

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

PUBLIC BOARD MEETING

Thursday 28 May 2026 - 9:30 am – Woodland House, Coed Y Bwl

Appendices for the below agenda items are hyperlinked, all other items are within the paper bundle

PUBLIC MEETING			
Start time: 09:30	1	Welcome, Introductions & Apologies for absence:	Kirsty Williams
		Quoracy = 6 Board members, at least 3 Executive Directors and 3 IMs.	Kirsty Williams
	2	Declarations of Interest	Kirsty Williams
	3	Minutes of the Board meeting held 26.03.2026	Kirsty Williams
	4	Action Log – following meeting held on: 26.03.2026	Kirsty Williams
	5	Consent Agenda Business	Kirsty Williams
09:40	6	Items for Review and Assurance	
09:40 15 mins	6.1	Patient Story – Listening and learning from patient concerns - Ward C5	Jason Roberts
09:55 10 mins	6.2	Chair's Report & Chair's Action taken since last meeting	Kirsty Williams
10:05 15 mins	6.3	Chief Executive Officer Report <i>including SLT updates</i>	Suzanne Rankin
10:20 10 mins	6.4	Finance & Performance Committee Chairs Report 20.05.2026	Rhian Thomas Catherine Phillips
10:30 10 mins	6.5	Board Assurance Framework	Matt Phillips
10:40 15 mins	6.6	Chairs' reports from Committees of the Board: 1) Quality 14.04.2026 2) Digital & Infrastructure 05.05.2026 3) People & Culture 12.05.2026 4) Audit & Assurance 19.05.2026	Matt Phillips
10:55 15 mins	6.7	Strategic Planning, Commissioning and Partnership Update	Adam Roberts Catherine Phillips Emma Cooke
11:10 20 mins	6.8	Leaders Who Listen	Kirsty Williams Jason Roberts
11:30	6.9	BREAK – 5 minutes	
11:35 10 mins	6.10	Targeted Intervention Update	Adam Roberts
11:45 10 mins	6.11	Nurse Staffing Update	Jason Roberts
11:55 20 mins	6.12	Dental Contract Reform	Paul Bostock Adam Wright
12:15 10 mins	6.13	Staff Survey Update	Rachel Gidman

12:25	6.14	LUNCH – 30 minutes	
12:55 20 mins	6.15	1) Theatres Together 2) Cardiology Update	Paul Bostock
13:15 75 mins	6.16	Integrated Performance Report: <ul style="list-style-type: none"> • Finance • Public Health • Operational Performance • Quality, Safety & Experience • People & Culture • Digital 	Catherine Phillips Claire Beynon Paul Bostock Jason Roberts Rachel Gidman David Thomas
	7	Item for Approval / Ratification	
14:30 10 mins	7.1	NHS Long Term Agreements (LTAs) and Financial Approach for 2026/27	Catherine Phillips
14:40	8	Consent Agenda	
	8.1	Major Incident Plan	Paul Bostock
	8.2	NWJCC Terms of Reference	Matt Phillips
	8.3	CAVUHB Standing Orders	Matt Phillips
	8.4	Committee Annual Reports	Matt Phillips
	8.5	Procurement Outcome Report: Provision of Travel and Transport Bookings	Catherine Phillips
14:40	9	Items for Noting and Information	
0 mins	9.1	Corporate Risk Register	Matt Phillips
0 mins	9.2	Reports from Advisory Groups and Joint Committees: <i>All of the reports are located in the supporting documents folder on MS Teams or the Cardiff and Vale UHB website</i> <ol style="list-style-type: none"> Shared Services Partnership Committee 19.03.26 Joint Commissioning Committee 17.03.2026 Joint Commissioning Committee 23.03.2026 	Matt Phillips
0 mins	9.3	Committee and Advisory Group Minutes: <i>All of the reports are located in the supporting documents folder on MS Teams or the Cardiff and Vale UHB website</i> <ol style="list-style-type: none"> Quality 03.03.2026 Audit & Assurance 03.02.2026 Digital & Infrastructure 10.02.2026 People & Culture 17.02.2026 Finance & Performance 22.04.2026 	Matt Phillips
14:40	10	Agenda for Private Board Meeting:	
		<ol style="list-style-type: none"> Approval of Private Board minutes 2026/27 Plan Digital Foundations Legal Update Private Committee minutes 	
14:40	11	Any Other Business	

	11.1	Review of the meeting:	Kirsty Williams
	11.2	Date and time of next meeting: Thursday 30 July 2026 – TBC	

Minutes of the Public Board Meeting Microsoft Teams

26.03.2026 – [To view a recording of this meeting, please click here](#)

Chair:		
Kirsty Williams	KW	Chair of the Cardiff and Vale University Health Board
Present:		
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
Lauranne Cullen	LC	Llais Representative
Clive Curtis	CC	Independent Member - Community
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Lianne Morse	LM	Deputy Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CPVC	University Health Board Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Judi Rhys	JRIM	Independent Member – Third Sector
Steve Riley	SR	Independent Member – University (left at 12:30pm)
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Rachna Upadhya	RU	Independent Member
Observers:		
Maddy Brown	MB	Management Graduate Trainee
Jac Mortimer	JM	Management Graduate Trainee
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Executive Director of People & Culture
Susan Lloyd Selby	SL	Independent Member – Local Authority
Steve Riley (from 12:30pm)	SR	Independent Member – University

Individual items are hyperlinked.

Ref	Agenda Item
UHB 26/03/1	<p>Welcome, Introductions & Apologies for Absence</p> <p>Kirsty Williams (KW), The Chair of Cardiff and Vale University Health Board (The Health Board) welcomed everybody to the meeting in English and Welsh.</p> <p>She introduced the new Independent Member – Trade Union, Lorna McCourt (LMC) and welcomed her to the Board.</p> <p>Apologies for absence were noted.</p>
UHB 26/03/2	<p>Declarations of Interest</p> <p>No declarations of interest were raised.</p>
UHB 26/03/3	<p>Minutes of the Board Meeting held 29.01.2026</p> <p>The minutes of the Board meeting held 29.01.2026 were received.</p> <p>The Board resolved that:</p>

	<p>a) The minutes of the Board Meeting held 29.01.2026 were approved as a true and accurate record of the meeting.</p>
<p>UHB 26/03/4</p>	<p><u>Actions – Following Meeting held 29.01.2026</u></p> <p>Actions from the previous meeting were received.</p> <p>The Board resolved that:</p> <p>a) The Actions following the meeting held 29.01.2026 were noted.</p>
<p>UHB 26/03/5</p>	<p><u>Consent Agenda</u></p> <p>KW advised the Board that the consent agenda was a new item for the Board whereby any items that had received detailed scrutiny/review at another forum (e.g. a Committee of the Board) had been added to that consent agenda to negate the need for duplication of scrutiny.</p> <p>She asked if anybody wanted to highlight anything from that agenda.</p> <p>The Board resolved that:</p> <p>a) The consent agenda items were noted, and formal approval would be noted later in the meeting.</p>
<p>UHB 26/03/5.1</p>	<p><u>Patient Story</u></p> <p>The Patient Story was received.</p> <p>The Board received a powerful patient story focusing on Angela’s experience following a diagnosis of Neuromyelitis Optica Spectrum Disorder (NMOSD).</p> <p>Jason Roberts (JR), Executive Nurse Director formally introduced the story, emphasising that Angela was keen for her experience to be shared publicly. He described the story as highly emotional and highlighted Angela’s reflections on the individualised, multidisciplinary care she received within the regional spinal unit, spanning inpatient care, rehabilitation, and transition back into the community.</p> <p>Following the video, KW expressed sincere thanks to Angela for sharing her experience, noting its inspirational nature and wishing her well in her ongoing recovery.</p> <p>JR reflected further on the story, highlighting Angela’s determination, her return to full-time work, and the strength of the multidisciplinary team model, which he described as central to achieving such outcomes.</p> <p>Judi Rhys, Independent Member – Third Sector (JRIM) thanked Angela and commented on the strong sense of personal resilience and positive mental attitude evident in the story.</p> <p>She asked about the scale of the service, specifically how many patients passed through the specialist spinal unit each year.</p> <p>JR advised that he did not have the figures to hand but offered to follow up, while reinforcing the importance of maintaining a culture that focuses on recovery and discharge from the outset of care.</p> <p>Emma Cooke (EC), Executive Director of AHPs, Health Scientists & Community Services added that the unit serves small numbers of highly complex patients and explained that it was Wales’s specialist service, with patients from North Wales often accessing similar care in England.</p> <p>She emphasised the significant impact of the service despite its size, particularly in enabling patients to regain independence and return to work.</p>

	<p>David Edwards (DE), Independent Member - ICT commented on the importance of positive mental attitude and asked whether that was primarily a feature of Angela’s character or something actively fostered by the unit, and whether there were lessons that could be applied elsewhere in the organisation.</p> <p>In response, EC explained that while Angela clearly brought her own positivity, the rehabilitation model itself was designed to build confidence, hope and goal-focused recovery through skilled multidisciplinary working.</p> <p>She noted there were transferable lessons, particularly around early conversations about “what matters” to patients and planning for discharge from the start of care.</p> <p>In concluding remarks, JR highlighted the importance of the physical environment and culture of the spinal unit, describing it as a space that supports long-term rehabilitation and recovery, including facilities that allow patients to trial returning home.</p> <p>Suzanne Rankin (SR), Chief Executive thanked Angela and reflected on the balance between personal resilience and the role of staff in supporting patients who may not start from such a strong position.</p> <p>She also raised broader questions about Board visibility of highly specialist services, prevention opportunities, and how assurance across a wide range of services was maintained at Board level.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Patient Story was noted.
<p>UHB 26/03/5.2</p>	<p><u>Chairs Report</u></p> <p>The Chairs Report was received.</p> <p>KW advised she would take the report as read and asked if anybody had any questions.</p> <p>Judi Rhys, Independent Member – Third Sector (JRIM) asked about when the recruitment process would start for the Independent Member (IM) – Finance.</p> <p>KW responded that the Welsh Government (WG) Public Appointments Division had requested that the Health Board wait until after the WG election period before going out to recruitment.</p> <p>She added that once permission was provided from WG, the Health Board would start that recruitment process for the IM-Finance</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The report was noted. b) The Chair’s Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report was approved.
<p>UHB 26/03/5.3</p>	<p><u>CEO report</u></p> <p>The CEO Report was received.</p> <p>SR presented her report to the Board, noting that it covered a broad range of organisational issues and offering to respond to questions on specific areas. She highlighted several key themes and reflections arising from recent operational, strategic, and external developments.</p>

	<p>SR reflected on what had been an extremely challenging year for the Health Board, acknowledging the cumulative impact on colleagues, organisational reputation, and, most importantly, on patients and communities.</p> <p>She noted the anxiety that service pressures may have caused for the public and emphasised the Board’s recognition of the sustained commitment shown by staff in continuing to deliver high-quality care despite these challenges.</p> <p>SR outlined how the experience of the past year had shaped organisational priorities, highlighting an ongoing focus on continuous improvement, strengthening organisational culture, improving staff and patient experience, and ensuring the consistent application of safe, high-quality care and governance processes.</p> <p>She also referenced infrastructure challenges, redevelopment opportunities, and the continuing short-term financial pressures affecting medium and long-term sustainability, noting that the financial position remained as forecast.</p> <p>The Board were advised that despite those pressures, significant progress had been made in delivering the organisation’s strategic objectives.</p> <p>SR highlighted achievements across the strategic portfolios, noting that this structure supported clear alignment between strategy, action and delivery, and that progress against those priorities was set out in detail within the report.</p> <p>JRIM commented that, notwithstanding the significant challenges faced over the year, it was important to recognise and publicly acknowledge the organisation’s many successes.</p> <p>She observed that if the report focused solely on achievements, it would present a very positive picture and stressed the importance for staff of hearing that the Board recognised their hard work and accomplishments, while remaining mindful of the challenges ahead.</p> <p>SR reinforced the importance of recognising staff effort and achievement alongside continued focus on improvement.</p> <p>The Board resolved that:</p> <p>a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted.</p>
<p>UHB 26/03/5.4</p>	<p><u>Finance & Performance Committee Chairs Report</u></p> <p>The Finance & Performance Committee Chairs Report was received.</p> <p>Rhian Thomas (RT), the Independent Member – Capital & Estates, introduced the report noting that it was drafted following the Finance & Performance (F&P) Committee that was held on 18.03.2026</p> <p>She advised that, as the organisation approached the end of the financial year, the Committee had noted that the Health Board was broadly on track to deliver its planned deficit position.</p> <p>She highlighted ongoing performance pressures, including increased demand within Accident & Emergency services and continued pressure on stroke services, alongside actions underway to address delayed pathways of care.</p> <p>The Board was advised that the Committee had undertaken a deep dive on cancer services, recognising the continuing growth in referral demand while also noting a corresponding increase in treatment activity.</p>

	<p>RT noted that the next meeting of the Finance & Performance Committee would focus on the year-end position, ahead of the annual accounts and annual report process, with assurance provided to the Board ahead of formal presentation in May 2026.</p> <p>Catherine Phillips (CP), Executive Director of Finance added that the Committee had also reviewed the newborn screening business case, which would be received by the Board later in the meeting.</p> <p>She further noted that work had been undertaken in private session to review the organisational plan prior to its consideration by the Board later in the meeting.</p> <p>The Board resolved that:</p> <p>a) The Finance & Performance Chairs Report was noted.</p>
<p>UHB 26/03/5.5</p>	<p><u>Board Assurance Framework</u></p> <p>The Board Assurance Framework (BAF) was received.</p> <p>Matt Phillips (MP), Director of Corporate Governance highlighted a key area of development within the BAF relating to health equity.</p> <p>He advised that work led by Claire Beynon (CB), Executive Director of Public Health and her team had resulted in the articulation of a new strategic risk focused on the determinants of population health, noting that many of those factors, such as housing, employment and wider socio-economic conditions sat largely outside the direct control of the organisation.</p> <p>He emphasised that the risk had now been clearly captured within the Framework to reflect its strategic significance.</p> <p>The Board resolved that:</p> <p>a) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were noted.</p>
<p>UHB 26/03/5.6</p>	<p>Committee Chairs Reports</p> <p>The Committee Chairs Reports were received.</p> <p><u>Audit & Assurance 03.02.2026</u></p> <p>The Board received the report of the Audit & Assurance Committee, presented by DE, who advised that activity remained largely business as usual. Several audit reports had been considered, and while some delays in report completion were noted, he explained this was not unusual at this point in the year.</p> <p>He confirmed that the Head of Internal Audit had assured the Committee that the annual Head of Internal Audit Opinion would be delivered as required and outlined ongoing discussions aimed at smoothing audit workload across the year to reduce year-end pressure.</p> <p><u>Digital & Infrastructure 10.02.2026</u></p> <p>DE highlighted continued focus on estate and digital infrastructure risks, particularly the challenges associated with ageing infrastructure and financial constraints. He explained that the Committee had scrutinised prioritisation plans for estate risks and considered progress on digital transformation, noting that financial limitations remained a significant constraint on delivery.</p> <p>David Thomas (DT), Director of Digital & Health Intelligence added that the Digital Foundations Programme remained central to transformation ambitions. He explained that while WG capital funding remained a route being pursued, the timing of decisions may be delayed due to changes in administration.</p>

He advised that a Programme Business Case, including proposed funding sources, was expected to return to the Board later in the year.

People & Culture 17.02.2026

Clive Curtis (CC) Independent Member - Community highlighted improving workforce indicators, including reductions in temporary staffing costs, improving turnover and near-target job planning compliance.

He noted that sickness absence remained a key pressure and that early management intervention continued to be prioritised.

He also reported on the planned reset and relaunch of staff networks, ongoing pressures on trauma and counselling pathways within Occupational Health and Wellbeing services, precautionary actions relating to radon monitoring, and approval of the Annual Equality Report.

SR sought assurance regarding long waits for trauma and wellbeing counselling support for staff, stressing that delays were not acceptable.

CC confirmed that the Committee had received assurance regarding the plans in place.

CB raised concerns about low disability reporting rates, asking whether this was consistent across Clinical Boards and how psychological safety for staff could be improved.

Lianne Morse (LM), Deputy Director of People & Culture responded that equality data remained under-reported across the organisation but confirmed that improvement plans were in place and showing progress.

Stephen Riley (SRIM), Independent Member – University queried whether the shift from overtime to bank staffing represented a financial saving.

LM and CP clarified that while overtime had reduced, savings had largely been reinvested into substantive staffing, resulting in an overall increase in the pay bill.

Mental Health Legislation 27.01.2026

Ceri Phillips, (CPVC), Vice Chair of the Health Board (and Chair of the Mental Health Legislation Committee) advised that the Health Board remained compliant with Mental Health Measure Parts 1A and 1B for adults and children, with non-compliance in Adult Part 2 expected to be resolved through an agreed trajectory.

He highlighted work with 36 Degrees to support service transformation aligned with the new all-Wales mental health strategy, including a shift towards multidisciplinary and upstream community-based models.

CPVC also raised concerns regarding Section 12 doctor availability, advising that modelling work was underway to explore options for strengthening provision and understanding the associated financial implications.

Quality 03.03.2023

CPVC advised that the Quality Committee had undertaken significant reflection on its structure and effectiveness, informed by reports from Internal Audit and Audit Wales. He praised work led by Natasha Goswell, Deputy Director of Nursing to redesign the Committee's approach, noting that proposals would be shared with Independent Members and brought to the Board in due course.

He highlighted the seriousness of the JACIE inspection report into the Blood and Bone marrow Transplant Programme, which identified substantial non-compliance issues that could threaten accreditation without urgent action.

	<p>He confirmed that a business case was being developed and that the Committee had requested ongoing assurance that actions would deliver the required outcomes.</p> <p>SR emphasised that the inspection findings were anticipated and that significant preparatory work had already been undertaken. She cautioned, however, that it was not yet certain whether mitigation plans would fully meet accreditation requirements.</p> <p>KW noted that, despite the issues raised, clinical outcomes remained good, though estate constraints were a major factor.</p> <p>The Board resolved that:</p> <p>a) The Chairs Reports were noted.</p>
<p>UHB 26/03/6.1</p>	<p><u>Clinical Services Plan</u></p> <p>The Clinical Services Plan (CSP) was received.</p> <p>The Board considered the Clinical Services Plan, presented by David Fluck (DF), Executive Medical Director noting that the Plan had previously been discussed at a Board Development session and was brought forward for approval in draft form, subject to further refinement.</p> <p>DF outlined that the CSP was structured around four key areas:</p> <ul style="list-style-type: none"> • The case for change • Co-production • A single integrated model of care • Delivery and sustainability. <p>He explained that the plan articulated the need to improve productivity and efficiency, shift care upstream into community settings, and undertake organisational redesign to achieve long-term sustainability.</p> <p>DF noted that emerging analytical work from McKinsey would further strengthen the evidence base, particularly in relation to financial drivers and productivity.</p> <p>The Board was advised that the CSP placed a strong emphasis on co-production, representing the most extensive engagement undertaken to date with citizens, communities, partners and staff.</p> <p>DF emphasised that future phases would require continued, transparent engagement, particularly where difficult prioritisation decisions may arise.</p> <p>Rachna Upadhya (RU), Independent Member asked about the scope, timelines and accountability for the McKinsey work referenced in the Plan.</p> <p>DF confirmed that accountability for delivery rested with the Health Board, with McKinsey providing analytical insight rather than ownership of decisions.</p> <p>CP added that the work was a six-week commission, due to conclude in April 2026, with consideration by the Finance & Performance Committee on 22 April 2026, and subsequent Board consideration if required.</p> <p>CC welcomed the depth of co-production, commenting that the Plan had been developed with communities rather than for them.</p> <p>CPVC placed on record his thanks to Victoria Legrys (VLG), Programme Director for Strategic Clinical Redesign and the wider team, emphasising the strategic importance of the CSP to the Health Board’s future sustainability.</p>

	<p>Paul Bostock (PB), Chief Operating Officer noted that further work was required to develop a detailed delivery and sequencing plan, aligning the CSP with other major programmes, including organisational redesign and the annual plan.</p> <p>SR strongly endorsed the plan, highlighting the importance of creating headroom before full implementation could occur. She was clear that current financial, productivity and access pressures meant that not all elements could be delivered immediately, with the coming year focused on creating capacity for sustainable change.</p> <p>EC emphasised that all major transformation programmes were now aligned, and that further refinement would ensure consistent language and a coherent narrative across the organisation.</p> <p>JRIM asked how co-production would be maintained during delivery.</p> <p>VLG confirmed that co-production would continue beyond plan development, with an 18-month engagement plan being developed to support ongoing involvement of communities and partners.</p> <p>In summary, the Board agreed to approve the draft Clinical Services Plan, noting that minor refinements would follow as related work concludes, with the plan returning for noting at a later date.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Draft Clinical Services Plan (2026–2035) as the organisation’s agreed strategic framework for future clinical service delivery was approved. b) The comprehensive programme of engagement undertaken with staff, the public and partners, as set out in the accompanying engagement reports was noted.
<p>UHB 26/03/5.8</p>	<p><u>Strategy Planning, Commissioning and Partnership Update</u></p> <p>The Strategy Planning Update was received.</p> <p>CP began by advising the Board of two forthcoming senior appointments that would strengthen capacity in the Strategy Planning, Commissioning and Partnership area.</p> <p>She confirmed that Adam Roberts, Director of Planning and Strategy, would join the organisation on 23 April 2026, and that Emma Ince, Director of Commissioning, would join earlier in the same week.</p> <p>It was noted that those appointments would provide additional leadership capacity ahead of the development and delivery of next year’s planning priorities.</p> <p>Turning to strategic portfolios, CP advised that work was now increasingly focused on delivery milestones rather than strategy development alone.</p> <p>She referenced earlier discussions during the meeting, particularly the CSP, and explained that the Executive Team would be concentrating on how strategic ambitions translated into clear, deliverable actions, aligned to the Health Board’s longer-term strategy to 2035.</p> <p>The Board were updated on engagement and governance arrangements, referring to the earlier Board agreement to pause the Stakeholder Reference Group (SRG). CP confirmed that this pause was being used productively to reconsider how engagement, co-production and stakeholder involvement should operate going forward.</p> <p>CP advised that a proposal for a refreshed and reinvigorated SRG would be brought to the Board in May 2026 for approval, with the intention of convening the first meeting in Quarter 1 of the next financial year.</p> <p>The Chair invited EC to add any relevant updates from a partnership perspective.</p>

EC reported that a Regional Partnership Board summit was held on 4 March 2026, which focused on what an integrated care system could look like in practice. She described the event as a positive and constructive discussion involving partners from local authorities, the voluntary sector and health, and noted that it reinforced opportunities to work differently together to improve access to support for communities.

She confirmed that the discussions aligned well with existing programmes, including Community by Design and the CSP, and would help inform future partnership working.

The Board resolved that:

- a) The progress being made across the Strategic Planning, Commissioning and Partnership work programme was noted.

UHB
26/03/5.9

Targeted Intervention Update

The Targeted Intervention Update was received.

CP advised the Board that although limited change had initially been expected since the previous report, there had in fact been significant recent progress and clarification, particularly over the preceding quarter.

She outlined that a clear accountability framework, oversight and escalation framework, and Health Board escalation and de-escalation criteria had now been agreed and appended to the report and explained that the approach aligned with WG expectations and distinguished between two types of issues:

- Quantifiable measures, where progress could be clearly evidenced against agreed thresholds
- More subjective concerns, where WG was seeking a clearer understanding of root causes and how proposed actions would address those.

To support that work, CP advised that Terms of Reference had recently been received for a five-phase Targeted Intervention process, led by WG and NHS Performance and Improvement.

She confirmed that two Independent Advisors, Professor Emma Wilkinson-Bryce and Dr Pamela Johnson, had been appointed by Welsh Government to support the assessment phase and advised that the advisors would be with the organisation for a 12-week period, beginning with initial meetings that week, including a session with the Chair and Chief Executive, followed by engagement with Executive Directors and wider stakeholders.

It was noted that a full week of on-site engagement was planned for mid-April 2026.

CP further advised that, based on the baseline assessment of quantifiable measures, four escalation areas had already met the de-escalation criteria since entering Targeted Intervention.

She confirmed that discussions would take place with WG regarding formal de-escalation of those areas as the process progressed.

JRIM asked how the Independent Advisors had been identified and who had determined their remit and duration.

CP confirmed that the advisors had been procured and appointed by WG, with their terms of reference set externally.

KW added that while the Health Board had not been involved in the appointment process, short biographies of the advisors would be circulated to Board members to support future engagement.

	<p>RT sought clarification on whether the Independent Advisors would define performance measures themselves or whether that responsibility would remain with the Health Board.</p> <p>CP explained that the advisors’ role was to undertake root cause analysis and provide findings and advice, while responsibility for developing and owning the improvement plans and measures would remain with the Health Board.</p> <p>She noted that the advisors’ findings would inform, but not replace, organisational accountability.</p> <p>RU asked how the Board would evidence sustained improvement beyond two quarters, and how independent assurance would be maintained over time.</p> <p>In response, SR advised that a separate Targeted Intervention dashboard should not be created, explaining that the organisation already operated multiple performance dashboards and that introducing a standalone Targeted Intervention dashboard would risk duplication, confusion and dilution of focus.</p> <p>She emphasised that Targeted Intervention issues should be treated as core business, rather than as a parallel performance framework.</p> <p>It was confirmed that progress against Targeted Intervention would instead be monitored through existing Annual Plan assurance mechanisms, supported by appropriate Committee-level scrutiny and narrative reporting to the Board, with additional measures introduced only where a genuine gap in assurance was identified.</p> <p>DE commented that Board assurance would be strengthened by understanding the learning and insight emerging from the Targeted Intervention process, rather than by additional performance reporting.</p> <p>KW confirmed that the Board was content with that approach and agreed that a standalone Targeted Intervention dashboard was not required at this stage, noting that the approach could be reviewed if it did not provide sufficient assurance.</p> <p>It was also confirmed that Targeted Intervention would remain a standing Board item, with narrative reporting alongside performance monitoring to capture learning and insight.</p> <p>In concluding remarks, CP suggested that the seven Targeted Intervention domains be aligned to the most appropriate Board Committees for detailed scrutiny and challenge, with summary assurance provided to the Board.</p> <p>She also highlighted the need to give further thought to how organisational learning from the Targeted Intervention process would be captured and retained.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Health Board escalation framework which had now been published was noted. b) The baseline assessment which had been produced that described the Health Boards current position against its de-escalation criteria was noted. c) The intervention support which was now being provided to the Health Board by NHS Wales Performance and Improvement was noted.
<p>UHB 26/03/5.10</p>	<p><u>Covid Public Inquiry Module 3</u></p> <p>The Covid Public Inquiry Module 3 report was received.</p> <p>KW paused to reflect on the impact of the COVID-19 pandemic.</p>

She acknowledged those members of the community who sadly lost their lives, extended condolences to families and loved ones, and formally recognised the extraordinary and sustained efforts of staff during an unprecedented period in the history of the NHS.

She emphasised the superhuman contribution made by colleagues across the organisation in responding to the pandemic and supporting patients and communities.

The Board received an update on Module 3 of the UK COVID Public Inquiry.

MP reminded the Board that the Inquiry had been running for almost four years which span ten modules, with all public hearings now completed.

He explained that Module 3, which focused on healthcare systems, was of particular significance to health organisations and noted that the Health Board had been one of only two Welsh healthcare settings asked to submit a detailed statement, requiring extensive organisational input.

The Board were advised that despite the scale of the Inquiry, Cardiff and Vale UHB was referenced only a small number of times in the published report, reflecting the UK-wide scope of the work.

MP summarised the Inquiry Chair's overarching conclusion that the healthcare system "coped, but only just", highlighting the reliance on the dedication and resilience of staff, communities and third-sector partners.

He outlined the Inquiry's high-level findings and recommendations, noting that there were ten recommendations in total and that health boards were not directly responsible for all of them.

It was explained that the response to Module 3 would primarily require national leadership, particularly from governments, rather than immediate organisational action at Health Board level.

MP acknowledged that while the recommendations were necessarily high-level, there would be value in further organisational reflection to identify any local learning that could be embedded, recognising that much operational learning may already have been absorbed since the pandemic.

JRIM thanked MP for the timely paper and echoed the Chair's reflections on the profound impact of the pandemic on staff and communities.

She highlighted two areas that stood out from the report:

- The long-term impact on healthcare workers' wellbeing
- The distressing experiences of patients dying alone due to visiting restrictions.

JRIM noted that some restrictions may have been avoidable and emphasised the importance of understanding how the Health Board would engage with the Inquiry findings going forward.

She acknowledged that the report was recent and looked forward to further discussion on organisational learning at a later stage.

DF queried whether the Inquiry included international comparisons, noting that different countries adopted different approaches to pandemic response, and suggested that comparative learning could be valuable when planning for future threats.

MP responded that the Inquiry was largely UK-focused and did not appear to draw extensively on international comparison.

	<p>He noted that while there had been previous discussion about a Wales-specific inquiry, the current focus may be better placed on identifying gaps in what had already been covered and determining where additional Welsh-specific learning may be required.</p> <p>SR reflected on how the Inquiry’s findings should now be used to inform future preparedness, acknowledging that future threats may not mirror COVID-19. She explained that responsibility for responding to the recommendations would likely sit with national leads, potentially drawn from both government and NHS leadership, depending on the recommendation.</p> <p>She highlighted ongoing national work on preparedness, including discussions around estates, ventilation, single-room capacity, and emergency planning arrangements, and noted the relevance of system-wide resilience forums.</p> <p>SR also referenced Exercise Pegasus, a UK-wide pandemic preparedness exercise, noting that while the exercise had concluded, national feedback and learning had not yet been fully received.</p> <p>CB added that learning from Exercise Pegasus already reflected a stronger focus on staff wellbeing, unintended consequences of lockdowns, and the need to avoid exacerbating inequalities. She confirmed that a pandemic plan was being developed for the organisation, aligned with national learning, and that it would be brought to the Quality Committee once national feedback from Exercise Pegasus was available.</p> <p>SR further advised the Board of an ongoing legal action being brought by NHS staff in relation to COVID-19 exposure, noting that it was being managed on behalf of Welsh health boards by NHS Shared Services Partnership Legal Services and that the publication of Module 3 was expected to inform the next phase of that process.</p> <p>The Board resolved that:</p> <ol style="list-style-type: none"> a) The publication of the Covid 19 Public Inquiry Module 3 report on healthcare settings and the principal relevance it had to the organisation of all of the modules was acknowledged. b) It would commit to understanding the report’s content and asking professional and operational leads to ensure it was promulgated within the organisation. c) The nature of the recommendations would inevitably require a national rather than Health Board endeavour and committed to engaging in such work.
<p>UHB 26/03/5.13</p>	<p><u>Conditions Survey</u></p> <p>The Conditions Survey (Infrastructure Surveys to Inform Future Capital investment) was received.</p> <p>CP explained that the survey had been commissioned following earlier discussions with Welsh Government regarding the future of University Hospital Wales (UHW) and the proposed UHW2 development. She advised that, in the absence of immediate capital funding for a replacement hospital, it had become essential to obtain a much more granular and robust understanding of the condition of the Health Board’s estate, alongside clinical services and digital planning work.</p> <p>The Board was advised that the survey, funded by WG and undertaken over the course of the year, covered three elements of the estate:</p> <ul style="list-style-type: none"> • University Hospital Wales (UHW) • University Hospital Llandough (UHL) • The wider community estate. <p>CP emphasised that the survey focused on the fabric and infrastructure of buildings, including plant, ventilation, boilers and other hidden infrastructure, rather than clinical equipment.</p>

The Board was advised that the survey identified a significant increase in backlog maintenance, rising from approximately £170m to £753m, with around 85% of the backlog rated as Condition C or worse.

CP explained that Condition C assets were operational but required major repair in the short term, while Condition D assets presented a significant risk of failure. She noted that more than 100 buildings were included within the assessment, but that ten buildings accounted for nearly 60% of the backlog, the majority of which were located at UHW.

She advised that the **report would be submitted to WG to inform further discussions on next steps and funding.**

RT noted that while the findings were stark, they were not entirely unexpected. She asked what WG intended to do with the report once submitted, particularly given the current pre-election period.

CP responded that WG would expect the Health Board to focus immediately on Condition D risks, while also considering Condition C assets where adjacencies made joint mitigation sensible. She advised that WG had already asked the Health Board to develop a vision document for critical services, particularly theatres, ITU and other high-risk areas within UHW, and that the work would now need to be informed by the survey findings.

JR welcomed the report and highlighted the increasing triangulation between estate condition, clinical risk and external scrutiny, particularly from Healthcare Inspectorate Wales (HIW). He expressed concern about the impact of ageing infrastructure on infection prevention and the ability to maintain safe clinical environments, noting that some surfaces and materials were no longer cleanable despite staff efforts.

PB provided assurance that executive work was already underway to identify the highest-risk 10% of assets, and to assess whether the associated risks remained tolerable.

He advised that the work would inform decisions about whether services could continue safely in certain environments or whether alternative arrangements would be required

CB highlighted the impact of poor estate condition on staff wellbeing and productivity, noting that staff were often forced to develop workarounds to deliver care safely.

CPVC reinforced the quality and safety implications, emphasising that estate condition directly affected the quality of care and that it should be central to discussions with WG.

SR suggested that the Board would benefit from a future, **more holistic “environmental review”, combining infrastructure, clinical, IPC and digital considerations, to provide a complete picture of risk and sustainability to be considered through the Digital & Infrastructure Committee.**

KW concluded by welcoming recent confirmation of capital investment for the Park View Health and Wellbeing Hub, recognising that as positive progress amid wider estate challenges.

The Board resolved that:

- a) The content of the report and presentation and the significant increase identified in backlog maintenance from £170m to £753m across the estate, with £582m classified as High and Significant risk was noted.
- b) It was noted that of the total £753m backlog maintenance identified, 81% of that total (£610m) was also classified as Essential and Mandatory demonstrating that the investment need is primarily to sustain safe clinical operation and prevent escalation into statutory noncompliance.

	<p>c) The submission of the summary documents to WG to inform the earliest discussion to highlight the level of risk that the HB was currently managing across its estate was supported.</p>
<p>UHB 26/03/5.12</p>	<p><u>Integrated Performance Report</u></p> <p>The Integrated Performance Report (IPR) was received.</p> <p><u>Finance:</u> CP advised that the Health Board was reporting a £51.6m deficit at Month 11 and confirmed that there was high confidence in delivering the planned year-end deficit of £56.2m.</p> <p>She drew the Board’s attention to the underlying deficit position for the forthcoming year, which was projected at approximately £69m and explained that this reflected the non-recurrent nature of some savings delivered during the current year, alongside ongoing pressures, including mental health out-of-hours costs, challenges in delivering commissioned activity, and the additional cost pressures associated with National Insurance contributions.</p> <p>KW noted that while there was some reassurance in achieving the planned deficit for the current year, the scale of the underlying deficit moving forward was a matter of concern.</p> <p>She suggested that the issue would be explored in more depth later in the meeting during consideration of the Annual Plan.</p> <p><u>Public Health:</u> CB highlighted efforts to reduce health inequalities through three main public health priorities:</p> <ul style="list-style-type: none"> • Lowering smoking rates • Tackling obesity • Increasing vaccination uptake. <p>She advised the Board that recent progress included updated plans for healthy environments, bans on unhealthy food advertising, expansion of Active Schools initiatives, regional physical activity audits, and recognition by national food awards.</p> <p>It was noted that vaccination rates had improved among staff, but childhood immunisation remained below the Welsh average, prompting targeted work with GP practices and schools. She reported a significant improvement in staff influenza vaccination uptake, increasing from under 40% in the previous year to over 60%.</p> <p>CB noted that action was ongoing regarding measles risk, and a response was initiated after a meningococcal outbreak in Kent, including catch-up clinics and public information campaigns.</p> <p>She added that smoking cessation services had expanded, with outreach initiatives targeting areas of high prevalence. Hospital-based enforcement saw over 500 individuals engaged in the first quarter.</p> <p>It was noted that the Women’s Health Pathfinder Hub launched its first clinic, providing holistic support including menopause care.</p> <p>CB highlighted a national issue that affected sexual health postal testing, leading to an incident management team and external review. CB confirmed that a paper on local actions was scheduled to be taken to the next Quality Committee.</p> <p>It was noted that additional safeguards were being reviewed for young people, and demand for vaccination was being managed with open-access clinics and targeted communication</p>

and that flexible delivery ensured access to immunisations, and campaign planning considered behavioural motivations and cost-of-living factors to increase uptake.

SR asked about sustainability of measles and immunisation catch-up work and whether there had been increased demand locally following the Kent meningitis outbreak.

CB confirmed that additional clinics and outreach activity would continue, including school-holiday provision and community-based delivery. She advised that increased demand for meningococcal vaccination had been observed and was being managed through open-access clinics and targeted communications.

KW reflected positively on recent visits to vaccination and smoking cessation services. She highlighted learning around behavioural motivations, including the role of cost-of-living pressures in driving smoking cessation engagement, and encouraged continued use of non-traditional and community-based approaches to improve uptake and reduce barriers.

Operational:

PB noted that the report had received detailed scrutiny at the recent Finance & Performance Committee meeting and would therefore focus on key areas of performance, providing context and assurance.

- Planned Care and Long Waiters - By the end of March 2026, the Health Board expected to have approximately 350 patients waiting over 104 weeks, representing around 0.2% of the total waiting list. It was highlighted that this reflected better performance than committed to WG and confirmed that, by 31 March 2026, there would be no patients waiting over three years, a position the organisation expected to sustain.

PB explained that the remaining longest waiters were largely complex spinal and complex general surgical patients, and that WG had asked the Health Board to develop plans to treat those patients by the end of June 2026.

- Diagnostics – It was acknowledged that performance against diagnostic waiting time ambitions had not met original expectations. PB explained that while the number of patients waiting over eight weeks for diagnostics would reduce significantly compared to April of the previous year, it would not reach the originally anticipated level.

The main reasons for that variance were highlighted:

- Additional outpatient activity, commissioned later in the year (including work by HBS UK), generated around 30,000 additional outpatient appointments, leading to increased downstream diagnostic demand that had not been foreseeable when trajectories were set.
- Mobilisation delays associated with third-party non-obstetric ultrasound contracts reduced expected capacity earlier in the year.

Despite this, PB emphasised that there would be around 8,400 fewer patients waiting over eight weeks compared to the start of the year.

- Cancer Performance – The Board were provided with assurance that the organisation had undertaken a detailed analysis of cancer performance following recent deterioration. PB highlighted that:
 - Cancer referrals have increased by approximately 38% since 2021.
 - Conversion rates from referral to cancer diagnosis had remained stable, indicating appropriate referral behaviour.
 - No organisation in Wales has consistently achieved the 75% Single Cancer Pathway standard since its introduction.

It was noted that dermatology performance had recovered following additional consultant capacity.

It was noted that urology pathway changes had reduced backlogs, though short-term performance had dipped.

Lower GI / colorectal performance was constrained by endoscopy capacity, particularly due to competing demands including Bowel Screening Wales.

PB advised the Board that performance was expected to recover to the mid-60% range by the end of March 2026, with a clear trajectory towards 75% by September 2026, supported by pathway redesign and capacity changes.

SR acknowledged the significant operational improvements achieved, particularly reductions in waiting lists. She queried whether sufficient focus had been placed on productivity and efficiency, noting that would be critical to delivering next year's ambitions.

PB agreed, explaining that operational focus during the year had necessarily been transactional, but that productivity and efficiency work would be a key priority going forward, including decisions on whether efficiencies should be reinvested to treat more patients or contribute to financial recovery.

KW acknowledged the progress made but asked whether the organisation could improve the timeliness with which emerging risks to trajectories were identified and reported. She also reflected on learning from neurodevelopmental services, noting that traditional service models may be constraining capacity unnecessarily and queried opportunities for pathway redesign and shared care.

PB accepted the point regarding diagnostics trajectory management and acknowledged the need for earlier signalling. He agreed that cultural and clinical engagement would be essential to unlocking new models of care, and that the CSP provided the framework for that change.

Quality:

JR reported that 582 concerns had been received, with 507 closed, equating to a 65% 30-day closure rate. He advised that performance against early resolution had improved and that the organisation was prepared for the transition from Putting Things Right to Listening to People from 1 April 2026.

He added that a validation exercise demonstrated that the Health Board would have exceeded the new 40% early-resolution target, providing assurance of readiness.

The Board was advised that themes across concerns, Duty of Candour and incidents remained consistent, including communication, delays, pressure damage, falls and diagnostic delays.

JR noted that while Cardiff and Vale continued to receive a higher volume of concerns than other Health Boards, response quality and timeliness remained strong, with positive assurance from the Ombudsman.

In relation to patient safety, it was highlighted that pressure damage was a recurring theme, and it was confirmed that a strengthened Pressure Damage Oversight Group was in place, focusing on consistent scrutiny, education, documentation and equipment choice, with an **update to be provided to the Quality Committee in June.**

JR reported five Never Events since September, two medication-related and three associated with theatre safety processes. In response, he confirmed that a strengthened National Safety Standards for Invasive Procedures (NatSSIPs) / Local Safety Standards for Invasive Procedures (LocSSIPs) Oversight Group, jointly chaired by DF and himself would

commence the following week, with senior clinical representation and oversight through the Quality Committee.

KW requested a short explanatory note to Independent Members explaining how the strengthened NatSSIPs / LocSSIPs arrangements would reduce Never Events.

JR advised the Board that bloodstream infection performance had improved overall, though MRSA remained a key concern. He confirmed that an Executive-led MRSA Oversight Group, again co-chaired by himself and DF, had been established to address that risk.

The Board were updated on recent Healthcare Inspectorate Wales (HIW) activity across several services, noting that while estate and IPC issues had been identified in some areas, positive patient care and staff engagement were consistently observed.

SR queried why the Health Board continued to receive a higher rate of concerns compared to other Health Boards in Wales.

JR confirmed that while volumes were higher, quality of response and Ombudsman assurance remained among the strongest in Wales and undertook to reflect further on regional variation.

DF highlighted work underway to introduce risk-adjusted mortality reporting, noting current limitations related to coding capacity.

PB confirmed that coding quality had improved, with capacity rather than accuracy now the main constraint.

People & Culture:

Lianne Morse (LM), Deputy Director of People & Culture advised that statutory and mandatory training compliance remained below target, with fire training presenting the greatest challenge.

A targeted improvement approach was in place, supported by weekly performance reporting and engagement through People & Culture Business Partners.

LM noted that workforce growth had stabilised, with a reduction of approximately 326 whole-time equivalents over the past year.

It was noted that sickness absence remained higher cumulatively than the previous year; however, a reported a downward trend had been observed since December 2025, with January 2026 recording the lowest monthly rate in four years, while cautioning that it was too early to confirm sustainability.

LM also updated on work to strengthen organisational culture oversight, confirming that a new insight tool was being developed to triangulate workforce, quality and staff-voice data and provide real-time dashboards and heat-map reporting.

It was noted that a progress update would be brought to the People & Culture Committee in May 2026.

Turning to the staff survey, LM reported increased participation alongside a reduction in engagement scores. Leaders were being supported to focus on three to four priority improvement actions, with a detailed staff survey deep dive scheduled for the People & Culture Committee in May 2026.

SR welcomed the increased survey response rate, noting the importance of hearing from more staff, and sought assurance that the proposed culture tool would provide improved, real-time insight. LM confirmed that was the intended outcome.

Digital:

	<p>DT advised that the Wi-Fi rollout across inpatient areas was now almost complete across main clinical sites, with outpatient areas progressing, representing a tangible improvement for staff and patients.</p> <p>He updated the Board on progress with digital innovation, confirming that successful bids to Innovation Cymru would enable pilots of ambient voice / AI technology within critical care, pain clinics and haemophilia services, aimed at improving efficiency and reducing administrative burden.</p> <p>DT confirmed that the Digital Foundations Programme was being aligned with wider transformation activity, including the CSP, McKinsey work and capital planning, ensuring digital requirements were embedded into future service and estate redesign.</p> <p>He further advised that approximately £3.5m of capital funding had been secured and invested in replacing end-of-life devices, supporting Electronic Prescribing (EPMA), enabling cloud migration, and preparing for national digital solutions.</p> <p>In relation to the NHS App, DT confirmed ongoing engagement with Digital Health and Care Wales (DHCW) to accelerate the roadmap, with Cardiff and Vale keen to be an early adopter, recognising benefits for patient access and reduction in avoidable queries.</p> <p>JRIM requested further information on the Cancer Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER) and Common Demographic Service referenced within the Digital Foundations Programme.</p> <p>DT confirmed this would be shared outside the meeting.</p> <p>The Board resolved that:</p> <p>a) The year to date position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes was noted.</p>
<p>UHB 26/03/6.2</p>	<p><u>2026-27 Annual Plan</u></p> <p>The 2026-27 Annual Plan was received.</p> <p>CP explained that the plan was being brought forward for submission to Welsh Government, recognising that it represented a point-in-time position rather than a fully supportable or approvable plan.</p> <p>The Board was advised that the plan did not currently meet the financial control total or all ministerial performance expectations, and that further work was required to address that.</p> <p>CP outlined that the plan aligned with the Health Board's strategic direction and included priority actions for quality, workforce, performance and finance.</p> <p>She highlighted that the plan reflected an underlying deficit of c.£69m, cost pressures consistent with other health boards, and a requirement to deliver £43m of savings, noting that those were not yet fully de-risked.</p> <p>She advised that an opportunity pipeline of c.£89m had been identified, but that further work was required to translate opportunities into deliverable savings.</p> <p>CP also referenced the McKinsey work, commissioned to inform the route to sustainability, advising that this would conclude in April 2026 and would help determine whether and how the plan could be strengthened following submission.</p> <p>She confirmed that the plan would remain under active review as feedback was received from Welsh Government and NHS Performance and Improvement.</p>

RT noted that the Plan had received detailed scrutiny at the Finance & Performance Committee, where concerns were raised regarding the scale of savings required and the lack of a fully de-risked delivery route. She advised that further assurance would be sought at future Committee meetings.

SR commented that the plan should be understood within a broader journey to sustainability, rather than as a standalone annual document. She suggested strengthening the narrative to reflect ongoing work to create “headroom” and to clarify that this represented a foundational or “year zero” plan, while longer-term solutions were developed.

CPVC queried whether external factors, including international instability and inflationary pressures had been fully factored into the plan.

CP responded that while some mitigation existed (e.g. forward energy purchasing), not all risks could be fully modelled and would need to be managed within the overall envelope.

PB added that high-level proposals to address key operational risks (including 104-week waits, diagnostics and neurodevelopmental services) would be brought to the Finance & Performance Committee in April 2026, recognising the need to act early in the financial year.

KW asked how confident the Board should be that the plan reflected the Health Board’s best achievable position at present.

CP and SR both responded that while the Plan was not yet sustainable, it reflected the most realistic position given current information, with further refinement expected as additional evidence and analysis became available.

The Board resolved that:

- A) The progress made in finalising the 2026-27 annual plan was acknowledged
- B) The risks to delivery and mitigation actions in place were acknowledged.
- C) The efforts on the part of Clinical Boards and Corporate teams across the UHB to secure the 2025-26 projected year-end position were acknowledged.
- D) The financial position being presented in the annual plan, recognising it had been discussed and noted in Finance and Performance Committee was considered and accepted
- E) Further options and choices required to make improvements of scale and at pace in 2026-27 and that this would likely be driven, in part, by the work of external consultants currently working with the UHB were agreed.
- F) It was agreed that the Board would continue with its detailed scrutiny of the 2026-27 position through Board meetings and sub committees of Board.
- G) Assurance was taken that the work in hand to drive down costs would continue at pace from 1 April 2026 with grip and control.
- H) It was recognised that the external targeted intervention support the UHB would be receiving would further inform how the 2026-27 annual plan needed to mature ‘in year’ when findings were known and the UHB responded to those findings.
- I) It was recognised that the position in terms of financial forecast was not acceptable, as it did not meet the target control total.
- J) It was concluded that the 2026-27 Annual Plan could not be approved, but that its submission to WG was for scrutiny and assessment purposes in the knowledge that further work was required.

UHB
26/03/7.1

Newborn Screening Business Justification Case

The Newborn Screening Business Justification Case was received.

The Board resolved that:

	<p>a) The paper and contents of the Executive Summary for the Business Justification Case for the UHB to deliver additional All Wales New Born Screening at UHW was noted.</p> <p>b) The Business Justification Case to be submitted to Welsh Government for scrutiny and to seek capital funding approval of £1.21m was approved.</p> <p>c) The project would not proceed until the UHB received written confirmation of the revenue support for the delivery of the additional services.</p> <p>d) The procurement undertaken to select the preferred supply chain partner and relevant advisors to deliver the project was noted.</p> <p>e) The following appointments were approved, subject to Welsh Government approval of the BJC.</p> <ul style="list-style-type: none"> - The intention to award the construction contract to ET&S Construction Ltd at a value of £0.744m inclusive of VAT under the NEC4 Option A contract. - The intention to award Gleeds Management Services the commission to provide Project Management and Cost Advisor services at a cost of £0.062m inclusive of VAT under the SBS Framework contract.
UHB 26/03/7.2	<p>Safeguarding Annual Report 2024/25</p> <p>The Safeguarding Annual Report 2024/25 was received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The key risks, including workforce capacity, training compliance, and rising safeguarding demand were noted. b) The success of the business case to strengthen safeguarding capacity, including VPT, Health IDVA and Young Person IDVA posts was supported. c) The planned safeguarding priorities for 2026/27 were approved.
UHB 26/03/7.3	<p>Annual Equality Report</p> <p>The Annual Equality Report was received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Annual Equality Report 2024-2025 was approved. b) Publication to the Cardiff and Vale UHB website (once design had been finalised with Medical Illustration) was approved.
UHB 26/03/7.4	<p>Quality Management System (QMS) Position Statement</p> <p>The Quality Management System (QMS) Position Statement was received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The progress to date of the Quality Management System was noted b) The position statement for Quality management system prior to sending to NHS Performance and Improvement was approved.
UHB 26/03/8.1	<p>JACIE Update</p> <p>The JACIE update was received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The progress and risks were noted.
UHB 26/03/8.2	<p><u>Corporate Risk Register</u></p> <p>The Corporate Risk Register was received.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> a) The Corporate Risk Register was noted.

<p>UHB 26/03/8.3</p>	<p>Structured Assessment – Management Response</p> <p>The Structured Assessment – Management Response was received.</p> <p>The Board resolved that:</p> <p>a) The Structured Assessment – Management Response was noted.</p>
<p>UHB 26/03/8.4</p>	<p>Reports from Advisory Groups and Joint Committees</p> <p>The Reports from Advisory Groups and Joint Committees were received.</p> <p>The Board resolved that:</p> <p>a) The Reports from Advisory Groups and Joint Committees were noted.</p>
<p>UHB 26/03/8.5</p>	<p>Committee, Advisory Group and Joint Committee Minutes:</p> <p>The Committee, Advisory Group and Joint Committee Minutes were received.</p> <p>The Board resolved that:</p> <p>a) The Committee, Advisory Group and Joint Committee Minutes were noted.</p>
<p>UHB 26/03/10</p>	<p>Any Other Business</p> <p>No other business was raised.</p>
<p>UHB 26/03/10.2</p>	<p>Time & Date of the next Meeting:</p> <p>28 May 2026 at 09:30</p>

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
PUBLIC BOARD	Integrated Performance Report: Quality	UHB 25/09/6.9	Health Protection Exercise Paper to go to Quality Committee	Claire Beynon	Claire Beynon	25/09/2025	14/07/2026	ON FORWARD PLAN	Item scheduled for the 14.07.2026 Quality Committee meeting.	
PUBLIC BOARD	Targeted Intervention	UHB 26/01/5.8	Develop a Visual Dashboard / Trajectory View to help the Board track improvement and triangulate data. Work collaboration between Execs and Performance Team.	Catherine Phillips	Jonathan Watts	29/01/2026	28/05/2026	ON FORWARD PLAN	Creation of a dashboard proved challenging due to development over recent months. A tracker is still being developed. Development of a dashboard is intrinsically linked to the re-refresh of the UHBs IPR. We want to be in a position where there is a single dashboard as opposed to separate documents. The timeline of the re-refresh of the IPR is July 2026. In the interim the UHB DoP has agreed with the CEO/Chair to continue develop interim narrative updates.	The timeline of the re-refresh of the IPR is July 2026 so have added to Forward Plan for 30.07.2026 Board meeting.
PUBLIC BOARD	Operational Updates	UHB 26/01/5.12	A full Cardiology improvement plan to be provided via the Integrated Performance Report to ensure transparency and assurance.	Paul Bostock	Paul Bostock	29/01/2026	28/05/2026	ON FORWARD PLAN	Item to be added to Integrated Performance Report and separate item being received by the Board at its meeting on 28.05.2026	On Board agenda for 28.05.2026
PUBLIC BOARD	Integrated Performance Report - Quality	UHB 26/03/5.12	A short explanatory note to be provided to Independent Members explaining how the strengthened NatSSIPs / LocSSIPs arrangements would reduce Never Events.	Jason Roberts, David Fluck	Jason Roberts, David Fluck	26/03/2026	28/05/2026	COMPLETE	Jason Roberts circulated the information via email on 22.05.2026	
PUBLIC BOARD	Integrated Performance Report - Quality	UHB 26/03/5.12	Continue strengthened oversight of pressure damage, including scrutiny processes, training, documentation and equipment choice, with formal reporting to the Quality Committee.	Jason Roberts	Jason Roberts	26/03/2026	28/05/2026	ON FORWARD PLAN	On Forward Plan for June's Quality Committee	Once received by the Quality Committee, action will be marked as "complete" and updates will be received via the Chairs Reports into Board.
PUBLIC BOARD	Targeted Intervention	UHB 26/03/5.9	The seven Targeted Intervention domains be aligned to the most appropriate Board Committees for detailed scrutiny and challenge and engage fully with Independent Advisors appointed by Welsh Government (NHSP&I)	Catherine Phillips	Jonathan Watts, Emily McCann	26/03/2026	28/05/2026	COMPLETE	Action can be closed following Board in May 2026 with the presentation of a TI update paper which demonstrates alignment of TI domains to relevant Board sub-committees and assurance that IAs have been fully engaged and they are now in week 8 of their visit to the UHB	
PUBLIC BOARD	Annual Plan 2026–27	UHB 26/03/6.2	Strengthen the narrative of the Annual Plan to reflect the longer-term route to sustainability and the role of ongoing work (McKinsey, Targeted Intervention, CSP).	Catherine Phillips, David Fluck	Victoria Legrys, Jonathan Watts, Andrew Gough	26/03/2026	28/05/2026	ON FORWARD PLAN	Forms part of the 2026-27 Annual Plan ongoing work with an update being received in the private Board session on 28.05.2026	
PUBLIC BOARD	Conditions Survey	UHB 26/03/5.13	Submit the Conditions Survey to Welsh Government to inform discussions on estate risk and capital priorities and provide a more holistic "environmental review", combining infrastructure, clinical, IPC and digital considerations, to provide a complete picture of risk and sustainability to be considered through the Digital & Infrastructure Committee.	Catherine Phillips, Jason Roberts, David Thomas	Geoff Walsh, Angela Parratt	26/03/2026	28/05/2026	ON FORWARD PLAN	On Forward Plan for Digital & Infrastructure Committee 04.08.2026	Conditions Survey submitted to Welsh Government following Board on 26.03.2026 and an update to be provided to the Digital & Infrastructure Committee in August.
PUBLIC BOARD	Integrated Performance Report - Digital	UHB 26/03/5.12	Further information on the Cancer Welsh Referral, Activity & Patient Pathway Enterprise Repository (WRAPPER) and Common Demographic Service referenced within the Digital Foundations Programme to be circulated to Independent Members.	David Thomas	David Thomas	26/03/2026	28/05/2026	COMPLETE	Information circulated to Board members on 25.05.2026	
PUBLIC BOARD	Integrated Performance Report - People & Culture	UHB 26/03/5.12	Continue targeted work to improve statutory and mandatory training compliance, supported by weekly reporting with a progress update on organisational culture insight tooling received by the People & Culture Committee on 12.05.2026	Rachel Gidman	Lianne Morse	26/03/2026	28/05/2026	COMPLETE	Received at 12.05.2026 People & Culture Committee meeting.	

Report Title:	Chair's Report to Board			Agenda Item no.	6.2	
Meeting:	Public Board		Public	X	Meeting Date:	28 May 2026
			Private			
Status (please tick one only):	Assurance		Approval	X	Information	X
Lead Executive Title:	Chair of the Board					
Report Author (Title):	Head of Corporate Governance					

Main Report
Background and current situation:

Welcome / Croeso



Shaping Our Future

Wellbeing

As we enter the new financial year, I would like to take the opportunity to reflect on the scale of the task ahead and to acknowledge, once again, the commitment and professionalism of colleagues across Cardiff and Vale University Health Board.

This year begins at a time of sustained pressure for health and care services, both locally and nationally. Demand continues to rise, resources remain constrained, and the challenges we face across access, quality, workforce, flow, infrastructure and finance, are real and complex. There is, quite rightly, a great deal to be done this year, and our focus must remain on delivering safe, high-quality care for our patients while laying the foundations for improvement and sustainability over the longer term.

The start of the financial year also coincides with a period of political transition, following the result of the Senedd Election on the 7 May. While the outcome of the election will shape future priorities and policy direction, our responsibility as a Health Board remains unchanged: to provide consistent, compassionate services for our population; to maintain focus on improvement and performance; and to continue working constructively with Welsh Government, Partners and Stakeholders to address the challenges facing NHS Wales.

In this context, the role of strong, effective governance is more important than ever. The Board will continue to prioritise oversight, assurance and collective leadership, alongside a clear commitment to supporting our Executive, our staff and our system partners as we pursue the necessary improvements set out in our plans.

I would like to welcome Adam Roberts, Executive Director of Strategy & Planning, to his first Board meeting. We are pleased to welcome him to the Board and look forward to the valuable experience and insight he will bring in shaping the future of the Health Board.

I would also like to acknowledge that our Chief Executive will be leaving Cardiff and the Vale University Health Board to take up a new role at the end of the summer as Chief Executive Officer at Hampshire and Isle of Wight Healthcare NHS Foundation Trust. On behalf of the Board, I would like to thank Suzanne for her leadership and commitment to delivering improvements to healthcare for people in Cardiff and the Vale of Glamorgan, and across Wales during her time at the Health Board. She has engaged colleagues and partners to refresh the long-term direction of the Health

Board through the Shaping Our Future Wellbeing Strategy and building a plan towards a sustainable future. I wish her every success in her new post. Arrangements are now underway to recruit a successor, and I will keep the Board updated as that process progresses.

Listening to our Staff and Patients



Putting People First

Engagement with Stakeholders across our communities is a key part of my role as Chair, helping to strengthen partnership working and support improvement in health and care services through collaboration with local authorities and other system partners. I was therefore pleased to attend the Cardiff Public Services Board on 14 April and the Vale of Glamorgan Public Services Board on 15 April. These multi-agency meetings, chaired by the respective local authorities, provide an important forum for strengthening relationships with partners and supporting a coordinated response to shared challenges across our communities. Falls prevention was a key area of strategic focus, highlighting the importance of collective action across organisations to improve outcomes and better meet the needs of our population.

I was pleased to visit the Perinatal Mental Health Service on 16 April, where I saw first-hand the valuable support being provided to patients affected by baby loss. It was particularly encouraging to see the impact of investment in this area, including the Onnen Service, launched in October 2024 as the Health Board's first dedicated maternity psychology service in response to gaps in specialist bereavement care across Wales. The development of the psychology service has been supported through Ockenden funding which was great to see. I also welcomed the news that the service has received Welsh Government grant funding to support an evaluation of the model as an example of good practice. The visit provided a strong and reassuring example of compassionate, equitable and responsive care, and the difference targeted investment can make for patients and families at a very difficult time.



I was delighted to attend the official launch of the Health Charity Hub on 20 April at the University Hospital of Wales. The event was a wonderful celebration of the vital role our charity plays in supporting patients, staff and services across Cardiff and Vale. The Hub provides a welcoming and visible space at the heart of the hospital, designed to bring people together, share stories, and strengthen collaboration. With fantastic support from our charity patrons and local performers helping to mark the occasion, the launch reflected the positivity, creativity and community spirit that underpins our charitable work, and I look forward to seeing the impact this new space will have in the years ahead.

I was pleased to visit the [Grow Well Cardiff Garden](#) at Lansdowne Surgery on 29 April to see first-hand the positive impact of social prescribing in our local communities. It was particularly valuable to speak with individuals benefiting from the project, who shared how the initiative has supported both their physical and mental wellbeing. The visit provided a powerful reminder of the importance of our partnerships with the third sector, and the vital role these collaborations play in improving health outcomes and supporting people to live well.



I was pleased to meet with Llais on 7 April to discuss the future development of the relationship between our two organisations. I am also pleased to confirm that, going forward, Llais will contribute a paper to our Board meetings, strengthening the feedback loops that help ensure we continue to hear and act on the experiences of our patients and communities. Positive relationships of this kind are essential if we are to keep people at the centre of our decision-making and remain true to our commitment to putting people first.

Welsh Government and National Priorities



Delivering in the Right Places



Acting for the Future

As a Board, we remain firmly focused on delivering sustained improvement in performance as we work towards de-escalation from Level 4, recognising both the seriousness of our current position and the value of the support provided by Welsh Government and NHS Wales Performance and Improvement. We are engaging constructively with this support and welcome the challenge, scrutiny and assurance it brings. As part of the governance arrangements, the Chief Executive and I are meeting regularly with the Independent Advisors, and progress in relation to escalation will remain a standing item on the Board agenda to support openness and transparency.

Following the election, I look forward to meeting with newly elected Members of the Senedd and other key stakeholders, and to building positive and constructive relationships that support our shared ambition to improve health services for the communities we serve. This period of change also presents an important opportunity to work in new ways with partners, helping us to shape and embed the right model of health within our communities, with a stronger focus on prevention, collaboration and care closer to home.

Partnership working with the third sector remains essential to improving health and wellbeing across our communities. In April, I met with Cardiff Third Sector Council to discuss the vital contribution of the third sector, alongside the pressures facing both our organisations. We reaffirmed our shared commitment to working in partnership, with this agenda being led on behalf of the Board by the Independent Member for the Third Sector.



Looking ahead and ensuring our services are fit for the future remains a key priority for the Board. On 9 April, I visited the new [Velindre Cancer Centre](#) with the Chief Executive to see the progress being made and to discuss how our two organisations will continue working together to deliver the very best services for cancer patients. The new centre will bring significant benefits for patients across south Wales, including enhanced diagnostic capability, access to innovation, research and modern treatment environments designed around the needs of patients and families. It will also help support more sustainable, adaptable services for the future, ensuring high-quality cancer care can continue to meet

growing demand. It was a valuable opportunity to consider how this partnership can support high-quality, sustainable care and I look forward to seeing this project complete in 2027.



Providing Outstanding Quality

Board Development Session – 30 April 2026

At the Board development session in April, members reflected on an impactful patient story, which provided an important reminder of the lived experience behind our services and the importance of maintaining a clear focus on quality and compassion in all that we do. The session also included a baseline assessment of Board effectiveness, supporting our ongoing commitment to strong governance and continuous improvement, alongside an update from Welsh Risk Pool and discussion of the McKinsey organisational assessment and the opportunities it identified to strengthen our ways of working and support future improvement.

As part of the Board Development Programme, the Board undertook a structured Board Effectiveness Review and self-assessment process aligned to the NHS Well-Led Framework and wider governance good practice. The review used a maturity matrix approach to support reflective discussion across key domains of Board effectiveness, including strategic leadership, scrutiny and challenge, use of assurance and data, Board behaviours and culture, committee effectiveness, and collective accountability. The process was designed to support open and honest reflection on how the Board operates in practice, particularly within the context of sustained operational pressure and external scrutiny.

The review identified a number of strengths, including strong commitment to collective accountability, openness to reflection and willingness to strengthen governance effectiveness further. It also identified several priority areas for improvement relating to strategic focus, assurance and intelligence, governance discipline and follow-through, scrutiny and challenge, and clarity of roles and escalation pathways. The findings will now inform a focused programme of Board and governance improvement, aligned to the Board Development Programme and supporting progress within Welsh Government's de-escalation framework.



Recognising Excellence



I am delighted to highlight the outstanding achievement of our cardiothoracic surgical team, who have successfully performed a new heart surgery product and procedure. The first Edwards Lifesciences Konect Resilia Bio-Bentall and ascending aortic replacement is a complex, highly specialised procedure demonstrates exceptional clinical expertise and the Health Board's commitment to innovation and excellence.

The introduction of this advanced, pre-assembled conduit simplifies what is traditionally a highly complex operation, reducing surgical time and technical risk. This is already translating into positive patient outcomes, with excellent short-term recovery and earlier discharge, and offers strong potential to improve long-term durability of the valve and reduce the need for future re-intervention, particularly benefiting younger patients wishing to maintain an active lifestyle without lifelong anticoagulation.

This achievement has been enabled through effective collaboration with the NHS Wales Joint Commissioning Committee, whose support in approving funding for this innovative technology ensures equitable access to cutting-edge treatments for patients across Wales.

This work exemplifies how clinical excellence, innovation and strong national partnership working are coming together to deliver tangible improvements in patient care and outcomes, positioning Cardiff and Vale UHB at the forefront of advanced cardiac surgery in Wales.

I wish to place on record my sincere thanks to the team for their exceptional skill, professionalism and commitment in delivering this important advancement in patient care. This achievement demonstrates not only the strength of clinical expertise within the Health Board, but also the ambition to lead the way in adopting innovative and potentially transformative technologies that can significantly improve outcomes for patients. It reflects great credit on all those involved and is a source of considerable pride for the organisation.



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

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

The **common seal** of the Health Board has been applied to **3** documents since as listed below;

Seal No.	Description of documents	Date sealed
1134	Deed of Novation Agreement between Enerveo Ltd and Cardiff and Vale University Health Board	17.03.26
1135	CIW Online access request Access & Responsible Individual Application	18.03.26
1136	Sale of Freehold land Parc Hafod Sale to Hafod Housing Association	09.04.26

The following **10 x Legal Documents** are reported as having been signed on behalf of the Health Board;

Date Signed	Description of documents	Value Information
12.03.26	DC25126 – CRI Community Addiction Unit Renovations refurbish accommodation occupied by the Community Addictions Unit at 54 and 56 Newport Road, Cardiff	£66,430.63 (Excluding VAT)
13.03.26	DC25143 – UHL East 6 & West 5 Kitchens Refurbishment refurbish the existing ward kitchens at East 6 and West 5, University Hospital Llandough (UHL).	£96,068.85 (Excluding VAT)
16.03.26	Emergency Unit Tannoy System The system was originally installed around fifteen years ago during a major refurbishment. Over time, the Department layout has changed, but the call system was not extended to cover the newly developed areas.	£32,215.00 (Excluding VAT)
16.03.26	DC25126 CRI 54-56, Newport Road Renovations	£66,430.63 (Excluding VAT)
13.03.36	DC25144 – UHL Walk-In Freezer Refurbishment replace the existing walk-in chiller at University Hospital Llandough (UHL) with a new walk-in freezer	£157,009.00 (Excluding VAT)
13.03.26	DC25150 - UHW C4 & A1 Link Kitchens refurbish and partially reconfigure the Ward C4 and A1 Link kitchens at the University Hospital of Wales (UHW)	£157,011.00 (Excluding VAT)
13.03.26	DC25148 - UHW UPS Remedials replace ageing Uninterruptible Power Supply (UPS) systems serving critical clinical areas within the University Hospital of Wales (UHW)	£374,904.00 (Excluding VAT)

16.03.26	Deed of Novation relating to agreements between Enerveo Limited and Cardiff and Vale UHB	Nil Value
26.03.26	Sale of Freehold Land - Parc Hafod - To permit the Health Board to sell ownership to Hafod Housing Association	£270,000
11.05.26	Licence for short term occupation - Rooms 07-Z0G- 02 and/or 07-Z0G-05 Child Assessment Centre, University Hospital Llandough	£715.00 pa

The following **3 x Chairs Actions** have been taken on behalf of the Health Board; The Board is requested to ratify these decisions in accordance with Standing Orders;

Date Received	Chairs Actions Details	Background Information	Date Approved
10.03.26	Capital Purchase of Heart and Lung Machines with Heater Cooler Units Units used for cardiac surgery are over 10 years old, with increasing risk of component failure and downtime. Failure during cardiopulmonary bypass presents a significant patient safety risk	£3,165,252.72 including VAT, comprising capital purchase costs, 10-year maintenance, and associated consumables	12.03.26
29.03.26	satellite Renal Dialysss Unit, Merthy Tydfil Provision of Dialysis Unit Managed Service contract in Merthyr Tydfil as part of the South East Wales Unit Haemodialysis Provision	Initial Term 3rd March 2014 – 31st March 2026 Extension 1st April 2026 – 10th July 2027 annual value of the agreement is £2,557,200.38 16 month extension period is £3,409,600.51	30.03.26
08.04.26	Haematology Managed Service Contract The new contract covers the full provision of haematology, coagulation and blood transfusion laboratory services,	Years 1–7: £11,861,305.39 (excl. VAT) Extension Years 8–10: £5,999,441.08 (excl. VAT) Years 1–7: £11,861,305.39 (excl. VAT) Total Including VAT: £21,432,895.75	09.04.26

Items received at the private Board meeting: 26.03.2026	Outcome/s
People & Culture Update	Updates were noted
Annual Continuing Healthcare (CHC) Fee Uplift	The proposed approach was approved, reflecting a limited 1.11% uplift as a base position
NHS Wales Microsoft Enterprise Agreement	The Microsoft Enterprise Agreement was approved.





Recommendation:

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration	X	Involvement	
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Report Title:	Chief Executive's Report to Board			Agenda Item no.	6.3
Meeting:	Public Board	Public	x	Meeting Date:	28 May 2026
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Governance				

Main Report

As I begin this report to Board it is important for me to share formally that I will be leaving Cardiff and Vale University Health Board (CAVUHB), having been successful in securing a new role with Hampshire and Isle of Wight Healthcare NHS Foundation Trust. As indicated in the recent communications I am genuinely saddened to be leaving the organisation and the many inspiring colleagues and partners. It has been a privilege to serve as Chief Executive over the past 4 years, and to work alongside such a committed Board, Executive Team, partners and colleagues. I would like to extend my sincere thanks for the support, challenge and collaboration I have experienced during my tenure. In the coming weeks I will work closely with the Chair, Board and executive colleagues to support a smooth transition whilst I remain fully committed and active in my current role seeking to leave the organisation in as good a position as possible.

At the time of drafting this report, the Health Board is entering the first quarter of a new financial year against a backdrop of significant challenge. The Annual Plan for 2026-27 provides the strategic framework for delivery over the year ahead, setting out a clear and disciplined programme to improve outcomes, strengthen quality and safety, and support the longer-term sustainability of the organisation. Importantly, it does so in the context of a very challenging financial position, which requires difficult choices, tighter control, and a relentless focus on delivery. The scale of the financial gap means the Health Board must both stabilise current performance and accelerate the transformational change needed through its strategic portfolios and service delivery programmes. This work will be taken forward in the context of Targeted Intervention, with a sustained focus on organisational grip, demonstrable improvement and financial recovery across the domains identified by Welsh Government. It is therefore essential that progress is delivered at pace and can be evidenced clearly, both to support the Board's oversight of improvement and de-escalation, and to provide assurance that the organisation is responding with openness, realism and control. Further detail on some of the priority areas for delivery in 2026-27 is set out below against each strategic objective.

I am pleased to report that the Independent Assessors appointed by Welsh Government, as part of the Targeted Intervention are now in place and continuing to develop their understanding of the organisation through a comprehensive document review and many one-to-one conversations with colleagues and partners. Feedback thus far has been that colleagues across the Health Board are engaging openly, constructively and with a clear commitment to the process, which is positive. The final report will be submitted to Welsh Government in early July. The first Escalation Board meeting has now taken place, offering an important opportunity to strengthen shared understanding of Welsh Government's concerns across the six domains and the evidence needed to demonstrate progress. Bi-monthly meetings will continue, with a particular focus on the financial position and recovery, culture and leadership, performance and delivery and quality and safety, where more effective oversight and progress is required. A more detailed update

on Targeted intervention will be provided later in the Board meeting by the Executive Director of Strategy, Planning and Partnerships.



Putting People First

Important work to strengthen the organisation's approach to improving the culture and experience of colleagues has been further underlined by the staff survey results which have now been received. Whilst it is encouraging to see improvement in levels of engagement with the 2025 survey, the findings reinforce that there remain important areas of concern which require sustained attention. The survey highlights a systemic workforce experience challenge across the organisation. Most staff groups report below-benchmark scores across key domains, particularly learning and improvement, patient safety, morale, working environment, and staff engagement. Overall, the findings present significant risks to workforce sustainability, patient safety, and organisational culture whilst also presenting clear opportunities to focus on core drivers (workload, leadership, voice, recognition) to achieve system-wide improvement. A more detailed update will be provided separately by the Executive Director of People and Culture who will be able to provide the Board with an update on the key priorities and actions in train to respond to these survey results, to improve the experience of colleagues and to ensure that they feel safe, valued and enabled to give their very best in the workplace.

In terms of supporting patients who raise a concern or complaint, detailed work has been undertaken to prepare for the implementation of the Listening to People Regulations, effective from 1 April 2026 which replace the Putting Things Right arrangements and provides an important opportunity to strengthen how the organisation listens to concerns, learns from feedback and responds in a more person-centred and transparent way. This will require a considered transition over the year ahead, including review of current arrangements, communication with services and support for colleagues as the new requirements are embedded. Working closely with Llais will be an important part of this, helping to ensure the Health Board takes a joined-up approach to hearing and understanding people's experiences. It is important that we get this right, so that feedback is not only heard, but acted on in a way that drives continuous learning, service improvement and excellent patient experience.



Providing Outstanding Quality

Providing outstanding quality is a cornerstone ambition for the organisation and central to the achievement of the Shaping our Future Wellbeing Strategy. This ambition goes beyond the delivery of safe, effective and timely care but includes the planning, control, assurance and improvement of quality, elements that are a focus of the Shaping our Future Quality Excellence Programme and which together build an effective quality management system. The approach for this year to achieving improvement in the key areas of hospital acquired infection, lost to follow-up, acute deterioration and medication governance and safety will be on delivering ambitious improvement trajectories with effective oversight and the monitoring of key indicators that enable rapid intervention and course correction as necessary. In addition, work in train as a result of service reviews and evaluations will continue apace in accordance with improvement plans and interventions.

Positive work recently undertaken to strengthen the approach and oversight of the Quality and Safety Committee is an important part of the Quality Management System and will strengthen governance and assurance.

I was very pleased to attend the Nursing and Midwifery Conference on 13 May, where CAVUHB nurses, midwives, health visitors, school nurses, students and health care support workers came together as members of the nursing family to celebrate their nursing values, each others contribution and the quality of care they give every day. A truly inspiring demonstration of innovation in practice, compassion and commitment was reinforced by the quality of presentations and the over 40 posters presented. The quality of the work shared underlined the clear ambition for improvement and the achievement of outstanding quality. Well done and congratulations to all who attended the day, presented and were winners of the many awards.

Events such as this are an important reminder that outstanding quality is built not only through detailed plans, trajectories and effective governance and oversight but importantly through through the commitment, skill and values of colleagues every day.



Delivering in the Right Places

The 2026-27 Annual Plan is about creating the conditions for success as we make progress on the shift from analogue buildings to digitally connected people and places. Whilst technology and solutions are important, it is essential to put in place the key enablers that will enable the wider ambitions for service change and improvement to be delivered at pace and scale. Over the coming year, we will prioritise the digital, organisational, and operational foundations needed to support more joined-up working, better connectivity across services and a more responsive model of care. Getting these enabling conditions right will be critical if we are to maximise impact, improve how care is delivered, and support a more sustainable future for the Health Board.

The Board's endorsement of the Clinical Services Plan in March marked a major step in setting the long-term direction for how services will be delivered across the Health Board between 2026 and 2035. The Plan provides a clear roadmap for the future, centered on a single, integrated model of care that is more community-based, digitally enabled, and organised around people's needs rather than organisational boundaries. It makes clear that this is a journey which will require phased delivery over time, but it gives us a strong foundation for ensuring services are delivered in the right places, strengthening the role of neighborhood and community-based care, while protecting the specialist and high-acuity services that only hospital settings can provide. In doing so, it helps to map the future shape of services in a way that is both more sustainable and better aligned to the needs of the population. The first steps are focused on creating the capacity and conditions needed to turn the ambition of the Plan into practical delivery. Work is already underway to improve productivity and patient flow, reduce avoidable time in hospital, and strengthen the foundations needed to support more neighbourhood-based and integrated models of care. The Board will continue to receive regular updates on delivery, including progress against key milestones so that it can maintain clear oversight of progress and receive assurance on the identification and mitigation of risks.



Acting for the Future

The focus in 2026-27 is on moving beyond short-term pressure management and taking purposeful action to build a more sustainable future. This requires stronger shared ownership across the organisation and with partners, from community through to tertiary services, so that prevention, reducing inequalities and service transformation are more clearly embedded in how we plan and deliver care. We will also accelerate collaborative working, quality improvement and the spread of best practice to help us respond more effectively to current demand while building a stronger foundation for the future.

We are already beginning to take this forward in practice. In April, I attended the Genomics Showcase 2026 in Cardiff, a national event led by Genomics Partnership Wales which highlighted how genomics is helping to shape the future of health and care through earlier diagnosis, more personalised treatment, innovation and stronger collaboration across services and partners. The event provided a practical example of how innovation can improve outcomes for patients while also supporting a more preventative and sustainable approach to care.

It also reinforced the direction we need to continue taking as a Health Board, working more collaboratively across organisational boundaries, embracing innovation and prevention, and planning services in a way that are sustainable for the future. We must now build on this momentum with confidence and purpose, deepening the relationships and collective leadership needed to shape a more innovative, equitable and sustainable health and care system that is fit for the future.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Financial Position

The financial position remains extremely challenging at this early stage of 2026-27. A deficit plan of £86.5m was submitted to Welsh Government at the end of March, underpinned by a requirement to deliver £42.5m of cash-releasing savings. The reported month 1 position is behind plan, reflecting the scale of the challenge in converting identified opportunities into recurrent, deliverable savings at the pace required. This underlines the need for urgent action to strengthen grip, accelerate delivery and turn the current savings pipeline into fully profiled schemes. The position also remains subject to further risk, including the potential impact of the latest Joint Commissioning Committee Long Term Agreement correspondence, which is currently under discussion. De-risking the financial plan and improving confidence in delivery is therefore the immediate priority. Action is underway to address these issues, and the Board will continue to be kept informed of progress.

Appendices:

Strategic Leadership Team (SLT) summary report.

Recommendations:





The Board are requested to:

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

NOTE the Strategic Leadership Team summary report

[Link to Strategic Objectives of Shaping our Future Wellbeing:](#)

Please tick as relevant

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

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

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

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/
Exec

Date:

Strategic Leadership Team (SLT) Meetings Summaries



GIG
CYMRU
NHS
WALES

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

Strategic Leadership Team Meeting 16.04.2026

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

The meeting brought together a wide range of senior leaders from across Clinical Boards, corporate functions, and operational services and focused on progress against previous actions, major service and infrastructure risks, and decisions requiring escalation or further assurance.

Review of Actions from the Previous Meeting

SLT reviewed actions from the previous meeting, confirming that progress had been made across all areas, with items either completed or appropriately captured on forward plans for future delivery. Assurance was provided that there were no outstanding actions requiring escalation.

Quality Excellence and Service Improvement Initiatives

SLT considered a number of quality improvement programmes, including the Scan for Safety initiative, which was agreed to be embedded within the Shaping Our Future - Quality Excellence Programme. The programme was positioned as a key patient safety initiative, with a focus on sustainable implementation supported by defined operating procedures, clinical leadership, and ongoing reporting through established governance arrangements.

The "Needless Needles" programme was also endorsed as a clinically led, data-driven improvement initiative. The approach emphasised local ownership within Clinical Boards, supported by benchmarking data and existing quality improvement structures, with no additional funding requirement at this stage.

In addition, SLT approved the phased implementation of a Tobacco Dependence Management pathway across the organisation. This was recognised as a whole-system responsibility aligned to population health priorities, with an emphasis on embedding the pathway into routine inpatient care and organisational culture over time.

Strategic Developments and Partnerships

SLT supported the continued development of Cardiff Health Partners as a strategic system-level collaboration with Cardiff University and Velindre. The partnership was recognised as a key vehicle for transformation, with future work to focus on a small number of shared strategic missions aligned to Health Board priorities and population health outcomes.

SLT also agreed to progress the development of a Children's Respite Centre at Michaelston in principle, subject to a full business case and identification of funding and partnership arrangements. While recognising the long-term nature of the proposal, SLT emphasised the importance of progressing interim solutions to mitigate current service pressures.

Strategic Risks and Workforce Considerations

SLT received an update on climate adaptation risks, recognising these as an increasing strategic concern for service delivery, workforce wellbeing, and population health. Assurance was provided that initial risks had been identified and reported, with further work planned to address the identified adaptation gap.

The meeting also considered emerging risks relating to changes in continuing professional development (CPD) expectations, noting that these may have significant workforce and financial implications that require further quantification and national clarity.

Finally, SLT noted the Nursing and Midwifery Strategic Plan, confirming its alignment with the Health Board's wider strategic direction and agreeing that delivery would be progressed through annual planning cycles and supported by continued workforce engagement

Strategic Leadership Team Meeting 07.05.2026

The Strategic Leadership Team met on 7 May 2026 to review a series of major strategic programmes, workforce models, and governance developments, alongside consideration of the organisation's escalation position and recovery requirements.

Review of Previous Actions

Major Incident and Organisational Resilience

SLT approved the updated Major Incident Plan (Version 7) for progression to Board, endorsing the overall approach while requesting further work to strengthen clarity on roles, communication processes, and out-of-hours arrangements. The discussion reinforced the expectation that all leaders understand their roles within major incident response arrangements and ensure organisational preparedness.

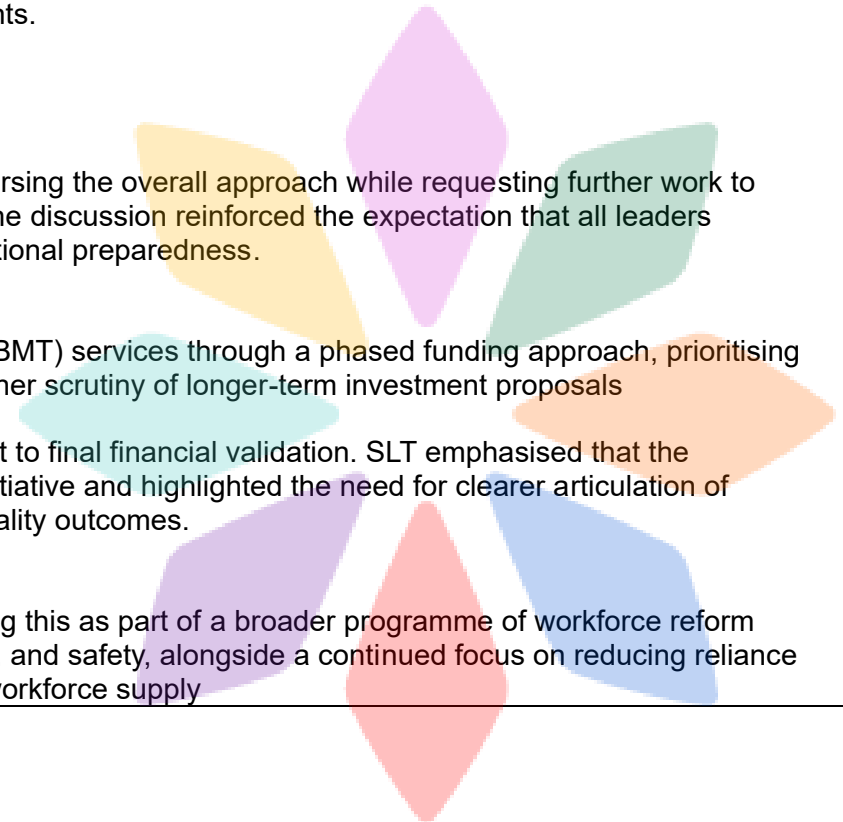
Strategic Investment and Service Development

SLT supported the submission of the JACIE business case for Bone Marrow Transplant (BMT) services through a phased funding approach, prioritising immediate compliance and accreditation requirements while recognising the need for further scrutiny of longer-term investment proposals

The Digital Foundations Programme was also supported for progression to Board, subject to final financial validation. SLT emphasised that the programme represents a whole-organisation transformation rather than a purely digital initiative and highlighted the need for clearer articulation of benefits, including measurable improvements in productivity, workforce efficiency, and quality outcomes.

Workforce and Service Planning

SLT approved an initial move towards a 95% substantive nurse staffing model, recognising this as part of a broader programme of workforce reform rather than a final position. The discussion highlighted the need to balance cost, flexibility, and safety, alongside a continued focus on reducing reliance on temporary staffing and addressing underlying drivers such as sickness absence and workforce supply



A cautious approach to student nurse intake was agreed, alongside further work to refine workforce modelling and ensure alignment with financial and operational requirements

Escalation and Organisational Recovery

A significant focus of the meeting was the Health Board's escalation status and recovery requirements. SLT agreed that a single, fully integrated Improvement and Recovery Plan should be developed, aligning escalation criteria, financial recovery, and annual planning into a coherent framework with clear ownership and delivery milestones.

The delivery of financial recovery, including £42 million in savings and workforce control, was identified as the immediate organisational priority and a key determinant of credibility with Welsh Government. SLT emphasised the need for collective ownership across the Executive and Clinical Boards to deliver sustainable improvement.

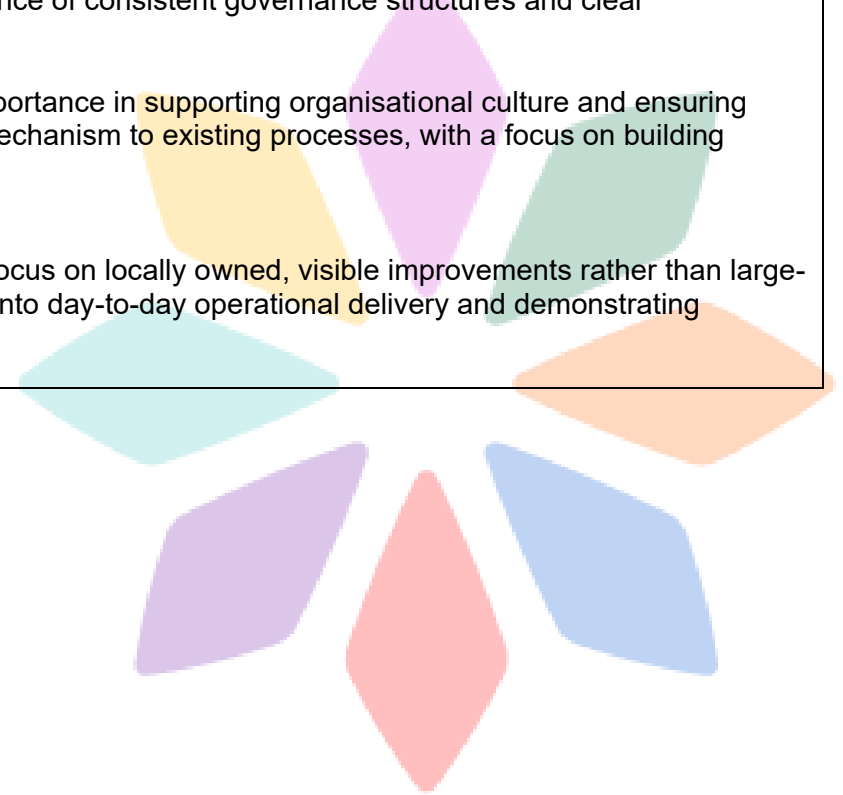
Governance and Organisational Frameworks

SLT approved the refresh of the Quality Committee and associated governance framework, including the adoption of the AAA (Alert, Advise, Assure) reporting model as the standard approach for Board and Committee reporting. The importance of consistent governance structures and clear accountability across Clinical Boards was emphasised.

SLT also endorsed continued rollout of the Speaking Up Safely initiative, recognising its importance in supporting organisational culture and ensuring staff feel able to raise concerns safely. The platform was positioned as a complementary mechanism to existing processes, with a focus on building awareness and engagement over time.

People, Culture and Staff Experience

SLT considered the staff survey update, agreeing that the organisational response should focus on locally owned, visible improvements rather than large-scale compliance-driven action plans. Emphasis was placed on embedding staff feedback into day-to-day operational delivery and demonstrating tangible improvements in staff experience over time.



Report Title:	Finance & Performance – Chair’s Report			Agenda Item no.	6.4
Meeting:	Board	Public	x	Meeting Date:	28.05.2026
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Finance and Performance Committee meeting held on 20 May 2026.

The Board is advised that this report is based on the draft minutes which are available to [view by clicking here](#).

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

The Committee considered several important items of business at the meeting, and a brief synopsis of the key items is set out below.

Financial Position (Month 1)

The Committee received the first financial report of 2026/27, which set out a Month 1 deficit of £9.397m, representing a position of £2.186m adverse to plan.

Members noted that this represented a challenging start to the financial year, particularly in the context of a planned deficit of £86.5m and reflected underlying issues in the delivery and planning of savings. The variance was largely attributable to a shortfall in savings delivery, only partially offset by a small operational surplus.

A significant focus of the discussion was on the delivery of the savings programme. The Committee noted that only a proportion of schemes had been sufficiently developed and assured at this early stage, leaving a substantial gap against the in-year savings requirement. Whilst a pipeline of further schemes existed, these lacked sufficient detail and robustness to provide confidence in delivery at this time.

The Committee expressed concern that the organisation continues to enter the financial year without a sufficiently detailed and deliverable plan, resulting in a reliance on in-year recovery actions. It was recognised that this is a recurring issue and will require a fundamental shift in approach to ensure that schemes are identified, developed, and implemented earlier.

Members also discussed the ongoing reliance on non-recurrent savings and the associated risk of further deterioration in the underlying deficit position. In addition, emerging cost pressures and external risks were highlighted, including those associated with demand growth and system-wide financial requirements.

The Committee emphasised the need to accelerate transformational change, strengthen clinical engagement, and ensure clear ownership and accountability for the delivery of savings across all areas of the organisation.

Operational Performance

The Committee received an update on operational performance across urgent and emergency care, planned care, diagnostics, cancer performance, and system productivity.

Members noted that demand across urgent and emergency care services remains high, although performance against ambulance handover standards continues to compare favourably across Wales. Notwithstanding this, pressures across the system remain significant.

Performance in stroke services was highlighted as an area of concern, with deterioration against key standards. Members were advised that a detailed system-wide review is underway, with further work planned to identify constraints within the pathway and inform improvement actions.

Delayed pathways of care continue to present a significant challenge, with associated impacts on patient flow and capacity. While some improvement has been observed, delays remain above expected levels and ongoing partnership working is required to address these issues.

The Committee noted improvements in cancer performance, including a reduction in long-wait patients, although performance remains below the national standard. At the same time, diagnostic waiting times have increased, reflecting rising demand and capacity constraints within key services.

Planned care was also discussed, with particular concern raised regarding the potential growth in long waits over the course of the year in the absence of further intervention.

The Committee welcomed the introduction of a new productivity and efficiency framework, which is intended to strengthen organisational grip on performance through a clearer focus on planned versus actual delivery, supported by improved reporting and oversight.

During discussion, members raised concerns regarding the clarity, consistency, and usefulness of current performance reporting and the quality of underlying data. Wider system inefficiencies, including issues relating to patient flow and communication processes, were also highlighted. These will require further analysis and improvement.

Grip and Control

The Committee considered the organisation's initial self-assessment against the Welsh Government Grip and Control Framework.

The assessment indicated a mixed position. While a number of governance arrangements and control processes are in place, it was recognised that these are not consistently embedded or applied in practice.

Key areas requiring improvement were identified, including workforce control, rostering and sickness management, temporary staffing governance, organisational escalation and accountability, and contract management arrangements.

The Committee welcomed the level of critical self-reflection within the assessment but emphasised that the primary focus must now be on implementation and delivery. Members highlighted the importance of ensuring that existing policies and controls are consistently applied and translated into operational practice.

It was agreed that a comprehensive improvement plan should be developed, setting out clear actions, ownership, and timescales. The Committee also emphasised the importance of strong executive oversight and accountability arrangements, alongside alignment with existing governance structures.

Annual Plan Quarter 4 Update (2025/26)

The Committee received the Quarter 4 update on delivery of the 2025/26 Annual Plan.

Members noted that approximately 70% of the actions set out within the plan had been delivered, with progress demonstrated across a number of key areas, including service developments and capital investment.

However, it was acknowledged that a number of actions had not been delivered as planned, particularly in relation to workforce challenges such as sickness absence and the development of data-driven workforce planning.

The Committee highlighted the importance of strengthening forward planning and improving the timeliness of monitoring arrangements, to ensure that performance can be managed in a more proactive rather than retrospective manner.

South Wales Blood and Marrow Transplant Programme (JACIE Accreditation)

The Committee received an update on the deferred JACIE accreditation status for the South Wales Blood and Marrow Transplant Programme.

Members noted that the inspection had identified significant issues relating to workforce capacity, infrastructure and service resilience, and that there are material risks associated with failure to regain accreditation.

A phased approach to investment was presented, prioritising immediate funding to address areas of non-compliance, alongside longer-term investment through the planning process. The Committee recognised that there is no viable option to defer action, given the potential impact on nationally commissioned services and wider system implications.

It was acknowledged that the proposed approach will create additional financial pressures, which will need to be managed within the existing financial framework. The Committee supported the proposed approach and emphasised the importance of robust programme management, timely delivery and ongoing assurance.

Monitoring and Assurance

The Committee received and noted routine assurance items, including the Monthly Monitoring Return.





Recommendation:

The Board is requested to:

- a) **Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

P r e v e n t i o n	x	Long term	x	Integration	x	Collaboratio n	x	Involvem ent	x
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Impact Assessment:

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

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

Report Title:	Board Assurance Framework			Agenda Item no.	6.5
Meeting:	Board	Public	X	Meeting Date:	28 May 2026
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report

Background and current situation:

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

The 2 delivery focused risk themes are:

1. Quality
2. Health Equity

And there are 4 key enabling risk themes:

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

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

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

There have been no changes to overall net risk scores.

There have been significant revisions made to the People and Infrastructure strategic risk themes..

The BAF has several components to it:

- Strategic Framework – maps the strategic risk themes as determined by the Board against the strategic objectives, portfolios and committees;
- Risk Scores – summarises the gross risks from each of the 6 sections and the net risks determined after the mitigations and controls are applied;
- Risk Appetite/Target Risk – within the same page this is a simple articulation of the Board's intent and direction at a strategic level in the pursuit of the strategy delivery;
- Risks – determined by the cause and the impact to provide a holistic assessment of our uncontrolled, strategic risks;

- Controls/Assurances – the measures, processes and fora in place to address our risks, including where there are known gaps;

- Actions – a high-level explanation of the activity underway to drive the net risk score towards the target risk score as a result of the consideration of the risks, controls and gaps.

The Board is requested to focus this meeting’s discussion on the risks themselves – summaries, causes and effects. The BAF Summary document appended to this report is provided as a precis of each of the 6 strategic risk themes listed risks.

The question for discussion is whether this precis is an accurate representation of how the Board considers the risks to delivery of the strategy.

The discussion will be fed back through Directorates and Clinical Boards and the July BAF reviews will be done on the basis of any direction.

Appendices:

6.5a - Board Assurance Framework.

This can be located in the supporting documents folder in the MS Board Teams Channel or the Cardiff and Vale UHB website.




Recommendation:

The Board is requested to:

- **Consider** the risk summary document and discuss and determine whether it is an accurate reflection of the risks to strategy delivery as Board Members see them.
- **Review and note** the risk themes regarding the delivery of Strategic Objectives detailed on the attached BAF.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “X” in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an “X” in the below boxes as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?:

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

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

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

Risk: No

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

Risk Theme	Summary – there is a risk that...	Key Causes	Key Impacts
Quality	...the Health Board delivers poor quality care that negatively impacts patient outcomes and experience, preventing the organisation from delivering safe, timely, effective, efficient, person-centred and equitable care.	<ul style="list-style-type: none"> • Workforce vulnerabilities (availability, retention, leadership, culture) • Outdated and fragmented digital systems and poor-quality data • Capacity and demand mismatch, long waits and system flow issues • Ageing estate and IPC risks • Weak escalation and inconsistent organisational learning 	<ul style="list-style-type: none"> • Avoidable patient harm, incidents, complaints and claims • Long waits leading to worsening health outcomes and increased costs • Variable clinical outcomes and failure to benchmark in top-performing organisations • Poor patient experience and reduced trust • Inefficient and non-value-adding care
Health Equity	... a lack of investment in prevention and deterioration in wider determinants of health will prevent the Health Board from improving population health and reducing inequalities in life expectancy and outcomes.	<ul style="list-style-type: none"> • Insufficient investment in prevention and public health capacity • Limited ability to scale evidence-based prevention programmes • Deteriorating socio-economic conditions and wider determinants of health • Inequitable access to services - inverse care law • Poor routine collection of protected characteristic data 	<ul style="list-style-type: none"> • Widening life expectancy and healthy life expectancy gaps • Higher rates of illness and premature mortality in deprived populations • Increased future demand and costs to NHS and wider public sector • Reduced productivity and increased pressure on acute services
People	...if the Health Board does not secure and sustain a capable, engaged and resilient workforce with the right skills, capacity and working environment, it will be unable to maintain services or deliver required transformation.	<ul style="list-style-type: none"> • Workforce supply/retention in critical roles • Inconsistent workforce planning and establishment control and unaffordable workforce • Productivity and deployment inefficiencies (rostering, job planning, temporary staffing) • High sickness absence and wellbeing pressures • Variable leadership capability, culture and psychological safety • Inequity in workforce experience and outcomes 	<ul style="list-style-type: none"> • Compromised patient safety, quality and continuity of care • Reduced workforce morale, engagement and retention • Increased sickness absence and agency costs • Failure to deliver strategic priorities, transformation and financial sustainability • Reputational damage as an employer
Digital	...legacy systems, infrastructure and insufficient digital and data capability prevent delivery of the digital transformation required to support safe, effective, productive and sustainable healthcare.	<ul style="list-style-type: none"> • Historic underinvestment in digital infrastructure and capability • Ageing, bespoke and non-interoperable systems (“legacy lock”) • Insufficient capacity and skills to deliver transformation at scale • National recruitment challenges leading to reliance on interim solutions 	<ul style="list-style-type: none"> • Inability to deliver data-enabled, efficient and safe care • Reduced cyber resilience and data security risk • Missed opportunities for productivity, quality and financial improvement • Failure to realise strategic and service transformation ambitions
Infrastructure	...the condition and suitability of the estate, IT infrastructure and medical equipment impair the Health Board’s ability to deliver safe, effective and prudent healthcare.	<ul style="list-style-type: none"> • Ageing and crowded estate with buildings below required condition standards • Insufficient recurrent and discretionary capital investment • Competing statutory compliance and service pressures • Delays in approval and delivery of major capital schemes • Limited ability to fully understand estate condition at scale 	<ul style="list-style-type: none"> • Service disruption and inefficiency • Increased patient safety and IPC risks • Poor patient and staff experience • Inability to deliver new or modernised services • Growing maintenance backlog and reputational risk
Sustainability	...failure to deliver financial sustainability and respond effectively to climate and decarbonisation requirements will jeopardise service quality, statutory duties and the health of future generations.	<ul style="list-style-type: none"> • Recurrent financial deficit and weak medium-term financial strategy • Cost growth exceeding funding uplifts • High reliance on non-recurrent savings • Insufficient progress on service redesign and decommissioning • Limited capacity to deliver decarbonisation and climate adaptation actions 	<ul style="list-style-type: none"> • Continued or escalated Welsh Government intervention • Inability to invest in workforce, digital and estates transformation • Increased climate-related operational and financial risk • Failure to meet statutory financial and decarbonisation duties • Reduced organisational resilience and credibility

Report Title:	Quality Committee – Chairs Report		Agenda Item no.	6.6.1	
Meeting:	Board	Public	X	Meeting Date:	28/05/2026
		Private			
Status:	Assurance	X	Approval	Information	
Lead Exec:	Director of Corporate Governance				
Report Author:	Corporate Governance Officer				

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Quality Committee meeting held on the 14th April 2026.

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

A recording of the meeting can be found by clicking [here](#).

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

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

ePMA Programme Trajectory and Data: - The Committee were presented with a comprehensive update on the rollout and optimisation of the Electronic Prescribing and Medicines Administration (ePMA) programme across CAVUHB, and highlighted milestones, challenges, user feedback, and next steps.

It was suggested that data demonstrating the impact of ePMA on medicines and patient safety be shared with Committee members once more data was available.

The Committee discussed whether the implementation of ePMA had introduced any new patient safety risks, and the below was highlighted:

- The risks associated with ePMA largely related to human interaction with digital systems rather than the technology itself
- Identified risks included drop-down selection errors, alert fatigue from clinical decision support warnings, and users bypassing safety features such as alerts and barcode scanning
- Some incidents had arisen where alerts were overridden or scanning processes were not followed, reducing the effectiveness of built-in safety controls
- The importance of understanding user behaviour was emphasised, alongside the need for mitigations through system design, training, and awareness to minimise avoidable risks and improve safe use of the system.

It was noted that the ePMA programme was on track, especially for the inpatient rollout, and learning from the programme was being shared across the organisation.

Prevention of Future Death (PFD) Response: - The Committee were informed of a Regulation 28 report which identified that a missed abnormal vitamin B12 result contributed to a patient death, with key risks relating to reliance on a single consultant in the Perioperative Care of Older People Undergoing Surgery (POPS) service and the potential for results to be overlooked.

The Committee were assured that immediate mitigations and further improvements had been implemented, including cross-cover arrangements, strengthened laboratory and digital systems, and enhanced oversight. However, some residual risks remained due to increasing service demand, with longer-term service sustainability under review.

The Committee were informed that work was ongoing with Digital Health and Care Wales to present results in a single, clearly prioritised view, including time-critical actions, should

significantly improve the management of abnormal results, with learning applicable beyond B12 to other medicines requiring timely follow up.

Royal College of Psychiatry Review Update from the Mental Health Clinical Board

(MHCB): - The Committee were provided with a detailed update on the response to the Royal College of Psychiatry (RCP) review following a cluster of inpatient suicides in 2021-22. The update outlined progress and ongoing work across key areas including:

- Risk assessments
- Care and treatment planning
- Therapeutic engagement and observation
- Continuity of care
- Diagnosis, treatment, and the Mental Health Act (MHA)
- Family engagement
- Leadership and supervision
- SIRAN standards

It was noted that progress would be scrutinised through Executive reviews.

WARRN risk assessments were discussed by the Committee, and the following was highlighted:

- There was an ongoing effort to shift the culture around WARRN away from a tick-box approach towards a more psychologically informed, formulation-based assessment of risk, led with support from psychology colleagues.
- Whilst WARRN served a purpose, it was not consistently embedded in clinical practice and there was all-Wales resistance to it as a tool, which prompted discussions about alternatives.
- Suicide awareness and mitigation training, alongside safety planning, had been more effective in changing practice, with targeted and team-based training, additional guidance, and a new risk management policy supporting this work.
- This formed a key and evolving workstream within the safety pillar's risk project plan.

Equity, Equality, Experience and Patient Safety Action Plan: - the Committee were informed that the UHB had a duty to identify and address inequities in access, experience and outcomes, and were presented with the Equity, Equality, Experience, and Patient Safety Action Plan.

It was noted that work was underway on accessible standards, with gaps in adherence which contributed to communication-related inequities. A new translation and accessible standards policy was being drafted, and there was a clear need to link with this work with related equality initiatives.

JACIE Inspection Report Update: - The Committee were provided with a follow-up update on the JACIE inspection findings and outlined areas of non-compliance, progress on corrective actions, and ongoing challenges with estates, workforce, and programme governance.

In the context of the Senedd elections, it was noted that work on the business justification case (BJC) was still ongoing, so the election period was not currently causing delay. The main challenge was uncertainty linked to potential changes in government, meaning approval could not be confirmed. The focus remained on finalising the BJC, progressing internal governance, and preparing supporting documentation. Final ministerial approval was outside of local control.

Structured Assessment, Internal Audit, Targeted Intervention De-escalation Criteria

Overarching Quality Improvement Plan: - The Committee were presented with the overarching Quality Improvement Plan which consolidated actions from the internal audit on Quality and Safety Governance, the Structured Assessment 2025, and targeted intervention deescalation criteria. Delivery would be overseen through weekly executive quality meetings using AMAT, with formal reporting to the Quality Committee periodically.

Policies: - *No policies for approval.*

Quality Committee Annual Report 2025/26: - The Committee endorsed the Quality Committee Annual Report 2025/26 for approval at Board in May 2026.

Minutes from Clinical Board QSE Sub-Committee Minutes: - The Committee noted the Clinical Board QSE Sub-Committee minutes.

Public Health Wales (PHW) Sexual Health Incident: - The Committee were informed of an incident which involved PHW's sexual health test-and-post service, which was used by some CAVUHB patients. The following was highlighted:

- Whilst the service remained safe and operational, issues were identified relating to ineffective safeguarding and data handling processes.
- PHW had taken appropriate action, issued an apology, and published supporting information and FAQs online.
- PHW had advised that they all affected individuals had been contacted, corrective actions were in place, and follow-up support, including a helpline, remained available.
- The CAVUHB Safeguarding Team had reviewed the patient cohort and confirmed there were no safeguarding concerns from a CAVUHB perspective.

Any Other Business: - *No other business was raised.*

Appendices:

None.





Recommendation:

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

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

Yes		No		X		n/a
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Impact Assessment:

Risk: No

Safety: No

Financial: No

Workforce: No

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

Report Title:	Digital & Infrastructure Committee – Chair’s Report			Agenda Item no.	6.6.2
Meeting:	Board	Public	x	Meeting Date:	28.05.2026
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Digital & Infrastructure Committee meeting held on 05.05.2026.

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

The Committee considered a wide range of strategic and operational matters relating to estates, digital services and health and safety. The key issues discussed are summarised below.

Estates Risk and Infrastructure

The Committee received a detailed update on the Estates Risk Register and recent condition survey findings. This identified a significant increase in backlog maintenance, now estimated at £753m (previously £173m), reflecting a more comprehensive assessment of estate condition.

Members noted that the majority of the estate is rated as Condition C (sub-optimal), with a further proportion assessed as Condition D (high risk of imminent failure). The Committee explored the implications of these ratings, particularly in relation to critical clinical environments, and the work underway to further analyse risk exposure across priority areas such as ITU, wards and operating theatres.

Specific high-risk infrastructure concerns were highlighted, including vulnerabilities within the high voltage generator and boiler house systems, where failure could have a significant impact on hospital operations. The Committee was assured that these risks are being actively managed, including capital bids submitted for resilience improvements.

Work is progressing to understand system interdependencies (for example within ITU) and to develop both immediate mitigations and longer-term infrastructure solutions, including proposals for a new 11kV substation and generator. Ongoing engagement with Welsh Government (WG) is supporting this work.

Capital Estates and Investment Planning

The Committee considered the latest position on the Capital Estates Programme and associated risk register, noting that this is now largely embedded within the AMaT system and is being used to inform investment prioritisation.

Members were advised of:

- Continued progress with electrical infrastructure upgrades, including busbar replacement works
- The successful delivery of Operation Poet at UHL
- Ongoing development of targeted estates schemes, with indications of continued WG support
- Recently approved schemes, including a ward roof replacement, mental health projects, and the Ely Wellbeing Hub

The Committee also noted progress in developing a longer-term vision for the UHW site, alongside plans for ITU refurbishment as part of the medium-term capital programme.

Health & Safety Assurance

The Committee received the Health & Safety update and was assured that there are no current enforcement or improvement notices. A recent inspection by South Wales Fire and Rescue Service was positive, with no formal action anticipated.

Progress against the Health & Safety Culture Plan was noted (approximately 80% complete), with a shift in focus towards embedding sustainable behaviours and measuring outcomes.

Members discussed:

- RIDDOR reporting trends, noting low overall numbers but a higher proportion linked to long-term staff absence
- Improvements and ongoing challenges in mandatory training compliance, particularly fire training
- Actions to strengthen lone worker safety, including a communication campaign positioning devices as essential PPE
- A small number of overdue risk assessments, all in low-risk areas

The Committee also considered fire safety issues, noting:

- No significant incidents year-to-date, aside from an electrical fault under investigation
- An increase in fire incidents in the previous year, largely linked to behavioural factors
- Ongoing capital investment in fire alarm systems, aimed at improving reliability and reducing false alarms

Fire Alarm Response Arrangements

The Committee endorsed revised arrangements for fire alarm response, confirming that site teams will assume responsibility, following a review which concluded this provides a more effective model.

Digital Strategy and Delivery

The Committee reviewed progress against the Digital Roadmap and Work Programme, noting that the Digital Foundations Programme business case continues to evolve and will be considered further in private session due to its commercial sensitivities.

Members noted:

- Ongoing refinement of the digital roadmap, with delivery increasingly dependent on external funding
- Progress with key national programmes, including system replacement planning for mental health and community services (Paris)
- The Welsh Intensive Care Information System, with a planned go-live of 1 June, currently flagged pending WG confirmation

The Committee also welcomed improvements in data accessibility and reporting, including the expanded use of Power BI and continued work on data cataloguing.

Digital Risk and Assurance

The Committee considered the Board Assurance Framework (BAF) for Digital, noting that this is an early iteration and will continue to be refined. Members were invited to reflect on whether the level of oversight and assurance is sufficient.

Discussion focused on:

- The importance of clear ownership of digital and cyber risks across Clinical Boards
- Ongoing work to strengthen cyber risk management in response to audit findings
- Integration of these risks within the wider organisational risk framework

The Corporate Digital Risk Register was also reviewed. The Committee noted that:

- All risks are now captured within AMaT
- Cyber security remains the principal risk, alongside workforce capacity constraints
- The risk rating relating to data protection compliance has increased, reflecting current backlogs

Future reporting will be streamlined as system functionality improves.

Information Governance

The Committee was assured that the Health Board remains broadly compliant with information governance requirements, with no regulatory action taken.

However, capacity pressures were noted to be impacting performance in areas such as Freedom of Information requests and subject access requests, and this will require continued management attention.

The Committee:

- **Approved** the Annual Committee Report (2025–26)
- **Noted** the minutes of the Digital Directors' peer group

- **Noted** the Authorised Engineer (LV) Annual Report

Recommendations

The Board is requested to:

- a) **Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1.	<input checked="" type="checkbox"/>	 Putting People First	<input checked="" type="checkbox"/>	2.	<input type="checkbox"/>	 Providing Outstanding Quality	<input checked="" type="checkbox"/>
3.	<input checked="" type="checkbox"/>	 Delivering in the Right Places	<input checked="" type="checkbox"/>	4.	<input type="checkbox"/>	 Acting for the Future	<input checked="" type="checkbox"/>

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	<input checked="" type="checkbox"/>	Long term	<input checked="" type="checkbox"/>	Integration	<input checked="" type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Report Title:	People & Culture Committee – Chair’s Report			Agenda Item no.	6.6.3
Meeting:	Board	Public	x	Meeting Date:	28.05.2026
		Private			
Status <i>(please tick one only):</i>	Assurance	x	Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officer				

Main Report

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the People & Culture Committee meeting held on the 12 May 2026.

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

The Committee considered a wide range of workforce, culture and organisational development matters, with a particular focus on staff experience, workforce sustainability and early identification of cultural risk.

Staff Story

The Committee received a staff story from a Lead Nurse within the Health Inclusion team. The narrative provided a candid reflection on morale, trust and leadership, and resonated strongly with themes discussed throughout the meeting. Members noted the importance of psychological safety and visible, consistent leadership in shaping staff experience.

Board Assurance Framework – Workforce

The Committee reviewed the refreshed Board Assurance Framework (BAF) for workforce. Members noted the move to a single overarching people risk, replacing the previous three risks, and welcomed the clearer articulation of causes, controls and gaps.

The revised framework is structured around workforce sustainability and culture and wellbeing, with improved alignment to the Health Board’s strategic priorities. The Committee supported the new format and approach, noting that actions will remain dynamic and will be brought back at regular intervals to support ongoing assurance.

Key Performance Indicators

The Committee considered workforce performance, noting continued progress in reducing agency expenditure over the past three years, with a reported reduction of approximately 30%. Members recognised, however, that further reductions will be increasingly challenging.

Discussion focused on the need to strengthen management of bank spend, including closer working with Clinical Boards to identify hotspots and underlying drivers such as sickness absence, vacancies and additional service capacity.

The Committee noted the correlation between temporary staffing costs and sickness absence, with early signs of improvement in in-month sickness levels and variation across staff groups. It was agreed that progress against plans to reduce variable pay and address sickness absence will continue to be monitored through regular updates.

Staff Survey

The Committee received a detailed update on the latest staff survey results. Whilst participation has improved, Members noted with concern that all key themes have declined and remain below the Wales average.

Measures relating to morale, engagement and working environment remain low, alongside reduced confidence among staff that concerns will be acted upon. The Committee discussed the implications for patient safety, retention and organisational culture, noting that the key challenge relates not only to workforce numbers but to the lived experience of staff.

Members supported a shift towards more locally owned, team-based responses, with a focus on leadership behaviour, psychological safety and visible action. Progress will be measured through a combination of workforce indicators and staff feedback to ensure meaningful improvement.

Speaking Up Safely Update

The Committee noted an update on the Speaking Up Safely framework, introduced in August 2024. Members heard that the model continues to support staff in raising concerns anonymously through trained “connectors”, with most concerns appropriate and subsequently managed through established processes.

A key challenge remains the ability to extract meaningful insight from anonymised data. The Committee discussed opportunities to strengthen feedback mechanisms and ensure staff can see that concerns raised lead to action, particularly in light of staff survey findings relating to confidence in speaking up.

Developing a Cultural Early Warning System

The Committee considered proposals for the development of a Cultural Early Warning System to support earlier identification of workforce and organisational risk.

This approach will combine workforce, wellbeing and staff experience data with structured team-level conversations to enable proactive intervention and support. The Committee noted that an initial dashboard is in development, with the Mental Health Clinical Board acting as a pilot site, and further phased rollout planned over the coming year.

Members welcomed the focus on action, leadership capability and alignment with national learning, recognising the potential to strengthen organisational oversight and assurance.

Clinical Board Spotlight – Children & Women

The Committee received a Clinical Board spotlight report for Children and Women’s Services.

Members noted improvements in key areas including reductions in sickness absence and turnover, alongside progress in staff engagement, workforce development and service innovation. Positive developments included new workforce models, digital advancements and strengthened communication approaches.

Ongoing challenges were recognised, particularly within obstetrics and gynaecology services and neonatal care, as well as the impact of workforce demographics. The report provided assurance on progress whilst highlighting areas requiring continued focus.

Items Approved

The Committee approved:

- Disciplinary Policy
- All Wales Improving Performance at Work Policy
- Committee Annual Report 2025/26

Items Noted

The Committee noted the update on Digital Communications and Analytics.

Any Other Business

Under Any Other Business, the Committee was informed that the Welsh Language Commissioner has initiated an enforcement investigation in relation to compliance with Standard 96, following a previous breach and a complaint from a member of the public.





Recommendations:

The Board is requested to:

- a) Note** the contents of the Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

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

Pr ev ent ion	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Report Title:	Audit & Assurance Committee Chairs Report		Agenda Item No:	6.6.4
Meeting:	Board	Public	x	Meeting Date:
		Private		
Status:	Assurance	x	Approval	Information/Noting
Lead Executive Title:	Director of Corporate Governance			
Report Author Title:	Senior Corporate Governance Officer			

Main Report

Background and Current Situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Audit & Assurance Committee meeting held on 19th May 2026.

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

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

Internal Audit Progress Report

The Committee received the Internal Audit Progress Report and noted that overall delivery of the audit plan remains on track.

The Committee was provided with assurance that the action tracking process within the Audit Management & Tracking (AMaT) was operating effectively, with sampled actions verified as complete and supported by appropriate evidence. Whilst one instance of incorrectly recorded completion was identified, this was confirmed as an isolated case and has since been corrected, providing further assurance that the system was functioning as intended.

A number of individual audit reports were presented, the majority of which received reasonable or substantial assurance, including Occupational Health, Risk Management, Capital schemes, and Nurse Staffing Levels. Those reports demonstrated generally effective control environments, albeit with areas identified for further strengthening, particularly in relation to consistency of processes, documentation, and reporting.

The Committee noted a number of limited assurance reports, which represent areas of heightened organisational risk:

- **Managing Attendance at Work:** Inconsistent application of policy at ward and departmental level, including weaknesses in sickness recording, documentation, and return-to-work processes.

Management confirmed that actions are underway, including strengthened training, monitoring, and renewed focus on management capability.

- **Staff Overpayments:** A recurring issue, primarily driven by delays in notifying workforce changes and inconsistent system use. A refreshed working group and action plan are in place, with early indications that overpayments are beginning to reduce.
- **Neurodevelopmental Services (Adults):** Significant system pressures were highlighted, including long waiting lists, absence of a dedicated ADHD service, and unsustainable demand on existing teams.

Work is underway to redesign the service model, including exploring innovative approaches to triage and aligning with emerging national models.

The Committee noted that all actions arising from these audits will be tracked through AMAT, with follow-up reviews planned, particularly for limited assurance areas, to provide further assurance on progress.

Internal Audit Draft Annual Plan 2026/27

The Committee considered the Internal Audit Plan for 2026/27 and noted that it had been developed using a risk-based methodology aligned to organisational priorities and strategic risks.

The Plan had been informed through extensive engagement with Executive Directors, the Strategic Leadership Team, and Committee Chairs, ensuring that audit coverage reflects key areas of risk and assurance need across the organisation.

The proposed plan includes 36 audits, with flexibility built in to respond to emerging risks throughout the year. The Committee was assured that sufficient internal audit resources are in place to deliver the plan.

Audit Wales Update

It was noted that a number of reviews, including Clinical Coding and Digital Transformation, had been completed but would be presented to the Committee in September 2026, alongside ongoing work on Estates Management and Local Cancer Services.

Looking ahead, Audit Wales outlined planned work for 2026, including:

- A thematic review on diabetes prevention and management
- A local review focusing on operating theatre efficiency and effectiveness

Risk Management

It was noted that over 1,300 risks have now been migrated into the AMAT system, replacing a previously fragmented approach and enabling improved organisational visibility and consistency.

The focus was now shifting from risk recording to active use of risk information to inform decision-making, with risk reporting embedded within Clinical Board reviews. Clinical Boards were now required to present their top risks, supporting greater alignment between risk, performance, and planning discussions.

An Organisational Risk Management Group had been established to drive consistency, share best practice, and oversee further development of the framework.

The Committee discussed the size and complexity of the Corporate Risk Register, noting that further work was required to rationalise and prioritise risks to support effective Board-level oversight. A programme of moderation and review is underway, with further updates to be provided to the Committee later in the year.

Policy Management

It was noted that whilst the number of policies had increased, this reflected improved governance and clearer articulation of organisational processes and responsibilities, however, the Committee did note that policy review timeliness remained an area requiring improvement.

A structured approach was now in place, with policy performance being reviewed through Clinical Board reviews, supported by follow-up actions coordinated by the Corporate Governance Team.

Procurement Compliance Report

The report now provided clearer explanations of non-compliance, exceptions, and actions taken, enhancing transparency and assurance.

Whilst instances of non-compliance remained relatively low in the context of overall procurement activity, the Committee noted the importance of continued focus in this area. It was highlighted that there has been a significant reduction in Single Tender Actions, indicating improved procurement discipline.

The Committee discussed the financial implications of non-compliance and noted that whilst opportunities for improved value may exist, non-compliance did not necessarily equate to direct financial loss. The Procurement Team will continue to review all instances of non-compliance, ensuring that learning is captured and embedded to reduce recurrence.

Items for Approval

The Committee approved:

- The Audit & Assurance Committee Annual Report 2025/26 for submission to Board
- The Losses and Special Payments Report

The Committee noted updates relating to Counter Fraud and Declarations of Interest.

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

none

Recommendations:

- a) Note the contents of the Audit & Assurance Committee Chairs Report

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

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

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	n/a	<input type="checkbox"/>
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Impact Assessment

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

Risk: n.a	
Safety: n.a	
Financial: n.a	
Workforce: n.a	
Legal: n.a	
Reputational: n.a	
Socio Economic: n.a	
Equality & Health: n.a	
Decarbonisation: n.a	
Welsh Language: n.a	
Approval/Scrutiny Route <i>(please list all other Committees/Groups this report has been to)</i>	
Name of Committee/Group/Exec	Date:

Report Title:	Strategic Planning, Commissioning and Partnership Update			Agenda Item no.	6.7
Meeting:	Public Board	Public	X	Meeting Date:	28.05.2026
		Private			
Status (please tick one only):	Assurance	x	Approval	Information	
Lead Executive Title:	Executive Director of Strategy, Planning and Partnerships Executive Director Finance Executive Director of Allied Health Professionals, Health Scientists, Community Services Development				
Report Author (Title):	Executive Director of Strategy Planning and Partnerships Executive Director of Finance Executive Director of Allied Health Professionals, Health Scientists, Community Services Development				
Main Report					
Background and current situation:					
<p>This report provides the Board with an update on key areas of the strategic planning, commissioning, and regional partnership corporate work programme. It includes relevant updates in relation to the following areas:</p> <ol style="list-style-type: none"> 1. Annual Plan 2. Strategy development and delivery inc. relevant partnership updates: <ol style="list-style-type: none"> a. Regional Partnership Board b. SEW Regional Joint Committee c. RSSPPP 3. Engagement for service change 4. Commissioning <p>There is no update on Targeted Intervention within this report as these form a separate agenda item for the Board.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board:					
<p>1. Annual Plan</p> <p>Welsh Government (WG) have undertaken a rapid review of the UHBs 26-27 annual plan that was submitted on the 31 March 2026.</p> <p>WG have subsequently confirmed that as the plan does not meet the statutory requirement to be financially balanced over three years and it could not proceed through the standard collective review process and was therefore not considered for Ministerial approval. They further confirmed that the plan, in its current form, is unacceptable and unsupportable, primarily due –</p> <ul style="list-style-type: none"> ➤ The scale of the planned financial deficit ➤ Performance trajectories, and, ➤ The absence of a credible medium-term route to sustainability. <p>The UHB must formally respond to this feedback by 29 May 2026 and in doing so demonstrate tangible improvement across the three areas set out above.</p> <p>The UHB recognises the concerns raised by WG. These issues were known at the point of submission and were subject to extensive discussion at Board.</p>					

The UHB remains clear about the scale of the challenge, but to ensure that all clinical boards have had the opportunity to respond to the challenges, and partake in executive reviews, the UHB will not be able to provide a full update to WG by the 29th May.

To provide assurance to WG the UHB will instead seek to further demonstrate ownership of the three headline challenges described and set out the work that has taken place and continues to progress over the coming month to improve our position and capability. Key to demonstrating this ownership is through the 'grip and control' being displayed with, and by, the Clinical Boards.

A detailed discussion on the plan resubmission will be discussed in the private session of Board.

2. Strategy Development and Delivery

Strategic Portfolios

The detailed priorities for 26/27 for each portfolio can be found in the draft Annual Plan 26/27. Progress against agreed actions are monitored via the strategic portfolio boards, with a number now meeting quarterly. The next Executive steering group will meet in September to assess overall progress in line with the annual planning process and provide assurance to the Board on both progress and risk management via the Board Assurance Framework (BAF). Ahead of this, one-to-one meetings will take place between the new executive Director of Strategy, Planning and Partnerships.

Progress has been made in a number of areas including:

- The completion of the **Clinical Services Plan** which is due to launch at an event open to colleagues and partners on the 22nd June 2026. The next phase of the planning work can be found in the 26/27 annual plan and includes; the review and scoping of key programmes and enabling plans and the development of a service planning framework ensuring services can create meaningful long term plans for their services that deliver on the single integrated model of care and ambitions set out within the CSP.
- The establishment of the **Community by Design (CbD) Programme** as the primary delivery vehicle for translating the Clinical Services Plan into place-based service change, supporting a shift towards integrated, preventative care closer to home. Development has focused on defining the programme's strategic role within the Clinical Services Portfolio, strengthening alignment with the Integrated Community Care System (ICCS), and engaging regional partnership board members (see below). A programme Manager has now been recruited to progress the work in developing a clear blueprint and phased delivery model, including neighbourhood leadership arrangements, governance and priority implementation areas, to enable coordinated, system-wide redesign of services.
- Progression against our **community infrastructure estates planning** with regional partners as part of a one public estate approach - captured in the below RPB update.
- Continued **service redesign planning with South East Wales** Partners across several priority areas set out below in the SEW Regional Joint Committee update.

3. Partnerships

Cardiff & Vale Regional Partnership Board

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

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

Key developments to note:

- a) **Integrated Community Care System (ICCS):** as the Health Board develops its *Community by Design* programme, attention will need to be paid to ensuring this is aligned and contributes to the overarching approach to achieving an ICCS as a partnership. The alignment to the contributions of the Local Authorities and third sector will be critical to the success of the programme. The Digital Care Region and capital programmes noted below will be significant enablers of CbD and ICCS as a whole.

With Vale of Glamorgan Council, the Health Board is developing a S33 Partnership Agreement to firm up and develop its established joint working arrangements.

- b) **Digital Care Region:** the Summary Care Viewer has now been rolled out for children's and adult safeguarding, and Vale Community Resource Service. Implementation for the discharge hub and Future Care Planning (end of life care) is close to delivery. The RPB is due to conduct a deep dive to explore how this successful programme can be scaled up to realise significant benefits to staff and patients.

Work continues to develop the proposal for an integrated data solution to deliver whole system business intelligence and insights that will enable a shared view of population health needs, demand and service impact. We are working closely with Dorset Integrated Care Board to test a potential solution, which will be subject to a business case.

- c) **Capital programme:**

The RPB capital pipeline continues to be delivered, with the programme team supporting partners to secure vital national capital funding. Recent milestones include Vale of Glamorgan's acquisition of a site on Thompson Street in Barry, to create an integrated hub with CVUHB and SBUHB, CVUHB Board approval the business case for Ely Parkview integrated hub, Cardiff Council's completion of Llys y Goetre in St Mellons which will enable co-location of local PCIC services within the housing with care scheme, and SLT agreement to progress the development the business case for a children's respite centre at Cardiff Council's Michaelston site.

The Partnership Asset Management Board continues to enable close working between partners to identify opportunities for joint capital developments and a 'one public estate' approach.

- d) **Regional Integration Fund risk:**

A reminder that the Board should be aware of the significant risk associated with the end of the Regional Integration Fund (RIF) in March 2027 remains. The region currently receives £19.4m with £6.4m directly allocated to the funding of CVUHB services. Additionally, a significant proportion allocated to the Local Authorities supports Health Board activities, in particular admission avoidance and discharge arrangements.

Any successor fund will be subject to the future programme for government, post-election. There is currently no indication of whether there will be any continuity of funding beyond the original term of the RIF. A full impact assessment was presented to the RPB on 4th March and was approved by the Board.

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

South East Wales Regional Joint Committee

The South East Wales Regional Joint Committee (SEWRJC) April meeting was stood down with the next date in September.

Good progress continues against shared priority areas including Orthopaedics, Diagnostics, Ophthalmology, and Cancer. Key regional capital programmes are also aligned to the committee including the Llantrisant Health Park (LHP).

Of note, the regional plan for arthroplasty and capital business case for the surgical hub at LHP are in the last phases of development. Boards can expect the case and supporting plan in July 2026.

Joint workstreams have also been progressing to include; workforce and organisational development with plans for a common approach to service planning, digital with a deep dive on digital and data workplans and commissioning with draft regional principles developed. The region is as a whole moving toward shared pathways, common workforce models, regional oversight and more standardised service delivery rather than separate local approaches.

Regional Specialised Services Provide Planning Partnership

The Partnership continues to oversee service planning for Cardiac and Gynae-oncology services with Swansea Bay UHB working closely with colleagues in the NWJCC.

In addition, work continues to address service fragility aligned to the reaccreditation of the South Wales Blood and Marrow Transplant Programme following an inspection by JAICE in January of this year. The programme provides specialist haematopoietic stem cell transplantation (HSCT) and immune effector cell therapies, including CAR-T, across Cardiff and Vale University Health Board (CAVUHB) and Swansea Bay with CAVUHB as the lead provider. Despite good outcomes, the service requires resourcing to meet standards and to provide a sustainable service. A business case has been developed for targeted revenue investment to address critical workforce and operational deficiencies identified ready for submission to the NWJCC this month.

4. Engagement for Service Change

Following the success of our clinical services plan engagement we have taken the opportunity to review our approach to our 'Stakeholder Reference Group' and our internal processes regarding how we work with our partners Llais.

Stakeholder Reference Group (SRG)

At April's last board meeting it was agreed to move forward with a re-brand of the SRG which will now be known as the "Shaping our Future Wellbeing Collaborative". Included in the papers

today is a more detailed outline regarding the membership approach and timescales-
Appendix 1.

Board is asked to:

1. Approve the new collaborative as the vehicle to meet the requirements of a Stakeholder Reference Group, as set out in the standing orders.
2. Agree to formally close the current model used for the SRG, including writing out to its membership informing them of a new approach and thanking them for previous involvement.
3. Approve the approach to membership for the collaborative.
4. Agree that the Executive Director of Strategy, Planning and Partnerships will move forward with recruiting members for the collaborative, with the support of the Head of Strategic Partnerships and Engagement.
5. Agree that the first meeting of the new collaborative will be held in June/July, at which the first point of business will be to appoint a chair and vice-chair.
6. Agree that following appointment of the chair of the collaborative, Director of Governance to follow relevant formal process including writing to the Cabinet Secretary.
7. Agree to receive updates from each collaborative meeting within the planning section of papers.

Llais

Following a meeting between the Chair, Regional Director of Llais (Lauranne Cullen) and the UHB Head of engagement and partnerships it was agreed that Llais will be a member of the new Shaping Our Future Collaborative and would meet with the Chair either quarterly or six monthly. In addition, it was agreed:

- A local MOU would be developed to set out how the UHB and Llais would work together.
- A regular update provided by Llais will be included within this monthly report to board.
- The head of engagement and partnerships will act as the lead contact for Llais managing the process for representations.

5. Commissioning

A review of commissioning resources is currently taking place; this includes the utilisation and effectiveness of existing documentation, tools and support that is currently available within the organisation to support commissioning activity.

Cardiff and Vale Individual Patient Funding Request (IPFR) Panel membership representation at the NHS Wales Joint Commissioning Committee (NWJCC) IPFR Panels remains limited and a recruitment initiative to broaden current panel membership had limited success. Further recruitment is planned to resolve capacity issues and ensure consistent representation going forwards.

A new substantive Chief Commissioner has been appointed for the NHS Wales Joint Commissioning Committee (NWJCC). A combined Collaborative Commissioning Delivery Group (CCDG) has been established as a sub-group to the NWJCC Collaborative Commissioning Leadership Group (CCLG), replacing previous arrangements aligned to individual commissioning directorates.

Appendices:

6.7a SoFW Collaborative - Stakeholder Reference Group (SRG)

Recommendation:

The Board is requested to:

- (a) **Note** the progress being made across the Strategic Planning, Commissioning and Partnership work programme.
- (b) **Approve** the new model of the Stakeholder Reference Group **‘Shaping our Future Wellbeing Collaborative**

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “X” in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an “X” in the below boxes as relevant

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

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

Yes

No

Comment here

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Welsh Language: No

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

Committee/Group
/Exec

Date:

Establishing The Shaping Our Future Wellbeing Collaborative

1. Statutory Context

As part of the health boards standing orders, we are required to facilitate a Stakeholder Reference Group (SRG). The role of the SRG is to provide independent advice on any aspect of health board business. This includes:

- Early engagement and involvement in the determination of the health board's overall strategic direction.
- Provision of advice on specific service proposals prior to formal consultation.
- Feedback on the impact of the health board's operations on the communities it serves.

Within the Health and Social Care (Quality and Engagement) (Wales) Act 2020, it states that services will be better designed when citizens' and patients' views are understood and considered, that listening and responding is the key to improving and developing healthcare services and that NHS bodies should routinely:

- Listen to views and lived experiences of all stakeholders work with citizens, patients, stakeholders and partner organisations to plan any changes.
- Recognise that Llais is a key stakeholder and that by engaging with and providing it with relevant information on proposed changes it can discharge its role in making representations on behalf of citizens.
- Take an inclusive approach which promotes equality of opportunity and recognises the diversity of the communities they serve, when explaining and communicating issues or opportunities.
- Produce a full range of easily accessible information on services and possible future developments, bilingually and in a range of formats and appropriate languages, taking into account the opportunities offered by social media also utilising engagement avenues provided by other agencies.

2. Stakeholder Reference Group – Current Approach

With the level of transformation required to deliver our future model of care, the organisation now needs a refreshed, system wide approach to engagement and consultation regarding service change. Existing co-production models within the Health Board are strong and well-established, but they are designed for service-level improvement and co-design, not for strategic oversight, system wide engagement, or formal consultation on major change.

Our Shaping Our Future Wellbeing Strategy sets out a long-term vision for improving population health, reducing inequalities, and transforming services across Cardiff and the Vale. Underpinning this are several strategic plans including; population health plan, clinical

services plan, people and culture plan and digital and estates plans. Delivering on these requires:

- a clear and credible mechanism for engaging our partners and communities on major service change
- a structured forum for formal engagement and consultation
- a systemwide approach to strategic insight and challenge
- a recognisable identity aligned with the Shaping Our Future Wellbeing strategy

Taking this into consideration a review of the current SRG model and membership was undertaken. Findings of the review highlighted that the current format is no longer fit for purpose and there is a fragmented approach to engagement across programmes and partnerships. Current co-production models are unable to meet the expectations of an SRG, as set out in the standing orders.

Building on the standing orders set out for an SRG and the details set out through legislation we want to evolve our approach into a new model that will include a membership that is representative of the communities we serve, will strengthen our approach to service and strategic change and provide us with a forum that can provide meaningful challenge and debate.

3. Evolving the Stakeholder Reference Group

For us to deliver a new approach to the SRG, we have developed a suggested model for an evolved engagement and advisory model. The model will hold the responsibilities of the SRG as set out in the standing orders but will be rebranded with a new membership.

We are seeking board approval to create a “Shaping our Future Wellbeing Collaborate”. A two-tier approach designed to:

- To act as the primary forum for engagement on service change and strategic change
- To support the Health Board’s formal engagement and consultation duties
- To provide structured, representative advice to the Board
- To strengthen system leadership and partnership working
- To complement, not duplicate, existing co-production models

The collaborative will be overseen by a smaller leadership group, which will coordinate its work plan, review membership regularly and report into board. The group will consist of:

- Chair and vice-chair of the collaborative
- Executive Director of Strategy, Planning and Partnerships
- Head of Strategic Partnerships and Engagement

To ensure that the collaborative is representative of the communities we serve across Cardiff and the Vale, the following membership approach is recommended:

- Representatives for each of the nine cluster areas (these individuals will be recruited via town councils, community groups and individuals that have a strong understanding of the communities that they represent)
- Third Sector – C3SC & GVS
- Representatives of seldom heard communities (BAME, disability, LGBTQ+, unpaid carer, veteran, gypsy traveller community)
- Women's Health representative
- Llais representative
- Living well co-production group (2 members)
- Health inclusion service representative
- Mental health coproduction lead
- Voices Action Change representative
- Youth Board representative
- Executive Director of Strategy, Planning and Partnerships
- Executive Director of Therapies and Health Science
- Head of Strategic Partnerships and Engagement
- Assistant Director of Patient Experience
- Two independent board members

Amongst the new members, a chair and vice-chair will be appointed. The chair will in turn become an associate member of the board.

During the recruitment process for members, we will review equalities data to ensure that the membership is diverse and inclusive.

4. Next steps – Board Approval

Board is asked to:

1. Approve the new collaborative as the vehicle to meet the requirements of a Stakeholder Reference Group, as set out in the standing orders.
2. Agree to formally close the current model used for the SRG, including writing out to its membership informing them of a new approach and thanking them for previous involvement.
3. Approve the approach to membership for the collaborative.
4. Agree that the Executive Director of Strategy, Planning and Partnerships will move forward with recruiting members for the collaborative, with the support of the Head of Strategic Partnerships and Engagement.
5. Agree that the first meeting of the new collaborative will be held in June/July, at which the first point of business will be to appoint a chair and vice-chair.
6. Agree that following appointment of the chair of the collaborative, Director of Governance to follow relevant formal process including writing to the Cabinet Secretary.

7. Agree to receive updates from each collaborative meeting within the planning section of papers

Report Title:	Leaders Who Listen			Agenda Item No:	6.9
Meeting:	Public Board	Public	x	Meeting Date:	28.05.26
		Private			
Status	Assurance	X	Approval	Information/Noting	
Lead Executive Title:	Executive Nurse Director				
Report Author Title:	Assistant Director of Quality and Patient Safety				

Main Report

Background and Current Situation:

The Leaders Who Listen programme was developed as a refreshed approach to Patient Safety Walkarounds, originally introduced in Wales following the Francis and Andrews reports to strengthen leadership visibility and engagement around safety. Cardiff and Vale University Health Board approved a renewed Engagement and Assurance Framework in July 2025 to embed listening, learning and assurance more consistently across the organisation. Co-produced with Executive and Independent Members of the Board and Directors of Nursing following a Board development session, the programme of engagement formally commenced in September 2025.

Walkaround Activity

Since September 2025, 35 walkarounds have been undertaken across UHW, UHL Community hospitals, mental health and community settings. Areas visited have included inpatient adult, paediatric and mental health wards, maternity, pharmacy, biochemistry, radiology, community mental health settings, district nursing teams, corporate teams including Infection prevention and control and the Patient at Risk Team, the Diabetes Centre and the Department of Sexual Health.

In advance of each walkaround the hosting team will receive communication and information about the visiting Board members to introduce themselves and to provide some context around what they are hoping to get out of the visit. The aim is to minimise any anxiety in lead up to the visit and to encourage engagement with the wider team.



Emerging Themes

A consistent theme emerging from the walkarounds is the strength of team culture and commitment to delivering high-quality, patient-centred care across a wide range of services. Staff were frequently described as motivated, compassionate and proud of their work, with positive multidisciplinary team (MDT) working observed in many areas. Strong, visible leadership at ward and departmental level was repeatedly highlighted as a key enabler of good morale, staff retention and innovation. Teams demonstrated a clear focus on continuous improvement, with examples of service development, research integration, and effective use of new models of care to enhance patient outcomes. Patients and families were often reported to be positive about their

experiences, reflecting the dedication and professionalism of frontline staff despite increasingly complex care demands.

Alongside these strengths, several systemic challenges were consistently identified. Pressures relating to staffing, demand and patient flow were evident across a number of services, with concerns about workforce capacity, sickness absence, and the impact of increasing acuity on both safety and staff wellbeing.

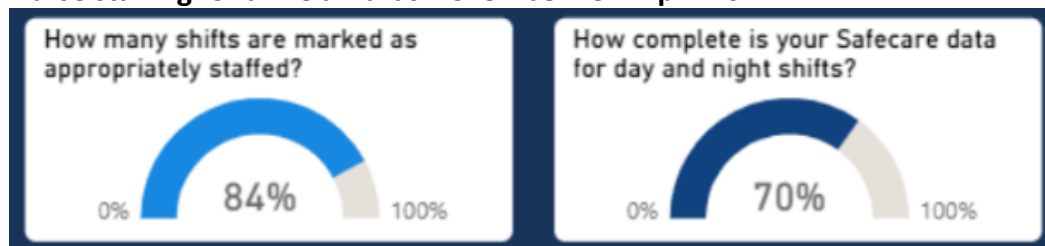
Increasing patient acuity was also a strong and recurring theme, with teams describing a notable rise in the complexity and intensity of care provision. Many services reported managing patients with higher dependency needs, often alongside increased demand and capacity pressures. This was particularly evident in acute and mental health settings, where high-acuity patients required enhanced staffing ratios and more intensive clinical input, placing additional strain on already stretched teams. The impact of system-wide pressures—such as ambulance handover targets, bed flow challenges, delayed discharges, and the transfer of care from hospital to community—was frequently cited as contributing to this rising acuity. Staff expressed concerns that these pressures can reduce their ability to maintain continuity of care, increase the risk of error, and limit time for proactive, preventative approaches to patient management.

These observations reflect the People strategic risk in the Board Assurance Framework which highlights that the organisation’s ability to deliver safe and effective services is dependent on having the right workforce, culture, and leadership capacity in place. The net risk score is 20, taking into account the controls that are in place or planned.

Staff recruitment and retention remain a key risk due to national workforce shortages, high demand across health and social care, and sustained system pressures. These factors are impacting the organisation’s ability to attract candidates with the required skills and retain existing staff, exacerbated by perceptions around NHS pay and conditions and the legacy of industrial action. This is leading to higher turnover, increased reliance on temporary staffing, reduced capacity for workforce development, and risks to service expansion and quality of care.

The ongoing use of systems such as SafeCare provides oversight and assurance around nurse staffing levels in line with the Nurse Staffing Act allowing mitigation of staffing risks and transparency around compliance with legislation. Furthermore, the requirement to record nurse staffing on the Datix Cymru Patient safety incident reporting system allows scrutiny of risk relating to workforce pressures. In the 2025/26 financial year 367 patient safety incidents were reported, where it stated that nurse staffing levels were not maintained during the period of time when the incident occurred, with 86% of these incidents resulting in no or low harm.

Nurse staffing for all 25b wards November 25 – April 26.



In relation to leadership and management, there are challenges around capacity, consistency, and organisational approach to leadership development. The framework identifies limitations in existing management capacity to support staff, gaps in leadership principles at organisational level, and pressures reducing the ability to focus on talent management and succession planning. Leadership programmes including Elev8, a multi-disciplinary programme to support Band 7

clinical leaders, and the imminent launch of the HEIW leadership and competency Framework will help to mitigate existing risk. Existing leadership and management packages will be reviewed to ensure that they align with the national framework.

Across the walkarounds, the physical environment emerged as a significant and consistent theme, with many teams describing the limitations of ageing estate, inadequate space and infrastructure issues as barriers to delivering optimal care and improving patient experience. While some areas benefited from modern, well-maintained facilities that supported patient experience and staff morale, this was not uniform, and there were frequent reports of outdated buildings, poor maintenance, and insufficient clinical and non-clinical space. Issues such as water leaks, inadequate storage, lack of appropriate staff rest areas, and equipment constraints were commonly highlighted. In several settings, the environment was described as not fully conducive to patient dignity, privacy or therapeutic recovery, particularly within mental health and community services. Staff expressing frustration that environmental constraints limited both service efficiency and opportunities for innovation and transformation.

The challenges relating to infrastructure and estates is captured in the Board Assurance Framework. Where the Net risk score is 20, taking into account the controls that are in place or planned. There is a significant strategic risk that the condition, capacity and suitability of the Health Board's estate impacting on the delivery of safe, effective and sustainable healthcare services, including:

- Ageing and unsuitable estate: A significant proportion of facilities are overcrowded, below required condition standards, or not fit for purpose.
- Insufficient capital investment: Funding has not kept pace with maintenance, replacement, and modernisation requirements.
- Infrastructure backlog and prioritisation pressures: Available capital is prioritised towards urgent compliance and operational risks, delaying wider improvements.

The Health Board has a range of established controls in place or planned to mitigate infrastructure risk, including a comprehensive estates strategy that sets out a long-term plan to ensure facilities are fit for purpose and responsive to future healthcare needs. This is supported by a risk-based capital programme aligned to the Integrated Medium-Term Plan, with investment prioritised toward the most critical estate, equipment and service requirements. Statutory compliance programmes are in place to manage safety-critical risks. Delivery of capital schemes and business cases is subject to regular scrutiny through established governance structures, including the Capital Management Group and Finance and Performance Committee, alongside ongoing engagement with Welsh Government to secure funding and progress major infrastructure developments.

Staff Feedback

Following the Walkarounds the hosting team receive an email thanking them for the opportunity to meet and providing a summary of the observations of the Board members. Where there have been documented ongoing challenges, the Patient Safety Team follow these up with the relevant Clinical Board or Directorate Team to ensure traction and to provide feedback to the hosting team. Examples can include feedback to the medical records team around updating the address of the Diabetes Centre on communication and letters and providing feedback of timescales around environmental work.

Since the launch of the Leaders Who Listen programme, hosting teams have been contacted to provide feedback about their experience. Nine of the hosting teams have provided feedback which has been consistently positive, highlighting strong engagement between hosting teams and

Board members. Staff valued the approachable nature of the visiting Board members, with many noting that being listened to and having open conversations made them feel recognised and supported. The walkarounds provided an opportunity for staff to showcase their work, share challenges, and gain insight into Board priorities and decision-making. This two-way dialogue was seen as informative and reassuring, while also reinforcing pride in teams and services.

"I enjoyed listening to the perspective of the board/exec team and it was uplifting to hear how important they felt the work we do was."

"It was interesting and the team really listened and took on board our comments which made a big difference."

"Board members were engaged at all times, they listened to staff and really seemed to want to get a feel for the ward and how it was working and not as previous visits had been standing in a room talking about issues with a brief walk of the Ward."

Further development of the Engagement Programme

The next stage of the Leaders Who Listen Programme is the launch of the Clinical Board Walkarounds. These walkarounds will be based on the HIW toolkits and will include peer, patient experience and leadership observations and discussions. Walkarounds will be introduced to strengthen strategic engagement between Clinical Boards and their services. These Walkarounds aim to provide Clinical Board leaders with the opportunity to hear directly from staff about their experiences, and to observe services from the perspective of patients, service users, and their visitors. This approach supports a deeper understanding of service realities and reinforces a culture of openness, learning, and continuous improvement.

The Board can be assured that the Leaders Who Listen programme is providing an effective mechanism for gaining direct insight into clinical services, strengthening organisational listening, and informing the Board Assurance Framework. Evidence from 35 walkarounds demonstrates strong team culture, compassionate care delivery, and positive engagement between staff and Board members. While systemic risks relating to workforce capacity, increasing patient acuity, and estate infrastructure persist, these are well recognised, formally captured within the Board Assurance Framework, and subject to established controls, mitigation plans, and ongoing oversight. The programme is supporting transparency, continuous improvement, and strengthened leadership visibility, providing a sound basis of assurance that key risks are understood and actively managed.





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

Estates and environmental risks remain a consistent theme across the Leaders Who Listen Walkarounds along with Workforce pressure relating to recruitment retention and acuity of services. The emerging themes are captured in the Board Assurance Framework as strategic risks with ongoing reporting to the Board.

In total 35 walkarounds have taken place since September 2025 across a broad range of services and in multiple locations. Feedback from the hosting teams has been consistently positive with colleagues explaining that they enjoyed the opportunity to meet with Board members and provide qualitative insight into working conditions.

The Board Assurance Framework ensures clear oversight of strategic risks, with controls in place to actively reduce and manage risks relating to workforce and infrastructure.

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

None			
Recommendations:			
The Board are asked to NOTE the insight provided by the Leaders Who Listen Walkaround and how this informs assurance, when triangulated with the Board Assurance Framework.			
Link to Strategic Objectives of Shaping our Future Wellbeing:			
Please place an "x" in the below boxes where relevant – <i>Click each item for further information.</i>			
1.  Putting People First	x	2.  Providing Outstanding Quality	x
3.  Delivering in the Right Places	x	4.  Acting for the Future	x
Five Waves of Working (Sustainable Development Principles) considered:			
Please place an "x" in the below boxes where relevant			
Prevention	<input type="checkbox"/>	Long Term	x
Integration	x	Collaboration	x
Involvement	x		
Quality Impact Assessment Completed?			
Please place an "x" in the below boxes where relevant			
Yes (please include the complete QIA document)	x	No (please provide reasoning e.g. not required)	
Impact Assessment			
Please place an "x" in the below boxes where relevant			
Risk: Yes/No (delete as appropriate)			
na			
Safety: Yes/No			
na			
Financial: Yes/No			
na			
Workforce: Yes/No			
na			
Legal: Yes/No			
na			
Reputational: Yes/No			
na			
Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance			
na			
Equality & Health: Yes/No			
na			
Decarbonisation: Yes/No			
na			
Welsh Language: Yes/No			
na			
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)			

Name of Committee/Group/Exec	Date:

Report Title:	Targeted Intervention Update			Agenda Item No:	6.10
Meeting:	Board	Public	X	Meeting Date:	28 th May 2026
		Private			
Status	Assurance	X	Approval	Information/Noting	
Lead Executive:	Executive Director of Strategy, Planning and Partnerships				
Report Author:	Strategic Planning and Delivery Manager Head of Strategic Planning				

Main Report

Background and Current Situation:

Purpose

The purpose of this paper is to:

- To provide the Board with an overview of the UHB's current position against the escalation domains and de-escalation criteria, reflecting the position presented to Welsh Government in May 2026.
- To support Board oversight of progress, risks, and delivery across the escalation domains.

Background and Situation

A revised All-Wales Operating & Accountability Framework came into effect from 1 April 2026. This sets out the expectations for accountability across NHS Wales, including how these arrangements are strengthened and adapted depending on an organisation's escalation status

Within this context, the UHB has established clear governance and accountability arrangements to support delivery within Targeted Intervention. Each escalation domain is led by an Executive Director acting as the Senior Responsible Owner (SRO), with alignment to a relevant Board sub-committee to enable detailed scrutiny and assurance.

An overview of this information is shown in the table below.

Domain	Lead Executive	Sub committee oversight
Domain A: Leadership & Governance	Leadership (Rachel Gidman) Governance (Matt Phillips)	People & Culture committee
Domain B: Quality & Safety	Jason Roberts	Quality Committee
Domain C: Clinical Services	David Fluck & Paul Bostock	Quality + Finance & Performance committees
Domain D: Performance & Outcomes	Paul Bostock	Finance and Performance committee
Domain E: Population Health & Prevention	Claire Beynon	Quality Committee
Domain F: Finance	Catherine Phillips	Finance and Performance committee
Domain G: Strategy & Planning	Adam Roberts	Finance and Performance committee

As we seek to further mature the oversight and governance arrangements we are further working towards developing a comprehensive Targeted Intervention (TI) recovery and transformation tracker.

The UHB participated in its first Escalation Board meeting with Welsh Government (WG) under these revised arrangements on 5th May 2026. This report reflects the position presented at

that meeting and is intended to provide the Board with aligned oversight of the issues and progress discussed.

The Escalation Board focused on the UHB's financial position, in particular the forecast deficit within the current plan, alongside the requirement to demonstrate clear and sustained improvement against the de-escalation criteria, with specific emphasis on outcomes for patients and staff experience. The next Escalation Board is scheduled for 1st July 2026.

Following this, the UHB met with NHS Performance & Improvement (NHS P&I) on 11th May 2026. These meetings will form part of the ongoing accountability cycle and are expected to precede future WG Escalation Boards.

Independent advisors continue to support the organisation and will be in Week 10 of their engagement at the time this paper is presented to Board.

This Board will be updated on progress against the de-escalation criteria, but rather than producing a stand-alone dashboard, this will do so through an updated Integrated Performance Report (IPR), rather than a standalone dashboard. This will help ensure de-escalation is part of business as usual, not something separate. Until then, this paper gives an interim report. The IPR will also include enhanced analytics including trajectories, trend data, and clearer visualisation of performance, reflecting Board feedback.

Embedding TI measures within the IPR is an important step in ensuring alignment between performance management and escalation requirements, strengthening grip, transparency, and the Board's ability to monitor delivery and risk. We expect this refreshed IPR to be available and to inform Board discussions from July 2026.

Underpinning the IPR as a tool for understanding and supporting scrutiny of progress will also be the development of an integrated recovery and improvement plan. This plan will serve as a single point of understanding the totality of effort being progressed across de-escalation and the UHBs annual plan. It will set out actions, associated managerial leads and timescales etc.

While the publication of the de-escalation framework is welcomed for the clarity it provides, there remain nuances that require further clarification and agreement with Welsh Government and NHS P&I.

Assessment

A summary of the UHB's position across the seven escalation domains is set out below, reflecting the position presented to Welsh Government at the May Escalation Board. This provides a summary overview of current performance, key risks, and progress against the de-escalation criteria within each domain.

The UHB's de-escalation criteria comprise a combination of both quantitative and qualitative measures. **Appendix 1** provides a summary of the quantifiable de-escalation criteria, including the current assessment shared with Welsh Government and the UHB's end-of-year ambition. While trajectories for improvement are in place across all measures, there are specific areas where full delivery of national expectations is unlikely within the current year. These include;

- MRSA cases, the UHB does not anticipate achieving performance in line with the all-Wales average; however, the local ambition is to reduce the number of cases compared to 2025/26 (Quality and Safety domain).
- Smoking cessation, the national target has increased from 5% in 2025/26 to 7.5% in 2026/27. Given that the UHB has not previously achieved the 5% level, a realistic local target of 5% has been set for 2026/27, with continued progress towards the national expectation (population health domain).

In addition, a number of planned care and diagnostic (Performance and outcomes domain) year-end ambitions against the required standard remain to be finalised. Options were presented to the April Finance and Performance Committee and discussions with NHS Performance and Improvement are planned in May.

Domain A: Leadership & Governance

Governance arrangements continue to be strengthened to support escalation management, with clear executive accountability, Board sub-committee oversight, and routine reporting to Board. The emerging integrated recovery and improvement plan referenced above will be key to this.

Progress has been made in strengthening leadership capability, clinical engagement, and workforce practices, supported by a refreshed leadership development approach aligned to organisational priorities and the *Putting People First* strategy.

The UHB is shifting from a predominantly engagement-led approach to a more action-focused and locally owned improvement model, ensuring staff feedback translates into visible change. Leadership and workforce interventions are increasingly aligned to performance and quality priorities, supported by development of a Cultural Early Warning System (CEWS) and the introduction of dashboards and cultural heatmaps, with initial pilot work is underway within Mental Health Clinical Board.

Clinical engagement has been strengthened through Leaders Who Listen walkabouts, clinical summits, and regular CBD/AMD forums, improving alignment between clinical and operational delivery. There is also evidence of progress in workforce sustainability. Clinical Boards and Care Groups have plans in place to improve key workforce KPIs and enabling actions, including reductions in agency and bank usage. Improvements are being seen in sickness absence (5.77% in April 2026, the lowest April level in four years), with turnover stable at 8-9% over the past 12 months. Workforce growth is being tightly controlled, with a reduction of 362 WTE over the past year and a planning assumption of no further growth in 2026/27 unless externally funded.

Domain B: Quality & Safety

Performance remains challenged in some areas, with historically high levels of never events compared to other health boards and continued requirement for demonstrable reduction

Current position against key metrics:

- C. diff: 186 across 2025-26 (target ≤ 190) – above trajectory
- Hospital onset E.coli: 64 across 2025-26 (target ≤ 71) – above trajectory
- Hospital onset MRSA: not expected to meet all-Wales average by end of 2026-27
- Complaints: 64.3% within 30 days in Jan-26 (target 65%)

Actions are in place through WHO compliance, NatSIPPs, and strengthened governance, alongside a system-wide Quality Management System (QMS) rollout.

Key risk remains consistency of delivery and embedding learning, with incident backlog reduction and coding improvements also required to support assurance.

Domain C: Clinical Services

There remains some ambiguity within the escalation framework regarding which services definitively fall within this domain and the specific measures against which improvement will be assessed. While a broad set of perceived fragile services has been identified, further clarity is required to confirm the full scope and ensure consistent alignment with Welsh Government expectations. Current areas of focus include:

- HSDU
- Theatres
- Cardiology
- Adult Mental Health
- Wet AMD / Ophthalmology
- Bone Marrow / Stem Cell
- Critical Care
- Paediatric Critical Care
- Gastroenterology
- Endoscopy

- Stroke
- Neurosciences
- Maternity & Neonatal

Once the full list of in-scope services is agreed, the next step will be to define a clear and consistent set of metrics for each area to enable robust performance tracking, assurance, and alignment with de-escalation criteria.

All recent internal and external reviews have programmes of improvement and action plans in place, with updates scheduled through Board sub-committees across 2026. Within this, there are areas of demonstrable progress, including sustained thrombolysis performance in stroke (above 20%) and de-escalation of neonatal services from JCC, with outcomes now aligned to national averages. However, a number of services remain fragile or carry material delivery risk. Endoscopy continues to face a significant demand and capacity gap, with a shortfall of at least 17 sessions and reliance on non-recurrent solutions. Infrastructure constraints remain a limiting factor in critical care, with refurbishment plans in development but not yet delivered. Bone marrow transplant services require a credible, costed improvement plan by July 2026, with key issues spanning estates, quality management and workforce alignment. While progress has been made in areas such as gastroenterology through service centralisation, variability remains across specialties, and further clarity is required in some areas (e.g. paediatric critical care and neurosciences) where escalation concerns are less clearly defined. The UHB also requires further clarity on the nature and form which bi-annual assessments need to take- the de-escalation framework only currently sets out that an exercise that needs to take place in April and November of each year.

Domain D: Performance & Outcomes

Domain D is split into five areas, with an overview provided below for each. A number of planned care and diagnostic trajectories and measures remain subject to finalisation, reflecting detailed discussions at the April Finance and Performance Committee. These discussions highlighted the need to align trajectories with realistic deliverability, workforce capacity, and the role of non-recurrent interventions. Options were presented to the Committee, with final proposals scheduled for Board consideration in May 2026.

Urgent & Emergency Care (UEC)

There has been measurable improvement in elements of urgent and emergency care performance, most notably ambulance handover delays, which have reduced significantly from peak levels (462 breaches) to 73; however, performance remains volatile and not consistently within expected thresholds. The 12-hour performance continues to fall short, with 12-hour waits at 8.0% against a 7% target, reflecting ongoing system flow challenges. Length of stay and delayed discharges remain the primary constraint, with approximately 7,200 delayed bed days, limiting the ability to sustain improvements. Key actions are focused on improving flow through reduced length of stay, strengthened discharge pathways, and system-wide working with partners to increase out-of-hospital capacity and reduce delays.

Planned Care

Planned care performance remains significantly below target, with 52-week waits at 89% (against a 100% target) and a substantial backlog in follow-up waits, with 28,268 patients waiting beyond target (vs 14,415 expected). The trajectory for 104-week waits remains dependent on non-recurrent interventions, with approximately 4,082 patients forecast. Options to improve this position are actively being explored. Discussions were held with F&P committee in April with further discussions taking place with NHS P&I in May to review productivity and efficiency opportunities.

While recovery plans are in place, delivery continues to be constrained by workforce capacity and competing demand. Key actions are focused on reducing backlog through targeted

initiatives, improving validation and management of follow-up lists, and increasing sustainable capacity, including through service redesign aligned to the Clinical Services Plan.

Diagnostics

Diagnostics performance is materially below the required standard, with overall performance at 66.1% against an 80% target, and endoscopy representing the most significant area of risk at 52.8%. The demand and capacity gap in endoscopy remains a core constraint, with a shortfall of at least 17 sessions and reliance on non-recurrent mitigation. While recovery trajectories are in place, progress is limited by workforce and physical capacity. Key actions are focused on increasing capacity, both in the short term through additional sessions and in the longer term through pathway redesign and alignment to the LHP, alongside addressing workforce sustainability.

Cancer

Cancer performance is improving but had remained below the de-escalation standard from November to February. However, in March 2026 the 62-day pathway was at 66% and there is a clear trajectory for improvement, with plans to reach 75% by March 2027, supported by reductions in the longest waits. However, delivery remains dependent on improvements in diagnostics, particularly endoscopy, and reduced pathway delays. Key actions are focused on pathway optimisation, earlier diagnosis, improved coordination across tumour sites, and addressing diagnostic bottlenecks, with continued focus on backlog reduction and trajectory delivery.

Mental Health

Performance against the deescalation criteria for Part 1a (assessment within 28-day) is currently being achieved - 99.5% vs. 80% standard. The same is applicable for Part 1b (therapeutic intervention within 28-days) where performance is 100% vs. 65% standard. For Part 2, the % who have a valid care and treatment plan, performance is currently below the standard – 71.9% vs 80%; however March 2026 represents the first time performance has increased above 70% in over 18 months following 7 months of continuous improvement.

Domain E: Population Health & Prevention

Vaccination & Smoking

There is improvement in vaccination uptake; however, performance remains below all-Wales averages, with childhood vaccinations at ~85.3% compared to ~87.5% nationally and HPV uptake at 74.9% compared to 75.6%. The trajectory shows a narrowing of this gap but needs to accelerate to meet de-escalation expectations. Smoking cessation remains a key area of risk, with current performance at 2.5% against a 7.5% national target (with the local plan aiming for 5%), indicating a significant shortfall.

Paediatric Diabetes

The 24-25 National Paediatric Diabetes Audit shows that UHW has moved in a positive direction from 'alarm' to 'alert' status (to note, the measurement has changed from adjusted to unadjusted mean HbA1c). At time of 'alarm' status, 140 patients were on waiting list for pump start this is now 60-65 patients. Further work is required in relation to the Hybrid Closed Loop roll out in line with the proposals for adult diabetes patients.

GMS Sustainability

Current Risk Rating has reduced to 15 from 25 following positive steps implemented including a robust National GMS Contract Assurance Process (providing substantial assurance following recent internal assurance review). Proactive ongoing monthly reviews of practice performance via GMS dashboard with follow up and escalation of any outliers has supported improvements. Uncertainty around the GMS contract and perceived inadequate funding, along with pressures associated with the rise in minimum wage and increased employer NI contributions, all of

which has impacted on sustainability have been reduced with the agreement of a favourable financial package of support following contract negotiations for 2026/27.

Domain F: Finance

The UHB remains in a challenging financial position, with a planned deficit of £86.5m for 2026–27, representing a deterioration from the £56.2m outturn in the previous year. Delivery risk within the financial plan is significant, with a £42.5m savings target, of which only £13.3m (31%) is currently firm, and a further £17.5m identified but not fully developed, leaving a material gap reliant on progressing both opportunities pipeline schemes at pace and identifying further opportunities that can cash release in year. Additional pressures include demand-led cost growth, particularly in Continuing Healthcare (CHC), which has been identified as an outlier nationally, alongside underlying efficiency challenges and cost assumptions—such as inflation—remaining under pressure. The immediate priority is to derisk the 2026/27 plan, accelerate the maturity and deliverability of savings schemes, and establish a credible financial recovery trajectory, with workforce, productivity, and length of stay identified as key delivery levers. A grip and control assessment was undertaken with SROs identified against each theme to ensure an improvement plan is in place where required:

- Policy / framework in place
- Operational grip
- Consistency of application

Further progress made with NHS P&I, including a self- assessment against best practice financial governance and also around the organisations presentation of the granular drivers of the underlying deficit.

Domain G: Strategy & Planning

The organisation has a clear strategic direction, with the Clinical Services Plan due to launch in June, it provides a coherent long-term vision aligned to system priorities. Early delivery is focused on improving flow and capacity, managing demand, and enabling organisational redesign, these are set out in the annual plan. Next steps are a focus on demonstrating tangible progress and translating strategy into measurable impact at pace. Delivery is dependent on key enablers, particularly workforce, estates and digital, with infrastructure constraints emerging as a critical risk that will require medium-term resolution. Therefore, key actions underway are:

- Assessing the current actions within the annual plan around productivity and LOS following an assessment of opportunities.
- Engagement with clinical board directors, and c150 consultants on the outcome of the McKinsey analysis.
- Development of Integrated Improvement Plan, with clear actions and accountability of actions against the annual plan and deescalation criteria.
- Development of performance management framework.
- Assembling team to develop demand, capacity, and workforce modelling for CAVUHB, working with regional partners.
- Development of a service planning framework as the next phase of planning with all services in response to the CSP, this will be aligned to the regional planning approach.
- Review of dependencies with critical enablers and assessment of plans and programmes within the annual plan to ensure they are aligned and responding to the CSP.
- Further development of partnership plans and programmes with RPB, SEW & Specialised services as critical enablers to the CSP.
- Review of key transformation programmes including the scoping and development of the organisation Community which will support demand management and improving flow and capacity through the acceleration of projects to enable more care in the community.

Development of an 18-month co-production, communication and engagement plan to underpin plans and programmes. Understanding and improving the UHBs planning maturity is a further key de-escalation criterion for this domain. A self-assessment exercise was undertaken in November '25 and following consideration by the Finance and Performance subcommittee this self-assessment submitted to Welsh Government. They concurred with the organisations assessment of the organisation being at level two for five of the assessment domains and level one for the sixth domain (out of five levels of maturity).

The assessment identified 52 actions which required progressing by the UHB. Given the organisation is operating in a highly dynamic operating environment a review of these actions and the progress being made was undertaken in April to ensure all actions remained relevant, are progressing as planned and/or identify actions where further support is required. This review confirmed;

- 17 actions have been completed,
- 6 actions after careful review actually being duplications or repetition of other actions.

29 actions consequently remain and conversations were held to understand which of those are the highest priority and require the most focused attention because either they;

- Will yield the most demonstrable improvement in the organisations planning maturity.
Or,
- Are key enabling actions upon which other actions can then be progressed meaningfully.

13 actions were seen as being of immediate priority.

It remains important to note that many of these thirteen actions are not, and should not, be progressed in silo by 'planning'. These are actions which have also subsequently been highlighted through other work or strategic reviews – for example the work of McKinsey.

Delivery of many of these actions will consequently need to be progressed via wider packages of strategic work which the organisation plans to progress. The planning maturity assessment merely serves as the tool to understand if implementation (or not) of actions are impacting on the organisations level of planning maturity.

Building on this, we have asked our internal auditing team to review the size and capability of our planning function relative to other Health Boards in Wales and other comparable organisations.

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

The UHB is making important progress in establishing stronger governance, leadership grip and clearer accountability across the escalation domains but with the acceptance it still needs to go further.

There are areas of demonstrable improvement, particularly in elements of urgent and emergency care, population health, quality metrics, and aspects of clinical service recovery. However, overall performance remains fragile, and delivery against key de-escalation criteria is not yet at the pace or consistency required.

It is important to note recent clarification from Welsh Government that de-escalation will be determined at a whole-domain level, rather than through achievement of individual criteria in isolation- as originally set out in the de-escalation framework. This reinforces the need for consistent and sustained improvement across all measures within each domain. However, where data demonstrates achievement of individual standards over two consecutive quarters, this will continue to be recognised and reported as evidence of progress.

The organisation continues to face a combination of structural demand and capacity challenges, workforce constraints, and financial pressures, which are interdependent and require coordinated, system-wide action.

The next phase of reporting via the IPR from July will provide a more integrated view of performance and escalation progress, supporting enhanced scrutiny and decision-making as the organisation moves towards demonstrating sustained improvement.

It also remains important that further clarifying conversations take place with NHSWP&I regarding the Clinical Services domain – both its scope and measures. Also, the self-assessment process which the UHB will most likely need to be prepared to undertake in November.

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




Appendix 1 - Summary of quantifiable de-escalation criteria.

Recommendations:

- a) **NOTE** the UHB’s current position across the escalation domains as presented to Welsh Government in May 2026, including areas of improvement and continued challenge.
- b) **NOTE** the planned transition to a fully integrated reporting approach from July 2026, where Targeted Intervention measures will be embedded within the Integrated Performance Report. Consequently,
- c) **TAKE ASSURANCE** that the above refreshed IPR will provide Board with a single version of the truth on progress against TI de-escalation criteria and provide line of sight to projected trajectories and progress on trajectories as has been sought by Board.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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Quality Impact Assessment Completed?

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

Yes (please include the complete QIA document)	x	No (please provide reasoning e.g. not required)		
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Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:

Annex 1 – Summary of quantifiable de-escalation criteria

De-escalation criteria		De-escalation standard	C&V Performance (Feb 26)	Commitment in UHB 26-27 plan to deliver expected de-escalation standard
Leadership & Culture	Report improved staff engagement in NHS Wales surveys	Improved engagement score% Improved participation rate%	71.1% (2024) 69.2% (2025) 26.8% (2024) 34.8% (2025)	YES Improve engagement score to 74% by 2027 Improve participation rates to 43% in 2026 & to 50% by 2027
Performance and Outcomes: Urgent and Emergency Care	Number of ambulance handovers over 1 hour	223	273	YES 11% improvement through the 45-minute improvement plan
	% of 12-hour Emergency Department Waits	Continuous improvement towards no more than 7% of patients over 12 hours	9.1%	YES Delivering the 30% improvement is forecast to achieve the 7% de-escalation criteria
	Median time from arrival to assessment by a clinical decision maker	60 minutes	71 mins	YES Deliver 60-minute standard through UEC programme that aims to minimise clinical/medical variation within our emergency unit
	Number of pathways of care delays	128 DPOC / 7964 bed days	164 DPOC / 7218 bed days	YES Deliver and improve on the overall 10% bed days reduction.
Performance and Outcomes: Planned Care and Cancer	62-day Suspected Cancer Pathway standard	60%	54.5%	YES Deliver 60% performance by June '26 and 75% by March '27
	% of open outpatient pathways waiting less than 52 weeks	100%	81.9%	TO BE FULLY DETERMINED Work underway using CHKS comparators to assess biggest areas of opportunity to close gap and review of backlog vs recurrent demand. Finalised trajectory to Board in May 2026.
	% of open pathways waiting less than 104 weeks for referral to treatment	100%	99.1%	TBC Currently forecast to have 4082 > 2-year waits. Options presented to April Finance and Performance Committee. Finalised options to Board in May 2026.
	% of open pathways are waiting less than 52 weeks for referral to treatment	80%	81.9%	TBC Options presented to April Finance and Performance Committee. Finalised options to Board in May 2026.
	Number of patients delayed by 100% for their follow up appointment (Based on the July 2025 baseline)	14,415	28,268	YES Requires 4,200 pathways to be seen / closed p/m. This can be met by adopting PIFU pathways by default, subject to sign off by Quality & Safety Committee – aim for implementation from May 2026
	% of R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment	65%	69.6%	YES Maintain performance above 65%

De-escalation Criteria		De-escalation Standard	C&V Performance (Feb 26)	Commitment in UHB 26-27 plan to deliver expected de-escalation standard
Performance and Outcomes: Diagnostic & Therapies	% of patients waiting for a diagnostic test to be waiting less than 8 weeks	80%	57.3%	TBC Original March 2027 forecast = 9500 patient over 8 weeks, revised to 11334 largely due to significant risk endoscopy. Options presented to April Finance and Performance Committee. Finalised options to Board in May 2026.
	% of patients waiting for a diagnostic endoscopy waiting less than 8 weeks	80%	39.3%	TBC Original March 2027 forecast = 5000 patients over 8 weeks. Revised to 9491. Options presented to April Finance and Performance Committee. Finalised options to Board in May 2026.
	% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks	80%	NOUS 51.3% MRI 69.8%	YES 80% performance will be achieved through continued delivery of core and additional activity in NOUS and MRI
	% of patients waiting for therapies to be waiting less than 14 weeks	85%	90.2%	YES 90% performance will be delivered across therapies, facilitated by realignment of teams and leadership
Performance and Outcomes: Mental Health	Mental health assessments undertaken within 28 days from the date of receipt of referral (Part 1a)	80%	100%	YES >80% - Continuing delivering above criteria performance in adult and children's
	Therapeutic interventions started within 28 days following an assessment by LPMHSS (Part 1b)	65%	100%	YES >80% - Continuing delivering above criteria performance in adult and children's
	% of residents in receipt of secondary mental health services who have a valid care and treatment plan (Part 2)	80%	62.7%	YES >80% - improvement plan in place, expect to deliver standard by Q1 26/27
Quality	Number of cumulative C.difficile cases, hospital onset E.coli BSI and MRSA BSI cases	All-Wales average	C.diff - 179 E.coli (HO) - 60 MRSA (HO) - 8	YES C.difficile - Aim to have no more than 158 cases in 26/27 YES Hospital onset E.coli - Aim to have no more than 75 cases in 26/27 NO Hospital onset MRSA - Aim to have less cases than 25/26 but unlikely to be below all-Wales average
	Complaints to be closed within 30 working days (by date received)	65%	64.3% (Jan-26)	YES 40% of appropriate complaints to be closed at early resolution (from April 2026 under listening to people regulations due for publication)
	Number of never events (by incident date)	Sustained reduction	2	YES Eradication of all never events
Population Health	% of children up to date with scheduled vaccinations by age 5	All-Wales average	85.7% (Q2 25-26)	YES Match all-Wales average
	HPV vaccine uptake rate for children by the age of 15	All-Wales average	74.9% (Q3 25-26)	YES Match all-Wales average
	% adult smokers who make a quit attempt via smoking cessation services	7.5%	2.51% (Q3 25-26, cumulative)	NO National annual target has increased from 5% in 2025/26 to 7.5% in 2026/27. C&VUHB have never met 5% target, but we are making progress towards this. Local target 5% 26/27.

Report Title:	Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act		Agenda Item no.	6.11	
Meeting:	Executive Board	Public	X	Meeting Date: 28 th May 2026	
		Private			
Status:	Assurance	X	Approval	Information	X
Lead Executive:	Executive Nurse Director				
Report Author:	Nurse Staffing Levels Lead				

Background and current situation:

The Nurse Staffing Levels (Wales) Act 2016 came into force in March 2016 and places a statutory duty on health service bodies to make provision for appropriate nurse staffing levels. The Act requires organisations to ensure that sufficient registered nurses are available to enable high-quality, safe and compassionate care to be delivered.

Section 25A of the 2016 Act sets out the overarching responsibility of Health Boards to have effective arrangements in place to secure appropriate nurse staffing levels across their organisations. This includes the requirement for robust workforce plans, recruitment strategies, governance structures, and operational processes to support compliance.

Within Cardiff and Vale University Health Board, the processes for determining and reviewing nurse staffing levels on wards designated under Section 25B are well established and embedded. In addition, at the request of the Executive Director of Nursing, clinical areas outside the scope of Section 25B undertake a review of their nurse staffing levels in line with the same timetable. This approach provides assurance of organisational compliance with the Health Board's duties under Section 25A of the 2016 Act.

Sections 25B and 25C of the Act identify those wards and clinical areas where there is a statutory duty to calculate nurse staffing levels using a prescribed methodology and to maintain those levels. The methodology and associated processes applied across the Health Board are outlined in detail within this report.

Section 25E of the 2016 Act requires Health Boards to produce and submit an Annual Assurance Report to demonstrate compliance with the Act. The report covers the reporting period from 6 April 2025 to 5 April 2026. This submission forms part of the three yearly assurance cycle, with the next consolidated assurance report due to be presented to Welsh Government in October 2027.

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

During the reporting period, Cardiff and Vale University Health Board has demonstrated a continued and clear commitment to upholding the principles and statutory requirements of the Nurse Staffing Levels (Wales) Act 2016. The Health Board has maintained a strong focus on patient safety and the quality of care through the provision of appropriate nurse staffing levels.

Notwithstanding the ongoing short- and long-term challenges associated with sustaining safe nurse staffing levels, the Health Board has made measurable progress during the year. This is evidenced by a further increase in the proportion of shifts assessed as having appropriate nurse staffing levels when compared with the previous reporting period.

Progress has been supported by successful recruitment to Registered Nurse vacancies and a reduction in overall nursing attrition rates across the organisation. However, a persistently high vacancy rate within the Health Care Support Worker (HCSW) workforce has continued to present challenges in meeting service demand in some clinical areas. This was mainly due to the organisational decision to hold vacancies while the band 2-band 3 review was being undertaken. Targeted mitigation actions have been undertaken, including a recent recruitment event, which will result in successful appointments to a number of HCSW vacancies when processes are completed.

Improvements in the Registered Nurse vacancy position have had an impact on the Health Board's capacity to accommodate nursing student graduates, resulting in fewer placements being available than commissioned. Ongoing work is underway to maximise the availability of Registered Nurse posts as students approach qualification, in order to support future workforce supply and retention.

The establishment review process remains well embedded across the Health Board and is underpinned by a triangulated approach. This incorporates professional judgement, patient acuity and dependency, and the consideration of relevant quality and safety indicators to ensure staffing establishments remain appropriate and responsive to service needs.

Robust escalation and mitigation arrangements are also well established. Operational pressures related to nurse staffing are managed through appropriate oversight, supported by the SafeCare system and the application of professional judgement, enabling timely action to mitigate risks and maintain patient safety.

Work will continue to address the persistently high sickness absence rates within the nursing workforce. This will be progressed in close partnership with the People and Culture Team, with a focus on staff well-being, retention, and the sustainability of the nursing workforce.

Appendices:

6.11a Nurse Staffing Report – Adults Paeds – 2026

This item can be located in the supporting document folder on the Board Teams channel or the Cardiff and Vale UHB website.

Recommendation:

The Board is asked to:

- Receive and note the Annual Assurance Report, submitted in accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016.
- Note the nurse staffing establishments set out in the appendix (***located in the supporting documents folder***), which reflect the outcomes of the bi-annual nurse staffing level recalculation process.
- Note the reasonable and proportionate steps taken by the Health Board to monitor, manage, and maintain safe nurse staffing levels during a period of significant organisational pressure.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term			Integration		Collaboration		Involvement
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		Not required		
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Impact Assessment:

Risk: No
<p>Safety: Yes</p> <p>Nurse staffing levels are determined using a triangulated methodology, with quality indicators reviewed as part of the process. Further detail is provided within the report.</p>
<p>Financial: Yes</p> <p>The financial impact of maintaining compliance with the Nurse Staffing Levels (Wales) Act 2016 is managed through existing workforce budgets in line with organisation governance process.</p>
<p>Workforce: Yes</p> <p>This is considered significant, with detailed evidence set out within the report.</p>
<p>Legal: Yes</p> <p>The Nurse Staffing Levels (Wales) Act 2016 came into force in March 2016. This report is submitted in line with the compliance and assurance requirements of the Act.</p>
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: Yes

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

Committee/Group/
Exec

Date:

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Health board/trust:	Cardiff and Vale UHB
Period of the report	6th April 2025 - 5th April 2026
Adult Acute Medical Wards	21

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Name of Ward	TOTAL (WTE)	Required Establishment at the start		TOTAL (WTE)	Required Establishment at		TOTAL (WTE) band 7 supernumerary	Required		Biannual calculation cycle reviews, and rationale for any changes made		Any reviews outside of biannual calculation, if yes provide rationale for any				
	band 7 supernumerary ward sister/Charge nurse	TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	band 7 supernumerary ward sister/Charge nurse	TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
B7	1	34.1	19.9	1	34.1	19.9	1	34.1	19.9	Yes	No	NA	No	NA	NA	NA
C7	1	26.8	22.7	1	26.8	22.7	1	26.8	22.7	Yes	No	NA	No	NA	NA	NA
Lakeside Ward 3 (previously B2 Link)	1	14.2	20.1	1	14.2	20.11	1	14.2	20.11	Yes	No	NA	No	NA	NA	NA
C4 Stroke	1	17.06	17.06	1	17.06	17.06	1	22.74	17.06	Yes	Yes	Uplift required for the 24/7 thrombectomy service.	No	NA	NA	NA
Heulwen	1	11.37	11.38	1	11.38	11.38	1	11.38	11.38	Yes	No	NA	No	NA	NA	NA
Lakeside Ward 1	1	14.21	35.11	1	17.06	29.69	1	17.06	29.69	Yes	Yes	The ward has undergone a change in skill mix, characterised by a reduction in dietetic assistant positions and an increase in registered nurse (RN) staffing levels. This adjustment reflects the rising acuity and complexity of patient care needs.				
Lakeside Ward 2	1	11.37	22.7	1	11.37	22.74	1	11.37	22.74	Yes	No	NA	No	NA	NA	NA
A7	1	28.43	19.9	1	28.43	17.1	1	28.43	17.1	Yes	Yes	Reduction by night of 2.48 WTE HCSW due to a reduction in patient acuity and demand.	No	NA	NA	NA
Cystic Fibrosis Unit	1	11.37	2.84	1	11.37	2.84	1	11.37	2.84	Yes	No	NA	No	NA	NA	NA
East 2	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	NA	NA
Lakeside Ward 4 (Winter Ward)				1	19.9	17.06	1	19.9	17.06	Yes	No	Ward due to close March 2026 but ongoing operational pressures and demand on bed capacity has resulted in it remaining open currently.				
East 6	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	NA	NA
East 7	1	17.06	19.9	1	17.06	19.9	1	17.06	19.9	Yes	No	NA	No	NA	NA	NA
East 8	1	19.9	17.06	1	19.9	17.06	1	19.9	17.06	Yes	No	NA	No	NA	NA	NA
West 2	1	19.9	19.9	1	19.9	19.9	1	19.9	19.9	Yes	No	NA	No	NA	NA	NA
Stroke Rehab Centre	1	19.9	35.88	1	19.9	35.88	1	19.9	35.88	Yes	No	NA	Yes	NA	NA	NA
A2	1	30.84	19.9	1	30.84	19.9	1	30.84	19.9	Yes	No	NA	No	NA	NA	NA
B1 (Specialist Clinical Board)	1	31.27	14.21	1	31.27	14.21	1	31.27	14.21	Yes	No	NA	No	NA	NA	NA
C4 Neurology (Specialist Clinical Board)	1	11.37	11.37	1	11.37	11.37	1	11.37	11.37	Yes	No	NA	No	NA	NA	NA
Teenage Cancer Unit (Specialist Clinical Board)	1	14.22	5.69	1	14.22	5.69	1	14.22	5.69	Yes	No	NA	No	NA	NA	NA
B4 Haematology (Specialist Clinical Board)	1	34.9	19.90	1	34.92	19.9	1	34.92	19.9	Yes	No	NA				
Total Required WTE:	20	408.07	369.61	21	415.39	370.13	21	436.53	370.13							

Health board/trust:	Cardiff and Vale UHB
Period of the report	6th April 2025 - 5th April 2026
Adult Acute Surgical Wards	18

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the		TOTAL (WTE) band 7 supernumerary ward sister/Charge	Required Establishment at the end		TOTAL (WTE) band 7 supernumerary ward	Required Establishment at the end		Biannual calculation cycle reviews, and rationale for any changes made				Any reviews outside of biannual calculation,			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale	
C1 (Women's and Children Clinical)	1	22.3	15.4	1	22.3	15.4	1	22.4	18.3	Yes	Yes	Increase in HCSW at night and slight increase in the shift length for	No	NA	NA	NA	
C6	1	30.5	17.1	1	30.5	17.1	1	30.5	17.1	Yes	No	NA	No	NA	NA	NA	
B2 Vascular	1	33.3	19.9	1	33.3	19.90	1	33.3	19.90	Yes	No	NA	No	NA	NA	NA	
A6 North	1	16.24	11.37	1	16.24	11.37	1	16.24	11.37	Yes	No	NA	No	NA	NA	NA	
A6 South	1	16.24	11.37	1	16.24	11.37	1	16.24	11.37	Yes	No	NA	No	NA	NA	NA	
B6	1	30.46	19.09	1	30.46	19.09	1	27.61	16.24	Yes	Yes	Reduction in 9 beds and therefore reduction in establishment required.	No	NA	NA	NA	
A4 North (Previously A5 North Spinal)	1	19.09	14.2	1	19.09	14.21	1	19.09	14.21	Yes	No	NA	No	NA	NA	NA	
A5 South	1	14.21	11.4	1	14.21	11.4	1	14.21	11.4	Yes	No	NA	No	NA	NA	NA	
West 1	1	14.01	17.06	1	14.21	17.06	1	14.21	17.06	Yes	No	NA	No	NA	NA	NA	
West 4 (Previously West 3)	1	14.2	11.37	1	14.2	11.37	1	14.2	11.37	Yes	No	NA	No	NA	NA	NA	
West 5	1	14.2	17.06	1	14.21	17.06	1	14.21	17.06	Yes	No	NA	No	NA	NA	NA	
CAVOC	1	22.7	13.40	1	22.7	13.40	1	22.7	13.40	Yes	No	NA	No	NA	NA	NA	
B5 Nephrology (Specialist Clinical Board)	1	30.86	17.1	1	30.86	17.1	1	30.86	17.1	Yes	No	NA	No	NA	NA	NA	
T5 (Specialist Clinical Board)	1	29.2	11.37	1	29.2	11.37	1	29.2	11.37	Yes	No	NA	No	NA	NA	NA	
C5 (Previously West 6)	1	31.3	13.4	1	31.3	13.4	1	31.3	13.4	Yes	No	NA	No	NA	NA	NA	
B4 Neuro (Specialist Clinical Board)	1	32.5	24.77	1	32.5	24.77	1	32.5	24.77	Yes	No	NA	No	NA	NA	NA	
Poly-Trauma Unit (Specialist Clinical)	1	25.6	19.9	1	25.6	19.9	1	25.60	19.9	Yes	No	NA	No	NA	NA	NA	
T4 Neuro (Specialist Clinical Board)	1	38.18	8.53	1	38.18	8.53	1	38.18	8.53	Yes	No	NA	No	NA	NA	NA	
Totals Required WTE:	18	434.34	282.53	18	435.30	282.64	18	432.54	293.75								

Health board/trust:	Cardiff and Vale UHB
Period of the report	6th April 2025- 5th April 2026
Paediatric Inpatient Wards	2

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required		TOTAL (WTE) band 7 supernumerary ward	Required		TOTAL (WTE) band 7 supernumerary ward	Required		Biannual calculation cycle			Any reviews outside of biannual			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
Island	1	39.8	11.4	1	39.8	11.4	1	39.8	11.4	Yes	No	NA	No	NA	NA	NA
Gwdihw	1	66.4	13.7	1	66.4	13.7	1	66.4	14.5	Yes	No	NA	No	NA	NA	NA
Totals Required WTE:	2	106.2	25.0	2	106.2	25.02	2	106.2	25.84							

Report Title:	Dental Contract Reform 2026		Agenda Item No:	6.12
Meeting:	C&V Board Meeting	Public	Meeting Date:	28.05.26
		Private		
Status:	Assurance	X	Approval	Information/Noting
Lead Executive Title:	Chief Operating Officer			
Report Author Title:	Head of Operations, Primary Care			

Main Report

Background and Current Situation:

Background

The changes to the provision of General Dental Services (GDS) from April 2026 represents the most significant change since the GDS contract was introduced in 2006. The original contract model was based on the achievement of Units of Dental Activity (UDA) by contractors, and annual contract values and incentivised the recall of healthy patients every six months, instead of the prevention of oral disease and treatment for those who need it most.

From 2022 to 2026, practices were given the option of being either part of the dental reform programme delivering activity metrics, or their contractual arrangements based wholly on delivery of a UDA target. The dental reform programme put in place metrics for practices to achieve based on the numbers of new patients seen, new urgent patients seen, historic patients seen, and application of fluoride varnish. In March 2026, across Cardiff and Vale, 52 contracts had transferred to Contract Reform with 8 remaining on a UDA contract. There are established reconciliation processes in place for 2025/26 to monitor performance against contracts which will complete at the end of June 2026. Existing contracts will continue without interruption, with the same financial value, automatically adapting to the new regulatory framework from 1 April 2026.

The new contract is the result of tri-partite negotiations between the Welsh Government, representatives of the dental profession and NHS. It provides a prevention-focused, needs-based model, designed to reshape the patient journey and the way practices operate, to improve access, experience and quality of dental care, and a fairer and more transparent mechanism for dental contractors. Welsh Government intent is that the new arrangements will also enrich the well-being, capability and engagement of the dental workforce.

General Dental Services 2026 - Key changes:

- A new approach to urgent care. Practices are now required to provide a set number of urgent appointments for new patients each year (equate to c. 12,000 patients in Cardiff and Vale)
- Mandatory new patient assessments
- Segmented activity for new patient assessments, urgent care for new patients, for care packages, and for prevention and national priorities
- Clearer, simplified patient charges. Patients will be expected to make a 50% contribution, capped at £384 per full course of treatment
- Creating a single route of entry for people to access NHS dental services and allocation of new patients managed via the centralised Dental Access Portal (DAP) for all Health Boards
- Practices are given the opportunity to become involved with Dental Professional Collaboratives and the Accelerated Cluster Development programme, attending meetings

to shape local planning, prevention priorities and service development, shifting away from the historic GP-led cluster model

Dental Access Portal (DAP)

A key part of Contract Reform 2026 is the establishment of the Dental Access Portal (DAP) which allows members of the public to express interest in receiving routine NHS dental care. To reduce inequality in access, the details of new patients will be supplied to practices from the DAP at intervals throughout the year. Practices are required to source all new patients via DAP and are not permitted to accept new patients directly, apart from specific, limited exceptions (e.g. children, grandchildren and siblings of existing patients). A national patient communication campaign is being developed by Welsh Government.

The system will assist Health Boards by collecting data to better understand public demand for dental services and manage patient allocation more effectively, providing fairer and more equitable access to care. Cardiff and Vale UHB has had a waiting list in place for several years and was one of the first Health Boards in Wales to transition to the DAP. The Health Board prioritises under 18yrs, and as a result, there is no current waiting list for children.

At present, there are 13,000 patients on the DAP. On average, approximately 1,000 patients are added monthly. Projections indicate circa 24,000 patients will be referred to local practices in 2026/27. Following the first batch of allocations (May 2026) there is an approximate 15 month wait from the date patients are added to the list to be allocated to an NHS practice; this is likely to reduce with further allocations and fluctuations of available capacity in practices.

Mandatory Services and Segmentation

The new general dental Regulations introduce a segmented contractual model, requiring practices to dedicate defined proportions of time to treating new patients, active patients, new urgent patients, prevention, and other national priorities. Practices will achieve their full Annual Contract Value (ACV) by fulfilling the requirements of each of the segments. Welsh Government has specified a percentage of ACV which is allocated to each segment. Health Boards are given discretion to vary these national percentages to reflect local population needs and capacity. Following modelling of the anticipated demand on services by reviewing the numbers currently on DAP, the following segmentation has been applied for 2026/27, and will be reviewed after 12 months:

	Welsh Government	Cardiff and Vale
Urgent treatment for new patients	7%*	3.5%
Recall of low-risk patients (interval 18 – 24 months)	3%	3%
New patient assessments	10%**	5%
Care packages	70%***	83.5%
5% prevention	5%	5%
5% national priorities	5% (not applicable 2026/27)	Added to care packages for 2026/27

**7% would create excessive appointments (modelling against comparable existing appointments), resulting in considerable waste as appointments are paid for irrespective of utilisation*

***If 10% is applied, modelling has shown there will not be enough patients on DAP for practices to achieve requirements. Some areas of Cardiff and Vale have few patients waiting on DAP, and other areas have many, which is making it very difficult for some practices to achieve their current NP targets*

*** Covers all treatments (activity) carried out by practices linking payment to the complexity and time associated. If practices achieve their full contract value more rapidly, with fewer treatments carried out (as the payment is higher than previously) it is likely that some practices, particularly in high-needs communities, will exhaust their care package budget before the end of the financial year. This will result in them being unable to offer recall examinations or treatments. Increasing the care package segment would improve capacity for existing patients and ensure timely recall examinations in line with NICE guidance.

Contract Terminations

Several GDS contract reductions or hand backs have been received in the last few months as a result of the proposed introduction of the new dental contract from April 2026. This was expected, based on a Welsh Government consultation exercise which reported low morale in the dental workforce, increased intention to reduce NHS commitment, and concerns that the new contract accelerates movement to private dentistry. Other Health Boards have also seen contract hand backs and generally to a large extent in terms of value or percentage of overall contracts.

Considering the potential for higher urgent and emergency demand, impact on GMS, ED and hospital/Community dental services and later presentation of dental disease, work is underway on re-tendering contracts to ensure the funding is used to enable good access to NHS dentistry. There has been early interest from a number of contract holders requesting to take additional capacity. Targeting existing providers would enable the funding to be utilised immediately. The re-tendering will also be directed to areas of poor oral health, low coverage and areas of high deprivation using DAP data.

Number of hand-backs	Total Annual Contract Value	Patients Displaced
8 (and 1 reduction)	£825 K	5,500
% of total contract (AVC)	3 %	

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

- A small number of dental contract hand-backs have been received as a result of the introduction of new contractual arrangements (8/60, and 1 reduction). This was expected and was slightly less than anticipated.
- Risk of adverse impact on patients remains high, as contractors are still working through the implications; there may be others over the coming months that do not wish to continue with providing NHS dental services. Plans are underway to re-tender the contracts that have been handed back and to target activity in areas of need. This will also be applied to any further contract hand-backs to ensure good access.
- Processes are being put in place to update the contract assurance framework and enable monitoring against the new requirements, as well as providing guidance and support to practices. There will also be a review of the local application of segmentation metrics at the mid-year point and if necessary these can be revised.

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

None





Recommendations:

The Board is asked TO NOTE:

- a) The changes to the provision of General Dental Services, following new contractual arrangements in 2026 and how this has been applied within the Health Board.
- b) The impact of the contract changes resulting in some contract hand backs and the work being undertaken to re-provide capacity in areas of dental need

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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Quality Impact Assessment Completed?

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

Yes (please include the complete QIA document)	<input type="checkbox"/>	No (please provide reasoning e.g. not required)	<input checked="" type="checkbox"/>	Not required	<input type="checkbox"/>
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Impact Assessment

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

Risk: Yes (delete as appropriate)

Addressed in the report. *Contract hand-backs as a result of the new contract framework have the potential to reduce access to and destabilise dental services.*

Safety: No

Financial: Yes

Addressed in the report. *There are financial implications relating to contract hand-backs (and the need to re-tender) as well as uncertainty about practice's ability to achieve the new contractual metrics. Re-procurement of contracts, a robust contract assurance framework and review of the segmentation metrics will be undertaken to ensure the budget is effectively utilised to ensure good access.*

Workforce: Yes

Although independent contractors, there is a risk that contract hand-backs increase if substantial numbers of dentists dissatisfied with the contractual changes decide to leave the NHS.

Legal: No

The Health Board has worked within the national direction given by Welsh Government and relevant legal and operational contractual framework.

Reputational: Yes

Unintended consequence of changes to how patients access dental services (in accordance with Welsh Government direction) may have an adverse effect on the reputation of the Health Board as the commissioners:

- Long waits on the DAP waiting for allocation to a dentist
- Less frequent check-up periods
- The Health Board is still working through the impact of the changes due to late information/clarification leading to loss of confidence from contractors

- **Poor public understanding of the new charging and access arrangements may increase complaints and political escalation to the Health Board rather than Welsh Government**

Socio Economic: Yes

There is potential for a positive outcome here, with more new patients able to access GDS services, including those from more socio-economically deprived areas.

Equality & Health: Yes

Dental Contract Reform 2026 will lead to a redistribution of dental services, especially if existing contracts are returned and retendered. This could result in a more equitable service.

Decarbonisation: No

Welsh Language: No

Independent contractors are required to comply with the Welsh Language Duties as part of contractual arrangements. A bilingual patient communication is currently in development by Welsh Government

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

Name of Committee/Group/Exec	Date:

Report Title:	Staff Survey 2025 – Organisational Risk, Sustainability and Leadership Response			Agenda Item No:	6.13
Meeting:	Public Board	Public	x	Meeting Date:	28.05.26
		Private			
Status:	Assurance	x	Approval	Information/Noting	
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Assistant Director of People and Culture / Head of OD and Culture				

Main Report

Background and Current Situation:

Situation

The 2025 NHS Wales Staff Survey results for Cardiff and Vale University Health Board provide a credible and important insight into workforce experience, with over 6,100 colleagues responding.

The results confirm a consistent position:

- A strong and committed workforce, under increasing pressure, reflected in workforce indicators such as staffing sufficiency (27.6%) and work pressure (38.5%)
- A sustained decline across all survey themes, with year-on-year decreases ranging from approximately -0.9 to -3.6 percentage points, indicating this is not a single-year fluctuation
- Performance below the NHS Wales average across all domains, with variance typically between approximately -1.2 and -3.5 percentage points across core themes

The survey should be viewed as a key organisational risk and assurance indicator, providing insight into workforce sustainability, organisational resilience and the conditions in which care is being delivered.

Background

The NHS Wales Staff Survey provides a core organisational insight mechanism across morale, engagement, leadership, wellbeing and patient confidence.

For Cardiff and Vale UHB:

- Response levels have increased to 34.8% from 26.8% in 2024, above the NHS Wales average of 30.0%, indicating staff willingness to engage
- Results reflect sustained system pressure, rather than disengagement, with key workforce indicators such as morale (50.1%) and staffing sufficiency (27.6%) demonstrating pressure rather than withdrawal
- Trends show continued decline across key workforce experience themes, including the staff engagement theme (-4.24 percentage points) and morale (-2.40percentage points) over the past year

This creates both an opportunity and an expectation:

- staff are actively providing feedback
- and expect that feedback to lead to visible and meaningful change

Assessment

1. Strategic Interpretation

The survey reflects:

a strong and committed workforce, under increasing pressure, reflected in only 27.6% of staff feeling there are enough staff to do their job properly and low positivity in work pressure (38.5%), rather than a disengaged workforce.

A key message reinforced through People & Culture Committee discussion is the importance of creating space to openly discuss “shared realities”, including:

- Staff reality – lived experience of workload, pressure and variability across services
- Patient reality – expectations of safe, timely and compassionate care
- Organisational reality – constraints relating to demand, capacity, performance and recovery

The survey provides a critical opportunity to bring these perspectives together, enabling a shared and honest understanding of the environment in which care is being delivered, rather than treating workforce experience in isolation.

2. Organisational Risk Position

The results represent leading indicators of organisational risk across:

- Workforce sustainability (morale, engagement, perceived staffing sufficiency)
- Patient safety and quality (confidence in care, speaking up)
- Operational delivery (capacity, involvement, variability in experience)
- Reputational confidence (advocacy and recommendation)

This is further reflected in high negative scores in key areas such as morale (24.4% negative against a benchmark of 21.5%) and healthy working environments (25.7% negative against a benchmark of 23.3%), reinforcing the scale of risk associated with workforce experience.

These risks arise from cumulative pressure, not lack of commitment, reinforcing the need for a response that is locally meaningful and organisation-wide coherent.

3. Co-Production and Activation of Staff

A key learning from both the survey and Committee discussion is the need to move beyond consultation towards active co-production and activation of staff.

This means:

- engaging staff not only in describing problems, but in shaping understanding and solutions,
- using structured conversations (e.g. focus groups and facilitated discussions) to explore local drivers of experience,
- and supporting teams and leaders to jointly agree what will change locally within Clinical Board.

This approach is intended to:

- strengthen ownership and credibility,
- ensure actions reflect lived experience, and
- reinforce staff confidence that their voice has impact.

4. Shift in Organisational Approach

The organisational response is being reframed as:

From:

- broad engagement activity,
- extensive action planning,

To:

- co-produced, locally owned improvement,
- open discussion of shared realities,
- visible and tangible change for staff.

This represents a deliberate shift from understanding feedback to demonstrating impact, aligned with wider organisational priorities for recovery, resilience and targeted intervention.

5. Leadership Accountability and Delivery

A central component of the revised approach is strengthened leadership accountability, particularly at Clinical Board and team level.

Clinical Boards are expected to:

- create the conditions for open and honest dialogue about staff, patient and organisational realities,
- lead co-produced conversations with staff,
- prioritise a small number of high-impact local actions, and
- ensure that change is visible at the point where work is experienced.

This reinforces that staff experience is shaped locally and must therefore be led locally, with organisational support and oversight.

6. Communicating Action and Closing the Feedback Loop

A key message from People & Culture Committee discussion was the importance of clearly showing staff what action has been taken as a result of their feedback.

The organisational response will therefore place greater emphasis on:

- consistent “you said – together we did” communication, to demonstrate a collaborative approach
- sharing progress and constraints honestly,
- and ensuring staff can see how their feedback has influenced decisions and priorities.

This is critical to:

- maintaining trust and engagement,
- avoiding feedback fatigue, and
- reinforcing a culture of transparency and improvement.

7. Alignment with wider organisational priorities

This work directly supports delivery of the Health Board’s “Putting People First” strategic objective, ensuring that staff feel valued, supported and engaged through visible, locally driven improvement. It also aligns with emerging People and Culture priorities for 2026/27, including strengthening leadership and management capability, improving workforce planning and use of workforce insight, supporting workforce health and wellbeing, and enabling the workforce elements of organisational redesign.

By focusing on how work is experienced and improved at team level, it contributes to the organisation’s wider aim of reducing operational pressure and escalation, through earlier identification of risk, improved team functioning, and more sustainable ways of working.

This is further supported through alignment with key organisational programmes, including:

- Values Based Teams (VBT) – supporting teams to work through local challenges and strengthen behaviours and team functioning

- Cultural Early Warning System (CEWS) – enabling earlier identification of workforce and cultural risks through integrated insight ·
- Organisational redesign and leadership development – reinforcing consistent leadership practice and clarity of roles and responsibilities

Taken together, this ensures that the staff survey is not treated as a standalone exercise, but as a core component of a wider, integrated culture and performance system.

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

The 2025 Staff Survey results provide a clear and credible indication of increasing organisational pressure, with a Staff Engagement Index of 69.2%, below the NHS Wales average of 70.8%. Overall organisational morale stands at 50.1%, representing one of the lowest scoring themes and a decline of 2.4 percentage points year-on-year. This decline can also be seen in workforce pressure (only 27.6% of staff feel there are enough staff to do their job properly), and reduced confidence in care (Q17c – friends and family, at 56.5%).

Importantly, this deterioration is occurring alongside continued strength in team relationships and local line management, indicating that the primary challenge is not workforce disengagement, but the sustainability and day-to-day experience of work within the current operating environment.

The findings should therefore be viewed as significant organisational risk and assurance indicators, with implications for workforce sustainability, patient care, organisational resilience and confidence.

The strengthened organisational response:

- emphasises co-production and active involvement and partnership with staff,
- supports open discussion of shared realities,
- prioritises visible action and feedback to staff.

This represents a more mature and credible approach, aligned with organisational recovery, leadership accountability and the need to maintain trust and confidence.

In the context of targeted intervention and organisational redesign, the survey findings provide important insight into workforce sustainability, organisational resilience and the conditions in which care is being delivered. The revised organisational approach is intended to strengthen visibility of leadership impact, support earlier identification of workforce and cultural risk, and improve organisational responsiveness through more focused and locally owned improvement.

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

none

Recommendations:

The Board is asked to:

Note

- the scale and nature of the risks identified through the 2025 Staff Survey.

Recognise

- the importance of co-production, shared understanding and visible action in responding to staff feedback.

Endorse

- the shift towards locally owned, leadership-led improvement informed by staff experience.

Support



- a strengthened approach to communicating actions taken and closing the feedback loop with staff.

Receive

- further updates demonstrating evidence of local action, staff activation and organisational impact.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

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

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

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

Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	x
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Impact Assessment

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

Risk: Yes (delete as appropriate)

The paper identifies workforce-related risks arising from staff survey findings, including declining morale (50.1%), staffing sufficiency (27.6%), and increased pressure. These have been outlined within the main report

Safety: Yes

Workforce experience indicators, including pressure and staffing levels, have implications for patient safety; these are recognised within the main report as emerging organisational risks.

Financial: No

No direct financial implications arise from this report. However, the identified workforce risks may have indirect implications for organisational sustainability over time.

Workforce: Yes

The report is centred on workforce experience, highlighting risks related to morale, engagement, wellbeing, and workforce sustainability, as set out in the main report.

Legal: No

No direct legal implications have been identified within this report.

Reputational: Yes

The findings present potential reputational risks, particularly relating to staff advocacy (49.1%) and confidence in care, as outlined in the main report.

Socio Economic: Yes - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <https://www.gov.wales/socio-economic-duty-guidance>*

The report highlights workforce experience across a large and diverse workforce, with potential implications for equity of experience and outcomes, which will be considered through local improvement approaches.

Equality & Health: Yes

Variability in staff experience, including inclusion and wellbeing measures, indicates the need to consider equality and health impacts as part of the organisational response.

Decarbonisation: No

No direct decarbonisation impacts are identified within this report.

Welsh Language: No

No specific impacts on the Welsh language have been identified; alignment with existing standards will be maintained through organisational approaches.

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

Name of Committee/Group/Exec

Date:

Report Title:	Theatres Together – Progress Update			Agenda Item no.	6.15
Meeting:	Board	Public	X	Meeting Date:	28/05/2026
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Director of Operational Planning and Performance				

Main Report

Background and current situation:

This report summarises the key updates from two work programmes, Theatres Together and Cardiology Review, both which have been developed to deliver on the recommendations made following recent service reviews. These reports are currently presented to Board three times per year.

Theatres Together

Overall, strong and sustained progress is being demonstrated across all tranches, with a clear shift from foundational improvements to embedding long-term cultural change, operational efficiency, and workforce sustainability within theatre services. Significant progress has been made across all recommendations with 34 of the initial 66 recommendations being completed.

Since the last update, the Theatres Together project undertook a cultural survey across the perioperative team. Demonstrable positive improvements include:

- Significant steps forward have been taken to support a positive growth culture across theatres in Cardiff and Vale UHB.
- On comparison to the staff surveys taken in 2024 and 2025 there has been improvement across the range of measures.
- Staff are feeling increasingly safe and able to ask for help and supported to raise concerns.
- There is a returning sense of pride about working in theatres in Cardiff and Vale.

The qualitative feedback provided further detail around aspects of working in theatres that need further improvement. These remain the focus of other ongoing project recommendations and workstreams including:

- Finding effective communication systems that work across various teams.
- Developing efficient theatres with positive and effective feedback loops that are visible to the teams.
- Improvements in infrastructure – IT, facilities and estates.

In January 2026, ownership of the HSDU improvement plan transferred to the Theatres Together programme to ensure stronger alignment with theatre-wide improvement activity and to support continued delivery. This approach reflects the integration of HSDU as a defined workstream within the overall programme structure.

Progress to date:

- **10 recommendations** have been successfully completed

- **12 recommendations** remain in progress
- **1 recommendation** has been de-scoped.

Overall, good progress has been made since transition into the Theatres Together programme, with a structured approach to tracking delivery and prioritising actions across the remaining recommendations. Risks and issues to delivery, including ongoing refurbishment work and workforce, are being mitigated through dedicated support.

Cardiology Review

The Cardiology Review Project has been established to address longstanding challenges in the delivery of consistently high-quality care within the Cardiology service. Central to the identified problem is unwarranted variability in care quality alongside a working environment that has not consistently enabled staff to feel supported, valued, and professionally safe.

Significant progress has already been made in laying the foundations for sustainable improvement. Early programme activity has focused on team engagement and cultural reset, including structured engagement sessions, regular leadership walkabouts, and ongoing meetings with departmental leads. A clear improvement methodology has been agreed, supported by the development of a driver diagram, defined workstreams, and strengthened governance and reporting arrangement. Alongside this foundational work, several tangible service and quality improvements have been progressed:

- **Education and workforce assurance:** Enhanced monitoring by the GMC relating to the trainee programme for resident doctors has been successfully stepped down, reflecting improved oversight, support, and educational environment.
- **Quality Management System (QMS):** Further work is progressing to align Cardiology services into the Health Board's QMS programme
- **Appointment of professional and clinical leads:** strengthening accountability for quality, safety, and standards.
- **Clinical and operational resilience:** Successful recruitment of a locum Electrophysiologist and two locum Interventional Cardiologists has significantly strengthened clinical capacity, supporting safer patient care and improved ability to meet commissioned service requirements.
- **Workforce and operating model development:** Job planning is progressing with an agreed programme of work, and a review of roles, responsibilities, and the future operating model for the Directorate Management Team (DMT) is underway to enable clearer accountability and more effective leadership.

In May 2024, Health Education and Improvement Wales (HEIW) undertook a review of the cardiology training environment following adverse trainee feedback relating to training opportunities, culture, and behaviors. As a result, the department was placed under enhanced monitoring in July 2024, with a defined set of requirements and recommendations forming the Cardiology Action Plan. Following a follow up visit in January 2025, additional improvement work was undertaken. Further 6-monthly HEIW reviews were undertaken and in February 2026 enhanced monitoring status was lifted. This represents a significant achievement for the department and provides clear evidence of sustained improvement in leadership, governance, culture, and educational delivery. The decision reflects strong assurance that actions have been embedded, the training environment stabilised, and a positive, supportive culture established.

Focus continues on improvements within the cardiac physiology department where improved processes, recruitment, implementation of technology and strengthened leadership, will be pivotal to reducing clinical risk and improving quality.

- Progress continues on the theatre together programme with positive staff feedback providing validation of the approach and changes made to date
- The HSDU improvement plan is now formally part of Theatres Together, improving oversight and delivering on the action plan
- The Cardiology Programme is leading to improvements and completion of a significant number of recommendations. There remains work to do on reducing clinical risk, particularly in relation to cardiac physiology, with a clear action plan in place.

Appendices:

The below three appendices can be located in the supporting documents folder on the Board Teams Channel and the Cardiff and Vale UHB website.





- 6.15a - Theatres Together Improvement Plan
- 6.15b - Theatres Together Culture Progress
- 6.15c - Cardiology Improvement Plan

Recommendation:

Board to asked to NOTE the updates on the Theatre Together Programme and the Cardiology Service Review.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	 Providing Outstanding Quality	
 Providing Outstanding Quality	 Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	x	Integration		Collaboration		Involvement	x
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Impact Assessment:

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

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

Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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



Finance

Public Health

Operational

Quality, Safety & Experience

People and Culture

Digital



Capital

Conclusion

The UHB's Financial Plan in 2026/27 reflected the following key components:

Planning Assumptions	(£m)
Brought Forward Underlying Deficit	68.759
2026/27 Demand/Cost Growth/Improvement	54.690
2026/27 Increase in Contribution to Welsh Risk Pool	21.500
Deficit	144.949
Additional Allocations	(15.881)
Savings Plans	(42.521)
Initial Planned Deficit	86.547

Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026.

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

Finance

At Month 1, the UHB is reporting a year to date overspend of £9.397m.

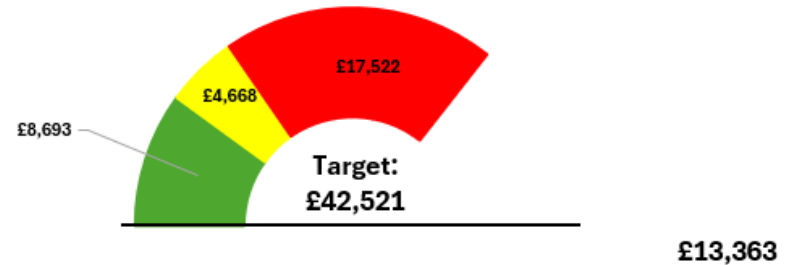
	Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)
Draft Plan	10.814	10.814	0.000
Quality Efficiency Improvement Plans - Savings	(3.603)	(1.171)	2.431
Operational Variance	0.000	(0.246)	(0.246)
University Health Board Deficit	7.211	9.397	2.186

The overall £9.397m deficit at month 1 was made up as follows:

- Planning Deficit £7.211m
- Savings Programme deficit of £2.431m
- Operational Position surplus (£0.246m).

At Month 01, the UHB has identified £13.363m (31.4%) of green and amber savings to deliver against the revised £42.521m savings target. Red schemes of £17.522m were also identified and continue to be reviewed for progression to Green/Amber where possible.

2026/27 UHB Savings Programme: Identified vs Requirement £'000s

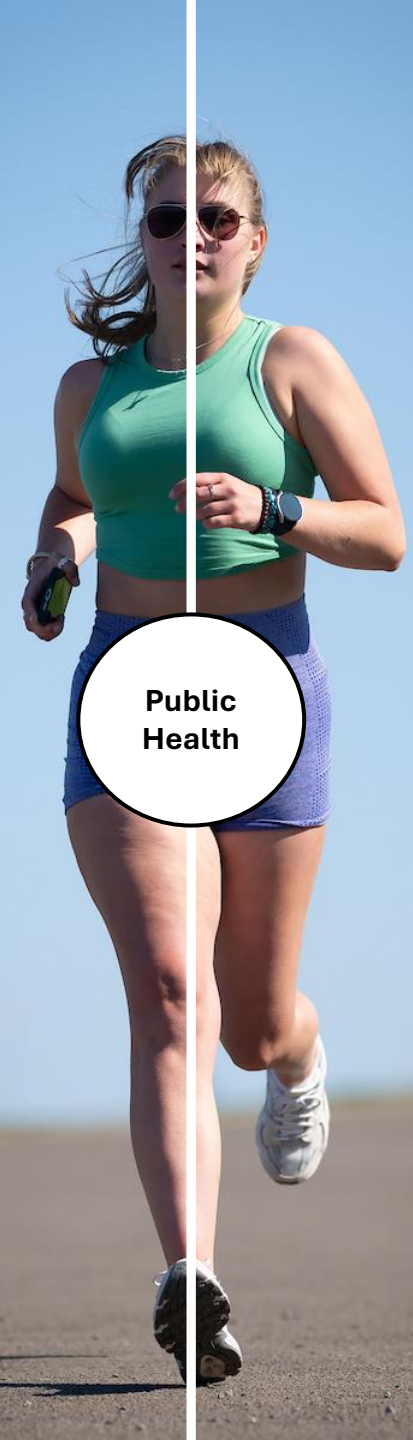


£8.764m of recurrent savings were identified at month 1 leaving a gap of £33.757m against the £42.521m recurrent target.

The combined impact of this savings gap and the full-year effect of in-year operational pressures will increase the underlying deficit carried forward into 2026/27 unless additional savings schemes are identified.

The UHB continues to drive the development of additional recurrent savings schemes to enable delivery of the financial plan. Progress must now accelerate in both the identification and delivery of these savings plans to ensure the Health Board achieves its planning underlying deficit target of £86.547m.

Finance



Public Health

Obesity and Diabetes

- The evidence base is clear that a Whole System Approach to tackling obesity is what makes a difference. We are making progress on this, but this is slow due to limited resources. A full business case to implement at scale and pace has not been funded due to the financial pressures on the organisation. This limits progress on this important public health agenda.
- The data shows a decrease in healthy weight children back towards the All-Wales average.
- Our joint **Good Food and Movement** Implementation Plan (2026-28) which describes the actions needed to keep our whole system approach to tackling obesity moving forward was discussed and agreed at Cardiff Leadership and Enabling Change Group on 28th April 2026. The plan will also go to the Vale of Glamorgan Senior Leadership Team and Quality Committee in June 2026.
- Cardiff Facilities Audit completed and shared with Leadership and Enabling Change Group.
- Lottery Grant to support community growing in the Vale, with a focus on food insecurity, successful.
- Improving uptake of the diabetes 8 care processes, including reducing inequality is a key workstreams. This is led by the Primary Care lead for diabetes and PCIC. With newly available uptake data at individual practice level, there will be more specific offer of support to practices with low uptake, and also promotion of best practice from those with the highest practice-level uptake and consideration of impact in terms of reducing inequality.

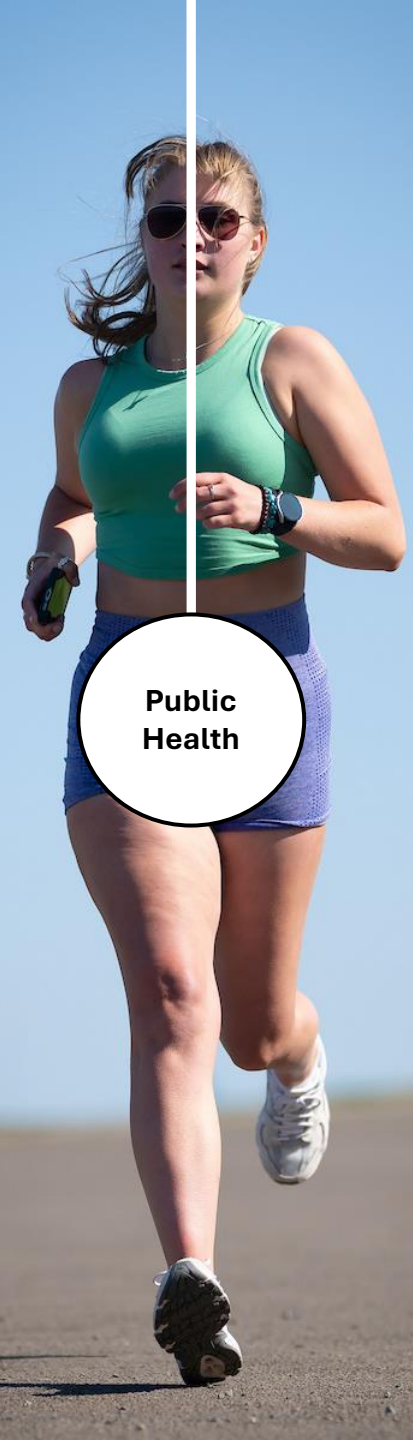
Vaccination – childhood vaccinations

Children up to date with vaccinations

- 85.3% of children are up-to-date with vaccinations by age 5 which is below the national target.

Measles

- We are working with five secondary schools across Cardiff and the Vale of Glamorgan to increase uptake of the **MMRV vaccine amongst pupils and teachers**. The work involves targeted, behaviourally informed communications and engagement and utilising pastoral teams to reach out to the families of under-vaccinated children. Community clinics and home visits have also taken place.



Tobacco

Smoking Prevention

- Our work was highlighted in the 'Voices that Matter: Young People Taking a Stand Against Smoking and Vaping' article published in magazine of Children in Wales, describing 3 successful initiatives to prevent smoking uptake. English Spring 2026: <https://isu.pub/3PxcECB> Welsh Spring 2026: <https://isu.pub/5TONFnH> (p42/43)

Smoking Cessation

- In-app advertising for the 'Help Me Quit' service ran in deprived areas of Cardiff and the Vale of Glamorgan from 1 January to 19 March 2026. Engagement exceeded typical campaign levels, indicating this is an effective way to reach high-risk groups with smoking cessation messages.
- A pilot text initiative targeting GP practices in two high-deprivation, high-smoking clusters showed promising results: 9% of recipients of the messages from their GP practices clicked through to the Help Me Quit website, and 14% of those requested a call back.
- No Smoking Day – 11th March. A range of activity were delivered to prevent smoking, promote cessation services and promote smoke free environments. Communications delivered through social media platforms, information stands promoting services were held in high footfall areas including University Hospital Wales and University Hospital Llandough, County Hall, primary care settings. Resources and information made available to community partners too.
- Awareness raising activity around the effect of second-hand smoke on pets delivered through information campaign with partners in local parks.
- Allen Carr Easyway project commenced, this offers an alternative to regular sessions over many weeks by providing a one-off workshop with participants of a NICE recommended stop smoking service to Cardiff and Vale residents.

Smoke Free Environments

- Smoking enforcement officer has approached 1123 individuals smoking on hospital sites, from 19.11.25 to date.

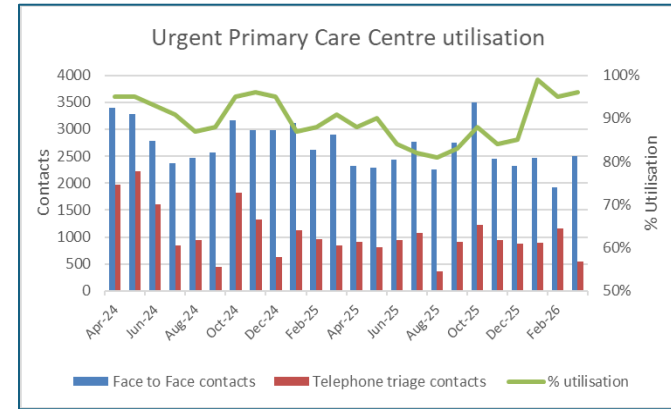
Women's Health Hubs

- Two new **Clinical Leads** (one for primary care, one for secondary care) have been appointed
- A review of workstreams completed in 25/26 using pump-prime funding (waiting list review, primary care training, and healthcare pathway reviews) has been presented to inform planning for 26/27.

Urgent and Emergency Care – Out of Hospital and Front Door

- In March, 2,508 patients attended Urgent Primary Care Centres across Cardiff and the Vale, with a further 549 patients triaged by telephone. In March 96% of the available slots were utilised
- In 25/26 there were over 3.7 million calls to GP surgeries, with over 2.8 million appointments offered. This year has seen over 8.7 million items issued via prescription
- Calls to surgeries has seen a downward trend over the past 3-years, while digital requests have increased, this has continued in 2026
- The number of appointments offered in March increased from the previous month
- We continue to see pressure across GMS with our primary care team supporting practices where required, the number of practices at the highest escalation levels forms part of our weekly hot reporting

Urgent and Emergency



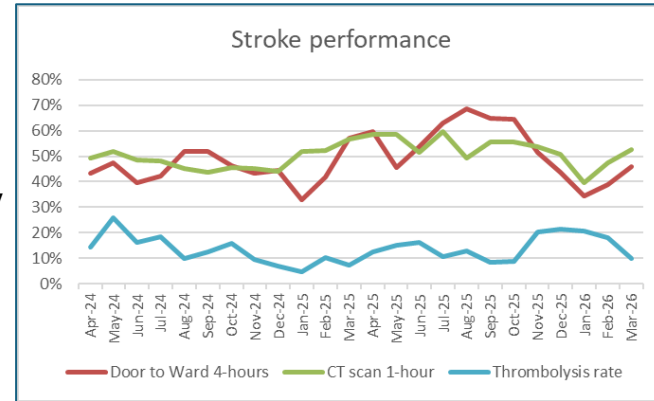
GMS activity		March 2026	Full year 25/26
	Calls to GP Surgeries	288,626	3,712,437
	Digital requests to GP practices	77,053	984,673
	GP appointments offered	240,160	2,886,008
	Items issued via prescription	737,978	8,722,346



Urgent and Emergency Care – Hospital Flow and Discharge

Stroke

- The most recent data from March showed an increase in compliance with the Door to Ward standard for Stroke patients, although it remains lower than through last year, reflecting pressure on the emergency unit and patient flow. In March 52.5% of patients received their CT scan within 1-hour and 9.8% within 20 minutes. The median time to scan improved. The thrombolysis rate fell to 9.8% and no patients met the 30-minute standard. A business case is in development for a second CT scanner in EU, to increase capacity and provide resilience

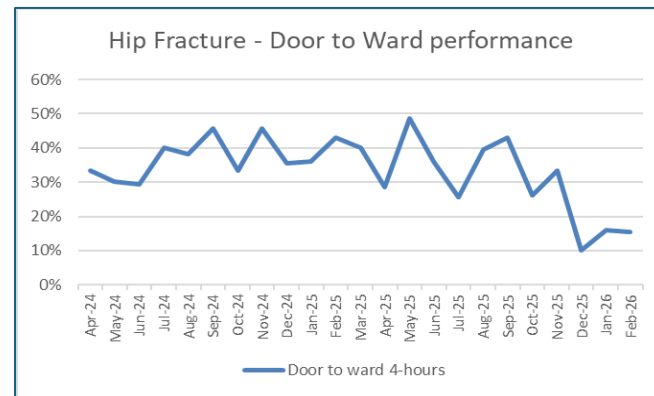


EU stroke measure	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Wales av.
Door to Ward <= 4 hrs	59.6%	45.7%	53.6%	62.9%	68.4%	64.8%	60.4%	51.6%	43.7%	34.4%	38.8%	45.8%	29.9%
CT scan <= 20 mins	9.2%	14.1%	12.3%	8.2%	12.7%	6.9%	3.5%	17.6%	15.2%	7.4%	14.5%	9.8%	21.8%
CT scan <= 60 mins	58.5%	58.5%	52.3%	59.5%	49.2%	55.4%	55.4%	53.6%	50.6%	39.7%	47.3%	52.5%	59.9%
Thrombolysis rate	13.8%	11.3%	15.4%	10.8%	12.9%	8.5%	8.9%	20.3%	21.5%	20.6%	18.2%	9.8%	9.6%
Thrombolysis <= 30 mins	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.5%
Thrombectomy rate	6.2%	1.4%	4.5%	4.1%	1.6%	5.1%	1.8%	6.3%	4.0%	5.9%	5.5%	1.6%	2.8%
Swallow screen <= 4 hrs	73.0%	76.5%	70.0%	80.3%	78.7%	77.8%	78.0%	78.5%	70.7%	76.9%	68.0%	75.9%	70.3%

- There was 1 thrombectomy in March

Hip fracture

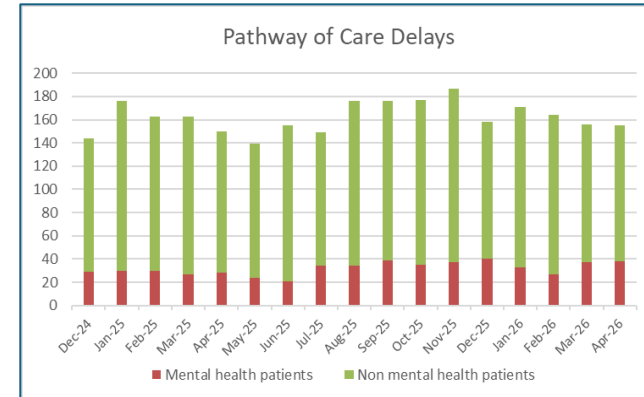
- In February, 15.4% of Hip Fracture patients were admitted directly to the ward within 4-hours. This represents a small reduction in performance from January, but our average of 26.9% remains significantly above the national average of 10.5%



Urgent and Emergency Care – Hospital Flow and Discharge

- Total Pathway of Care Delays reduced in April to 155. Non-Mental Health delays reduced to 117 with an average length of stay since becoming clinically optimised of 35 days. Mental Health delays increased to 38, but with an average length of stay since becoming clinically optimised increased to 115 days. The total number of delays is above our de-escalation requirement of 128.
- We continue to focus on reducing delays and the length of inpatient stays, working with our partners in the local authorities to reduce delays throughout the assessment and discharge process. In total 8,446 bed days were lost in April, increased from last month but reduced by c1,300 from the same month last year
- We continue to work in partnership with our Local Authority colleagues, including delivering the trusted assessor model, forensic reviews and check and challenge in community hospitals
- The top 20 longest staying patients are reviewed weekly in a COO or Director chaired meeting to ensure actions to enable discharge are progressed

Urgent and Emergency

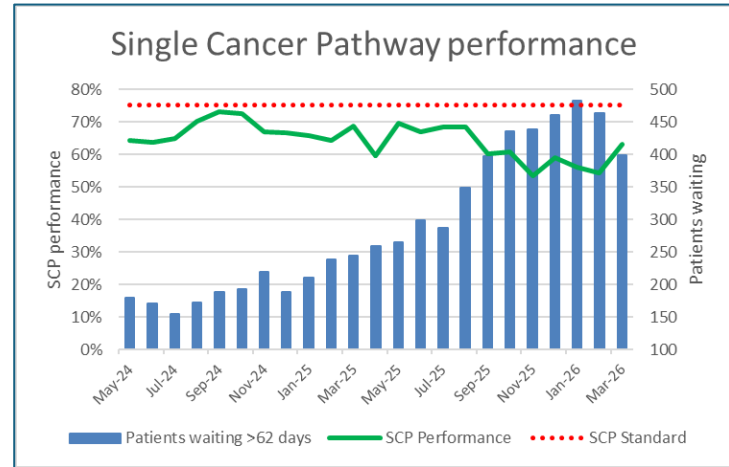


Top 6 reasons for non-MH delays	Number of delays
Awaiting completion of assessment by social care	33
Awaiting completion of best interest decision	11
Home unsafe and requires attention	8
Awaiting joint assessment	7
Awaiting Nursing Home availability	7
Awaiting start of new community care package funded by social care	6

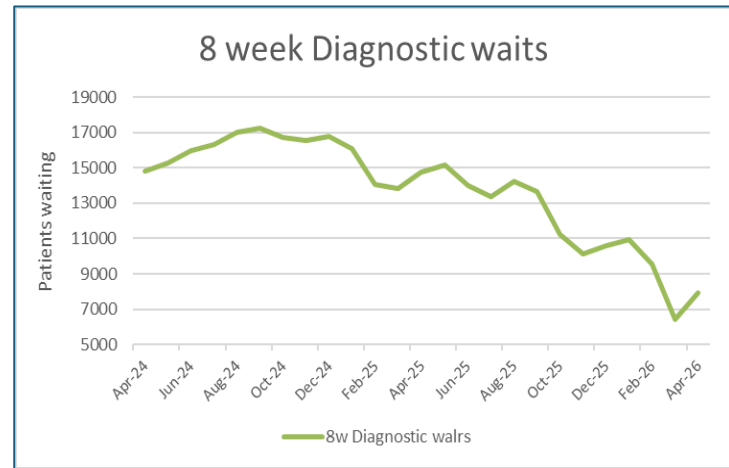
Top 6 reasons for MH delays	Number of delays
Awaiting supported living availability	6
Identifying residential home	5
Awaiting funding decision CHC/FNC	4
Awaiting Dementia nurse availability	3
Awaiting completion of assessment by social care	2
Identifying specialist bed	2

Planned Care, Cancer and Diagnostics

- As forecast, our Single Cancer Pathway compliance increased to at 63.2% in March, as we continue to treat patients from the increased backlog of 62 waits. In March we saw 5 tumour sites meet the SCP standard of 75%. We have seen the backlog of patients waiting 62 days reduce from over 500 in January to 399 in March



- Diagnostic 8-week waits increased in April 2026 to 7,913. We have seen continued reductions in non-obstetric ultrasound, but small increases in Endoscopy, CT and MRI. The greatest increase this month was from Echo waits, where we continue to see the impact of the additional outpatient activity in Q4 as part of the national programme. We are reviewing our booking and scheduling for Cardiology and are exploring non-recurrent solutions to clear the additional demand



Planned Care



Planned Care, Cancer and Diagnostics

Diagnostic Performance Challenges – Key Drivers

Demand Modelling Limitations

- Trajectories did not fully reflect diagnostic demand from HBS with limited historical data to accurately forecast outpatient conversion rates
- Higher diagnostic utilisation from external consultants not fully accounted for

Timing of Activity

- HBS outpatient activity largely concentrated in Q3–Q4 which resulted in insufficient time to mobilise additional capacity once demand was realised. Resulting pressure across **Endoscopy, Cardiology, and Radiology**

Operational & Process Issues

- Delays in referral batching within Cardiology impacted pathway flow
- Workforce constraints limited ability to contact patients and book appointments

Capacity & Infrastructure Constraints

- Prolonged, unforeseen MRI and CT equipment outages in Radiology
- Mobile capacity deployed but insufficient to recover lost activity

External Delivery Shortfalls

- Delay in mobilisation of Independent Sector Provider (ISP) for NOUS which was compounded by activity delivered significantly below contracted volumes

Learning & Mitigation (2026/27)

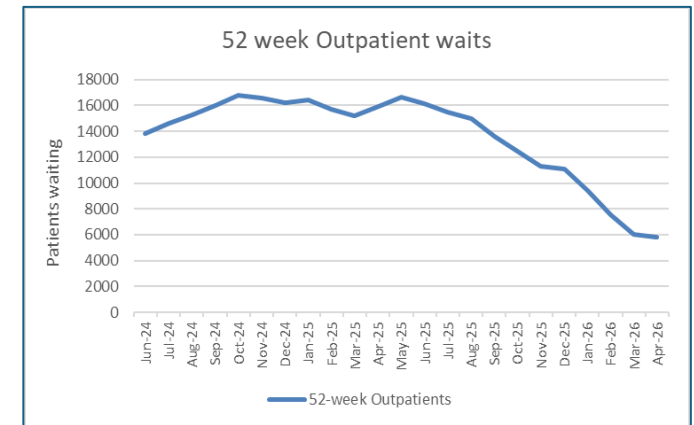
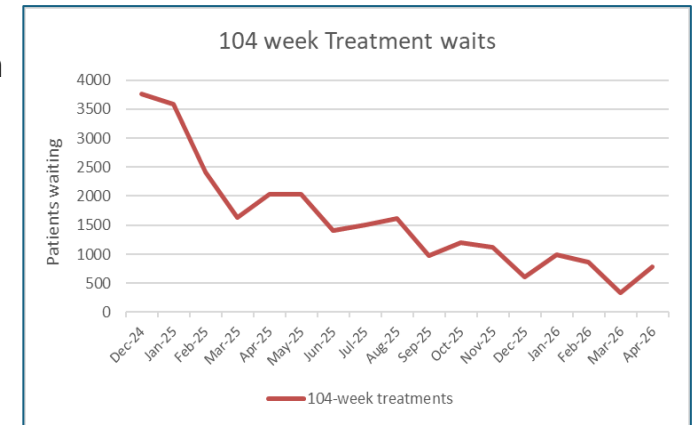
- Aim to strengthen demand forecasting and modelling assumptions
- Earlier identification and mobilisation of capacity
- Improvements to operational processes (e.g. referral management)

Planned
Care

Planned Care, Cancer and Diagnostics

- Following delivery of our commitment to Welsh Government at the end of March, April saw an increase in 2-year waits in line with our forecast. The largest increases were seen in Dermatology, General Surgery and Orthopaedics. We are working through our delivery plan with colleagues from NHS P&I
- The number of patients waiting 3-years for treatment remained at zero.
- The UHB also delivered our commitments as part of the national outpatient insourcing work. An additional 22k outpatient appointments were delivered through the national contract, with an additional 9k through C&V schemes. Following the reduction in 52-week waits in March, April saw a further small reduction to <5800 patients, the lowest since September 2020

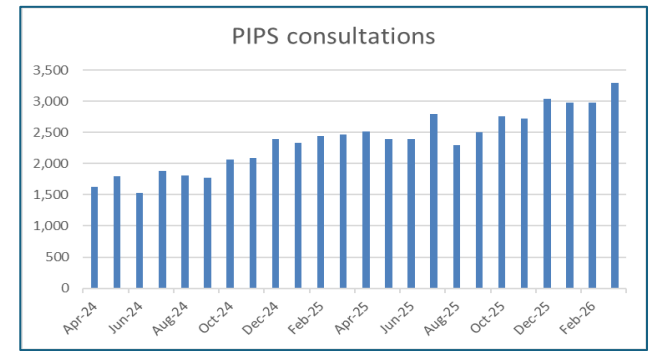
Planned Care



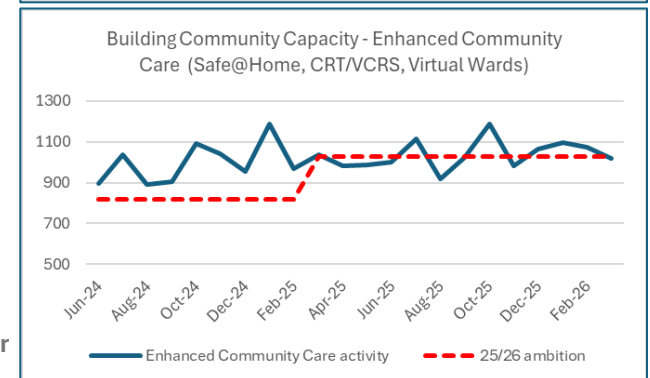
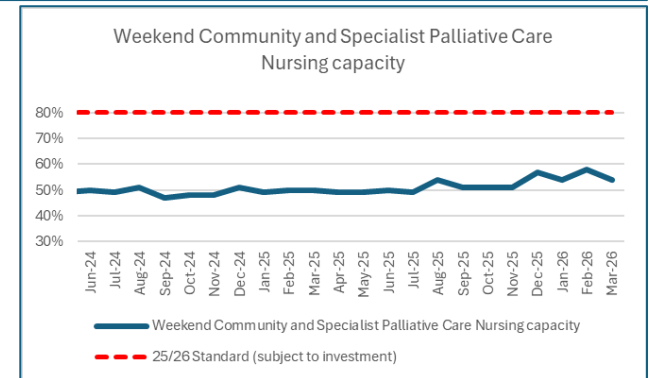
Primary and Community Care

- We continue to see demand pressures across Primary Care, with PCIC supporting practices at high escalation levels. Health Board monitoring reports 100% compliance with access standards in 24/25 and through 25/26
- Community Pharmacy continues to develop the Pharmacist Independent Prescribing Service, with 3,289 consultations delivered in March 2026, the highest to date in C&V
- Our community teams continue to deliver a significant volume of activity to patients outside a secondary care setting. Including DNs, wound healing service, continence service, Safe@Home and CRT/VCRS. District Nursing contacts exceeds the number of visits to EU on a monthly basis, and we have increased weekend capacity from 23/24 levels and look to increase further
- In 24/25 the Health Board exceeded the baseline for delivery of Enhanced community care capacity. We continue to develop these services, including a single point of access for enhanced community services, linking this with our emerging community by design agenda

Primary and Community Care

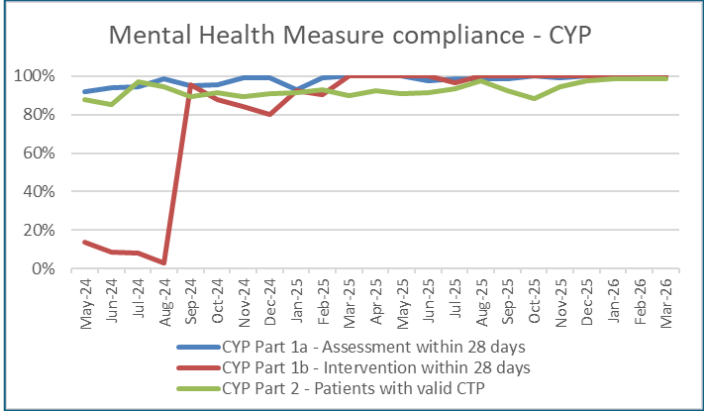


Community activity	Mar-26	Full year 25/26
District Nurse visits to patients	17,794	206,812
Patients supported by Safe@Home	75	896
Patients supported by CRT/VCRS to avoid admission	28	467
Patients supported by CRT/VCRS with early discharge	108	1,287

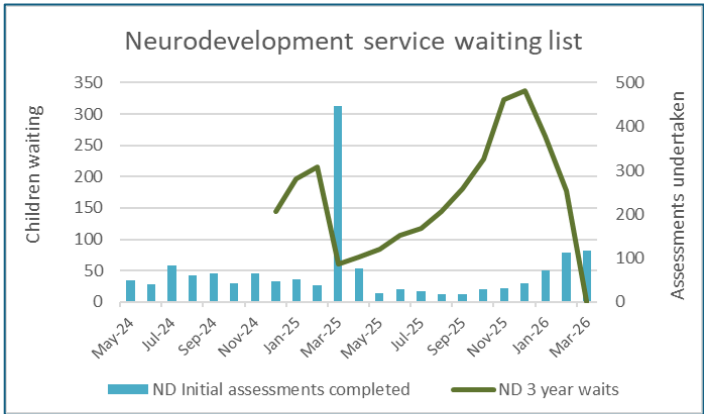


Mental Health – Children and Young People

- For Children and Young People, Part 1a and 1b remain compliant despite high demand, 100% compliance reported since December 2025. Part 2 performance remains above standard



- In March we delivered on our commitment to eliminate 3-year waits for ND assessment. Despite 341 referrals, the overall waiting list also reduced. In total there were 4,758 children on the waiting list for assessment. Diagnosis rates following outsourcing are consistent with internal conversions at 83% on average



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



Mental Health – Adults and Older people

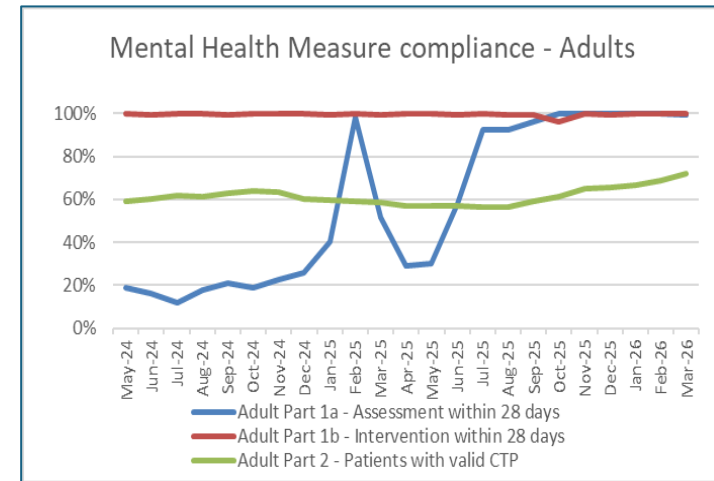
- For adult and older people's mental health services, March saw Part 1a compliance maintained over 99%, despite referrals remaining high. Part 1b remains compliant with over 99% reported in March. Part 2 remains below standard but has improved in line with our trajectory, increasing to >70% in March. The health board has developed an improvement trajectory with the clinical teams, and we continue to work closely with colleagues from NHS P&I. We now have dedicated resource overseeing the management of CTPs
- Our Mental Health teams provide a wide range of services, beyond assessment/treatment and the inpatient services at Hafan y Coed and University Hospital Llandough. In 25/26, teams made over 14,200 direct client contacts on average per month, with an additional 11,500 indirect contacts. Our community services operate within over 40 teams across a wide range of areas, a brief selection of which are illustrated in the table

Mental Health Measures:

1a – assessments undertaken within 28 days

1b – therapeutic interventions undertaken within 28 days following assessment

2 – residents with a valid health and care treatment plan



Community Mental Health services	Apr-26	26/27 year to date	25/26 Average
Direct Client Contact	12,978	12,978	14,266
Indirect Client Contact	10,597	10,597	11,553
Total Contacts	23,575	23,575	25,818

	Apr-26	26/27 year to date	25/26 Average
Crisis Service team	1,450	1,450	1,573
MH Headroom	504	504	519
Community Veterans Service	83	83	78
Young Onset Dementia Service	172	172	189

Mental Health

Operational performance metrics for TI

The full suite of metrics will be presented to routinely to the Public Board meeting

Targeted Intervention

Criteria	Measure	Baseline	De-escalation Requirement	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
		Jul-25	UHB Performance													
Planned Care	1) 60% performance maintained against the SCP target	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	68.4%	60.0%	61.0%	72.1%	67.8%	68.4%	68.4%	60.7%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%
	2) 100% of open outpatient pathways to be waiting less than 52 weeks.	% of open pathways waiting less than 52 weeks for a new outpatient appointment	81.0%	100.0%	80.5%	79.6%	80.3%	81.0%	81.3%	83.9%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%
	3) 100% of open pathways to be waiting less than 104 weeks	% of open pathways waiting less than 104 weeks for referral to treatment	99.1%	100.0%	98.8%	98.8%	99.1%	99.1%	99.0%	99.4%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%
	4) 80% of open pathways to be waiting less than 52 weeks.	% of open pathways are waiting less than 52 weeks for referral to treatment	78.5%	80.0%	78.0%	77.3%	78.1%	78.5%	78.5%	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%
	5) 15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	23,473	14,415	21,758	22,853	22,503	23,473	24,346	24,869	25,248	26,146	28,065	28,267	28,268	29,682
	6) 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment.	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	66.2%	65.0%	61.9%	63.9%	63.5%	66.2%	65.4%	64.8%	67.4%	69.1%	68.0%	66.7%	69.6%	68.3%
	7) 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks.	% of patients waiting less than 8 weeks for diagnostic test	47.0%	80.0%	42.4%	39.9%	45.2%	47.0%	43.4%	43.6%	52.0%	54.5%	53.9%	51.9%	57.3%	66.1%
	8) 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	18.7%	80.0%	17.6%	13.3%	18.0%	18.7%	17.4%	20.3%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%
	9) 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks.	% patients waiting less than 8 weeks for diagnostic test - NOUS	40.4%	80.0%	33.9%	34.3%	38.2%	40.4%	38.6%	38.8%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%
		% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	64.9%	80.0%	66.3%	56.2%	68.0%	64.9%	52.6%	47.7%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%
10) 85% of patients waiting for therapies to be waiting less than 14 weeks.	% patients waiting less than 14 weeks for therapy	93.8%	85.0%	95.8%	94.9%	94.9%	93.8%	92.8%	91.8%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%	
UEC	1) Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline).	Ambulance handovers over 1 hour	317	223	462	390	363	317	36	39	147	149	168	181	273	73
	2) Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board.	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.2%	7.0%	7.7%	7.8%	7.8%	7.2%	6.8%	6.7%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%
		% of patients waiting 12 hours or more in ED - UHW	7.7%	7.0%	8.1%	8.2%	8.3%	7.7%	7.2%	7.1%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%
	3) Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes.	Median time from arrival at ED to assessment by a clinical decision maker (mins)	65	60	63	64	68	65	71	73	82	78	73	64	71	65
4) Continuous reduction in delayed pathways of 5% (based on agreed baseline)	Number of pathways of care delays	149	128	150	139	155	149	176	176	177	187	158	171	164	156	
Mental Health	1) 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	92.4%	80.0%	29.6%	30.4%	58.0%	92.4%	92.5%	95.9%	100.0%	99.9%	100.0%	100.0%	99.5%	
	2) 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	99.7%	65.0%	100.0%	100.0%	99.6%	99.7%	99.0%	99.6%	100.0%	100.0%	99.6%	100.0%	100.0%	
	3) 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	56.6%	80.0%	57.2%	57.1%	56.8%	56.6%	56.6%	59.1%	61.4%	65.2%	65.4%	66.6%	69.0%	71.9%

Productivity and Efficiency

Measure		Standard	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Trend
Outpatients	% DNAs - New appointments	5%	9.0%	9.0%	8.2%	9.0%	9.0%	9.1%	8.7%	9.0%	8.7%	9.4%	10.0%	8.9%	9.9%	
	% DNAs - Follow-up appointments	5%	10.7%	8.9%	9.4%	9.6%	9.5%	8.8%	9.1%	8.9%	10.5%	8.7%	9.3%	8.5%	8.5%	
	% outpatients on See on Symptoms pathway	20%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	4.1%	4.1%	4.3%	4.3%	4.4%	4.2%	4.2%	
	% outpatients on Patient Initiated FU pathway		0.9%	0.6%	0.8%	0.9%	1.0%	1.0%	1.1%	1.1%	1.3%	1.2%	1.6%	1.6%	1.6%	
Endoscopy	% room utilisation	90%	88%	78%	88%	81%	87%	71%	72%	66%	79%	66%	72%	75%	73%	
	% utilisation (activity points available)	95%	84%	87%	89%	87%	90%	89%	87%	87%	89%	87%	85%	86%	89%	
Theatres	Average turnaround time (minutes)	10	17.1	16.6	15.9	17.5	17.0	16.8	18.1	17.3	17.3					
	% of theatre session utilisation	95%	87%	79%	83%	80%	81%	80%	83%	82%	78%					
	% in session utilisation	85%	77%	80%	79%	80%	78%	77%	79%	79%	78%					
	<24 hour elective cancellations	N/A	347	237	229	281	287	220	238	329	287	344	323	316	369	
Waiting list	Total RTT waiting list volume	N/A	151,226	152,150	152,901	151,955	150,902	150,551	150,553	149,379	147,789	146,215	142,532	135,990	131,710	
Inpatient	Delayed pathways of Care - Mental Health	217	27	28	24	21	34	34	39	35	37	40	33	27	37	
	Delayed Pathways of Care - non-Mental Health		136	122	115	134	115	142	137	142	150	118	138	137	119	
	7 day LOS on Acute Wards (snapshot)	<40%	56.2%	57.8%	61.0%	59.3%	56.9%	57.7%	54.4%	56.7%	55.3%	56.8%	56.1%	58.2%	58.3%	
	21 day LOS on Acute Wards (snapshot)	<20%	34.0%	33.4%	33.4%	32.3%	32.0%	32.4%	29.4%	29.5%	28.5%	27.9%	29.8%	33.5%	30.2%	
	Medicine (all services) non-elective LOS (on discharge)	N/A	11.0	10.3	11.9	9.8	10.9	9.7	9.2	9.8	9.8	9.9	9.3	9.9	8.5	
Urgent and Emergency	Reportable attendances	N/A	12,193	11,659	11,517	11,823	12,304	11,398	11,880	12,942	12,267	11,681	11,397	10,701	12,109	
	Reportable Majors attendances	N/A	6,210	6,041	6,297	6,113	6,295	6,291	6,308	6,901	6,628	6,372	6,154	5,655	6,222	
	Reportable EU admissions	N/A	1,658	1,754	1,708	1,757	1,733	1,805	1,839	1,761	1,841	1,834	1,697	1,485	1,701	
	SDEC attendances	N/A	1,770	1,678	1,779	1,753	1,908	1,676	1,807	1,966	1,826	1,864	1,951	1,808	2,042	

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

Ministerial Advisory Group - UHB actions update

For 26/27, monitoring of progress will be facilitated through the implementation of the Productivity and Performance dashboard. This will provide an opportunity to include a breakdown of performance at Health Board and specialty levels

No	Area	Recommendation	Standard	Baseline	March 2026	Key points to note	26-27 Ambition
				(March 25 or 24/25)	Position		
1	Develop a plan to reduce referrals to traditional outpatients in high volume specialities (advice and guidance)	Accepted referrals per month - General Surgery	<24/25	1405 (24/25 av)	1404 (-0.1%) (25/26 av)	Referrals in key specialties remained largely static, against an increasing trend over past few years. The Health Board continues to lead on the use of Community Health Pathways and has engaged in the OWLS FA waiting list scheme, with Primary Care clinicians. We have focussed outpatient work on the high volume CIN specialties, with a view to reduce referrals and validate patients currently on an outpatient waiting list	Reduce demand for outpatient appointments, through continued use of Community Health Pathways and primacy care engagement. Programme of systematic vetting of referrals in key specialties
		Accepted referrals per month - Urology	<24/25	483 (24/25 av)	527 (+9.1%) (25/26 av)		
		Accepted referrals per month - Ophthalmology	<24/25	1260 (24/25 av)	1208 (-4.1%) (25/26 av)		
		Accepted referrals per month - T&O	<24/25	727 (24/25 av)	710 (-2.3%) (25/26 av)		
		Accepted referrals per month - Gynae	<24/25	1319 (24/25 av)	1370 (+3.9%) (25/26 av)		
		Accepted referrals per month - ENT	<24/25	1090 (24/25 av)	1063 (-2.5%) (25/26 av)		
		Accepted referrals per month - Dermatology	<24/25	1618 (24/25 av)	1603 (-0.9%) (25/26 av)		
2	Planned Care	Reduce variation in outpatient waiting times by adopting best practices in outpatient service management (GIRFT / CIN)	SOS/PIFU 20%	4%	5.8% (UHB) 9% (CIN)	The Clinical Implementation Network Specialities have a higher SOS/PIFU rate (9%) than the organisational average - reflecting the work done in these specialties. A new Clinical Outcomes Form has gone live and will continue to support improvements in 2026/27.	There will be a retrospective application of SOS and PIFU. Work is ongoing with NHS P&I to confirm a stretch trajectory for 26/27.
3		Better prioritisation of long waits (Treat in Turn) to be a pre-requisite before receipt of additional funding		As a UHB we monitor treat in cohort rather than treat in turn. Organisational priorities are urgent, and planned care, and our capacity is routinely flexed to meet this prioritisation. Current treat in cohort (104w cohort) is up to 50% - this varies by specialty, given differing urgency rates and subspecialty makeup			We are committed to achieving improvement in treat in turn where appropriate in 2026-27. From 1st April 2026 we will re-instate a process to update Directorates of their bookings in the future, highlighting opportunities for patient substitution where patients have been treated out of turn. Estimated opportunity of 300-500 patients
4		Welsh Government should set a target for all patients to be validated down to 36 weeks by the end of 2025/26, and introduce a new national dataset to track progress.	36 weeks	90 weeks	36 weeks	Central and local teams validating down to 36 weeks by Q4. Central team have been supported the HBS outpatient insourcing work in Q3 and Q4.	Clerical validation to 26 weeks. A test of change, replacing clinic activity with validation, is planned for 5 specialities in Q2 to evaluate potential benefit and wider roll out.
5		Reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management (establish Theatre Optimisation Boards).	85%	77%	77%	New Theatre Management system live in Q4 - operational and digital teams are working to update our dashboards therefore 77% is a provisional performance standard at this point.	85% Implementation of theatre delivery board and the executive productivity and performance board will be central to improvements.
6		Seek accreditation for all current Surgical Hubs				UHB has applied and been accepted into process for NHS Wales accreditation of Surgical Hubs for Planned Care Theatres in Llandough	Accepted onto cohort 1 - anticipated commencement of accreditation process in Q3

Ministerial Advisory Group - UHB actions update

No	Area	Recommendation	Standard	Baseline	March 2026 Position	Key points to note	26-27 Ambition																													
				(March 25 or 24/25)																																
7	Diagnostics	Regions should develop a plan to create a regional pathology service which is safe, sustainable and fit for the future	N/A	N/A	Regional Pathology Project	Regional pathology project, as part of the regional planning board. C+V are engaged in this project, lead organisation is CTM. C&V have clinical leadership.	Moving towards development of standardised processes, single management model and then full business case for new build with Cardiff Edge a potential site.																													
8		Cardiff and Vale University Health Board should submit a clear plan detailing how it intends to clear its Non-Obstetric Ultrasound (NOU) backlog over the course of 2025/26	0	7371	2625	Reduction of backlog in 25/26 impacted by delays in the mobilisation/delivery of independent sector provider capacity and significant increase in demand for diagnostics arising from the National HBS outpatient insourcing programme. Insourcing remains in place for Q1 and Q2 26/27	800 (>80% less than 8-weeks)																													
9	Cancer	No additional cancer performance plans should be produced for 25/26 and 26/27. Instead, there should be an immediate focus on implementing a narrow but nationally mandated set of deliverables drawn from existing policy proposals	75%	69%	63.2%	SCP position recovered during Q4 with capacity focussed on reducing the backlog of patients waiting over 62 days	75% by Q4																													
14	Urgent and Emergency Care	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		95% (Mar-25)	89.3%	% of patients assigned a D2RA pathway within 48h of admission was c90% through 25/26. The process for assigning pathways has been communicated to ward staff with amendments to pathways status confirmed at ward round. Supporting information is displayed on wards as we seek to improve the allocation and accuracy of the pathways assigned	99%																													
15		No ambulance handover will exceed 45 minutes, with a focus on achieving the 15 minute target wherever possible	0	648 (24/25 av)	162	W45 protocol active, including ringfenced majors capacity to facilitate timely handover	186 (90% <45 mins)																													
17	Operating Model & Accountability Framework	It is recommended that health boards commission the Welsh NHS Confederation to develop a standardised health board performance dashboard			National Working group established to develop standardised approach across NHS Wales and NHSP&I performance reporting. Internal work to continue to develop a revised dashboard by Q2 - this will be further developed by the national work to ensure consistency of reporting across Wales		Q2																													
18	Measuring Productivity	From the June health board meeting cycle of the 2025/26 annual year going forward workforce head count and productivity data should be reported to the monthly public meeting of the health board			(April 26)	<table border="1"> <thead> <tr> <th rowspan="2">Contractor</th> <th colspan="4">Apr-26</th> </tr> <tr> <th>No of Provider submissions</th> <th>Headcount</th> <th>FTE</th> <th>Patient Count</th> </tr> </thead> <tbody> <tr> <td>GMS</td> <td>55</td> <td>1629</td> <td>1034.47</td> <td>541847</td> </tr> <tr> <td>Dental</td> <td>65</td> <td>991</td> <td>616.5</td> <td></td> </tr> <tr> <td>Optometry</td> <td>65</td> <td>448</td> <td>190.64</td> <td></td> </tr> <tr> <td>Community Pharmacy</td> <td>101</td> <td>912</td> <td>593.13</td> <td></td> </tr> </tbody> </table>	Contractor	Apr-26				No of Provider submissions	Headcount	FTE	Patient Count	GMS	55	1629	1034.47	541847	Dental	65	991	616.5		Optometry	65	448	190.64		Community Pharmacy	101	912	593.13		Data will be provided as part of board meetings moving forwards.
Contractor	Apr-26																																			
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Optometry	65	448	190.64																																	
Community Pharmacy	101	912	593.13																																	
20	Regions and Capital	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	Objectives to progress a number of fragile services in the annual plan in partnership including: - Regional Stroke - Regional Pathology - Gynae Oncology			Fragile service assessments have been undertaken, work continues across key regional programmes in Orthopaedics, Stroke, Pathology and Gynaecology.	The Regional 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. The next meeting is in Q2 where the approach to this will be developed further.																													

Listening to People (LTP) – Snapshot

Concerns received: 1–30 April 2026

During April 2026, **342 complaints** were received, representing a **72.7% increase** compared with the same period last year (**198 concerns**). In addition to formal concerns, the Patient Experience Team also managed a high volume of associated enquiries (388) during this period, reflecting increased public contact and demand.

How concerns are being triaged (as at 28th April)

The majority of concerns were managed through Early Resolution, accounting for **59%** of cases, with **41%** requiring a formal investigation. This demonstrates continued use of proportionate, early resolution where appropriate, while recognising that a significant proportion of concerns require full investigation due to complexity and seriousness.

Key point: Around **70% of all concerns** sit within **Surgical, Children & Women’s, and Medicine** services.

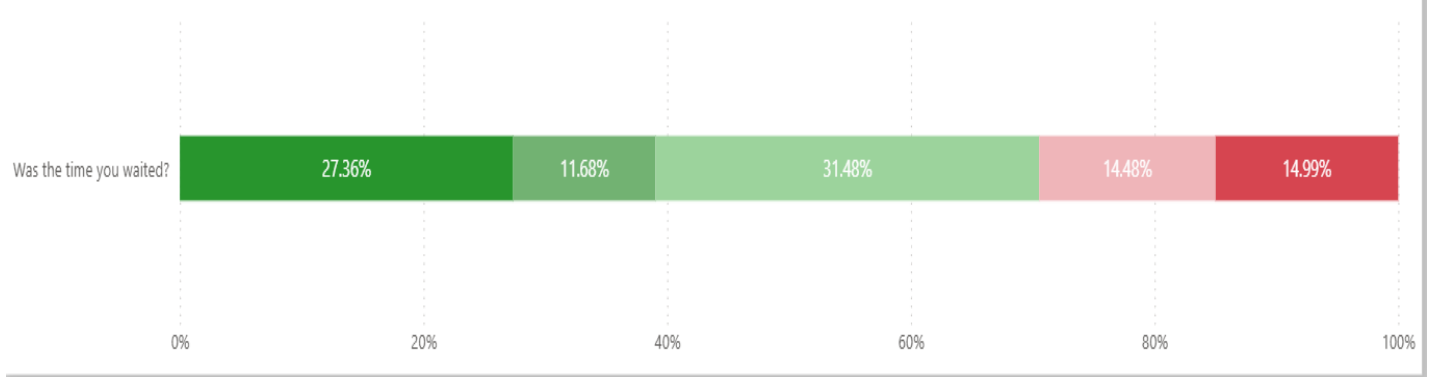
Correlation with feedback regarding waiting for appointments, surgery and test results tests us that 30% of people waited longer than expected

Quality,
Safety and
Experience

Time Waited

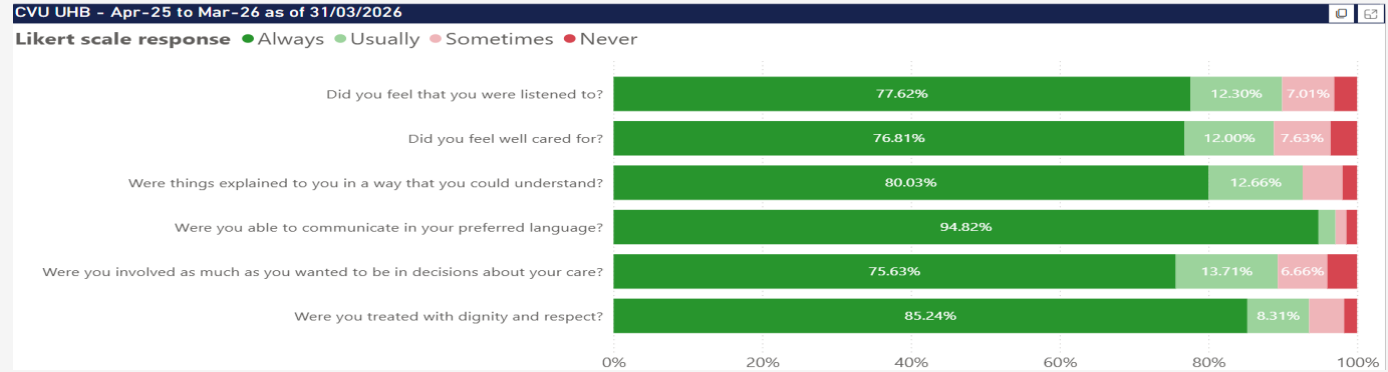
CVU UHB - Apr-25 to Mar-26 as of 31/03/2026

Likert scale response ● Much shorter than expected ● A bit shorter than expected ● About right ● A bit longer than expected ● Much longer than expected



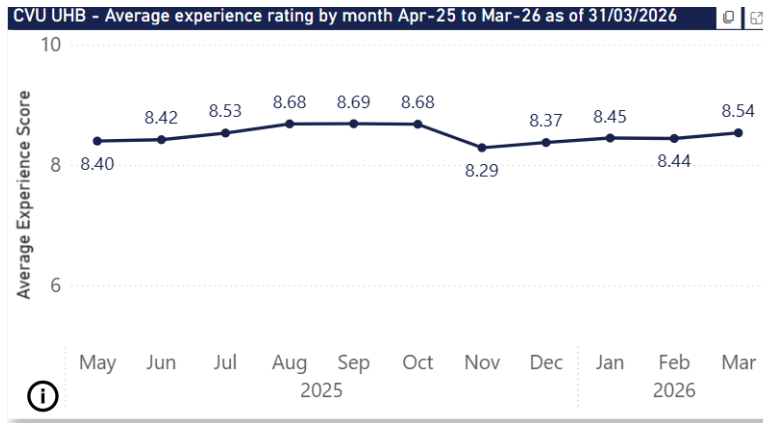
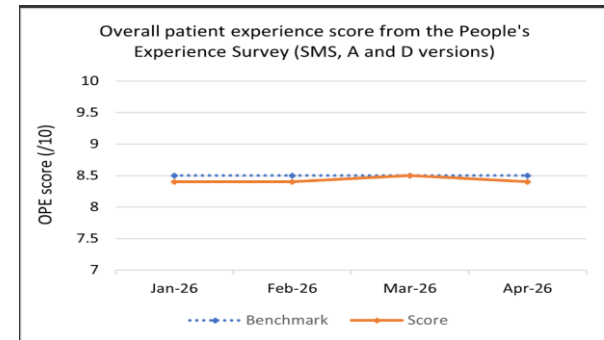
Patient Feedback

- Among March–April respondents answering the rating question:
 - **85% satisfaction**



**Quality,
Safety and
Experience**

	Patients discharged (Mmm 'YY)			
	Jan '26	Feb '26	Mar '26	Apr '26
Overall patient experience score (%)	84	84	85	84
Overall patient experience score (/10)	8.4	8.4	8.5	8.4





Quality,
Safety and
Experience

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Cardiff and Vale UHB	39.91	7.04	21.13	61.04	21.13	9.39
Wales	43.83	3.84	29.99	68.44	22.68	4.61
Wales	43.83	3.84	29.99	68.44	22.68	4.61

Healthcare Associated Infections (HCAI)

The Health Board is currently performing **better than the Wales average in four of six key indicators:**

- **C. difficile (39.91 vs 43.83)**
- **MSSA bacteraemia (21.13 vs 29.99)**
- **E. coli bacteraemia (61.04 vs 68.44)**
- **Klebsiella spp. bacteraemia (21.13 vs 22.68)**

•This provides **positive assurance that core IPC measures are effective across the majority of high-volume infection pathways.**

•**MRSA and Pseudomonas remain areas of focus, with:**

- **Enhanced scrutiny through case review processes**
- **Targeted interventions being implemented and monitored**
- **Ongoing oversight through Infection Control Committee and Quality & Safety governance structures**

•The overall position indicates:

- **Sustained system strength in common HCAI pathways**
- **Targeted improvement required in specific high-risk infection categories**

•**Foundational infection prevention and control arrangements are effective**, as evidenced by performance across most indicators

•**Focused improvement activity is underway** to address areas where performance is above the national average

In April 2026, Cardiff and Vale reported 14 NRIs and closed 19, resulting in 92 open NRIs.

One Never Event was reported, relating to the administration of medication via the incorrect route. In response, the Patient Safety Team, in collaboration with Pharmacy, will undertake a focused programme of work on medication administration.

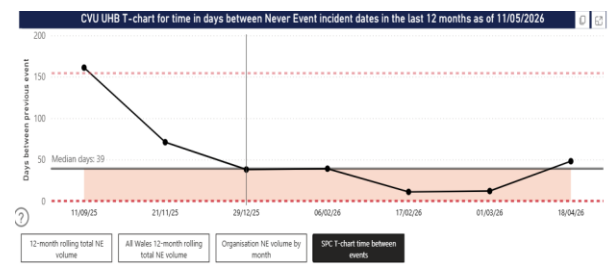
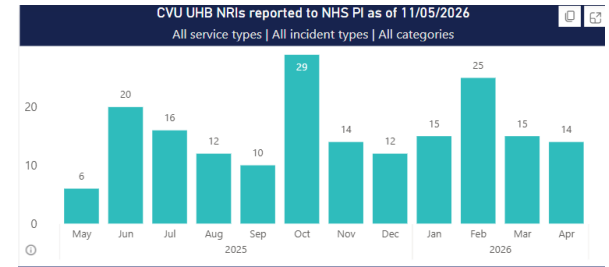
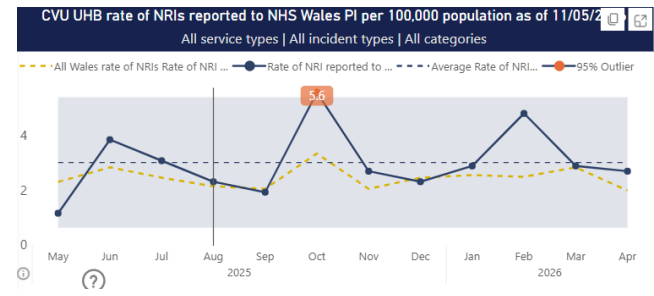
Progress has been made towards improving the timeliness of NRI investigation and the management of patient safety incidents.

The Quality Excellence Programme continues to deliver improvements associated with the most common themes emerging from NRIs.

The revised clinic outcome forms are now embedded and digital oversight and reporting has commenced to provide assurance of the effectiveness of this work .

Work continues to monitor compliance with NEWS2 and to further expand the Call for Concern and review the communication approach to this initiative

**Quality,
Safety and
Experience**



Never Event	2025					2026						
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Administration of medication by the wrong route	0	0	0	0	0	0	0	0	0	1	0	1
Overdose of insulin due to abbreviations or incorrect device	0	0	0	0	1	0	0	0	0	0	0	0
Retained foreign object post procedure	0	0	0	0	0	0	1	1	0	1	0	0
Wrong implant/prosthesis	0	0	0	0	0	0	0	0	0	0	1	0
Total Never Events	0	0	0	0	1	0	1	1	0	2	1	1

Mortality

The UHB rolling annual mortality from April 2025 – March 2026 is 1.2% and has been constantly reducing for the past 12 months.

In the past 12 months to 30 April 2026 the Medical Examiner has reviewed 3,787 deaths in Cardiff and the Vale and has returned 1044 of these reviews back to the UHB for further consideration.

All cases are considered via a multi professional scrutiny process and are subject to further investigation through a patient safety route or through a mortality and morbidity route as required

Healthcare Inspectorate Wales

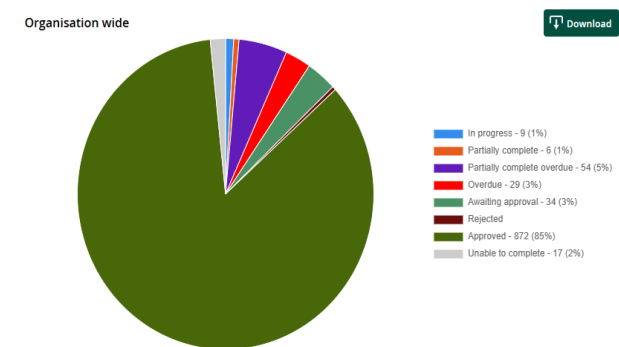
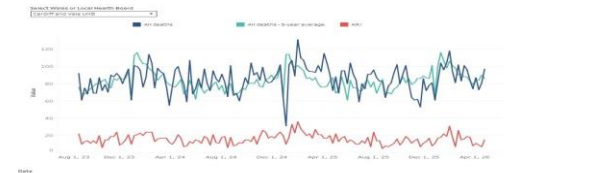
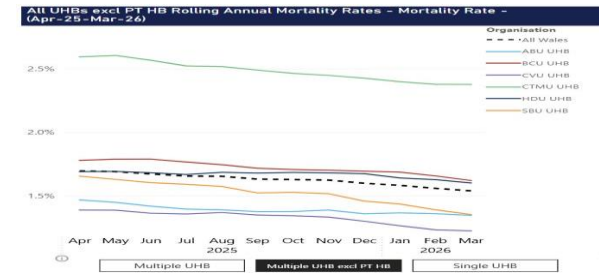
An Unannounced inspection was undertaken in the Short Stay Surgical Unit on 13 and 14 January 2026 and the report was published in April 2026. Patients told the inspection team that the staff were respectful, attentive and supportive. However, unplanned opening of the unit over weekend added pressures that resulted in environmental and stock control issues. Staff raised concerns around equitable processes. INnresponse a programme of work supported by People and Culture has commenced to deliver the necessary improvements.

On 17 and 18 March HIW undertook an unannounced inspection on B2 Gynaecology . This report is due to be published on 21 May and is embargoed until this date.

On March HIW undertook an unannounced inspection of Barry Minor Injuries Unit . The report is due to be published 12 June 2026 and is embargoed until this date

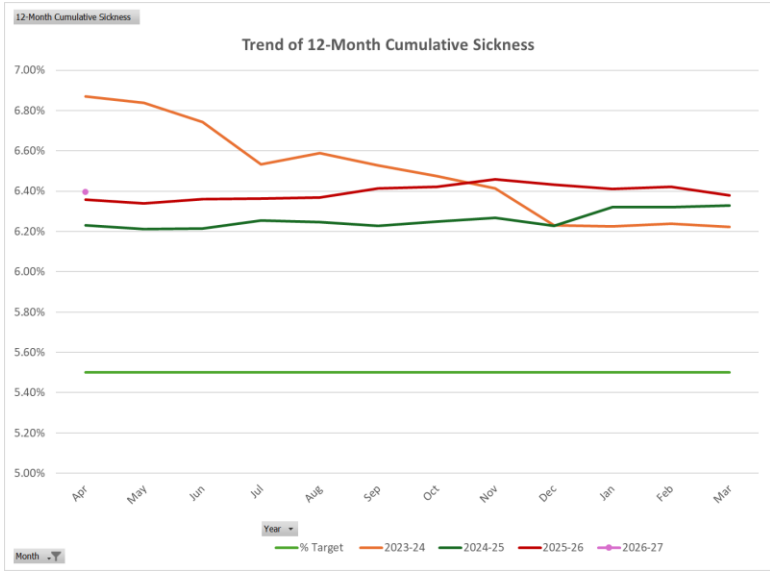
On 23 24 25 April HIW undertook an unannounced inspection of wards East 10 14 and 16 and the report is due to be published on 25 June 2026 and is embargoed until this date.

The PI Chart demonstrates ongoing progress in the oversight and delivery of improvements relating to HIW inspections across the organisation .





People and Culture



Sickness Absence

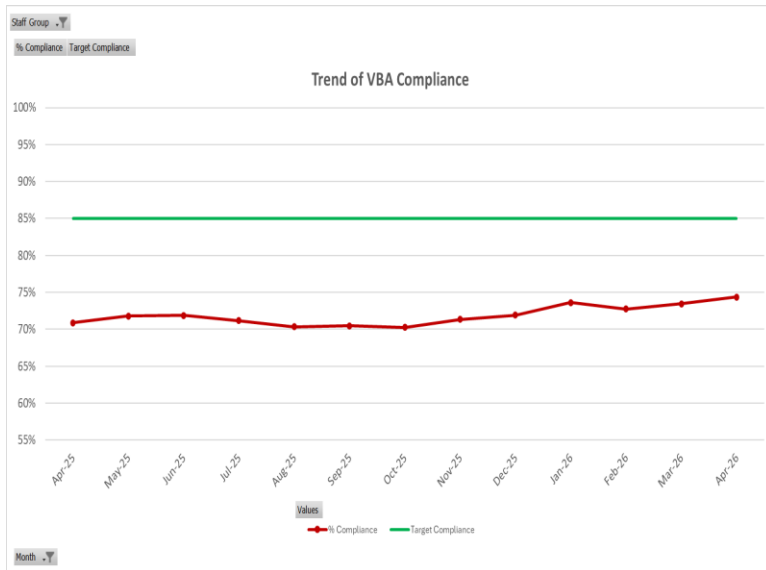
- Target <5.5%
- April 2026 in-month sickness: **5.77%**
- In-month sickness has improved since January 2026
- Anxiety, stress and depression remain the main sickness reasons

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-24	5.84%	5.77%	5.86%	6.19%	6.28%	6.30%	6.57%	6.40%	6.80%	6.96%	6.45%	5.94%
2024-25	5.90%	5.83%	5.99%	6.52%	6.03%	6.18%	6.79%	6.68%	7.37%	7.05%	6.39%	6.34%
2025-26	5.81%	5.60%	6.25%	6.39%	6.23%	6.65%	6.99%	6.96%	7.09%	6.68%	6.24%	5.90%
2026-27	5.77%											



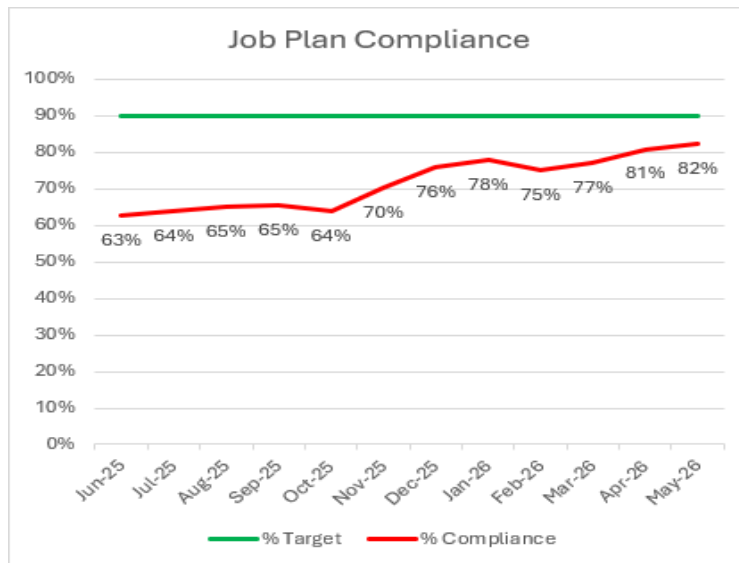


People and Culture



Value Based Appraisals

- Target: > **85%**
- April 2026 compliance: **74.38%**, improved from March (73.46%) and higher than April 2025 (70.87%)
- Weekly monitoring in place within Clinical Boards regarding non-compliance
- VBA template review underway to strengthen compliance and quality



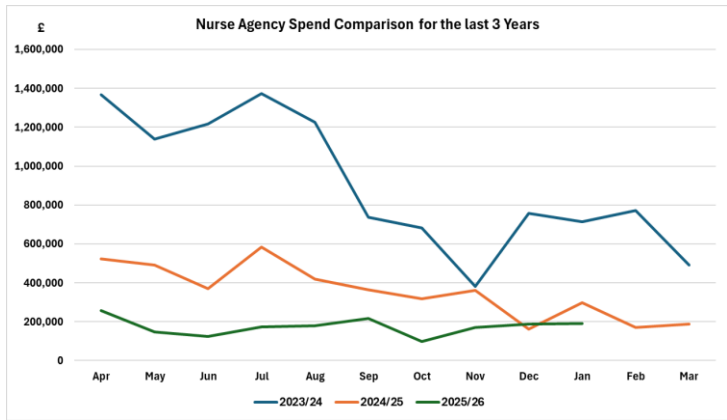
Job Planning

- Overall compliance : 83% (target >90%)





People and Culture

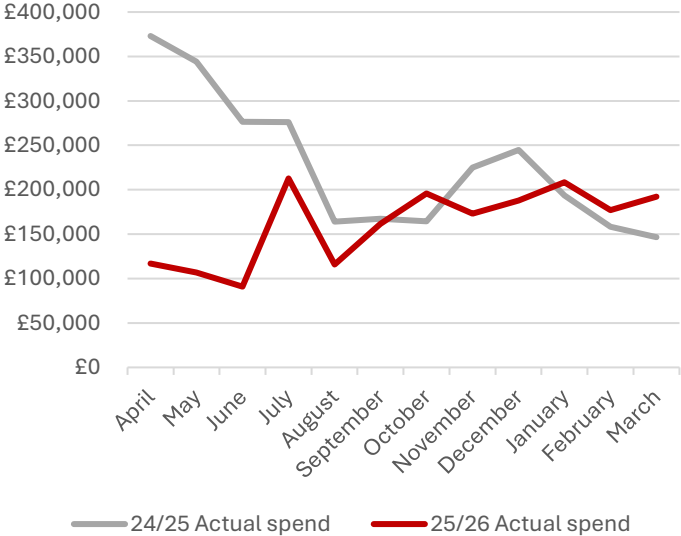


Agency Usage: Further 30% reduction target (all agency) for 2026/27

Nurse Agency

- Significant and sustained reduction in nurse agency spend continues. CAV use the least amount of agency staff compared to all other HBs in Wales. Lowest by >£1m in 3 months, Oct-Dec 2025
- Nursing agency spend reduced by almost £8m per annum compared to 2023/4
- Overall bank and agency spend reduced by approximately £1.3m per year

24/25 vs 25/26 Agency Spend Utilisation

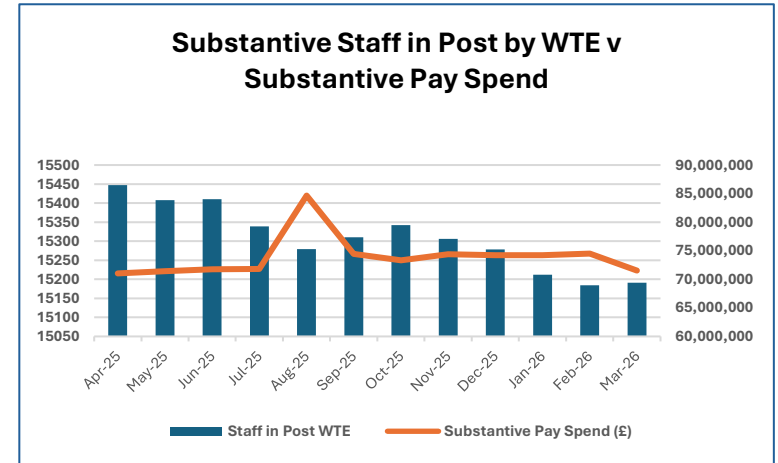
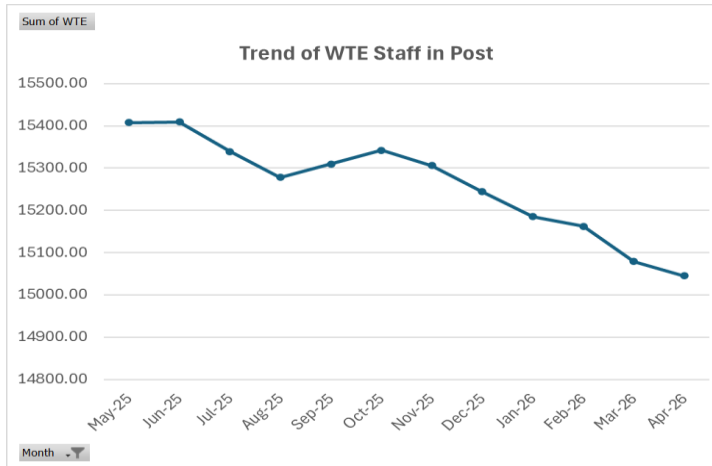


Medical & Dental Agency

- Reduction remains a key priority
- 44% reduction in 2025/26 compared to 2024/25
- 30% Welsh Government 2025/26 target exceeded (35.68% reduction delivered)
- 8 agency staff in post, 4 with agreed exit plans

Staff in Post – Monthly Monitoring

Staff Group	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	12-Month Change
Add Prof Scientific and Technic	598	598	600	601	597	605	605	604	602	603	603	598	1
Additional Clinical Services	3007	3007	2990	2969	2943	2918	2898	2875	2859	2842	2819	2809	-198
Administrative and Clerical	2639	2640	2663	2644	2643	2595	2582	2573	2581	2580	2557	2554	-85
Allied Health Professionals	1266	1267	1258	1268	1283	1301	1307	1302	1293	1292	1287	1281	15
Estates and Ancillary	1202	1203	1193	1184	1185	1215	1210	1198	1181	1181	1179	1190	-12
Healthcare Scientists	565	565	562	554	562	568	571	572	574	576	574	574	9
Medical and Dental	1159	1160	1150	1139	1152	1150	1150	1151	1150	1159	1157	1160	1
Nursing and Midwifery Registered	4945	4944	4901	4897	4929	4965	4959	4945	4927	4911	4886	4859	-86
Students	26	26	24	23	17	25	25	25	20	20	19	20	-6
Grand Total	15408	15410	15339	15279	15310	15342	15306	15244	15185	15162	15080	15046	-362



- WTE staff reduced from 15,408 (May-25) to 15,046 (Apr-26)
- 362 WTE reduction over the year

People and Culture

Targeted Intervention - Leadership & Management and Culture

Progress across Leadership & Management and Culture continues to support the organisation's de-escalation trajectory by strengthening governance maturity, leadership capability, staff engagement, workforce sustainability, and organisational oversight arrangements in line with the targeted intervention de-escalation criteria for Leadership and Governance.

Area	Current Position / Metric	Status / Timeline
Leadership	Internal Audit completed	Final report due May 2026
Training Needs Analysis	Whole organisational TNA live	TNA Closes July 2026 Analysis August 2026 Completion Sept 2026
Leadership Development	Operational Managers Programme	Optimising Ops Cohort 1 completion July 2026 Evaluation August 2026
Board Development	Board Self-Assessment underpinned by principles of the Well Led Framework	Completed May 2026

Culture

Area	Current Position / Metric	Status / Timeline
Staff Survey	Engagement Score 69.1% (Target 74%) Clinical Board (CB) Local Priority Identification taking place – May 2026	To be discussed at Exec Reviews May 2026
Culture Early Warning Score (CEWS)	Initiation phase commenced – data set identification Mental Health Clinical Board (MHCB) Pilot Area	May/June 2026 Phase 1 CEWS June 2026
Values Based Teams Programme	Mental Health CB Pilot Toolkit Development ready for launch June 2026	Initial rollout June 2026 Toolkit June 2026
Culture Oversight	Cardiff Business School collaboration on integrated dashboard development	Initial phase 1 dashboard June 2026

People and Culture

Key developments since the last Board meeting update include the finalisation of the Digital Foundations Programme Business Case, including the supporting Business Justification Cases for year 1, seeking funding from the All Wales major capital budget.

Work continues to support the national programmes of work including further implementations of the Electronic Prescriptions and Medicines Administration (EPMA) system, the radiology system (RISP) go live scheduled for 1 June and preparation for the next module of LIMS2 this Summer.

Progress on core infrastructure and device improvements are contained within the attached IPR report.

Digital Eyecare – Update

Digital

- Hosted by CAVUHB, most Health Boards in Wales have now deployed OpenEyes EPR system to some extent. CAVUHB and SBUHB are more advanced in use of the system. OpenEyes is being successfully used to support the Cataract List reduction activities that are being delivered through SE Wales Region.
- We are compiling data to contribute to a Deep Dive into OpenEyes usage across Wales, as requested by Welsh Government, which will be reviewed by the Digital, Data & Technology Leadership Board (DDAT) in June, the purpose of which is to identify and capture the benefits that are being realised.
- We are also developing our plans in respect of the deployment of the “Operal” Electronic Referral System to improve regional, primary care and secondary care workflows. This will be implemented in Qtr 1 26/27.

AWS Secure Landing Zone – Update

- AWS Information Governance and Cyber Security assessment has been successfully completed in respect of the AWMGS Genomic Sequencing workload. This is in preparation for this workload to migrate to a new sequencing platform.
- The CAVUHB AWS Steering Group has adopted a “Go / No-Go” decision matrix using agile delivery methodology to ensure live operations can be supported in a timely manner. With each iteration of the process, a list of outstanding actions will be recorded and addressed until all blockers are addressed and a “Go” decision can be secured, which is expected to be achieved by the end of May 2026.

Digital Service Management Team Update

- Undertaken a full review of Projects and LBAUs (i.e. major Digital works) to include scoring of initiatives and assessment of the departments resource to progress each.
- Connecting Care (i.e. PARIS replacement) - Business Analysis and Data Migration completed for end of financial year.
- 400 community access laptops rolled out under the 'Connecting Care' programme, with 500 more devices to issue to staff via the Win11 programme (completion due for July'26).
- Procurements managed for the WICIS (Wales intensive care information system) hardware, whilst that National programme determines next steps.
- Amazon Web Services (AWS) steering group and workshops established and underway to deliver a supported infrastructure to be in place by Qtr 2 26/27. This will deliver a new Landing Zone as part of our move to Cloud.
- Digital Care Region (Shared care record viewer across health and Social Care) - Adult and Childrens Safeguarding Services are now live and operational.



Digital

Digital Operations

Networks

CAV Networks team have implemented new hardware for a range of network projects to further strengthen the resilience, capacity and performance of the Health Board's network across acute, community and corporate sites. Key changes have included upgrades to core network devices, deployment of improved next-generation firewalls, and completion of orders for a further 800 replacement Access Points for End of Life devices.

Server & Infrastructure

The Server & Infrastructure team continue to modernise the server and data centre estate, reducing reliance on ageing infrastructure, improving resilience, security and sustainability. This has been achieved through targeted investment in new server, storage and infrastructure hardware to replace end-of-life platforms and improve capacity and performance, funded by discretionary and capital slippage monies. Work in refreshing and consolidating server and storage platforms, improving the resilience of core infrastructure, delivering key platform upgrades, supporting cloud and hybrid services, and strengthening backup, resilience and disaster recovery arrangements.

Telecoms

The Telecoms team has made key improvements to the Health Board's telephony systems. This includes upgrading the CAV switchboard with new servers, updated software and individual user logins. The team is nearing completion of the national PSTN switch-off, with all main CAV sites now using the national SIP service for BT and Virgin Media. This has reduced costs and improved resilience through automatic failover. Contact centres have increased to 13, with more planned, and most public-facing auto attendants now meet Welsh Language Standards.



Digital

Business Intelligence (BI) Information – Update

- The BI Teams have been focused on essential upgrades to the data and reporting infrastructure. The Data Warehouse has been upgraded and IBM Cognos is now running the latest version. The Warehouse and BI teams have also worked together to successfully implement and test a data feed from the new Theatre system Aqua. The Length of Stay analysis dashboard has been released in Power BI. The guardrails document to support safe and effective use of Power BI has been completed and circulated to current users. A wider implementation plan to roll-out Power BI is being developed with a 3-6 month timeframe.

Digital Foundations

The D&HI team has been developing a strategic investment programme (Digital Foundations Programme Business case (PBC)) that seeks capital support from Welsh Government. The case has been revised since its first internal presentation in Q4 2025 in response to a revenue affordability challenge.





The programme has been re-scoped, and revised cost/benefit and resource models created to mitigate the revenue impacts. These models are subject to final technical finance advice.

Meantime the PBC is going through internal and public governance routes with a view to submission to Board May 2026 for approval, subject to that final expert finance advise.

At the point of approval, a formal submission will be made to Welsh Government for capital investment.



Digital

Recommendation:				
The Board/Committee (<i>delete as appropriate</i>) are requested to:				
a) NOTE the position against key organisational performance indicators for 2025-26 and the update against the Operational Plan programmes. This concludes reporting against 25/26 indicators. From June 2026, reporting will be against 26/27 performance indicators				
Link to Strategic Objectives of Shaping our Future Wellbeing: https://shapingourfuturewellbeing.com/				
 Putting People First	 Providing Outstanding Quality	 Delivering in the Right Places	 Acting for the Future	
1. Click the objective above to view more detail.	2. Click the objective above to view more detail.	3. Click the objective above to view more detail.	4. Click the objective above to view more detail.	
	X	X		
Five Ways of Working (Sustainable Development Principles) considered				
Prevention	Long term	Integration	Collaboration	Involvement
	X	X		
Quality Impact Assessment Completed?				
Yes – (<i>please provide completed QIA document</i>)		No – (<i>Please provide reasoning, e.g. not required</i>)	X	Not required
Impact Assessment:				
Risk: No		Reputational: No		
Safety: No		Socio Economic: No		
Financial: No		Equality and Health: No		
Workforce: No		Decarbonisation: No		
Legal: No		Welsh Language: No		
Approval/Scrutiny Route (<i>please note anywhere else this paper has been before</i>):				
Committee/Group/Exec	Date:			

Cardiff and Vale Integrated Performance Report

2025/26

May 2026

Nb. This report is the conclusion of reporting against the 25/26 Performance Framework – from June we will report against the 26/27 framework



Report Contents

1. [Cabinet Secretary Priorities](#)

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

Click on a hyperlink to navigate directly to the section required



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

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

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

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

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

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



Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Building community Capacity	Measure: Number of delayed transfers of care. National standard/ambition: 12 month reduction trend Reporting period: Monthly	<160	Yes	Q4	155 Apr-26	Hyperlink to section
	Measure: General Medical Services – Number of GP practices achieving core access standards National standard/ambition: 100% Reporting period: Annual – in month position for information	100%	Yes	Q4	98.2% Apr-24	Hyperlink to section
	Measure: Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception National standard/ambition: Increase Reporting period: Monthly	>2,185	Yes	Q2	3,289 Mar-26	Hyperlink to section
	Measure: Increase in capacity at the weekend of community nursing and specialist palliate care National standard/ambition: 80% Reporting period: Monthly	>51% Increase from 24/25	No	Q4	54% Mar-26	Hyperlink to section
	Measure: Increase capacity of Enhanced Community Care National standard/ambition: Meet and exceed 24/25 requirement where possible (24/25 baseline) Reporting period: Monthly	1,028 20% increase from 24/25	Yes	Q1	1072 Feb-26	Hyperlink to section



Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Mental health access	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for people age under 18 years National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	100% Mar-26	Hyperlink to section
	Measure: Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of referral for adults age 18 years and over National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	99.5% Mar-26	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	100% Mar-26	Hyperlink to section
	Measure: Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over National standard/ambition: 80% Reporting period: Monthly	80%	Yes	Q1	100% Mar-26	Hyperlink to section
Population health and prevention	Measure: Increase in % of patients (aged 12 and over) with diabetes who received all eight NICE recommended care processes National standard/ambition: Increase Reporting period: Monthly	48%	Yes	Q4	43.8% Jan-26	Hyperlink to section



Priority	Aim	C&V Commitment	Commitment to meet national standard?	By When	In Month Performance against C&V commitment	Link in Performance Report
Timely access to care	Measure: Reduce the number of ambulance patient handovers over 1 hour National standard/ambition: Zero Reporting period: Monthly	<400	No	Q4	91 Apr-26	Hyperlink to section
	Measure: Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge National standard/ambition: Reduce compared to 24/25 towards zero Reporting period: Monthly	<750	Yes	Q4	945 Apr-26	Hyperlink to section
	Measure: Number of patients waiting more than 104 weeks for treatment National standard/ambition: Zero Reporting period: Monthly * Our commitment is subject to review as we work with Welsh Government through the year to deliver an improved position	Original Submission 9,861 Revised submission 5,491	No	Q4	782 Apr-26	Hyperlink to section
	Measure: Improve the percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of referral route) National standard/ambition: 12m improvement trend towards 80% by March 2026 Reporting period: Monthly	75%	No	Q4	63.2% Mar-26	Hyperlink to section
	Measure: Number of patients waiting more than 8 weeks for a specified diagnostic National standard/ambition: Zero Reporting period: Monthly	Original submission 10,436 (endoscopy only) - TBC	No	Q4	7,913 Apr-26	Hyperlink to section



Section 2: Cardiff and Vale Performance Report

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

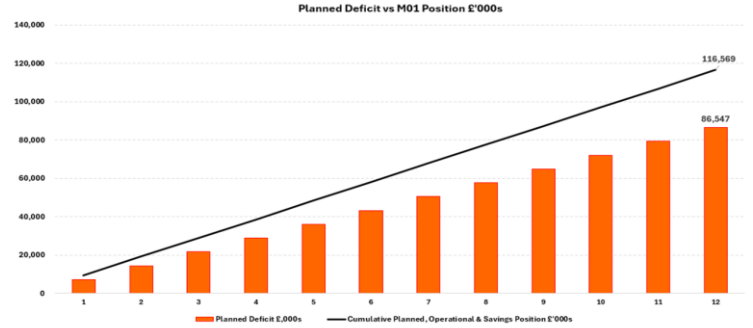
Detail on what is included under each quadruple aim is provided below.

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

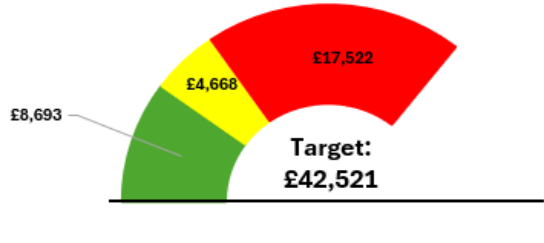

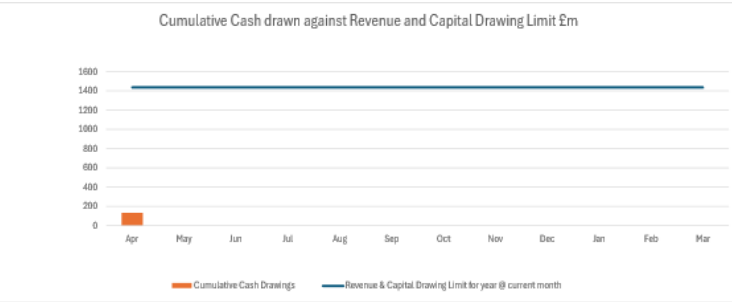
National Performance Framework monitoring data is available from DHCW showing performance across all Welsh Health Boards and Trusts (where relevant). This information can be accessed by clicking [here](#).

[Return to Main Menu](#)

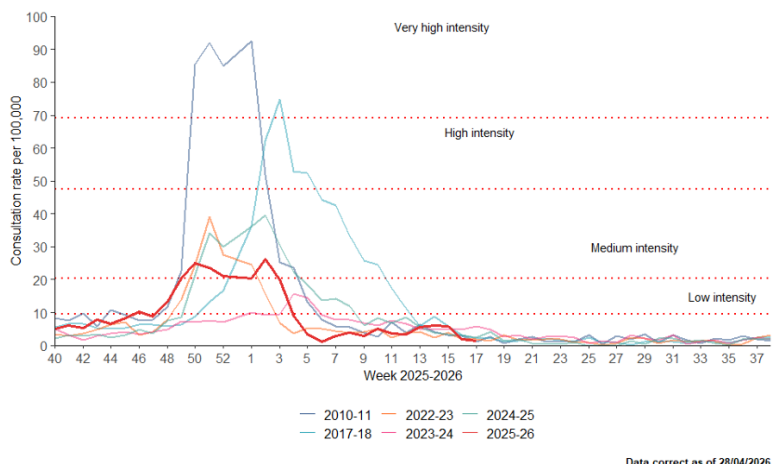
Number	Aim	Contents
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	Public Health
Aim 2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Urgent and Emergency Care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

	Priority	Performance Summary	Reported Period	Data																																																																	
Financial Performance	<p>Deliver 2026/27 Draft Financial Plan</p>	<p>The UHB's Financial Plan in 2026/27 reflected the following key components:</p> <table border="1" data-bbox="513 379 1596 671"> <thead> <tr> <th>Planning Assumptions</th> <th>(£m)</th> </tr> </thead> <tbody> <tr> <td>Brought Forward Underlying Deficit</td> <td>68.759</td> </tr> <tr> <td>2026/27 Demand/Cost Growth/Improvement</td> <td>54.690</td> </tr> <tr> <td>2026/27 Increase in Contribution to Welsh Risk Pool</td> <td>21.500</td> </tr> <tr> <td>Deficit</td> <td>144.949</td> </tr> <tr> <td>Additional Allocations</td> <td>(15.881)</td> </tr> <tr> <td>Savings Plans</td> <td>(42.521)</td> </tr> <tr> <td>Initial Planned Deficit</td> <td>86.547</td> </tr> </tbody> </table> <p>Following consideration by the UHB Board, a financial plan, which included a forecast deficit of £86.547m was submitted to the Welsh Government at the end of March 2026.</p> <p>The submitted plan projects a deficit for the financial year, meaning the UHB will not meet its statutory requirement to deliver a balanced financial plan over a three-year rolling period. Consequently, the plan cannot receive Ministerial approval.</p> <p>The overall position at month 1 was a £9.397m deficit as outlined in the table to the right.</p>	Planning Assumptions	(£m)	Brought Forward Underlying Deficit	68.759	2026/27 Demand/Cost Growth/Improvement	54.690	2026/27 Increase in Contribution to Welsh Risk Pool	21.500	Deficit	144.949	Additional Allocations	(15.881)	Savings Plans	(42.521)	Initial Planned Deficit	86.547	April 2026	<table border="1" data-bbox="1814 576 2615 778"> <thead> <tr> <th></th> <th>Plan YTD (£m)</th> <th>YTD (£m)</th> <th>YTD Variance to Plan (£m)</th> </tr> </thead> <tbody> <tr> <td>Draft Plan</td> <td>10.814</td> <td>10.814</td> <td>0.000</td> </tr> <tr> <td>Quality Efficiency Improvement Plans - Savings</td> <td>(3.603)</td> <td>(1.171)</td> <td>2.431</td> </tr> <tr> <td>Operational Variance</td> <td>0.000</td> <td>(0.246)</td> <td>(0.246)</td> </tr> <tr> <td>University Health Board Deficit</td> <td>7.211</td> <td>9.397</td> <td>2.186</td> </tr> </tbody> </table>		Plan YTD (£m)	YTD (£m)	YTD Variance to Plan (£m)	Draft Plan	10.814	10.814	0.000	Quality Efficiency Improvement Plans - Savings	(3.603)	(1.171)	2.431	Operational Variance	0.000	(0.246)	(0.246)	University Health Board Deficit	7.211	9.397	2.186																													
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	<p>Return to financial balance and approved IMTP status</p>	<p>£86.547m underlying deficit by end of 2026/27 financial year. At Month 1, the UHB is reporting a £29.160m shortfall against the £42.521m recurrent savings target.</p> <p>The combined impact of this savings gap and the full-year effect of in-year operational pressures will increase the underlying deficit carried forward into 2026/27 unless additional savings schemes are identified.</p> <p>The UHB continues to drive the development of additional recurrent savings schemes to enable delivery of the financial plan. Progress must now accelerate in both the identification and delivery of these savings plans to ensure the Health Board achieves its planning underlying deficit target of £86.547m.</p>	April 2026	 <table border="1" data-bbox="1841 1411 2593 1481"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> </tr> </thead> <tbody> <tr> <td>Planned Deficit £'000s</td> <td>7,212</td> <td>14,425</td> <td>21,637</td> <td>28,849</td> <td>36,061</td> <td>43,274</td> <td>50,486</td> <td>57,698</td> <td>64,910</td> <td>72,123</td> <td>79,335</td> <td>86,547</td> </tr> <tr> <td>Cumulative Planned, Operational & Savings Position £'000s</td> <td>9,396</td> <td>19,139</td> <td>28,882</td> <td>38,625</td> <td>48,368</td> <td>58,111</td> <td>67,854</td> <td>77,597</td> <td>87,340</td> <td>97,083</td> <td>106,826</td> <td>116,569</td> </tr> <tr> <td>Actual/ Forecast Deficit above Plan £'000s</td> <td>2,184</td> <td>4,714</td> <td>7,245</td> <td>9,776</td> <td>12,307</td> <td>14,837</td> <td>17,368</td> <td>19,899</td> <td>22,429</td> <td>24,960</td> <td>27,491</td> <td>30,022</td> </tr> <tr> <td>2026 deficit outturn of £56.102m</td> <td>6,096</td> <td>11,899</td> <td>19,216</td> <td>21,172</td> <td>27,899</td> <td>31,843</td> <td>39,619</td> <td>40,210</td> <td>43,250</td> <td>47,411</td> <td>51,842</td> <td>56,102</td> </tr> </tbody> </table>		1	2	3	4	5	6	7	8	9	10	11	12	Planned Deficit £'000s	7,212	14,425	21,637	28,849	36,061	43,274	50,486	57,698	64,910	72,123	79,335	86,547	Cumulative Planned, Operational & Savings Position £'000s	9,396	19,139	28,882	38,625	48,368	58,111	67,854	77,597	87,340	97,083	106,826	116,569	Actual/ Forecast Deficit above Plan £'000s	2,184	4,714	7,245	9,776	12,307	14,837	17,368	19,899	22,429	24,960	27,491	30,022	2026 deficit outturn of £56.102m	6,096	11,899	19,216	21,172	27,899	31,843	39,619	40,210	43,250	47,411	51,842	56,102
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	<p>Management of operational budget pressures</p>	<p>Failure to effectively manage budget pressures remains a key risk and is the responsibility of primary budget holders. At month 1, an operational surplus to plan of (£0.246m) was reported as detailed in the table to the right</p> <p>Urgent work is underway to find an offset for the endoscopy costs</p>	April 2026	<table border="1" data-bbox="1830 1584 2583 1840"> <thead> <tr> <th>Operational Pressure</th> <th>Operational Variance YTD £'000s</th> <th>Operational Variance Forecast £'000s</th> </tr> </thead> <tbody> <tr> <td>Endoscopy/Insourcing and Recruitment Outside of Plan</td> <td>145</td> <td>1,066</td> </tr> <tr> <td>Pay Underspend</td> <td>(391)</td> <td>(205)</td> </tr> <tr> <td>Sub-Total Surplus/ Deficit</td> <td>(246)</td> <td>861</td> </tr> </tbody> </table>	Operational Pressure	Operational Variance YTD £'000s	Operational Variance Forecast £'000s	Endoscopy/Insourcing and Recruitment Outside of Plan	145	1,066	Pay Underspend	(391)	(205)	Sub-Total Surplus/ Deficit	(246)	861																																																					
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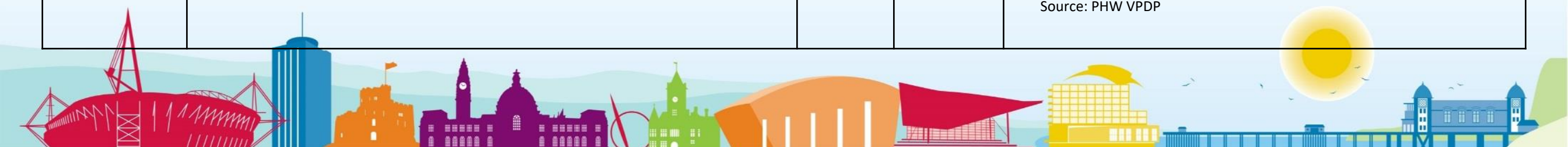
	Priority	Performance Summary	Reported Period	Data
	<p>Delivery of recurrent £42.521m savings target</p>	<p>At Month 01, the UHB has identified £13.363m (31.4%) of green and amber savings to deliver against the revised £42.521m savings target. Red schemes of £17.522m were also identified and continue to be reviewed for progression to Green/Amber where possible.</p> <p>Further action is required to meet the recurrent target and the UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk. £8.764m of recurrent savings were identified at month 1 leaving a gap of £33.757m against the £42.521m recurrent target.</p> <p>The second chart illustrates the profile of the UHB’s 2026/27 savings programme, highlighting the monthly shortfall against target and an increase in forecast savings delivery in the final month of the year.</p>	<p>April 2026</p>	<p>2026/27 UHB Savings Programme: Identified vs Requirement £'000s</p>  <p>2026/27 Savings Plan vs Actual/Forecast (£'000s)</p> 
	<p>Remain within Cash Limit</p>	<p>In due course, the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to cover the cash shortfall arising from the forecast deficit.</p> <p>The closing cash balance at the end of April 2026 was £4.767m.</p> <p>The cumulative cash drawn at the month end against the UHBs cumulative annual cash drawing limit is illustrated by the graph to the right.</p>	<p>April 2026</p>	<p>Cumulative Cash drawn against Revenue and Capital Drawing Limit £m</p> 



Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Seasonal respiratory infections</p> <p>Surveillance</p> <ul style="list-style-type: none"> Respiratory surveillance summary (All Wales) <ul style="list-style-type: none"> Overall, influenza activity is now at baseline levels. RSV incidence per 100,000 in children aged up to 5y is stable and at baseline intensity levels Consultations with Sentinel GPs for COVID19 remained stable in recent weeks Hospital incidents and outbreaks (C&V) <ul style="list-style-type: none"> For the whole 2025/26 financial year: <ul style="list-style-type: none"> In C&V UHB influenza and Covid-19 incidents and outbreaks led to the loss of 667 bed days, representing an estimated opportunity cost of £333,500 to the UHB For the current 2026/27 financial year: <ul style="list-style-type: none"> Since the start of the 2026/27 financial year, in C&V UHB there have been 3 influenza incidents or outbreaks, with 2 bed days lost. In the same period there have been 3 Covid-19 incidents or outbreaks, with 6 bed days lost. Combined, influenza and Covid-19 incidents and outbreaks have led to the loss of 8 bed days, representing an estimated opportunity cost of £4,000 to the UHB There are currently 0 Covid-19 outbreaks and 0 incidents in hospitals in C&V UHB; and 1 influenza outbreak and 0 incidents. Staff sickness absence (C&V) <ul style="list-style-type: none"> For the whole 2025/26 financial year: <ul style="list-style-type: none"> 43,381 full time equivalent calendar days* were reported as sickness absence by C&V UHB staff due to respiratory conditions (S15), cough, cold or flu (S13) The estimated loss in productivity due to this absence is £5.2m[†] <p>* Because of the way absence is recorded on ESR these figures include weekends and non-working days [†] Salary costs for staff reporting sickness absence</p>	Data to 11/5/26	n/a	 <p>Source: PHW weekly ARI summary</p>



Priority	Performance Summary	Reported Period	On target?	Data																																																																																																																																																													
Health Protection	<p>Seasonal respiratory infections</p> <p>Vaccination – COVID-19, influenza and Respiratory Syncytial Virus (RSV)</p> <p>The Spring COVID-19 campaign commenced 13 April 2026</p> <ul style="list-style-type: none"> As of 30 April 2026, 8,526 out of 59,080 individuals in the eligible population were vaccinated. This is an uptake of 14.8%, below the all-Wales average of 18.3%. The COVID-19 spring programme will run until 30 June 2026 The Autumn influenza campaign commenced 1 September 2025 for health and social care staff under the age of 65, infants, children, young people and pregnant women. The programme commenced on 1 October 2025 for all other eligible population groups and concluded on 31 March 2026. <ul style="list-style-type: none"> As of 3 March 2026, 68,105 out of 95,078 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of 71.6%, in line with the All-Wales average of 71.7%. As of 9 March 2026, 73% of individuals registered with a GP in CAVUHB aged 65 and over were immunised <p><i>The final report for 2025/26 is not yet available</i></p> The RSV vaccination programme was introduced 1 September 2024 for older adults as they turn 75 years old and pregnant women at 28 weeks' gestation. A 12-month, one-off catch-up campaign was introduced 1 September 2024 to target individuals aged between 75 and 79 years old. <ul style="list-style-type: none"> As of January 2026, 2,466 out of 4,132 individuals in the first-year routine cohort (those reaching their 75th birthday between 1st September 2024 and 31st August 2025) were vaccinated. This is an uptake of 59.7%, which is above the All-Wales average of 52.6%. This is below the national target of 70%. For the RSV catch-up programme (resident population aged 75 to 79 as of 1 September 2024), 13,377 out of 18,801 individuals were vaccinated. This is an uptake of 71.3%, which is above the All-Wales average of 64.4% and the second highest figure across Health Boards in Wales. <p><i>The spring RSV programme commenced nationally on 1 April 2026 (locally on 13 April), but no data is yet available</i></p> 	<p>COVID-19: 1 April – 30 June 2026</p> <p>Influenza: 1 October 2025 – 31 March 2026</p> <p>RSV: 1 September 2024 – ongoing</p>	<p>COVID-19: Below target, but early in campaign period</p> <p>Influenza: Below local and national target.</p> <p>RSV: Below national target.</p>	<p>Table 2b. Coverage of the 2026 Spring COVID-19 vaccination campaign in eligible population, counting those alive and resident in Wales as at 30/04/2026, by Local Health Board of residence.</p> <table border="1"> <thead> <tr> <th>Local Health Board of Residence</th> <th>Eligible population (n)</th> <th>Vaccinated (n)</th> <th>Coverage (%)</th> <th>Of those vaccinated, number with no previous doses (n)</th> </tr> </thead> <tbody> <tr> <td>Aneurin Bevan UHB</td> <td>82,126</td> <td>18,213</td> <td>22.18</td> <td>26</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>108,911</td> <td>12,495</td> <td>11.47</td> <td>53</td> </tr> <tr> <td>Cardiff and Vale UHB</td> <td>59,080</td> <td>8,739</td> <td>14.79</td> <td>23</td> </tr> <tr> <td>Cwm Taf Morgannwg UHB</td> <td>59,822</td> <td>11,512</td> <td>19.24</td> <td>10</td> </tr> <tr> <td>Hywel Dda UHB</td> <td>63,879</td> <td>11,285</td> <td>17.67</td> <td>42</td> </tr> <tr> <td>Powys THB</td> <td>23,618</td> <td>3,250</td> <td>13.76</td> <td>18</td> </tr> <tr> <td>Swansea Bay UHB</td> <td>52,669</td> <td>16,646</td> <td>31.60</td> <td>16</td> </tr> <tr> <td>All Wales</td> <td>450,105</td> <td>82,140</td> <td>18.25</td> <td>188</td> </tr> </tbody> </table> <p>Table 6: Uptake of influenza immunisation in people aged 65 years and older as at 03/03/2026</p> <table border="1"> <thead> <tr> <th>Health Board of Residence</th> <th>Immunised(n)</th> <th>Eligible Population (N)</th> <th>Uptake(%)</th> </tr> </thead> <tbody> <tr> <td>Aneurin Bevan UHB</td> <td>96,684</td> <td>132,581</td> <td>72.9</td> </tr> <tr> <td>Betsi Cadwaladr UHB</td> <td>129,587</td> <td>175,746</td> <td>73.7</td> </tr> <tr> <td>Cardiff and Vale UHB</td> <td>68,105</td> <td>95,078</td> <td>71.6</td> </tr> <tr> <td>Cwm Taf Morgannwg UHB</td> <td>70,295</td> <td>97,034</td> <td>72.4</td> </tr> <tr> <td>Hywel Dda UHB</td> <td>74,355</td> <td>105,956</td> <td>70.2</td> </tr> <tr> <td>Powys Teaching HB</td> <td>27,627</td> <td>40,047</td> <td>69.0</td> </tr> <tr> <td>Swansea 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Priority	Performance Summary	Reported Period	On target?	Data
Health Protection	<p>Routine childhood immunisation</p> <ul style="list-style-type: none"> Up to date by age 4 <ul style="list-style-type: none"> For 1 October to 31 December 2025, 80.8% of children are up to date with vaccination by age 4. This is a decrease from the previous quarter (81.5%) and below the All-Wales average of 85.1%. Up to date by age 5 <ul style="list-style-type: none"> For 1 October to 31 December 2025, 85.3% of children are up to date with vaccinations by age 5. This is an increase from the previous quarter (83.6%) and below the All-Wales average of 87.5%. This is below the national target of 95%. HPV by age 15 <ul style="list-style-type: none"> For 1 October to 31 December 2025, uptake of HPV vaccine for children reaching 15 years of age was 74.9%. This is below the All-Wales average of 75.6%. This is below the national target of 90%. 	Oct - Dec 2025	<p>Up to date by age 5: Below local and national target.</p> <p>HPV by age 15: Above local target, below national target.</p>	<p>Cardiff & Vale UHB quarterly COVER trends</p> <p>Cardiff and Vale UHB</p> <p>Uptake (%)</p> <p>95%</p> <p>Data quality improvements from 2018q4</p> <p>Vaccine (age)</p> <ul style="list-style-type: none"> Up to date* (4 years) <p>Source quarterly COVER data</p>



Priority	Performance Summary	Reported Period	On target?	Data																																																																											
Health Improvement	<p>Healthy weight:</p> <ul style="list-style-type: none"> 2024/25 Child Measurement Programme data demonstrated a slight decrease in healthy weight to 75.3%, from 77.7% the previous year (for Cardiff and Vale UHB). The UHB maintained the highest level of healthy weight of all Welsh Health Boards for 2024/25. 40% of adults in Cardiff and Vale of Glamorgan are a healthy weight, as compared to 36% of the Welsh average (NSfW, 2021/22+2022/23); 39% are eating five portions of fruit/vegetables a day, compared to 29% in Wales (NSfW, 2021/22+2022/23) and 66% are meeting physical activity guidelines of being active for at least 150 minutes per week, compared to 56% in Wales (NSfW, 2021/22+2022/23). There are no comparable data in other UK countries due to different methodologies being used. Differences remain between our most and least deprived communities with levels of healthy weight lower, and consumption of fruit and vegetables/physical activity levels also lower in the most deprived areas of Cardiff and Vale. 	2024/25	<p>Healthy weight:</p> <p>Not meeting target</p>	<p>Cardiff and Vale of Glamorgan Child Measurement Programme - Healthy Weight trend - Reception Year children</p> <table border="1"> <caption>Estimated data from the bar chart</caption> <thead> <tr> <th>Year</th> <th>Cardiff and Vale UHB (%)</th> <th>Cardiff (%)</th> <th>Vale of Glamorgan (%)</th> <th>Wales (%)</th> </tr> </thead> <tbody> <tr><td>2011/12</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2012/13</td><td>76.0</td><td>73.0</td><td>74.0</td><td>71.0</td></tr> <tr><td>2013/14</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2014/15</td><td>76.0</td><td>73.0</td><td>74.0</td><td>71.0</td></tr> <tr><td>2015/16</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2016/17</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2017/18</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2018/19</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2019/20</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2020/21</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2021/22</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2022/23</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2023/24</td><td>75.0</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> <tr><td>2024/25</td><td>75.3</td><td>72.0</td><td>73.0</td><td>70.0</td></tr> </tbody> </table>	Year	Cardiff and Vale UHB (%)	Cardiff (%)	Vale of Glamorgan (%)	Wales (%)	2011/12	75.0	72.0	73.0	70.0	2012/13	76.0	73.0	74.0	71.0	2013/14	75.0	72.0	73.0	70.0	2014/15	76.0	73.0	74.0	71.0	2015/16	75.0	72.0	73.0	70.0	2016/17	75.0	72.0	73.0	70.0	2017/18	75.0	72.0	73.0	70.0	2018/19	75.0	72.0	73.0	70.0	2019/20	75.0	72.0	73.0	70.0	2020/21	75.0	72.0	73.0	70.0	2021/22	75.0	72.0	73.0	70.0	2022/23	75.0	72.0	73.0	70.0	2023/24	75.0	72.0	73.0	70.0	2024/25	75.3	72.0	73.0	70.0
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[Return to Main Menu](#)

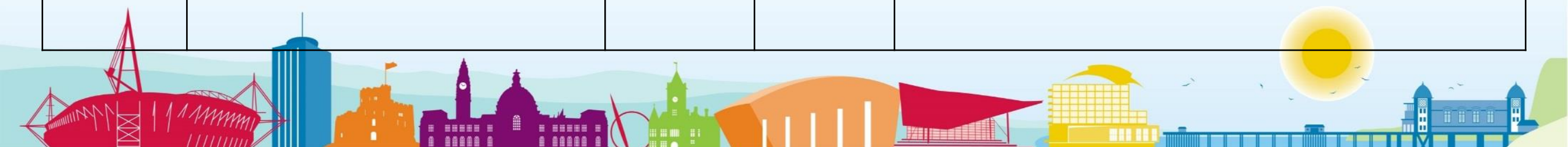
C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	On target?	Data
Health improvement	<p>Diabetes</p> <ul style="list-style-type: none"> Inequity in the uptake <ul style="list-style-type: none"> No cluster level data update since December 2025, awaiting Q4 data Paediatric HbA1c <ul style="list-style-type: none"> The Health Board PDU has moved in a positive direction from 'alarm' status to 'alert' status in most recent NPDA report (2024-25 data) Patients who have had foot surveillance and urine albumin recorded <ul style="list-style-type: none"> Slow but sustained improvement since January 2026 	March 26	Below target	<p>Patients who have had foot surveillance/urine albumin recorded - see data tables</p> <p><i>No cluster level data update since December 2025, awaiting Q4 data</i></p>



Priority	Performance Summary	Reported Period	On target?	Data																																								
Health Improvement	<p>Smoking</p> <ul style="list-style-type: none"> Percentage of the estimated smoking population of Cardiff and Vale who made a quit attempt via smoking cessation services ('treated smokers') <ul style="list-style-type: none"> A total of 341 adult smokers made a quit attempt via smoking cessation services this quarter. This represents 0.88% of the annual 5% target (Q3 2025/26). This number improves on performance in Q1 and Q2 and is above any quarter in 2024/25. 2025/26 Q1to Q3 cumulative = 2.51% Percentage of Cardiff and Vale resident 'treated smokers' who were CO-validated as successfully quitting at 4 weeks post quit date <ul style="list-style-type: none"> All smoking cessation services combined = 32% <p><i>Note the latest data above is for Q3 2025/26 when the target for treated smokers was 5%. From Apr 2026 the target increased to 7.5%</i></p>	Q3 2025/26 (latest at May 26)	<p>Below target</p> <p>Below target</p>	<p>Cumulative percentage of estimated smoking population of CAV who made a quit attempt via smoking cessation services ('treated smoker')</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>2025/26</th> <th>2024/2025</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0.80</td> <td>0.51</td> <td>1.25</td> </tr> <tr> <td>Q2</td> <td>1.63</td> <td>0.97</td> <td>2.50</td> </tr> <tr> <td>Q3</td> <td>2.51</td> <td>1.43</td> <td>3.75</td> </tr> <tr> <td>Q4</td> <td>-</td> <td>1.94</td> <td>5.00</td> </tr> </tbody> </table> <p>Percentage of CAV 'treated smokers' who were CO -validated as successfully quitting at 4 weeks post quit date</p> <table border="1"> <thead> <tr> <th>Quarter</th> <th>2025/2026</th> <th>2024/2025</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>32%</td> <td>32%</td> <td>39%</td> </tr> <tr> <td>Q2</td> <td>32%</td> <td>34%</td> <td>39%</td> </tr> <tr> <td>Q3</td> <td>31%</td> <td>32%</td> <td>39%</td> </tr> <tr> <td>Q4</td> <td>-</td> <td>33%</td> <td>39%</td> </tr> </tbody> </table>	Quarter	2025/26	2024/2025	Target	Q1	0.80	0.51	1.25	Q2	1.63	0.97	2.50	Q3	2.51	1.43	3.75	Q4	-	1.94	5.00	Quarter	2025/2026	2024/2025	Target	Q1	32%	32%	39%	Q2	32%	34%	39%	Q3	31%	32%	39%	Q4	-	33%	39%
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Smoking

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
1.	Percentage of adult smokers who make a quit attempt via smoking cessation services <i>Quarter 3 25/26</i> <ul style="list-style-type: none"> 192 HMQ Community (incl. telephone service) 112 HMQ Community Pharmacy 37 Hospital Smoking Cessation Service 	Q3 25/26	Annual Target (2025/26) is 5% of 38,800 smokers n = 1940 Quarterly target is 1.25% of 39,000 smokers n = 475	0.82% (Q2 25/26) Below national target Meets local target 0.8	Q1	Q2	Q3	Q4
					310 = 0.8% (Q1 25/26)	318 = 0.82% (Q2 25/26)	341 = 0.88% (Q3 25/26)	
2.	Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks. <i>Quarter 3 25/26</i> <ul style="list-style-type: none"> 39% HMQ Community 0% HMQ Telephone Service 21% Level 3 Community Pharmacy 62% Hospital Smoking Cessation Service 	Q3 25/26	40%	32% (Q2 25/26) Below target	Q1	Q2	Q3	Q4
					38% (Q1 25/26)	32% (Q2 25/26)	32% (Q3 25/26)	



[Return to Main Menu](#)

Performance Framework and Chair's objectives

[Return to Section Menu](#)

Substance misuse

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
3.	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)* <i>This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. The measure may also include other services outside Cardiff and Vale, but where the client resides in Cardiff and Vale.</i>	Q4 2025/26	80%	Q4 80.36%				
					68.70%	78.73%	83.44%	80.36%

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

Other measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Q1	Q2	Q3	Q4
n/a	Percentage of people who have been referred to health board and health board commissioned services who have completed treatment for substance misuse (drugs or alcohol). This measure includes health board and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service).	Q4 2025/26	4 quarter improvement trend	Q4 80.18%				
					80.47%	75.50%	88.44%	80.18%
	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol).	Q4 2025/26	4 quarter improvement trend	Q4 93.55%	95.52%	87.76%	87.14%	93.55%



[Return to Main Menu](#)

Performance Framework and Chair's objectives

[Return to Section Menu](#)

Immunisation and vaccination

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
					Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
4.	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	Oct-Dec 25	95%	83.6%	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
					84.6%	85.6%	83.6%	85.3%
5.	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	Oct-Dec 25	90%	72.6%	Q1	Q2	Q3	Q4
					68.8%	71.3%	72.6%	74.9%
6.	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over <i>Applicable during: 01.09.2025 - 31.03.2026</i>	1 Oct 25 – 31 Mar 26	75%	71.6%	25/11/25	08/01/26	09/02/26	3/3/26
					63.6%	69.5%	70.5%	71.6%
7.	Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old <i>Uptake of RSV immunisation in those reaching their 75th birthday between 1st September 2024 and 31st August 2025 (first year routine cohort)</i>	1.9.24 - ongoing	70%	59.7%	Nov 25	Dec 25	Jan 25	Feb 26
					56%	56.7%	57.3%	59.7%



[Return to Main Menu](#)

Performance Framework and Chair's objectives

[Return to Section Menu](#)

Diabetes

NHS Wales Performance Framework measure

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend			
9.	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months	March 26	80%	69.52%	Nov 25	Dec 25	Jan 26	Feb 26
					69.02%	69.05%	68.24%	68.98%
10.	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months	March 26	80%	64.68%	Nov 25	Dec 25	Jan 26	Feb 26
					63.64%	63.3%	62.9%	63.78%



[Return to Main Menu](#)

Performance Framework and Chair's objectives

[Return to Section Menu](#)

Screening

NHS Wales Performance Framework measures

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
8.	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	Dec-25	90%	44.70% Below standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>6.7%</td> <td>8.3%</td> <td>12.3%</td> <td>44.7%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	6.7%	8.3%	12.3%	44.7%
Sep-25	Oct-25	Nov-25	Dec-25										
6.7%	8.3%	12.3%	44.7%										
9.	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Dec-25	90%	93.40% Above standard	<table border="1"> <tr> <td>Sep-25</td> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> </tr> <tr> <td>96.8%</td> <td>93.8%</td> <td>99.2%</td> <td>93.4%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	96.8%	93.8%	99.2%	93.4%
Sep-25	Oct-25	Nov-25	Dec-25										
96.8%	93.8%	99.2%	93.4%										
10.	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jan-26	95%	97.60% Above standard	<table border="1"> <tr> <td>Oct-25</td> <td>Nov-25</td> <td>Dec-25</td> <td>Jan-26</td> </tr> <tr> <td>96.0%</td> <td>100.0%</td> <td>97.6%</td> <td>97.6%</td> </tr> </table>	Oct-25	Nov-25	Dec-25	Jan-26	96.0%	100.0%	97.6%	97.6%
Oct-25	Nov-25	Dec-25	Jan-26										
96.0%	100.0%	97.6%	97.6%										



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary, Community and Out of Hospital Care</p>	<p>Urgent Primary Care Centre Utilisation – Maintain 90% utilisation In March utilisation was 96%, this is above our commitment. We have made changes to the model, combining face to face consultations and use of the triage service within the reporting</p>	<p>Mar-26</p>	<p>96% utilisation Above standard</p>	
<p>Emergency Department and Same Day Emergency Care</p>	<p>Ambulance handover delays – eliminate 2-hour delays. Reduce 1-hour delays to <365 per month from Q1, < 400 per month in Q4 In April we reported 5 2-hour ambulance delays, despite operation pressures in-month. In April we reported 91 1-hour ambulance delays, an increase from March but below our commitment of <365</p> <p>In April lost minutes per arrival increased to 12, this is still a significant improvement since the summer reflecting the implementation of the W45 protocols as discussed in the accompanying paper</p> <p>ED waits - No patients waiting >24 hours in ED, <700 patients waiting <12 hours in ED per month in Q1 and Q4, <650 in Q2 and Q3 In April we reported a decrease in patients waiting 12-hours in EU compared to March. This equates to 92% of attendances waiting less than 12-hours and below our ambition</p> <p>SDEC units In April we reported a decrease in activity compared to March, but an increase from April 2025 activity.</p>	<p>Apr-26</p> <p>Apr-26</p> <p>Apr-26</p>	<p>5 2-hour delays Above standard</p> <p>91 1-hour delays Below standard</p> <p>12 minutes lost/arrival Above standard</p> <p>92% patients <12h Below standard</p> <p>1946 SDEC attends Above standard</p>	
<p>Reducing time in hospital and Continuity of Care</p>	<p>Length of stay - <20% patients in acute beds to have a LOS >21 days, <40% patients in acute beds to have a LOS >7 days This data is a monthly snapshot taken at on the final Friday of each month. At the end of February 58.9% of patients in acute beds had a LOS of >7 days, 32.0% >21 days – a deterioration in 7d LOS from January. See paper for POCD update</p> <p>Pathway of Care Delays – <160 delayed patients each month In March 2026 the number of POCDs was 156, a decrease from February</p>	<p>Mar-26</p> <p>Mar-26</p>	<p>58.3% >7d Above standard</p> <p>30.2% >21d Above standard</p> <p>156 Below standard</p>	



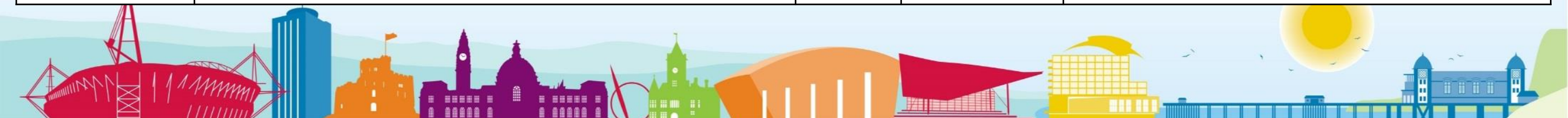
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>High Impact Pathways - Stroke</p>	<p>CT scan – 70% of patients scanned within 1 hour of arrival at EU In March 52.5% of patients were received their CT scan within 1 hour of arrival at EU, an increase from January</p> <p>Thrombolysis – 20% thrombolysis rate In March 9.8% of stroke patients were thrombolysed, a decrease from February and below the standard, but remains increased from historic performance. We are clinically reviewing internally and working with colleagues from NHS Executive</p> <p>Admission – 80 % of patients admitted directly to the stroke unit within 4 hours In March 45.8% of patients were admitted directly to the Stroke Unit within 4 hours. Door-to-ward compliance and CT performance were impacted by operational pressures within the Emergency Unit</p> <p>Our door-to-ward and CT Stoke performance measures are below our ambitions for performance on the stroke pathway. We have seen considerable improvements compared to last year – a business case for development of the service has been approved and recruitment has taken place to embed changes to the acute pathway – we continue to bring multidisciplinary colleagues together for stroke summits to review the pathways across services</p>	<p>Mar-26</p>	<p>52.5% CT Below standard</p> <p>9.8% Thrombolysis Below standard</p> <p>45.8% Door-to-ward Below standard</p>	<p>The data charts for the stroke pathway show the following trends:</p> <ul style="list-style-type: none"> CT Scan within 1 hour: Performance fluctuates between approximately 40% and 60% over the period, consistently remaining below the 70% standard. Stroke patient thrombolysis rate: Performance shows a significant peak in November 2025 (around 22%) but falls below the 20% standard in March 2026. Direct admission to stroke unit within 4 hours: Performance is generally between 40% and 70%, with a notable dip in January 2025, and remains below the 80% standard.
<p>High Impact pathways – Hip fracture</p>	<p>Hip Fracture Door to Ward time is the first KPI used by the National Hip Fracture Database to monitor national performance across the patient pathway. In February our annualised compliance showed 26.9% of patients were admitted to the ward within 4 hours. This is below our ambition but well above the national average of 10.5%.</p>	<p>Feb-26</p>	<p>26.9% (Annualised) Below standard</p>	<p>The chart for 'Admitted within 4 hours' shows performance consistently below the standard. Performance starts around 40% in September 2024 and ends at 26.9% in February 2026, while the standard is set at approximately 75%.</p>

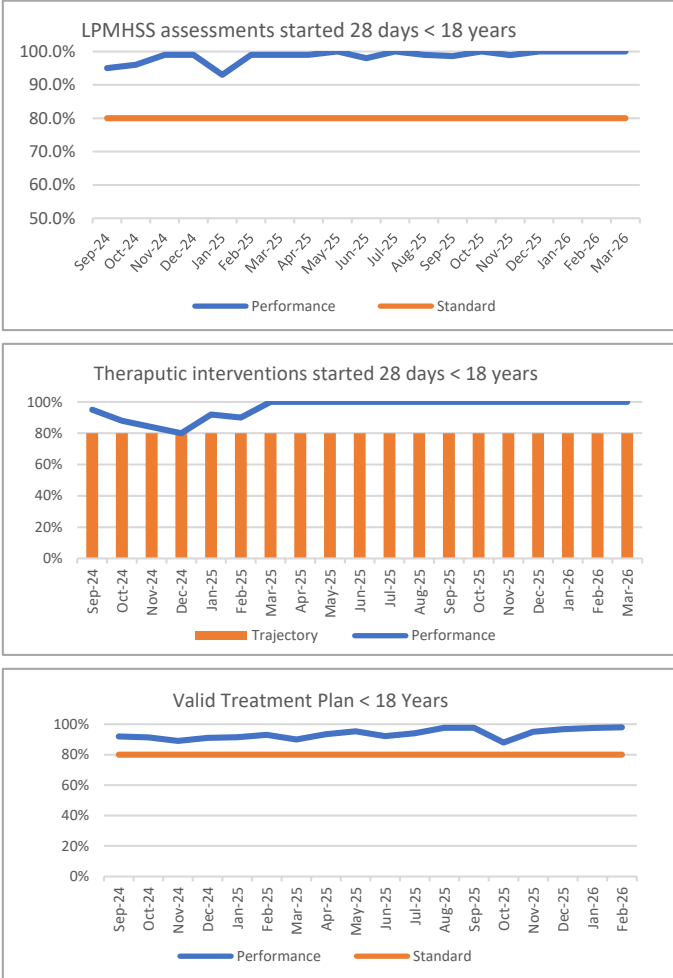


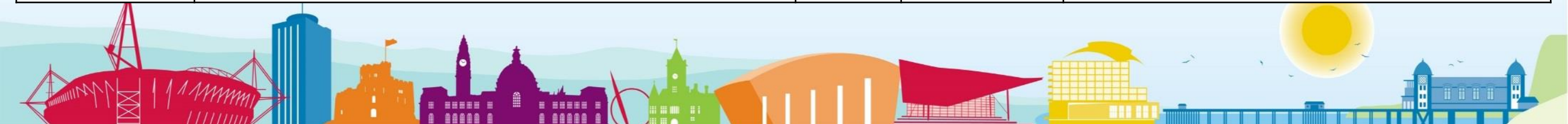
Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Primary and Community Care</p>	<p>GMS access – 100% of practices achieving core access standards In January 100% of practices met the standard – the official data is provided annually but our monthly tracking data will be updated here for information</p> <p>GDS access – 25% of contract value by end Q1, 50% Q2, 75% Q3, 100% Q4 At the end of March 2026 104% of the contract value had been delivered</p> <p>Pharmacy access – >2185 accessing Pharmacy Independent Prescriber service In March 100% of practices were providing CCPS services, providing 3,289 PIPS consultations</p> <p>Optometry – 95% of practices providing WGOS1+2 All practices are currently providing WGOS 1&2</p>	<p>Mar-26</p> <p>Mar-26</p>	<p>100% At standard</p> <p>104% Above standard (Apr-25 – Mar-26)</p> <p>3,289 Above standard</p> <p>100% Above standard</p>	<p>GDS Contract Value Fulfillment</p>
<p>Cancer</p>	<p>Single Cancer Pathway – 75% of patients to receive their first definitive treatment within 62 days by Q4 In March, 63.2% of patients received their first definitive treatment within 62 days. This is below our ambition, additional detail noted in accompanying paper</p>	<p>Mar-26</p>	<p>63.2% Below standard</p>	<p>% cancer patients starting treatment within 62 days</p>



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Outpatient and Treatment waiting times</p>	<p>Outpatient waiting times – Reduction in the number of patients waiting 52 weeks for a first outpatient appointment In April there were 5,790 patients waiting 52 weeks for their first outpatient appointment. This is improved from March, additional actions are outlined in the cover paper</p> <p>Treatment waiting times – Reduction in the number of patients waiting 104 weeks for treatment In April there were 782 patients waiting 104 weeks for treatment. This is an increase from March, in line with our forecast.</p>	<p>Apr-26</p>	<p>5,790 patients Below standard</p> <p>782 patients Below standard</p>	
<p>Diagnostics and Therapies</p>	<p>Diagnostics – Reduction in the number of patients waiting over 8 weeks for a specified diagnostic In April 7,913 patients were waiting over 8 weeks for a specified diagnostic, A increase from March. Improvement in the radiology position this month, with NOUS waits also notably reduced.</p> <p>Therapies – National standard of zero 14 week waits In April 782 patients were waiting over 14 weeks for therapies, An increase from March. Breaches are concentrated in OT, Dietetics and Physiotherapy and team are working to bring the specific services back into balance. Physiotherapy has seen a significant reduction in waits since Q3 24/25. We are in discussions with Welsh Government about solutions to reduce therapy waits across our services</p>	<p>Apr-26</p>	<p>7,913 patients Diagnostics Above standard</p> <p>782 patients Therapies Above standard</p>	



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Paediatric waiting times</p>	<p>New Outpatient waits – 0 patients waiting over 52 weeks for outpatients in Q1 In April there were 0 patients waiting over 52 weeks for a new outpatient appointment</p>	<p>Apr-26</p>	<p>0 Meeting standard</p>	
<p>Emotional Health and Wellbeing</p>	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for under 18s – 80% compliance with the Standard of <28 days In March 100% of assessments were completed within 28 days</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for under 18s – 80% compliance with standard In March 100% of interventions were started within 28 days, this is above the standard for Q3 and in line with the forecasts for the early part of this year</p> <p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard In March 98.7% of patients had a valid Care and Treatment Plan, above our ambition</p>	<p>Mar-26</p>	<p>100% Part 1a Above standard</p> <p>100% Part 1b Above standard</p> <p>98.7% Part 2 Above standard</p>	 <p>The data section contains three charts:</p> <ul style="list-style-type: none"> LPMHSS assessments started 28 days < 18 years: A line chart showing performance (blue line) fluctuating between approximately 95% and 100% against a standard (orange line) of 80% from Sep-24 to Mar-26. Therapeutic interventions started 28 days < 18 years: A bar chart showing performance (blue line) consistently at 100% against a standard (orange bars) of 80% from Sep-24 to Mar-26. Valid Treatment Plan < 18 Years: A line chart showing performance (blue line) consistently above 98% against a standard (orange line) of 80% from Sep-24 to Mar-26.



Priority	Performance Summary	Reporting Period	Performance against standard	Data																																																												
Mental Health Measures – Part 1a	<p>Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over – 80% compliance with the Standard of <28 days</p> <p>In March 99.5% of patients received their assessment within 28 days. Referrals to the service remain high.</p>	Mar-26	99.5% Part 1a Above standard	<p>LPMHSS assessments started 28 days - Adults</p> <table border="1"> <caption>Approximate data for LPMHSS assessments started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>20</td><td>80</td></tr> <tr><td>Oct-24</td><td>20</td><td>80</td></tr> <tr><td>Nov-24</td><td>25</td><td>80</td></tr> <tr><td>Dec-24</td><td>30</td><td>80</td></tr> <tr><td>Jan-25</td><td>40</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>50</td><td>80</td></tr> <tr><td>Apr-25</td><td>30</td><td>80</td></tr> <tr><td>May-25</td><td>30</td><td>80</td></tr> <tr><td>Jun-25</td><td>50</td><td>80</td></tr> <tr><td>Jul-25</td><td>90</td><td>80</td></tr> <tr><td>Aug-25</td><td>95</td><td>80</td></tr> <tr><td>Sep-25</td><td>95</td><td>80</td></tr> <tr><td>Oct-25</td><td>100</td><td>80</td></tr> <tr><td>Nov-25</td><td>100</td><td>80</td></tr> <tr><td>Dec-25</td><td>100</td><td>80</td></tr> <tr><td>Jan-26</td><td>100</td><td>80</td></tr> <tr><td>Feb-26</td><td>100</td><td>80</td></tr> <tr><td>Mar-26</td><td>100</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Sep-24	20	80	Oct-24	20	80	Nov-24	25	80	Dec-24	30	80	Jan-25	40	80	Feb-25	100	80	Mar-25	50	80	Apr-25	30	80	May-25	30	80	Jun-25	50	80	Jul-25	90	80	Aug-25	95	80	Sep-25	95	80	Oct-25	100	80	Nov-25	100	80	Dec-25	100	80	Jan-26	100	80	Feb-26	100	80	Mar-26	100	80
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Mental Health Measures – Part 1b	<p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults – 80% compliance with standard</p> <p>In March 100% of therapeutic interventions were started within 28 days of assessment, above the standard and in line with our trajectory submitted to Welsh Government.</p>	Mar-26	100% Part 1b Above standard	<p>Therapeutic interventions started 28 days - Adults</p> <table border="1"> <caption>Approximate data for Therapeutic interventions started 28 days - Adults</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>100</td><td>80</td></tr> <tr><td>Oct-24</td><td>100</td><td>80</td></tr> <tr><td>Nov-24</td><td>100</td><td>80</td></tr> <tr><td>Dec-24</td><td>100</td><td>80</td></tr> <tr><td>Jan-25</td><td>100</td><td>80</td></tr> <tr><td>Feb-25</td><td>100</td><td>80</td></tr> <tr><td>Mar-25</td><td>100</td><td>80</td></tr> <tr><td>Apr-25</td><td>100</td><td>80</td></tr> <tr><td>May-25</td><td>100</td><td>80</td></tr> <tr><td>Jun-25</td><td>100</td><td>80</td></tr> <tr><td>Jul-25</td><td>100</td><td>80</td></tr> <tr><td>Aug-25</td><td>100</td><td>80</td></tr> <tr><td>Sep-25</td><td>100</td><td>80</td></tr> <tr><td>Oct-25</td><td>95</td><td>80</td></tr> <tr><td>Nov-25</td><td>100</td><td>80</td></tr> <tr><td>Dec-25</td><td>100</td><td>80</td></tr> <tr><td>Jan-26</td><td>100</td><td>80</td></tr> <tr><td>Feb-26</td><td>100</td><td>80</td></tr> <tr><td>Mar-26</td><td>100</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Sep-24	100	80	Oct-24	100	80	Nov-24	100	80	Dec-24	100	80	Jan-25	100	80	Feb-25	100	80	Mar-25	100	80	Apr-25	100	80	May-25	100	80	Jun-25	100	80	Jul-25	100	80	Aug-25	100	80	Sep-25	100	80	Oct-25	95	80	Nov-25	100	80	Dec-25	100	80	Jan-26	100	80	Feb-26	100	80	Mar-26	100	80
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Mental Health Measures – Part 2	<p>Percentage of patients with a valid Care and Treatment plan – 80% compliance with standard</p> <p>In March 71.9% of patients had a valid Care and Treatment plan, below standard, but in line with our improvement trajectory. Additional information is provided in the paper</p>	Mar-26	71.9% Part 2 Below standard	<p>Adults with a Valid CPT</p> <table border="1"> <caption>Approximate data for Adults with a Valid CPT</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Standard (%)</th> </tr> </thead> <tbody> <tr><td>Sep-24</td><td>60</td><td>80</td></tr> <tr><td>Oct-24</td><td>60</td><td>80</td></tr> <tr><td>Nov-24</td><td>60</td><td>80</td></tr> <tr><td>Dec-24</td><td>58</td><td>80</td></tr> <tr><td>Jan-25</td><td>58</td><td>80</td></tr> <tr><td>Feb-25</td><td>58</td><td>80</td></tr> <tr><td>Mar-25</td><td>55</td><td>80</td></tr> <tr><td>Apr-25</td><td>55</td><td>80</td></tr> <tr><td>May-25</td><td>55</td><td>80</td></tr> <tr><td>Jun-25</td><td>55</td><td>80</td></tr> <tr><td>Jul-25</td><td>55</td><td>80</td></tr> <tr><td>Aug-25</td><td>58</td><td>80</td></tr> <tr><td>Sep-25</td><td>58</td><td>80</td></tr> <tr><td>Oct-25</td><td>58</td><td>80</td></tr> <tr><td>Nov-25</td><td>62</td><td>80</td></tr> <tr><td>Dec-25</td><td>65</td><td>80</td></tr> <tr><td>Jan-26</td><td>65</td><td>80</td></tr> <tr><td>Feb-26</td><td>62</td><td>80</td></tr> <tr><td>Mar-26</td><td>71.9</td><td>80</td></tr> </tbody> </table>	Month	Performance (%)	Standard (%)	Sep-24	60	80	Oct-24	60	80	Nov-24	60	80	Dec-24	58	80	Jan-25	58	80	Feb-25	58	80	Mar-25	55	80	Apr-25	55	80	May-25	55	80	Jun-25	55	80	Jul-25	55	80	Aug-25	58	80	Sep-25	58	80	Oct-25	58	80	Nov-25	62	80	Dec-25	65	80	Jan-26	65	80	Feb-26	62	80	Mar-26	71.9	80
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Feb-26	62	80																																																														
Mar-26	71.9	80																																																														



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
11.	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100% At standard	<table border="1"> <tr> <td>19/20</td> <td>20/21</td> <td>21/22</td> <td>22/23</td> </tr> <tr> <td>93.4%</td> <td>95.0%</td> <td>96.5%</td> <td>98.2%</td> </tr> </table>	19/20	20/21	21/22	22/23	93.4%	95.0%	96.5%	98.2%
19/20	20/21	21/22	22/23										
93.4%	95.0%	96.5%	98.2%										
12.	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Feb-26	Improvement compared to the same month in the previous year	44.2% Above standard	<table border="1"> <tr> <td>Nov-25</td> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> </tr> <tr> <td>45.0%</td> <td>44.8%</td> <td>43.8%</td> <td>44.2%</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	45.0%	44.8%	43.8%	44.2%
Nov-25	Dec-25	Jan-26	Feb-26										
45.0%	44.8%	43.8%	44.2%										
13.	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Apr-25 - Mar-26	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	96.2% Above standard	<table border="1"> <tr> <td>Apr-25 to Dec-25</td> <td>Apr-25 to Jan-26</td> <td>Apr-25 to Feb-26</td> <td>Apr-25 to Mar-26</td> </tr> <tr> <td>73.0%</td> <td>87.1%</td> <td>96.2%</td> <td>104.7%</td> </tr> </table>	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26	73.0%	87.1%	96.2%	104.7%
Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26										
73.0%	87.1%	96.2%	104.7%										
14.	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Feb-26	Increase compared to the same month in the previous year	2967 Above standard	<table border="1"> <tr> <td>Nov-25</td> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> </tr> <tr> <td>2723</td> <td>3035</td> <td>2982</td> <td>2967</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	2723	3035	2982	2967
Nov-25	Dec-25	Jan-26	Feb-26										
2723	3035	2982	2967										
15.	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Mar-26	80%	100% Above standard	<table border="1"> <tr> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> <td>Mar-26</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	100.0%	100.0%	100.0%	100.0%
Dec-25	Jan-26	Feb-26	Mar-26										
100.0%	100.0%	100.0%	100.0%										
16.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	Mar-26	80%	100% Above standard	<table border="1"> <tr> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> <td>Mar-26</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	100.0%	100.0%	100.0%	100.0%
Dec-25	Jan-26	Feb-26	Mar-26										
100.0%	100.0%	100.0%	100.0%										
17.	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	Mar-26	80%	99.5% Above standard	<table border="1"> <tr> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> <td>Mar-26</td> </tr> <tr> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>99.5%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	100.0%	100.0%	100.0%	99.5%
Dec-25	Jan-26	Feb-26	Mar-26										
100.0%	100.0%	100.0%	99.5%										
18.	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	Mar-26	80%	100% Above standard	<table border="1"> <tr> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> <td>Mar-26</td> </tr> <tr> <td>99.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	99.0%	100.0%	100.0%	100.0%
Dec-25	Jan-26	Feb-26	Mar-26										
99.0%	100.0%	100.0%	100.0%										
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes – WAST response to red calls has been reviewed and they are no longer reporting this metric	Jun-25	65%	50% Below standard	<table border="1"> <tr> <td>Mar-25</td> <td>Apr-25</td> <td>May-25</td> <td>Jun-25</td> </tr> <tr> <td>50%</td> <td>51%</td> <td>50%</td> <td>50%</td> </tr> </table>	Mar-25	Apr-25	May-25	Jun-25	50%	51%	50%	50%
Mar-25	Apr-25	May-25	Jun-25										
50%	51%	50%	50%										
20.	Median emergency response time to amber calls	Mar-26	12 month reduction trend	01:16:38 Above standard	<table border="1"> <tr> <td>Dec-25</td> <td>Jan-26</td> <td>Feb-26</td> <td>Mar-26</td> </tr> <tr> <td>01:55:43</td> <td>02:07:24</td> <td>01:06:59</td> <td>01:16:38</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	01:55:43	02:07:24	01:06:59	01:16:38
Dec-25	Jan-26	Feb-26	Mar-26										
01:55:43	02:07:24	01:06:59	01:16:38										



No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
21.	Median time from arrival at an emergency department to triage by a clinician	Feb-26	15 minutes or less	6 Below standard	<table border="1"> <tr> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> </tr> <tr> <td>5</td> <td>5</td> <td>4</td> <td>6</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	5	5	4	6
Nov-25	Dec-25	Jan-26	Feb-26										
5	5	4	6										
22.	Median time from arrival at an emergency department to assessment by a clinical decision maker	Feb-26	60 minutes or less	71 Above standard	<table border="1"> <tr> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> </tr> <tr> <td>78</td> <td>73</td> <td>64</td> <td>71</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	78	73	64	71
Nov-25	Dec-25	Jan-26	Feb-26										
78	73	64	71										
23.	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Apr-26	Improvement compared to the same month in the previous year, towards the national target of 95%	61.8% Below standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>60.1%</td> <td>59.2%</td> <td>60.8%</td> <td>61.8%</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	60.1%	59.2%	60.8%	61.8%
Jan-26	Feb-26	Mar-26	Apr-26										
60.1%	59.2%	60.8%	61.8%										
24.	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Apr-26	Reduction compared to the same month in the previous year, towards the national target of zero	945 Above standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>1083</td> <td>972</td> <td>967</td> <td>945</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	1083	972	967	945
Jan-26	Feb-26	Mar-26	Apr-26										
1083	972	967	945										
25.	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Mar-26	12 month improvement trend towards a national target of 80% by 31 March 2026	63.2% Below standard	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> </tr> <tr> <td>59.0%</td> <td>56.1%</td> <td>54.4%</td> <td>63.2%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	59.0%	56.1%	54.4%	63.2%
Dec-25	Jan-26	Feb-26	Mar-26										
59.0%	56.1%	54.4%	63.2%										
26.	Number of patients waiting more than 8 weeks for a specified diagnostic	Apr-26	0	7,913 Below standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>10925</td> <td>9544</td> <td>6432</td> <td>7913</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	10925	9544	6432	7913
Jan-26	Feb-26	Mar-26	Apr-26										
10925	9544	6432	7913										
27.	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-26	100%	69.43% Below standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>59.02%</td> <td>62.48%</td> <td>67.11%</td> <td>69.43%</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	59.02%	62.48%	67.11%	69.43%
Jan-26	Feb-26	Mar-26	Apr-26										
59.02%	62.48%	67.11%	69.43%										
28.	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Apr-26	0	782 Above standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>910</td> <td>942</td> <td>830</td> <td>782</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	910	942	830	782
Jan-26	Feb-26	Mar-26	Apr-26										
910	942	830	782										
29.	Number of patients (all ages) waiting more than 14 weeks for audiology	Apr-26	0	1,812 Above standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>1677</td> <td>1821</td> <td>1823</td> <td>1812</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	1677	1821	1823	1812
Jan-26	Feb-26	Mar-26	Apr-26										
1677	1821	1823	1812										



[Return to Main Menu](#)

NHS Wales Performance Framework Measures

[Return to Section Menu](#)

No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
30.	Number of patients waiting more than 52 weeks for a new outpatient appointment	Apr-26	0	5,790 Above standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>9435</td> <td>7477</td> <td>6064</td> <td>5790</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	9435	7477	6064	5790
Jan-26	Feb-26	Mar-26	Apr-26										
9435	7477	6064	5790										
31.	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Mar-26	Reduction compared to the same month in the previous year	21,682 Below standard	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> </tr> <tr> <td>28065</td> <td>28267</td> <td>28268</td> <td>29682</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	28065	28267	28268	29682
Dec-25	Jan-26	Feb-26	Mar-26										
28065	28267	28268	29682										
32.	Number of patients waiting more than 104 weeks for referral to treatment	Apr-26	0	782 Above standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>994</td> <td>861</td> <td>338</td> <td>782</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	994	861	338	782
Jan-26	Feb-26	Mar-26	Apr-26										
994	861	338	782										
33.	Number of patients waiting more than 52 weeks for referral to treatment	Apr-26	Month on month reduction towards the national target of zero by 30 June 2025	21,487 Above standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>29060</td> <td>24279</td> <td>21865</td> <td>21487</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	29060	24279	21865	21487
Jan-26	Feb-26	Mar-26	Apr-26										
29060	24279	21865	21487										
34.	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	Feb-26	80%	17.3% Below standard	<table border="1"> <tr> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> </tr> <tr> <td>17.0%</td> <td>15.9%</td> <td>15.8%</td> <td>17.3%</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	17.0%	15.9%	15.8%	17.3%
Nov-25	Dec-25	Jan-26	Feb-26										
17.0%	15.9%	15.8%	17.3%										
35.	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Mar-26	80%	70.4% Below standard	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> </tr> <tr> <td>75.6%</td> <td>75.6%</td> <td>73.8%</td> <td>70.4%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	75.6%	75.6%	73.8%	70.4%
Dec-25	Jan-26	Feb-26	Mar-26										
75.6%	75.6%	73.8%	70.4%										



[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since May-25; the rates have fallen from 8.76% at May-25 to 8.15% in Apr-26 UHB wide. There has been a net 0.62% decrease, which represents 87 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Dismissal – Capability'</p>	April 2026	
Sickness Absence	<p>The monthly sickness rate for May-26 was 5.77%. The 12-month cumulative sickness absence rate for Apr-26 is 6.40%, which is a reduction from 6.46% in Nov-25 but an increase since May-25 from 6.34%. By comparison with 24/25 the in-month position has improved from Dec-25 (7.09%) through to Apr-26 (5.77%). Whilst the downward trend indicates a positive movement, it is too early to say whether this improvement will continue month on month - therefore impacting the cumulative rate positively. We will continue to monitor the monthly % with an aim to achieve the reduction month on month.</p>	April 2026	
Statutory and Mandatory Training	<p>The overall compliance rates fell for Apr-26 to 80.68%, 4.32% below the overall target. The addition of recording Welsh language skills as mandatory requirements has led to this drop; it is hoped that this will be a temporary issue as staff record their Welsh language skills. The compliance for All Wales Genomics Service, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are above the 85% target; and Corporate Executives, PCIC and Children & Women's are above 80% compliance.</p> <p>The compliance with Fire training has risen to 75.47% at Apr-26. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p> <p>Weekly monitoring of compliance with statutory Fire training commenced during February, with the intention of significantly improving compliance rates.</p>	April 2026	
Values Based Appraisal (VBA)	<p>VBA compliance has risen for Apr-26, to 74.38%. Clinical Boards are currently below the 85% target rate. Weekly monitoring of compliance with VBA commenced during February, with the intention of significantly improving compliance rates.</p>	April 2026	
Employee Relations	<p>The graph opposite shows an increase in formal employee relations cases over the last 12 months and the number of disciplinary cases remains above the UHB target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p> <p>The UHB currently has nine staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. All cases are reviewed monthly to ensure that suspension/exclusion remains the appropriate course of action.</p>	April 2026	



Priority	Performance Summary	Reported Period	Data
<p>Job Plans</p>	<p>Management teams continue to prioritise job planning, with targeted focus on services where compliance remains lower. Overall compliance continues to move steadily toward the Welsh Government target of 90% and at Mar-26 was 841.65%.</p> <p>From April 2026 the NHS Wales Medical Directors agreed a revised compliance methodology. This will take some time to implement, so an updated compliance chart will be included in the next report.</p>	<p>March 2026</p>	
<p>Medical Appraisals</p>	<p>The rate of compliance with Medical Appraisal fell to 84.02% for Apr-26, slightly below the 85% target.</p>	<p>April 2026</p>	
<p>Staff in Post</p>	<p>The overall Health Board Staffing Numbers have fallen in the last 12 months by 362 WTE, to 15,045 WTE at Apr-26.</p>	<p>April 2026</p>	
<p>Variable Pay (Bank, Agency, Overtime..)</p>	<p>The 12-month trend of proportion of pay bill spend on variable pay (Bank, Agency, overtime etc.) is rising slightly, to 6.57% of the total pay bill at Apr-26.</p>	<p>April 2026</p>	
<p>Staff Winter Vaccination Programme</p>	<p>The winter flu vaccination programme for 2025-26 commenced in Sep-25. At the close of the scheme, Mar-26, the vaccination rate was 44.20%, against a target of 75%.</p>	<p>March 2026</p>	
<p>Agency Spend as % of Total Pay Bill</p>	<p>The proportion of the total pay bill attributed to Agency for May-25 was 0.39% of the total spend on pay and was 0.54% at Apr-26.</p>	<p>April 2026</p>	



Section 2: Performance Report

Quadruple Aim 3: People and Culture

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment 'Time to Hire' (the time interval between vacancy creation and successful candidate ready for start date) is 71 days. At Apr-26 the average time to hire is 94 days, compared to an all-Wales average of 62 days.	April 2026	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days. The position for Apr-26 was 9.2 days, compared with the NHS Wales average of 6.5 days.	April 2026	
Exit Questionnaire Completion	At Mar-25 the return rate of exit questionnaires was 19%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Jun-26. The Leaver Survey Improvement Plan focuses on clearer communication, better manager engagement, monthly invitations to leavers, and sharing insights more regularly. It includes all-manager emails, management programme updates, Business Partner engagement, and launching the Retention SharePoint page with quarterly themed insights.	March 2025	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Apr-26 the rate was 1.27%, by comparison with a nominal 5% target. ESR position data continues to be validated.	April 2026	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Apr-26, 37.14% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	April 2026	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 26.96% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this, including making the recording of skills a mandatory requirement in ESR. At Apr-26, 8.13% of staff have identified their Welsh Skills as between level 2 and level 5.	April 2026	

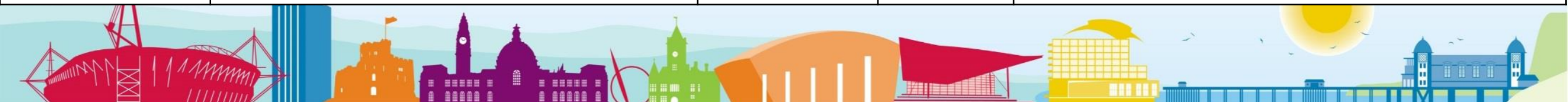


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend										
36.	Percentage of sickness absence rate of staff (In-month)	April 2026	5.50%	5.77%	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>7.10%</td> <td>6.68%</td> <td>6.24%</td> <td>5.90%</td> <td>5.77%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	7.10%	6.68%	6.24%	5.90%	5.77%
Dec-25	Jan-26	Feb-26	Mar-26	Apr-26											
7.10%	6.68%	6.24%	5.90%	5.77%											
37.	Percentage of sickness absence rate of staff (12-month cumulative)	April 2026	5.50%	6.40%	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>6.43%</td> <td>6.41%</td> <td>6.42%</td> <td>6.38%</td> <td>6.40%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	6.43%	6.41%	6.42%	6.38%	6.40%
Dec-25	Jan-26	Feb-26	Mar-26	Apr-26											
6.43%	6.41%	6.42%	6.38%	6.40%											
38.	Staff turnover	April 2026	7%-9%	8.15%	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>8.19%</td> <td>8.06%</td> <td>8.04%</td> <td>8.15%</td> <td>8.15%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	8.19%	8.06%	8.04%	8.15%	8.15%
Dec-25	Jan-26	Feb-26	Mar-26	Apr-26											
8.19%	8.06%	8.04%	8.15%	8.15%											
39.	Agency spend as a percentage of the total pay bill.	April 2026	12-month reduction trend	0.54%	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>0.54%</td> <td>0.52%</td> <td>0.50%</td> <td>0.39%</td> <td>0.54%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	0.54%	0.52%	0.50%	0.39%	0.54%
Dec-25	Jan-26	Feb-26	Mar-26	Apr-26											
0.54%	0.52%	0.50%	0.39%	0.54%											
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	April 2026	85%	74.98%	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>72.77%</td> <td>74.28%</td> <td>73.48%</td> <td>74.12%</td> <td>74.98%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	72.77%	74.28%	73.48%	74.12%	74.98%
Dec-25	Jan-26	Feb-26	Mar-26	Apr-26											
72.77%	74.28%	73.48%	74.12%	74.98%											



Priority	Performance Summary	Reporting Period	Performance against standard	Data												
Concerns 30-day performance	<p>Welsh Government target for responding to concerns is 75% within 30 working days</p> <p>During March and April 26, the Health Board -March PTR and April Listening to People</p> <p>Received 706 Complaints</p> <p>PTR Regs – performance</p> <p>Closed 507 concerns 65 % closed within 30 working days (including Early Resolution) 8 % closed under Early Resolution (within 2 days including day of receipt)</p> <p>In addition Received 874 Enquiries Received 57 Compliments We currently have 422 active concerns</p> <p>Top 3 themes and trends Clinical Treatment and Assessment Delays in reporting test results Concerns around appointments (waiting times/cancellations) Communication</p>	March and April 26		<p>All Wales - Median working days for a response (includes still open concerns)</p> <p>Legend: All Concerns, Only Managed Through PTR, Only Early Resolution</p>												
Duty of Candour	<p>Themes remain as Falls Pressure Damage Lost to Follow up Delays</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Total Incidents Reported</th> <th>Total Incidents Triggered DOC</th> </tr> </thead> <tbody> <tr> <td>Feb 2026</td> <td>1848</td> <td>16</td> </tr> <tr> <td>March 2026</td> <td>1999</td> <td>11</td> </tr> <tr> <td>April 2026</td> <td>1837</td> <td>9</td> </tr> </tbody> </table>	Month	Total Incidents Reported	Total Incidents Triggered DOC	Feb 2026	1848	16	March 2026	1999	11	April 2026	1837	9	April 26		
Month	Total Incidents Reported	Total Incidents Triggered DOC														
Feb 2026	1848	16														
March 2026	1999	11														
April 2026	1837	9														

Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Patient Feedback – Civica</p>	<p>The system became operational on Friday, 28 October 2022. We are currently administering surveys to up to 1,000 patients per day via text message. Of these, 600 patients are randomly selected from general hospital activity, 200 from Emergency Unit (EU) activity, and 200 from Mental Health services. Over the past 12 months, more than 192,000 text messages have been distributed, yielding an overall response rate of 17%. (figures based on PES)</p> <p>In April, a total of 15,057 messages were sent, resulting in 2,493 completed surveys, which corresponds to a response rate of 17%. Among respondents discharged in March and April who answered the rating question, 85% reported satisfaction with the service received.</p> <p>While our current overall response rate of 17% exceeds that of many comparable organisations, we remain committed to enhancing engagement and will prioritise improvements in this area over the coming year.</p>	<p>March and April 26</p>		
<p>Patient Safety</p>	<p>In April 2026, Cardiff and Vale reported 14 NRIs and closed 19, resulting in 92 open NRIs.</p> <p>One Never Event was reported, relating to the administration of medication via the incorrect route. In response, the Patient Safety Team, in collaboration with Pharmacy, will undertake a focused programme of work on medication administration.</p> <p>Progress has been made towards the target of zero overdue NRIs and no new incidents open beyond 30 days by January 2027, and this work will continue. Refreshed Datix support sessions are also underway to strengthen incident management practice.</p>	<p>May 26</p>		



Priority	Performance Summary	Reporting Period	Performance against standard	Data
<p>Tier 1 Mortality</p>	<p>The UHB rolling annual mortality from April 2025 – March 2026 is 1.2% and has been constantly reducing for the past 12 months.</p> <p>In the past 12 months to 30 April 2026 the Medical Examiner has reviewed 3,787 deaths in Cardiff and the Vale and has returned 1044 of these reviews back to the UHB for further consideration.</p> <p>All cases are considered via a multi professional scrutiny process and are subject to further investigation through a patient safety route or through a mortality and morbidity route as required.</p>			
<p>Infection Control</p>	<p><i>Clostridioides difficile</i> – The total number of CDI cases for FY year 2025/2026 was 186, with 71 hospital onset. This number of hospital onset cases is 25 lower than this period in 2024/2025. CAV UHB had the second lowest rate of the 6 acute Health Boards in Wales.</p> <p>MRSA - The total number of MRSA cases for FY year 2025/2026 was 17, with 8 hospital onset. This number of cases is 2 higher than this period in 2024/2025. CAV UHB had the highest rate of the 6 acute Health Boards in Wales.</p> <p>MSSA - The total number of MSSA cases for FY year 2025/2026 was 131, with 51 hospital onset. This number of cases is 9 hospital onset cases fewer than this period in 2024/2025. CAV UHB had the 2nd lowest rate of the 6 acute Health Boards in Wales.</p> <p>E.coli - The total number of E.coli cases for FY year 2025/2026 was 271, with 64 hospital onset. This number of cases is 19 hospital onset cases lower than this period in 2024/2025. CAV UHB had the lowest rate of the 6 acute Health Boards in Wales.</p> <p><i>Klebsiella spp's</i> - The total number of Klebs cases for FY year 2025/2026 was 122, with 56 hospital onset. This number of cases is 9 hospital onset cases higher than this period in 2024/2025. CAV UHB had the 3rd lowest rate of the 6 acute Health Boards in Wales.</p> <p>PAER - The total number of Pseud cases for FY year 2025/2026 was 27, with 13 hospital onset. This number of cases 14 hospital onset cases lower than this period in 2024/2025. CAV UHB had the highest rate of the 6 acute Health Boards in Wales.</p>	<p>April 26</p>		

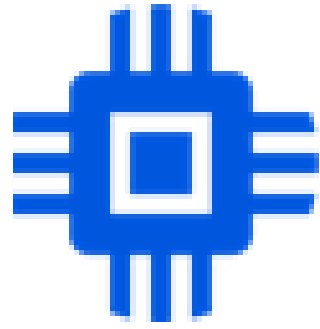


No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
40.	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Nov-25	12 month improvement trend	58.6% Below standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>68.7%</td> <td>73.4%</td> <td>57.0%</td> <td>58.6%</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	68.7%	73.4%	57.0%	58.6%
Aug-25	Sep-25	Oct-25	Nov-25										
68.7%	73.4%	57.0%	58.6%										
41.	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Nov-25	90%	78.6% Below standard	<table border="1"> <tr> <th>Aug-25</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> </tr> <tr> <td>88.2%</td> <td>31.3%</td> <td>92.6%</td> <td>78.6%</td> </tr> </table>	Aug-25	Sep-25	Oct-25	Nov-25	88.2%	31.3%	92.6%	78.6%
Aug-25	Sep-25	Oct-25	Nov-25										
88.2%	31.3%	92.6%	78.6%										
42.	Number of Pathways of Care delayed discharges	Feb-26	12 month reduction trend	164 Above standard	<table border="1"> <tr> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> </tr> <tr> <td>187</td> <td>158</td> <td>171</td> <td>164</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	187	158	171	164
Nov-25	Dec-25	Jan-26	Feb-26										
187	158	171	164										
43.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Feb-26	90%	98% Above standard	<table border="1"> <tr> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> </tr> <tr> <td>95.0%</td> <td>96.7%</td> <td>97.6%</td> <td>98.0%</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	95.0%	96.7%	97.6%	98.0%
Nov-25	Dec-25	Jan-26	Feb-26										
95.0%	96.7%	97.6%	98.0%										
44.	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	Feb-26	90%	62.3% Below standard	<table border="1"> <tr> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> </tr> <tr> <td>63.0%</td> <td>63.8%</td> <td>65.4%</td> <td>62.3%</td> </tr> </table>	Nov-25	Dec-25	Jan-26	Feb-26	63.0%	63.8%	65.4%	62.3%
Nov-25	Dec-25	Jan-26	Feb-26										
63.0%	63.8%	65.4%	62.3%										
45.	Number of service user feedback experience responses completed and recorded on CIVICA, figures lower for this period due to system failure.	Mar/Apr 26	(Some system issues)	6421	In March and April, we sent 33,746 texts								



No.Redu cing trend	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend								
46.	Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella sp</i> and; <i>Pseudomonas aeruginosa</i>	Apr-26	<i>Klebsiella sp</i> - 100 <i>P. aeruginosa</i> – 31	122 27 Below standard	Did not meet the reduction expectation target Met the reduction expectation target								
47.	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)	Apr-26	<i>E. coli</i> – 67 cases per 100,000 population <i>S. aureus</i> – 20 cases per 100,000 population	52.29 cases per 100,000 population Below Standard 28.56 cases per 100,000 population Above standard	Met the reduction expectation target Did not meet the reduction expectation target								
48.	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	Apr-26	25 cases per 100,000 population	35.89 cases per 100,000 population Above standard	Not on trajectory to achieve the reduction expectation rate								
49.	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Jan-26	Reduction compared to the same month in the previous year	30.6% On standard	<table border="1"> <tr> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> <th>Jan-26</th> </tr> <tr> <td>30.2%</td> <td>19.2%</td> <td>41.9%</td> <td>30.6%</td> </tr> </table>	Oct-25	Nov-25	Dec-25	Jan-26	30.2%	19.2%	41.9%	30.6%
Oct-25	Nov-25	Dec-25	Jan-26										
30.2%	19.2%	41.9%	30.6%										
50.	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-25	12 month improvement trend towards national target of 95%	69.7% Below standard	<table border="1"> <tr> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> <tr> <td>64.58%</td> <td>67.13%</td> <td>70.20%</td> <td>69.70%</td> </tr> </table>	Sep-25	Oct-25	Nov-25	Dec-25	64.58%	67.13%	70.20%	69.70%
Sep-25	Oct-25	Nov-25	Dec-25										
64.58%	67.13%	70.20%	69.70%										
51.	Number of ambulance patient handovers over one hour	Apr-26	0	91 Under standard	<table border="1"> <tr> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> <th>Apr-26</th> </tr> <tr> <td>181</td> <td>273</td> <td>244</td> <td>91</td> </tr> </table>	Jan-26	Feb-26	Mar-26	Apr-26	181	273	244	91
Jan-26	Feb-26	Mar-26	Apr-26										
181	273	244	91										
52.	Percentage of ambulance patient handovers within 15 minutes	Mar-26	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	15.46% Below standard	<table border="1"> <tr> <th>Dec-25</th> <th>Jan-26</th> <th>Feb-26</th> <th>Mar-26</th> </tr> <tr> <td>15.40%</td> <td>15.42%</td> <td>16.07%</td> <td>15.46%</td> </tr> </table>	Dec-25	Jan-26	Feb-26	Mar-26	15.40%	15.42%	16.07%	15.46%
Dec-25	Jan-26	Feb-26	Mar-26										
15.40%	15.42%	16.07%	15.46%										
53.	Number of National Reportable incidents that remain open 90 days or more	Feb-26	Reducing	49%	Improving position with decreasing proportion open over 90 days and 26% of all cases MBBRACE reportable and there are 120 day timescales								





Shaping Our Future

**Digital
Services**

Digital & Health Intelligence



Executive Scorecard

2026

May '26 to date

Year 2025		Current Year		Current Month	
Incidents	Requests	Incidents	Requests	Incidents	Requests
36944 Incidents Opened	60856 Requests Opened	13932 Incidents Opened	20437 Requests Opened	952 Incidents Opened	1572 Requests Opened
36461 Incidents Closed	54748 Closed Requests	12752 Incidents Closed	15834 Closed Requests	728 Incidents Closed	481 Closed Requests
483 Remaining Open	6108 Remaining Open	1180 Remaining Open	4603 Remaining Open	224 Remaining Open	1091 Remaining Open
7.29 Avg Duration (Days)	6.14 Avg Duration (Days)	3.25 Avg Duration (Days)	3.81 Avg Duration (Days)	0.21 Avg Duration (Days)	0.65 Avg Duration (Days)

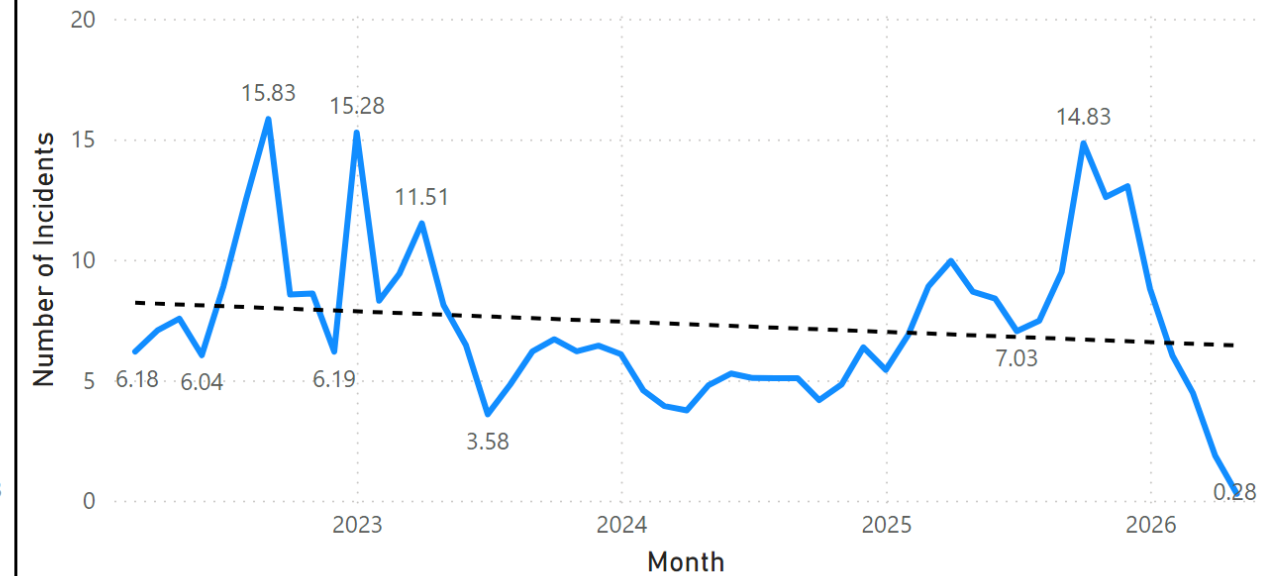
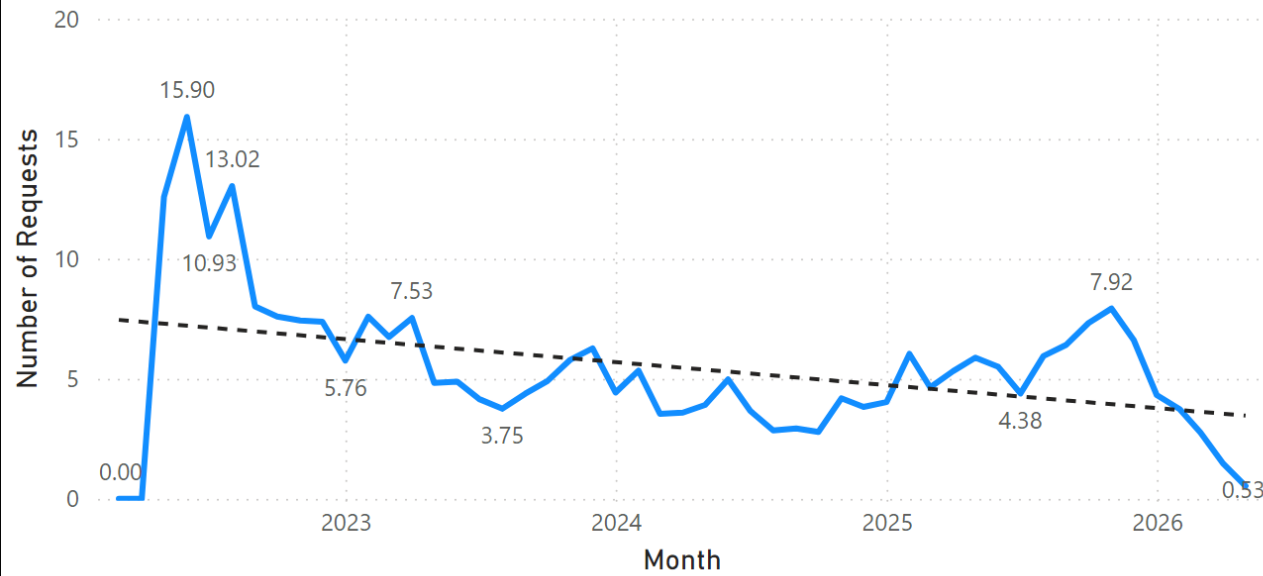
Service Desk Trending

Requests (new and additional items)

Incidents (something that was working no longer works)

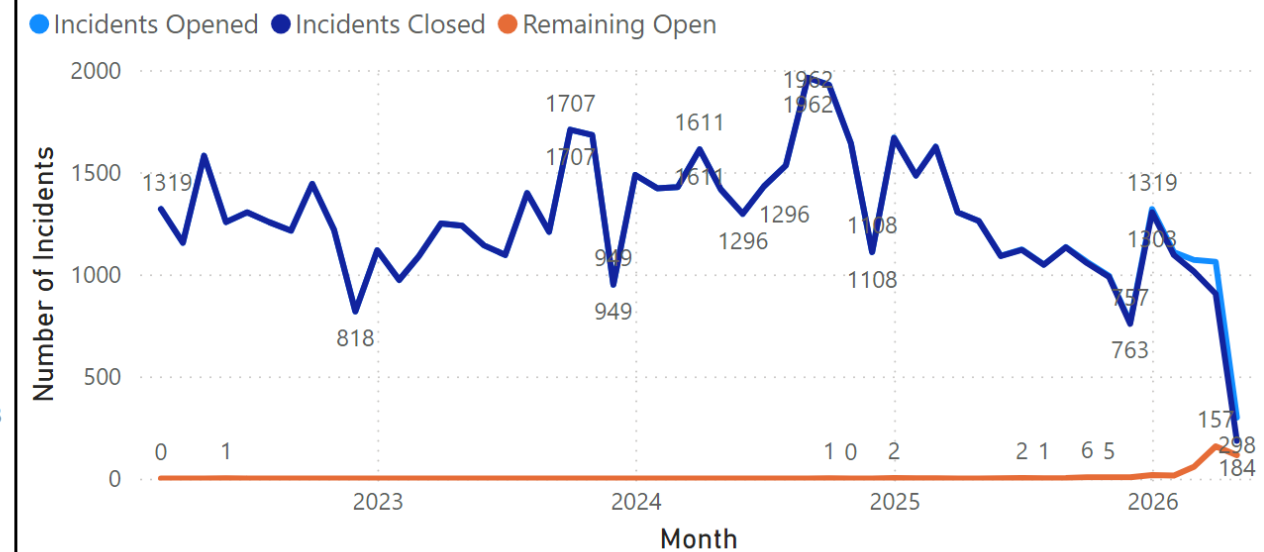
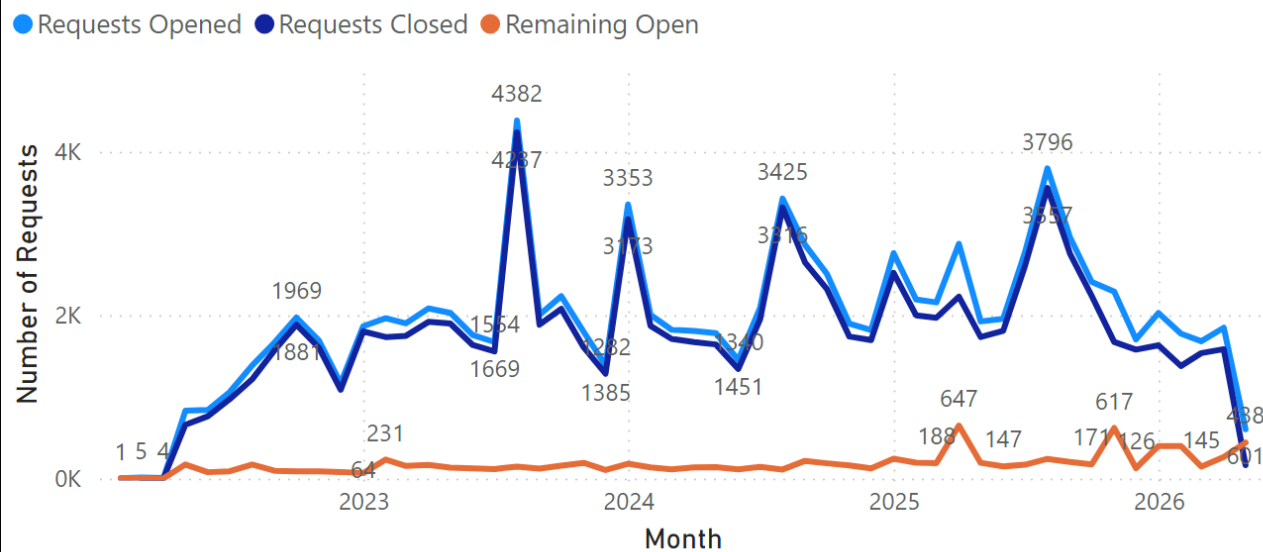
Average Duration (Days)

Average Duration (Days)



Requests Opened, Closed and Remaining Open

Incidents Opened, Closed and Remaining Open



Summary of Activity

Date by Year

2022 2023

Date By Month

January 2026
 February 2026
 March 2026
 April 2026
 May 2026

This month

13932

Incidents Opened

3.24

Avg Duration (Days)

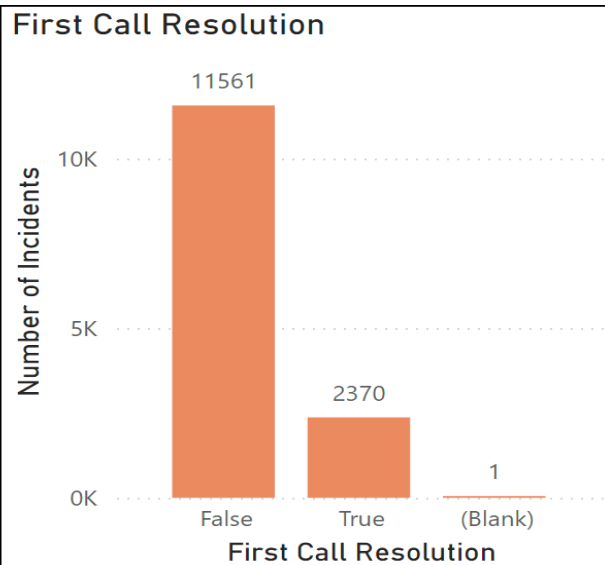
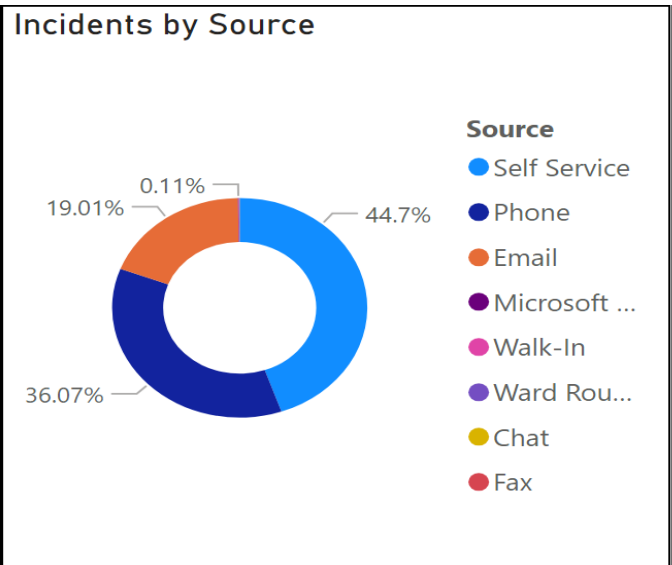
Closed this month

12752

Incidents Closed

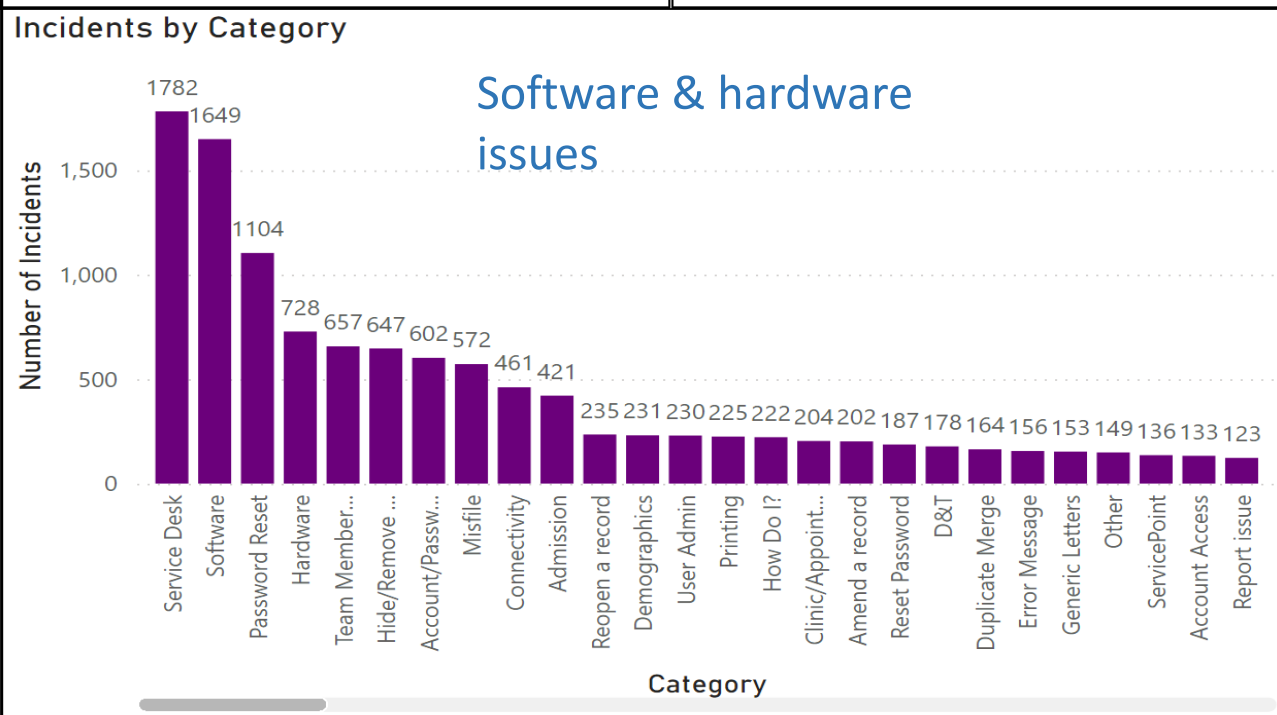
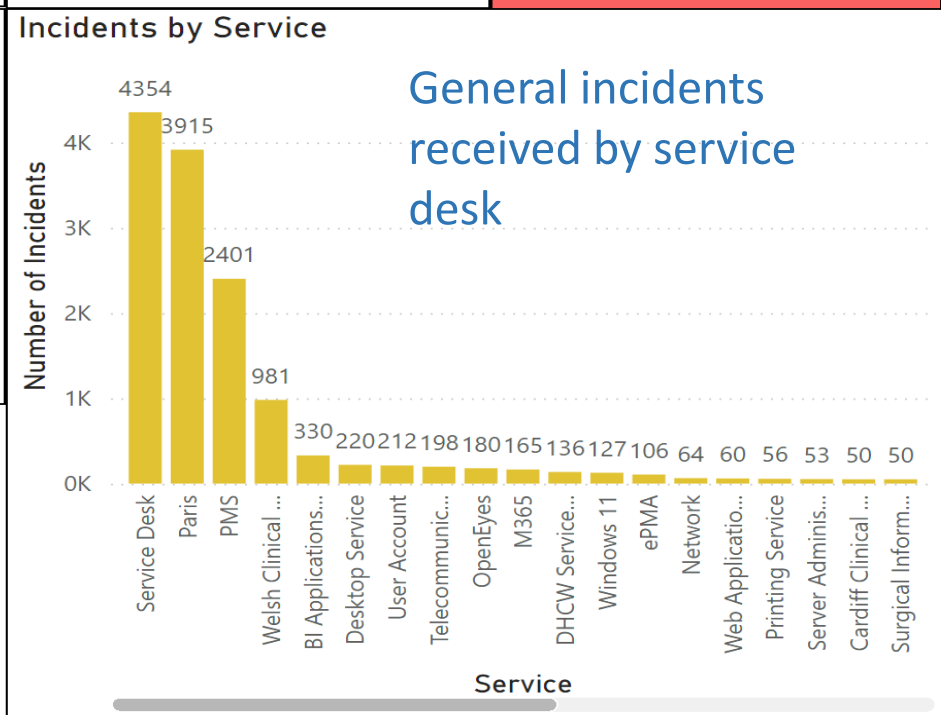
1180

Older then 30 Days



OwnerTeam

- Badgernet
- BI Applications and Warehouse
- Business Intelligence & Informati...
- Cyber Security
- Digital Integration Development
- Digital Services Management (DS...
- ePMA Development
- ePMA IT
- EUD



Site

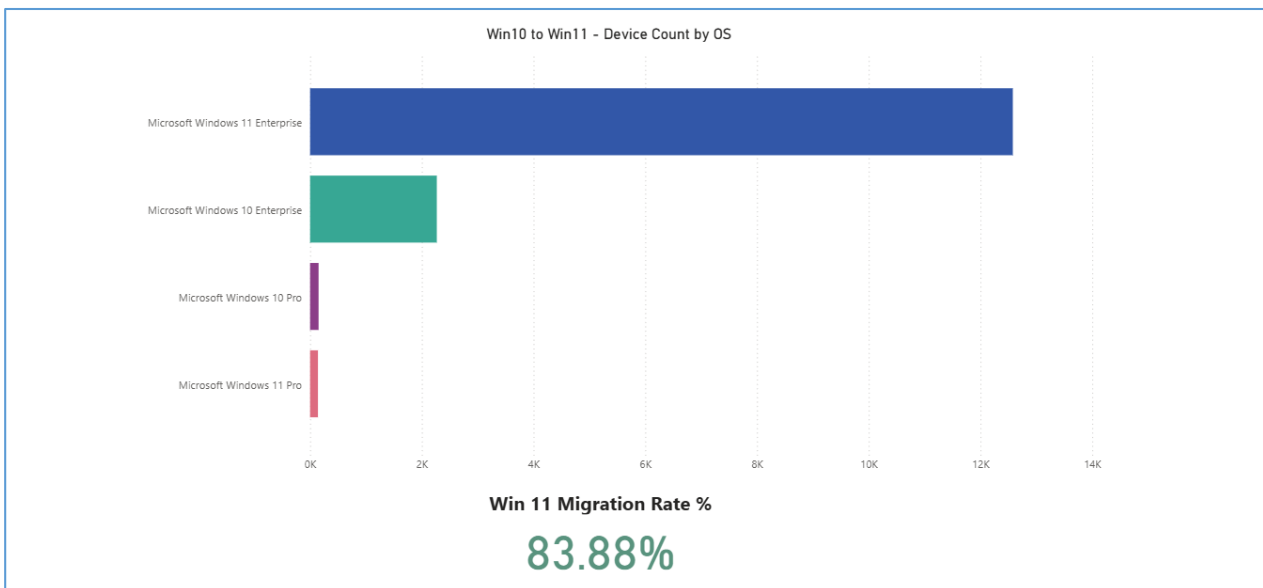
- 2-10 Holton Road
- 23 St Andrews Crescent
- At Home
- Avon House
- Barry Hospital
- Barry Leisure Centre
- Broad Street Clinic

CAV Windows 11 Project

Key achievements / progress

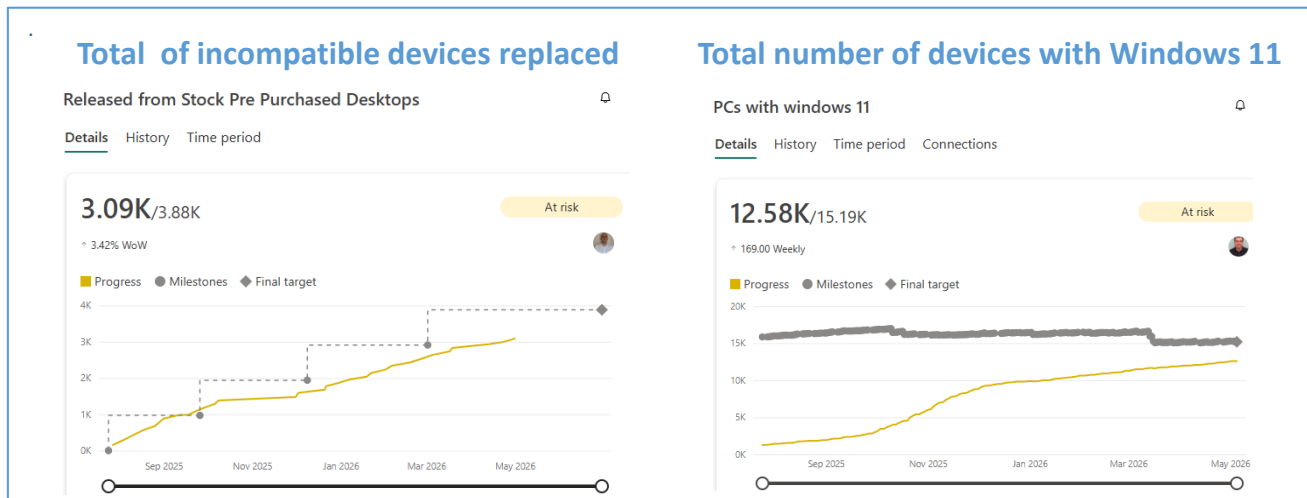
- 12,719 devices upgraded to Windows 11
- Over 3,000 incompatible devices replaced from WG funded stock
- Windows 10 one year extended support licenses deployed to active devices that are still running Windows 10
- Planned update of all devices in Cardiology, 24/7 service, Medicine, Mental Health to be completed in May

OS Device Count



Period	Data	Status / RAG / Date
Current Month	84%	
Previous Month	78%	↑
Predicted Level	86%	↑
Programme Target	100%	30/06/2026

Device Count



Risks

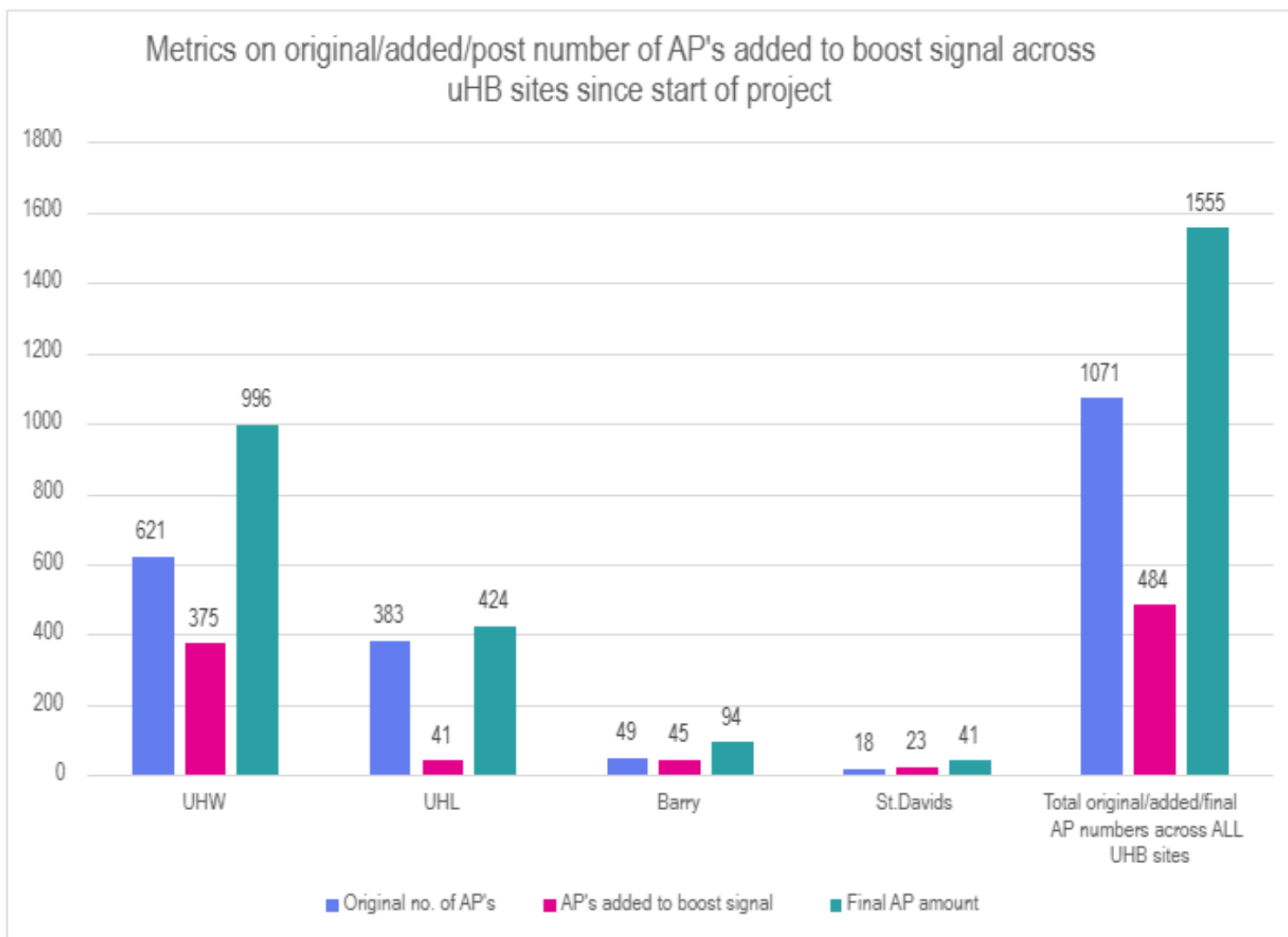
- Windows 11 project staff are contracted until 30_06_26. Only 6 of 12 person team will remain by end of March. This will affect the monthly targets.
- Replacing or updating CAV devices could result in some disruption to services.

Issues

- Laptops that are not connecting directly to CAV network are proving difficult to locate and update.
- There are 250 devices running software that is incompatible with Windows 11.
- Arranging upgrade of Lab based devices is proving difficult due to work demands of local IT team.

WiFi Project

Current metrics on AP's for Wi-Fi project as of 6th May 2026



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

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

All sites (ePMA, CEF, wider Wi-Fi)	% of all inpatient areas complete	% of all outpatient areas complete
198 areas	95%	23%
ePMA sites	% of all ePMA inpatient areas complete	% of all outpatient areas complete
128 areas	94%	20%
Wider Wi-Fi and CEF sites	% of all wider Wi-Fi/CEF inpatient areas complete	% of all outpatient areas complete
70 areas	100%	27%

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

All sites (ePMA, CEF, wider Wi-Fi)	% of all inpatient areas complete	% of all outpatient areas complete
198 areas	95%	23%
ePMA sites	% of all ePMA inpatient areas complete	% of all outpatient areas complete
128 areas	94%	20%
Wider Wi-Fi and CEF sites	% of all wider Wi-Fi/CEF inpatient areas complete	% of all outpatient areas complete
70 areas	100%	27%

Report Title:	NHS Long Term Agreements (LTAs) and Financial Approach for 2026-27			Agenda Item no.	7.1
Meeting:	Board	Public	X	Meeting Date:	28.05.2026
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	x	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Finance				

Main Report

Background and current situation:

Context

Cardiff and Vale University Health Board (C&V UHB) holds several Long-Term Agreements (LTAs) with other NHS bodies in support of:

- The provision of secondary regional, tertiary and specialised services to commissioning organisations by C&V UHB to other commissioners
- The commissioning of secondary regional, tertiary and specialised services for the Cardiff and Vale resident population from other provider organisations

The LTAs are generally agreed through signed documents known as the 'Heads of Agreements' (HoAs) which include sections covering:

- General Terms
- Financial Baselines and Contracting Framework
- Activity Baselines and Performance Framework, linked to Welsh Government (WG) Measures
- Information Requirements and Governance
- Quality & Patient Safety Considerations
- Escalation and Dispute Framework

In line with Health Board Standing Financial Instructions, WG consent limits do not apply to inter-NHS Contracts [Procurement and Contracting for Goods and Services, Section 11.6.4]

LTAs between NHS Wales organisations generally rollover from year to year after review for financial, activity and performance targets.

For the 2026-27 contracting year, Welsh Government required confirmation in writing by 27th February 2026 that financial terms had been agreed between organisations.

LTA values have been agreed with respective health boards, and the contract documents are awaiting signature.

The C&V UHB provider contract for NHS Wales Joint Commissioning Committee (NWJCC) has not been agreed.

This paper is seeking to:

- Provide assurance that the contract agreements with NHS Wales health boards for 2026-27 are in place
- Note the agreed financial baselines
- Obtain approval of delegated Board authority, for the LTAs to be agreed and signed by the Chief Executive Officer
- Note continuing discussions between C&V UHB and NWJCC which may result in arbitration process

Contract Baselines for 2026/27

Table 1 - Draft LTAs as a Provider (Income)

Organisation	Mechanism	Draft Value (£m)	
NWJCC	Signed LTA	TBC	2025/26 value £323.6m
Aneurin Bevan	Signed LTA	41.697	
Cwm Taf Morgannwg	Signed LTA	35.760	
Hywel Dda	Signed LTA	7.264	
Swansea Bay	Signed LTA	4.444	
Powys	Signed LTA	1.898	
NHS England	Signed LTA	3.447	Awaiting final figure
Herefordshire & Worcestershire ICB	Signed LTA	0.237	Awaiting final figure
TOTAL		94.747	

C&V UHB's provider LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows into Cardiff and Vale in line with custom and practice of historic referral pathways
- NWJCC – specialised regional and national services provided for Wales, commissioned in line with its Joint Committee approved Integrated Commissioning Plan (ICP)
- NHS England – tertiary and specialised services supporting some Herefordshire and South West England flows, as well as emergency care

Table 2 - Draft LTAs as a Commissioner (Expenditure)

Organisation	Mechanism	Draft Value (£m)	
NWJCC	Risk Share	TBC	2025/26 value £190.6m
Velindre (VCC)	Signed LTA	42.682	
Cwm Taf Morgannwg	Signed LTA	19.939	
- Child and Adolescent Mental Health Services (CAMHS) SLA		0.134	
Swansea Bay	Signed LTA	3.073	
- Sub-contracts	Signed LTA / Non-LTA Bills	2.171	
Aneurin Bevan	Signed LTA	1.330	
Hywel Dda	Signed LTA	0.438	
UH Bristol & Weston NHSFT (UHB Only)	Signed LTA	0.240	Awaiting final figure
TOTAL		70.007	

C&V UHB's commissioner LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows out of Cardiff and Vale in line with custom and practice of historic referral pathways, largely the Western Vale population into Princess of Wales Hospital.
- Velindre – regional and specialised cancer services, including high-cost cancer drugs

- NWJCC – specialised regional and national services in line with its ICP (including ambulance, transport and first responder services and specialised mental health placements).
- England – Emergency flows and occasional pathways into Bristol

It should be noted that NWJCC Commissioning arrangements are not subject to a signed LTA document. An all-Wales Health Board collective 'Risk Share' agreement operates, as agreed through the Joint Committee (JC). Separate governance arrangements receive and approve the respective ICP / Integrated Medium Term Plan (IMTP) annually.

Contracts with NHS England / English ICBs / English Trusts will be subject to change due to the announcement in 2025-26 of NHS England being brought back into the Department of Health and Social Care (DHSC). Following this, the organisational contractual responsibility remains under review and there is still potential for change.

Other Draft LTAs

There are also several other Service Level Agreements (SLAs) managed within delegated limits and arrangements across the organisation which are outside the scope of this paper. This includes 'provider-to-provider' arrangements for the provision of screening, microbiology and laboratory services. In addition, other arrangements, such as outsourcing, are also managed separately with different governance arrangements.

NWJCC contract

C&V UHB have not agreed a 2026-27 Provider LTA contract with NWJCC due to unresolved financial and service planning issues. NWJCC's financial plan assumes delivery of £12m of savings across providers and subsequently confirmed a requirement for £7.1m of savings from the Cardiff and Vale contract. However, this reduction has been proposed without an agreed plan for delivery or clarity on the impact on service levels.

Contract schedules issued by C&V UHB on 17th February 2026 were based on 2025-26 activity levels, uplifted by the 1.11% Welsh Government pass-through, reflecting the absence of formal direction from NWJCC at that time. On 26th March NWJCC wrote to C&V UHB confirming that it would be seeking £7.1m in savings against the C&V UHB contract. A meeting took place in late April 2026 to consider savings options, but no tangible or deliverable programme has yet been agreed, and the timing significantly limits the ability to implement meaningful reductions within the financial year.

The proposed £7.1m reduction would require corresponding service disinvestment, which has not been discussed or agreed. On this basis, the UHB is not yet able to agree to the proposed reduction in contract income at this stage, and therefore the LTA contract remains unsigned. Currently this leaves a net provider/commissioner risk to C&V UHB of £5.2m. Discussions with NWJCC are ongoing.

Excepting the NWJCC issues outlined above, Board approval is sought to delegate authority to the Chief Executive to finalise and sign the agreed 2026-27 LTAs on behalf of C&V UHB.

Subject to a satisfactory resolution of the NWJCC issues outlined above, Board approval is sought to delegate authority to the Chief Executive to finalise and sign the 2026-27 NWJCC LTA on behalf of C&V UHB. Alternatively, C&V UHB may need to seek dispute resolution through the Welsh Government arbitration process.

Key Issues

- With the exception of NWJCC arrangements, Commissioner and Provider LTA contracts have been agreed and are ready to conclude subject to Board approval.
- NWJCC provider LTA is not agreed due to the unilateral imposition of a £7.1m savings requirement by NWJCC. This presents an estimated net (provider/commissioner) financial risk of £5.2m to the Health Board.
- No agreed plan linking financial reductions to service changes
- Board approval is required to delegate authority to the Chief Executive to sign LTAs and to conclude the NWJCC contract once disputed issues have been resolved or arbitrated.

The scheme of delegation regarding contract authorisation and further variation is contained in Table 3 below.

Table 3 - The approach to variation and settlement:

Cost neutral adjustments, including transfers of service, and Allocation changes	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Adjustments within budget, agreed IMTPs / ICPs, or delegated limits	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Year-end performance and variation settlement invoices per LTA terms and the 26-27 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval (no limit)
Exceptional baseline changes outside of budget and IMTP / ICPs	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)
Year-end performance and variation settlement invoices outside of LTA terms and the 26-27 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)

Recommendation:

The Board are requested to:

Note the current Long-Term Agreements and their indicative baseline values for 2026-27

Approve delegated Board authority for the LTAs to be agreed and signed by the Chief Executive





Approve delegated Board authority for in-year LTA baseline changes and variation / settlement invoices to be agreed as set out in the Executive Director Opinion (Table 3)

Note that LTA financial performance as both provider and commissioner feature as part of reports into the Finance & Performance Committee

Note the current outstanding contract dispute with NWJCC and the potential financial risk

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

 Putting People First		 Providing Outstanding Quality	X
 Delivering in the Right Places		 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	x	Integration		Collaboration	x	Involvement	
------------	---	-----------	---	-------------	--	---------------	---	-------------	--

Impact Assessment:

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

Risk: Yes/No

No

Safety: Yes/No

No

Financial: Yes/No

Yes – the Cardiff & Vale UHB LTAs are key contractual and financial arrangements supporting the delivery of healthcare across Wales.

Workforce: Yes/No

No

Legal: Yes/No

No

Reputational: Yes/No

Yes

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Finance Committee
(Presentation for awareness)

Report Title:	Major incident Plan 2026 – 2029 Version 7			Agenda Item No:	8.1	
Meeting:	Board	Public	x	Meeting Date:	07.05.26	
		Private				
Status	Assurance		Approval		Information/Noting	x
Lead Executive Title:	Chief Operating Officer					
Report Author Title:	Head of service Emergency Preparedness, Resilience and Response					

Main Report

A full review of the plan was completed and approved by the Emergency Preparedness, Resilience and Response (EPRR) team Strategic Oversight group on 23rd March 2026.

The plan was then received by the Strategic Leadership Team on 7th May 2026 for review and noting.

The plan remained substantially unchanged – validated via multiple “Live” activations in the previous year.

- Command and control centres contact details updated
- Confirmation that back up Incident Control Centre established at UHL
- Friends and family’s reception centre moved to “Staff Haven “site at UHW
- Cordons updated in line with version 2 CBRN JOP.

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

For noting and assurance only. Received by the Board for noting upon each review.

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





- 1) 8.1a Major Incident Plan v7.0 (public) - *this can be found in the supporting documents folder on the MS Board Teams Channel and the Cardiff and Vale UHB website.*

Recommendations:

- a. Acknowledge review and updates.
- b. Note the next formal review 2029 (or at the time of live incident or change in legislation)

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant									
Prevention	x	Long Term	x	Integration	x	Collaboration	x	Involvement	x
Quality Impact Assessment Completed?									
Please place an "x" in the below boxes where relevant									
Yes	x	No							
Impact Assessment									
Please place an "x" in the below boxes where relevant									
Risk: na									
Safety: na									
Financial: na									
Workforce: na									
Legal: na									
Reputational: na									
Socio Economic: na									
Equality & Health: na									
Decarbonisation: na									
Welsh Language: na									
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)									
Name of Committee/Group/Exec					Date:				
Emergency Preparedness, Resilience and Response Strategic Oversight Group					23.03.2026				
Strategic Leadership Team					07.05.2026				

Agenda Item

8.2

Joint Commissioning Committee

Joint Commissioning Committee Governance Framework

Dyddiad y Cyfarfod / Date of Meeting	28/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Aaron Fowler, Committee Secretary NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Aaron Fowler, Committee Secretary NWJCC
Noddwr yr Adroddiad / Report Sponsor	Ian Green, Chair of the NWJCC
Pwrpas yr Adroddiad / Report Purpose	For Approval

**Engagement (internal/external) undertaken to date
(including receipt /consideration at Committee/Group)**

Committee/Group/Individuals	Date	Outcome
ToR - Quality Safety and Outcomes (QSOC) Sub- Committee	23 February 2026	Endorsed Feedback assisted in developing the drafts
ToR - Planning Performance and Finance (PPF) Sub- Committee	26 February 2025	Endorsed Feedback assisted in developing the drafts
PPF and QSOC ToR - Joint Commissioning Committee	17 March 2026	The JCC Endorsed the updated ToR
Senior Leadership Team NWJCC and HB Director of Corporate Governance Draft Standing Orders and Standing Financial Instructions	13 April 2026	Feedback received and assisted in finalising the documents
Joint Committee - Draft Standing Orders and Standing Financial Instructions	26 May 2026	To be Approved

1. SITUATION

The purpose of this report is to present the NHS Wales Joint Commissioning Committee's (JCC) updated governance framework. In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to Local Health Boards (LHBs).

2. BACKGROUND

The Governance Framework for the JCC contains several key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of LHBs and have been developed within that context.

The Governance Framework of the JCC contains the following.

Figure 1 – JCC Governance Framework

NWJCC Governance Framework



2.1 Standing Orders and Standing Financial Instructions

The Seven LHBs approved the JCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024. There were subsequently adopted by the Joint Committee at its inaugural meeting on 8 April 2024 following which they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

During October 2025, WG issued updated Model Standing Orders for the NWJCC. The purpose of these amendments was to ensure consistency relating to the timescales for the publication of board and committee agendas and papers. Updates to the JCC's Standing Orders to incorporate these changes were approved at the [November 2025](#) Joint Committee meeting.

A further review of the NWJCC Governance Framework commenced during Q3 of 2025-2026. Attached at **Appendix 1 (located in the supporting documents folder)** is a table of the proposed amendments to the Standing Orders. The changes are largely administrative in nature and seek to either re-format or re-define the content of each document, or update sections to reflect operational reality. The changes to the Standing Financial Instructions are also mainly administrative. The more substantial updates include the following.

- Section 11 (highlighted in blue) replaced for the updated Procurement Regulations (including Schedule 1) and updated references for NWJCC/JCCT.
- Addition of a debt recovery paragraph in section 9 to reflect current processes.

Attached as **Appendices 2 and 3 (located in the supporting documents folder)** are tracked changes versions of the Standing Orders and Standing Financial Instructions for approval.

2.2 Scheme of Delegation and Reservation of Powers

The NWJCC's Scheme of Reservation and Delegation of Powers forms an annex to the NWJCC's SOs, which form a schedule to each HBs own SOs and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the NWJCC's business:

- Those matters reserved for HBs;
- Those matters delegated from HBs and reserved for the NWJCC; and
- Those matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate).

The Scheme of Delegation was approved by the JCC in [May 2025](#) and was subsequently approved by Health Boards in July 2025. At present no changes are proposed to these documents.

2.3 The Hosting Agreement (HA) and memorandum of Agreement (MoA)

The Hosting Agreement (HA) and the Memorandum of Agreement (MoA) were endorsed by the Joint Committee on 17 September 2024 and were approved by the seven HBs at their September 2024 Board meetings. The governance arrangements within the Hosting arrangement have been working effectively. There is regular dialogue between the JCC and officers at Cwm Taf University Health Board (CTMUHB), complemented by more formal meetings between the two Accountable Officers where the Hosting Arrangements are discussed.

A formal review of the Hosting Agreement is scheduled during Q1 of 2026/27.

2.4 Accountability Map and Guidance on the Handling of Interests

The Accountability Map outlining the formal accountabilities and relationships between Welsh Government, LHBs, CTMUHB (as the JCC Host Body), the JCC and its Team; and the Guidance on the Handling of Interests which sets out the arrangements for the appropriate handling of declarations of interests within the NWJCC's business, were both received by the Joint Committee at its inaugural meeting on 8 April 2024. The Guidance on the Handling of Interests has been updated and minor changes have been proposed in track and attached at **Appendix 4 (located in the supporting documents folder)**. No changes are proposed to the Accountability Map.

Appendices 1-4 will be presented to the May 2026 JCC meeting for endorsement.

2.5 JCC SUB-COMMITTEE STRUCTURE

Paragraph 5.5 of the NWJCC Standing Orders states that the Joint Committee shall determine, for agreement by Health Boards, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent Health Boards.

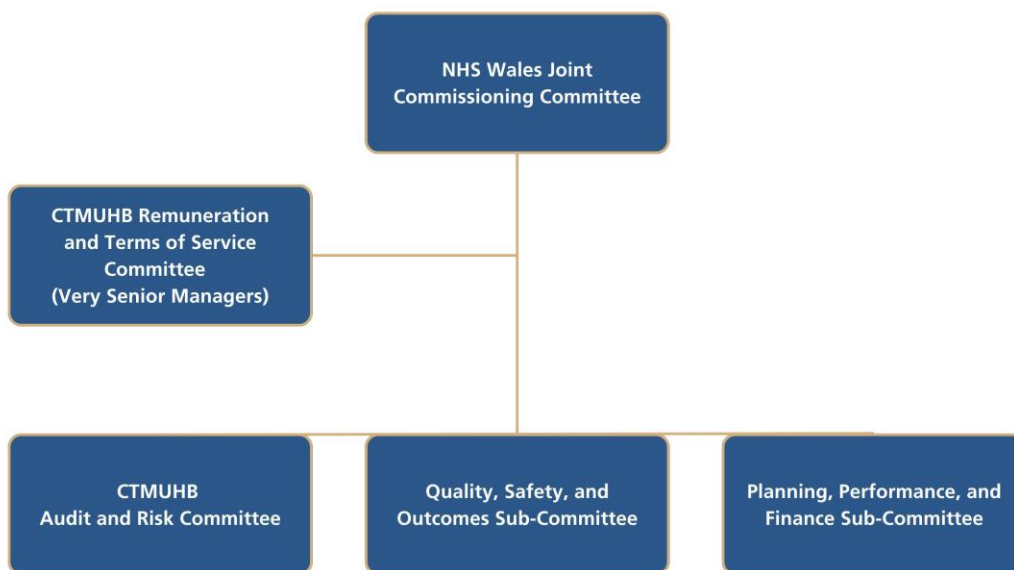
Paragraph 5.8 of the Standing Orders states that "As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance"

The NWJCC Sub-Committee structure was established in January 2025 with the introduction of the Quality, Safety and Outcomes (QSOC) and Planning, Performance and Finance (PPF) Sub-Committees. The NWJCC's Audit and Risk

assurance arrangements are serviced by the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee.

Figure 2 –JCC Sub-Committee Structure



Sub-Committee Terms of Reference are subject to annual review (Para 16.1 of the respective ToR). Following a full year of operation, consideration has therefore been given to the content of the QSOC and PPF ToR, and how they align with the NWJCC’s governance framework and operational structure.

Updated QSOC and PPF ToR are presented at **Appendix 5** and **Appendix 6 (located in the supporting documents folder)** for final approval, having previously been endorsed by the NWJCC Sub-Committees and Joint Committee. Proposed changes are detailed in track.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	If more than one applies please list below: A Healthier Wales A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies please list below: Person Centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) /	No - Not Applicable
	If more than one applies please list below:

Environmental /Sustainability Impact (5Rs)	
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Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

4. RECOMMENDATIONS

Board Members are asked to **Approve:**

- the updated Standing Orders for the JCC (**Appendix 2**) following approval by the Joint Committee.
- the updated Standing Financial Instructions (SFIs) for the JCC (**Appendix 3**) following approval by the Joint Committee
- the updated Guidance on the Handling of Interests (**Appendix 4**).
- the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee (**Appendix 5**); and
- the updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee (**Appendix 6**).

5. NEXT STEPS

Following approval, the revised JCC Governance Framework will be published on the NWJCC website, and all hyperlinks within the associated documents will be updated to reference these approved materials.

Report Title:	Standing Orders Update			Agenda Item no.	8.3
Meeting:	Board	Public	X	Meeting Date:	28 May 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	<input type="checkbox"/>	Approval	X	Information
Lead Executive Title:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report

Background and current situation:

Standing Orders are provided by direction from Welsh Government (WG). They look to cohere the myriad legislative and policy requirements and powers that the organisation has into a coherent, overarching document.

Standing Orders require that, as a minimum, there are Committees that cover:

- Quality and Safety;
- Audit;
- Information governance;
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements.

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

A review of the Quality and Mental Health Committees has been conducted over the last 6 months.

The result of that process has seen a significant redevelopment of how the Quality Committee will run, which includes increasing the number of meetings a year from 8 to 10 and the incorporation of the Mental Health Committee into it.

The requirement set out in standing orders above will continue to be met by the Quality Committee incorporating the Mental Health Act requirements that the Mental Health Committee used to deal with.

Standing Orders has been amended to reflect these changes and is submitted for approval at Board today. Specifically, schedule 3 has been amended at 2.1 to change the diagram explaining the interaction of committees and strategy, and the MH Committee TORs have been removed and relevant elements regarding mental health incorporated into the Quality Committee TORs. Any sub-committees that had previously reported to MH Committee will instead report to Quality.

The revised Standing Orders can be seen in the supporting documentation for this meeting. No changes have been made to the scheme of delegation or standing financial instructions.

Recommendation:

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?:

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

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

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

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

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

Decarbonisation: No

Welsh Language: No

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

Report Title:	Committees and Advisory Groups Annual Reports 2025-2026			Agenda Item no.	8.4
Meeting:	Board	Public	x	Meeting Date:	28.05.2026
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				

Main Report

Background and current situation:

The Board has an established formal Committee structure to support the effective discharge of its statutory duties, oversight responsibilities and system leadership role. Each Committee operates on behalf of the Board in accordance with its approved Terms of Reference and provides assurance, scrutiny and advice across its delegated areas of responsibility.

In line with good governance practice, and to support transparency and accountability, the Board receives an Annual Report from each of its Committees. These reports provide a consolidated overview of Committee activity during the year, including key areas of focus, significant issues considered, assurance provided to the Board, and how each Committee has contributed to the delivery of the Health Board's strategic objectives.

The Annual Reports appended to this paper relate to the following Committees:

- Audit & Assurance Committee
- Charitable Funds Committee
- Mental Health Legislation Committee
- Digital & Infrastructure Committee
- Quality Committee
- Finance & Performance Committee
- People & Culture Committee

In addition to the Board Committee Annual Reports, the Local Partnership Forum (LPF) Annual Report has also been included. This reflects the importance of effective partnership working and social dialogue in supporting the Health Board's objectives and provides the Board with oversight of key workforce engagement matters considered through the LPF during the reporting period.

Each report has been compiled in collaboration with the relevant Committee Chair and Corporate Governance Officers and has been reviewed and endorsed by the respective Committees prior to submission to the Board.

Collectively, the reports demonstrate how the Committee framework has operated during the year to strengthen governance, support effective decision-making, and provide assurance to the Board across quality, safety, finance, workforce, digital, infrastructure and organisational culture. They also highlight key themes, areas of challenge and improvement, and evolving risks relevant to the Board's ongoing oversight role.

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

Throughout the year, Committee Chairs have provided regular and timely reports to the Board through Chairs' Reports following each Committee meeting. This ensures that the Board is sighted on key discussions, decisions, emerging risks and matters of assurance in advance of the formal approval of Committee minutes.

The Annual Reports provide a retrospective, consolidated view of Committee activity over the full reporting period. They complement the routine reporting arrangements by setting out how each

Committee has fulfilled its role, adhered to its Terms of Reference, and added value to the Board's overall governance and assurance framework.

The reports also demonstrate increasing maturity in Committee operation, including clearer alignment to strategic objectives, strengthened assurance reporting, and a continued focus on effective escalation of risks and issues requiring Board awareness or action.

On this basis, the Annual Reports are recommended to the Board for approval as an accurate and comprehensive reflection of Committee activity and assurance provided during 2025–26.

Appendices:

All the Committee Annual Reports can be located in the supporting documents folder on the Board Teams Channel and the Cardiff and Vale UHB website.





Recommendation:

The Board is requested to:

- a) **Approve** the Annual Reports from the Committees of the Board

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First		 Providing Outstanding Quality	x
 Delivering in the Right Places	x	 Acting for the Future	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	---	---------------	---	-------------	---

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
Board Committees	During January 2026 to May 2026

Report Title:	Provision of Travel and Transport Bookings			Agenda Item no.	8.5
Meeting:	Board	Public	X	Meeting Date:	28.05.26
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	X	Information
Lead Executive:	Catherine Philips, Director of Finance				
Report Author (Title):	Claire Salisbury – Deputy Director of Procurement Services and Executive Procurement Lead for C&V				
Main Report					
Background and current situation:					
<p>CVUHB is seeking a professional provider to manage all aspects of travel and transport logistics. The provider will be responsible for booking and coordinating national and international travel, arranging local transport within the UK, and offering responsive support throughout the travel process. The service must be efficient, cost-effective, and fully compliant with CVUHB’s travel policies.</p>					
Scope of Work					
<p>The appointed provider will oversee the full range of travel logistics, including booking international and domestic flights for authorised travellers. They will also arrange train and coach travel for journeys within the UK, and coordinate airport transfers, hotel-to-venue shuttles, and other local transport needs.</p>					
<p>All travel must be planned in accordance with CVUHB’s policies, ensuring value for money and accommodating any special requirements. These may include accessibility needs, dietary considerations during transit, and baggage allowances for medical or research equipment.</p>					
<p>The provider will offer a dedicated point of contact for travel-related queries, including last-minute changes or cancellations. They will work closely with CVUHB staff to manage travel approvals, documentation, and itinerary planning. Clear and consolidated travel itineraries must be provided to all travellers in advance.</p>					
<p>In the event of travel disruptions, the provider will be expected to respond promptly, offering re-booking options and alternative arrangements to minimise any impact on CVUHB’s operations.</p>					
Output Required:					
<p>The appointed provider will be expected to deliver a range of outputs that ensure transparency, efficiency, and ease of coordination across all travel activities. For every individual and group journey, the provider must produce comprehensive travel itineraries that clearly outline all segments of the trip, including departure and arrival times, transport modes, accommodation details, and any relevant instructions or contact information.</p>					
<p>In addition to itineraries, the provider must supply formal booking confirmations for all flights, train journeys, and local transport arrangements. These confirmations should be timely, accurate, and accessible to both the traveller and relevant CVUHB administrative staff.</p>					
<p>To support financial oversight and demonstrate value for money, the provider must maintain a documented record of all travel-related costs. This should include a breakdown of expenses per trip, as well as any savings achieved through negotiated rates, group bookings, or policy-compliant alternatives. These records will be used to monitor budget adherence and inform future travel planning.</p>					
Service Overview:					

The scope of the contract includes:

- Booking and coordination of international and domestic flights
- Train and coach travel within the UK
- Local transport arrangements such as airport transfers and hotel-to-venue shuttles
- Provision of travel documentation and consolidated itineraries
- Support for special requirements including accessibility and dietary needs
- Real-time assistance for travel disruptions and rebooking

Strategic Fit and Performance:

The contract was intended to support CVUHB's strategic goals, including enabling international research collaboration, supporting educational academies, and ensuring smooth mobility for staff and partners.

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

This item was received by the Finance & Performance Committee on 20.05.2026 and endorsed to the Board to consider approval.

Service Disruption Risk

Without a formally contracted travel management provider, CVUHB would lack a consistent and reliable mechanism for arranging national and international travel. This could result in:

- Delays or cancellations in staff, clinical, academic, and research travel
- Reduced ability to respond to urgent or last-minute travel requirements
- Increased pressure on internal teams to arrange travel on an ad-hoc basis
- This would directly impact clinical services, education programmes, and research collaboration.

Financial Control and Value-for-Money Risk

In the absence of a capped, managed contract:

- Travel bookings may revert to fragmented, off-contract purchasing
- Inconsistent pricing and loss of negotiated rates may occur
- Departments may incur higher costs due to lack of aggregated spend leverage
- This increases the risk of budget overspend, poor financial forecasting, and reduced cost transparency.

Risk to Staff Safety and Duty of Care

A contracted travel provider ensures:

- Real-time support during travel disruptions
- Coordination of re-booking during emergencies or geopolitical events
- Visibility of staff travel locations for duty of care purposes

Without this, CVUHB's ability to support staff during incidents (e.g. travel cancellations, health emergencies, extreme weather events) would be significantly reduced

Recommendation:

The Board are requested to:

- **APPROVE** the award of this contract for **Provision of Travel and Transport Bookings** for **£2,960,000.00 (£3,552,000.00 inc. VAT)**.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	 Providing Outstanding Quality
 Delivering in the Right Places	 Acting for the Future

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term	X	Integration		Collaboration		Involvement	X
------------	--	-----------	---	-------------	--	---------------	--	-------------	---

Impact Assessment:

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

Risk:

Included in Procurement Outcome Report and Board Paper

Safety:

Included in Procurement Outcome Report and Board Paper

Financial:

Included in Procurement Outcome Report and Board Paper

Workforce:

Included in Procurement Outcome Report and Board Paper

Legal:

No

Reputational:

Included in Procurement Outcome Report and Board Paper

Socio Economic:

Included in Procurement Outcome Report and Board Paper

Equality and Health:

Included in Procurement Outcome Report and Board Paper

Decarbonization:

No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:
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Finance & Performance Committee	20.05.2026
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GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Caffael

Shared Services
Partnership
Procurement Services

PROCUREMENT OUTCOME REPORT

PROVISION OF TRAVEL AND TRANSPORT
BOOKINGS
CAV-FTS-61017

Agreement Type <i>Framework/Contract</i>	Contract
Brief Agreement Description	There is a requirement for a professional provider to manage all aspects of travel and transport logistics. The provider will be responsible for booking and coordinating national and international travel, arranging local transport within the UK, and offering responsive support throughout the travel process.
Contract Term	Five years with the option to extend for a further three years in annual tranches (5+1+1+1)
Contract Dates <i>Initial Term & Extension Option</i>	Initial Term: 1st June 2026 – 31 st May 2031 Extension 1: 1st June 2031 – 31 st May 2032 Extension 2: 1st June 2032 – 31 st May 2033 Extension 3: 1st June 2033 – 31 st May 2034
Planned / Unplanned	Planned
No. of Tenders Issued	1
No. of Tenders Received	5
Annual Value of Current Agreement	£343,211.25 (£411,853.50 inc. VAT)
Annual Value of New Agreement	Capped value of £370,000.00 (£444,000.00 inc. VAT)
Total Value of New Agreement Including Extensions	Initial 5-year term: £1,850,000.00 (£2,220,000.00 inc. VAT) Optional 3-year extension: £1,110,000.00 (£1,332,000.00 inc. VAT) Contingency – The cap value of £370,000.00 includes a contingency of £25,000.00 (£30,000.00 inc. VAT) per annum Total contract value (Including Extensions) £2,960,000.00 (£3,552,000.00 inc. VAT).
Savings / Increase	Increase of £26,788.75 per annum to allow for any inflation due to fuel prices rising. Pricing capped at £370,000.00 per annum.
Lead Body LHB or Trust	Cardiff and Vale UHB

Impact of Change

Risk Identified - High

1. Product / Market Overview

Cardiff and Vale University Health Board (CVUHB) is one of the largest and most complex NHS organisations in Wales. It serves a population of approximately 500,000 people across Cardiff and the Vale of Glamorgan. The Health Board delivers over 110 specialist services, ranging from acute hospital care to community-based health and wellbeing programmes.

Beyond its core healthcare responsibilities, CVUHB plays a vital role as a tertiary care provider, offering advanced medical services that are not available in local hospitals. It is also a major contributor to clinical research, participating in national and international studies that help shape the future of healthcare. In addition, CVUHB works closely with Cardiff University to support the education and training of healthcare professionals, making it a key academic partner in the region.

To support its wide-ranging activities including research collaborations, educational academies, and specialist clinical programmes, CVUHB requires a reliable and well-coordinated travel and transport service. This service must ensure smooth and cost-effective travel for staff, students, researchers, and visiting professionals, both within the UK and internationally.

Service Requirement

CVUHB is seeking a professional provider to manage all aspects of travel and transport logistics. The provider will be responsible for booking and coordinating national and international travel, arranging local transport within the UK, and offering responsive support throughout the travel process. The service must be efficient, cost-effective, and fully compliant with CVUHB's travel policies.

Scope of Work

The appointed provider will oversee the full range of travel logistics, including booking international and domestic flights for authorised travellers. They will also arrange train and coach travel for journeys within the UK, and coordinate airport transfers, hotel-to-venue shuttles, and other local transport needs.

All travel must be planned in accordance with CVUHB's policies, ensuring value for money and accommodating any special requirements. These may include accessibility needs, dietary considerations during transit, and baggage allowances for medical or research equipment.

The provider will offer a dedicated point of contact for travel-related queries, including last-minute changes or cancellations. They will work closely with CVUHB

staff to manage travel approvals, documentation, and itinerary planning. Clear and consolidated travel itineraries must be provided to all travellers in advance.

In the event of travel disruptions, the provider will be expected to respond promptly, offering re-booking options and alternative arrangements to minimise any impact on CVUHB's operations.

Output Required:

The appointed provider will be expected to deliver a range of outputs that ensure transparency, efficiency, and ease of coordination across all travel activities. For every individual and group journey, the provider must produce comprehensive travel itineraries that clearly outline all segments of the trip, including departure and arrival times, transport modes, accommodation details, and any relevant instructions or contact information.

In addition to itineraries, the provider must supply formal booking confirmations for all flights, train journeys, and local transport arrangements. These confirmations should be timely, accurate, and accessible to both the traveller and relevant CVUHB administrative staff.

To support financial oversight and demonstrate value for money, the provider must maintain a documented record of all travel-related costs. This should include a breakdown of expenses per trip, as well as any savings achieved through negotiated rates, group bookings, or policy-compliant alternatives. These records will be used to monitor budget adherence and inform future travel planning.

Service Overview:

The scope of the contract includes:

- Booking and coordination of international and domestic flights
- Train and coach travel within the UK
- Local transport arrangements such as airport transfers and hotel-to-venue shuttles
- Provision of travel documentation and consolidated itineraries
- Support for special requirements including accessibility and dietary needs
- Real-time assistance for travel disruptions and rebooking

Strategic Fit and Performance:

The contract was intended to support CVUHB's strategic goals, including enabling international research collaboration, supporting educational academies, and ensuring smooth mobility for staff and partners.

2. Procurement Process

An open competitive Find a Tender Service (FTS) process was undertaken in accordance with the Health Board’s Standing Financial Instructions and the Procurement Act 2023. The procurement approach was proportionate to the value and risk of the contract and designed to attract suitably experienced providers with expertise in travel and transport bookings.

A Tender Notice was published on the 3rd October 2025 under the identifier **2025/S 000-062269** on Sell2Wales to inform suppliers of the Tender. Five submissions were received. Following a comprehensive evaluation of the qualification, technical, and commercial stages, City Travel (UK) Ltd were identified as the most suitable supplier.

Tenders were assessed against the pre-defined evaluation criteria set out in the tender documentation, applying a weighting of 60% to price and 40% to technical quality. The quality assessment focused on relevant experience, credibility and robustness of the proposed methodology, understanding of the local and national policy context, approach to stakeholder engagement, and ability to deliver within the required timescales. Price was assessed for affordability, transparency and overall value for money.

The tender evaluation methodology was broken down as follows:

Stage	Criteria	Weighting
1	Qualification	Pass/Fail
2	Technical	40%
3	Commercial	60%

3. Evaluation

	Name	Title	Organisation
Evaluation Panel(s)	Iliass Dadda	Senior Procurement Business Manager	NWSSP
	Helen James	Assistant Head of Operational Procurement	NWSSP
Qualification	<p>Upon the closing date, five tender submissions were received, all suppliers were issued clarifications regarding their acid ratio scores, and to provide further details of insurance. City Travel returned their qualification clarifications and proceeded to the next round.</p> <p>Cool Cab Transfers and DJ Travel pulled their tender submissions, whereas Bam Travel Ltd and Newport Travel Solutions were issued Outcome Letters informing them that</p>		

	they would not proceed to the Technical round, due to failure to submit their clarifications by the given date.		
Technical & Commercial Scores	Stage 2, Technical evaluation was made up of questions that were specific to the services required, as laid out in the specification. The responses were scored, totalling to an overall weighting of 40%, with 10% of that overall weighting going to Social Value. The outcome is demonstrated as follows:		
	City Travel (UK) Ltd		
	Question	Evaluation Weighting	Weighted Score
	1.1	5%	4%
	1.2	5%	4%
	1.3	5%	3%
	1.4	5%	4%
	1.5	5%	4%
	1.6	5%	4%
	2. Social Value		
	2.1	3%	1.8%
	2.2	3%	2.4%
	2.3	4%	2.4%
	TOTAL	40	29.6%

4. Price Benchmarking Information

The prices submitted were assessed against the approved budget and evaluated in the context of the scope of the requirement, the complexity of the services. One compliant bid was received. The highest-scoring bid, submitted by City Travel (UK), proposed the following costs:

Description	National Fee (Exc. VAT)	National Fee (Inc. VAT)	International Fee (Exc. VAT)	International Fee (Inc. VAT)
Road Travel	£10.00	£10.00	£10.00	£10.00
Water Travel	£10.00	£10.00	£10.00	£10.00

Rail Travel	£10.00	£10.00	£10.00	£10.00
Accommodation / Hotels	£15.00	£18.00	£15.00	£18.00
Air Travel – Short/Medium Haul	£25.00	£25.00	£30.00	£30.00
Air Travel – Long Haul	£40.00	£40.00	£40.00	£40.00
Visa/Paperwork Support	£15.00	£15.00	£15.00	£15.00

From analysing the current contract spend per booking, it was determined that these proposed costs are in line with the prices we have paid in previous years.

Current Contract Value:

The current contract for travel and transport services held by Cardiff and Vale University Health Board (CVUHB) has an estimated annual value of £345k. This figure is based on data extracted from the Oracle “All Orders Raised” report and reflects the total expenditure processed through formal purchase orders. It does not include any travel-related spend made via purchasing cards; however, such expenditure is understood to be minimal and therefore does not significantly impact the overall contract value or associated risk. Supporting financial data and transaction breakdowns are available in **Appendix 2 – CVUHB Travel and Transport Spend.**

CV UHB	25/26 Financial Year Expenditure
2025	£268,730.69
2026	£74,480.56
Total:	£343,211.25

Total contract Value:

While the current travel management contract with CityTravel includes fixed booking fees across various categories, it is important to note that these fees account for only a small portion; approximately 20% of the total annual spend of £345k.

Anticipated Contract Value:

Based on an estimated annual spend of £345,000.00, the total anticipated value of the proposed travel and transport contract for Cardiff and Vale University Health Board (CVUHB) is projected at £2.4 million over the full potential contract term. This figure is calculated as follows:

- **Initial 5-year term:** £1,850,000.00 (£2,220,000.00 inc. VAT)
- **Optional 3-year extension:** £1,110,000.00 (£1,332,000.00 inc. VAT)

- **Contingency** – The cap value of £370,000.00 includes a contingency of £25,000.00 (£30,000.00 inc. VAT) per annum

This valuation provides a clear financial framework for procurement planning, governance approvals, and ongoing contract management. It also ensures transparency and compliance with public sector procurement thresholds and reporting requirements.

5. Financial Implications

The funding for travel and transport services across Cardiff and Vale University Health Board (CVUHB) does not currently sit within a single, centralised budget. Instead, each department or clinical board is responsible for covering its own travel costs from within its allocated budget. This decentralised funding model reflects the diverse and programme-specific nature of travel requirements across the organisation.

While this approach allows departments to retain control over their own expenditure, it can also lead to fragmented processes, inconsistent policy application, and administrative inefficiencies particularly in areas such as invoicing, reporting, and spend analysis.

To address this, CVUHB may wish to explore the option of centralising the contract under a single clinical board, such as Corporate Services, with a single cost code used for all invoicing. Under this model, individual departments would be cross-charged internally based on their usage. This would offer several benefits, including:

- Improved financial oversight and consolidated reporting
- Streamlined invoicing and reconciliation processes
- Greater leverage in supplier negotiations through aggregated demand
- Enhanced policy compliance and governance

This model would also support the implementation of a standardised travel policy and enable more effective contract management. A decision on the preferred funding structure should be made in consultation with Finance, Procurement, and key stakeholders across the Health Board.

6. Sustainable Procurement

This contract supports economic activity through efficient, compliant travel management, reducing waste and cost. It encourages sustainable travel choices reducing environmental impact and promoting resource efficiency, supports equal access to development and collaboration opportunities across the Health Board and encourages responsible procurement practices aligned with environmental and social governance standards.

7. Risks and Mitigations

Risks:

- Sudden geopolitical events (e.g. border closures, civil unrest, or diplomatic tensions affecting travel routes).
- Emerging global health threats (e.g. a new pandemic or outbreak that disrupts international travel).
- Technological failures (e.g. major airline booking system crashes or cyberattacks affecting travel infrastructure).
- Natural disasters (e.g. volcanic eruptions, earthquakes, or extreme weather events impacting transport).
- Regulatory changes (e.g. abrupt visa policy shifts or new compliance requirements for international travel).

Mitigations:

Budget constraints and cost control:

Travel must be booked within allocated budgets and demonstrate value for money. This includes using approved suppliers, securing competitive rates, and avoiding unnecessary expenses.

Policy & regulatory compliance:

All travel must adhere to CVUHB's internal travel policies, SFIs, Procurement Act 2023, including approval workflows, booking procedures, and documentation requirements.

Accessibility and special requirements:

Some travellers may require wheelchair access, mobility assistance, dietary accommodations, or additional baggage allowances. These needs are known and must be factored into travel planning.

Approval and documentation processes:

Travel requests must go through defined approval channels, and all necessary documentation (e.g. visas, insurance, itineraries) must be prepared and submitted in advance.

Coordination with internal teams:

Travel arrangements often involve collaboration with CVUHB departments, programme leads, and administrative staff to ensure alignment with schedules and operational needs.

Disruption protocols:

While the specific disruptions may vary, the need for a process to manage delays, cancellations, and re-booking is a known requirement.

8. Recommendations

Based on the foregoing, it is recommended that the contract for the **Provision of Travel and Transport Bookings** is awarded to **City Travel (UK) Ltd** for **£2,960,000.00 (£3,552,000.00 inc. VAT)**.

9. Contract Management

The management of the contract will be undertaken by the Cardiff and Vale Health Board to ensure that it is being fulfilled to the requirements as per the specification.

The Cardiff and Vale UHB departments who will be utilising this contract in conjunction with the Procurement Department who will ensure that the value of the contract is not breached. If any breach should be foreseeable the Procurement Department will ensure provision is made for compliance to Procurement Regulations and Health Board Financial Instructions.

10. Approvals Process & Next Steps

- Internal approval from the Directorate Manager, Director of Operations and Delivery, and the Head of Finance for Capital Estates and Facilities.
- Internal approval of RFA from Procurement and Director of Finance.
- Award of contract.

11. Working Group Members

Name	Title	Organisation
Iliass Dadda	Senior Procurement Business Manager	NWSSP
Helen James	Assistant Head of Operational Procurement	NWSSP
Lily Prance	Procurement Business Manager	NWSSP
Lowri Crossman	Procurement Business Officer	NWSSP

12. Contact Information

If you have any issues you wish to discuss, please do not hesitate to contact:

Prepared by

Name:	Lowri Crossman
Contact Details:	Lowri.crossman@wales.nhs.uk
Date:	23 rd April 2026

Reviewed by

Signed:	<i>Lily Prance</i>
Name:	Lily Prance
Role:	Procurement Business Manager
Date:	23 rd April 2026

Procurement Approval

Signed:	Helen James
Name:	Helen James
Role:	Assistant Head of Operational Procurement
Date:	23 rd April 2026

12. Approvals

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED *David Fluck*

 PRINT NAME David Fluck

 TITLE Medical Director

 DATED 28Apr-26

I confirm that the expenditure has an identified budget and will not cause any financial pressure which could result in the Clinical Board/Department not delivering its financial breakeven duty.

SIGNED *SB*

PRINT NAME Stuart Burn

TITLE Finance Business Partner

DATED 21-May-26

CONFIDENTIAL

REQUEST FOR APPROVAL - PROCUREMENT

To: Suzanne Rankin, Chief Executive

PBM Approval	Lily Prance
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From: Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead - C&V

AHOP Approval	Helen James
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Reference:- CS/LC CAV-FTS-61017 RFA 26-27 [7]

Could you please arrange for the under mentioned Contract Recommendation to be approved on the understanding that it complies with Standing Orders and EC Regulations and the total cost indicated is not exceeded.

Signed:- _____

Date:- _____

Print Name:- Claire Salisbury

1	Contract Title	Provision of Travel and Transport Bookings
2	Contract Period	1st June 2026 - 31st May 2031
2a	Extension Period (if applicable)	Extension Option 1: 1st June 2031 - 31st May 2032 Extension Option 2: 1st June 2032 - 31st May 2033 Extension Option 3: 1st June 2033- 31st May 2034
3	Procurement Route	Open Find a Tender Service (FTS) with 5 responses
4	Current Contractor	City Travel
5	Total Value of Current Contract	£343,211.25 plus VAT = £411,853.50 per annum Annual Value: £370,000.00 plus VAT = £444,000.00 Initial 5-year term: £1,850,000.00 (£2,220,000.00 inc. VAT)
6	Value of Proposed New Contract	Optional 3-year extension: £1,110,000.00 (£1,332,000.00 inc. VAT) Contingency – The cap value of £370,000.00 includes a contingency £25,000.00 (£30,000.00 inc. VAT) per annum Total contract value (Including extension option): £2,960,000.00 (£3,552,000.00 inc. VAT).
7	% Increase/Decrease in Contract Value	7.81%
	[a] Increase	Increase
	[b] Reason for Cost Pressure/Avoidance	Increase of £26,788.75 per annum to allow for any inflation. Pricing capped at £370,000.00 per annum.
8	Recommended Contractor[s]	City Travel (UK) Ltd
9	Budget/Financial Source: [Directorate/Funding]	Executives - Corporate Executives
10	The following supporting documentation is attached	
	(a) Procurement Report	Attached
	(b) Single Tender Action	Not Applicable

(c) Additional information if necessary

	The Chair is asked to take urgent action in respect of contract approval	Not Applicable - Board approval
11	Expenditure Exceeds £1m (Ministerial Approval)	Applicable
12	Supporting Document for IM's and Chair (attached by Head of Risk and Regulation with Chair's Action docusign approval process)	

APPROVAL

Expenditure £25,000 to £500,000

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Finance Director

Expenditure £500,000 to £1,000,000

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Chief Executive

Compliance (in respect of Chair's Action)

I confirm I have reviewed the information contained in this request and it accords with the process for approval of such expenditure.

Signed

Dated

Print Name

Director of Corporate Governance

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Independent Member

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Independent Member

Expenditure above £1,000,000 (Board Approval/Chairs Action)

I approve/recommend the purchase of the above on the understanding that the total cost indicated is not exceeded.

Signed

Dated

Print Name

Chair

Contract award approved at LHB Board on **Minute No.**

Comments:

Report Title:	Corporate Risk Register			Agenda Item no.	9.1
Meeting:	Board Meeting	Public	x	Meeting Date:	28 th May 2026
		Private			
Status	Assurance	x	Approval	Information	x
Lead Executive:	Director of Corporate Governance				
Report Author:	Corporate Archivist and Records Management Manager				

Main Report

Overall Risk Position and Direction:

The Corporate Risk Register demonstrates continued progress in the maturity of risk management across the Health Board, driven by successful digitalisation and strengthened governance arrangements. There is an improving position in the management of extreme risks, with a greater proportion now being actively treated rather than tolerated. However, the profile continues to highlight a significant level of long-standing and high-impact risks, particularly within infrastructure, indicating ongoing systemic pressures.

The current position is therefore assessed as improving but requiring sustained oversight, with key priorities being the reduction of legacy risks, strengthening of risk moderation, and ensuring that risk intelligence is consistently used to inform decision-making and resource prioritisation.

Background and current situation:

The Corporate Risk Register (“the Register”) has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Register includes risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The register can be located in the supporting documents folder within the Teams Channel and the CAV UHB website

Risk registers have traditionally been managed using an Excel spreadsheet. However, the Corporate Governance team have streamline and digitise this process across the Health Board by implementing a new Risk module within the AMaT (Audit Management and Tracking) system.

On 1 August 2025, a Health Board-wide Task and Finish Group was established, with representatives from each Clinical Board and corporate areas, to support delivery of the Digital Risk project, including data mapping, AMaT training, communication, and rollout. This approach enabled timely delivery and supported the transition from Excel-based risk management to a digital solution.

The initial milestone, to fully transition the Corporate Register (risks scoring 20+) by 31 October 2025 was achieved. The register included in this report, and the supporting graphs below, have been generated directly from the AMaT risk module.

A second milestone was set to achieve full transition of all risks by 31 March 2026. Following complete digitalisation, the UHB is now able to identify legacy risks (those held for extended periods). Current risk durations range from one month to 196 months (16.5 years), highlighting the scale of legacy risks across the Health Board.

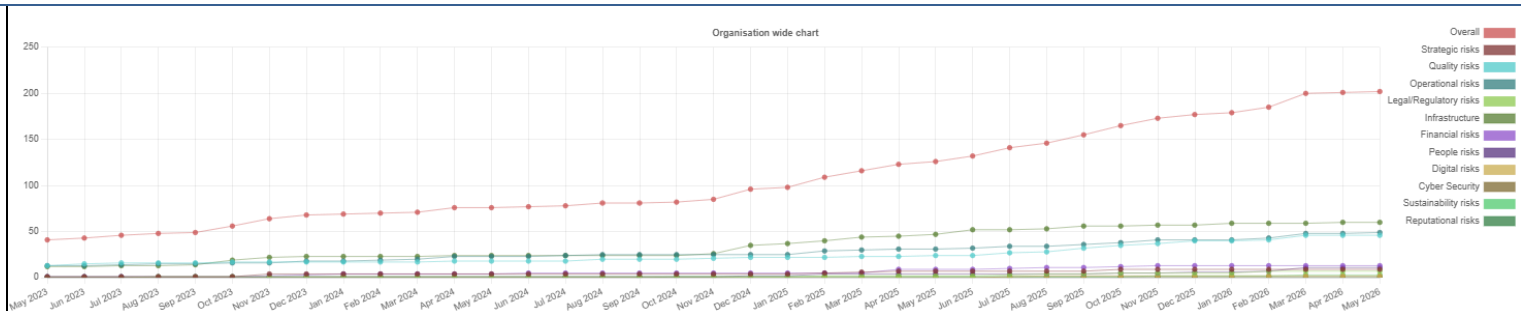


Image 1 – Migration of Corporate Risks to digital platform

The Task and Finish Group has now transitioned into a standing Organisational Risk Management Group (ORMG), marking the shift from implementation to ongoing oversight. The ORMG will lead delivery of actions arising from recent audit work, including risk moderation, data cleansing, and structured review to improve data quality and consistency.

The focus of this next phase is not only data quality, but how risk information is used to inform decision-making. Work is underway to ensure risk owners and governance groups can effectively extract and apply risk data. This includes strengthening Clinical Board reviews to ensure key risks are presented consistently to Executives, enabling effective challenge and alignment.

The ORMG will oversee moderation across Clinical Boards and Directorates, culminating in whole-organisation moderation through the Strategic Leadership Team (SLT) in Q3. This will strengthen organisational oversight and inform prioritisation, resource allocation, and strategic direction. The work will also support wider activity, including cultural review and development of predictive risk insights.

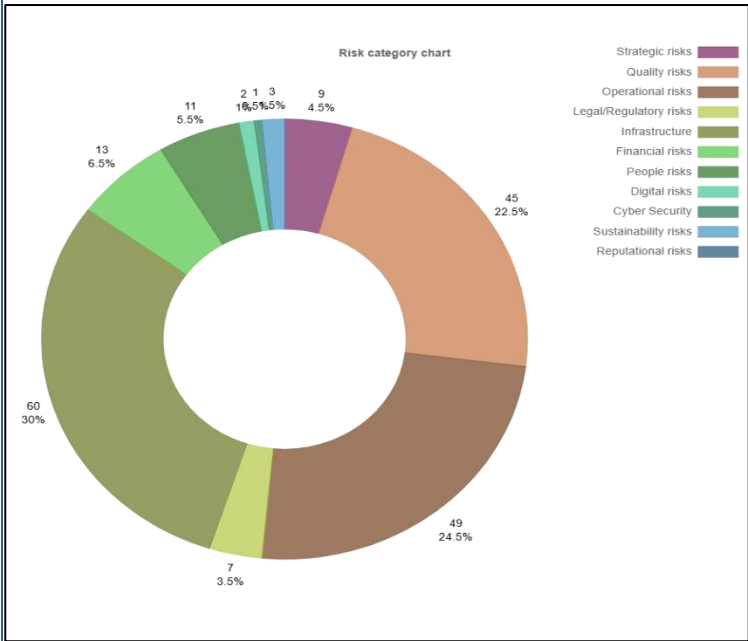
A full risk management update was provided to the Audit and Assurance Committee on 19 May 2026, setting out the progress made in strengthening organisational oversight. This provides the context for the next phase of work, including whole-organisation moderation through SLT and continued use of risk intelligence to inform prioritisation and decision-making. Following moderation, the Corporate Risk Register will be reported to Audit and Assurance Committee as part of the November 2026 risk update.

Appendices (located in the supporting documents folder):

1. Full Corporate Risk Register (Score >20)
2. Extreme Risk (Score 25)

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

The Board should note that Clinical Board risks are also monitored and scrutinised at regular Clinical Board Review meetings. Clinical risk is addressed through the Clinical Safety Group governance framework.



The risks presented in the register can be viewed through a lens of cause and effect. The largest area of risk category falls within infrastructure.

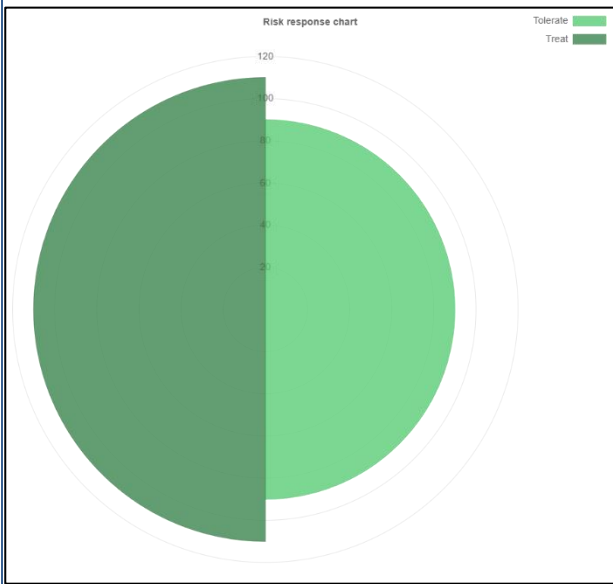
In line with monitoring the UHB financial position, there are 9 x Finance risks recorded that are actively being treated, 4 of which have been identified as risk score 20 and included within the Corporate Risk Register.

Image 2 – Categories risks have been assigned

The Capital, Estates, and Facilities (CEF) risk register is now reported by discipline and has been introduced so that risks can be identified in general terms (see column ‘Specialty’ in register).

The Director of Corporate Governance continues to review the risk register in order to establish a coherent structure of risk moderation and engagement across the Health Board. Work is ongoing with Clinical Boards and other areas to refine the risk register in parallel to Clinical Board reviews.

Review of the Corporate Risk Register provides an equal split of risks being treated and tolerated resulting in 45% of these extreme risks currently being tolerated.



Comparison:
 Nov 2025; Tolerate 49.6% Treat 50.3%
 vs
 May 2026; Tolerate 45% Treat 55%

Image 3- Percentage of risks identified as Treat or Tolerate

As a result of digitalising the risk register, the UHB is now able to identify legacy risks (Risks that have been tolerated for extensive periods) with 3 entries identified below that are exceeding 10 years.

Service	Date Raised	Title	Current Score	Response	Comments
Bone Marrow Transplant	01/01/2010	Current facilities for BMT patients inadequate	25	Treat	Remain live as it has been highlighted in regulatory audit reviews and is pending Welsh Government approval for funding to build a JACIE-compliant facility. Risk continues to be monitored
Podiatry	01/01/2010	No foot assessment on hospital admission	20	Treat	Risk involves developing a standardised approach across Wales by Podiatry and TVN, with a decision on whether it should be generic or diabetes-specific and linked to pressure surveillance Risk continues to be monitored
Community Pharmacy / Medicines Management	25/08/2015	Prescribing budget	20	Tolerate	volatility of drug tariff, category M prices, drug shortages and NCSO concessionary pricing, growth in volume, legal responsibility to make certain medicines available e.g. those with a NICE TA or AWMSG appraisal. Risk continues to be monitored

The graph below demonstrates the durations of all risks within the corporate risk register ranging from 196 months through to a single month.

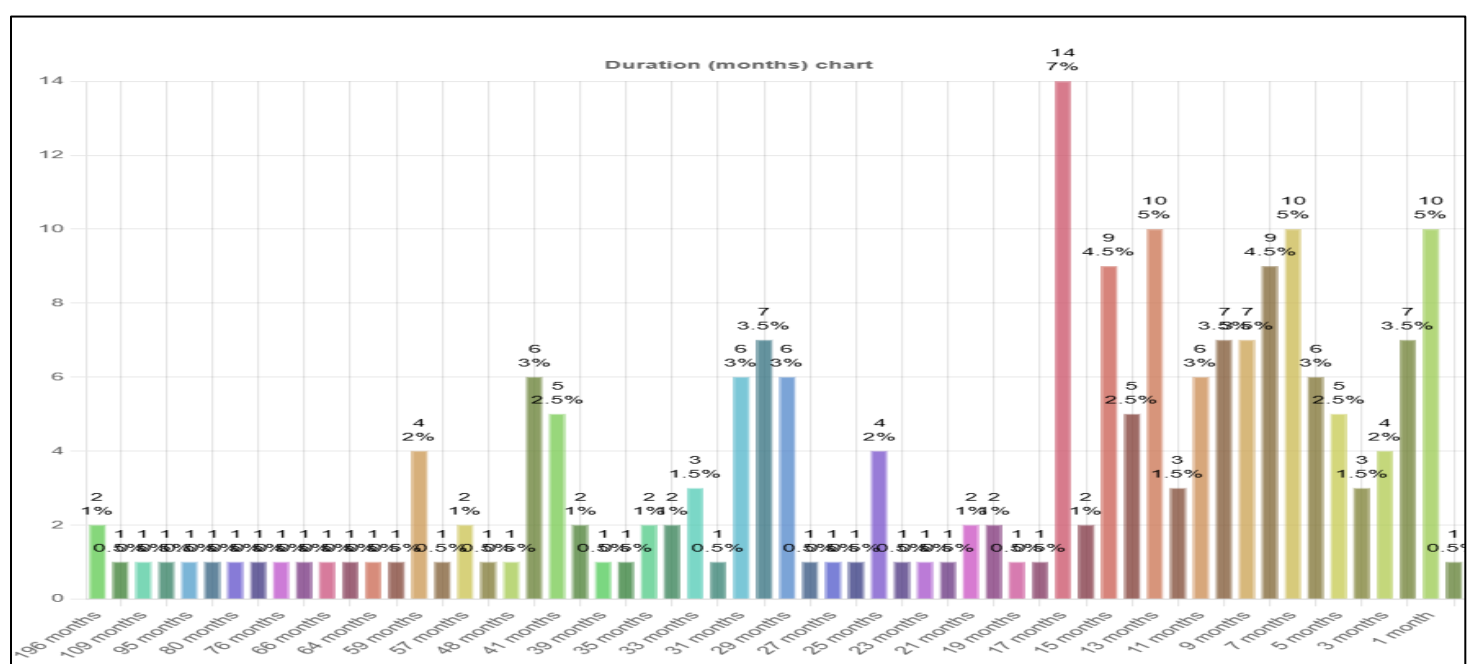
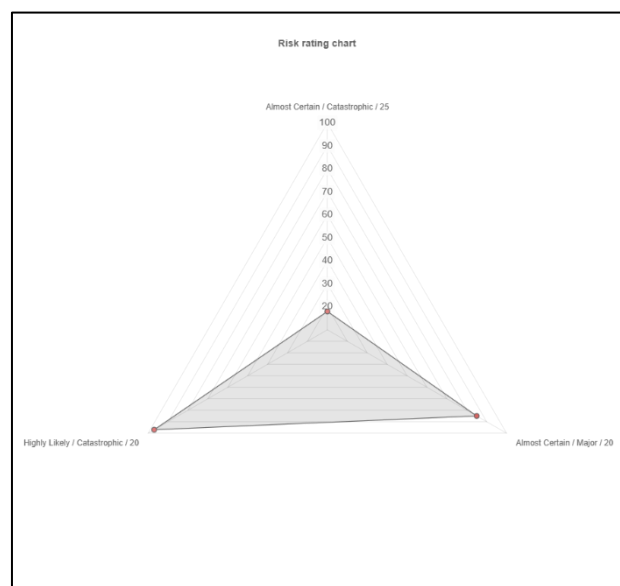


Image 4- Count of risks by months active



Among the 200 risks listed in the Corporate Risk Register with a score of 20 or higher, 9% have been classified as both "Almost Certain" in likelihood and "Catastrophic" in impact.

Image 5 – Risk rating chart

Duration (months)	Count
196 months	1
106 months	1
66 months	1
64 months	1
58 months	1
57 months	2
30 months	1
29 months	1
21 months	1
17 months	2
11 months	1
9 months	3
6 months	1
5 months	1

The 9% represents 18 risks that are currently scored at 25, with an “Almost Certain” likelihood and “Catastrophic” impact. These risks were raised between 196 months (the longest standing) and as recently as five months; only six of the 18 have been added within the last 12 months. The presence of long-standing risks does not indicate unmanaged risk; however, it does require assurance that the recorded likelihood and impact, mitigating controls, and overall risk trajectory remain current, robust, and subject to appropriate challenge. This will inform the approach to risk moderation as the work progresses.

Image 6 – Table of extreme risks (score 25) by the months they have been active

ASSURANCE is provided by:

- Corporate risks now being accessible on the AMAT platform enhancing oversight and risk management functionality
- The presence of risk registers in Clinical Board and Corporate planning functions e.g. Capital and Investment decisions.
- The transition of the Risk Task & Finish Group an Organisational Risk Management Group to shift from implementation to ongoing oversight
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and Corporate Governance



Recommendation:

The Board is requested to:

Note the Corporate Risk Register and the work in this area which continues to progress.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “X” in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an “X” in the below boxes as relevant

Prevention	X	Long term	Integration	Collaboration	Involve ment
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Quality Impact Assessment Completed?

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

Yes – (please provide completed QIA document)	X	No – (Please provide reasoning, e.g. not required)	X	Not required
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Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes

The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processes and procedures.

Safety: No

Financial: /No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Welsh Language: No

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

Committee/Group/Exec	Date:
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