approved The Corporate Governance Report including updates on the internal audit programme, new NWJCC Committee Secretary and the Independent Governance Review – Welsh Kidney Network was noted.
Inform	<ul style="list-style-type: none"> The Committee received the Month 5 Finance Report and the Operational Performance Report The Committee received the following assurance reports: <ul style="list-style-type: none"> Quality, Safety and Outcomes Sub-Committee Planning, Performance and Finance Sub-Committee.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Effective
	Efficient; Equitable; Person-centred; Timely; Safe

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

The Health Board is asked to:

Note the highlights outlined in Section 3 of this report.

Submitted by: Nathan
 21/11/2025 17:51:27



ASSURANCE REPORT NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of meeting	30 September 2025
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report - The Chair updated the Committee on activities since the last meeting, which included:</p> <ul style="list-style-type: none"> • chairing two meetings of the Welsh Risk Pool Committee in July and September 2025, with both sessions involving substantive discussions on the financial implications of claims. These deliberations continue to inform the broader risk and assurance landscape across NHS Wales; • conducting NF’s appraisal in August 2025, in collaboration with Welsh Government; and • participating in the September 2025 Chairs’ Peer Group Meeting, noting key changes in membership and a substantive discussion was held regarding the staff survey, with particular concern raised over the low response rate. TM welcomed the proactive engagement from Chairs and encouraged reflection on future strategies to enhance staff participation and voice. <p>The Committee NOTED the Chair’s Report.</p>	
<p>Managing Director Update - The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> • Welsh Risk Pool (WRP) – A summary of key items from the WRP Committee was provided. At the September meeting a productive discussion was held on risk sharing and financial implications. Positive work is continuing in maternity, obstetrics and consent, with a focus on learning lessons across Wales. • Finance - The financial position was reported with a continued surplus at month 5, although financial risks remain as set out in the finance report. Discussions with Welsh Government regarding Personal Protective Equipment are ongoing. A decision will be required with partners and Welsh Government on the use of any year-end surplus. • Pharmacy Developments - Progress has been made on the Radiopharmacy Service, with panel construction expected to begin shortly and it is anticipated there will be significant physical progress made on-site during October 2025. • The Outline Business Case for the South East Hub has been approved by Welsh Government, and NWSSP has received the approval and funding letter to release the fees for the next stage in terms of the Full Business Case (FBC). In recognising 	

that timescales are tight, with the impact of the upcoming Senedd election, Welsh Government will confirm the final submission deadline for the FBC and organisations must work back from this date, to avoid delays. Discussions are being held in respect of the matters requested to be resolved prior to FBC submission, particularly around clinical trials. Discussions with Cardiff and Vale University Health Board and Velindre University NHS Trust are progressing regarding the model.

- Discussions have been positive in terms of taking forward the North Wales TrAMS programme and a more detailed meeting with the Betsi Cadwaladr University Health Board Chief Executive and the team will be arranged in due course. As regards the South West Hub, unfortunately the preferred site was recently purchased by a third party and therefore the teams are actively exploring alternative site options in West Wales.
- **All-Wales Vaccination Programme** - The programme has delivered approximately 800,000 doses, with nearly 1 million received. The programme is entering the final phase, focusing on redistribution to sites that were initially unable to accept full allocations due to storage limitations and responding to additional requests from sites requiring further supply. A small reserve of purchased vaccines remains available to meet any further demand. In addition, the 400,000 COVID vaccines are arriving at the Imperial Park 5 Newport site, with distribution to commence shortly. NF expressed his personal gratitude towards colleagues for their outstanding efforts in delivering this programme.
- **Senior Appointments** - Colin Powell, Director of Pharmacy Technical Services, will retire at the end of October 2025. Laura-Jayne Keating, the current Deputy Director, will be acting up in an interim role for six months, with a permanent appointment to follow.
- **Laundry Service** - Operations have seen capital investment and operational adjustments, which are expected to yield further savings.
- **Primary Care Workforce Intelligence System (PCWIS)** - The new PCWIS system has successfully launched across all four contractor groups. TM welcomed this development, noting its importance in addressing long-standing workforce risks.
- **Medical Examiner Service** - Winter surge planning has commenced and is informed by lessons learned, arising from last year. A number of sessions with colleagues and Welsh Government have been held as part of this workstream. A Schedule 5 Notice has been received from the Coroner in North Wales regarding a death, and correspondence is ongoing with both the Coroner and the UK Medical Examiner's Office as part of the response.
- **Accommodation** - NWSSP have been working in partnership with the Welsh Ambulance Service NHS Trust (WAST) in terms of consolidating the footprint and rationalising the estate. WAST will move into the top floor of the West Wales Regional Hub at Matrix House, in Swansea. Additionally, as part of the process, WAST will take up occupation of our Samlet Road site.
- **Personal Protective Equipment (PPE)** - Discussions continue regarding the Service Level Agreement (SLA) for PPE requirements. A finalised SLA will be brought to a future Committee for openness and transparency, to ensure the Committee has oversight of the arrangements.
- **Recognition** - The Committee noted that NWSSP was named runner-up in the Wales Team of the Year award at the HFMA Conference. The Committee congratulated the team for the achievement and acknowledged the excellent work of the Oracle teams in cloud development.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

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Items for Approval

Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference (ToR) - The Committee received and approved the revised ToR for the TrAMS Programme and Service Management Board, subject to minor amendments. The revisions reflect feedback from the July meeting and align with the implementation of the new Radiopharmacy Service. The Committee welcomed progress and acknowledged the programme's complexity. Members requested consideration be given as to broader representation beyond Pharmacy, clearer distinction between decision-makers and contributors, and mechanisms to assess governance effectiveness. The final ToR are to be circulated once updated. A six-month review will be undertaken to evaluate effectiveness and inform further refinement.

The Committee **APPROVED** the TrAMS Programme and Service Management Board ToR, subject to the matters outlined above.

Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust (WAST) - The Committee received the proposal to assign the lease for the Samlet Road premises from NWSSP (formally named as Velindre University NHS Trust, on the lease) to WAST. The proposal offers mutual benefit, including a financial saving for NWSSP. The assignment will proceed to the Velindre University NHS Trust Board in November 2025 for final approval and execution.

The Committee **APPROVED** the Assignment of the Lease for Samlet Road to WAST.

Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference (ToR) - The Committee received the updated ToR in line with the requirement to review these annually, with minor updates noted. Members raised a strategic challenge regarding the proportionality of current governance arrangements, given the stabilisation of the energy market and it was agreed to review the frequency and structure of meetings, noting that while volatility persists, recent updates from Crown Commercial Services suggest a new form of stability. This will be considered at the next WEG meeting in November 2025.

The Committee **APPROVED** the WEG and WEOG Terms of Reference.

Low Vision Aid Supply and Recycling Service Commitment of Expenditure - The Committee received proposed operational and financial arrangements for the Low Vision Aid Supply and Recycling Service, delivered through NWSSP's Primary Care Services Division. The service operates under an all-Wales contractual framework, endorsed by Welsh Government and procured through standard processes.

The Committee **APPROVED** the proposed arrangements outlined for the Low Vision Aid Supply and Recycling Service Commitment of Expenditure.

Defence Engagement Fellowships – NHS Wales and Defence Medical Services - The Committee received a proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships. The initiative builds on NWSSP's role as a GMC Sponsorship Organisation and aims to support the placement of foreign military medical professionals into NHS Wales training environments. The proposal centres on a primary, non-legally binding Memorandum of Understanding (MOU) between NWSSP and Defence Medical Services, enabling Defence Medical Services to approach NHS Wales organisations with fellowship opportunities. Participating Health Boards would then enter into secondary MOUs with the relevant foreign military, detailing

employment, funding, and operational arrangements. NWSSP's role is facilitative, providing technical and HR support, with clinical and employment responsibilities remaining with individual Health Boards. The Committee was supportive of the initiative, recognising its strategic value and alignment with international recruitment and workforce development goals.

The Committee **APPROVED** the proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships.

Items for Noting and Discussion

Personal Protective Equipment (PPE) Preparedness Update - The Committee received a report on PPE Preparedness, outlining the current position regarding PPE stockpiling arrangements. An internal project team is in place to oversee this work and Welsh Government has indicated potential changes to the required stock profile, particularly in relation to hygiene products. Final confirmation is awaited. It is intended that the proposed Service Level Agreement for PPE stockpiling will be brought to the Committee in November 2025. NWSSP will seek to rotate PPE stock through business-as-usual supply chains to minimise the risk of write-downs or write-offs and ensure value for money.

The Committee **NOTED** the PPE Preparedness Update.

Draft Committee Development Day Agenda - The Committee received and noted a verbal update on the agenda for the Development Day on 10 October 2025 at Public Health Wales, Cardiff. The session will focus on strategic planning and cross-organisational engagement, including review of the NWSSP Strategy Map, Ministerial Advisory Group recommendations, and updates on TrAMS and ESR replacement. A placeholder is included for the NWSSP Governance and Accountability Review, subject to report availability. Members confirmed support for the event, recognising its value in shaping NWSSP's future direction and delivery priorities.

The Committee **NOTED** the update provided in relation to the Committee Development Day Agenda.

Finance, Performance, People, Programme and Governance Updates

Finance Report - The Committee noted the financial position as at month 5, confirming a year-to-date surplus of £2.597m, driven by vacancy levels and strategic re-investment. Pay award confirmation is pending, with an estimated cost impact of £3.927m. Capital spend stands at £1.135m against an £8.701m Capital Expenditure Limit, with discretionary funding now fully committed, whilst Public Sector Payment Policy performance remains strong.

People and Organisational Development Report - The Committee received the latest workforce update to 31 August 2025, which highlighted improving sickness absence trends, strong time-to-hire performance, and positive feedback from Welsh Government on equality standards. Key developments include the launch of the Speaking of Safety platform, staff survey communications and external recognition for NWSSP programmes.

Performance Information Report - The Committee received the report detailing the Key Performance Indicators (KPIs) from May to August 2025. The report confirmed that all KPIs were met in August, with continued delivery against stretch targets and NWSSP having generated £53 million in professional influence benefits for the year to date as at

31 August 2025. A review of performance targets is underway as part of IMTP development. There were no areas of concern to be brought to the Committee's attention.

Outcome Measures Report – The Committee received the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact and the overarching report detailed high levels of customer satisfaction, strong employee engagement, and positive impact across procurement, decarbonisation and foundational economy.

Integrated Medium-Term Plan (IMTP) Quarter 1 of 2025-26 Update Report –The Committee received the latest update in respect of progress made against NWSSP's IMTP. The overarching report confirmed that 85% of objectives are on track, with targeted actions in place for off-track items. Key areas of focus included the Medicines Unit, Speaking Up Safely, International Recruitment, the National Ophthalmic Contract for Wales and the Electronic Prescribing Service. There remains work ongoing to strengthen data quality in procurement, progress in equality and diversity, staff well-being, and continued development of digital and recruitment initiatives. NWSSP received a satisfactory rating from Welsh Government for its IMTP submission, with positive recognition from the Cabinet Secretary.

Transformation Management Office (TMO) Update Report – The Committee received an update on the work of the TMO. The overarching report summarised the breadth of transformation activity across NWSSP and national programmes, indicating a stable position with 18 projects, 2 programmes and 5 initiatives currently being tracked. Of which, 2 are red, 7 are amber and 16 are green-rated projects. Overall, the portfolio demonstrates consistent delivery momentum across a diverse range of transformation and service improvement programmes, with 92% of projects rated green or amber and several nearing completion.

NWSSP Corporate Risk Register – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising four red, twelve amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines four emerging risks currently under consideration.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Options for the Appointment of the Shared Services Partnership Committee Chair

The Vice Chair chaired this item due to the interest declared by the Chair. The Committee reached consensus to **APPROVE** the offer of a 12-month extension to the current Chair's term.

Papers for Information

The following items were provided for information only and the Committee **NOTED** receipt of the reports:

- Integrated Medium-Term Plan 2025-28 Accountability Conditions
- SSPC Forward Plan 2025-26
- Finance Monitoring Returns (Months 4 and 5)
- Personal Protective Equipment (PPE) Reports (August and September 2025)
- NWSSP Audit Committee Assurance Reports (May and July 2025)
- Wales Infected Blood Support Scheme Annual Report 2024-25

Part B - Private	
The Committee received one item for NOTING and DICSUSSION , in the Welsh Risk Pool Expenditure Update. In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 21 August 2025 and the Welsh Risk Pool and Legal and Risk Services Annual Review 2024-25, for information.	
Any Other Business (AOB)	
No matters were raised under Any Other Business.	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	Friday 14 November 2025, 10.00am to 12.00pm

Saunders, Nathan
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