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

Annual Plan 2026-27

Supporting Evidence

Pack

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Introduction to the Supporting Evidence Pack

This Supporting Evidence Pack accompanies the 2026–27 Annual Plan and provides the detailed underpinning information that sits beneath the main narrative. The pack is structured to give clear visibility of the actions the Health Board will take during the year, and how these align to national requirements and our local priorities. It is divided into two complementary sections:

1. **Plans on a Page** for all Priority Actions, providing a concise summary of in-year delivery
2. **Delivery Templates** for the Welsh Government Enabling Actions, Ministerial Advisory Group (MAG) recommendations and the Improving Performance Together (IPT) 2026–27 requirements.

Together, these sections present a comprehensive evidence base that supports assurance, supports governance scrutiny, and strengthens our ability to track progress throughout the year.



Section 1: Priority Actions 'Plan on a Page'

This section brings together the Plan-on-a-Page summaries for all 2026–27 Priority Actions.

Each summary provides a clear and accessible overview of what the Health Board will deliver this year, setting out the intent, core activities, milestones, measures and key risks. These provide a concise line of sight between our strategic direction and the practical steps being taken in-year to improve outcomes. The Plans on a Page are designed to support delivery leads, provide assurance to governance committees, and ensure a consistent and transparent approach to tracking progress across the organisation.

This is split into 2 sections:

- a) Portfolio driven actions
- b) Non-portfolio driven actions





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Portfolio Driven Priority Actions



Our Strategic Intent & Priority Actions



Clinical Services

Deliver a sustainable, future-ready clinical model by moving the Clinical Services Plan into coordinated delivery and service-level planning, enabling integrated, system-wide redesign and improved outcomes for the population.

- Continue the development of our clinical services roadmap to 2035 ensuring clinical leadership and robust engagement in service level planning and ensuring enabling plans are closely aligned.
- Launch the Community by Design Programme and develop a clear articulation of the role and phasing (over 1, 2 and 5 year time horizons) in delivering relevant elements of the Clinical Services Plan (CSP), in particular the Enabling Health and Wellbeing domain of care.
- Work collaboratively at a SEW regional level to realise the agreed 26-27 deliverables of the newly formed Regional Joint Committee
- Agree a future model of care for cancer for the South East Wales population for delivery across CAVUHB & Velindre.
- Strengthen the sustainable specialised services provision through planning in partnership with SBUHB and working with commissioners.



Quality

Create a health board-wide system and culture for quality in its broadest sense, using Shaping our Future Quality Excellence to eradicate avoidable harm and integrate quality, safety, governance and value.

- Continue to develop a health board-wide Quality Management System (QMS) that provides a structured approach to monitoring, auditing, and enhancing service quality and safety, governance and improvement.
- Drive delivery of other priority quality projects in Shaping our Future Quality Excellence Programme including - *Recognition and Escalation of Acute Deterioration, Infection Prevention and Surveillance, Medication Governance and Safety and Lost to Follow Up*
- Refresh of the UHB Patient Safety, Quality and Experience Framework & strengthen clinical governance
- Strengthen the availability of data for benchmarking and improvement
- Integrate Value-based approaches across the organisation





Population Health

Improve lives and reduce unfair differences in health outcomes through targeted, whole-system prevention and population health interventions.

- Plan and deliver interventions to improve public and staff vaccination uptake
- Implement a whole system approach to healthy weight through the Good Food and Movement Framework (2024-2030)
- Plan and deliver interventions to reduce smoking prevalence in Cardiff and Vale
- Improving diabetes prevention, diagnosis and management
- Implementation of the Women's Health Plan for Wales



People & Culture

Strengthen, stabilise and support the workforce through a refreshed People and Culture plan, creating conditions for a healthy, engaged, inclusive and sustainably staffed organisation that enables the future model of care.

- Refresh of P&C Plan to commence April 2026 to respond to and describe how our people and culture will be mobilised to support the delivery of a new model of care.
- Define and implement workforce elements of the Organisational Redesign.
- Strengthen system leadership and management capability to create consistent, compassionate and accountable cultures.
- Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability.
- Improve workforce health, wellbeing and availability



Future Generations

Embed a coherent, forward-looking approach to sustainability and innovation by establishing the Shaping Our Future Generations Portfolio and delivering coordinated decarbonisation, research and innovation.

- Fully establish the Shaping Our Future Generations Portfolio
- Oversee development of our plan in response to the NHS Wales Decarbonisation Strategic Delivery Plan, supported by a clear communication plan and aligned delivery and accountability arrangements





Infrastructure - Digital

Deliver user-centred, interoperable digital systems, real-time data insights and resilient infrastructure that improve patient and staff experience, reduce harm and enable delivery of the Clinical Services Plan.

- Strengthen the Health Board's digital strategic direction and establish an operating model that enables delivery of Digital Foundations and the Clinical Services Plan
- Implement key national and ministerial digital programmes that support improved access, interoperability and patient experience.
- Digital enablers that support delivery of local and national imperatives Data Strategy and capabilities



Infrastructure - Estates

Optimise and future-proof the Health Board estate across acute and community settings by maximising utilisation, addressing critical infrastructure risk, and working with partners to deliver sustainable estates aligned to the Clinical Services Plan.

- Improve utilisation and modernisation of the acute estate
- Development of a high-level vision document to articulate the clinical, operational and infrastructure case for redevelopment of the University Hospital of Wales
- Disposal or demolition of under-utilised assets
- Work with Cardiff University to develop the future model for dental services and subsequent estates plan
- Urgent estates/infrastructure plan in response to conditions survey
- Plan development for ALAS relocation in partnership with SBUHB
- Respond to the findings of the JAICE accreditation
- Work in partnership to fully utilise multi agency estate opportunities, with an aim to provide care closer to home and better outcomes for patients



List of Portfolio Priority Actions

No	Portfolio	Area	Action	Plan on a page complete
1	Clinical Services	CSP	Build the delivery roadmap for the clinical services plan and inform the operating model to ensure we deliver safe, effective, person-centred clinical care with timely access and sustainable services.	✓
2		Community By Design	Launch the Community by Design Programme and develop a clear articulation of the role and phasing (over 1-, 2-and 5-year time horizons) in delivering relevant elements of the Clinical Services Plan (CSP), in particular the Enabling Health and Wellbeing domain of care.	✓
3		Regional Planning (SEW)	Work collaboratively at a SEW regional level to realise the agreed 26-27 deliverables of the RJC	✓
4		Velindre	Agreed agree a future model of care for cancer across CAVUHB & Velindre, with defined workstreams and a phased delivery plan in place.	✓
5		Specialised Services	Strengthen the sustainable specialised services provision through planning in partnership with SBUHB and working with commissioners.	✓
6	Population Health	Vaccination	Plan and deliver interventions to improve public and staff vaccination uptake	✓
7		Healthy weight	Begin to implement a whole system approach to healthy weight through the Good Food and Movement Framework (2024-2030)	✓
8		Tobacco Control	Plan and deliver interventions to reduce smoking prevalence in Cardiff and Vale	✓
9		Diabetes	Improving diabetes prevention, diagnosis and management	✓
10		Women's Health	Implementation of the Women's Health Plan for Wales	✓
11	Quality	QMS	Continue to develop a health board-wide Quality Management System (QMS) that provides a structured approach to monitoring, auditing, and enhancing service quality	✓
12		Quality Projects	Drive delivery of other priority quality projects in Shaping our Future Quality Excellence Programme - Recognition and Escalation of Acute Deterioration, Infection Prevention and Surveillance, Medication Governance and Safety and Lost to Follow Up	✓
13		Quality	Refresh of the UHB Patient Safety, Quality and Experience Framework	✓
14		Quality	Strengthen the availability of data for benchmarking and improvement	✓
15		Value	Integrate Value based approaches across the organisation	✓
16	People & Culture	P&C Plan	Refresh of P&C Plan to commence April 2026 to respond to and describe how our people and culture will be mobilised to support the delivery of a new model of care.	✓
17		Workforce Organisational Redesign	Define and implement workforce elements of the Organisational Redesign	Not being completed at this stage
18		Leadership	Strengthen system leadership and management capability to create consistent, compassionate and accountable cultures.	✓
19		Workforce planning	Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability.	✓
20		Health & Wellbeing	Improve workforce health, wellbeing and availability	✓
21	Infrastructure	Digital	Strengthen the Health Board's digital strategic direction and establish an operating model that enables delivery of Digital Foundations and the Clinical Services Plan	✓
22			Implement key national and ministerial digital programmes that support improved access, interoperability and patient experience.	✓
23			Digital enablers that support delivery of local and national imperatives Data Strategy and capabilities	✓
24			Improve utilisation and modernisation of the acute estate	✓
25			Development of a high-level vision document to articulate the clinical, operational and infrastructure case for redevelopment of the University Hospital of Wales	✓
26			Disposal or demolition of under-utilised assets	✓
27		Acute Estate	Work with Cardiff University to develop the future model for dental services and infrastructure plan	✓
28			Urgent estates/infrastructure plan in response to conditions survey	✓
29			Plan development for ALAS relocation in partnership with SBUHB	✓
30			Respond to the findings of the JAICE accreditation	✓
31		Community Estate	Work in partnership to fully utilise multi agency estate opportunities, with an aim to provide care closer to home and better outcomes for patients	✓
32	Future Generations	Future generations portfolio	Fully establish the Shaping Our Future Generations Portfolio including foundational economy, research and development, and innovation	✓
33		Decarbonisation	Oversee development of our plan in response to the NHS Wales Decarbonisation Strategic Delivery Plan, supported by a clear communication plan and aligned delivery and accountability arrangements	✓

Clinical Services

Our intent from 2026-27


To deliver a sustainable, future-ready clinical model by progressing the Clinical Services Plan into coordinated delivery and service-level planning; informing the operating model and enabling plans and strengthening local, regional and national partnerships. This will ensure improved outcomes and experience for the populations we serve through integrated, proactive and system-wide redesign.

Priority Actions

- Continue the development of our clinical services roadmap to 2035 ensuring clinical leadership and robust engagement in service level planning and ensuring enabling plans are closely aligned.
- Develop a clear articulation of the role and phasing (over 1, 2 and 5 year time horizons) of the Community by Design programme in delivering relevant elements of the Clinical Services Plan, in particular the Enabling Health and Wellbeing domain of care.
- Work collaboratively at a SEW regional level to realise the agreed 2026-27 deliverables of the newly formed Regional Joint Committee
- Agree a future model of care for cancer for the South East Wales population for delivery across CAVUHB & Velindre.
- Strengthen the sustainable specialised services provision through planning in partnership with SBUHB and working with commissioners.





Priority Action	Continue the development of our clinical services roadmap to 2035 ensuring clinical leadership and robust engagement in service level planning and ensuring enabling plans are closely aligned.	Target Completion Date	March 2027	 Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board
Success indicators	<ul style="list-style-type: none"> • Consistent, clinically led service-level planning embedded • The model of care is understood and referenced by clinical leaders and managers across the organisation • Demonstrable clinical ownership of service plans • Alignment evidenced between clinical service plans, organisational redesign, workforce, estates and digital enabling plans 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> • A shared organisational narrative on the future direction of clinical services, with a board approved roadmap setting out agreed strategic clinical priorities and sequencing. Underpinned by a robust service planning approach which is embedded as an organisational standard supporting engagement and change 	
Constituent Deliverables			Delivery Timescales	
Launch CSP, approve and commence 12-month communication and engagement plan, commence engagement for service level planning			Q1	
Agree approach to and establish a consistent service level planning framework for the organisation inc completion of pilot service plans			Q2	
Roadmap for CSP complete			Q4	
Plan on a page developed for each of the CSP priorities (where not evidenced in annual plan) giving clarity over ownership and deliverables			Q1	
Identification of those priorities requiring a programme approach and gap analysis against current portfolio scopes ensuring clarity of ownership			Q2	
Key Risks		Key Issues		
<ul style="list-style-type: none"> • Organisational capacity to undertake detailed planning required within timeframes • Reputational risk if delivery is delayed • Change in political leadership and direction locally and nationally 		<ul style="list-style-type: none"> • Issues around consistent data completeness and business intelligence capacity which prevent a complete and consistent understanding of services • Competing resources across corporate, clinical board and service. 		
Dependencies	Programmes within the SOF clinical services portfolio for delivery of partnership programmes. SOF P&C portfolio – plan refresh, SOF infrastructure portfolio – estates plans and digital plans.			
Financial & Infrastructure Requirements	Completed within existing resources. Plans on page and programme gap analysis to inform future resource planning.			
Governance & action owner	Action Owner – strategic planning team reporting to Clinical Services Portfolio, through Quality committee to board			
Linked Strategic Priorities	<ul style="list-style-type: none"> • Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the Health Board’s communities • Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carer • Make the best use of the Health Board’s resources – people, assets (buildings & equipment) and money 			
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> • We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm, and mortality • We will see a reduction in inequity via a number of indicators, across healthy behaviours preventative services, access to clinical services, and health outcomes • The historic trend of widening inequity gap in life expectancy will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women 			
Strategic Shift	<ul style="list-style-type: none"> • From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing • From variable quality of care and experience to utterly consistent quality and outcomes for all • From firefighting today to planning for a sustainable tomorrow 			





Priority Action	Launch the Community by Design Programme and develop a clear articulation of the role and phasing (over 1, 2 and 5 year time horizons) in delivering relevant elements of the Clinical Services Plan in particular the Enabling Health and Wellbeing domain of care.	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Clear, shared understanding across partners of the purpose, scope and priorities of Community by Design. 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Programme scoped and launched with a clear delivery plan aligned to the CSP
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Constituent Deliverables	Delivery Timescales
Implement a new Governance structure for all community focussed transformation programmes that has united all efforts.	Q1
Agree the Community by Design Road map and delivery approach that is aligned to CSP and Organisational redesign work and begin its implementation.	Q3
Agree the Place / neighbourhood delivery and leadership structures, roles and responsibilities and design the core functions of these teams	Q3
Set out the logic model and business case to the left shift of investment over time	Q4
All stakeholder engagement	Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> Change in political leadership and direction locally and nationally Potential for conflicting organisational priorities across partnership leading to programme delays Organisational capacity to engage with planning work 	<ul style="list-style-type: none"> Limited corporate capacity and resource to ensure the programme is robustly established Significant data challenges which prevent a complete and consistent view across partners

Dependencies	<ul style="list-style-type: none"> Effective collaboration and alignment of priorities across all partner organisations to ensure coordinated planning and delivery.
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Exact revenue costs to be confirmed. No capital requirements.
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Governance & action owner	SRO – Emma Cooke, reporting to Clinical Services Portfolio, through Quality committee to board
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Linked Strategic Priorities	<ul style="list-style-type: none"> Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the Health Board's communities Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carer Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm, and mortality We will see a reduction in inequity via a number of indicators, across healthy behaviours preventative services, access to clinical services, and health outcomes The historic trend of widening inequity gap in life expectancy will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women
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Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow
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Priority Action

Work collaboratively at a SEW regional level to realise the agreed 2026-27 deliverables of the newly formed Regional Joint Committee

Target Completion Date

March 2027

Success indicators

- Demonstrable progress against commitments
- Improved operating, financial and governance models for regional working that build trust and confidence and remove barriers to regional working.
- Clear, clinically led principles and plans for future clinical services to address population need.

Expected output/outcome by 31 March 2027

- Clearly aligned and jointly approved plans and business cases.
- For programmes in delivery phase, streamlined service delivery achieved through consistent, integrated care pathways implemented across the region with reduced waiting times and improved outcomes.

Constituent Deliverables

Delivery Timescales

Produce an updated Regional Arthroplasty Orthopaedic Plan including workforce plans and revenue requirements and support the completion of the FBC for the LHP surgical hub	Q1
Develop regional radiology plans with a focus on sonography and develop a regional response to Lung Screening.	Q4
Extend the scope of the regional endoscopy to ensure robust planning for workforce, demand and capacity and future operating models	Q2
Progress regional cell path case for a single site regional cell pathology service, support national roll out of digital path across the region	Q4
Complete the remaining cataract transformation actions and fully implement a single regional pathway. Deliver a comprehensive regional workforce strategy for ophthalmology.	Q4
Complete Cancer programme activities – PLT, Workforce plan, MDT and implement tracking of MAG actions	Q4

Key Risks

Key Issues

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| <ul style="list-style-type: none"> • Conflicting organisational priorities with the partner health boards that may lead to misaligned strategic objectives, delayed decision-making, and fragmented service • Change in political leadership and direction locally and nationally | <ul style="list-style-type: none"> • Insufficient resources and organisational capacity within CAV to effectively contribute to and support the delivery of regional working both operationally and clinically. |
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Dependencies

- Effective collaboration and alignment of priorities across all partner organisations to ensure coordinated planning and delivery.
- Agreement of a framework for commissioning and contracting at a regional level.
- Prioritising digital as an enabler for regional working.
- Effective workforce planning.
- Adoption of standardised pathways and processes

Financial & Infrastructure Requirements

- Revenue and capital assessments to be undertaken to inform Business cases for LHP surgical hub and Cellular Pathology.
- Funding requirement continues for development of cases as per existing agreements with WG.

Governance & action owner

Action Owner – strategic planning team reporting to Clinical Services Portfolio, through Quality committee to board

Linked Strategic Priorities

- Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the Health Board's communities
- Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carer
- Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money

Associated Portfolio Milestones (2027)

- We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm, and mortality
- We will see a reduction in inequity via a number of indicators, across healthy behaviours preventative services, access to clinical services, and health outcomes
- The historic trend of widening inequity gap in life expectancy will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women

Strategic Shift

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





Priority Action	Agree a future model of care and delivery plan for the South East Wales population accessing low acuity haemato-oncology services for delivery across CAVUHB & Velindre providers.	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> The vision and model of care is understood and referenced by clinical leaders and managers across the partnership Evidence of early alignment across both organisations in strategic priorities and planning assumptions A set of jointly agreed workstreams is in place, with clear scope, leadership, responsibilities, aligned objectives, and integrated plans to support development of the overarching Model of Care. 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> A shared partnership narrative on the joint model of care for oncology, haemato-oncology and advanced therapies with a Board approved delivery roadmap An agreed future model of care (MOC) for low-acuity haemato-oncology services
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Constituent Deliverables	Delivery Timescales
Develop and agree a Vision for the Partnership and delivery 'Roadmap'.	Q1
Develop and agree the enabling workstreams for the overarching Model of Care.	Q1
Develop and agree a service specification for low-acuity haemato-oncology services.	Q2
Completion of a baseline assessment, demand and capacity analysis, and gap analysis for current low-acuity haemato-oncology services.	Q3
Develop and agree a preferred Model of Care (MOC) for low-acuity haemato-oncology services.	Q4
Develop and agree a phased delivery plan for the overarching Model of Care.	Q4

Key Risks
<ul style="list-style-type: none"> Complexity of the rapidly evolving oncology landscape, with multiple interfaces, dependencies and stakeholders may lead to miscommunication and/or inconsistent service model development. Duplicative Governance Structures may lead to delayed approvals and decision-making Potential for conflicting organisational priorities across partnership may reduce alignment and slow delivery Insufficient resources and organisational capacity within CAVUHB and VUNHST may impact the ability to effectively engage with and contribute to the partnership workstreams

Dependencies	<ul style="list-style-type: none"> Oversight and strategic direction from the Executive Partnership Group. Availability of baseline activity/ demand (current and future) and capacity data Effective collaboration and alignment of priorities across all partner organisations to ensure coordinated planning and delivery.
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> No financial requirements are anticipated for 2026-27. This year will function as a scoping phase in which the model of care is developed and any associated workforce, financial and estates dependencies are identified for future planning.
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Governance & action owner	Action Owner – strategic planning team reporting to Clinical Services Portfolio, through Quality committee to board
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Linked Strategic Priorities	<ul style="list-style-type: none"> Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the Health Board's communities Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carer Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm, and mortality We will see a reduction in inequity via a number of indicators, across healthy behaviours preventative services, access to clinical services, and health outcomes The historic trend of widening inequity gap in life expectancy will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women
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Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow
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Priority Action	Strengthen the sustainable specialised services provision through planning in partnership with SBUHB and working with commissioners.	Target Completion Date	March 2027
Success indicators	<ul style="list-style-type: none"> Organisational approval of prioritisation output and agreement on decisions and implementation timeframes Reduction in risk rating of specialised services provided by CAVUHB 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Assessment of services against prioritisation framework and agreed decisions and implementation timescales Submission of risks and priorities for inclusion in NWJCC IMTP and CAV Annual Plan
Constituent Deliverables			Delivery Timescales
Through our Partnership with SBUHB we will conclude current programmes including; Hepato-Pancreato-Biliary, Gynaecological Oncology and Cardiac Surgery plus SW BMT			Q4
Review and undertake impact assessment of high-risk services to enable a robust prioritisation options appraisal, decision making and implementation as both commissioner and provider of services.			Q2
Key Risks		Key Issues	
<ul style="list-style-type: none"> NHS Wales financial position Conflicting organisational priorities with the partner health boards that may lead to misaligned strategic objectives and delayed decision-making Position and priorities of NWJCC 		<ul style="list-style-type: none"> Availability of planning and operational resource to deliver programmes Availability of robust information to inform the prioritisation process 	
Dependencies	<ul style="list-style-type: none"> Effective collaboration and alignment of priorities across all partner organisations 		
Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Capital requirement to respond to the findings of the JAICE accreditation - see acute estates plan on a page Subject to NWJCC IMTP/Annual plan. Costs may be associated with risk mitigations 		
Governance & action owner	Action Owner – strategic planning team reporting to Clinical Services Portfolio, through Quality committee to board		
Linked Strategic Priorities	<ul style="list-style-type: none"> Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the Health Board's communities Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carer Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money 		
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm, and mortality We will see a reduction in inequity via a number of indicators, across healthy behaviours preventative services, access to clinical services, and health outcomes The historic trend of widening inequity gap in life expectancy will be halted for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women 		
Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow 		



Population Health

Our intent from 2026-27

Reducing health inequalities, and improving and protecting the health and well-being of our population

Priority Actions

- Plan and deliver interventions to improve public and staff vaccination uptake
- Implement a whole system approach to healthy weight through the Good Food and Movement Framework (2024-2030)
- Plan and deliver interventions to reduce smoking prevalence in Cardiff and Vale
- Improving diabetes prevention, diagnosis and management
- Implementation of the Women's Health Plan for Wales





	Priority Action	Plan and deliver interventions to improve vaccination uptake	Target Completion Date	March 2027
Success indicators	<ul style="list-style-type: none"> % children up to date with scheduled vaccinations by age 5 % uptake of the flu vaccination among adults age 65 and over % uptake of the flu vaccination among CAVUHB staff 		Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Increased uptake of key childhood and adult vaccinations Reduce inequity in uptake in the most and least deprived areas
Constituent Deliverables				Delivery Timescales
Evaluate 25/26 flu season				Q1
Refresh C&VUHB Vaccine Equity Strategic plan.				Q1
Refresh C&VUHB vaccination communications materials to comply with the vaccine literacy standards for Wales.				Q2
Begin delivery of 2026/27 influenza vaccination campaign for people aged 65 and over				Q3
Key Risks			Key Issues	
<ul style="list-style-type: none"> Vulnerability to measles outbreak given the low population MMR uptake in some of our neighbourhoods, and among staff Vaccine hesitancy and misinformation in the general population re vaccination 			<ul style="list-style-type: none"> Significant data challenges which prevent a complete and consistent understanding of levels of vaccination uptake. Several of these challenges are being addressed at the national level, but local responses are also possible and required. 	
Dependencies	<ul style="list-style-type: none"> Clinical Boards owning the objective of increased staff vaccination as a strategic goal (primarily influenza, but also other vaccinations such as MMR) Partnerships between the public health team, health protection and immunisation service, school nursing, health visiting, maternity services and primary care to implement vaccination programmes and associated strategic plans 			
Financial/ Infrastructure Requirements	<ul style="list-style-type: none"> Maintain level of funding for vaccination since baseline as required by the Welsh Government 			
Governance & action owner	Action owned by PH team. Reporting to: Public Health Team Internal performance meetings; Shaping Our Future Population Health Portfolio; Amplifying Prevention Board; Integrated Performance Report to Board; Staff flu vaccination figures to Strategic Leadership Team during flu season			
Linked Strategic Priorities	<ul style="list-style-type: none"> Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health. Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities. 			
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> Life expectancy for men will rise to 79.6 years, and for women to 84 years and by 2035 this will rise to 80.5 years for men and 85 years for women The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women We will see a reduction in inequity identified in a number of indicators across healthy behaviours, access to clinical services and health outcomes 			
Related Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow 			





Success indicators	<ul style="list-style-type: none"> Contribute to an increase in prevalence of healthy weight children as measured by Child Measurement Programme (CMP) Contribute to the year on year decrease of overweight and obesity prevalence as measured by the CMP 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Contribute to the decrease in the gap between most and least deprived reception year children for healthy weight, as measured by the CMP
Constituent Deliverables			Delivery Timescales
Progress the Good Food and Movement Implementation Plan (2026 – 2028) actions			Milestones to be detailed in Implementation Plan Q1- Q4
Key Risks		Key Issues	
<ul style="list-style-type: none"> Unfunded business case for a whole system approach to obesity Limited public health team staff capacity and resource. Reputational risk if do not deliver against the Implementation Plan Change in political leadership and direction locally and nationally 		<ul style="list-style-type: none"> Limited resource and capital investment to progress the Good Food and Movement Framework and Implementation Plan at pace and scale. A business case has been developed to address this. 	
Dependencies	<ul style="list-style-type: none"> Distributed leadership across partner organisations, teams and communities Alignment of strategic priorities across the partnership. Ongoing shared ownership of Implementation Plan actions and collaboration towards the Good Food and Movement shared vision and goals by the UHB, Cardiff Council, Vale of Glamorgan Council, Food Vale, Food Cardiff, Met Sport, the third sector, academic institutions as well as wider industry partners. Influencing and advocating for system change at a national level in support of local implementation 		
Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Revenue requirements in terms of staffing to enable implementation at pace and scale some capital investment is required (detailed in business case). 		
Governance & action owner	Strategic action led by Public Health Team, with individual actions owned across the partnership. Reporting to: Public Health Team Internal performance meetings; Shaping Our Future Population Health Portfolio; Amplifying Prevention Board; Integrated Performance Report to Board. Reporting also to: Public Service Boards through the Cardiff Leadership and Enabling Change Group and Vale of Glamorgan Council's Senior Leadership Team.		
Linked Strategic Priorities	<ul style="list-style-type: none"> Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health. Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities. 		
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> Life expectancy for men will rise to 79.6 years, and for women to 84 years and by 2035 this will rise to 80.5 years for men and 85 years for women The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women We will see a reduction in inequity identified in a number of indicators across healthy behaviours, access to clinical services and health outcomes 		
Related Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow 		





Priority Action	Plan and deliver interventions to reduce smoking prevalence in Cardiff and Vale	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Increase in % of smokers who make a quit attempt ('treated smoker') Increase in % of 'treated smoker' successful four-week quits which are CO-validated 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Continued reduction in smoking prevalence
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Constituent Deliverables	Delivery Timescales
Targeted service promotion, and work with primary care partners, in areas of high smoking prevalence and deprivation to increase referrals to smoking cessation services.	Q1 - Q4
Expanded community smoking cessation 'offer' through the provision of Allen Carr Easyway cognitive behavioural therapy approach (and evaluate impact).	Q2
Introduce robust, supported, clinical management procedure for nicotine withdrawal for adult secondary care patients to increase referrals to smoking cessation services.	Q4
Enhanced CAVUHB hospital site smoking enforcement - evaluation of 'educational' phase and move to 'full implementation' phase.	Q3
Implemented new Standard Operating Procedure to formalise pathway required to ensure pregnant smokers are CO-monitored and referred for smoking cessation support at every opportunity in the antenatal pathway.	Q3

Key Risks	Key Issues
<ul style="list-style-type: none"> Continued funding for smoking cessation services and specialist public health resource from national grants Staffing levels in our Help Me Quit smoking cessation services (fragile service) 	<ul style="list-style-type: none"> Estates expertise and support required to support smoke-free site promotion and enforcement actions. Specific requirements include maintaining site signage and installing/displaying large banner at UHW site.

Dependencies	<ul style="list-style-type: none"> Strong collaboration across C&VUHB critical, notably: Public Health Team (lead for Help Me Quit 'Community' and 'Maternity' services, and broader prevention-focused workplan), Integrated Medicine (lead for Help Me Quit 'Hospital' service), Maternity services, PCIC (commissioners for Help Me Quit 'Community Pharmacy'), and broader stakeholders - Clinical Board leads/champions, Communications, People Services, Estates/Facilities. Beyond CAVUHB, action delivery is dependent upon strong partnership with Welsh Government, Public Health Wales (Tobacco, Vapes and Nicotine Addiction Programme), and Shared Regulatory Services (Cardiff and Vale of Glamorgan Local Authorities) and other partners.
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Investment in smoking cessation services required to keep pace with demand and meet WG 2030 target – a Business Case has been prepared. Cost to continue funding for smoking cessation services and specialist public health resource. Potential increased costs for future provision of innovative smoking cessation services (pending evaluation of current projects)
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Governance & action owner	Action owned by PH team. Reporting to: Public Health Team Internal performance meetings; Shaping Our Future Population Health Portfolio; Amplifying Prevention Board; Integrated Performance Report to Board
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Linked Strategic Priorities	<ul style="list-style-type: none"> Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health. Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> Life expectancy for men will rise to 79.6 years, and for women to 84 years and by 2035 this will rise to 80.5 years for men and 85 years for women The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women We will see a reduction in inequity identified in a number of indicators across healthy behaviours, access to clinical services and health outcomes
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Related Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow
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Priority Action	Improving diabetes prevention, diagnosis and management	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Increase in percentage of patients with diabetes with completed care processes 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Reduce inequity in uptake of the 8 care processes between the most and least deprived areas
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Constituent Deliverables	Delivery Timescales
Adoption of Strategic Diabetes Action Plan by Diabetes Strategic Programme Board	Q2
Progress Strategic Diabetes Action plan	<i>Milestones to be detailed in action plan</i> Q1- Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> Staff capacity and resource to implement and maintain priority actions 	<ul style="list-style-type: none"> Agreement of need to focus funding and resources on prevention of diabetes, however as diabetes impacts across all Clinical Boards and is not isolated within a single Clinical Board budget, the mechanisms to shift investment is challenging.

Dependencies	<ul style="list-style-type: none"> Delivery has operational requirements which should be outlined within the individual relevant Clinical Board(s) overseeing the operational delivery. Diabetes impacts across all clinical and corporate areas of work. Ongoing support from Shaping Change team to embed programme development and governance arrangements.
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Exact revenue costs to be confirmed. No capital requirements.
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Governance & action owner	Strategic action led by PH team, with individual actions owned across the Programme Board. Reporting to: Diabetes Strategic Programme Board, Public Health Team Internal performance meetings; Shaping Our Future Population Health Portfolio; Integrated Performance Report to Board. Improving uptake of the 8 care processes overall led by PCIC.
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Linked Strategic Priorities	<ul style="list-style-type: none"> Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health. Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> Life expectancy for men will rise to 79.6 years, and for women to 84 years and by 2035 this will rise to 80.5 years for men and 85 years for women The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women We will see a reduction in inequity identified in a number of indicators across healthy behaviours, access to clinical services and health outcomes
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Related Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow
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Priority Action

Implementation of the Women's Health Plan for Wales

Target Completion Date

March 2027

Success indicators	<ul style="list-style-type: none"> Further expansion of the Women's Health Hub model, aligned to the Women's Health Plan 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Further expansion of the Women's Health Hub model
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Constituent Deliverables	Delivery Timescales
Disseminate output of women's health needs assessment with appropriate partners and stakeholders, and consider recommendations	Q1
Develop strategic plan for further expansion of Women's Health Hub model	Q2
Develop a business case (or multiple) related to the improvements identified as needed by local populations, and consider how to integrate into business as usual	Q3
Final evaluation of pathfinder Hub	Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> Digital and Business Intelligence support may be required to monitor impact and support evaluation of actions undertaken as part of women's health plan Availability and mechanism of national funding for 2026-27 yet to be confirmed 	<ul style="list-style-type: none"> Workstream is currently supported by 0.1 WTE Clinical Lead, funded by the national Women's Health Network. This funding is only confirmed until 31st March 2026 Operational and strategic capacity to deliver Hub development at significant pace is limited

Dependencies	Support from across all Clinical Boards to deliver the Women's Health plan, as actions and workstreams sit across multiple Clinical Boards
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Continued funding potentially required for clinical lead position No capital requirements currently, pending development of business case(s) following health needs assessment
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Governance & action owner	Strategic action led by Women's Health Plan Steering group, co-chaired by PH and Clinical Lead, with individual actions owned across the organisation. Reporting to: Quality Committee ; Integrated Performance Report to Board
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Linked Strategic Priorities	<ul style="list-style-type: none"> Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce risk of ill health. Minimise inequity in health behaviours, preventative services, access to clinical services and health outcomes to reduce current unfair, unjust differences experienced by people in the Health Board's communities.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> Life expectancy for women will rise to 84 years and by 2035 this will rise to 85 years The historic trend of widening inequity gap in life expectancy will be halted for men and women with the gap remaining at 9.3 years for men and 8.3 years for women We will see a reduction in inequity identified in a number of indicators across healthy behaviours, access to clinical services and health outcomes
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Related Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow
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Quality

Our intent from 2026-27

To create a system and culture for quality in its broadest sense through Shaping our Future Quality Excellence, the Health Board-wide programme that will act as the strategic vehicle for delivering the organisation's main effort of eradicating avoidable harm in all its forms

Priority Actions

- Continue to develop a health board-wide Quality Management System (QMS) that provides a structured approach to monitoring, auditing, and enhancing service quality and safety, governance and improvement.
- Drive delivery of other priority quality projects in Shaping our Future Quality Excellence Programme - *Recognition and Escalation of Acute Deterioration, Infection Prevention and Surveillance, Medication Governance and Safety and Lost to Follow Up*
- Refresh of the UHB Patient Safety, Quality and Experience Framework & strengthen clinical governance
- Strengthen the availability of data for benchmarking and improvement
- Integrate Value based approaches across the organisation





Priority Action	Continue to develop a health board-wide Quality Management System (QMS) that provides a structured approach to monitoring, auditing, and enhancing service quality and safety, governance and improvement	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> QMS baseline assessment informs creation of QMS operating model QMS 2-year implementation plan approved Cardiology Prototype guides Cardiology QMS development 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Progress towards a consistent, clinical board-wide quality oversight with services using a single QMS approach, reducing variation
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Constituent Deliverables	Delivery Timescales
Deliver the Health Board QMS position statement	Q1
Collate all baseline assessment data of current quality processes and gaps across clinical boards to inform future priorities	Q1
Design QMS 2-year implementation plan aligned to NHS Wales standards	Q2
Launch and progress the Cardiology QMS prototype with NHS P&I	Q4
Pilot Infection Prevention & Surveillance Dashboard	Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> Digital support required - creation of dashboards and associated digital platforms/analysis tools 	<ul style="list-style-type: none"> Competing resources: Ensuring adequate resources are freed up to complete the work alongside business-as-usual activities. This includes project management, service specific and clinical staff, time, and budget Lack of timely access to accurate data with which to inform projects.

Dependencies	Continue integrated approach to development and anticipate operational support as it is rolled out.
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Potential revenue costs relating to digital infrastructure No capital requirements
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Governance & action owner	Natasha Goswell and Aled Roberts joint SROs of the QMS Project Board reporting into the Shaping Our Future Quality Excellence Programme
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Linked Strategic Priorities	<ul style="list-style-type: none"> Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers Develop the Health Board’s approach to continuous quality improvement Make the best use of the Health Board’s resources – people, assets (buildings & equipment) and money.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.
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Related Strategic Shift	<ul style="list-style-type: none"> From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow
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Priority Action	Drive delivery of priority quality projects through the Shaping our Future Quality Excellence Programme - <i>Recognition and Escalation of Acute Deterioration, Infection, Prevention and Surveillance, Medication Governance and Safety and Lost to Follow Up</i>	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Demonstrable progress towards 'Eradicating Avoidable Harm' through measurable reductions in agreed indicators across the challenge projects. 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Improved quality through targeted reductions in avoidable harm indicators Enhanced organisational capability - staff equipped with quality improvement skills
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Constituent Deliverables	Delivery Timescales
Continue delivery of key quality projects launched in 2025-26 (Infection, Prevention & Surveillance, Lost To Follow Up, Acute Deterioration and Medication Safety) to finalise baseline data, agree improvement metrics and establish tracking and evaluation processes to evidence impact	Q4
Mobilise the 'Building Capability' project	Q2

Key Risks	Key Issues
<ul style="list-style-type: none"> Potential for external facilitation/support for development of key projects 	<ul style="list-style-type: none"> There will be a critical digital requirement for platform/s to host measurement and tracking data to create a system for insight, planning and prioritisation. Competing resources: Ensuring adequate resources are freed up to complete the work alongside business-as-usual activities. This includes project management, service specific and clinical staff, time, and budget

Dependencies	<ul style="list-style-type: none"> Digital platforms for measurement/tracking dashboards. Cross-programme collaboration (Digital, People & Culture, Six Goals, Equity/Experience). Clinical engagement for baseline data and improvement cycles.
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> There could potentially be revenue requirements for external support for development of key projects No capital requirements
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Governance & action owner	Jason Roberts SRO for the Shaping Our Future Quality Excellence Programme
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Linked Strategic Priorities	<ul style="list-style-type: none"> Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers Develop the Health Board's approach to continuous quality improvement Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.
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Related Strategic Shift	<ul style="list-style-type: none"> From variable quality of care and experience to utterly consistent quality and outcomes for all
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Priority Action	Refresh of the UHB Patient Safety, Quality and Experience Framework & strengthen clinical governance	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Development of a Patient Safety Quality and Patient Experience Framework that incorporates a clinical governance framework 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Publication of the framework
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Constituent Deliverables	Delivery Timescales
Review of the clinical Governance reporting and assurance structure	Q1
Development of a revised structure with clear lines of sight to the Board	Q2
Agree key roles in clinical governance including Chairs of clinical safety groups	Q3
Continue roll out of risk register for clinical risks	Q3
Development of a Patient Safety, Quality and Experience Framework that incorporates the strengthened clinical governance framework and the risk register	Q4

Key Risks	Key Issues
It is likely that the framework will set out a organisational approach to delivering safe care by addressing digital infrastructure, workforce culture and leadership and	<ul style="list-style-type: none"> While the framework will clearly set out the benefits from. Developing our workforce, and strengthening culture and developing our digital infrastructure it is recognised that competing priorities might mean that

Dependencies	<ul style="list-style-type: none"> The framework should be co- produced with the clinical Boards and delivery of each of the components will be driven by various corporate teams including ECOD/ medical Education, Digital etc and therefore UHB engagement is vital There is review of clinical governance including the quality agenda, again this must be done in parallel with the work to deliver the quality management system and involve the Clinical Boards
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Once developed the Patient Safety, Quality and Experience Framework will explore how we utilise digital infrastructure to realise the maximise the benefits of the framework and this will require financial investment.
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Governance & action owner	Clinical Executive Team with Quality and Patient Safety
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Linked Strategic Priorities	<ul style="list-style-type: none"> Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers Develop the Health Board’s approach to continuous quality improvement Make the best use of the Health Board’s resources – people, assets (buildings & equipment) and money.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality
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Related Strategic Shift	<ul style="list-style-type: none"> From variable quality of care and experience to utterly consistent quality and outcomes for all
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Priority Action	Strengthen the availability of data for benchmarking and improvement	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Clinical services, directorates and Clinical Board will have information available to them to allow them to make an accurate assessment of the quality of care they provide and to provide assurance to the Board 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Strategic approach to using CHKS to provide benchmarked data Full engagement in the National Clinical Audit and Outcome review programme Development of a quality dashboard to scrutinise QI from ward to Board
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Constituent Deliverables	Delivery Timescales
Develop a CHKS users guide and quality indicators to support scrutiny for clinical areas	Q2
Build UHB reporting Scorecards within CHKS to support ease of use	Q4
Undertake a review of the national clinical audit. Participation and a plan to support full participation	Q3
Further development of the Mortality dashboard to incorporate surgical and PCIC indicators	Q2
Development of quality dashboard with the ability to filter to	Q3
Refresh of clinical audit strategy	Q1
Development of clinical audit forward plan	Q1

Key Risks	Key Issues
<ul style="list-style-type: none"> Ongoing commissioning of CHKS to be agreed Resource to build UHB score cards to allow usability Resource gaps within clinical board to complete National audits Clinical coding compliance 	<ul style="list-style-type: none"> National decision to move away from this system Clinical audit strategy

Dependencies	<ul style="list-style-type: none"> Coding compliance of 95% within 1 month of discharge and quality of coding to support risk adjustment Data intelligence resource required for development of mortality dashboard Data intelligence resource required for CHKS scorecards
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Resourcing of Data collection. Resource for national audits
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Governance & action owner	Quality and patient safety in partnership with Digital health Intelligence
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Linked Strategic Priorities	<ul style="list-style-type: none"> Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers Develop the Health Board’s approach to continuous quality improvement Make the best use of the Health Board’s resources – people, assets (buildings & equipment) and money.
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.
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Related Strategic Shift	<ul style="list-style-type: none"> From variable quality of care and experience to utterly consistent quality and outcomes for all
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Priority Action

Integrate Value based approaches across the organisation

Target Completion Date

March 2027

Success indicators

- Increased use of Patient Reported Outcome Measures
- More consistent use of outcomes and value information in business cases and prioritisation discussions
- Service reviews undertaken using Value Based methodology

Expected output/outcome by 31 March 2027

- Value-based approaches continue to be embedded across the organisation, improving the consistency of decision-making and strengthening the focus on outcomes

Constituent Deliverables

Delivery Timescales

Clear value framework for the organisation

Q4

Improved use of patient-reported outcome measures (PROMs)

Q4

Alignment of quality and value measures to drive decision-making and service improvement.

Q4

Key Risks

- Reduced team capacity due to the programme manager being on maternity leave, leaving only 2.2 WTE to deliver core value-based work — risking slower progress and reduced organisational reach.
- Clinical Board pressures, particularly within current intervention status, financial and operational challenges, limiting capacity for Value In Health focus
- Data quality and availability risks, which will restrict the organisation's ability to measure and act on value outcomes
- Siloed approach to Value In Health, not integrated with wider organisation approaches, particularly Quality and Improvement

Key Issues

- Current workforce capacity gap within the Value Team is delaying progress and slowing implementation of planned workstreams.
- Operational pressures mean some services cannot currently prioritise value-based improvement work.

Dependencies

- Digital and data infrastructure support to improve PROMs capture, reporting and integration with existing systems.
- Alignment with Quality & Safety, Planning, Finance and Transformation teams so that value, quality and resource use are considered together.
- Coordination with Organisational Redesign and Clinical Services Plan delivery, ensuring value approaches underpin new models of care.
- Clinical and operational engagement across portfolios to embed value principles into service redesign, business cases and decision-making processes.

Financial & Infrastructure Requirements

- No financial or infrastructure requirements for 2026-27

Governance & action owner

- Value in Health Steering Group – Clinical Lead for Value (AMD – Quality) and Director of Operational Planning and Performance
- Value in Health SRO Oversight Meeting – Exec Director of Finance, Medical Director and Director of Public Health

Linked Strategic Priorities

- Deliver outstanding quality of care every time – care that is personalised, timely, safe, accessible and effective – from the most complex care for the most critically ill through to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs.
- Achieve the best outcomes for patients in line with what matters most to them, their families and carers
- Make the best use of the Health Board's resources – people, assets (buildings & equipment) and money.

Associated Portfolio Milestones (2027)

- We will be in the top 25% of comparable healthcare providers in the UK for key quality indicators including patient experience, avoidable harm and mortality.

Related Strategic Shift

- From variable quality of care and experience to utterly consistent quality and outcomes for all



People & Culture

Our intent from 2026-27

Through a refreshed People and Culture plan we will strengthen, stabilise and support our workforce by creating the conditions for a healthy, engaged and sustainably staffed organisation to ensure that:

- People feel valued, developed, supported and engaged.
- An inclusive culture where the diversity of our workforce increasingly reflects the local population.

Priority Actions

- Refresh of P&C Plan to commence April 2026 to respond to and describe how our people and culture will be mobilised to support the delivery of a new model of care.
- Define and implement workforce elements of the Organisational Redesign
At the time of writing, the design phase is nearing completion, and we are awaiting agreement on the final future operating model. As a result, we are not yet able to provide a comprehensive plan on a page to support this priority action)
- Strengthen system leadership and management capability to create consistent, compassionate and accountable cultures.
- Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability.
- Improve workforce health, wellbeing and availability





Priority Action

Refresh of P&C Plan to commence April 2026 to respond to and describe how our people and culture will be mobilised to support the delivery of a new model of care.

Target Completion Date

September 2026

Success indicators	Co-designed P&C Plan 2026-30 formally approved & adopted. Clear line of sight with other UHB/national plans/strategy Agreed 3-year (2026–28) delivery roadmap with leads & milestones. Defined workforce intelligence framework and baseline metrics	Expected output/outcome by 31 March 2027	Year 1 (2026–27) delivery actions mobilised across all themes. By March 2027, the refresh will have moved from design into visible implementation.
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Constituent Deliverables	Delivery Timescales
Deliver a co design & engagement programme to ensure co ownership	Q2
Align the People Plan to organisational strategy, performance and productivity priorities.	Q2
Develop a prioritised 2026–28 delivery roadmap with clear phasing	Q3
Establish governance, metrics and accountability framework	Q3

Key Risks	Key Issues
Competing organisational pressures limit engagement capacity. Over-ambition leading to delivery risk. Misalignment with Annual Plan or financial planning cycles. Workforce fatigue limiting appetite for further change. Insufficient data maturity to support workforce intelligence ambitions.	Need to balance cultural ambition with financial/operational constraints. Digital capability and data quality variation across services. Requirement for visible early wins to maintain credibility.

Dependencies	Annual Planning cycle. Finance and capital planning. Clinical Services Plan. Digital strategy delivery and system capability. Partnership working with HEIW, regional partners and local authorities. Trade union engagement and social partnership arrangements.
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Financial & Infrastructure Requirements	Dedicated programme management capacity (temporary). Analytical resource to establish workforce intelligence baseline. Engagement and facilitation support. No major new recurrent investment required during refresh phase — focus on prioritisation and re-alignment of existing resource.
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Governance & action owner	People and Culture Committee, Shaping Our Future People and Culture Portfolio
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Linked Strategic Priorities	• People will feel valued, developed, supported and engaged and we will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.
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Associated Portfolio Milestones (2027)	The National Staff Survey will show an improved engagement score with more staff taking part in the survey and other engagement activities. <ul style="list-style-type: none"> We will achieve a workforce engagement score of 74%. 50% of our colleagues will take part in the National staff survey. Key workforce indicators as highlighted in the People and Culture plan will be met e.g. <ul style="list-style-type: none"> Turnover rate < 10%, Value-based appraisals > 75% with an aim of 85%, Sickness < 5.5%
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Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From firefighting today to planning for a sustainable tomorrow
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Priority Action

Strengthen leadership and management capability to create consistent, compassionate and accountable cultures.

Target Completion Date

March 2027

Success indicators

- Improved staff experience and engagement measures.
- Increased completion and quality of appraisal and job planning'.
- Reduction in repeated or escalated people management issues.
- Improved consistency of leadership & management behaviours across teams.
- Improved confidence and capability of managers.

Expected output/outcome by 31 March 2027

Expectations of leadership and management behaviour will be clearer and more consistently applied across the organisation, supported by the adoption of the NHS Wales Leadership and Management Competency Framework. Managers will be better equipped to lead teams compassionately and accountably, address issues early and support performance. This will contribute to improved staff experience, stronger team functioning and more consistent cultural standards across services.

Constituent Deliverables

Delivery Timescales

Adopt and embed the NHS Wales Leadership and Management Competency Framework.	<i>HEIW launch date tbc</i>
Deliver targeted leadership, management and OD interventions in areas where staff feedback, data highlight cultural or performance risks.	Q3
Strengthen core people leadership and management practices through training & development.	Q4
Develop and use a proportionate culture and leadership dashboard.	Q3
Implementation of a coherent, organisation-wide Culture Measurement and Assurance System	Q4
Develop organisation-wide minimum expectations and objectives, ensure these are embedded into VBA	Q4
Professional standards - develop independent investigation capability, covering quality people and safety with stronger support for managers making difficult decisions	Q4

Key Risks

Key Issues

- Sustained operational pressure limiting capacity for leaders and managers to engage fully in development activity and culture improvement work.
- Resistance to change or lack of confidence among some managers in addressing performance, behaviour and difficult conversations.
- Competing organisational priorities and change initiatives reducing focus and diluting impact if not carefully aligned.
- Over-reliance on metrics or dashboards without sufficient qualitative insight, leading to a partial or misleading picture of culture.

- Variation in leadership and management practice across services, and readiness for system change.
- Ongoing cultural and behavioural concerns in some areas.
- Limited confidence and capability among some managers to address difficult conversations, performance concerns and behaviours early and effectively.
- Fragmentation of culture and leadership activity, with multiple frameworks, diagnostics & initiatives.
- Diagnostic insight into culture, behaviours and team dynamics does not consistently translate into timely, visible action, reducing confidence and limiting impact.

Dependencies

- Clear and sustained Executive and senior leadership sponsorship, reinforcing expectations of leadership and management behaviour and supporting consistent application. Alignment with national direction, including timely introduction and clarity on the NHS Wales Leadership and Management Competency Framework.
- Availability of OD, leadership and people expertise to support targeted interventions, follow-up and sustained change in priority areas.
- Access to high-quality, timely workforce and staff experience data, enabling effective targeting, monitoring and assurance of culture and leadership activity.
- Constructive partnership working with staff side representatives, supporting engagement, trust and shared ownership of culture and leadership improvement.

Financial & Infrastructure Requirements

Senior data analyst role at and 8A/B

Governance & action owner

Putting People First Portfolio Board and People & Culture Committee. Owner: Claire Whiles, Assistant Director of Organisational Development

Linked Strategic Objectives

People will feel valued, developed, supported and engaged and we will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.

Associated Portfolio Milestones (2027)

- The National Staff Survey will show an improved engagement score with more staff taking part in the survey and other engagement activities.
- We will achieve a workforce engagement score of 74%.
 - 50% of our colleagues will take part in the National staff survey.
 - Key workforce indicators as highlighted in the People and Culture plan will be met e.g.
 - Turnover rate < 10%, Value-based appraisals >85%, Sickness < 5.5%

Strategic Shift

- From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing
- From firefighting today to planning for a sustainable tomorrow





Priority Action

Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability.

Target Completion Date

March 2027

Success indicators

- Increase the number of leaders who undertake workforce planning training
- Improve the accuracy of the data held in ESR
- Complete workforce demand & supply forecasting for Nursing & other staff groups

Expected output/outcome by 31 March 2027

To build a more robust, data driven approach to workforce planning, ensuring leaders have the insight and capability to plan staffing needs proactively. Increase workforce planning capability through training.

Constituent Deliverables

Delivery Timescales

Increase completion of the on-line HEIW Introduction to Strategic Workforce Planning Training	Q4
Forecast workforce demand & supply over 1,3,5 years, understanding risk and fragility –starting with Nursing	Q1
Invest in workforce data literacy not just systems, upskilling HRBPs and Managers to interpret trends, challenge assumptions.	Q3
In preparation for the new Workforce Solution (ESR replacement), increase accuracy of our data	Q4
Define and implement workforce elements of the organisational redesign	Q4
Produce detailed roles, responsibilities, and capability requirements for the future organisational model including development of a staged org wide training need analysis	Q4

Key Risks

Key Issues

- Sustained operational pressure limiting capacity for managers and clinicians to engage fully in training & development.
- Lack of expertise in data analytics.
- No service plan or IMTP in place.
- Organisational redesign

- Workforce planning can be seen as a HR function rather than leaders owning choices informed by workforce insights.
- The workforce plan is not alignment to activity or finance.

Dependencies

- Active promotion by Clinical Board SMT and People & Culture Senior Business Partners
- Requirement that this is essential to complete as part of all relevant leadership and management programmes provided internally
- Pre-requisite for completion before attendance is confirmed on further Workforce Planning Training

Financial & Infrastructure Requirements

Senior data analyst role at and 8A/B

Governance & action owner

Putting People First Portfolio Board and People & Culture Committee. Owner: Donna Davies, Strategic Workforce Planning Lead

Linked Strategic Objectives

- People will feel valued, developed, supported and engaged and we will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.

Associated Portfolio Milestones (2027)

- The National Staff Survey will show an improved engagement score with more staff taking part in the survey and other engagement activities.
- We will achieve a workforce engagement score of 74%.
 - 50% of our colleagues will take part in the National staff survey.
 - Key workforce indicators as highlighted in the People and Culture plan will be met e.g.
 - Turnover rate < 10%, Value-based appraisals >85%, Sickness < 6%

Strategic Shift

- From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing
- From firefighting today to planning for a sustainable tomorrow





Priority Action

Improve workforce health, wellbeing and availability

Target Completion Date

March 2027

Success indicators

- Reduction in overall sickness absence, focus on stress-related absence.
- Improved workforce availability, reduced reliance on temporary staffing.
- Improved staff experience measures (wellbeing, support & safety).
- Increased uptake of preventative wellbeing support.
- Improve managers confidence in supporting wellbeing & recovery.

Expected output/outcome by 31 March 2027

Improve workforce health and availability through a more preventative and trauma-informed approach to wellbeing, resulting in reduced sickness absence, earlier intervention and improved staff experience. Managers will be better equipped to support wellbeing and recovery at work, and staff will be able to access timely, appropriate support when needed.

Constituent Deliverables

Delivery Timescales

Complete a focused, time-limited review of the employee health and wellbeing model.	Q1
Target wellbeing and absence interventions using workforce data and local risk profiles..	Q3
Strengthen access to timely, preventative and trauma-informed wellbeing and psychological support.	Q4
Equip managers with practical tools, guidance and support to proactively manage wellbeing, sickness absence and return to work.	Q2

Key Risks

Key Issues

- Sustained operational pressures limiting the ability of managers to prioritise preventative wellbeing actions.
- High levels of demand for wellbeing and psychological support exceeding available capacity.
- Increase in variable pay including agency, which will impact negatively on patient care, quality and cost.
- Workforce fatigue and change saturation reducing engagement with wellbeing initiatives.

- Sustained high levels of stress-related sickness absence, reflecting ongoing operational pressure and reduced workforce resilience.
- High demand for wellbeing and psychological support, particularly for staff exposed to trauma, placing pressure on existing capacity and requiring careful prioritisation.
- Variable management capability and confidence in supporting staff wellbeing, managing sickness absence and facilitating timely, supportive return-to-work processes.
- Workforce fatigue and change saturation, which may reduce engagement with wellbeing interventions if not actively managed and aligned to operational realities.

Dependencies

- Visible and sustained Executive and operational leadership support for wellbeing as a core management and business priority.
- Strong alignment between wellbeing activity, workforce planning and operational delivery, ensuring actions are targeted where impact will be greatest.
- Access to timely, high-quality workforce data and insight to identify risk areas, monitor impact and adjust interventions.
- Effective partnership working with staff side representatives, supporting trust, engagement and shared ownership of wellbeing actions.

Financial & Infrastructure Requirements

Review of Health and Wellbeing model (unknown) and Senior data analyst role at and 8A/B

Governance & action owner

Putting People First Portfolio Board and People & Culture Committee. Owner: Claire Whiles, Assistant Director of Organisational Development

Linked Strategic Objectives

- People will feel valued, developed, supported and engaged and we will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.

Associated Portfolio Milestones (2027)

- The National Staff Survey will show an improved engagement score with more staff taking part in the survey and other engagement activities.
- We will achieve a workforce engagement score of 74%.
 - 50% of our colleagues will take part in the National staff survey.
 - Key workforce indicators as highlighted in the People and Culture plan will be met e.g.
 - Turnover rate < 10%, Value-based appraisals >85%, Sickness < 5.5%

Strategic Shift

- From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing
- From firefighting today to planning for a sustainable tomorrow



Our intent from 2026-27

To deliver user-centred, interoperable digital systems, real-time data insights and a resilient infrastructure that improves staff and patient experience, reduces harm and enhance service delivery.

Priority Actions

- Strengthen the Health Board's digital strategic direction and establish an operating model that enables delivery of Digital Foundations and the Clinical Services Plan
- Implement key national and ministerial digital programmes that support improved access, interoperability and patient experience.
- Digital enablers that support delivery of local and national imperatives Data Strategy and capabilities





Priority Action	Strengthen the Health Board’s digital strategic direction and establish an operating model that enables delivery of Digital Foundations and the Clinical Services Plan	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> Board and WG approval and funding for Digital Foundations Programme mobilised and roadmap delivery has commenced 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Roadmap, Digital Strategy and TOM approved by Board Digital Foundations programme mobilised to improve HIMSS standing (nb digital foundations is a 5 year programme)
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Constituent Deliverables	Delivery Timescales
Establish the Digital Foundations 5-year roadmap	Q4
Refresh the Digital Strategy and new supporting Target operating Model	Q4
Improve HIMSS EMRAM and INFRAM standing (includes cyber)	Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> Digital Foundations remains unfunded Benefits are not captured Technology adoption will change how people work Mitigations are a clinically led programme that has corporate and collective oversight and accountability for delivery 	<ul style="list-style-type: none"> The UHB is financially challenged. Digital transformation requires some funding and additionality. CaV require access to CaV and GP patient data held in National repositories. Currently, it is challenging to regain/access for HB use.

Dependencies	<ul style="list-style-type: none"> Board and WG funding approval Programme remains clinically led Corporate and collective responsibility for changing how people work when enabled with modern technologies Corporate and collective responsibility for benefit realisation as a consequence of the investments in digital foundations
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Financial & Infrastructure Requirements	Costs and benefits are documented in the investment cases.
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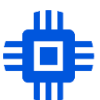
Governance & action owner	<ul style="list-style-type: none"> Director Digital and Health Intelligence Infrastructure and Digital Committee
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Linked Strategic Priorities	<p>Reducing avoidable harm by digitising data, workflow and improving technical infrastructure to support clinicians to</p> <ul style="list-style-type: none"> Improve Patient Safety and Clinical Effectiveness Reduce Variation and Inequality in Care Enhance Operational Efficiency to Support Frontline Care Improve Value for Money and Long-Term Sustainability Enable Future-Ready, Data-Driven Care Models
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> 5 year roadmap completed; Digital Strategy refreshed; TOM established and being implemented We will be progressing plans to redevelop University Hospital of Wales and University Hospital Llandough, to provide 'smart' hospitals to deliver our redesigned clinical services having core digital capability with modern underpinning infrastructure and a data analytics capability supporting decision making and service planning in real-time. Our measures of success are documented in the BJCs We will achieve at least Level 3 of the HIMSS (Healthcare Information and Management Systems Society) standard for electronic medical record adoption (EMRAM) digital maturity model, which we are aligning with and a continuous improvement plan in delivery using INFRAM as a guide
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Strategic Shift	<ul style="list-style-type: none"> From silo based digital tools and capabilities to ones that are enterprise, standardised, secure, consistent and performant Data is standardised, aggregated and transformed so that it is reusable and surfaced at the point of care Digital solutions accessed on (almost) any device enabling our peripatetic workforce to remain connected regardless of what setting they are in Reduction in avoidable harm
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Priority Action	Implement key national and ministerial digital programmes that support improved access, interoperability and patient experience.	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> CaV progressing at or ahead of agreed plan in the value optimisation of National Digital Programme. Compliance achieved and ministerial funding received. 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Each programme of works has outcomes, these include a modernised Radiology and Labs solution, interoperable across Wales Patient results being visible through the NHS App.
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Constituent Deliverables	Delivery Timescales
NHS Wales App National Target Architecture WICIS, RISP, LIMS	Q4
Extend scope of the regional shared care record in support of services delivered across health & care. This is an RPB governed programme.	Q4
Progress the replacement of the Mental Health and Community application in line with national Connecting Care programme requirements.	Q1

Key Risks	Key Issues
<ul style="list-style-type: none"> Suitable co-production is not achieved between HBs and DHCW in the design and shaping of these initiatives. Suitable funding for 'implementation' is 	<ul style="list-style-type: none"> The UHB is financially challenged. Digital transformation requires some funding and additionality. CaV require access to CaV patient data held in National systems. Currently, this is challenging to regain/access for HB use.

Dependencies	<ul style="list-style-type: none"> Numerous National and ministerial programmes require the availability of a 'spoke' Local Data Resources facility, to interact HB data with National 'hub' tools (NDR, National Demographics, other LIMS instances). This requires the fulfillment of the CaV LDR programme, which has been frequently delayed by the necessities of latest priorities, NHSApp, PMS upgrade etc...
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> The UHB is financially challenged. Digital transformation requires some funding and additionality. D&HI currently absorbs the M365 licence costs across the HB, the growth in costs is causing unavoidable and unparalleled stress upon the D&Hi budget.
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Governance & action owner	Regional shared record is governed by the Regional Digital Board, MH&Community by the MHCS Board, NHSApp is to be determined. Overall a Digital Advisory Board review all work priorities of D&HI.
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Linked Strategic Priorities	<ul style="list-style-type: none"> Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities, where people can access the information and support that they need, under one roof With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future Develop more shared infrastructure with public and private sector partners to get the best value for the Health Board's investment
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will be progressing plans to redevelop University Hospital of Wales and University Hospital Llandough, to provide 'smart' hospitals to deliver our redesigned clinical services having core digital capability with modern underpinning infrastructure and a data analytics capability supporting decision making and service planning in real-time. We will achieve at least Level 3 of the HIMSS (Healthcare Information and Management Systems Society) standard for electronic medical record adoption (EMRAM) digital maturity model, which we are aligning with and a continuous improvement plan in delivery using INFRAM as a guide
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Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow
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Priority Action	Digital enablers that support delivery of local and national imperatives Data Strategy and capabilities	Target Completion Date	March 2027
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Success indicators	<ul style="list-style-type: none"> AI tools in clinical use ; benefits and learning documented and being reported in line with management process Clinical time released to care Digital literacy improves 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Register of clinical AI tools in use shared and maintained on SP site and overseen by Caldicott/SIRO/IG group AI Tools approved for use meet IG and cyber standards and have a clinical owner
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Constituent Deliverables	Delivery Timescales
Roll out AI and automation tools for the clinical and practitioner workforce to reduce administrative burden, increase efficiency and impact positively on quality of care such as supporting clinicians with note taking and speed up communication with patients, and making diagnostic tests more accurate and efficient . As the market and products mature we receive increasing offers of solutions that may or may not demonstrate good utility. Keen to participate in and support innovation, CAV is re-constituting its governance around AI, linking with its Clinical Design Authority to ensure that learning is shared and where benefits are identified and realised that we have both the governance and assurance in place to quickly scale. Similarly we oversee non-clinical adoption of AI	Q4
Improve digital literacy with Workforce colleagues	Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> There is a risk that without clinical oversight and testing before acceptance for adoption, that AI AVT use in clinical settings may not be reliable or appropriate There is a risk that AI tools are not clinically safe / funded / cyber secure; Key mitigations: Executive and Clinical Board ownership , governance process adoption and cascade, regular comms Decommission early if benefits cannot be demonstrated; be selective on which tools progress to pilot, ensure clinical boards can resource 	<ul style="list-style-type: none"> Ensuring adherence with national guidance on approved AI tools Clinical safety will need to be assured for use of any AI in clinical settings AI tools other than AVT eg for imaging or other use cases will need to be owned and managed by the relevant Clinical Board

Dependencies	<ul style="list-style-type: none"> Agreed shared governance model with Clinical Boards Process adoption and compliance with AI AVT users Support Workforce colleagues with implementing advisory audit management actions on digital literacy
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> CBs responsible for costs associated with AI tools
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Governance & action owner	Clinical AI – Medical Director, Director Digital and Health Intelligence Governance – Infrastructure and Digital Committee	Digital literacy – Director Digital and Health Intelligence, Executive Director People and Culture
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Linked Strategic Priorities	<ul style="list-style-type: none"> Improve digital literacy enabling colleagues to make best use of digital tools that exist and new ones as they come available, confidently and safely. This in turn facilitates time released to care and the ability of the UHB to implement its data strategy. We will be progressing plans to redevelop University Hospital of Wales and University Hospital Llandough, to provide ‘smart’ hospitals to deliver our redesigned clinical services having core digital capability with modern underpinning infrastructure and a data analytics capability supporting decision making and service planning in real-time. We will achieve at least Level 3 of the HIMSS (Healthcare Information and Management Systems Society) standard for electronic medical record adoption (EMRAM) digital maturity model, which we are aligning with and a continuous improvement plan in delivery using INFRAM as a guide
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Associated Portfolio Milestones (2027)	<table border="1"> <tr> <td>Q1 - Re-constitute governance model and finalise proposed process issued by Medical Director to Clinical Boards. Communicate widely. Link with HTW.</td> <td>Q2 - Compile register of AI in use and benefits derived and report accordingly; look for scale or decommissioning opportunities, share with CBs ensuring their ownership and oversight</td> <td>Q3 - Reiterate Q2 milestone which will include newly approved AI products and continue comms on progress</td> <td>Q4 - Reiterate Q2 milestone which will include newly approved AI products asnd continue comms on progress</td> </tr> </table>	Q1 - Re-constitute governance model and finalise proposed process issued by Medical Director to Clinical Boards. Communicate widely. Link with HTW.	Q2 - Compile register of AI in use and benefits derived and report accordingly; look for scale or decommissioning opportunities, share with CBs ensuring their ownership and oversight	Q3 - Reiterate Q2 milestone which will include newly approved AI products and continue comms on progress	Q4 - Reiterate Q2 milestone which will include newly approved AI products asnd continue comms on progress
Q1 - Re-constitute governance model and finalise proposed process issued by Medical Director to Clinical Boards. Communicate widely. Link with HTW.	Q2 - Compile register of AI in use and benefits derived and report accordingly; look for scale or decommissioning opportunities, share with CBs ensuring their ownership and oversight	Q3 - Reiterate Q2 milestone which will include newly approved AI products and continue comms on progress	Q4 - Reiterate Q2 milestone which will include newly approved AI products asnd continue comms on progress		

Strategic Shift	An organisation that uses and innovates with technology safely and securely so that it can leverage the data it collects for reuse at the point of care more efficiently. Better data stewardship can help to reduce avoidable harm; improved digital literacy and good technological tools are key to this
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Estates (acute & community)

Our intent from 2026-27

To optimise and future-proof our Health Board estate across acute and community settings by maximising utilisation, addressing critical condition-related risks, and working collaboratively with partners to create sustainable, modern infrastructure that supports the future care model set out in the Clinical Services Plan.

Priority Actions

- Improve utilisation and modernisation of the acute estate
- Disposal or demolition of under-utilised assets
- Development of a high-level vision document to articulate the clinical, operational and infrastructure case for redevelopment of the University Hospital of Wales
- Work with Cardiff University to develop the future model for dental services and subsequent estates plan
- Urgent estates/infrastructure plan in response to conditions survey
- Plan development for ALAS relocation in partnership with SBUHB
- Respond to the findings of the JAICE accreditation

- Work in partnership to fully utilise multi agency estate opportunities, with an aim to provide care closer to home and better outcomes for patients





Priority Action

Improve utilisation and modernisation of the acute estate including disposal or demolition of under-utilised assets

Target Completion Date

March 2027

Success indicators	<ul style="list-style-type: none"> • Delivery of planned disposals and modernisation milestones 	Expected output/outcome by 31 March 2027	A safer, more efficient, better-maintained acute estate.
Constituent Deliverables			Delivery Timescales
Review alternative accommodation for Glamorgan House and Monmouth House			Q4
Completion of the demolition of Brecknock House and Sports & Social Club.			Q1
Demolition of Carmarthen House & Denbigh House			Q4
Key Risks		Key Issues	
<ul style="list-style-type: none"> • Availability of alternative accommodation • Demolition requires Capital Funding to progress 		<ul style="list-style-type: none"> • User engagement for suitable accommodation • Availability of Welsh Government funding 	
Dependencies	<ul style="list-style-type: none"> • Board and WG funding approval 		
Financial & Infrastructure Requirements	<ul style="list-style-type: none"> • Demolition of Carmarthen House & Denbigh House requires Capital funding to progress 		
Governance and action owner	<ul style="list-style-type: none"> • Geoff Walsh via the Infrastructure and Digital Committee 		
Linked Strategic Priorities	<ul style="list-style-type: none"> • Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities, where people can access the information and support that they need, under one roof • Develop more shared infrastructure with public and private sector partners to get the best value for the Health Board's investment 		
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> • We will have progressed plans to redevelop University Hospital of Wales and University Hospital Llandough, to provide 'smart' hospitals to deliver our redesigned clinical services 		
Strategic Shift	<ul style="list-style-type: none"> • From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing • From variable quality of care and experience to utterly consistent quality and outcomes for all • From analogue buildings to digitally connected people and places • From firefighting today to planning for a sustainable tomorrow 		





Priority Action Summary

Deliver a coordinated estate and service modernisation programme, including the UHW redevelopment vision, future dental model, urgent infrastructure response, ALAS relocation planning, and actions arising from JAICE accreditation.

Target Completion Date

March 2027

Success indicators	<ul style="list-style-type: none"> Clear strategic direction set through completion of key estate and service development plans. Programme milestones delivered on time with effective oversight. 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Improved alignment between clinical, academic and service needs Reduced operational and infrastructure risk across the estate. Enhanced quality, safety and compliance through accreditation-driven improvements.
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Priority Actions	Delivery Timescales
Development of a high-level vision document to articulate the clinical, operational and infrastructure case for redevelopment of the University Hospital of Wales	Q4
Work with Cardiff University to develop the future model for dental services and subsequent estates plan	Q4
Urgent estates/infrastructure plan in response to conditions survey	Q1
Plan development for ALAS relocation in partnership with SBUHB	Q4
Respond to the findings of the JAICE accreditation	Q2

Key Risks	Key Issues
<ul style="list-style-type: none"> Failure to address critical infrastructure risks in a timely manner, impacting safety or service continuity. Limited organisational capacity to deliver multiple estates programmes. 	<ul style="list-style-type: none"> Ageing estate with significant backlog maintenance and compliance risks. Operational pressures limiting staff ability to engage in redesign work. Dependencies on external approvals for estates changes or accreditation actions.

Dependencies	<ul style="list-style-type: none"> Close partnership working
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Capital funding needed to address urgent infrastructure risks identified in conditions surveys.
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Governance and action owner	Geoff Walsh via the Infrastructure and Digital Committee
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Linked Strategic Priorities	<ul style="list-style-type: none"> Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities, where people can access the information and support that they need, under one roof With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future Develop more shared infrastructure with public and private sector partners to get the best value for the Health Board's investment
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will have progressed plans to redevelop University Hospital of Wales and University Hospital Llandough, to provide 'smart' hospitals to deliver our redesigned clinical services
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Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow
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Priority Action

Work in partnership to fully utilise multi agency estate opportunities, with an aim to provide care closer to home and better outcomes for patients

Target Completion Date

March 2027

Success indicators	<ul style="list-style-type: none"> A complete regional estate map is in place. Standardised multi-agency design briefs and checklists adopted across CAVUHB and both councils. Health Inequalities Impact Assessments embedded in planning for all major schemes. A joint workforce model for integrated community teams agreed 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Evidence of service shift closer to home (activity trends, reduced reliance on acute services).
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Constituent Deliverables	Delivery Timescales
Develop a comprehensive understanding of public sector estate infrastructure (inc. local authority & educational institutions)	Q1
Work effectively with partners to materially progress the opportunities which are in active development	Q1 - Q4
Review LDPs to scope future opportunity to continually deliver sustainable estate that meets the needs of the future care model as set out in the CSP	Q4

Key Risks	Key Issues
<ul style="list-style-type: none"> Partners misinterpretation of level of support given Partners Infrastructure opportunity offered late in projects development process Clinical Boards' resources (e.g. test for fit /affordability) restricts UHB working in partnership on beneficial projects 	<ul style="list-style-type: none"> Delivery of agreed revenue savings to offset against infrastructure opportunities Joint governance to ensure coordinated capital planning, shared use of public estate, joint funding bids and aligned decision-making

Dependencies	<ul style="list-style-type: none"> Resources available for co-production with clinical boards on feasibility, affordability, active project team participation and appropriate business case development Development and implementation of Clinical Boards' CSPs and an ICCS for Cardiff & Vale Close partnership working on progressing partner-lead projects
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Financial & Infrastructure Requirements	<ul style="list-style-type: none"> Financial – access to blended funding e.g. IRCF capital bid (UHB and partner-lead) ; revenue affordability within appropriate Clinical Boards Investment will be phased to match readiness, population need, affordability and alignment with the Clinical Services Plan review Infrastructure – technical support from Digital and Health Intelligence
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Governance and action owner	<p>Shaping our Future Infrastructure Portfolio Health Community Estates Group Regional Partnership Board Capital Co-ordination Group (CapCoG) Programme Board</p>
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Linked Strategic Priorities	<ul style="list-style-type: none"> Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities, where people can access the information and support that they need, under one roof Develop more shared infrastructure with public and private sector partners to get the best value for the Health Board's investment
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Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> 50% of C&V population will have access to services from an Integrated Wellbeing Hub
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Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow
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Future Generations

Our intent from 2026-27
To embed a coherent and forward-looking approach to sustainability and innovation by fully establishing the Shaping Our Future Generations Portfolio
Priority Actions
<ul style="list-style-type: none">• Fully establish the Shaping Our Future Generations Portfolio• Oversee development of our plan in response to the NHS Wales Decarbonisation Strategic Delivery Plan, supported by a clear communication plan and aligned delivery and accountability arrangements





Success indicators	<ul style="list-style-type: none"> A robust governance structure that provides monitoring and assurance of the portfolio elements Agreed suite of metrics 	Expected output /outcome by 31 March 2027	<ul style="list-style-type: none"> Agreed governance structure Agreed suite of metrics with robust monitoring & assurance mechanisms in place A year one annual report on Foundational Economy
Constituent Deliverables			Delivery Timescales
A detailed baseline position of the Health Board's contribution to Foundational Economy and its Research, Development & Innovation activity, & resource			Q2
Agreed metrics, with clarity on ownership and governance of monitoring and assurance			Q2
Increased visibility and awareness of the priorities and alignment with HB strategy and clinical services plan			Q4
Key Risks (a risk is something that might happen and needs mitigating)		Key Issues (an issue is something that is happening and needs active management)	
<p>Ability to reconcile competing priorities</p> <p>Inability to accurately measure the Health Board's direct contribution to the foundational economy, e.g. GVA as a measure has a significant lag – will need proxy measure</p> <p>Reliance on partners to support delivery outputs</p>		<ul style="list-style-type: none"> Reconciliation of competing priorities – both for capacity and workforce Organisations financial position and risk appetite Resource to coordinate activities Limited awareness and consistent understanding of portfolio elements within the organisation 	
Dependencies	<ul style="list-style-type: none"> People Services NWSSP 	<ul style="list-style-type: none"> Cardiff Health Partners Health & Care Research Wales Commercial Partners 	
Financial & Infrastructure Requirements	No immediate requirements in year		
Governance & action owner	Shaping Our Future Generations Portfolio		
Linked Strategic Priorities	<ul style="list-style-type: none"> Develop & expand the Health Board's research, teaching, & innovation portfolios in collaboration with Cardiff University & other partners including HEIW Contribute to the development & adoption of cutting-edge & novel treatment, techniques, & technologies, where they deliver improved patient outcomes, & improved value Maximize the Health Board's contribution to the foundational economy Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff, and visitors, to patients. Promote, reward, and embed successful waste reduction as part of our quality programme of continuous improvement 		
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will aim to increase, year on year, the number of opportunities for our patients & staff to access cutting edge novel treatments, techniques, & technologies, through research All eligible patients will have access to advanced therapies as defined in the Welsh Policy Guidance We will provide more opportunities for local communities to secure contracts, or employment, to contribute to the planning and delivery of our services Through our contribution to the Human Health Industries sector, we will see an increase in its Gross Value Added (GVA) for the Cardiff and Vale Region by at least 1.5% We will continue aiming to achieve the targets for delivering our carbon emission reduction (currently the target is 34%) and supporting active and sustainable travel for staff, and visitors, to patients. Our ambition is to reach a 40% reduction for emissions that we directly control 		
Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow 		





Priority Action	Oversee development of our plan in response to the NHS Wales Decarbonisation Strategic Delivery Plan, supported by a clear communication plan and aligned delivery and accountability arrangements	Target Completion Date	March 2027
Success indicators	<ul style="list-style-type: none"> Approval of CAV Plan with clear milestones and deliverables Sustainability and Climate Response to be included as a requirement in appropriate decision-making processes, e.g.VBRG/SLT 	Expected output/outcome by 31 March 2027	<ul style="list-style-type: none"> Local Decarbonisation Plan – including Climate Response and Climate Adaptation Biodiversity Plan Communication Plan to support the above
Constituent Deliverables			Delivery Timescales
Local plan in response to Decarbonisation Strategic Delivery Plan (SDP) with allocated action owners and tracked progress			Q4
A Climate Resilience & Adaptation Plan and Biodiversity Plan			Q4
Identification of Sustainability Leads within Clinical Boards & establishment of workplan of a Clinical Sustainability Leads Working Group			Q2
Key Risks (a risk is something that might happen and needs mitigating)		Key Issues (an issue is something that is happening and needs active management)	
<ul style="list-style-type: none"> Initial climate risk assessment shows rising year-on-year impacts on Cardiff and Vale UHB and its population, increasing operational and financial pressures. Current resources limit our ability to mitigate these risks effectively No line of sight to meeting 2030 Welsh Government target to reduce emissions; risk of litigation if not meeting targets 		<ul style="list-style-type: none"> Limited dedicated resource for Sustainability and Climate response Not meeting Welsh Government targets to reduce emissions by 2025 Operational impacts of increasing frequency of heatwaves, i.e. staff wellbeing, increased patient demand and poorer outcomes 	
Dependencies	External dependencies <ul style="list-style-type: none"> Working with PSBs Welsh Government 	Internal dependencies: <ul style="list-style-type: none"> Infrastructure/estates Finance & procurement Clinical Boards 	
Financial & Infrastructure Requirements	No immediate requirements in year		
Governance and action owner	Sustainability & Climate Response Programme Board (F&P) / Shaping Our Future Generations Portfolio		
Linked Strategic Priorities	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		
Associated Portfolio Milestones (2027)	<ul style="list-style-type: none"> We will continue aiming to achieve the targets for delivering our carbon emission reduction (Welsh Gov target is 34% reduction in total emissions by 2030) and supporting active and sustainable travel for staff, and visitors, to patients Our ambition is to reach a 40% reduction for emissions that we directly control by 2027 		
Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From analogue buildings to digitally connected people and places From firefighting today to planning for a sustainable tomorrow 		





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Non-Portfolio Driven Priority Actions



List of Non-Portfolio Driven Priority Actions

No	Service Domain	Action	Plan on a page complete
34	Organisational Redesign	To share operational redesign and future operating model across the organisation, and to develop an implementation plan and commence implementation	Not being completed at this stage
35	Length of Stay	To reduce organisational length of stay for non-elective medical admissions to peer-median levels (delivery of 1.3 day reduction)	Not being completed at this stage
36	Medicines Management	To undertake a comprehensive internal review of all NICE-approved medicines and technology spend to identify impact, risk, and opportunity, and implement any recommendations in year	Not being completed at this stage
37	Primary & Community Care	Transform End of Life Care services through our Macmillan partnership	Yes
38		Increase the number of people supported through Enhanced Community Care	Yes
39		Optimise primary care contracts and assurance mechanisms	Yes
40	UEC	Deliver the agreed 2026/27 actions of our 6 Goals for Urgent and Emergency Care Programme	Yes
41		Ensure integration between primary and secondary care through our ICCS and Community By Design Programme	See CbD priority action in Clinical Services Portfolio (Page 11)
42		Deliver our medicine reorganisation ambitions	Yes
43	Planned Care & Cancer	Implement the National Optimum Cancer Pathways	See Enabling Action for National Optimum Cancer Pathways (Page 65)
44		Deliver the agreed 2026/27 actions of our theatre improvement programme to increase utilisation	Yes
45		Deliver our outpatient improvement programme	Yes
46	Diagnostics & Therapies	Develop integrated AHP pathways of care and leadership	Yes
47		Deliver the agreed 2026/27 actions of our Diagnostic Stewardship Programme	Yes
48		Delivery of the agreed 2026/27 actions of our digital transformation agenda across diagnostics	See Digital Programme Support priority action in Infrastructure Portfolio (Page 34)
49	Women & Children's	Delivering and evaluating our Women's Hub Pathfinder	See Women's Health priority action in Population Health Portfolio (Page 20)
50		Evaluating and transforming our approach to Neurodevelopmental services	Yes
51	Mental Health	Deliver the agreed 2026/27 actions of our mental health improvement programme	Yes

Service Delivery Area	Primary and Community Care				
Priority Actions	Target Completion Date	Expected outputs/ outcomes by March 2027	Governance and Action Owner	Risks	Dependencies
Transform End of Life Care services through our Macmillan partnership	March 2027	<ul style="list-style-type: none"> • More coordinated, person-centred end-of-life care with improved access, experience and equity. • Earlier identification and proactive planning for people approaching end of life. • Less acute admissions and overall reduce bed days for EOL patients – 30 beds closed 	PCIC Clinical Board	<ul style="list-style-type: none"> • Physical space required for expanded team • Manual information flows • Realising the benefits of the model as part of the UHB bed plan 	<ul style="list-style-type: none"> • Strong partnership with Macmillan, including specialist input and funding alignment. • Close collaboration with primary care, care homes and community teams. • Close working with medicine clinical board to ensure bed closures to fund model
Increase number of people supported through Enhanced Community Care	March 2027	<ul style="list-style-type: none"> • Increased number of people receiving enhanced multidisciplinary community support - reduce gap between referrals received vs referrals accepted • Increase in nursing activity at weekends comparable to weekday • Efficient use of CRT/VCRS workforce as part of ICCS model 	PCIC Clinical Board	<ul style="list-style-type: none"> • Capacity within community teams to scale activity 	<ul style="list-style-type: none"> • Availability of multidisciplinary workforce and therapy input. • Alignment with Community by Design and Place-based delivery structures.
Optimise primary care contracts and assurance mechanisms	March 2027	<ul style="list-style-type: none"> • Implemented contract reform across GDS, GMS, OS and CP • 100% compliance with access standards for GMS 	PCIC Clinical Board	<ul style="list-style-type: none"> • Changes to national policy and/or engagement and satisfaction with contract negotiations 	<ul style="list-style-type: none"> • Engagement with GP practices and clusters
Strategic Shift	<ul style="list-style-type: none"> • From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing • From variable quality of care and experience to utterly consistent quality and outcomes for all • From firefighting today to planning for a sustainable tomorrow 				



Service Delivery Area	Urgent and Emergency Care				
Priority Actions	Target Completion Date	Expected outputs/ outcomes by March 2027	Governance and Action Owner	Risks	Dependencies
Deliver the agreed 2026-27 actions of our 6 Goals for Urgent and Emergency Care Programme	March 2027	<ul style="list-style-type: none"> Improved patient flow and reduced system pressure through delivery of the 6 Goals actions. Improved Ambulance Handover Performance Reduced length of stay 	CVUHB 6 Goals Programme Board	<ul style="list-style-type: none"> High operational pressures limiting capacity to deliver improvement actions. Dependence on multiple portfolios delivering enablers at pace (e.g., community capacity, patient flow, SDEC). 	<ul style="list-style-type: none"> Strong cross-system collaboration between acute, community, primary care, WAST, social care. Timely data and analytics to monitor pressures and progress.
Ensure integration between primary and secondary care through our ICCS and Community By Design Programme	See Community by Design priority action in Clinical Services Portfolio (Page 11)				
Deliver our medicine reorganisation ambitions	March 2027	<ul style="list-style-type: none"> A more sustainable and clinically coherent model for medical services, improving workforce resilience and service reliability. 	Medicine Clinical Board	<ul style="list-style-type: none"> Timeliness of decision making on final plans Capital costs – tunnel refurbishment Impact on CD&T – potential additional costs and pathway changes 	<ul style="list-style-type: none"> Strong clinical leadership and specialty engagement. Estates planning Alignment with Clinical Services Plan, Organisational Redesign, estates strategy and Community by Design.
Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow 				



Service Delivery Area	Planned Care and Cancer				
Priority Actions	Target Completion Date	Expected outputs/ outcomes by March 2027	Governance and Action Owner	Risks	Dependencies
Implement the National Optimum Cancer Pathways	See Enabling Action for National Optimum Cancer Pathways (Page 65)				
Deliver the agreed 2026/27 actions of our theatre improvement programme to increase utilisation	March 2027	<ul style="list-style-type: none"> Higher theatre utilisation and productivity (e.g., more planned lists delivered, reduced late starts/early finishes/cancellations). Reduced long waits and backlogs for elective surgery through improved throughput and scheduling. Potential for released capacity to focus on length of stay 	Surgery Clinical Board	<ul style="list-style-type: none"> Lack of informatics, data intelligence and transformation capacity Short-notice cancellations due to bed pressures, critical care capacity or equipment failures. 	<ul style="list-style-type: none"> Robust pre-op assessment, booking and scheduling processes. Bed and critical care capacity aligned to elective plans Alignment with outpatient, diagnostics and recovery pathways to ensure flow.
Deliver our Outpatients Improvement Programme	March 2027	<ul style="list-style-type: none"> Reduced follow-up backlog and improved access. Sustainable outpatient pathways using SOS & PIFU Potential for released capacity to focus on length of stay 	Planned Care Programme Board	<ul style="list-style-type: none"> Variable adoption of pathway changes across specialties. Diagnostic capacity constraining outpatient throughput. Workforce capacity 	<ul style="list-style-type: none"> Clinical engagement and specialty leadership to implement pathway redesign. Effective booking and administrative processes Analytics to track demand, capacity, and follow-up ratios
Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow 				



Service Delivery Area	Diagnostics and Therapies				
Priority Actions	Target Completion Date	Expected outputs/ outcomes by March 2027	Governance and Action Owner	Risks	Dependencies
Development of integrated AHP pathways of care and leadership	March 2027	<ul style="list-style-type: none"> • More consistent and integrated AHP-led pathways improving flow, access and patient outcomes. • Releasing more time for clinical duties and creating a resilient administrative workforce to support clinical activities 	CD&T Clinical Board	<ul style="list-style-type: none"> • Complexity of changes – may lead to later realisation of benefits 	<ul style="list-style-type: none"> • Alignment with the Clinical Services Plan and community transformation (including Community by Design)
Deliver the agreed 2026/27 actions of our Diagnostic Stewardship Programme	March 2027	<ul style="list-style-type: none"> • Reduced unnecessary diagnostic variation, improved appropriateness of testing and shorter diagnostic waits. • More efficient use of diagnostic capacity, improving flow across UEC, outpatients and elective pathways. 	CD&T Clinical Board	<ul style="list-style-type: none"> • Engagement and clinical leadership from referring specialities 	<ul style="list-style-type: none"> • Diagnostic capacity planning and digital dashboards. • Links with outpatient and theatre improvement pathways.
Delivery of the agreed 2026/27 actions of our digital transformation agenda across diagnostics	See Digital Programme Support priority action in Infrastructure Portfolio (Page 34)				
Strategic Shift	<ul style="list-style-type: none"> • From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing • From variable quality of care and experience to utterly consistent quality and outcomes for all • From firefighting today to planning for a sustainable tomorrow 				



Service Delivery Area	Women and Children's				
Priority Actions	Target Completion Date	Expected outputs/ outcomes by March 2027	Governance and Action Owner	Risks	Dependencies
Delivering and evaluating our Women's Hub Pathfinder	See Women's Health priority action in Population Health Portfolio (Page 20)				
Evaluating and transforming our approach to Neurodevelopmental services	March 2027	<ul style="list-style-type: none"> • Reduced waiting times through redesigned pathways and better alignment between CAMHS, paediatrics and community services. • Improved experience for children, young people and families. 	Children and Women's Clinical Board	<ul style="list-style-type: none"> • Significant demand pressures 	<ul style="list-style-type: none"> • Collaboration between children mental health services and paediatrics • Collaboration between health, education and local authority
Strategic Shift	<ul style="list-style-type: none"> • From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing • From variable quality of care and experience to utterly consistent quality and outcomes for all • From firefighting today to planning for a sustainable tomorrow 				



Service Delivery Area	Mental Health				
Priority Actions	Target Completion Date	Expected outputs/ outcomes by March 2027	Governance and Action Owner	Risks	Dependencies
Deliver the agreed 2026/27 actions of our mental health improvement programme	March 2027	<ul style="list-style-type: none"> Improved access, experience and outcomes across priority mental health pathways Better flow and reduced unwarranted variation Reduced out of are placements 	Mental Health Clinical Board	<ul style="list-style-type: none"> Workforce shortages across Mental Health services (e.g., nursing, psychiatry, psychology) limiting delivery pace. High operational pressures reducing capacity for improvement work. Digital limitations affecting data capture and reporting across MH pathways. 	<ul style="list-style-type: none"> Digital infrastructure to support improved triage pathway tracking. Alignment with wider transformation programmes, including CSP, Community by Design, and organisational redesign. Timely access to psychological therapies, diagnostics and social care support to underpin improved pathways.
Strategic Shift	<ul style="list-style-type: none"> From an organisation shaped around illness and injury to one purposefully designed to enable equitable health and wellbeing From variable quality of care and experience to utterly consistent quality and outcomes for all From firefighting today to planning for a sustainable tomorrow 				



Section 2: Delivery Templates for Enabling Actions, MAG Recommendations and Improving Performance Together (2026–27)

This section contains the full completed Delivery Templates for the Welsh Government Enabling Actions, the Ministerial Advisory Group (MAG) recommendations, and the Improving Performance Together (IPT) 2026-27 priorities.

Each template outlines the baseline position, planned actions, milestones and risks for the relevant requirement. Together, they demonstrate how national expectations are being operationalised within the Health Board and provide a structured framework for monitoring, assurance and performance oversight throughout the year.

NOTE – Within the MAG & IPT sections, templates have been provided only for Health Board–specific actions. No templates have been included for actions already completed, or for items that duplicate enabling actions or delivery priorities.





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Enabling Actions



Planning Framework Component: Enabling Actions		Priority Theme: Productivity	
Action/Standard: Health boards to ensure utilisation of the total factor productivity model and set out the actions and quantified productivity impact that will increase total productivity in 2026/27 from the baseline position.		Exec Owner: Paul Bostock / Catherine Phillips	Lead Director: Adam Wright / Andrew Gough
Current UHB performance:	The NHS total factor productivity model was released in January and showed C&V productivity had declined by 11.2% following the pandemic (based on methodology utilised)	Summary of current performance:	<p>The model indicates the increase in resources has not been accompanied by an increase in activity (outpatients, inpatients and attendances). Since the pandemic, productivity has increased in 3 out of 4 years but remains below pre-pandemic levels.</p> <p>We note that the model has been removed from the NHS Vault following user feedback and underlying issues with the logic used and elements of the data.</p>
Does the UHB have a plan to achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>We await further national advice on corrections being made to the data with the total factor productivity model and how this will be used moving forward. Internally we will strive to understand how efficiency improvements will impact model – including reduced referral rates per 100k population, increased SOS and PIFU, waiting list validation and reinvestment of planned care productivity into urgent and emergency care pathways. Length of stay improvements are a core part of our plan, however it is unlikely these improvements will increase our total productivity measure.</p> <p>Notwithstanding, our organisational plans, described in detail across the narrative plan, minimum delivery expectations and enabling actions are focused on improving productivity and efficiency. We have engaged with McKinsey and Company to provide us with an opportunity assessment to which in draft form indicates significant areas of focus for increased productivity.</p> <p>Activity – the health board is focused on improving productivity and efficiency across planned and urgent and emergency care. The detail of these plans can be found across the relevant key delivery expectation and enabling action templates. There is also a focus on developing our integrated community care system which will support more activity be delivered outside of secondary care. For the 2025/26 year there will be an increase in activity through the national outpatients programmes – the impact of this on our total factor productivity will need to be considered with the national team. A significant transformation piece of work will be undertaken on activity planning, monitoring and delivery through 2026/27.</p> <p>Cost – unavoidable demand and cost growth is currently forecast within our 2026/27 plan. We are working towards delivering a £42m cost improvement programme which would be over 50% higher than the average of the last 3 years.</p>	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • Cataracts – 90% to have 7 per list • Arthroplasty - continue with listing as per Q4 25/25 and audit delivery and benefit • HVLC – audit delivery and assess benefit 	<ul style="list-style-type: none"> • Cataracts – 90% to have 7 per list • Arthroplasty embed 4 arthroplasties per list as business as usual and re-job plan those for whom this is not possible to alternative lists or clinical activity • HVLC - 85% to have 6 per list • New DNA rates <9% 	<ul style="list-style-type: none"> • Cataracts – 90% to have 7 per list • Arthroplasty 90% to have 4 per list • HVLC - 85% to have 6 per list • New DNA rates <8% 	<ul style="list-style-type: none"> • Cataracts – 90% to have 7 per list • Arthroplasty 90% to have 4 per list • HVLC - 90% to have 6 per list • DNA rates <7% • 85% theatre capacity
Risks to delivery		Mitigation	
<ul style="list-style-type: none"> • Lack of informatics and transformation capacity to deliver improvement programmes • Underlying assumptions and approach to the total factor productivity model 		<ul style="list-style-type: none"> • Consideration of future requirements through ongoing consultancy work • Continued engagement with national teams 	

Planning Framework Component: Enabling Actions	Priority Theme: Mental Health	
Action/Standard: Health boards to implement actions to deliver a material reduction in the number of out of area placements in 2026/27, and associated costs.	Exec Owner: Paul Bostock	Lead Director: Sam Barrett

Current UHB performance:	<ul style="list-style-type: none"> OOA adult placements currently 23 (January 2026 position) 54% increase in the OOA beds and 32% increase in admissions year on year. Long waits for repatriation. 	Summary of current performance:	<ul style="list-style-type: none"> Demand has exceeded capacity due to increased acuity and longer LoS. DTOC cases linked to accommodation and CHC delays. Flow issues, with irregular ward rounds, limited MDT function and lack of ward level KPIs. Weekly OOA board rounds launched (January 2026) and already demonstrating benefits through coordinated review and MDT input. Current position is financially unsustainable and produces poor patient outcomes
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Does the UHB have a plan to achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<p>Weekly OOA Board round now in place, targeted repatriation reviews of clusters of OOA patients and the use of crisis team for rapid re-assessment of patients who may be suitable for return. Exploration of local capacity to create local discharge flow and free acute beds; work underway to benchmark acute bed numbers and confirm the deficit.</p> <p>Consistent medical leadership and regularised ward rounds being developed following Consultant engagement feedback. Ward level KPIs to be introduced, MDT performance and leadership now being actioned. Work underway with local authority to unblock CHC assessments, supported accommodation and flow. Explore block-booking nearer to home beds to reduce distance/variation and allow cluster MDT reviews</p>

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Weekly OOA Board Round embedded; crisis/medics mass review of OOA cohort; standardised ward round times agreed Number of OOA patients (not including Hazel) 18 	<ul style="list-style-type: none"> Ward level KPIs implemented; block booking; cluster approach trialled; strengthening CHC/LA escalation Number of OOA patients (not including Hazel) 15 	<ul style="list-style-type: none"> Review of bed base and business case preparation; implementation of Thirty Six Degrees leadership/culture actions Number of OOA patients (not including Hazel) 10 	<ul style="list-style-type: none"> Full-year reduction trajectory achieved; OOA usage materially reduced v 2025/26 Number of OOA patients (not including Hazel) 5

Risks to delivery	Mitigation
Insufficient local bed base; workforce shortages, particularly medical cover impacting ward reviews; CHC and social care delays; high acuity and rising section 3 activity driving bed pressure; financial pressure if OOA levels don't fall.	Prioritise consultant time for set ward round windows and MDT functioning; maintain weekly OOA board round with strengthened medical representation; fast-track supported accommodation pathways; improve discharge processes and DTOC management via Hazel Ward; continue benchmarking bed model and prepare capital ask for acute/LSU

Planning Framework Component: Enabling Actions	Priority Theme: Building Community Capacity	
Action/Standard: Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions	Exec Owner: David Thomas	Lead Director: Mark Cahalane

Current UHB performance:	<p>Acute and Community: Implementation of Referral and Appointment Management on 8th January 2026.</p> <p>Mental Health and Community: Not in scope for 8th January implementation. Roadmap to be agreed with DHCW/National for 2026/27</p> <p>Primary Care: 1.15million logons and 184k repeat prescriptions ordered via the App in past 12 months.</p>	<p>Summary of current performance:</p> <p>Acute: Feed from CaV PAS system to DHCW built during Nov’25. This was achieved in 1 month (WPAS feed was achieved over 4 months) to support the rollout of Referrals and Appointment Bookings. Service testing was achieved in the first week of January’26, followed by a Go-Live of the App for CaV citizens on 8th January.</p> <p>All G.P referrals and outpatient appointments for CaV patients since 8th Jan are visible in the App (some minor exceptions for data quality, which are being worked through).</p> <p>Primary Care: Citizen logons up from 61,600 to 121,387/month in the 12 months Feb’25 to Jan’26. Repeat prescriptions up from 8,700 to 18,000/month in the 12 months Feb’25 to Jan’26.</p>
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Does the UHB have a plan to achieve this requirement in 2026/27?	No	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<p>Delivery of ‘Phase 1’ (Referrals and Appointment Booking) came at the cost of progress on NDR, EPMA and PROMS as finite and critical technical resources were reassigned to the build and implementation of the NHSApp data feed.</p> <p>Funding for both technical and operational resource involved in NHSApp was fractional to the realistic volume of workload involved in development, testing and operational transformation. The ‘roadmap’ for 2026/27 NHSApp delivery is being considered between Welsh Government and DHCW. Health Boards involvement in this planning is essential, to allow resource planning within the UHB.</p> <p>W.G support for the Health Board transformation and adoption works necessary to the success of the NHSApp is essential within 2026/27. There is currently no clear position on this supportive funding from DHCW.</p> <p>UHB staff (unfunded for this specific work) within Medical Records and Digital are attending and contributing to DHCW progress sessions.</p> <p>CaV HB governance is required for the transformation and financial savings the NHSApp will bring across operational and technical teams. As DHCW reset their internal governance around the App, CaV must grasp February’26 as the month to identify and embed the governance we wish to drive the value from NHSApp to transform CaV citizen communication and engagement.</p>

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Phase 2 Implementation – Scope to be agreed between HBs and DHCW		Phase 3 Implementation – Scope to be agreed between HBs and DHCW	

Risks to delivery	Mitigation
<ol style="list-style-type: none"> Engagement/Co-Production of the App Roadmap, to exploit greatest benefits to care delivery and leveraging existing vendor contracts (e.g. hybrid mail providers) Suitable resource support for technical, operational and transformation adoption of NHSApp within the uHB. None adoption of NHSApp facilities by the general public 	<ol style="list-style-type: none"> CaV actively engaged with DHCW for reset stakeholder roadmap setting workshops in Feb/March’26 CaV meet with DHCW in Dec’25 and await to hear back as to the scale of funding settlement available in 2026/27 National and HB co-ordinated communications campaigns planned for 2026/27 to bring awareness and use of the App.

Planning Framework Component: Enabling Actions	Priority Theme: Maximising Value for Money	
Action/Standard: Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.	Exec Owner: Catherine Phillips	Lead Director: Claire Salisbury

Current UHB performance:	<p>The non-pay target for delivery 2025/26 was set at £5m, themes include:</p> <ul style="list-style-type: none"> • Contract renewals • Standardisation and rationalisation of product ranges and suppliers • Purchase to Pay benefits • Contract Management 	Summary of current performance:	Overall, good progress has been achieved at Quarter 3, with an outturn position of £3.8m. The Procurement Team continues to work closely with Clinical Boards to deliver both local and national VSB programmes, including Trauma & Orthopaedics, cardiac devices, and medical consumables rationalisation workstreams. However, risks remain within the system that could limit the ability to maximise opportunities, particularly where engagement and adoption of these themes has been inconsistent
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>The non-pay savings target has been set at £5m. Draft plans totalling £3m have been developed, all of which are assessed as low-risk and achievable, as they relate to contract renewals and agreed rebates arising from pre-existing commercial arrangements. The plan is work in progress and themes will develop throughout the year to achieve the £5m</p> <p>An additional £800k has been identified through the agreed list of themes endorsed by the VSB Programme Board. These opportunities require clinical engagement to increase delivery confidence from medium to high to support the £5m target. Further options to strengthen delivery could include clearer ownership and support for these themes at a Clinical Board level, enabling local leadership to champion, drive, and convert the opportunities into tangible savings.</p>	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Continue to deliver the agreed plan as published, and seek to identify further opportunities to support the target	Continue to deliver the agreed plan as published, and seek to identify further opportunities to support the target	Continue to deliver the agreed plan as published, and seek to identify further opportunities to support the target	Continue to deliver the agreed plan as published, and seek to identify further opportunities to support the target

Risks to delivery	Mitigation
Clinical resistant to mandated schemes	Senior clinical stewardship and support

Planning Framework Component: Enabling Actions	Priority Theme: Maximising Value for Money	
Action/Standard: Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the programme areas.	Exec Owner: David Fluck	Lead Director: Tim Banner

Current UHB performance:	Biosimilars (most high value intervention) Adalimumab 97%, Bevacizumab 0% - unable to use biosimilar in CAV, Eculizumab 100%, Infliximab 100%. Ranibizumab 100%. Teriparatide 100%, Tocilizumab 64% - increasing trajectory, Ustekinumab 95%, Aflibercept 0% - not available currently, Denosumab 0% not available currently, Golimumab 100%, Omalizumab 19% - increasing trajectory. Generic DOACs second highest % in Wales. Bath/shower emollients – 3rd lowest in Wales. Dapagliflozin – highest generic rate in Wales.	Summary of current performance:	Strong performance with use of biosimilars and purchasing of on contract generic medicines. Majority of available opportunities have been maximised with ongoing review for availability of future opportunities and monitoring of ongoing performance from current biosimilar changes. Biosimilar policy drafted which sets out approach to consent from initial treatment initiation – resulting in reduced need to re-consent each time a brand is changed so the most cost effective biosimilar is adopted and use maximised in a more timely manner.
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		Yes – switching of patients receiving non-best value brand of biological medicines when they are available to purchase. Medicines procurement systems mapped to only purchase contracted generic medicines when available. Biosimilar policy drafted, due to be ratified, which will support biosimilar use as first line where available. Continue planned primary care programmes. Empagliflozin to Dapagliflozin switch planned.	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Denosumab, Omalizumab, Tocilizumab, Golimumab and Aflibercept brand changeover. DOAC work completed. Emollients – engage secondary care to reduce further. Further blood glucose testing strip reviews.	Any remaining incomplete brand changeovers/programmes.	Any remaining incomplete brand changeovers/programmes.	Any remaining incomplete brand changeovers/programmes.

Risks to delivery	Mitigation
Unavailability of best value brands biologic brands or Capacity to action switches- as contract and homecare offerings unavailable for denosumab at this point unknown if nursing capacity issue (to retrain 500 patients on self-injection scheme) will be an issue. Clinical capacity to re-consent and prescribe also risk. Lack of GP engagement with primary care priority changes. Lack of coherent/consistent message from all clinicians.	Within contractual terms – able to cross charge manufacturers where unable to purchase contracted generic brands for longer than two weeks. Biosimilar policy sets out approach to consent from initial treatment initiation – resulting in reduced need to re-consent each time a brand is changed so the most cost effective biosimilar is adopted and use maximised in a more-timely manner. Utilise Scriptswitch, formulary and ePMA.



Planning Framework Component: Enabling Actions	Priority Theme: Maximising Value for Money	
Action/Standard: Estate - ensure strengthened actions are taken to improve estate utilisation including the appropriate repurposing & disposal of under-utilised estate.	Exec Owner: Catherine Phillips	Lead Director: Geoff Walsh

Current UHB performance:	<p>The first phase of the estate rationalisation programme identified the intention to move services and demolish buildings at UHW</p> <p>Brecknock House Carmarthen House (Residences) Denbigh House Sports and Social Club Glamorgan House Monmouth House</p>	Summary of current performance:	<p>Overall progress has been good with Brecknock House, Sports & Social club, Carmarthen House and Denbigh House being vacated.</p> <p>Demolition of Brecknock House and Sports & Social Club has commenced following funding by Welsh Government</p> <p>Following the completion of the demolition of Brecknock and the Sports and Social club in early 26/27 it is intended to seek funding from WG to demolish Denbigh House and Carmarthen House in 2026/27</p> <p>Services are being reviewed for Glamorgan House and Monmouth House to find alternative accommodation with capital funding included in the draft capital plan</p>
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>Completion of the demolition of Brecknock House and Sports & Social Club. Review alternative accommodation for Glamorgan House and Monmouth House Demolition of Carmarthen House and Denbigh House</p> <p>Continuing the work with CU to identify space being vacated as part of their estate rationalisation</p> <p>Mapping of community and mental health assets to be completed to support the community by design work</p> <p>Planning for Rookwood sale and decant of legacy services including ALAS.</p> <p>Working with Local authority to provide integrated and shared spaces to deliver care and population needs in the community.</p>	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Completion of the demolition of Brecknock House and Sports & Social Club.	Review alternative accommodation for Glamorgan House and Monmouth House	Review alternative accommodation for Glamorgan House and Monmouth House	Demolition of Carmarthen House and Denbigh House

Risks to delivery	Mitigation
<p>Capital investment for demolition</p> <p>User engagement for suitable accommodation</p>	<p>Submit funding request to Welsh Government</p> <p>Accommodation Working Group</p>

Planning Framework Component: Enabling Actions	Priority Theme: Maximising Value for Money	
Action/Standard: CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care.	Exec Owner: Jason Roberts	Lead Director: Barbara Davies/ Andy Jones/ Tara Robinson

Current UHB performance:	25/26 baseline £m = 117.946 (CHC 65.7, FNC 13.044) Adult KPIs (Dec) with MoM change vs Nov: <ul style="list-style-type: none"> Total Caseload: 1,651 (+70) Total Breaches: 689 (-2) Reviews Undertaken: 58 (-8) High-Cost Packages (CHC, £75k+): 120(+6) 	Summary of current performance:	<ul style="list-style-type: none"> Year on year growth in CHC & FNC, driven by market forces and cost of care inflation drivers (Pay: RLW, ENIC, A4C Non-Pay: CPI, ROCE) Biggest areas of volume growth are Mental Health (MH), LD and FNC(PCIC) Ongoing growth ranges from 6% to 10% are anticipated, subject to market forces, capacity and policy <p>Forecast CHC, FNC and joint-funded expenditure on packages of care is circa £118m in 2025/26. Cost and volume growth estimates are circa £15m gross in 2026/27, before QIEPs and mitigating actions. MH and LD remain the biggest financial drivers.</p> <p>26/27 outlook inc Transitions, cost/vol growth £m = 133 (74.720 CHC, FNC 13.751)</p> <p>Funded packages of care (incl. CHC and Jt Funded):</p> <ul style="list-style-type: none"> LD = 285 expected at March 2026 Children's = 21 expected at March 2026 MH = 337 expected at March 2026 Other Adult = 325 expected at March 2026
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action? The UHB continues to engage with and support the national work around CHC to deliver consistency, efficiency, and value . The programme objectives focus on; <ul style="list-style-type: none"> Digital CHC System – Single platform for assessments, workflows, and reporting. - CAV Director of Digital is Leading Assessor Training & Competency – National CHC Academy with accredited curriculum. Consistent Value-Based Pricing – National price bands and negotiation guardrails. Mental Health & LD Commissioning – Standardised pathways and contracts. Health & Social Care Collaboration – MoUs and integrated panels. Strategic Market Planning – Demand forecasting and provider engagement. Reporting & Benchmarking – National dashboards and league tables. Direct Payments in Healthcare – Policy, risk controls, and audit standards Local CAV work programme for a whole system approach to Complex Care across Clinical Boards; PCIC, Mental Health & Children & Women
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Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
1. Approve Direct Payments procedure for CAV in preparation for implementation in line with legislative changes 2. Review of high- cost case reviews and opportunities to step down where (Top 20 LD, Top 50 CHC) 3. Corporate oversight & chair of CHC panel 4. Work towards a CAV Complex Care Board to review and re-design an operating system in to improve governance and efficiencies High-cost case review - reduction target of 125k in Qtr 1	1. Implement Direct Payments procedure for CAV in line with legislative changes 2. Review of high- cost case reviews and opportunities to step down where (Top 20 LD, Top 50 CHC) 3. Corporate oversight & chair of CHC panel 4. Work towards a CAV Complex Care Board to review and re-design an operating system in to improve governance and efficiencies High-cost case review - reduction target of 125k in Qtr 2	1. Implement Direct Payments procedure for CAV in line with legislative changes 2. Review of high- cost case reviews and opportunities to step down where (Top 20 LD, Top 50 CHC) 3. Corporate oversight & chair of CHC panel 4. Work towards a CAV Complex Care Board to review and re-design an operating system in to improve governance and efficiencies High-cost case review - reduction target of 125k in Qtr 3	1. Implement Direct Payments procedure for CAV in line with legislative changes 2. Review of high- cost case reviews and opportunities to step down where (Top 20 LD, Top 50 CHC) 3. Corporate oversight & chair of CHC panel 4. Work towards a CAV Complex Care Board to review and re-design an operating system in to improve governance and efficiencies High-cost case review - reduction target of 125k in Qtr 4

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Lack of expertise within the HB on Direct Payments and an undetermined demand for DP's Loss of expertise in CHC Team capacity to meet both demand and statutory requirement for timely reviews Market Inflation Lack of unified approach to continuing and complex care across CB's Disputes with Local Authority Statutory/directed changes in continuing health care 	<ul style="list-style-type: none"> National work to develop an all-Wales procedure for DP's and to be DP ready Corporate oversight at CHC panel Work towards a unified CAV Complex Care Board Review of CAV policies and procedures to ensure they align across CB's Engagement and work with Local Authority on integrated and agreed processes

Planning Framework Component: Enabling Actions	Priority Theme: Workforce Productivity	
Action/Standard: Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2026 and aligned to service demand and capacity plans.	Exec Owner: David Fluck	Lead Director: Mike Stephens/Lianne Morse

Current UHB performance:	Over the last 12 months compliance has improved from 64.23% in Jan 25 to 82.54% in Dec 25.	Summary of current performance:	Whilst we are not yet meeting the target set >90%, our aim is to achieve this by 31 March 2026 by focusing on Clinical Boards that are not achieving the target. Current non-compliance below: <ul style="list-style-type: none"> • Children & Women – 84.59% • CD&T – 78.16% • Medicine – 84.27% • Mental Health – 71.15% • Specialist – 84.97% • Surgery – 81.19%
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		The plan is to focus on Directorates and Clinical Boards that are not achieving the >90% target. This will be achieved by some of the following: <ul style="list-style-type: none"> • Strengthening communication and engagement with Consultants, SAS Drs, Clinical Directors and Clinical Board Directors. • Educating and supporting Clinical Directors & Directorate Managers on the job planning process. • Senior Doctor induction also provides education on job planning for new colleagues. • Consultants that have not signed off their job planning within the agreed timescales will meet with the Medical Director so that the barriers can be understood and resolved. • Monitoring improvement trajectories through the monthly Executive Performance Reviews. • Job Planning compliance is part of the Integrated Performance Report (IPR) which is discussed at Board and the People & Culture Committee. • E-Job Planning contract expires in 2026, explore options for a more user-friendly system through the appropriate Procurement channels.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • By Qtr 1 the UHB will have achieved the >90% target. • Explore alternative e-job planning systems. 	<ul style="list-style-type: none"> • Target to remain >90%. Monitored monthly • Decision on future e-job planning system (exiting or new). • If new, communicate & engage with clinicians ensuring the reason for the change is clearly understood. 	<ul style="list-style-type: none"> • Target to remain >90%, monitored monthly. 	<ul style="list-style-type: none"> • Target to remain >90%. Monitored monthly.

Risks to delivery	Mitigation
<ul style="list-style-type: none"> • Lack of engagement from Consultants and SAS Doctors. 	<ul style="list-style-type: none"> • Medical Director and Assistant Medical Director of Workforce, to ensure that meetings take place with Doctors if they are not engaging fully in the job planning process and signing off their job plan.



Planning Framework Component: Enabling Actions	Priority Theme: Workforce Productivity	
Action/Standard: Continue to deliver a further and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn and ensuring no off-contract expenditure.	Exec Owner: Rachel Gidman	Lead Director: Lianne Morse

Current UHB performance:	<p>Total agency spend 23/24 = £15.2m 24/25 = £6m 25/26 (forecast) = £5.5m</p> <p>Breakdown Medical & Dental 23/24 = £5.2m 24/25 = £2.7m 25/26 (forecast) = £1.7m</p> <p>R/N Agency 23/24 = £10.8m 24/25 = £4.2m 25/26 (forecast) = £2m</p>	Summary of current performance:	<p>The staff groups where agency expenditure is the greatest is in:</p> <ul style="list-style-type: none"> • Medical & Dental • Registered Nursing <p>R/N agency - Our over reliance on R/N agency has improved over the last 3 years. All Wales data shows CAV are using significantly less agency shifts than neighbouring Health Boards.</p> <p>Medical & Dental agency – reliance on agency workers is predominantly driven by 'hard to fill' posts, e.g. Mental Health Consultant x 2, CAMHS x2, Interventional Cardiology x 1. Agency workers are also engaged in Rheumatology x1, Gastro x 1 and Medicine x1. Currently CAV have a total of 8 agency workers in place.</p> <p>CAV will achieve the 30% reduction in 25/26 from the 24/25 outturn.</p>
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<p>Whilst the data above shows the reduction that has been achieved over the last 3 years the aim is to continue to reduce agency expenditure across all staff groups, particularly for the Registered Nursing and Medical workforce. We will strive to achieve the 30% reduction but recognise that the lower our agency use is the more difficult this becomes. Agency expenditure will be monitored via:</p> <ul style="list-style-type: none"> • Monthly Executive oversight group • Executive Performance Reviews with the Clinical Boards • Board and People & Culture Committee • Nurse Productivity Group (NPG) • Medical Workforce Advisory Group (MWAG).

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • Requests for agency will continue to be scrutinised by the Clinical Boards with Executive oversight. • Reduction target will be monitored monthly. • Reduction target of 10% in Qtr 1 	<ul style="list-style-type: none"> • Requests for agency will continue to be scrutinised by the Clinical Boards with Executive oversight. • Reduction target will be monitored monthly. • Reduction target of 15% in Qtr 2 	<ul style="list-style-type: none"> • Requests for agency will continue to be scrutinised by the Clinical Boards with Executive oversight. • Reduction target will be monitored monthly. • Reduction target of 20% in Qtr 3 	<ul style="list-style-type: none"> • Requests for agency will continue to be scrutinised by the Clinical Boards with Executive oversight. • Reduction target will be monitored monthly. • Reduction target of 30% in Qtr 4

Risks to delivery	Mitigation
<ul style="list-style-type: none"> • Inability to recruit to 'hard to fill' medical roles, due to national shortages and lack of training places. • Availability of staff is impacted by sickness absence continuing at 6% or increasing, placing additional pressure on the Nursing workforce. • Nurse Rostering inefficiency, impacting on the availability of staff, e.g. poor annual leave allocation, make-up shifts, etc. • Nursing high-cost packages of care, requiring agency. • WRDC implementation could create gaps in the resident workforce rotas which may lead to agency back fill. 	<ul style="list-style-type: none"> • Medical Workforce Advisory Group will ensure that the UHB are trying everything possible to improve how we attract, recruit and retain. • Improving the health and wellbeing of our staff remains a top priority, actions in place to support the reduction of sickness absence. • Nurse Productivity Group (NPG) - monitor roster efficiency and agency use.

Planning Framework Component: Enabling Actions	Priority Theme: Workforce Productivity	
Action/Standard: Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular – BANK REDUCTION	Exec Owner: Rachel Gidman	Lead Director: Lianne Morse

Current UHB performance: The agency reduction has been outlined in slide 12 and has been achieved by implementing the actions outlined in the framework.	Variable Pay Overtime Reduction 23/24 = £11.3m; 24/25 = £6.3m; 25/26 (as @ 31/12/25) = £885k Bank (not including Medical & Dental) 23/24 = £24.7m; 24/25 = £30.4m; 25/26 (forecast) = £29m Medical & Dental Bank (Excluding WLI) 23/24 = £14M; 24/25 = £13.2M ; 25/26 (forecast) = £10.6M Medical & Dental Bank (WLI ONLY) 23/24 = £2.1M; 24/25 = £2.1M; 25/26 (forecast) = £2.7M	Summary of current performance:	25/26 performance is attributable to some of the following: <ul style="list-style-type: none"> Continued Executive oversight for agency, bank and overtime, including escalation Significant reduction in overtime use, moved to 'bank first' approach, which also brought consistency Adherence to Medical & Dental Rate Card WLI – approvals managed centrally through the COOs office. Improved Nursing, Midwifery & HCSW rostering efficiencies. Improvement in job planning Reduction in Locum Consultants No off-contract agencies used Data & Insights – improved dashboards, aligned to e-rostering system Transferred the Medical & Dental managed service from Medacs & created our own in-house Staff Bank
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action? Further improvement in 26/27 will be achieved via a plan to reduce variable pay (bank), focusing on the following areas: <ul style="list-style-type: none"> Waiting List Initiative (WLI) payments, cease use. Medical & Dental Bank reduction dependant on WRDC implementation impact, target of 10% HCSW bank reduction (annual spend approx. £15m), target 10% Cease A&C Bank (approx. annual spend £700k) PAAR to cease from 01/04/26
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Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Cease all requests for A&C Bank Cease PAAR for Sonographers Medical & Dental Bank reduction 2.5% Recruiting into HCSW vacancies will allow us to reduce bank by 2.5% Cease WLI Payments 	<ul style="list-style-type: none"> Medical & Dental Bank reduction 5% Recruiting into HCSW vacancies will allow us to reduce bank by 5% 	<ul style="list-style-type: none"> Implement e-rostering system from Aug 26 for F1 and F2 Doctors as part of WRDC. Medical & Dental Bank reduction 7.5% Recruiting into HCSW vacancies will allow us to reduce bank by 7.5% 	<ul style="list-style-type: none"> Commence e-rostering implementation for all Resident Dr grades Medical & Dental Bank reduction 10% Recruiting into HCSW vacancies will allow us to reduce bank by 10%

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Implementation of WRDC from Aug 26, current rota analysis is showing significant gaps as a direct result of the new T&Cs. In the absence of foundation training Drs gaps will be covered via Bank and employing Locally Employed Drs (at a cost to the UHB). 	<ul style="list-style-type: none"> Medical Workforce Advisory Group (MWAG) to monitor the WRDC position and mitigate as appropriate – clinical leadership & decision making.

Planning Framework Component: Enabling Actions	Priority Theme: Workforce Productivity	
Action/Standard: Organisations who have achieved a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to maintain that position. Organisations yet to deliver that position to deliver zero by 30th September 2026.	Exec Owner: Rachel Gidman	Lead Director: Lianne Morse

Current UHB performance:	<p>HCSW 23/24 = £314k 24/25 =£106k 25/26 (forecast) = £650k</p> <p>Admin & Clerical 23/24 = £812k 24/25 =£397 25/26 (forecast) = £372k</p> <p>Estates & Ancillary 23/24 = £226k 24/25 =£45k 25/26 (forecast) = £113k</p>	Summary of current performance:	<ul style="list-style-type: none"> HCSW agency - driven by an unavoidable requirement for mental health specialist care packages. All alternatives are being explored to look at bank however, this is proving challenging due to requirement of specific skills. The use of Agency HCSW for non-specialist care packages was successfully stopped in 23/24 following a recruitment campaign where the spend was previously around £500k a month. A&C agency expenditure is driven by Clinical Coding. This is a role that requires specialist training and good progress is being made in developing a cohort of newly appointed staff. It is however a long-term strategy and so the cessation of agency staff will not cease within 25/26 as the current ministerial target of 95% is not being met and is a priority. It is the aim increase agency for the next year to achieve the target as Estates & Ancillary agency is driven by the need to ensure adequate security services and is the cheapest source of temporary staffing. The UHB would wish to retain this model as it is the most cost effective and only utilised when essential for security services.
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Does the UHB have a plan achieve this requirement in 2026/27?	No	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<p>The focus for 26/27 will be on reducing agency in all three staff groups::</p> <ul style="list-style-type: none"> HCSW - utilise our own staff and recruit additional bank staff and develop them to have appropriate SIMA skills rather than agency where possible Estates and Ancillary – the UHB wish to continue to utilise the cheapest option when temporary staff are required and so agency security staff will continue, albeit at a very minimal level. A&C – agency will be stopped across the UHB except for Clinical Coding which may increase due to the lack of alternative solutions in the short term and the need to meet ministerial targets.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Recruitment of HCSWs with their SIMA skills to reduce need for Agencies, target to reduce by 5%. Clinical coders to work additional bank hours rather than agency. Cease A&C agency usage except for Clinical Coding. 	<ul style="list-style-type: none"> Recruitment of HCSWs with their SIMA skills to reduce need for Agencies, target to reduce by 10% Appoint a clinical coder trainer to increase the rate at which new clinical coders can be trained and reach full competency and thereby reduce need for agency. 	<ul style="list-style-type: none"> Recruitment of HCSWs with their SIMA skills to reduce need for Agencies, target to reduce by 15% 	<ul style="list-style-type: none"> Recruitment of HCSWs with their SIMA skills to reduce need for Agencies, target to reduce by 20%

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Inability to recruit and develop the skills required for HCSW bank only workers. Retention of Bank Only workers as once they are trained, they move to substantive roles. Patients requiring specialist care packages are outside the control of the UHB. Retention of clinical coders given the national shortage. 	<ul style="list-style-type: none"> Agency use across all staff groups will be approved and monitored by Clinical Boards, discussed with Executive team through the monthly performance reviews. HCSW Agency will also be monitored through the Nursing Productivity Group (NPG).

Planning Framework Component: Enabling Actions	Priority Theme: Workforce Productivity	
Action/Standard: Ensure a reduction in sickness absence in 2026/27 in comparison to 2025/26, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels.	Exec Owner: Rachel Gidman	Lead Director: Lianne Morse

Current UHB performance:	Cumulative sickness absence % 23/24 = 6.22% 24/25 = 6.33% 25/26 (as @ 28/02/25) = 6.42% Target 25/26 = <5.5% cumulative <ul style="list-style-type: none"> Occupational Health performance has improved, including timeliness of manager referrals and enhanced support for early and sustained return to work. Progress has been made in strengthening Occupational Health quality and assurance, including alignment with national standards and minimum service levels. Demand for Employee Wellbeing Service support and the Staff Trauma Pathway has increased, with waiting times remaining within Welsh Government KPI thresholds. 	Summary of current performance: The downward trend in month shows a positive movement, because of some of the following interventions; <ul style="list-style-type: none"> Enhanced Occupational Health Support: The UHB has strengthened access to occupational health services through a collaborative model with CTMUHB, including fast-track trauma pathways for staff experiencing work-related psychological distress (PTSD), and access to evidence-based psychological therapies and counselling support. Manager Capability: Line managers have received targeted support and guidance to manage sickness absence and support staff appropriately, including the application of reasonable adjustments, early supportive conversations and escalation through sickness panels where required. Targeted Health and Wellbeing Support: The UHB has expanded its evidence-based health and wellbeing offer, including access to structured interventions such as SPRING, IPT-informed approaches and other therapeutic support, aligned to the needs of staff experiencing stress, trauma or psychological distress. Flexible Working: Flexible working arrangements continue to be promoted and implemented where possible to support work-life balance and reduce avoidable stressors. Monitoring and Review: Sickness absence trends are monitored through established governance routes, with departments experiencing higher levels of stress-related absence receiving targeted support from the People and Culture team and through Clinical Board sickness panels.
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		The target for 26/27 will remain <5.5%, with the health and wellbeing of our staff remaining both a strategic and in-year priority. <ul style="list-style-type: none"> Continue to monitor stress and anxiety related absences and provide targeted interventions. Maintain sickness panels in hotspot areas and extend them to departments with emerging issues. Further education and awareness across the UHB of mental health issues. Promote a culture of well-being and open dialogue about mental health across the UHB. Provide ongoing guidance on reasonable adjustments, confidential conversations, and early intervention for stress-related issues. Further analysis on the cause of Anxiety, Stress, Depression, Other Psychiatric Illness related absences i.e. work related, personal, family, financial, carers responsibilities to provide additional support in these areas. Continue to promote flexible working arrangements wherever possible to help staff manage work-life balance and reduce stressors. Continued promotion of Fast-track physiotherapy pathway. Ensure mandatory manual handling training for all staff. Make sure training is refreshed regularly and covers safe lifting techniques, risk assessment, and the use of aids.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Key actions: <ul style="list-style-type: none"> Confirm priority sickness absence drivers and risk areas using alignment of intelligence, staff survey and workforce data. Scoping of the modernised employee health and wellbeing model, aligned to culture positioning and attendance management. Cumulative sickness reduction to 6% 	Key actions <ul style="list-style-type: none"> Embed leadership and culture expectations within attendance management and absence processes. Target leadership and wellbeing support in services with higher or emerging absence concerns. Cumulative sickness reduction to 5.8% 	Key actions <ul style="list-style-type: none"> Review absence, wellbeing and OH insight through existing governance routes. Refocus action where leadership behaviours, workload or team culture are contributing to absence. Cumulative sickness reduction to 5.6% 	Key actions <ul style="list-style-type: none"> Provide Board assurance on progress through BAF and workforce reporting. Use learning to inform 2027/28 priorities. Cumulative sickness reduction to 5.5%

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Sustained operational and financial pressure limiting leadership capacity and staff resilience. Variation in leadership behaviours and management practice across services. Change fatigue reducing engagement with attendance and wellbeing activity 	<ul style="list-style-type: none"> Embed attendance, leadership and wellbeing expectations within existing performance and assurance arrangements. Use existing insight to target support in priority services and teams. Maintain clear executive and clinical sponsorship to reinforce focus and alignment.

Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Ensuring the full implementation of the National Optimal Pathways in Cancer	Exec Owner: Paul Bostock	Lead Director: Sarah Lloyd

Current UHB performance:	96% of our specialities are following clinical pathway structures as standard with around 57% of first appointments being conducted within 14 days.	Summary of current performance:	<p>Services are currently refreshing their analysis into how their pathway and performance aligns to the national optimal pathways.</p> <p>As of the most recent review our Breast pathway is the only service which is not complying with the NOP. As demand has risen by 38% over recent years there is a need to emphasise the challenges in meeting demand with current capacity – this has been seen most acutely in skin. In order to achieve compliance across all NOPs, we must balance capacity against growing demand.</p> <p>In response to this, there are plans in place to address specific demand and capacity challenges. This is in conjunction with the organisations clear prioritisation structure which enable services and teams to flex non-capacity to meet demand.</p>
Does the UHB have a plan achieve this requirement in 2026/27?	YEs	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		There are specific plans in place to address key areas such as skin. We are also working through improvement actions within the endoscopy service and have introduced a new call monitoring and booking system that will aid efficiency and increase the rate of booking. We will continue to work with our breast service to overcome the main challenges preventing NOP compliance. There are however workforce pressures and deficits across some specialties, or process and practices across CAV that limited our ability to fully implement the National Optimum Pathways across all tumour sites.	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Refresh review of NOPs Complete ongoing demand and capacity work with annual projections Radiology education sessions with primary care	Continue to address areas of poor performance/where there is a deviation away from the NOP	Continue to address areas of poor performance/where there is a deviation away from the NOP	Continue to address areas of poor performance/where there is a deviation away from the NOP

Risks to delivery	Mitigation
Capacity within the services to meet current and growing demand Availability of key workforce i.e. breast radiologists, BSW accredited screeners Pathology TAT Lung screening programme – previous unmet need	Accurate demand and capacity modelling that projects more than 12 months Implement digital cell path, recruitment to vacancies



Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on - Cataract - 90% of lists to have 7 Cataracts per list by end of Q2; Arthroplasty 90% of lists to have 4 Primary joints per day; and 90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2	Exec Owner: Paul Bostock	Lead Director: Catherine Wood

Current UHB performance:	<ul style="list-style-type: none"> See summary position across the three measures within the component 	Summary of current performance:	<ul style="list-style-type: none"> Cataracts, met exceeded and embedded as business as usual Arthroplasty – 4 arthroplasties per list achieved in part HVLC gallbladders and hernia lists in place as at January 2026 – currently 63% of available lists meet this criteria. This is currently constrained by patient selection as the cohort of patients appropriate for these lists is also the cohort being outsourced
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>Cataracts has already been achieved, enabling an additional 423 cases in 25/26 often and exceeds the minimum expected delivery of 7 cataracts per list. This will be maintained and improved upon where possible in 26/27</p> <p>Arthroplasty – listing 4 arthroplasties per list commenced on lists where appropriate in Q4 of 26/27 so is up and running, Audit of this and any efficiency gains are currently underway. To extend this we will seek to remove constraints that preclude this listing as standard practice across all lists and amend job plans accordingly</p> <p>HVLC – Lists are constructed to enable this is Q4 of 25/26 - 26/27 will focus on embedding this as business as usual</p>	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Cataracts – 90% to have 7 per list Arthroplasty - continue with listing as per Q4 25/25 and audit delivery and benefit HVLC – audit delivery and assess benefit 	<ul style="list-style-type: none"> Cataracts – 90% to have 7 per list Arthroplasty embed 4 arthroplasties per list as business as usual and re-job plan those for whom this is not possible to alternative lists or clinical activity HVLC - 85% to have 6 per list 	<ul style="list-style-type: none"> Cataracts – 90% to have 7 per list Arthroplasty 90% to have 4 per list HVLC - 85% to have 6 per list 	<ul style="list-style-type: none"> Cataracts – 90% to have 7 per list Arthroplasty 90% to have 4 per list HVLC - 90% to have 6 per list

Risks to delivery	Mitigation



Planning Framework Component: Enabling Actions		Priority Theme: Timely Access to Care	
Action/Standard: Theatre session utilisation is improved to achieve standard of 85%- late starts (>15 mins), early finishes (>60 minutes) and overall utilisation are reported as key KPIs to underpin the 85% standard		Exec Owner: Paul Bostock	Lead Director: Catherine Wood
Current UHB performance:	<ul style="list-style-type: none"> 73% as of the January 2026 	Summary of current performance:	Current theatre performance demonstrates inconsistent utilisation and avoidable productivity losses across several specialties. In-session utilisation has remained static, with 58% of timetabled sessions identified as undersubscribed, while late starts have deteriorated slightly and continue to impact overall efficiency. Although early finishes have shown some improvement, sessions are still finishing significantly ahead of planned times, highlighting underfilled lists and operational inefficiencies. Bed availability remains a major constraint, with 18 patients cancelled at short notice between December and mid-January, resulting in almost 24 hours of lost clinical time and financial losses. Wider analysis of on-the-day cancellations during 2025 shows over 2,600 hours of lost theatre time and more than 2,500 cancelled cases, indicating significant opportunity for improvement. Several specialties are performing well below expected utilisation levels, and without targeted interventions, current performance will continue to create operational, financial, and patient access challenges
Does the UHB have a plan to achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		We expect to meet the 85% target by the End of March 2027. Next year, we will focus on sustaining and further strengthening theatre efficiency by embedding utilisation, start-time performance, turnaround standards, and list productivity into routine operational and clinical practice. This will be achieved through continued real-time performance monitoring, specialty-level accountability, and integration of efficiency targets into job planning and service objectives. We will expand pathway optimisation, increase day-case delivery, and refine list scheduling using validated performance data to ensure theatre time is consistently matched to demand. Ongoing staff engagement, continuous improvement initiatives, and regular performance reviews will support a culture of high productivity, ensuring utilisation remains at or above 85% while maintaining patient safety, quality outcomes, and financial sustainability.	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
In Quarter 1, we will establish a clear baseline of theatre performance and strengthen governance through regular performance reviews and visible dashboards. Immediate actions will focus on improving start-time discipline, patient readiness checks, and escalation processes to reduce cancellations and variability. The objective is to stabilise performance and deliver early improvements in utilisation. Expected Performance for Q1 = 75%	Quarter 2 will focus on improving theatre efficiency by optimising list scheduling, aligning procedure times with actual data, and improving turnaround processes through revised workflows and staffing models. Specialty engagement will support productivity improvements, with the aim of delivering sustained reductions in delays and improved list completion. Expected Performance for Q1 = 77%	In Quarter 3, we will maximise theatre capacity by redesigning underperforming lists, introducing pooled waiting lists where appropriate, and strengthening performance accountability. Additional productivity measures such as extended day lists and improved day-case conversion will be explored to further increase utilisation. Expected Performance for Q1 = 79%	Quarter 4 will focus on embedding improvements into standard operating procedures, performance frameworks, and staff training to ensure sustainability. Continuous monitoring and review will support consistent achievement of 85% utilisation while maintaining patient safety and quality standards. Expected Performance for Q1 = 85%
Risks to delivery		Mitigation	
Workforce Availability and Engagement, Poor List Planning and Case Scheduling Accuracy, Operational Process Inefficiencies, Cultural and Behavioural Challenges		Strengthened clinical and operational engagement, supported by clear accountability and transparent performance. Workforce challenges will be addressed through reviewing staffing models, aligning efficiency expectations within job planning, and providing regular feedback to teams. Improvements in list planning will be supported by using historical procedure duration data, strengthening booking discipline, and introducing specialty-led validation of the theatre lists. Operational inefficiencies will be reduced through standardised patient preparation and turnaround processes, improved coordination and proactive patient readiness checks prior to surgery. Cultural and behavioural change will be supported through strong leadership, regular performance reviews, recognition of good practice, and embedding theatre efficiency standards into routine governance and operational practice	



Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Consistent clerical and clinical validation should be in place using the national SOP - any patient waiting greater than 26 weeks should be validated. Volumes of non-admitted closed pathways will be monitored as proxy supported by National Programme team visits	Exec Owner: Paul Bostock	Lead Director: Catherine Wood

Current UHB performance:	Waiting list is currently clerically validated to 36 weeks (January2026), meeting MAG recommendation	Summary of current performance:	<ul style="list-style-type: none"> 27, 000 records validated to date. Over the last half of 25/26 the central validation team capacity has been divided between validation and supporting the administration of HBS clinics. From April 2026 this will cease enabling them to focus solely on achieving 26 weeks for clerical validation. At present the approach to clinical validation is supported by non-recurrent WG monies and is made up of a mixture of notes reviews, telephone and face to face appointments. In addition, trials of CP01 referral criteria have been used to validate spinal outpatient waiting lists and a trial of Clinitouch an AI clinical validation tool is being undertaken at the end of Q4. The impact assessment of which will be used to inform the later quarters of the years plan
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Does the UHB have a plan achieve this requirement in 2026/27?	No	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<ul style="list-style-type: none"> Plan to meet in part: <ul style="list-style-type: none"> Clerical team in place to enable clerical validation to 26 weeks as required Clinical validation is a huge opportunity that to be realised needs to be implemented systematically

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Central validation to focus solely on validating Stage 1 to 26 weeks 	<ul style="list-style-type: none"> Central validation to hold stage 1 clerical validation at 26 weeks, and commence stage 4 reduction to 26 weeks 	<ul style="list-style-type: none"> Central validation to hold stage 1 clerical validation at 26 weeks, and commence stage 4 reduction to 26 weeks 	<ul style="list-style-type: none"> Maintain and hold Stage 1 and 4 at 26 weeks

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Clinical validation – workforce capacity, building in validation systematically through job plans will decrease demand but also decrease DCC commitments, and one will not necessarily offset the other Lack of development support to run bespoke specialty validation exercise No route to invest in AI to support clinical validation 	

Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Each Health Board should see a referral return rate of 20+% and/or a reduced referral rate per 100,000 population by December 2026 - utilising Health Pathways optimally.	Exec Owner: Paul Bostock	Lead Director: Catherine Wood

Current UHB performance:	Current rejections rate for UHB 25/26 = 29.9% OECD population 506,000 <ul style="list-style-type: none"> • Av Referrals/month from primary care = 12,705 • 2511/100,000 	Summary of current performance:	Community HealthPathways is a guidance tool which has been in use in CAV since 2018. Currently CAV has published 627 localised pages of this approximately 400 are clinically agreed pathways. The significant return on the use of this platform will have been seen in previous years. We have some local data post Covid era to support this. In January we had 44,731 page views and in the last 12 months our pages were viewed over 490,000 times. Most clinical specialties have a volume of pathways published although volumes do vary.
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<ul style="list-style-type: none"> • The UHB plans to maintain or better current performance via Planned Care Programme Board • All directorates have plans in place for review and scrutiny of referrals. Use of CHP in this process varies. • Further coding required to attribute referral management reductions to direct use of CHP • CHP part of a wider package of tools in use in CAV relating to referral management. These tools include Consultant Connect / SOS & PIFU • Referral Management SOP requires roll out across the UHB

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • Roll out of Referral Management SOP and measurement of impact • Improvements on data reporting on this standard linked to coding improvements 	<ul style="list-style-type: none"> • Roll out of Referral Management SOP and measurement of impact • Improvements on data reporting on this standard linked to coding improvements • Further detail to be agreed 	<ul style="list-style-type: none"> • Roll out of Referral Management SOP and measurement of impact • Improvements on data reporting on this standard linked to coding improvements • Further detail to be agreed 	<ul style="list-style-type: none"> • Roll out of Referral Management SOP and measurement of impact • Improvements on data reporting on this standard linked to coding improvements • Further detail to be agreed

Risks to delivery	Mitigation
<ul style="list-style-type: none"> • Funding of CHP platform post 2027 	



Planning Framework Component: Enabling Actions		Priority Theme: Timely Access to Care	
Action/Standard: Through effective streaming of patients on arrival at the front door allied to a focus on safe, efficient and early discharges, deliver all ambulance patient handovers within a maximum of 45 minutes, aiming for achievement of >90% in 15 minutes by the end of 2026/2027.		Exec Owner: Paul Bostock	Lead Director: Claire Main
Current UHB performance:	<p>January 2026 compliance for 45-minute handover is at 82.3% with an overall context of reducing handover times despite seeing an 11% rise in conveyances compared to the same time last year.</p> <p>15-minute compliance is at 15.6% for December 2026</p>	Summary of current performance:	<ul style="list-style-type: none"> Since October we have seen multiple instances where EU attendance figures have reached record highs in line with the expected 4% rise in annual demand We have delivered a reduction in 2-hour ambulance holds showing that even when patients breach the 45-minute handover time there is still a focus to bring patients in as quickly as possible. W45 processes are now in place 24/7 with a plan to maintain ambulance buffers in majors but deescalate W45 bays overnight 15-minute handovers have improved over the course of the year since the implementation of W45, with a peak performance of 25% in September and overall improvement from 10.9% in December 2024
Does the UHB have a plan achieve this requirement in 2026/27?	No	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<ul style="list-style-type: none"> We are committed to reducing ambulance handovers overall and delivering the consistent improvements we have seen in the past. Further implementation of the W-45 position, combined with ongoing system pressures, could potentially result in corridor care in the Emergency Unit until we improve the overall system. The W45 spaces are unstaffed and unmonitored so it is extremely challenging The Health Board is committed to reviewing on ward processes in line with recent Prism reports to improve LOS and improve patient flow. The Health Board are also working closely with PCIC and WAST to improve alternative pathways to EU and conveyance to reduce overall demand 	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Maintain current performance with no change to performance overall as we stabilise post Winter Start to implement improvements to flow within the hospital Plan the new Acute footprint model and improve decision making early in patient pathway Continue to develop improvement plans under the UEC 3 – Acute Front door flow to include the development of the WECDS dataset. To complete gap analysis of current EUW against the All-Wales ED App. 	<ul style="list-style-type: none"> Deliver improvements on flow within the hospital Embed changes for new acute model delivering care in Lakeside wing Continue to work with WAST on ambulance conveyances and alternatives to ED Improve 45-minute compliance to 88% Improve 15-minute compliance to 20% Output of ED APP mapping to inform next steps. 	<ul style="list-style-type: none"> Audit changes that have been made to understand next steps required to continue to drive improvements Standardise changes that are working well and review where changes haven't been successful Improve 45-minute compliance to 90% Improve 15-minute compliance to 25% 	<ul style="list-style-type: none"> Continue to deliver on LOS ambitions Review how ED is working in the system now and continue to work with WAST and PCIC to review need for conveyances and alternatives Maintain 45-minute compliance at 90% Improve 15-minute compliance to 30%
Risks to delivery		Mitigation	
<ul style="list-style-type: none"> Improving flow through hospital by reducing length of stay continues to be a challenge Increasing demand and particularly in high-risk cohort 		<ul style="list-style-type: none"> Delivering key actions through LOS actions Clear Pathways and SOP for managing ambulance handovers Working with WAST and PCIC to develop alternatives to ED 	

Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme Optimal Hospital Flow Framework with a focus on 7-day working with leaner acute hospital processes and more efficient discharge transport services to facilitate earlier discharges and increasing weekend discharges	Exec Owner: Paul Bostock	Lead Director: Mike Bond

Current UHB performance:	<ul style="list-style-type: none"> 20% discharges by midday against 33% target 138 POCD reported in January 2026 (excl. MH) Over the last 12 months, there has been a consistent decline in both the number of days delayed and the average LOS, while overall number of delays remains stable. 	Summary of current performance:	<ul style="list-style-type: none"> December –January 2026 - Independent review undertaken by PRISM, to further identify challenges and opportunities for improvement. Heightened focus on hospital processes and efficient discharges, as a result of Sprint activity and objectives National review of R2G and D2RA processes, findings being addressed as part of an improvement programme. Trusted Assessor report generated and shared with Health and Social partners, to drive next steps and implementation. Continued focus on Deconditioning, through the development of educational materials and promotion. 7 day working implemented across acute footprint in Medicine and Surgery.
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
To deliver measurable improvements to the OHFF, in response to PRISM review findings. To improve patient flow, reducing LOS and ensuring safe and timely discharge, through consistent and standardised operational practices and further expansion of 7-day coverage, to meet the 33% of discharges before midday target. As set out within the 6 Goals Delivery Plan.			

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Develop improvement strategy against PRISM recommendations, with a phased plan to introduce standardise best practice across all wards for optimal flow. Reframe governance arrangements with bed holding boards to implement PRISM recommendations and create an accountable and delivery mechanism. Develop education and training to support effective flow, decision-making, and continuous improvement. Enhance joint working between Health and Social Care, formalised through a memorandum of understanding, to enable rollout of the Trusted Assessor model. Finalising Community pathways to enhance appropriate post-acute care for patients. <p>+5% increase in midday discharges +10% increase in weekend discharges</p>	<ul style="list-style-type: none"> Roll out standardised core operational processes in phases, targeting support where it will have the greatest impact Begin embedding proactive length-of-stay management into business-as-usual, through establishment of LOS focus meetings, using data to identify and manage long-stay patients. Provide targeted education and support to wards Deepen system partnership working to address recurring bottlenecks and reduce avoidable delays Create Clinical Board–level leadership for Preventing Deconditioning, renewing focus. <p>+5% increase in midday discharges +10% increase in weekend discharges</p>	<ul style="list-style-type: none"> Use audit and performance insight to strengthen ownership and accountability within daily operations, targeting support where performance is weakest and sharing learning from best practice. Standardise and embed effective operational models across all wards; to include tools and education to reduce variation and support consistent delivery. Lead a phased pilot of the DEWI (National deconditioning) tool in priority wards, using evidence from implementation to guide future system-wide adoption. <p>+5% increase in midday discharges +10% increase in weekend discharges</p>	<ul style="list-style-type: none"> Ensure key review and governance processes are fully embedded and consistently assured. Undertake formal assurance reviews against PRISM recommendations and priorities. Evaluate the impact and learning from implemented tools and new models of working. Refresh and agree improvement priorities to inform the next phase of delivery. <p>Reach 33% target for discharges by midday.</p>

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Constraints on staff capacity or engagement may hinder the consistent adoption and embedding of planned operational improvements. Inaccurate or incomplete data on discharge, length of stay, or operational metrics may hinder decision-making. Reliance on external services (e.g., social care, community providers) may delay discharge or Trusted Assessor rollout. Improvements may revert if not fully embedded into business-as-usual processes. 	<ul style="list-style-type: none"> Strong leadership engagement and clear communication of expectation. Where needed, protect time for training and process adoption. Define clear data standards and ownership and use of dashboards to monitor trends. Continue to strengthen relationships and cross-system agreements with partners and establish joint governance and escalation mechanisms. Integrate education into induction, mandatory training, and job planning.

Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Deliver medical same day emergency care (SDEC) and acute frailty services at the front door of hospitals in line with all principles set out in national SDEC policy and strategy documents, and the six goals for urgent and emergency care programme Front Door Acute Frailty Service (AFS) Framework for Acute Hospitals	Exec Owner: Paul Bostock	Lead Director: Mike Bond

Current UHB performance:	<ul style="list-style-type: none"> Current monthly baseline for emergency medical admissions >75 =774 <ul style="list-style-type: none"> October 2025 = 866 November 2025 = 789 December 2025 =802 	Summary of current performance:	<ul style="list-style-type: none"> Completion of comprehensive baseline assessment and gap analysis against the national framework Initiated development of optimal frailty model in alignment with framework requirements. Development of CFS tool and initiated educational materials to support improvement to awareness and accuracy of CFS recording. Enhance frailty provision and focus within MEAU (UHL)
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		By re-designing of the acute frailty pathways and service provision to support earlier identification, comprehensive assessment, and integrated care for people living with frailty across both acute sites, aligned to national recommendations, as outlined with the framework. As set out within the 6 Goals plans. We will reduced emergency admissions of >75s from emergency departments to hospital by 10- 15% on the 2025/2026 baseline by the end of December, sustained until the end of March 2027.	
		10% reduction = 697 patients, 15% reduction = 658 patients	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Fully implement the CFS toolkit within Majors and AMRATZ, testing supporting materials with staff and patients and refining based on feedback. Finalise training videos to support consistent education and application of CFS. Complete demand and capacity modelling for general frailty beds, OPAMU, and development of Frailty SDEC, including agreed location, staffing models, and CFS-based streaming pathway design. Scope existing frailty discharge pathways, identifying variation, duplication, and gaps in direct referral access to community services. 	<ul style="list-style-type: none"> Introduce CFS Champions and deliver a structured education programme across ED, acute areas, and SDEC, supported by agreed KPIs and ongoing monitoring. Optimise the electronic recording and application of the Clinical Frailty Scale (CFS) to support standardised frailty streaming pathways and improve flow, outcomes, and experience across acute settings. Confirm the acute frailty clinical model, including SOPs and interfaces with ED, SDEC, community pathways, and site operations; deploy right-sized staffing models and rotas for implementation Strengthen inpatient-to-community pathways by improving staff awareness, aligning with SPoA and community rapid response models, and implementing direct referral processes with supporting SOPs. 	<ul style="list-style-type: none"> Commence routine audits and performance monitoring, tracking activity, flow, LOS, CFS accuracy, and consistency across acute and emergency settings. Monitor workforce impact, including staff confidence, capability, and appropriate streaming and escalation, and explore opportunities to align CFS and 4AT training. Optimise interfaces between Frailty SDEC, Acute Frailty Units, and community services to improve coordination and patient flow. Embed frailty pathways into CGA processes, board rounds, discharge planning, and ward inductions, monitoring impact on LOS, same-day discharges, and community response times. <p>5% Reduction emergency admissions of >75s from emergency departments to hospital</p>	<ul style="list-style-type: none"> Agree and embed a sustained approach to frailty training and education, supported by formalised SOPs. Continue performance monitoring and continuous improvement planning, addressing operational issues and refining pathways as required. Monitor and evidence improvements in patient flow and outcomes, including same-day and <72-hour discharges, reduced admissions, and reduced delayed discharges. Capture, evaluate, and share learning and impact, with a focus on increasing discharges home and reducing readmissions where measurable. <p>10% Reduction emergency admissions of >75s from emergency departments to hospital</p>

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Insufficient availability of skilled staff (medical, nursing, AHPs) to safely staff the Acute Frailty and Frailty SDEC models, delaying implementation or reducing service hours. Modelling may underestimate or overestimate demand, resulting in inappropriate bed base or SDEC capacity. Variation in CFS scoring and pathway adherence could lead to inappropriate streaming and poor outcomes. Potential short term cost pressures associated with staffing. 	<ul style="list-style-type: none"> Prioritise recruitment to critical posts and align job plans early. Use of multiple data sources (ED, admissions, frailty cohorts, LOS) and build in flexible capacity assumptions. Align pathways directly with CFS education and toolkit rollout and implement audit and feedback loops Maximising use of existing workforce, through role redesign and rota alignment. Phased implementation to match staffing availability.

Planning Framework Component: Enabling Actions	Priority Theme: Timely Access to Care	
Action/Standard: Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme community-based falls response framework and, in support, implement a focus on prevention and early intervention in line with the policy statement on population health management.	Exec Owner: Paul Bostock	Lead Director: Mike Bond

Current UHB performance:	286 Care home and domiciliary staff received St Johns falls training, across 16 Care homes Current performance against March 2025 baseline:- <ul style="list-style-type: none"> • Admissions +7% • Conveyances +21% 	Summary of current performance:	<ul style="list-style-type: none"> • Roll out of St Johns Falls training to care homes and domiciliary care January – April 2025 and 5 additional care homes in December 2025. • 9 of the 16 Care Homes were issued lifting equipment, based of gap analysis. • 12/01/2026 Roll out of the Community- based falls pathway with Cardiff. Managed within the SPOA and response provided by Cardiff Telecare.
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action? Proactively reduce avoidable hospital admissions and ambulance conveyances by continuing to embed and closely monitor the newly implemented Falls Pathway, alongside providing ongoing support and engagement with care homes, in line with the priorities set out in the six-goal plan.	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • Continued evaluation and monitoring of newly established falls pathway within Cardiff • Map existing falls prevention and response services across Vale • Continue to develop links with the pilot care homes and offer support through provision of Action Cards to aid them in the event of a fall. • Undertake a review of current community services across CAV and explore opportunities to enhance/develop an integrated falls response element into current service provision. <p>Expected performance 5% Reduction in falls conveyances from Care Homes 10% Reduction in falls conveyances and admissions</p>	<ul style="list-style-type: none"> • Complete full evaluation and reflect on learning of Cardiff model. • Agree continuous improvement actions for Cardiff model and agree delivery model for Vale • Roll out of an MS form post-fall to establish data on numbers of falls in these settings and when fall managed in house, no ambulance called. • Review of SPoA capacity and consider direct referral from Care Homes • Design, implement and evaluate an integrated falls response model within agreed community service (pilot) <p>Expected performance 5% Reduction in falls conveyances from Care Homes 10% Reduction in falls conveyances and admissions</p>	<ul style="list-style-type: none"> • Define operational processes and resource arrangements • Full implementation of Community-based response model across Cardiff and the Vale • Plans to develop closer links with domiciliary care facilities, to roll out Action cards and MS form and embed learning from Care home findings <p>Expected performance 5% Reduction in falls conveyances from Care Homes 10% Reduction in falls conveyances and admissions</p>	<ul style="list-style-type: none"> • Monitor and evaluate outcomes and outputs of the falls response pathway. • Reflect learning and agree continuous improvement actions. • Consider sustainable falls training requirements for Care Home and Domiciliary facilities • Aim to implement direct care home fall referrals into SPoA. <p>Expected performance 10% Reduction in falls conveyances from Care Homes 15% Reduction in falls conveyances and admissions</p>

Risks to delivery	Mitigation
<ul style="list-style-type: none"> • Variation in engagement across partners • Capacity pressures within the SPOA and falls service • Limited uptake of tool kit • Workforce turn over in Care Homes • Flow from WAST Falls Response desk 	<ul style="list-style-type: none"> • Regular stakeholder meetings with clear ownership and governance arrangements • Phased pathway implementation within SPoA • Ongoing promotion and analytic targeting • Sustained training model through videos and action cards

Planning Framework Component: Enabling Actions

Priority Theme: Timely Access to Care

Action/Standard: Deliver, as a minimum, all principles set out in the six goals for urgent and emergency care programme single point of access (SPOA) framework to ensure people with urgent care needs receive timely and appropriate support, minimising unnecessary escalation to emergency ambulance conveyance or hospital admission. Prioritise tailored interventions for frail and older adults, scaling up “call before convey” as a business-as-usual model and referrals to community nursing services enabling urgent response. Strengthen integration with key system partners, including WAST and Local Authorities, to deliver coordinated and effective care across the urgent care pathway.

Exec Owner: Paul Bostock

Lead Director: Mike Bond / Rachel Thomas

Current UHB performance:

SPoA Activity	Oct-25	Nov-25	Dec-25	Trend
Direct Calls from Nursing / Residential Home	4903	5632	5328	
WAST 999 Stack Review	163	220	217	
ED Redirections	0	0	0	
HMP	105	73	91	
Direct Calls from Police	21	12	20	
111 Always ED/Contact First Flow	9	7	12	
Direct calls from GP Practices for access to UPOC	1376	2027	1853	
Direct calls from DN referrals	2963	2990	2853	
Palliative Care Line	62	66	70	
Direct Calls from Community Services	63	65	52	
Number of calls taken from the 111 PEQ	0	0	0	
Direct calls from Paramedics on scene	0	0	0	
	141	172	160	

54% Conveyance rate from Care Homes (Nov25)

Summary of current performance:

- SPoA available 7days a week via CAV247
- Falls Pathway established 12/01/26
- Always ED List stood down for Cardiff and Vale 13/01/26
- Workshop with LA Partners planned for 24/02/26
- ENP Triage pilot commenced 26/01/26
- WAST APP Navigator to form part of SPoA from 02/02/26

Does the UHB have a plan achieve this requirement in 2026/27?

Yes

If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?

- Delivery plan outlined as part of 6 Goals Plan, key elements:
 - SPoA Framework Development;
 - Urgent Community Triage functions transferred to SPoA
 - Establish links to Local Authority IAAs
 - Pilot call before conveying
 - ENP Pilot
 - Extended MIU @ Barry Hospital (weekend)
 - Falls Response
 - SPoA Pathway Development

Q1 – Key actions and/or expected performance

SPoA Framework development Actions

- Review learning from ENP and Extended MIU pilots to inform continuation and SPoA resource/Workforce plan.
- Safe@ Home triage/assessment flow managed via SPoA
- Action plan in place following Local Authority engagement workshop to establish links
- Joint Board to be set up between PCIC and MCB to monitor progress

Performance Metrics

- Increased contacts/referrals via SPoA – 3% Increase in activity managed via SPoA
- Reduced Ambulance Conveyance from care homes (5% reduction)

Q2 – Key actions and/or expected performance

SPoA Framework development Actions

- Review SPoA resource requirements to meet flow demand, including additional demand for Call before convey pilot
- Operational processes/protocols developed to confirm pathways

Performance Metrics

- Increased contacts/referrals via SPoA - 3% Increase in activity managed via SPoA
- Reduced Ambulance Conveyance from care homes (5% reduction)

Q3 – Key actions and/or expected performance

SPoA Framework development Actions

- Call before convey pilot established
- Pathways established in to receiving services

Performance Metrics

- Increased contacts/referrals via SPoA - 5% Increase in activity managed via SPoA
- Reduced Ambulance Conveyance from care homes (5% reduction)
- Increase in referrals to receiving services (metrics TBC)

Q4 – Key actions and/or expected performance

SPoA Framework development Actions

- Monitor and evaluate outcomes and outputs
- Knowledge gained will be used to guide the ongoing advancement of SPoA.

Performance Metrics

- Increased contacts/referrals via SPoA - 5% Increase in activity managed via SPoA
- Reduced Ambulance Conveyance from care homes (10% reduction)
- Increase in referrals to receiving services (metrics TBC)

Risks to delivery

- Capacity of SPoA to manage system wide demands
- Physical capacity/space of SPoA to further develop/integrate/co-locate with system partners
- Continuation of additional funding (e.g. Falls)

Mitigation

- Regular stakeholder meetings with clear ownership and governance arrangements
- Phased development and pathway implementation within SPoA

Planning Framework Component: Enabling Actions		Priority Theme: Improving Value, Optimising Outcomes & Minimising Variation	
Action/Standard: Ensure progress of the focused Diabetes High Value High Impact pathway		Exec Owner: Paul Bostock/Claire Beynon	Lead Director: Claire Main
Current UHB performance:	<p>For the 8 care processes we are performing at 44.85%. Whilst this is in line with the All-Wales position there has been a slight reduction in performance in recent months.</p> <p>Data is difficult to capture consistently and is currently available through a number of different sources such as DIVA, audits and local data</p>	Summary of current performance:	<ul style="list-style-type: none"> • There is considerable variation in practice across clusters with completion for each domain remaining stable. • There has been an improvement in urinary ACR driven by a quality improvement project in Chronic Kidney Disease • All Wales Diabetes Prevention Programme (AWDPP) is now available in 5 out of 9 clusters with 29% of patients reversing their pre-diabetes
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>UHB wide engagement through Diabetes Strategic board being developed with clear focus on both type 1 and type 2 diabetes management, including prevention and management for type 2 and closed loop service for type 1 but this requires significant investment in a growing population</p> <p>Continue to develop actions already in place and review patient pathways across the whole system</p> <p>Some funding supplied for initiatives such as AWDPP by Welsh Government but reducing over coming years and doesn't support HB wide activity</p>	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • Engage with stakeholders including clinicians, patients, informatics teams, and policy leads. • Identify systemic, clinical, and operational barriers to consistent implementation • Share and evaluate examples of good practice and innovation • Map patient pathways to help identify inefficiencies and opportunities • Continue to lobby for funding for HCL programme ongoing • Delivery of 12 new patients a month in existing resource 	<ul style="list-style-type: none"> • Create action plan for improvement leading to increased completion of 8 care processes across CVUHB and across all clusters • Secure funding for further development of HCL system delivery • Continue to work with Diabetes Strategic Board to map and deliver against priorities 	<ul style="list-style-type: none"> • Changes to GMS Core contract implemented enabling the automatic sharing of aggregate practice-level data. • Facilitate implementation of agreed actions plan (aligned to GMS Contract) 	<ul style="list-style-type: none"> • Review progress of key changes and agree next steps • Evaluate funding options for ongoing maintenance of diabetes programme with HCL systems
Risks to delivery		Mitigation	
<ul style="list-style-type: none"> • Funding for HCL pumps and reliant of Welsh Government for aspects of a variety of services which is non recurrent • There is no funding available for further role out of AWDPP • Insufficient contract mechanisms to improve recording compliance • Local coding practices may affect compliance reporting • Limitations in compliance reporting due to difference in reporting between primary and secondary care 		<ul style="list-style-type: none"> • Delivery and coordination through Diabetes Strategic Board • Engagement of Cluster/Clinical Leads • Robust contract monitoring/assurance mechanisms in place • Working group in place to review plans and progress 	

Action/Standard: Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health

Exec Owner: Paul Bostock

Lead Director: Claire Main

Current UHB performance:

KPI Name	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	SBUHB	Wales
Total records submitted	2634	450	1085	1160	1157	1818	8271
2 - Non-Spine Case identification	96.1	99.4	95.1	51.4	4.4	46.5	85.0
3 - Spine fractures	95	95	95	95	95	12.5	95
4 - Assessment within 90 days	81.3	95	95	95	95	95	86.7
5 - DXA within 90 days	89.7	94	94	94	94	94	94
6 - Falls risk assessment	95	95	95	95	95	95	95.2
7 - Bone treatment	95	95	95	95	95	95	95
8 - Strength & Balance by 16 weeks	88.2	95	2.3	9.1	1.6	1.4	9.1
9 - 16 week follow up	95.4	95	54.8	97.4	9.4	95	95.7
10 - Treatment by 1st followup	91.4	95	95.5	9.9	7.4	9.5	95.0

Summary of current performance:

There continues to be a challenge with data input to the audit that populates the national dashboard due to reduced administration resource. Therefore, there is a risk that activity is not reflected in this dataset. The workforce challenge is on the service risk register. Ongoing work on the FLS pathway to support KPI improvement. Pathway has been redesigned to improve access for appropriate patients and streamline management of these patients

Does the UHB have a plan achieve this requirement in 2026/27?

Yes

If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?

Strengthen administrative capacity with 2x0.6WTE - this is key to completion of mandatory FLS-DB submissions

- KPI 2- Identification of eligible patients - implementation of more efficient patient identification processes, including collaboration with radiology to capture non vertebral fragility fractures
- KPI 4 Time to assessment – under the redesigned pathway, assessment will occur as the first step following patient identification. This combined with the release of CNS time will expand capacity to complete assessments and follow ups.
- KPI 5 DXA time – assessments will occur earlier so the requirement for DXA will reduce as more patients will receive treatment recommendations based on clinical assessments in line with NOGG guidance
- KPI 7 Initiation of bone protection treatment – aligning with NOGG recommendations, the new pathway will support treatment initiation at the point of assessment for more patients

Q1 – Key actions and/or expected performance

- Ensure appointment of 2 x 0.6 WTE support secretary roles
- Review performance following pathway redesign to inform next key actions
- Review with key stakeholders impact of pathway and next steps
- **KPI 2 55%**
- **KPI 4 90%**

Q2 – Key actions and/or expected performance

- Take actions to address any issues with pathway as it evolves
- Review demand and capacity for DXA and follow up for patients in new pathway
- Work with radiology to formalise alerts for NVF fractures
- **KPI 2 60%**
- **KPI 5 10%**

Q3 – Key actions and/or expected performance

- Continue to monitor actions and delivery against KPI
- Look for opportunities for further improvements
- **KPI 2 65%**
- **KPI 4 95%**

Q4 – Key actions and/or expected performance

- Continue to monitor actions and delivery against KPI
- Look for opportunities for further improvements
- **KPI 2 70%**
- **KPI 5 20%**

Risks to delivery

- Delays in recruitment, gaps in CNS workforce
- Training requirements for new pathway
- Radiology collaboration and competing demands
- Reduction in DXA capacity not materialising as predicted
- Changes to national guidance

Mitigation

- Prioritise recruitment of support secretaries, use of temporary staffing where needed
- Creation of templates, SOP and protocols to facilitate training and consistent delivery
- Work closely with radiology to formalise alerts for incidental NVF
- Monitor assessment outcomes and DXA demand monthly
- Maintain strong links with national FLS networks and continue to attend quarterly FLS exchange meetings



Planning Framework Component: Enabling Actions

Priority Theme: Improving Value, Optimising Outcomes & Minimising Variation

Action/Standard: Eradicate unsupported systems and devices and ensure a clear cyber response plan for the organisation.

Exec Owner: David Thomas

Lead Director: James Webb

Current UHB performance:

Count of Name	AWMGS	CD&T	Children and Women	Corporate	Dental	Digital & Health Intelligence	Medicine	POC	Specialist Services	Surgery	Grand Total
Windows Server 2003	1	3		1	1	5				1	12
Windows Server 2008	1	10	1	6		8	1	1	3	5	42
Windows Server 2012	6	28	1	2		46	3	13	2	101	
Grand Total	8	47	2	9	1	99	4	1	16	8	155

Summary of current performance:

The UHB is currently managing 155 EOL servers and 3318 active Windows 10 devices, which have extended support in place until October 2026. A cyber response exists, and provides a number of playbooks, depending on the attack vector, which can be deployed in the event of a cyber incident.

Does the UHB have a plan achieve this requirement in 2026/27?

No

If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?

The UHB continues to work through a plan to remediate the large number of EOL servers in place. Initial focus is on Digital Full remediation will not occur during 2026/27. CAV is on track to replace all active Windows 10 devices prior to the extended support ending in October 2026

Q1 – Key actions and/or expected performance

Currently replacing/upgrading 600-700 windows 10 devices per month. Expect all active devices to be running Windows 11 by the end of Q1. The implementation of a new file solution will see the decommissioning of over 16 legacy servers. The new PMS system has been installed, and this will see the removal of a further 8 servers. 30 servers are expected to be removed in Q1 with continued work throughout the year on the others.

Q2 – Key actions and/or expected performance

Q3 – Key actions and/or expected performance

Q4 – Key actions and/or expected performance

Risks to delivery

Competing priorities on a limited Server Team resource

Mitigation





GIG
CYMRU
NHS
WALES

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

Ministerial Advisory Group

Templates only provided for Health Board specific actions.

No templates included for actions already completed or duplications from enabling actions or delivery priorities



Planning Framework Component: Ministerial Advisory Group Recommendations	Priority Theme: Planned Care	
Action/Standard: Reduce variation in outpatient waiting times by adopting best practices in outpatient service management (/ CIN)	Exec Owner: Paul Bostock	Lead Director: Catherine Wood

Current UHB performance:	<ul style="list-style-type: none"> SOS/PIF 5% (53,000 open pathways) DNA/CAN - 9% 	Summary of current performance:	<ul style="list-style-type: none"> Progress across this recommendation has been significantly constrained by the requirement to deliver the WG insourcing of outpatient programme. Significant variation between specialties. We have been praised by NHS P&I for a project undertaken within T&O to retrospectively add 1500 from the follow up not booked list to SOS pathways. There needs to be a significant scaling of this piece of work across multiple specialties in 26/27.
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Does the UHB have a plan achieve this requirement in 2026/27?	Y	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		Many of the actions we have put in place in 25/26 have been the right ones, however the operational focus on all of the WG non-recurrent schemes has significantly diverted our resource from this work. It is anticipated in April teams will have more capacity to drive the pace and scales of these actions as required.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Implement SOS by default for General Surgery and Paediatric day case patients (400 additions to SOS pathways per month) Review of Clinic outcomes by Therapists and Registrars 	<ul style="list-style-type: none"> Review of New to follow up ratio opportunity v's CHKS comparators 		<ul style="list-style-type: none"> DNA rate <7% for new outpatients

Risks to delivery	Mitigation
<ul style="list-style-type: none"> PMS development time Admin support for validation of FUNB list Admin support for retrospective application of SOS/PIFU Translating clinical engagement into a shift in clinical practice 	



Planning Framework Component: Ministerial Advisory Group Recommendations	Priority Theme: Planned Care	
Action/Standard: Better prioritisation of long waits (Treat in Turn) to be a pre-requisite before receipt of additional funding	Exec Owner: Paul Bostock	Lead Director: Catherine Wood

Current UHB performance:	As a UHB we monitor treat in cohort rather than treat in turn. A global treat in turn rate is meaningless and can only be interpreted on a specialty basis. The data is nuanced and needs careful interpretation, for example ENT have a treat in cohort rate of 5.9%, which appears poor, but this is as they have very efficient booking rules and few long waiters, so the reverse is true.	Summary of current performance:	Organisational Priorities are Urgent, and planned care, and our capacity is routinely flexed to meet this prioritisation, and are committed to achieving improvement in treat in turn where appropriate in 2026/2027
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		From the first of April we will reinstate a process that has been used previously to update Directorates weekly on their bookings in the future, highlighting opportunities for patient substitution where patients have been treated out of turn. Previous exercises have shown a gain of 12 inpatient cases per month.	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> • Front load pre-assessment booking of cohort patients • All named referrals to be reviewed and pooled where appropriate 	<ul style="list-style-type: none"> • All named referrals to be reviewed and pooled where appropriate 	<ul style="list-style-type: none"> • All named referrals to be reviewed and pooled where appropriate 	<ul style="list-style-type: none"> • All named referrals to be reviewed and pooled where appropriate

Risks to delivery	Mitigation
<ul style="list-style-type: none"> • Subspecialty constraints • Patient/site specific constraints • Middle stage spines often contingent upon diagnostics in neighbouring Health Boards 	



Planning Framework Component: Ministerial Advisory Group Recommendations		Priority Theme: Planned Care	
Action/Standard: Seek accreditation for all current Surgical Hubs		Exec Owner: Paul Bostock	Lead Director: Catherine Wood
Current UHB performance:	The Surgical Hub @ Llandough (SH@L) is operational with a variety of specialities in place.	Summary of current performance:	<p>Currently staff are moved across the HB to support staffing challenges. Staff working in the planned care environment in UHL do get moved to support urgent or cancer work at UHW.</p> <p>The exception to staff transfer is Ophthalmology, the staff within that theatre are protected due to skill mix and they are delivering 7-8 cataracts per list and are likely to measure favourably against the accreditation criteria.</p> <p>A full workforce review is underway, and each theatre in UHL will be measured against the GIRFT staffing criteria, the level of detail that will be available to the accreditation team, this will support in part the criteria and will enable the HB to deliver 90% of arthroplasty all day lists having 4 arthroplasty cases on, this will be a staggered uplift across the year.</p>
Does the UHB have a plan achieve this requirement in 2026/27?	Yes (in part)	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		There has been an improvement in recruitment and retention within the organisation. However, there remain challenges that result in staff being moved across site to support. Further work needs to be undertaken with the SCB to agree a different approach which has been achieved in centres within England. Theatre Delivery Group will be refreshed for 2025/26 to drive further improvements.	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Anticipated that NHS P&I will release dates for their accreditation visits Complete a workforce review to understand level of experience in each theatre to include regularity of all team 	<ul style="list-style-type: none"> Implement key actions from P&I accreditation 	<ul style="list-style-type: none"> Reduction of on the day or planned staffing cancelled sessions Increase activity through improve experience of theatre teams to deliver or exceed HVLC opportunities. 	<ul style="list-style-type: none"> Undertake a self-assessment against the accreditation to ensure the HB has maximised all opportunities
Risks to delivery		Mitigation	
<p>Impact on theatre staffing in UHW which could impact delivery of acute and cancer theatre sessions Financial impact of undertaking more activity.</p> <p>SCB are looking to disinvest in theatre staffing reducing the WTE from working 48 weeks to 46 weeks, this will add to theatre on the day cancellations and reduce productivity.</p>		<p>Work with SCB to ensure recruitment and retention plans are meeting expectations Undertake a detailed analysis of activity impact, against RTT targets, look at any opportunity to secure planned care funding for additional activity. Ensure the impact of any reduction in theatre establishment is understood and managed via taking down sessions that will not impact cancer/urgent or 104 delivery.</p>	

Planning Framework Component: Ministerial Advisory Group Recommendations	Priority Theme: Diagnostics	
Action/Standard: Regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future	Exec Owner: Paul Bostock & David Fluck	Lead Director: Adam Christian

Current UHB performance:	To deliver sustainable, patient-centred, and value-based cellular pathology services by standardising service delivery across the UHBs, integrating care pathways, ensuring high-quality end-to-end services across the South-East Wales region.	Summary of current performance:	<p>There is a regional pathology project, as part of the regional planning board. C+V are engaged in this project, lead organisation is CTM (SRO Paul Mears), C+V leads – Sarah Lloyd, Adam Christian. The project has been additionally supported by the National Pathology Programme, with resource directed to deliver this project (including the sessions for Adam Christian within that programme as clinical lead). The programme will be delivered in the following phases;</p> <ol style="list-style-type: none"> 1. Standardisation across organisational sites – RCPATH points standardisation piece engaged with clinical leads, agreed way forward. Benchmarking data/ D+C data being collated (nearly complete will report back in a few weeks) 2. Development of a single management model – group to be set up ASAP 3. Formal exploration of a single-site model – long list reduced to 4 sites for formal scoring, completed 23rd Oct, Cardiff Edge scored the highest, the other short-listed sites scored much less so a decision was taken to exclude them all Cardiff Edge taken forward as the only site for further financial appraisal. 4. Development of a single-site service delivery plan 5. Full business case submission
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		There is a new building on the Cardiff Edge site planned for completion in Spring 2027, this is the ideal opportunity to site a new regional service. There is general consensus on this approach, however funding for this is the biggest risk to the project. There are ongoing discussions with potential suppliers and partners who may wish to fund a new facility, as well as meetings with WG. There has also been some reticence from some of the three health boards in committing to a project where the final management structure has yet to be confirmed.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance

Risks to delivery	Mitigation
<ul style="list-style-type: none"> • Overall costs of fitting out a new laboratory, lack of digital cellular pathology to link up the laboratory services and reporting body. 	<ul style="list-style-type: none"> • DCP has been prioritised by the Health Boards.



Planning Framework Component: Ministerial Advisory Group Recommendations	Priority Theme: Urgent and Emergency Care	
Action/Standard: Hospitals must ensure that all admitted patients are placed on D2RA pathways in line with the national Hospital Discharge Guidance, and delays by pathways should be published within 3 months	Exec Owner: Paul Bostock	Lead Director: Mike Bond

Current UHB performance:	<ul style="list-style-type: none"> 92% allocated a pathway within 1 day of admission 99.3% People clinically optimised and allocated a pathway 5.4% discharged to no pathway allocation 	Summary of current performance:	<ul style="list-style-type: none"> Continued focus on improving accuracy and recording Monthly data submission to WH, aligned with monthly focus meetings (validation of data and next steps)
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		Establish improvement plan against key findings and recommendations from November 2025 audit.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Development of improvement plan, against audit findings and recommendations, with key focus :- Reinforce D2RA principles through targeted education, with emphasis on <i>Home First</i>, pathway allocation at admission, and early “What Matters” conversations. Standardise board round practice, ensuring daily leadership, consistent STAMP updates, and clear accountability for actions. Improve data quality and assurance, including internal audit methodology for D2RA 	<ul style="list-style-type: none"> Deliver a structured education programme across wards, ED, and assessment areas covering D2RA, in alignment with OHFF delivery plans. Strengthen joint working with Local Authorities, including improved DSR quality, earlier referrals where feasible, clearer escalation routes, and improved attendance and decision-making at clinically optimised meetings. Confirm and embed clinical and operational SOPs for discharge processes, including interfaces between wards, IDH, SDEC, community services, and social care. Address operational delays, including equipment provision, ward moves, care home discharge constraints, and referral turnaround times. <p>95% allocated a pathway within 1 day of admission 100% People clinically optimised and allocated a pathway</p>	<ul style="list-style-type: none"> Improve digital integration and usability, including STAMP and CWS alignment, reduced duplication, improved real-time updates, and exploration of digital whiteboards to support a single version of the truth. Strengthen performance monitoring, tracking LOS, same-day and <72-hour discharges, delayed discharges, pathway utilisation, and R2G compliance. Explore and develop Trusted Assessor approaches (e.g. mental capacity, care home returns, temporary packages of care) to reduce assessment-related delays. <p>97% allocated a pathway within 1 day of admission 100% People clinically optimised and allocated a pathway</p>	<ul style="list-style-type: none"> Agree and implement a sustained training and education model, including OHFF coverage, refresher training, and leadership visibility to reinforce culture change. Formalise and embed governance, SOPs, and escalation arrangements, including shared working principles with Local Authority partners and an inter-organisational Memorandum of Understanding. Monitor and evidence patient and system outcomes, including reduced delayed discharges, increased discharges home, reduced admissions where appropriate, and reduced readmissions (where measurable). <p>99% allocated a pathway within 1 day of admission 100% People clinically optimised and allocated a pathway</p>

Risks to delivery	Mitigation
<ul style="list-style-type: none"> High operational demand and escalation pressures limit staff capacity to engage with training, audits, and pathway changes, slowing implementation. Risk-averse discharge decisions and default use of community hospitals increase length of stay and deconditioning risk. 	<ul style="list-style-type: none"> Phase delivery Reinforce ‘Home First’ and D2RA principles through education and leadership messaging.

Planning Framework Component: Ministerial Advisory Group		Priority Theme: Regions and Capital	
Action/Standard: Health boards should work together as regions to identify two priority fragile services to be addressed in 2025/26 and thereafter a further two on an annual and ongoing basis		Exec Owner: David Fluck & Paul Bostock	Lead Director: Vicky Le Gryns

Current UHB performance:	The three health boards in South East Wales have established a Regional Joint Committee to take forward regional working. Internally CAVUHB have established a regional planning board to provide the interface with the new regional governance and existing programmes.	Summary of current performance:	<p>The organisations have been taking forward a work programme to support the development of sustainable services with existing programmes for;</p> <ul style="list-style-type: none"> • Orthopaedics • Diagnostics (Including Endoscopy, imaging and pathology) • Ophthalmology <p>Progress has been made in all areas including; approval of a regional orthopaedic plan, diagnostics demand and capacity planning inc. radiology and endoscopy both aligning and supporting the Llantrisant Health Park OBC and local health board planning plus progress made in Pathology including identification of a future site for the regional service – see alignment to MAG recommendations around pathology and planned care</p> <p>A fragile services review was undertaken as a part of the National P&I work on fragile services, these were tested and agreed regionally prior to submission.</p>
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<ul style="list-style-type: none"> • The Joint Committee has agreed to develop a process to identify greatest opportunities for regional services to inform future areas of priority, this will include considerations of service fragility. • CAVUHB will continue to contribute to the design of governance, decision-making, and prioritisation mechanisms providing planning, analytical and clinical input into the development of the Board’s first-year work programme.

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
• To be established through the joint committee	• To be established through the joint committee	• To be established through the joint committee	• To be established through the joint committee

Risks to delivery	Mitigation





GIG
CYMRU
NHS
WALES

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

Improving Performance Together

Templates only provided for Health Board specific actions.

No templates included for actions already completed or duplications from enabling actions or delivery priorities



Planning Framework Component: Improving Performance Together		Priority Theme: Modernising leadership and culture	
Action/Standard: Strengthen clinical leadership nationally, in NHS Wales Performance and Improvement, regionally and locally to ensure that policy, planning and services are all clinically led.		Exec Owner: Rachel Gidman / David Fluck	Lead Director: Claire Whites
Current UHB performance:	<p>There is no single quantitative measure of clinical leadership maturity; therefore, a range of proxy indicators are used to demonstrate current performance.</p> <ul style="list-style-type: none"> NHS Wales staff survey results, i.e. 70.3% of staff feel their manager encourages them at work; 58.7% of staff feel able to contribute to improvements at work Values based appraisal, medical appraisal and revalidation compliance <p>Taken together, these indicators provide insight into the Health Board's leadership culture, including the extent to which values and leadership behaviours are consistently modelled and experienced by staff, but more analysis is required to understand the degree to which clinical leadership supports engagement, improvement and performance.</p>	Summary of current performance:	Overall, the Health Board assesses that the expectation to strengthen clinical leadership is broadly being met, with a solid foundation in place. Further modernisation is required to improve consistency, clarity and impact through a more systematic, values-led and behaviour-based approach, embedded within the leadership and management framework and aligned to Improving Performance Together.
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>The focus is on embedding consistent expectations. Key elements include:</p> <ul style="list-style-type: none"> Embedding a values-led, behaviour-based leadership framework aligned to Board Assurance Framework priorities and emerging All-Wales Leadership and Management Principles. Strengthening multidisciplinary clinical leadership within service-level planning, performance, improvement and clinically led service reviews. Targeted development of clinical leadership capability through existing leadership pathways, collaboration with HEIW and internal academies, informed by training needs analysis. Improving leadership and culture insight through cultural dashboards and triangulation of staff feedback, performance and improvement data. Strengthening clinical leadership capability and accountability, including through the development and refinement of role-specific development and appraisal arrangements for clinical leadership roles, aligned to organisational values and leadership expectations. 	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Set Clarity and Baseline <ul style="list-style-type: none"> Confirm and communicate clear expectations for leadership behaviours and clinical leadership roles. Establish baseline insight on clinical leadership and culture using existing data sources (staff survey, service intelligence and leadership participation). 	Embed and Focus <ul style="list-style-type: none"> Embed leadership and culture expectations. Target existing leadership development and improvement support toward services or areas where variation in leadership effectiveness is identified. 	Use Insight to Adjust <ul style="list-style-type: none"> Review leadership and culture insight through existing governance and assurance routes, including staff feedback, service intelligence and performance data. Refine focus on priority services or leadership behaviours where leadership is impacting performance, engagement or improvement. 	Assure and Sustain <ul style="list-style-type: none"> Provide Board-level assurance on progress against leadership and culture priorities, including impact on engagement, improvement activity and service performance. Capture learning to inform leadership and culture priorities for 2027/28.
Risks to delivery		Mitigation	
<ul style="list-style-type: none"> Sustained operational and financial pressure limiting capacity for leadership and improvement activity. Variation in leadership capability and behaviours across services. Change fatigue affecting engagement and confidence in leadership. 		<ul style="list-style-type: none"> Embed leadership and culture priorities within existing performance, planning and improvement activity. Use existing insight to target support where leadership capability or behaviours impact delivery. Reinforce expectations through existing governance, assurance and leadership forums with strong executive and clinical sponsorship. 	



Planning Framework Component: Improving Performance Together		Priority Theme: Getting better at regional working	
Action/Standard: Working with South-East Wales Health Boards, develop the South-East Wales centre of excellence for regional diagnostics and elective surgery, overseen by a newly-established South-East Wales Regional Board.		Exec Owner: David Fluck and Paul Bostock	Lead Director: Vicky Le Grys
Current UHB performance:	<p>CAVUHB is actively contributing to the development of the SE Wales model for regional diagnostics and elective surgery. The three Health Boards have already established a Regional Joint Committee, supported by an agreed regional work programme including Orthopaedics, Diagnostics (including Endoscopy, Imaging), with an explicit commitment to identifying and prioritising opportunities for regional service models.</p> <p>We are engaged in ongoing clinical, workforce and operational modelling across key specialties particularly Orthopaedics and Diagnostics—to support the development of regional capacity solutions and to define the underpinning governance arrangements required for an SE Wales Regional Board. This includes participation in regional theatre capacity planning discussions and the development of shared approaches to fragile services.</p>	Summary of current performance	<ul style="list-style-type: none"> Strong regional collaboration already in place through the SE Wales Regional Joint Committee and existing regional programmes. Established programmes for Orthopaedics and Diagnostics provide a platform for developing a regional centre of excellence. Engagement is ongoing around regional clinical models, workforce implications, and demand/capacity requirements for elective surgical pathways. Regional diagnostics work is progressing through shared networks and data-driven modelling.
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<ol style="list-style-type: none"> Providing planning, analytical and clinical input into the development of the Board’s work programme. Supporting regional modelling of elective surgical capacity, including theatre expansion requirements, pathway standardisation, and case-mix distribution across sites. Contributing to diagnostics planning, including endoscopy and imaging efficiency improvements and shared workforce models. Aligning UHB plans and capital proposals with regional priorities Embedding regional pathways into operational delivery and adopting shared clinical pathways, booking processes, and access criteria to support equitable regional access and improve patient flow. 	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
Submission of detailed Arthroplasty plan for SEW to support the Llantrisant Health Park FBC Regional Endoscopy management group established		Assess performance monitoring metrics & refresh of D&C for other orthopaedic subspecialties Endoscopy training academy model established Endoscopy D&C refresh to inform LHP opening case mix/capacity	Develop plans for sub-specialty regional opportunities
Risks to delivery		Mitigation	
Limited resource and capacity across teams inc. Planning, Workforce, Operational, and LHP teams. Uncertainty around revenue funding to support programme delivery. Funding and availability of workforce for when the LHP opens.		Early resource planning, prioritisation, and escalation of gaps to executives. Continue to work with Welsh Government as the FBC develops To be monitored at programme level and escalated through RJC.	

Planning Framework Component: Improving Performance Together	Priority Theme: More effective prevention of ill health	
Action/Standard: Roll out local breathlessness hubs to provide specialised support and care for people experiencing chronic breathlessness.	Exec Owner: Paul Bostock / David Fluck	Lead Director: Claire Main / Cross Clinical Board Collaboration

Current UHB performance:	The UHB has participated in a national programme of work to determine the future state pathway for Wales. The UHB is committed to the development of breathlessness hubs. CAV will commence a programme of work to establish pilot site hubs in March 2026	Summary of current performance:	<ul style="list-style-type: none"> • Data Framework and minimum data set agreed • CAV Stakeholder group agreed • Clinical Lead yet to be agreed – to be determined on 31.3 • Cross Clinical Board collaboration required – MCB / PCIC / SpCB / CD&T
Does the UHB have a plan achieve this requirement in 2026/27?	Y/N N	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		Inaugural meeting scheduled 31st March 2026 it is expected that the plan to develop pilot hub sites will be agreed after this date. Following this date key deliverables by Quarter will be known.	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance

Risks to delivery	Mitigation
Risks and Mitigation to be determined following meeting held 31.3..26	



Planning Framework Component: Improving Performance Together	Priority Theme: Putting more services into the community	
Action/Standard: Expect health boards to quantify their current spend on primary and community services as a baseline, and to agree with us a 5 year plan to shift more services from hospitals to community-based services, and the increase in primary and community investment that they will commit in order to deliver this.	Exec Owner: Catherine Phillips/Paul Bostock	Lead Director: Andrew Gough / Adam Wright

Current UHB performance:	The Health Board submitted this information in 2025 along with several questions on methodology and a request for standardised approach across Wales. We await confirmation of approach.	Summary of current performance:	The Health Board submitted this information in 2025 along with several questions on methodology and a request for standardised approach across Wales. We await confirmation of approach.
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		<p>We are delivering a transformative shift towards being an integrated, community care orientated organisation. The CbD programme will become a key delivery vehicle for the transformation described in our Clinical Services Plan and will sit alongside, and take learning from, other partnership-focussed programmes. CbD will provide the primary route through which strategic intent is translated into neighbourhood-based service change, ensuring clinical services are delivered in the right settings to improve outcomes and reduce inequalities. The CbD programme, therefore, will focus on implementation at place level/in neighbourhoods, working across clinical boards, partners and communities to deliver an increasing number of integrated, preventative and community-based services.</p> <p>In 2026-27 we will establish a clear, strategically aligned and phased CbD blueprint and target operating model that delivers the Clinical Services Plan ambitions, aligns with wider programmes and systems (e.g. ICCS, 6 Goals etc.), and strengthens whole-system partnership working. Key will be the development of a clear articulation of the role and phasing (over 1, 2 and 5-year time horizons) of the programme in delivering relevant elements of the Clinical Services Plan. These will be informed by:</p> <ul style="list-style-type: none"> • National Association of Primary Care (NAPC) assessment and strategy for neighbourhood based working • The Cardiff and Vale UHB organisational re-design work • Our Mental Health Improvement Programme • Outputs from the Partner ICCS summit • Broader staff, public engagement and coproduction 	

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
To be developed and agreed through CbD Programme	To be developed and agreed through CbD Programme	To be developed and agreed through CbD Programme	To be developed and agreed through CbD Programme

Risks to delivery	Mitigation
Entrenchment of traditional models and pathways Ability to transition to new models whilst simultaneously meeting ongoing demand	Clinical leadership, organisational focus and clear planning



Planning Framework Component: Improving Performance Together	Priority Theme: Realising the potential of digital and innovation	
Action/Standard: Drive up the deployment of the Electronic Prescribing and Medicine Administration system to deliver a step change in the way medicines are managed and reducing the risk of prescription errors.	Exec Owner: David Thomas / Richard Skone	Lead Director: Sarah Lloyd

Current UHB performance:	<p>Current Status: Milestones for 2025-26 are complete. EPMA has been deployed throughout Medicine, Surgery and Specialist services across both UHW and UHL</p> <p>Current Activity: Work ongoing to finalise a rollout plan into 2026/27</p>	<p>Summary of current performance:</p> <ul style="list-style-type: none"> Rollout is on track and initial information is being gathered and shared with Clinical Boards. All staff trained and utilising the system across the identified ward areas covering over 70% of inpatient beds. Total administrations to date – 1,009,822 and prescriptions to date – 395,795. 93% compliance of patient wristband scanning and 99% of medicines administered using the mobile app Information on DALs provided to Directorates on a regular basis to ensure compliance
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<p>Rollout plan being agreed for 2026/7 to include the remaining inpatient areas and outpatients across the UHB:</p> <ul style="list-style-type: none"> Maternity & Paediatric Services Marie Curie Hospice Outpatients ITU NICU <p>Commencement to ensure data is gathered from the system and optimisation</p>

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Rollout across Maternity Services and Paediatric services 	<ul style="list-style-type: none"> Rollout to Marie Curie Hospice ITU implementation 	<ul style="list-style-type: none"> Rollout to commence in Outpatients Plan for NICU 	<ul style="list-style-type: none"> Completion of Outpatients Optimisation of system

Risks to delivery	Mitigation
<ul style="list-style-type: none"> Critical care rollout – ability to deliver within the existing footprint and how ePMA aligns to WCIS Funding arrangements for the programme in 2026/27 and subsequent years 	<ul style="list-style-type: none"> Ongoing discussions with UHB Board regarding funding and clarification of BAU costs by Q2



Planning Framework Component: Improving Performance Together		Priority Theme: Realising the potential of digital and innovation	
Action/Standard: Roll out AI and automation tools for the clinical and practitioner workforce to reduce administrative burden, increase efficiency and impact positively on quality of care such as supporting clinicians with note taking and speed up communication with patients, and making diagnostic tests more accurate and efficient.		Exec Owner: David Thomas/David Fluck	Lead Director: Angela Parratt/James Webb
Current UHB performance:	<p>Some examples of AI solutions in use. It is important to note that these tools support clinical decision-making, they do not constitute solely automated decision-making.</p> <ul style="list-style-type: none"> Patients attending an emergency setting book in on arrival to a system that then uses an algorithm to prioritise patients by clinical need. Prioritisation is reviewed by a triage nurse. Supports direct care for stroke patients reducing time to treat thus increasing the number of patients that can be treated. Supports remote monitoring of diabetic patients with a triage based on established clinical parameters that provides the clinical team with a traffic light performance rating Objective test that measures core ADHD symptoms: activity, attention and impulsivity. Digital wound management app to scan patient wounds. App uses deep learning artificial intelligence that converts the scan into 3D images, auto-calculates the area of the wound and auto-recognises tissue types. Facial scan in order to detect micromuscular movements of the face that are indicative of pain, used to support patients who cannot verbalise their pain 	Summary of current performance:	<p>Over 15 AI products have been passed for IG and cyber assurance in response to requests from clinical areas in the last two years. Some continue in active use. Two ambient AI tools are in the process of or are planned to be piloted.</p> <p>A clinical board Director chairs the clinical AI interest group which includes horizon scanning and learning what others have done. The group also comprises senior reps from clinical community including CCIO, CNIO, Innovation and Digital. We also have the CDA and Health Informatics fora where a study on AI and ethics was presented and discussed from work done by a CAV clinical scientist</p> <p>As the market and products mature we receive increasing volumes of expression of interest in solutions that may or may not demonstrate good utility. Establishing and running pilots for example is resource intensive and we need to ensure that we are trying 'one' type of AI tool that could be used by many where possible., or, we are clear on having more than one of a type and compare in a considered way.</p> <p>Accordingly, CAV is re-constituting its governance around AI and linking it with its clinical design authority to ensure that learning is shared and where benefits are identified and realised that we have both the governance and assurance in place to quickly scale. Equally, to end initiatives early where utility is not evident as anticipated at the outset of a trial.</p> <p>This includes making use of shared national resources for technology appraisal – e.g HTW for guidance on technologies</p>
Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?	
		As described in Q1 and Q2 deliverables	
Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<ul style="list-style-type: none"> Re-constitute governance model and finalise proposed process issued by Medical Director to Clinical Boards. Communicate widely. Link with HTW. 	<ul style="list-style-type: none"> Compile register of AI in use and benefits derived and report accordingly; look for scale or decommissioning opportunities, share with CBs ensuring their ownership and oversight 	<ul style="list-style-type: none"> Reiterate Q2 milestone which will include newly approved AI products and continue comms on progress 	<ul style="list-style-type: none"> Reiterate Q2 milestone which will include newly approved AI products asnd continue comms on progress
Risks to delivery		Mitigation	
<ul style="list-style-type: none"> Governance route not adopted Benefits not found 		<p>Executive and Clinical Board ownership, adoption and cascade, regular comms</p> <p>Decommission early if benefits cannot be demonstrated; be selective on which tools progress to pilot, ensure clinical boards can resource</p>	

Planning Framework Component: Improving Performance Together	Priority Theme: Realising the potential of digital and innovation	
Action/Standard: Develop a National Target Architecture for NHS digital system design, to provide a framework to integrate diverse systems and to deliver electronic record systems.	Exec Owner: David Thomas	Lead Director: Leon Hitchings

Current UHB performance:	<p>Current Status: Milestones for 2025-26 are complete. An agreed form for Level 1 Architectural Principles has been agreed and published,</p> <p>Current Activity: Work ongoing to develop an Enterprise Architecture Repository, providing a consistent framework for planning and recording of delivery. A business case is being developed to develop Level 2 Architectural Principles and developing the architectural capabilities across NHS Wales.</p>	Summary of current performance:	<p>National Approach: An all-Wales approach to delivery of common architectural principles is being developed with participation from all organisations within NHS Wales and includes active participation in the community by Welsh Government. Welsh Government is also supporting the development and delivery of a Governance Framework to ensure Digital performance is consistent across all organisations. There is an ambition to increase effectiveness through shared learning and reuse of elements where appropriate.</p> <p>CAVUHB Alignment: CAVUHB actively participates in both delivery activities within this national programme and the Governance Procedures that are being established at an all-Wales level. Furthermore, local processes and governance structures are configured to align with the national standards and framework.</p>
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Does the UHB have a plan achieve this requirement in 2026/27?	Yes	If yes, explain how; if no – explain why, what is our expected performance for the year and what additional options could be taken to deliver the standard/action?
		<p>D&HI Senior Management Team (SMT) meetings are undertaken on a monthly basis to coordinate CAVUHB involvement and advise on the CAVUHB position when contributing to national target architecture initiatives.</p> <p>CAVUHB will also employ the architectural principles in line with the agreed national target architecture for new services that are developed.</p> <p>The CAVUHB governance framework is established through the Clinical Design Authority (CDA) and Technical Design Authority (TDA) frameworks. These sessions will monitor and assure adherence to the requirements. CAVUHB governance aligns to the all-Wales governance framework to ensure local processes and outputs are consistent with all-Wales progress in defining and adopting the national target architecture.</p>

Q1 – Key actions and/or expected performance	Q2 – Key actions and/or expected performance	Q3 – Key actions and/or expected performance	Q4 – Key actions and/or expected performance
<p>Monthly SMT, CDA and TDA sessions provide local contribution to national target architecture.</p> <p>Aligned governance frameworks in place to assure alignment to the national target architecture.</p>	<p>Continue with monthly SMT, CDA and TDA schedules to align local and national target architecture.</p> <p>Employ governance framework to assure national target architecture, or as a route for escalation where exceptions are needed.</p>	<p>Continue with monthly SMT, CDA and TDA schedules to align local and national target architecture.</p> <p>Employ governance framework to assure national target architecture, or as a route for escalation where exceptions are needed.</p>	<p>Continue with monthly SMT, CDA and TDA schedules to align local and national target architecture.</p> <p>Employ governance framework to assure national target architecture, or as a route for escalation where exceptions are needed.</p>

Risks to delivery	Mitigation
Lack of funding for ongoing development of the national target architecture risks an incomplete national target architecture be available to align conformity across NHS Wales.	CAVUHB is actively participating in national target architecture initiatives to ensure business case requests are developed with appropriate input and governance.
Non-alignment of CAVUHB outputs could undermine the principles being established in the national target architecture	Ensure CAVUHB contribute to the national target architecture and employ governance processes to ensure alignment