CARDIFF AND VALE UNIVERSITY HEALTH BOARD

PUBLIC BOARD MEETING

Thursday 30 July 2026 - 9:30 am – Microsoft Teams

AGENDA

PUBLIC MEETING			
Start time: 09:30	**1**	**Welcome, Introductions & Apologies for absence:**	Kirsty Williams
	2	Declarations of Interest	Kirsty Williams
	3	Minutes of the Board meeting held 28.05.2026 Minutes of the Special Board meeting held 23.06.2026 Minutes of the Annual General Meeting held 14.07.2026	Kirsty Williams
	4	Action Log – following meeting held on: 28.05.2026	Kirsty Williams
	5	Consent Agenda Business	Kirsty Williams
09:40	**6**	**Items for Review and Assurance**	
09:40 15 mins	6.1	Patient Story	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 *including SLT updates*	Suzanne Rankin
10:20 10 mins	6.4	Finance & Performance Committee Chairs Report 22.07.2026	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. *Charitable Funds 16.06.2026* 2. *Quality Committee 30.06.2026*	Matt Phillips
10:55 15 mins	6.7	Strategic Planning, Commissioning and Partnership Update	Adam Roberts Catherine Phillips
11:10	6.8	**BREAK – 5 minutes**	
11:15 20 mins	6.9	Targeted Intervention Update	Adam Roberts
11:35 75 mins	6.10	Integrated Performance Report: • *Quality & Safety* • *Digital & Health Intelligence* • *Public Health* • *Finance* • *People & Culture* • *Operational*	Catherine Phillips Claire Beynon Catherine Wood Jason Roberts Rachel Gidman David Thomas
12:50	6.11	**LUNCH – 30 minutes**	
13:20 15 mins	6.12	An overview of Genomics Partnership Wales (GPW)	Suzanne Rankin / Michaela John

	7	**Item for Approval / Ratification**	
13:35 20 mins	7.1	Capital Plan 2026/27	Catherine Philips
13:55 20 mins	7.2	Local Trauma and CranioMaxillofacial Contract	Catherine Phillips
14:15	**8**	**Consent Agenda**	
	8.1	Park View Update	Catherine Phillips
	8.2	Haematology Strategic Outline Case	Catherine Phillips
	8.3	Quality Management System (QMS) Improvement Plan	Jason Roberts
14:15	**9**	**Items for Noting and Information**	
0 mins	9.1	Reports from Advisory Groups and Joint Committees: 1. *Shared Services Partnership Committee 14.05.26* 2. *Joint Commissioning Committee 26.05.26*	Matt Phillips
0 mins	9.2	Committee and Advisory Group Minutes: 1. *People & Culture 12.05.2026* 2. *Quality 02.06.2026* 3. *Finance & Performance 17.06.2026*	Matt Phillips
14:15	**10**	**Agenda for Private Board Meeting:**	
		i) Approval of Private Board minutes *ii) Llantrisant Health Park FBC & Orthopaedic Plan* *iii) Organisational Redesign* *iv) Planned Care* *v) Transforming Access to Medicines Full Business Case* *vi) Private Committee minutes*	
14:15	**11**	**Any Other Business**	
	11.1	Review of the meeting	Kirsty Williams
	11.2	**Date and time of next meeting:** Board on 24 September 2026 – Woodland House, Maes Y Coed Road CF14 4HH	

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

Minutes of the Public Board Meeting
Microsoft Teams

26.03.2026 – To view a recording of this meeting, please click here **– Each item can be viewed separately if preferred.**

Chair:		
Kirsty Williams	KW	Chair of the Cardiff and Vale University Health Board
Present:		
Claire Beynon	CB	Executive Director of Public Health
Emma Cooke	EC	Executive Director of AHPs, Health Scientists & Community Services
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Rachel Gidman	RG	Executive Director of People & Culture
Susan Lloyd Selby	SL	Independent Member – Local Authority
Lorna McCourt	LMc	Independent Member – Trade Union
Catherine Phillips	CP	Executive Director of Finance
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
Adam Roberts	AR	Executive Director of Strategy, Planning & Partnerships
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
David Williams	DW	Head of Communications
Catherine Wood	CW	Deputy Chief Operating Officer
Observers:		
Maddy Brown	MB	Management Graduate Trainee
Jac Mortimer	JM	Management Graduate Trainee
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications, Arts, Health Charity and Engagement
Lauranne Cullen	LC	Llais Representative
Clive Curtis	CC	Independent Member - Community
Ceri Phillips	CPVC	University Health Board Vice Chair
Rachna Upadhya	RU	Independent Member

Ref	Agenda Item	
UHB 26/05/1	**Welcome, Introductions & Apologies for Absence** Kirsty Williams (KW), The Chair of Cardiff and Vale University Health Board (The Health Board) welcomed everybody to the meeting in English and Welsh. Apologies for absence were noted.	
UHB 26/05/2	**Declarations of Interest** No declarations of interest were raised.	
UHB 26/05/3	**Minutes of the Board Meeting held 26.03.2026 – click to view** The minutes of the Board meeting held 26.03.2026 were received. Claire Beynon (CB), Executive Director of Public Health highlighted some formatting changes which were picked by Nathan Saunders (NS), Senior Corporate Governance Officer outside of the meeting.	

	The Board resolved that: a) The minutes of the Board Meeting held 26.03.2026 were approved as a true and accurate record of the meeting.	
UHB 26/05/4	**Actions – Following Meeting held 26.03.2026 – click to view** Actions from the previous meeting were received. **The Board resolved that:** a) The Actions following the meeting held 26.03.2026 were noted.	
UHB 26/05/5	**Consent Agenda – click to view** KW advised the Board that the consent agenda items 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. She asked if anybody wanted to highlight anything from that agenda to which no responses were received. **The Board resolved that:** a) The consent agenda items were noted, and formal approval of items would be noted.	
UHB 26/05/6.1	**Patient Story – Listening & Learning from Patient Concerns – click to view** The Patient Story was received. Due to technical difficulties, the video was not played and was circulated to Board members outside of the meeting (click here to watch). A verbal update was provided on the story which focused on how the organisation supported patients with specific nutritional needs, including those requiring special diets, snacks, or allergy-related adjustments. A key intervention discussed was the introduction of “purple boxes”, which are readily accessible snack boxes intended to ensure patients can access appropriate food when needed. The initiative aimed to improve patient safety, ensuring that patients who require food outside of standard mealtimes were not missed. Jason Roberts (JR), Executive Nurse Director emphasised the importance of embedding learning from concerns into routine practice, noting that training, induction and audit processes would help ensure sustainability Emma Cooke (EC), Executive Director of AHPs, Health Scientists & Community Services advised that the issues raised in the Patient Story were being addressed through a range of system-wide approaches, rather than a single intervention and confirmed that Tendable audit was being used as part of the assurance process, enabling the organisation to monitor compliance and practice on an annual basis, with findings reported through Executive review to track progress and improvement. The Board highlighted the central importance of listening to the patient voice, recognising that patients were often best placed to articulate their own needs, and that staff must respond appropriately where concerns were raised. It was further noted that ensuring consistent application of learning in practice remained a key priority.	

	The Board acknowledged the value of Patient Stories in supporting quality improvement and noted the discussion. **The Board resolved that:** a) The Patient Story was noted.	
UHB 26/05/6.2	**Chairs Report – click to view** KW introduced the report and advised that it would be taken as read, drawing Board members' attention to three key areas. Firstly, the deliberate inclusion of examples of organisational excellence within the report, noting that despite the challenging operating context faced by the Health Board, significant achievements continued to be delivered across teams. The Board was encouraged to identify and share examples of innovative or high-quality practice within their respective areas to ensure these could be recognised in future reports. Secondly, KW formally welcomed Adam Roberts (AR), Executive Director of Strategic Planning & Partnerships to his first Board meeting noting the positive impact he had already made within a short period. The Board expressed its support and looked forward to working with him. Thirdly, the Chair took the opportunity to formally recognise the forthcoming departure of Suzanne Rankin (SR), Chief Executive Officer from the organisation over the summer 2026. Members were invited to acknowledge her contribution to Cardiff and Vale University Health Board, with the Chair noting her values-driven leadership, professionalism, and the significant impact she had made during her time within the organisation. The Board collectively recognised that her departure would represent a considerable loss, while wishing her well in her future role. **The Board resolved that:** a) The report was noted. b) The Chair's Actions undertaken were approved. c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved.	
UHB 26/05/6.3	**Chief Executive Officer report – click to view** Suzanne Rankin (SR), Chief Executive Officer introduced the report, providing a high-level overview of the organisation's current position and key areas of focus. The report was framed within the context of the ongoing targeted intervention by Welsh Government (WG), the delivery of the annual plan, and the significant financial and performance challenges facing the Health Board. She emphasised the need to accelerate progress across priority areas, while recognising both the scale of the challenge and the requirement for collective organisational effort. The Board were advised that Independent Assessors appointed by WG were progressing their phase one diagnostic work, having undertaken a comprehensive review of documentation and extensive engagement with over 200 staff members. It was noted that feedback indicated that colleagues had engaged openly in the process. SR noted that the final report was expected to be submitted to WG in early July 2026 and was anticipated to provide helpful insight into areas for further improvement and potential support requirements.	

	In relation to organisational priorities, SR outlined progress against the four strategic objectives, including work to strengthen organisational culture, improve staff wellbeing and experience, and respond to staff survey findings. She confirmed that the Listening to People arrangements introduced in April 2026 were now being implemented effectively. Work was also underway to strengthen the Health Board's quality management approach, with a refreshed model for quality governance having been introduced and beginning to embed. The success of the Nursing and Midwifery Conference held earlier in May 2026 was highlighted, with SR describing it as an exceptionally positive event which showcased high-quality improvement work, strong professional engagement, and leadership at all levels. Emphasis was placed on the value of internal expertise and the positive culture demonstrated by staff across the organisation. The Board was also updated on progress in relation to the Clinical Services Plan (CSP), which had now entered the implementation phase, and was expected to play a key role in driving long-term transformation, particularly through a shift towards community-based care. SR reflected on the Health Board's financial position, confirming a forecast deficit of £86.5 million and the requirement to deliver £42.5 million in savings. SR noted that the current position remained unsustainable and unacceptable, with further work required to strengthen the financial plan and provide greater assurance to WG. It was acknowledged that the organisation was currently behind trajectory due to an incomplete savings programme. Clinical Boards had engaged with Executive Directors to review and identify further opportunities, and additional work would be required to support the necessary update to WG. During discussions, Board members welcomed the balanced nature of the report, recognising both the challenges faced and the examples of positive progress. Members highlighted the importance of maintaining focus on innovation and external partnerships, including developments in genomics and collaboration with academic partners, as key enablers for future improvement. The Board also considered the role of clinical leadership in driving improvement, particularly in relation to financial recovery and service transformation. It was recognised that strengthening clinical engagement and empowerment would be critical to delivering sustainable change. SR noted that independent assessors were exploring this area in detail, including consideration of whether the organisation was sufficiently clinically led and how clinical leadership could be further developed and supported. Matt Phillips (MP), Director of Corporate Governance advised that work was underway to establish a Healthcare Professional Forum, which would provide a strengthened clinical voice within Board processes. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity to provide assurance described in the report was noted. b) The Strategic Leadership Team summary report was noted.	
UHB 26/05/6.4	**Finance & Performance Committee Chairs Report – click to view** Rhian Thomas (RT), Independent Member – Capital & Estates, introduced the report and advised that it reflected the Finance and Performance Committee meeting held on 20 May 2026. She noted that the Committee had considered the Month 1 financial position and that	

	the Health Board was already operating in a more challenging position than planned, with a Month 1 deficit greater than plan. This position was reported to be primarily driven by the current stage of development of the savings programme, with a number of savings schemes not yet sufficiently identified or substantiated. The Board was advised that the Committee had discussed the need for a shift in financial planning so that savings schemes were identified and developed ahead of the start of the financial year, rather than being sourced and managed during the year. It was recognised that the organisation had experienced a recurring pattern over recent years of identifying savings schemes too late, which had contributed to reliance on non-recurrent savings and had limited progress towards recurrent solutions. RT advised that the Committee had also reviewed the organisation's self-assessment against the Welsh Government Governance and Control Framework. While governance arrangements were considered to exist in practice, it was noted that they were not consistently embedded or applied across the organisation. Areas highlighted included risk control, rostering of sickness, temporary staffing, escalation and accountability arrangements, and contract management. SR advised that Clinical Boards had been required to fully de-risk their plans by the end of Quarter 2. She emphasised that achieving the £42.5m savings requirement would not, in itself, be sufficient to address the organisation's financial challenges and that more radical transformation would be required. She noted that cost control, grip and control, workforce controls and housekeeping measures were important but would not resolve the underlying position without a clear strategic plan for transformation. The Board recognised that the challenges discussed were linked to the need for the organisation to be clinically led, with clinical leadership playing a central role in improving both financial and performance outcomes. Members highlighted the importance of identifying recurrent savings earlier and strengthening the organisation's ability to deliver sustainable change. RT also advised that the Committee had received the JACIE business case, which would be brought forward for further consideration by the Board. **The Board resolved that:** a) The Finance & Performance Chairs Report was noted.	
UHB 26/05/6.5	**Board Assurance Framework – click to view** The Board Assurance Framework (BAF) was received. Matt Phillips (MP), Director of Corporate Governance, introduced the report and advised that the Board Assurance Framework remained a dynamic document which continued to evolve. He highlighted that more significant revisions had been made to some sections, particularly People and Infrastructure, and encouraged Board members to review those areas in detail. He also explained that the BAF was intended to look up and out towards the organisation's strategy and to identify the key risks that could prevent delivery of the Health Board's long-term objectives. He noted that the framework had a 2035 horizon and was therefore a fundamental strategic document rather than a rapidly changing operational report. The Board's attention was drawn to the risk summaries included within the report. MP advised that each of the six strategic risk themes included a concise summary intended to capture the essence of the risk within that theme. He explained that the report had consolidated the themes, causes and effects into a single high-level table and asked the Board to consider whether this provided an accurate reflection of the strategic risks facing the organisation.	

	During discussion, Board members welcomed the summary table and considered it to be a significant improvement in terms of providing a clear and accessible articulation of the organisation's strategic risks. It was suggested that an additional mitigation column would further strengthen the document by enabling Board members to see what actions or controls were in place to respond to each risk, and where gaps in mitigation remained. David Edwards (DE), Independent Member - ICT discussed the potential use of artificial intelligence to support further analysis of the Board Assurance Framework and related risk information. MP recognised that AI could provide opportunities to interrogate documents, identify themes, generate additional insight and support Board-level discussion. It was also noted that any use of AI would need to be considered safely, with appropriate guardrails and an understanding of both opportunities and limitations. It was noted that while the framework clearly articulated current strategic risks and their drivers, it could more clearly set out what the organisation was aiming to achieve. It was suggested that future iterations should strengthen the forward-looking element of the document so that it described both the risks faced in the present and the future state the organisation wished to work towards. **The Board resolved that:** a) The risk summary document was discussed and considered to determine if it was an accurate reflection of the risks to strategy delivery. b) The risk themes regarding the delivery of Strategic Objectives detailed on the BAF were reviewed and noted.	
UHB 26/05/6.6	**Committee Chairs Reports** The Committee Chairs Reports were received. Quality – click to view The Committee had received a comprehensive update on the Electronic Prescribing and Medicines Administration (ePMA) programme and had recognised the successful rollout of the system across the organisation. It was noted that this represented a significant innovation and change in the way medicines were prescribed and administered across the Health Board. The Committee had also reviewed progress against the Royal College of Psychiatrists recommendations following inpatient suicides during 2021-22. It was noted that there had been a strategic move away from a tick-box style of assessment towards a more psychologically informed approach, supported by targeted training The Committee had also considered the JACIE inspection and business case progress, alongside the overarching quality improvement plan The Committee had received a briefing on a Public Health Wales sexual health incident and had been assured that safeguarding reviews had taken place for relevant patients, and that appropriate corrective and support mechanisms were in place. Claire Beynon (CB), Executive Director of Public Health, asked that the report be amended to clarify that Public Health Wales had advised that it had attempted to contact all affected individuals. Digital & Infrastructure – click to view RT advised that the Committee had received an update on the Estates Risk Register, which was being revalidated following recent condition surveys. It was noted that this provided a richer source of information to inform the organisation's risk registers and to support review of high-risk infrastructure concerns.	

The Committee had discussed targeted estates schemes and recently approved business cases, including ward roof replacement and other infrastructure-related works. The Committee had also been assured that there were no current enforcement or improvement notices in place.

It was noted that from a digital perspective, the Committee had reviewed progress against the Digital Roadmap Programme and had considered the Digital Foundations Programme business case, which would also be discussed at Private Board.

The Board discussed Operation Power, which was described as the organisation's annual power outage emergency testing exercise to ensure that emergency generators and essential power supplies operated effectively

The Committee also discussed the need to continue work relating to significant refurbishment, environmental issues and infrastructure risk, particularly at the University Hospital of Wales site. It was noted that immediate focus was being given to condition D and DX areas, which represented infrastructure at imminent risk of failure, including boiler house, electricity supply, generator backup and fire safety elements. Further work would be brought back through the Board in July 2026.

People & Culture – click to view
RT presented the report on behalf of the Committee Chair and advised that the Committee had received a staff story from the Health Inclusion Team at His Majesty's Prison (HMP) Cardiff. The story highlighted strong leadership, morale and team cohesion within a challenging environment, and the Committee recognised the value of frontline insight and the importance of replicating leadership conditions that enabled such success.

It was noted that the Committee had reviewed the People BAF, which consolidated three risks into a single people risk. Members welcomed the improved structure but requested greater specificity, clearer links to impact and clarity regarding which domain each action related to.

The Committee had considered key performance indicators and noted continued reductions in agency spend, while recognising that further reductions would be challenging. Bank spend remained a priority area, with sickness, vacancies and additional capacity identified as key drivers.

The Committee had also received an update on Speaking Up Safely and noted that the new connector model was embedding well, with 17 connectors in place.

The Committee supported development of a Cultural Early Warning System, which would bring together workforce, wellbeing and staff experience intelligence to support earlier identification of pressures and risks.

The Clinical Board Spotlight had focused on Children and Women, highlighting improvements in sickness, turnover, digital innovation and leadership development, alongside ongoing challenges.

Audit & Assurance – click to view
DE advised that the Committee had held a busy meeting, with a significant number of internal audit reports received. It was noted that this was not unusual for that point in the year, as audit reports tended to increase towards year-end.

Most reports had received at least reasonable assurance, which allowed the Committee to focus on those with limited assurance.

The Committee recognised the importance of the AMaT tracking process, which was now being used to support tracking across the organisation. The Committee also received reports on policy management and procurement compliance, both of which showed improvement.

	The Board resolved that: a) The Chairs Reports were noted.	
UHB 26/05/6.7	**Strategic Planning, Commissioning and Partnership Update – click to view** The Strategic Planning, Commissioning and Partnership Update was received. Adam Roberts (AR), Executive Director of Strategy, Planning and Partnerships, introduced the report and advised that the substantive item related to progress on the new model for stakeholder engagement. He also highlighted key forthcoming dates, including the response to the Annual Plan, the Regional Partnership Board Annual Conference on 19 June 2026, and the launch of the Clinical Services Plan on 2 June 2026. Emma Cooke (EC), Executive Director of AHPs, Health Scientists and Community Services, provided an update on the Clinical Services Plan (CSP) and Community by Design. She explained that the CSP set out the organisation's ambition to move towards a more integrated, community-based model of care, with Community by Design acting as a primary delivery vehicle. The work would involve the Health Board, local authority partners, the third sector and people who used services. The Board was advised that support had been received from the National Association of Primary Care and that a Programme Manager had been appointed on a secondment basis. Work was underway to develop an 18-month programme of delivery, focusing on how infrastructure and ways of working could change within existing resources. It was intended that this would support productivity improvements within secondary care and enable services to shift further into the community. EC advised that, by Christmas 2026, the organisation aimed to develop three clusters: two which were already working in a more integrated way and one which had not progressed as far. This would allow learning from more mature clusters to be shared and scaled. It was hoped that this would begin to change the way people accessed services and support demand management going into winter. The Board was advised that clear principles would be established for working within an integrated neighbourhood model, while allowing individual teams and clusters to design services around the needs of their local populations. Work was also underway to develop benefits realisation, data and support arrangements to enable transformation. The Board discussed the proposed replacement of the Stakeholder Reference Group (SRG) with a new collaborative model. EC explained that the previous approach had often been more focused on engagement than co-production and had not always achieved consistent membership or influence. The new approach was intended to bring together a broader range of partners and communities in a way that would support more meaningful co-production and enable patient and community voice to influence service change. Members welcomed the proposed approach but recognised that developing effective co-production would require a significant cultural shift, particularly in relationships between the Health Board and the third sector. The Board discussed how the collaborative would engage seldom heard communities, how cluster representation would reflect the diversity of local populations, and how the impact of the new approach would be evaluated. EC acknowledged that the collaborative would need to develop trust over time and that different methods would be required to hear from diverse communities, including working through community leaders and bringing insight back into the collaborative. It was recognised that the collaborative would be one element of a wider engagement approach and that membership and representation would need to be kept under review.	

	AR advised that the organisation would consider how closely the membership of the collaborative reflected the demographics of the Cardiff and Vale population, while recognising that it would not be possible to achieve perfect representation. He also noted that one measure of success would be whether members of the collaborative acted as champions for the work being taken forward. The Board discussed the role of Llais and was advised that Llais would be represented on the collaborative. It was also agreed that Llais would submit a formal report to be included in future Strategic Planning, Commissioning and Partnership updates, providing the Board with insight into Llais activity, feedback and themes being heard. Members also discussed whether education and training representation should be included, noting the importance of further education, higher education and schools in shaping the future workforce and public understanding of health opportunities. It was agreed that this would be considered further outside of the meeting. The Board also discussed the South East Wales Regional Joint Committee. Members requested more detailed information in future reports regarding progress against shared priorities, workstreams and decision-making at regional level. It was suggested that the Regional Director could be invited to present to the Board on a quarterly or six-monthly basis and that future reports should provide clearer assurance on decisions, programmes and policies being progressed through that forum. The Board noted concerns regarding the Health Board's Individual Patient Funding Request panel representatives not attending JCC IPFR panels and was advised that this represented a risk requiring further attention. It was noted that timely decisions on an All-Wales basis were important and that recruitment had been identified as part of the response. **The Board resolved that:** a) The progress being made across the Strategic Planning, Commissioning and Partnership work programme was noted. b) The new model of the Stakeholder Reference Group 'Shaping our Future Wellbeing Collaborative was approved.	
UHB 26/05/6.9	**Leaders Who Listen – click to view** The Leaders Who Listen report was received. Jason Roberts (JR), Executive Nurse Director, introduced the paper and advised that the revised approach had gone live in September 2025. The programme had been co-produced with Board members and Executive colleagues and was intended to strengthen leadership visibility, engagement and psychological safety across Cardiff and Vale University Health Board. The Board was advised that the approach had been developed following concerns that staff had previously experienced Executive walkarounds as inspection-like in nature. The revised model was intended to foster open dialogue, reduce anxiety and enable staff to showcase good practice as well as share the challenges they faced. JR advised that 35 walkarounds had taken place across a range of settings, including both clinical and corporate areas. Feedback from staff who had responded had been consistently positive, with staff reporting that the visits supported engagement with senior leaders, provided recognition for their work and created opportunities for open conversations. The emerging themes from the walkarounds included strong team culture and commitment to high-quality patient-centred care, motivated and compassionate staff, positive multidisciplinary working, visible leadership at ward and department level, and evidence of continuous improvement, service development and research integration.	

	The report also identified strategic challenges raised through the visits, including system pressures, patient acuity, patient flow and wider pressures at the front door. Workforce issues included recruitment and retention, temporary staffing, sickness, workforce development and access to training. Infrastructure and estates challenges were also highlighted, including ageing estate, inadequate space and environmental constraints. During discussion, Board members welcomed the programme and reflected on the value of the visits in supporting learning, visibility and understanding of frontline environments. Members also discussed the importance of closing the feedback loop and demonstrating the value of the time staff spent engaging with Board members. It was noted that opportunities should be considered to show staff how their feedback had informed understanding and action, while avoiding creating unrealistic expectations that every issue raised could be resolved directly by Board members. It was noted that the programme should remain focused on listening, visibility and relationship-building, rather than becoming an inspection or assurance checklist. The Board recognised that preparation before visits could be strengthened by providing Board members with relevant context about the area being visited, including intelligence from staff survey results, risk information and previous visits, while maintaining the conversational and supportive nature of the programme. The Board discussed the need to ensure that feedback from visits was appropriately linked with Clinical Boards, so that local leadership was not disempowered and could use the intelligence to support improvement. It was recognised that the programme should support coaching, empowerment and signposting, rather than creating a list of issues for Executive or Board members to resolve on behalf of teams. The Board also discussed how the impact of the programme could be evaluated over time. It was noted that outcomes should not be limited to whether individual issues had been fixed but should include whether the programme improved communication between Board and frontline teams, increased visible leadership and strengthened clinical engagement. **The Board resolved that:** a) The insight provided by the Leaders Who Listen Walkaround and how this informs assurance, when triangulated with the Board Assurance Framework was noted.	
UHB 26/05/6.10	**Targeted Intervention Update – click to view** The Targeted Intervention Update was received. AR advised that the Health Board remained in Level 4 escalation across all domains and that a de-escalation framework had been agreed with Welsh Government, with Executive leads identified for each area. The Board was advised that the first escalation board with Welsh Government had taken place on 5 May 2026, followed by a meeting with NHS Performance and Improvement on 11 May 2026. The independent assessors undertaking the diagnostic review were completing their work, with the final report expected to be submitted to Welsh Government in July 2026. AR explained that targeted intervention should not be treated as a separate process from the Annual Plan or organisational strategy. Work was underway to embed the de-escalation criteria within the Integrated Performance Report, providing a single integrated approach to monitoring progress. The Board discussed the need to balance delivery of de-escalation requirements with financial sustainability, productivity and efficiency. Members recognised the importance of improving demand and capacity modelling to support evidence-based discussions and ensure progress was achieved through transformation rather than additional expenditure or workforce growth.	

	The Board resolved that: a) The UHB's current position across the escalation domains as presented to Welsh Government in May 2026, including areas of improvement and continued challenge was noted. b) The planned transition to a fully integrated reporting approach from July 2026, where Targeted Intervention measures will be embedded within the Integrated Performance Report was noted. c) Assurance was provided that that the refreshed IPR would provide Board with a single version of the truth on progress against TI de-escalation criteria and provide line if sight to projected trajectories and progress on trajectories as had been sought by Board.	
UHB 26/05/6.11	**Nurse Staffing Update – click to view** JR introduced the report, providing assurance that the Health Board continued to meet its statutory duties in relation to nurse staffing levels. He confirmed that staffing levels across applicable areas were being monitored and reported to Board in line with legislative requirements. It was noted that the organisation had adopted a comprehensive approach to staffing assurance, with nurse staffing levels reviewed through a multi-disciplinary process involving Executive Directors, including Finance and Workforce, to ensure appropriate scrutiny and oversight. JR emphasised that this approach provided a robust framework for governance and decision-making. Members were advised that the Health Board had extended its monitoring arrangements beyond the statutory requirement, with additional oversight of staffing levels across a wider range of clinical areas. This enhanced level of reporting was intended to provide greater assurance on workforce pressures and support informed management of staffing risks across the organisation. The Board acknowledged that the approach taken demonstrated a commitment to transparency and continuous oversight, and that it provided a stronger level of assurance than required under legislation alone. **The Board resolved that:** 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.	
UHB 26/05/6.12	**Dental Contract Reform – click to view** The Dental Contract Reform report was received. Catherine Wood (CW), Deputy Chief Operating Officer, introduced the paper and advised that it described one of the most significant reforms to dental care contracts in Wales for approximately 20 years. The reform had been developed nationally between Welsh Government, the NHS and dental professional associations.	

	The Board was advised that the revised contract shifted the model of care away from routine six-monthly follow-up appointments for healthy patients towards preventative oral health, urgent care and improved access for new patients requiring dental services. CW highlighted the establishment of the Dental Access Portal, which provided a single system for managing new patient access and allocating patients to an appropriate practice. Cardiff and Vale had been an early adopter of the approach, and the Board was advised that there was no longer a paediatric dental waiting list within the Health Board. Members discussed the implications of the reforms, including patient choice, access to local practices, patient feedback, the role of Community Dental Services, and the potential impact of contract handbacks or reductions. It was noted that the new model aimed to create additional capacity for urgent patients and those on waiting lists, while supporting a more cluster-based approach to dental service planning and assurance. The Board recognised the potential benefits of the reform, particularly in improving access for those requiring urgent care and supporting communities experiencing inequality. However, Members also discussed the risks associated with contract handbacks and the need to monitor whether the reforms were delivering the intended benefits without creating new access issues. CW advised that teams were working closely with dental practices to support implementation and that contract monitoring would be undertaken regularly, including review of demand, capacity and access across communities. It was agreed that a **further risk-based paper would be brought to a future Board meeting**, setting out the key risks associated with delivery of the reform and the proposed mitigations. **The Board resolved that:** a) The changes to the provision of General Dental Services, following new contractual arrangements in 2026 and how that had been applied within the Health Board was noted. 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 was noted.	
UHB 26/05/6.13	**Staff Survey Update – click to view** The Staff Survey Update was received. Rachel Gidman (RG), Executive Director of People and Culture, introduced the report and advised that it had been considered by the People and Culture Committee and shared with Clinical Boards and corporate areas. The Board was advised that staff survey participation had increased over recent years, from 21% in 2023 to 26.8% in 2024 and 34.8% in 2025, with approximately 6,100 staff voices heard. RG thanked staff for participating but advised that all themes had declined, continuing a three-year pattern which demonstrated that the position was not a single-year anomaly. It was noted that the results represented a clear call to action and that staff were not disengaged but were communicating that conditions had become increasingly unsustainable. Areas of concern included workload, pressure, burnout, variability in leadership visibility, perceived inequity in access to development opportunities and declining engagement measures. The Board noted that, despite the decline across themes, local team relationships and team dynamics remained a strength in many areas. It was recognised that this reflected some of the positive culture seen during walkarounds, but that wider organisational pressures were affecting staff experience. Board members discussed the need to respond in a way that recognised the different realities being experienced across the organisation, including patient experience, staff	

	experience and operational and financial realities. It was emphasised that the aim should be to activate the workforce to support improvement and change, while ensuring that staff were listened to and involved in shaping solutions. The Board discussed how Clinical Boards would be supported and held to account for progressing local action in response to the survey. RG advised that Clinical Boards had received detailed data and that progress would be monitored through Executive reviews. HR Business Partners and People teams would support Clinical Boards to engage with the data and develop actions locally, including through trade union and local partnership forums. It was noted that staff survey response could not be considered in isolation and needed to align with organisational redesign, leadership development, values-based work, the Cultural Early Warning System and the Clinical Services Plan. The Board recognised that these areas needed to be articulated together so that staff survey activity was understood as part of the wider organisational strategy, rather than an additional standalone task. SR reflected that the challenges described by staff often related to wider system and organisational design issues, including workload, emotional burden, infrastructure and how services were organised. It was noted that Clinical Boards would be able to influence some aspects, including relationships, local leadership and management practice, while the Board and Executive Team would need to address the broader strategic challenges. Members acknowledged that staff were working increasingly hard, but that organisational systems and models needed to enable their effort to be more impactful. The organisation therefore needed to create conditions where staff could work more effectively and where the system supported delivery of better outcomes. **The Board resolved that:** a) The scale and nature of the risks identified through the 2025 Staff Survey were noted. b) The importance of co-production, shared understanding and visible action in responding to staff feedback was recognised. c) The shift towards locally owned, leadership-led improvement informed by staff experience was endorsed. d) A strengthened approach to communicating actions taken and closing the feedback loop with staff was supported. e) Further updates demonstrating evidence of local action, staff activation and organisational impact would be received.	
UHB 26/05/6.15	**Theatres Together & Cardiology Update – click to view** The Theatres Together and Cardiology Update was received. The Board was advised that improvements had been seen through the programme. Members recognised the significance of the progress made and noted the importance of capturing and sharing learning from the work undertaken. The Board reflected that the learning from Theatres Together and the Cardiology Service Review should be considered alongside wider organisational intelligence, including the Staff Survey, and that examples of improvement should be used to support spread and scale across the organisation. Members requested that future reporting include more numerical data and greater triangulation with known issues, so that the Board could better understand the impact of the work and the extent to which improvements were being sustained. **The Board resolved that:**	

	a) The updates on the Theatre Together Programme and the Cardiology Service Review were noted.	
UHB 26/05/6.16	**Integrated Performance Report** The Integrated Performance Report (IPR) was received. **Finance: – click to view** CP provided a brief update on the financial position, which had been discussed in detail earlier in the meeting through the Chief Executive Officer Report and the Finance and Performance Committee Chair's Report. The Board noted the continued financial challenge and the requirement to strengthen delivery of the savings programme. **Public Health: – click to view** Claire Beynon (CB), Executive Director of Public Health, provided an update on key public health matters. The Board discussed the need to reduce demand through prevention, early intervention and a different use of resources. Updates were provided on national public health issues, including Hantavirus and Ebola, and the Board noted the actions taken to brief clinicians where required. The Board discussed childhood obesity and the importance of focusing on prevention from the earliest years. It was noted that the Good Food and Movement Plan had been refocused towards children aged 0-5, recognising the importance of early intervention before children reached school reception age. Members also discussed smoke-free environments and the work being taken forward to support implementation, including further consideration through Quality Committee. **Operational: – click to view** Catherine Wood (CW), Deputy Chief Operating Officer, provided an update on operational performance. The Board discussed areas where the Health Board benchmarked poorly compared with other organisations and noted the work underway to improve pathways, provide appropriate safety netting for patients and release capacity. It was noted that work had started in relation to the discharge first model and SOS/PIFU pathways, with workshops taking place to consider how these approaches could be implemented. The Board recognised the importance of changing pathways and ways of working to improve access, flow and overall operational performance. **Quality: – click to view** Jason Roberts, Executive Nurse Director, provided an update on quality indicators. The Board noted the position in relation to concerns, including the increase in concerns reported in April and the proportion closed through early resolution following the introduction of the new framework. The Board also received updates on infection prevention and control, including ongoing work to reduce infections and continued concern regarding MRSA. It was noted that there was strengthened Executive oversight in this area. The Board discussed National Reportable Incidents, including the number of open incidents, and requested further detail on the age of open cases and a trajectory for closure. A never event relating to wrong medication was also noted, with work taking place with Pharmacy in response. **People & Culture: – click to view**	

	Rachel Gidman (RG), Executive Director of People and Culture, provided an update on workforce indicators. The Board discussed sickness absence and noted that the figures included wider absence categories such as special leave and parental leave. It was noted that sickness had reduced over the previous two months. The Board also discussed Welsh language compliance, noting that the Health Board was under investigation in relation to non-adherence. Members were advised that Welsh language responsibilities would be considered at a future Independent Member session. Updates were also provided on fire compliance and job planning, including the need to develop dashboards to support clearer oversight. **Digital: – click to view** David Thomas (DT), Director of Digital and Health Intelligence, provided an update on key digital programmes. The Board was advised that the Radiology Information System and related digital developments were progressing, and that ePMA implementation across inpatient areas was almost complete, with the focus now moving to outpatient areas over the following six months. The Board noted that the Wi-Fi programme was almost complete and that work was progressing through the South East Wales Regional Joint Committee digital group. Updates were also provided on cloud migration and the NHS Wales App. Members discussed the opportunity to reduce paper correspondence through increased use of the NHS Wales App, particularly in relation to outpatient communications, recognising the potential benefits in reducing postage and improving digital access for patients. **The Board resolved that:** a) The position against key organisational performance indicators for 2025/26 and the update against the Operational Plan programmes were noted. This concluded reporting against 25/26 indicators. From June 2026 it was noted that reporting would be against 2026/27 indicators.	
UHB 26/05/7.1	**NHS Long Term Agreements (LTAs) and Financial Approach for 2026/27 – click to view** The NHS Long Term Agreements and Financial Approach for 2026/27 report was received. CP introduced the report and provided an update on the current position. The Board was advised that the Health Board had provider Long Term Agreements with a value of approximately £95m, alongside a contract value of £324m with the Joint Commissioning Committee. It was noted that the Joint Commissioning Committee contract was likely to move towards arbitration. The Board was advised that the Health Board provided services mainly for Aneurin Bevan University Health Board and Cwm Taf Morgannwg University Health Board, with smaller contracts held with other Welsh Health Boards. The organisation also acted as a commissioner with contract values of approximately £70m. Members discussed whether expected reductions in value would motivate providers to deliver efficiency improvements. It was noted that the primary motivation had been to align arrangements with contracts in England, although the route to deliver savings remained subject to further discussion. SR advised that the wider JCC budget position remained challenging and that the proposed approach was linked to the need to submit a balanced position. She noted that the Health Board had agreed to recognise a budget gap and share of risk, rather than necessarily agreeing all mechanisms for balancing the position.	

	The Board resolved that: a) The current Long-Term Agreements and their indicative baseline values for 2026-27 were noted. b) The delegated Board authority for the LTAs to be agreed and signed by the Chief Executive was approved. c) The 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 in report) was approved. d) The LTA financial performance as both provider and commissioner feature as part of reports into the Finance & Performance Committee was noted. e) The current outstanding contract dispute with NWJCC and the potential financial risk was noted.	
UHB 26/05/8	**Consent Agenda Items – click to view** 8.1 Major Incident Plan **The Board resolved that:** a) The review and updates were acknowledged. b) The next formal review 2029 (or at the time of live incident or change in legislation) was noted. 8.2 NWJCC Terms of Reference **The Board resolved that:** a) The updated Standing Orders for the JCC (Appendix 2) following approval by the Joint Committee were approved. b) The updated Standing Financial Instructions (SFIs) for the JCC (Appendix 3) following approval by the Joint Committee were approved. c) The updated Guidance on the Handling of Interests (Appendix 4) was approved. d) The updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee (Appendix 5) was approved. e) The updated terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee (Appendix 6) was approved. 8.3 Cardiff and Vale UHB Standing Orders **The Board resolved that:** a) The changes to Standing Orders were approved 8.4 Committee Annual Reports **The Board resolved that:** a) The Committee Annual Reports were noted and approved 8.5 Procurement Outcome Report: Provision of Travel & Transport Bookings. **The Board resolved that:** a) The award of this contract for Provision of Travel and Transport Bookings for £2,960,000.00 (£3,552,000.00 inc. VAT) was approved.	
UHB 26/05/9.1	**Corporate Risk Register – click to view** The Corporate Risk Register was received. **The Board resolved that:** a) The Corporate Risk Register was **noted.**	
UHB 26/05/9.2	**Reports from Advisory Groups and Joint Committees – click to view** The Reports from Advisory Groups and Joint Committees were received. **The Board resolved that:** a) The Reports from Advisory Groups and Joint Committees were **noted**.	
UHB	**Committee, Advisory Group and Joint Committee Minutes: – click to view**	

26/05/9.3	The Committee, Advisory Group and Joint Committee Minutes were received. **The Board resolved that:** a) The Committee, Advisory Group and Joint Committee Minutes were **noted.**	
UHB 26/05/11.1	**Any Other Business** No other business was raised.	
UHB 26/05/11.2	**Time & Date of the next Meeting:** 30 July 2026, Microsoft Teams	

Cardiff and Vale University Health Board

Special Board Meeting

Tuesday 23.06.2026 via MS Teams

Please click here to view a recording of the meeting.

Chair:		
Kirsty Williams	KW	UHB Chair
Present:		
Adam Roberts	AR	Executive Director of Strategic Planning and Partnerships
Catherine Phillips	CPH	Executive Director of Finance
Catherine Wood	CW	Deputy Chief Operating Officer
Ceri Phillips	CP	UHB Vice Chair
Claire Beynon	CB	Executive Director of Public Health
Clive Curtis	CC	Independent Member – Community
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
David Thomas	DT	Director of Digital & Health Informatics
David Williams	DW	Head of Communications
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Frankie Ogden	FO	Head of Corporate Governance
Helen Lawrence	HL	Assistant Director of Finance – Chief Financial Accountant.
Ian Virgil	IV	Head of Internal Audit
Jason Roberts	JR	Executive Nurse Director
Judi Rhys	JRH	Independent Member – Third Sector
Lauranne Cullen	LC	Llais
Susan Lloyd Selby	SLS	Independent Member – Local Authority
Lorna McCourt	LMc	Independent Member – Trade Union
Matt Phillips	MP	Director of Corporate Governance
Morgan Burchell	MB	Senior Auditor Audit Wales
Rachel Freitag	RF	Audit Manager – Audit Wales
Rachel Gidman	RG	Executive Director of People & Culture
Rhian Thomas	RT	Independent Member – Capital & Estates
Rob Mahoney	RM	Deputy Director of Finance
Suzanne Rankin	SR	Chief Executive Officer
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Paul Bostock	PB	Chief Operating Officer
Joanne Brandon	JB	Director of Communications
Rachna Upadhya	RU	Independent Member
Steve Riley	SR	Independent Member – University

UHWS 26/06/01	**Welcome & Introductions** Kirsty Williams (KW), the University Health Board Chair welcomed everybody to the meeting in English and in Welsh.	

UHWS 26/06/02	**Apologies for Absence** Apologies for Absence were noted.	
UHWS 26/06/03	**Declarations of Interest** No declarations were noted.	
UHWS 26/06/4.1	**The Head of Internal Audit Opinion & Annual Report for 2025-26** The Board received the Head of Internal Audit Opinion and Annual Report for 2025–2026, presented by Ian Virgil (IV), Head of Internal Audit. It was reported that the opinion provided reasonable assurance that the Health Board's arrangements for governance, risk management and internal control were suitably designed and operating effectively. It was noted that this opinion was informed by the delivery of the agreed Internal Audit Plan, which focused on key strategic and risk areas, and incorporated the outcomes of audit work completed during the year. The report outlined that, across the completed audits, the majority resulted in reasonable or substantial assurance, alongside a smaller number of limited and one unsatisfactory assurance rating, the latter of which were reflected within the Annual Governance Statement along with associated improvement actions. The Board noted that the findings had previously been scrutinised by the Special Audit and Assurance Committee. **The Board resolved that:** a) The Head of Internal Audit Opinion and Annual Report for 2025/26 was considered and ratified.	
UHWS 26/06/4.2	**Introduction to Annual Report and Accounts 2025-26** The Board received the Annual Report and Accounts for 2025–2026, presented by Helen Lawrence (HL) Assistant Director of Finance Chief Financial Accountant with input from Rachel Freitag (RF), Audit Wales Manager on behalf of Audit Wales. It was reported that the draft documents had been prepared and submitted in line with the agreed timetable and had subsequently been subject to detailed scrutiny by Audit Wales and the Audit and Assurance Committee, with only limited amendments required. The Board noted the key financial position, including that the Health Board had delivered its in-year position broadly in line with the revised forecast deficit. However, it was confirmed that the Health Board had not met its statutory financial revenue duties, including the requirement to operate within a three-year funding allocation and to secure approval of a three-year integrated medium-term plan. It was also noted that the capital programme had been delivered within the available resource limits over the relevant period.	

	In respect of the audit findings, RF confirmed Audit Wales' intention to issue an unqualified "true and fair" opinion on the financial statements, reflecting the quality of the accounts submitted. However, it was noted that the regularity opinion would be qualified due to the failure to meet the revenue resource limit over the three-year period. All required amendments had been incorporated into the final accounts. The Board noted that the Audit and Assurance Committee had reviewed the documents in detail and had recommended their approval. **The Board resolved that:** a) The reported financial performance contained within the Annual Report and Accounts was noted and it was identified that the UHB had; - not met its statutory financial duties in respect of revenue expenditure; and - met its statutory financial duties in respect of capital expenditure. b) The response to the audit enquiries of those charged with governance and management was endorsed. c) The Head of Internal Audit Opinion and Annual Report for 2025-26 was endorsed. d) The Audit Wales ISA 260 Report for 2025-26, including the Letter of Representation was endorsed. e) The Annual Report and Accounts for 2025-26 were approved.	
UHWS 26/06/4.3	**The CVUHB Annual Report 2025-2026 including the Annual Accountability Report, Performance report and the Financial Statements** The Board received the Annual Report for 2025–2026. Matt Phillips (MP), Director of Corporate Governance noted that the report had been reviewed by the Audit and Assurance Committee and was being presented for final approval prior to submission to the Annual General Meeting. **The Board resolved that:** a) The Annual Report & Accounts for 2025-2026 - Appendix 1 for onward submission to Welsh Government was approved. b) The Chair, Chief Executive and Executive Director of Finance were given authorisation to sign (electronic signatures will be applied) the relevant sections of the Annual Report & Accounts c) Formal presentation will be at the Annual General Meeting on the 14 July 2026 as published on the Cardiff and Vale UHB website.	
UHWS 26/06/5	KW thanked everybody involved with the Annual Report for their support and dedicated work.	
	Date & Time of next Board Meeting: *30 July 2026 – 09:30* *Woodland House – MS Teams*	

Minutes of the Cardiff and Vale University Health Board's Annual General Meeting
Held 14 July 2026

To view a recording of the meeting, please click here.

Chair:		
Kirsty Williams	KW	University Health Board Chair
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
Clive Curtis	CC	Independent Member - Community
David Edwards	DE	Independent Member – ICT
David Fluck	DF	Executive Medical Director
Rachel Gidman	RG	Executive Director of People & Culture
Susan Lloyd Selby	SL	Independent Member – Local Authority
Lorna McCourt	LM	Independent Member – Trade Union
Frankie Ogden	FO	Head of Corporate Governance
Ceri Phillips	CP	University Health Board Vice Chair
Matt Phillips	MP	Director of Corporate Governance
Suzanne Rankin	SR	Chief Executive Officer
Judi Rhys	JRH	Independent Member - Third Sector
Steve Riley	SR	Independent Member – University
Adam Roberts	AR	Executive Director of Strateigc Planning & Partnerships
Jason Roberts	JR	Executive Nurse Director
David Thomas	DT	Director of Digital & Health Information
Rhian Thomas	RT	Independent Member – Capital & Estates
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Catherine Phillips	CP	Executive Director of Finance
Rachna Upadhya	RU	Independent Member

AGM 260714-1	**Welcome, Introductions & Apologies for Absence** The University Health Board Chair, Kirsty Williams (KW) welcomed attendees to the Annual General Meeting 2026 and noted apologies from the Executive Director of Finance, Catherine Phillips (CP) and Independent Member, Rachna Upadhya (RU). The Deputy Director of Finance, Robert Mahoney (RM) attended on behalf of CP. No further apologies were received.	
AGM 260714-2	**Declarations of Interest** No declarations of interest were made.	
AGM 260714-3	**Chair of the Board's Opening Remarks** The Chair reflected on her first Annual General Meeting since taking up the role and highlighted the importance of listening to staff, patients, partners and local communities during her first months in post. She paid tribute to the dedication and professionalism of staff across the organisation in continuing to deliver high-quality care despite sustained operational pressures.	

	Members noted changes to the composition of the Board during the year, including the departure of former Chair Charles Janczewski and several Independent Members, whilst welcoming newly appointed Independent Members to the organisation. The Chair also formally acknowledged the forthcoming departure of the Chief Executive Officer, Suzanne Rankin (SR) and thanked her for her leadership, commitment and significant contribution to Cardiff and Vale University Health Board throughout her tenure as Chief Executive. Reference was made to the Health Board's long-term strategy, Shaping Our Future Wellbeing, with emphasis placed on improving health outcomes, reducing inequalities, supporting the workforce and delivering sustainable services. Whilst acknowledging the significant challenges facing the NHS, including increasing demand, financial pressures and service complexity, the Chair expressed confidence in the organisation's ability to continue making improvements through partnership working and collective leadership.	
AGM 260714-4	**Annual Report 2025/26 & Annual Quality Report 2025/26** SR presented the Annual Report and Annual Quality Report for 2025/26, outlining achievements, challenges and priorities for the future. Members received an overview of progress made against the Health Board's strategic objectives, including improvements in quality of care, innovation, workforce development and service delivery. Significant developments highlighted included the implementation of electronic prescribing and medicines administration systems, the introduction of BadgerNet within maternity services, the establishment of the South Wales Thrombectomy Service and investment in infrastructure and clinical facilities. SR provided an update regarding the theatre service review and the subsequent Theatres Together Programme, outlining work being undertaken to strengthen patient safety, governance, operational performance, staff wellbeing and organisational culture within perioperative services. Progress was also reported in relation to workforce initiatives, including leadership development programmes, implementation of the Band 2 and 3 Healthcare Support Worker Framework and increased participation in the NHS Wales Staff Survey. Members noted the launch of Cardiff Health Partners (CHP), sustainability and decarbonisation initiatives, improvements to clinical facilities and advancements in research and innovation. SR acknowledged the significant challenges facing the organisation, including targeted intervention status, financial pressures, increasing demand for services, cultural improvement requirements and the need to modernise an ageing estate. Looking ahead, priorities for 2026/27 were identified as reducing patient length of stay, refreshing the People and Culture Plan, implementation of the Clinical Services Plan, strengthening community-based care and progressing sustainability and future generations initiatives.	
AGM 260714-5	**Financial Accounts 2025/26** On behalf of CP, RM presented the Annual Accounts for 2025/26.	

	Members were advised of the statutory financial framework within which the Health Board operates and noted that the organisation had been unable to submit a balanced three-year Integrated Medium Term Plan to Welsh Government. The Health Board had therefore submitted a one-year operational plan forecasting a deficit position. The final outturn for 2025/26 was reported as a deficit of £56.1 million, broadly in line with the planned position. When combined with the previous two financial years, the Health Board reported a cumulative three-year deficit of approximately £100.1 million and therefore did not meet its statutory revenue financial duties. Members received a breakdown of the Health Board's income and expenditure profile, including workforce costs, medicines expenditure, primary care services and externally commissioned healthcare services. Despite the revenue position, assurance was provided that the organisation had successfully delivered its capital programme and met its capital resource allocation duty over the three-year period. It was further noted that Audit Wales had provided an unqualified audit opinion on the 2025/26 financial statements and had recognised the quality and robustness of the supporting financial records. In response to Board discussion, further detail was provided on work being undertaken to address the underlying financial deficit, including expenditure controls, service transformation, implementation of the Clinical Services Plan and a strategic shift towards preventative and community-based models of care to reduce long-term costs and improve sustainability.	
AGM 260714-6	**Questions from the Public** KW advised that questions had been received from members of the public in advance of the meeting. The first question concerned inconsistencies in the application of home working arrangements during periods of extreme heat. The Chief Operating Officer, Paul Bostock (PB) advised that whilst policies were in place, greater consistency was required in their application across the organisation. Additional management training and oversight arrangements would be implemented to support improvement. The second question related to measures taken to support patients and staff during recent heatwaves. The response from the Executive Director of Public Health, Claire Beynon (CB) outlined the Health Board's climate resilience work, including activation of its Severe Adverse Weather Plan, deployment of temporary air conditioning units where available, provision of additional water supplies and ongoing work to strengthen climate adaptation and preparedness planning. Members noted that a review of the organisation's response was underway to capture lessons learned. The final question concerned the current recruitment restrictions and whether an end to the recruitment freeze could be anticipated. It was explained by the Executive Director of People & Culture, Rachel Gidman (RG) that all recruitment activity continued to be carefully scrutinised due to the challenging financial position. However, patient safety and service quality remained paramount considerations and the Health Board remained committed to attracting and retaining talented staff.	
AGM 260714-7	**Adoption of the Annual Report & Accounts** KW formally sought approval of the Annual Report and Annual Accounts for 2025/26.	

	Members indicated their support and no objections were raised. The Annual Report and Accounts were therefore formally adopted by the Board. KW thanked all staff involved in the preparation of the reports and accounts and recognised the considerable work undertaken to produce the statutory documents.	
AGM 260714-8	**Delivering the Plan** PB presented an overview of the Health Board's delivery priorities and transformation plans for the coming year. Members were advised of improvements achieved during 2025/26, including significant reductions in the number of patients waiting over two and three years for treatment, improved ambulance handover performance, reductions in diagnostic waiting times and increased utilisation of community pharmacy prescribing services. An overview was provided of the newly launched Clinical Services Plan (CSP), which set out a ten-year vision for transforming services across Cardiff and Vale. Key themes included: • increasing community-based care, • reducing avoidable demand on acute services, • improving integration across services • developing more sustainable models of care. Specific priorities for 2026/27 included development of a single point of access for community services, expansion of same-day emergency care pathways, improvements in end-of-life care, reductions in hospital length of stay, improvements in planned care and diagnostics, enhancement of cancer performance and transformation of mental health services. Members noted that these initiatives were intended to improve patient outcomes and staff experience whilst contributing towards long-term organisational and financial sustainability.	
AGM 260714-9	**Our Year in Review** Members viewed a video presentation showcasing achievements across Cardiff and Vale University Health Board during 2025/26. The video highlighted examples of service improvement, innovation, research, community engagement and patient care delivered by staff across a wide range of services and locations. The Board recognised the contribution of colleagues throughout the organisation and welcomed the opportunity to reflect on progress made during the year.	
AGM 260714-10	**Closing Remarks and Thanks** KW thanked members of the public, Board Members, staff and partners for their attendance and engagement. She reflected on the progress made throughout the year, whilst acknowledging the significant challenges that remain across the NHS. Confidence was expressed in the continued commitment of staff, the strength of local partnerships and the collective determination of the Board and Executive Team to deliver improvements for the population of Cardiff and the Vale. Attendees were advised that the Annual Report, Accounts and supporting materials would be published on the Health Board website.	

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
PUBLIC BOARD	Strategic Planning, Commissioning & Partnership Update	UHB 26/05/6.7	Arrange for Llais to submit a formal report for inclusion in future Strategic Planning, Commissioning and Partnership updates to Board.	Adam Roberts	Adam Roberts	28/05/2026	30/07/2026	**COMPLETE - Pending Sign-off**	Llais have provided their report and it has been incorporated into the Strategic Planning, Commissioning and Partnership update being received at July's Board meeting and then all future Board meetings.	
PUBLIC BOARD	Strategic Planning, Commissioning & Partnership Update	UHB 26/05/6.7	Strengthen future Strategic Planning, Commissioning and Partnership reports with more detailed information on South East Wales Regional Joint Committee progress, shared priorities, workstreams and decision-making.	Adam Roberts	Adam Roberts	28/05/2026	30/07/2026	**COMPLETE - Pending Sign-off**	Information on South East Wales Regional Joint Committee progress, shared priorities, workstreams and decision-making included in Strategic Planning, Commissioning and Partnership Update being received by the Board in July 2026	
PUBLIC BOARD	Integrated Performance Report - People & Culture	UHB 26/05/6.16	Schedule Welsh language responsibilities for discussion at a future Independent Member session.	Rachel Gidman	Matt Phillips, Rachel Gidman	28/05/2026	30/07/2026	**COMPLETE - Pending Sign-off**	Session delivered to IM's on 04.06.2026 by Mitchell Jonnes	
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 29.09.2026 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-fresh 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-fresh 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-fresh of the IPR is July 2026 so have added to Forward Plan for 30.07.2026 Board meeting.
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 & Infrastrcuture Committee in August.
PUBLIC BOARD	Dental Contract Reform	UHB 26/05/6.12	Bring a further risk-based paper on Dental Contract Reform to a future Board meeting, setting out key delivery risks and proposed mitigations.	Paul Bostock	Catherine Wood	28/05/2026	24/09/2026	**ON FORWARD PLAN**	On Forward Plan for 24th September 2026 Board meeting	
PUBLIC BOARD	Staff Survey Update	UHB 26/05/6.13	Further Staff Survey updates demonstrating evidence of local action, staff activation and organisational impact to be received at future Board meeting.	Rachel Gidman	Rachel Gidman	28/05/2026	26/11/2026	**ON FORWARD PLAN**	On Forward Plan for November 26th 2026 Board meeting.	
PUBLIC BOARD	Integrated Performance Report - Quality	UHB 26/05/6.16	Provide further detail on the age of open National Reportable Incidents and a trajectory for closure.	Jason Roberts	Jason Roberts	28/05/2026	24/09/2026	**ON FORWARD PLAN**	Will be included in the Integrated Performance Report from September 2026 onwards.	

Report Title:	**Chair's Report to Board**				Agenda Item no.	6.2	
Meeting:	**Public Board**		Public	X	Meeting Date:	**30 July 2026**	
			Private				
Status *(please tick one only):*	Assurance		Approval	X	Information		X
Lead Executive Title:	**Chair of the Board**						
Report Author (Title):	**Head of Corporate Governance**						

Main Report
Background and current situation:

Shaping Our Future
Wellbeing

Welcome / Croeso

This report provides an overview of key activities undertaken in my capacity as Chair since the last Board meeting, highlighting significant Board business, stakeholder engagement and matters of strategic importance to the Health Board.

As we continue to operate in an exceptionally challenging environment during periods of extreme heat, I would like to acknowledge and thank colleagues across Cardiff and Vale UHB for their unwavering commitment and professionalism. The period has been marked by sustained operational pressures, including continued high demand for services and the recent business continuity incident due to the heat wave. Despite these challenges, our staff have worked tirelessly to maintain services and support patients, demonstrating remarkable resilience and dedication.

Alongside overseeing the Health Board's governance responsibilities, I have continued to focus on strengthening relationships with the new Welsh Government administration and building productive partnerships with Ministers and Members of the Senedd. Engagement during this period has included attending the Senedd drop-in event for Welsh NHS leaders with the Vice Chair and participating in a meeting between Welsh Government Health and Care Ministers and NHS leaders. These discussions provide valuable opportunities to raise the priorities and challenges facing Cardiff and Vale UHB, whilst contributing to the wider national agenda for health and care improvement in Wales.

The report that follows provides further detail on these activities and other key areas of work undertaken during the reporting period.

<u>Independent Member Finance Recruitment</u>

Recruitment to the Independent Member Finance position has now commenced, with the vacancy currently advertised through the Welsh Government public appointments process. This important Board role will strengthen the financial expertise and assurance available to the Board, supporting effective oversight of the Health Board's financial stewardship, governance and long-term sustainability. A further update will be provided once the recruitment process has concluded, following interviewing which is planned for early September.

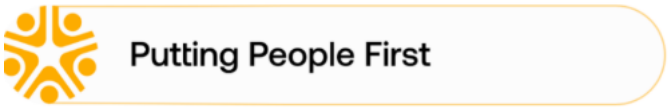
Chief Executive Leadership Transition

Since the announcement of Suzanne Rankin's departure, our focus has been on ensuring continuity of leadership and maintaining organisational stability. The recruitment process for an Interim Chief Executive Officer is underway, and we look forward to confirming the outcome shortly. Alongside this, preparations are underway to recruit a substantive Chief Executive Officer, with a national search due to commence over the summer. This appointment will be critical in leading the next phase of the Health Board's development, and we remain committed to securing an experienced, values-driven leader who will work in partnership with colleagues, patients and stakeholders to shape the future of our services.

As this is Suzanne Rankin's final Board meeting as Chief Executive, I would like, on behalf of the Board to formally express our sincere thanks and appreciation for her leadership, commitment and service to Cardiff and Vale University Health Board over the past four and a half years.

Suzanne has led the organisation through a period of significant challenge and change, demonstrating unwavering dedication to improving services for our patients and communities whilst maintaining a clear focus on quality, safety and organisational improvement. Throughout her tenure, she has worked tirelessly alongside colleagues, partners and stakeholders to progress the Health Board's strategic ambitions and respond to the many pressures facing the NHS in Wales.

The Board is deeply grateful for Suzanne's contribution, professionalism and commitment to the organisation, its people and the population we serve. She leaves with our thanks, respect and best wishes for the future. On behalf of all Board members, I would like to place on record our appreciation for Suzanne's service and wish her every success and happiness in the next chapter of her career.



Listening to our Staff and Patients

The People's Emergency Briefing

In June, I attended The People's Emergency Briefing, which highlighted the growing impact that climate and environmental challenges can have on public services and population health. This felt particularly relevant given the recent period of exceptionally hot weather, which placed additional pressure on our services, our estate and infrastructure, and on colleagues working to deliver care in challenging conditions.

The event reinforced the importance of listening to the experiences of our staff and patients. Their insights help us better understand the impact of these challenges on our services and ensure that our planning, decision-making and future investment priorities are informed by those we serve and those who deliver care every day. Through continued engagement and open dialogue, we can build a more resilient and sustainable Health Board for the future.

Leaders who Listen Walkround - Ty Gwyn Special School

I recently visited Ty Gwyn Special School and had the opportunity to meet members of the Special School Nursing Team. It was inspiring to see the dedication and expertise of colleagues supporting children and young people with complex health needs.

The visit highlighted the vital role the nursing team plays in enabling pupils to remain in school, access education and participate fully in school life, while also providing invaluable support and reassurance to families. It was a powerful example of our Putting People First strategic objective in action, demonstrating how personalised, compassionate care can make a meaningful difference to the lives of children, young people and their parents.

Leadership Conference

I was delighted to attend and open the Health Board's first Leadership Conference, which brought together colleagues from across the organisation to reflect on the critical role that leadership plays in shaping culture, supporting our workforce and improving outcomes for patients. The event highlighted that leadership exists at all levels of the organisation and is founded on trust, compassion, relationships and a shared commitment to improvement. I was particularly encouraged by the strong focus on developing leaders across the Health Board and creating the conditions for colleagues to thrive. This aligns closely with our *Putting People First* strategic objective, recognising that supporting and investing in our people is fundamental to delivering high-quality, compassionate and person-centred care. The conference demonstrated our continued commitment to building a positive leadership culture that enables both our workforce and our services to succeed.

Delivering in the Right Places

Acting for the Future

Welsh Government and National Priorities

New Government's first 100 days for healthcare

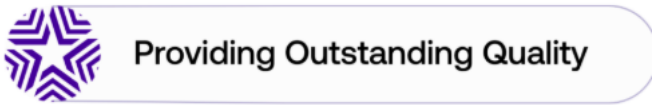
The first 100 days plan of the new Welsh Government have provided an opportunity to establish relationships with Ministers and reinforce the priorities that matter most to Cardiff and Vale University Health Board. In discussions with Government and NHS leaders, I have emphasised the importance of addressing waiting times, improving urgent and emergency care performance, investing in our ageing estate and infrastructure, and supporting the wellbeing and development of our workforce.

These priorities closely align with the challenges and opportunities facing our Health Board. Continued partnership with Welsh Government will be essential to securing the investment, support and policy focus needed to improve services, modernise our facilities and deliver sustainable, high-quality care for the communities of Cardiff and the Vale of Glamorgan.

Performance & Improvement Independent Advisors

The Chief Executive and I have continued to engage regularly with the Performance & Improvement Independent Advisors as they have undertaken their review of the Health Board. These discussions have provided an important opportunity for constructive challenge, reflection and support as we continue to drive improvement across the organisation.

The review process is now nearing completion, and we understand that the Advisors' report will be submitted to Welsh Government imminently. We welcome the insight and recommendations that the review will provide and remain committed to working openly and collaboratively with Welsh Government and partners to deliver sustainable improvements for our patients, staff and communities.



All Staff Outpatient Improvements Summit

I was pleased to attend the Outpatient Improvement Summit, which brought together colleagues from across the organisation to consider both our performance and the opportunities for improvement within outpatient services. The session provided valuable insight into our performance against national benchmarks and reinforced the scale of the challenge facing us in reducing waits and improving access for patients.

Reflecting on my own family's experience of waiting for treatment, I was reminded of the real impact that delays can have on patients and their loved ones. The summit highlighted the need for meaningful change and collective action across the organisation. This work is closely aligned to our strategic objective of Providing Outstanding Quality, ensuring that patients receive timely, effective and person-centred care, and I welcome the continued focus on improving outpatient services for the population we serve.

Clinical Services Plan Launch

I was delighted to support the launch of the Health Board's Clinical Services Plan, a significant milestone for the organisation and one that reflects a considerable amount of work, engagement and consultation with colleagues, partners, patients and communities over an extended period. The Plan sets out a clear long-term vision for how services will be developed and delivered across Cardiff and Vale through to 2035, with a focus on person-centred care, prevention, sustainability, equity and care closer to home.

As Chair, I welcome the publication of this important strategic document and would like to recognise the commitment of everyone involved in its development. The Clinical Services Plan will provide a clear framework to guide future decision-making, investment and partnership working, helping to ensure that our services continue to meet the changing needs of the population we serve. It represents an important step forward in shaping a sustainable future for health and care across Cardiff and the Vale of Glamorgan.

New Theatres Recovery Suite, University Hospital Wales

I was delighted to attend and officially open the new Recovery Suite within the Theatre Department at University Hospital of Wales. It was a privilege to see first-hand the culmination of the hard work, dedication and collaboration of so many colleagues who have helped bring this important development to fruition.

The new facility represents a significant investment in the quality, safety and experience of care provided to our patients. By creating a modern, purpose-built environment, the Recovery Suite will support improved patient outcomes, enhance privacy and dignity, and provide staff with facilities better suited to delivering high-quality postoperative care.

This development demonstrates the Health Board's continued commitment to investing in our infrastructure and services to meet the growing and increasingly complex needs of the populations we serve. I would like to thank everyone involved in the planning, design and delivery of the project, and I look forward to seeing the positive impact it will have for patients, families and staff in the years ahead.

Board Development Session – 25 June 2026

June 2026, Board members dedicated time to considering a number of key areas that will support the Health Board's ongoing improvement and transformation agenda. Discussions focused on the development of a Quality Management System (QMS), the future evolution of Integrated Performance Reporting, and preparation for the forthcoming Escalation Board discussions.

The session provided an opportunity for Board members to strengthen their understanding of the systems, processes and information required to support effective oversight, performance management and continuous improvement across the organisation. In particular, discussions on the Quality Management System and Integrated Performance Reporting reinforced the importance of having robust arrangements in place to provide assurance, support informed decision-making and drive sustainable improvement.

The outcomes from the session will inform the Board's ongoing strategic work, supporting our ambition to strengthen quality governance, improve organisational performance and enhance our ability to deliver safe, effective and high-quality services for the population of Cardiff and the Vale of Glamorgan.

Recognising Excellence

Long Service Awards – Capital, Estates and Facilities

I was delighted to join colleagues from Capital, Estates and Facilities at the Annual National Estates & Facilities Day alongside Independent Members Rhian Thomas and Lorna McCourt to recognise staff receiving long service awards. It was a privilege to meet colleagues whose dedication and commitment to the Health Board spans many years. Hearing their stories was a powerful reminder of the significant contribution made by teams whose work often takes place behind the scenes but is essential to the delivery of safe, effective and high-quality care.

The role of our Capital, Estates and Facilities teams cannot be understated. While they may not deliver clinical care directly, they create and maintain the environments, infrastructure and services

that enable our clinicians and wider workforce to provide care every day. From maintaining critical infrastructure to supporting major capital developments, their work is fundamental to the functioning of the Health Board and the experience of our patients and staff. On behalf of the Board, I would like to thank all award recipients for their exceptional service, dedication and professionalism. Their contribution has helped shape the organisation we are today and demonstrates that delivering outstanding healthcare relies on the collective efforts of both clinical and non-clinical colleagues alike. Below are some pictures from the event for Board colleagues awareness.

It was a pleasure to meet Stephen Tatnell, a much-valued and long-serving hospital porter who has dedicated many years of service to the Health Board, beginning at Cardiff Royal Infirmary before moving to the University Hospital of Wales. He told me that, over the course of his career, he has walked the equivalent of four and a half times around the world — a remarkable reflection of his commitment and service.

Stephen is a wonderful example of the dedication, pride and professionalism shown by colleagues across our organisation every day. On behalf of the Board, I would like to thank him for his outstanding contribution and many years of service to our patients, staff and communities.

First NHS hospital in South Wales to offer Robotic knee replacements

Mr Sanjeev Agarwal is a Consultant in Trauma and Orthopaedic Surgery at C&VUHB and is an honorary lecturer at Cardiff University.

Mr Agarwal successfully completed the first robotic knee replacement in April 2026 at UHL.

Welsh Dental Awards Ceremony for Community Initiative of the Year

Congratulations to the SDEC Team on winning their outstanding award. A fantastic achievement and very well deserved.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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
1137	Unit 15 Medicentre Lease Point of Care Services to occupy Unit	08.06.2026
1138	Lease – Pentyrch Surgery, Rhydlafar Road,Cardiff Grant a lease to Llandaff & Pentyrch Surgeries	09.07.2026
1139	UHW Roof Replacement Procurement Outcome Report (CAV-FTS-60609)	03.07.2026

The following **3 x Legal Documents** are reported as having been signed on behalf of the Health Board;

Date Signed.	Description of documents	Value Information
09.06.2026	Unit 15 Medicentre Lease Point of Care Services to take on a lease to occupy Unit	Year 1 - £12,992 per annum Year 2 - £13,456 per annum Year 3 - £13,920 per annum
09.07.2026	Lease – Pentyrch Surgery, Rhydlafar Road, Cardiff Grant a lease to Llandaff & Pentyrch Surgeries	20-year lease term from the commencement date £1 per annum (peppercorn rent)
22.06.2026	Lease Agreement – Pentyrch Surgery, Rhydlafar Road, Cardiff	20-year lease term from the commencement date £1 per annum (peppercorn rent)

The following **2 x Chairs Actions** have been taken on behalf of the Health Board; The Board is requested to ratify these decisions in accordance with Standing Orders;

Date Received.	Description of documents	Background information	Date Approved

27.05.2026	Viscoelastic Testing Managed Service Contract (CLI-DCO-57669)	Annual contract value is £185,942.95 (exclusive of VAT) - The total contract value for Cardiff and Vale is £1,301,600.65 (exclusive of VAT) over the 7-year term.	24..06.2026
02.07.2026	UHW Roof Replacement Procurement Outcome Report (CAV-FTS-60609)	Replacement of roof coverings across key areas of the University Hospital of Wales following significant roof corrosion and recurring water ingress affecting Ward Block A7 South £2,789,022.43 excluding VAT £3,346,826.92 including VAT	02.07.2026

Recommendation:

The Board is requested to:

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

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

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

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

Prevention		Long term		Integration		Collaboration	X	Involvement	

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3
Meeting:	Public Board		Public	x	Meeting Date:	30 July 2026
			Private			
Status *(please tick one only):*	Assurance	X	Approval		Information	
Lead Executive:	Chief Executive					
Report Author (Title):	Head of Corproate Governance					

Main Report

EXECUTIVE SUMMARY

The purpose of this report is to provide assurance to Board that delivery of the strategy, Shaping Our Future Wellbeing, continues and that focused work is being delivered across the organisation to fulfil the Annual Plan 26-27 and deliverables identified within each of the four strategic objectives.

As we enter a period of leadership transition, I want to reassure the Board that despite the inevitable impact of the change ahead, colleagues will continue to sustain their focus, oversight and momentum across all key areas of performance. The Executive Team remains fully engaged in delivering the priorities, addressing areas requiring improvement, and providing continuity ensuring that the organisation is able to maintain progress and resilience in the months ahead.

The Executive Team attended the second escalation meeting with Welsh Government on the 1 July. The meeting focused on providing and strengthening assurance regarding progress against the targeted intervention domains and the delivery of robust plans to address the areas identified requiring improvement at pace. It is clear much work remains to demonstrate sustained improvement and the required confidence in plans and impact that will lead to de-escalation.

Financial sustainability continues to be a key area of focus and challenge. Clear commitments have been made to strengthen delivery confidence and further reduce risk within the savings programme by the end of Quarter 2. The Executive Team are working alongside Clinical Board Teams to support acceleration of progress, identification of actions that support the mitigation of risk, strengthened cross-organisational working and benefit realisation. This essential work is being supported and enabled via enhanced oversight and monitoring arrangements, to ensure that planned actions translate into sustainable improvements and recurrent benefits.

At the time of writing, the report of the Independent Advisors is in the final stages of the process. It is anticipated that the findings will narrow focus on the key opportunities for improvement and assist in the articulation of Phase 2 of the Targeted Intervention.

In the meantime, activity to address the specified domains of the Escalation and Targeted Intervention continue and is being strengthened through the development of an Integrated Improvement Plan that aims to bring coherence across the many areas of work and support effective governance, delivery performance and progress monitoring and oversight.

Organisational Culture

This is such an important area of work across the Health Board and so critical to future and sustained success. The work set out within the People and Culture plan and overseen by the Board via the People and Culture sub-committee is of the highest priority and continues to seek to strengthen visible and consistent leadership, more effective and integrated workforce planning and improved targeting of wellbeing support where it is needed most. These elements will be essential if colleague feedback and experience is to improve consistently across the Health Board. This work is foundational to the Shaping our Future Wellbeing Strategy and achieving the vision to “Live Well, Care Well and Work Together.”

2025 Staff Survey Results

As previously reported 6,100 colleagues completed the 2025 NHS Wales Staff Survey. The increase of over 1,400 responses compared to last year demonstrates the commitment of colleagues to sharing their experiences and helping us shape improvement across the organisation. Whilst the feedback does point to some strengths it also reinforces concerns of poor morale, declining advocacy, and workload pressures. We must redouble our collective efforts to respond to these indicators of concern, truly “hear” the voice of colleagues and build confidence in the Leadership’s plans to respond.

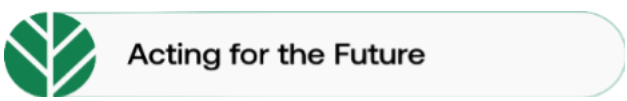
Clinical Board teams and directorates are now working with the support of the People and Culture Team to develop local action plans, ensuring that colleague feedback leads to meaningful and visible improvement. Operational oversight of these plans will be maintained via Executive Reviews and the Strategic Leadership Team meetings.

The CAVUHB team is the Health Board’s greatest asset, and we must secure their experience and be credible in our listening and action.

Leaders who Listen visit to the Cardiothoracic Department

As part of a recent Leaders that Listen visit to the Cardiac Care Unit (CCU), I had the opportunity to hear directly from colleagues about the challenges and opportunities within the service. I was particularly struck by the strength of leadership demonstrated by the nursing team and the positive culture they have created for their team and patients.

The professionalism, commitment and teamwork evident throughout the visit reflected the very best of CAVUHB. It was encouraging to see how strong local leadership is supporting high-quality patient care, team wellbeing and continuous improvement. I would like to thank all colleagues within the service for their ongoing dedication and the difference they make every day for patients, families and one another.



Heatwave

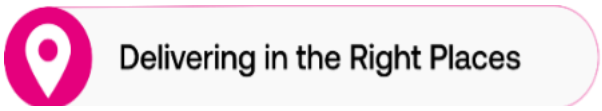
The recent heatwave tested the resilience of services, workforce and infrastructure, and I would like to recognise the outstanding commitment shown by colleagues who continued to deliver quality care under exceptionally challenging conditions. The activation of a Business Continuity Incident provided effective organisational oversight and coordination in response to significant operational pressures, including increased emergency attendances and high numbers of critically ill patients.

The experience reinforced the growing impact of climate change on our patients, colleagues and services, a concern recently highlighted in correspondence from the Future Generations Commissioner. In response, we are strengthening preparedness through climate risk planning, organisational workshops and the development of a comprehensive climate change response plan. Feedback from a post-heatwave staff survey highlighted the considerable impact on working environments, productivity and service delivery, providing valuable insight to inform future action. Debriefs across the organisation are now underway, alongside a programme of short and medium-term improvements to enhance resilience to future extreme weather events, while recognising the longer-term need for a health estate that is better equipped to meet the challenge of a changing climate.

Clinical Services Plan Launch

I was delighted to support the launch of the Clinical Services Plan (CSP), a significant milestone for CAVUHB. The CSP sets a clear long-term vision for how we will develop and deliver clinical services through to 2035, creating a more integrated, digitally enabled and person-centred model of care that is focused on prevention, equity and sustainability as well outstanding quality of care and treatment that is safe, timely and accessible.

Importantly, the Plan provides the strategic framework that will guide future service planning, investment decisions and partnership working across the health system. It reflects the ambition to work with partners to build the capacity and capability needed to meet the changing needs of the population, while ensuring that care is delivered closer to home wherever possible. As we look to the future, the CSP provides a strong foundation for transforming services and delivering the vision of better health, wellbeing and outcomes for the communities we serve. Focus now shifts to the generation of detailed service and care model plans alongside the requirement to create the capacity for change through operational and other efficiencies. Board will be updated on progress regularly as the plan proceeds to delivery.



Sexual Health Team Visit

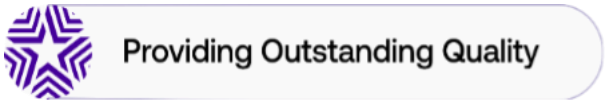
I had a good discussion with the Sexual Health Team clinical leaders whilst visiting Cardiff Royal Infirmary earlier in the month. It was positive to hear first-hand of the dedication, professionalism and compassion of colleagues delivering these important services. The discussion highlighted the team's commitment to providing accessible, person-centred care and responding to the evolving needs of the population. It was encouraging to hear about the innovative work underway and the positive difference these services make to the health and wellbeing of the communities we serve.

Rhydlafar Surgery

I am pleased to report that the new Rhydlafar clinic remains on track to open in September, with construction works now nearing completion. Significant progress has been made through close collaboration between partners to ensure the successful launch of the facility, including coordinated communications planning and agreement of transport arrangements to support patients, colleagues and visitors who will access the site.

The opening of the clinic represents an important investment in local healthcare provision and will enhance the ability to deliver modern, accessible services closer to the communities we serve. As we move towards opening, the focus remains on ensuring a smooth transition and a positive experience for patients from day one. I am extremely grateful to members of the local community who have

supported, and challenged this work, and always ensured that the focus on “what matters to patients and local citizens” is central to the planning and operationalisation of the new facility.



Larcathon – Contraceptive Coil

I was pleased to hear about the success of a recent ‘Larcathon’ clinic delivered by the Sexual Health Service at Cardiff Royal Infirmary. Through this innovative weekend initiative, more than 30 women were able to access contraceptive coil fittings in a single day, helping to improve access to long-acting reversible contraception while reducing waiting times.

This is an excellent example of teams responding creatively to patient need by providing additional appointments outside traditional working hours, offering greater flexibility and choice for women accessing care. The initiative demonstrates commitment to delivering high-quality, person-centred services that improve access, address inequalities and supports better health outcomes for the populations we serve. I would like to thank everyone involved for their innovation and dedication in making this possible.

Glaucoma Diagnostic Clinic Visit

I was pleased to visit the new Glaucoma Diagnostic Unit at University Hospital Llandough, which represents an important step in the modernisation of ophthalmology services and continued focus on improving care for patients at risk of sight loss.

During the visit, I saw how the team support safer, more timely and more sustainable glaucoma care through dedicated diagnostic capacity, risk-stratified pathways and consultant-led virtual review. This is a strong example of how innovation, clinical leadership and multidisciplinary working are helping us deliver against the strategic objective to provide outstanding quality.

Once fully embedded, the service is expected to support monitoring for an additional 2,000–3,000 patients each year, improving access for those requiring ongoing surveillance and reduce pressure on traditional outpatient clinics. It also demonstrates the commitment to developing sustainable pathways that are aligned with national best practice and focused on improving patient experience and outcomes.

I would like to thank all colleagues involved in developing and delivering this service. Their work reflects the ambition, commitment and collaboration needed to provide outstanding quality for patients and to ensure services are fit for the future.

KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Financial Position

At Month 3, the Health Board is reporting a year-to-date deficit of £27.703 million, representing an adverse variance of £5.436 million against the phased plan. While an operational surplus of £1.489 million has provided some mitigation, this should be viewed with caution and does not offset the fundamental challenge that the savings programme remains significantly behind plan. The revised savings target is £47.608 million, of which £19.905 million (41.8%) has been identified through green and amber schemes, leaving an in-year gap of approximately £27.7 million. The recurrent position is more challenging still, with a recurrent savings gap of £31.994 million.

This position has been a central focus of our ongoing escalation and performance and improvement discussions with Welsh Government. While there is a clear commitment to de-risk the financial plan by the end of Quarter 2, achieving this will require a significant acceleration in decision-making, delivery and the implementation of sustainable savings measures over the coming months.

A Personal Farewell

As I give my final report to the Board, I would like to take a moment to reflect on what has been an extraordinary privilege to serve as Chief Executive of Cardiff and Vale University Health Board and to work with colleagues across NHS Wales.

During my tenure I have been inspired and humbled by the dedication, compassion and professionalism of colleagues, volunteers and partners. My grateful thanks to you all.

I give particular thanks to my Executive colleagues for their hard work, expertise, and support to me alongside their commitment to CAVUHB, as well as their leadership, alongside so many others of the organisation. I have always enjoyed strong support of the Chair and Independent Members which has been invaluable together with their wise counsel, challenge and ambition.

I wish you all well for the future and for your future endeavours.

Diolch yn fawr

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

Appendices:

Strategic Leadership Team (SLT) summary report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

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

Report Title:	Finance & Performance – Chair's Report				Agenda Item no.	6.4
Meeting:	Board		Public	x	Meeting Date:	22.07.2026
			Private			
Status *(please tick one only):*	Assurance	x	Approval	x	Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Corporate Governance Officer					

Main Report Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Finance and Performance Committee meeting held on the 22 July 2026.

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

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

Financial Position (Month 3)
The following points were highlighted under the Financial Position for month 3:
The committee reviewed the month 3 financial position, noting a reported deficit of £27.073m against a planned annual deficit of £86.547m. The operational position showed a modest surplus, but this was offset by a significant shortfall in savings delivery, with only 41.8% of the required £47.6m savings identified and a large recurrent gap remaining.

The savings target increased by £5m following JCC arbitration, raising delivery risk. The Health Board committed to de-risking the plan by the end of quarter two, but the pace of decision-making and implementation needs to increase materially to remain credible.

Workforce controls and recruitment were highlighted as areas needing tighter management, with concerns about the effectiveness of current controls and the risk of unplanned recruitment impacting finances.

Non-pay expenditure has increased, driven by continuing healthcare, mental health out-of-area placements, and contractual uplifts. Demand-led costs and operational pressures remain a challenge.

The underlying deficit could reach £120m if recurrent savings are not achieved. The committee stressed the urgent need for clear delivery actions, accountability, and a trajectory to close the savings gap before the next meeting, with turnaround meetings and workforce controls being key focus areas.

Operational Performance
The following points were highlighted under the Operational Performance item:
June was challenging due to a heatwave, impacting urgent and emergency care (UEC) and resulting in increased 12-hour waits and cancelled operations. The committee discussed the need for a detailed analysis of the impact and lessons learned.

Pathway of care delays showed some improvement in physical health, but mental health out-of-area placements remain a significant concern, with work ongoing to address model of care and community support.

Cancer referrals were up 20%, with conversion rates stable, but the increased demand is stretching capacity. The committee discussed demand management and pathway improvements. 1:05:38

Diagnostics waiting lists increased, partly due to data quality issues from a new reporting system and the heatwave. Plans are in place to address this.

Outpatient transformation and length of stay are key priorities, with actions underway to improve productivity and reduce follow-ups.

Q1 Annual Plan Report
The Q1 annual plan report highlighted that delivery is broadly on track, with around 50% of actions rated green and no significant actions off track. Strategic programmes are mobilizing, and foundational work is progressing, especially in population health and regional planning.

The launch of the Clinical Services Plan and the Community by Design programme were noted as key developments, alongside major digital and workforce initiatives, including the People and Culture Plan and funding for University Hospital Wales redevelopment.

Progress was reported against operational improvement programmes aligned to priority risks, such as length of stay, theatres, and urgent/emergency care.

The focus for quarter two will be strengthening foundational elements, consistency across programmes, and developing performance management and integration improvement plans, with demand and capacity modelling and workforce planning as key priorities.

BAF – Decarbonisation & Climate
The Board Assurance Framework (BAF) item on decarbonisation and climate was presented, outlining Welsh Government targets for emissions reduction and the Health Board's more ambitious internal targets. The Health Board faces a significant gap between current emissions and required reductions, with emissions trending upward due to increased demand and carbon lock-in from infrastructure, especially at University Hospital Wales.

The programme now operates through three groups: corporate sustainability and decarbonisation, clinical sustainability, and climate adaptation/resilience. Progress includes localising the national plan, assigning action owners, developing clinical sustainability leads, and submitting a climate risk assessment to Welsh Government.

Key risks identified are the emissions gap, adaptation gap, and limited expert capacity. The committee was asked to note progress, risks, and support continued integration of sustainability and climate resilience into planning and performance arrangements.

Q4 RPB Performance & Finance Repot 2025-2026
The Q4 Regional Partnership Board (RPB) Performance and Finance Report for 2025-26 was introduced, noting full utilization of approximately £20 million in partnership funds across core Regional Integration Fund, short breaks, innovation, and IRCF revenue. Annual and financial reports were submitted to Welsh Government and generally well received.

The report highlighted an ongoing shortfall in third sector funding, which remains a focus for improvement in the final year of the RIF.

The financial plan for 2026-27 was presented, with a £140,000 overcommitment to be managed through anticipated slippage, which has already been observed in Q1.

A major risk discussed was the lack of clarity on the future of the Regional Integration Fund beyond this financial year, affecting £7.5m of health board-related services. The committee was informed of ongoing dialogue with Welsh Government and the need for timely decisions to avoid carrying financial risk into the next year.

The committee noted the Q4 report, the 2026-27 budget allocations, and the imminent closure of the RIF, together with associated risks to the Health Board.

Haematology Strategic Outline Case

The Strategic Outline Case (SOC) was presented for a new inpatient haematology facility, including BMT and CAR-T, in response to JC accreditation requirements. The committee was asked to note, endorse, and

recommend the SOC for board approval and formal submission to Welsh Government for capital investment, as well as approval to progress to a combined OBC and FBC.

The committee confirmed approval, endorsement, and recommendation for board submission.

New R&D Income Management Policy
The new R&D finance policy was presented, aligned with Welsh Government guidance, to standardize research income management across the organization. The committee was asked to approve the policy to ensure compliance.

The committee confirmed approval of the new R&D finance policy.

Finance & Performance Risks (scoring 20 – 25)
An overview of the Finance & Performance Risks paper was provided, explaining that after months of work, all organizational risks are now consolidated in one system, allowing filtering by themes and scoring. He noted that the current filtering for Finance & Performance Committee is not yet fully aligned, and more work is needed to make it usable at committee level. The paper is being used in organizational risk management groups and Clinical Board reviews.

The committee noted the paper, with no further detailed discussion or actions recorded for the chair's report

The committee received and noted the monthly monitoring return for month 2.

Recommendation:

The Board is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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:	30 Jul 2026
			Private				
Status *(please tick one only):*	Assurance	X	Approval			Information	
Lead Executive Title:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Main Report
Background and current situation:

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

The 2 delivery focused risk themes are:

1. Quality
2. Health Equity

And there are 4 key enabling risk themes:

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

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

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

There have been no changes to overall net risk scores.

There are a number of changes made since the last Board meeting which should be noted:

- Extensive review and revision of the health equity theme;
- The People theme has had a complete review and captures the strategic risk under the domains of 1. workforce sustainability and 2. culture, leadership and experience which maps the controls, assurances and gaps throughout;
- Digital recently received a completed audit by Audit Wales which will feature at Audit Committee but is now captured within the digital strategic risk at a high level;
- Infrastructure risk theme contains an update on risk management and estate utilisation;
- Sustainability risk theme contains an update on the recent Heatwave Staf Impact Survey with some of the headlines of that contemporaneous work captured;

Recommendation:

The Board is requested to:

- **Review and note** the risk themes regarding the delivery of Strategic Objectives detailed on the attached BAF.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please place an "X" in the below boxes as relevant.*			
1. Putting People First **Click the objective above to view more detail.**	X	2. Providing Outstanding Quality **Click the objective above to view more detail.**	X
3. Delivering in the Right Places **Click the objective above to view more detail.**	X	4. Acting for the Future **Click the objective above to view more detail.**	X

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?: *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	There is no impact on the Duty of Quality

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
Decarbonisation: No
Welsh Language: No

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

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Cardiff and Vale University Health Board

Board Assurance Framework

Updated 30 Jul 26

Introduction

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

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

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

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

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

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

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

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

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

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Strategic Framework

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Strategy	Putting People First	Providing Outstanding Quality			Delivering in the Right Places	Acting for the Future
Committee	People and Culture	Quality			Digital and Infrastructure	Finance and Performance
	Audit and Assurance | Charitable Funds | Remuneration and Terms of Service					
Strategic Portfolio	Shaping our People and Culture	Shaping our Population Health and Place based Partnerships	Shaping our Quality, Value and Sustainability	Shaping our Future Clinical Services	Shaping our Future Infrastructure	Shaping our Future Generations
Strategic Risk Theme	People	Quality			Digital	Sustainability
		Health Equity			Infrastructure	

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Strategic Objectives

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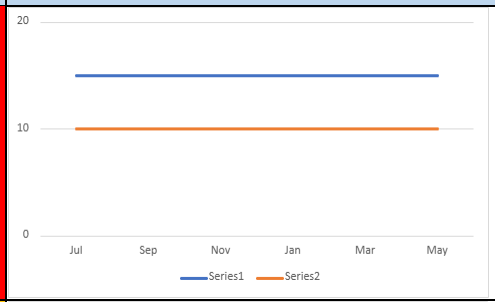
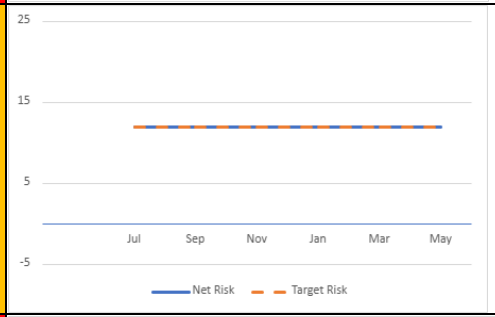
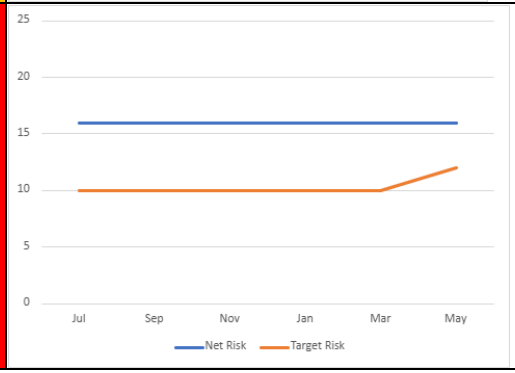
Strategic Objectives			
Putting People First	**Providing Outstanding Quality**	**Delivering in the Right Places**	**Acting for the Future**
We will be a great place to train, work and live, where we listen to and empower people to live healthy lives. By 2035, colleagues would recommend us a great place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

Strategic Risks – Quality

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

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

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Strategic Risks – Quality

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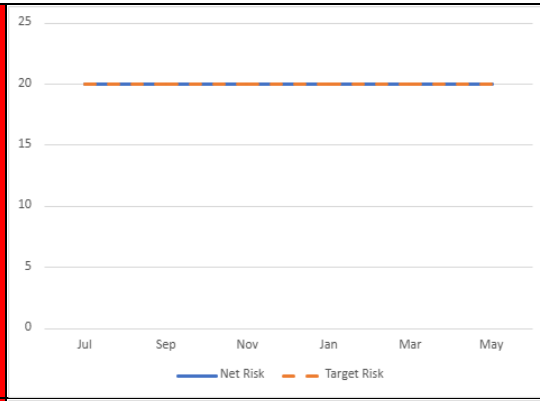
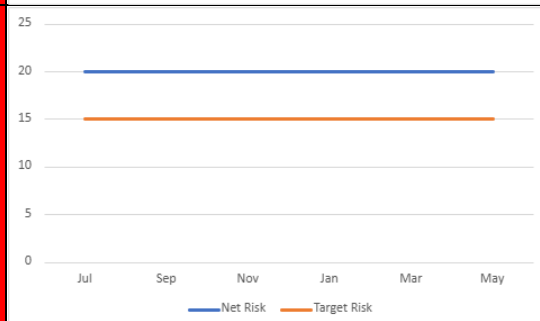
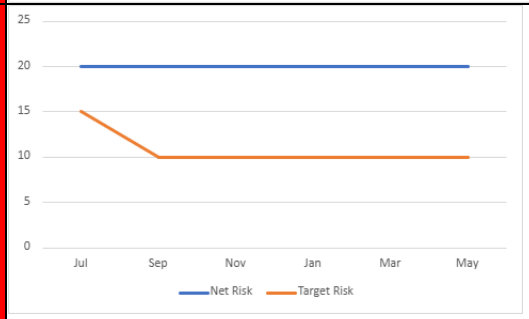
Digital	Cautious 20	**25**	**20**		Data is integral to our strategy. It empowers informed decision making about what we need to do, why, when and how we perform. Delivering our digital and data transformation road map will introduce actionable insights and capabilities that enable clinicians and patients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

Strategic Risks – Quality

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

Strategic Risks – Quality

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

Risk

There is a risk that workforce, digital, capacity and estate constraints, combined with weak escalation and organisational learning, lead to inconsistent and unsafe care, resulting in avoidable harm, poorer patient outcomes, long waits, reduced patient experience and diminished public trust.

Cause	Impact
Workforce Vulnerabilities in our Workforce including availability, retention, culture and leadership can impact on our ability to deliver safe effective timely and patient centred care **Digital Enablers** The absence of a joined up digital patient record and patient management system has resulted in omissions in care and disruption to patient pathways Ability to deliver effective care is impacted by outdated systems related to digital technology, clinical coding The challenge in accessing real time data to track care against a robust evidence base means that the organisation is dependent on retrospective data to inform its response to quality risk. The lack of data relating to population health and protected characteristics means that we are unable to effectively measure variation in outcomes. **Capacity and demand** Ability to deliver timely care is significantly impacted by the backlog of referrals following the covid-19 pandemic and the mismatch between demand and recurrent capacity within many clinical services. Pressure within the urgent and emergency care pathway is driven by extended length of stay. Opportunities to maximise out of hospital services have not been fully realised. **Environment** The ageing environment is leading to challenges including to disruption to services and Infection prevention and control risks and poor patient experience **Whole Systems approach** Gaps in our clinical governance structure means that risk is not clearly articulated and Escalated and that mitigation is often localised rather than delivered at an organisational level. **Improvement and learning capability** Learning from events is often undertaken at departmental level with infrequent evidence of embedding organisational learning	**Safe** The UHB continues to see a number of same cause patient safety incidents, complaints, redress cases and claims where the harm to patients is potentially avoidable. These include health care associated infections, failure to ensure continuity in clinical pathways, failure to recognise the deteriorating patient, failure to escalate, issues with communication and Never Events. The health, safety and welfare of our staff is not universally maintained. **Timely** Long waiting times for planned care and diagnostics means care is delivered at inappropriate timescales with a potential consequence of progression of disease, worsening wellbeing and associated psychosocial impact on patients and families. Care is ultimately costlier to provide. **Effective** Benchmarked data associated with national clinical audits demonstrates that we don't universally benchmark in the top 30% of organisations nationally for performance and outcomes. The pressure on estates, workforce capacity and wellbeing will impact on our ability to provide care in line with evidence base. **Efficient** The Health Board is not meeting some of its productivity and efficiency ambitions, including in relation to outpatients and length of stay. Care may be being delivered which does not provide value to the patient, wider population and health economy. Care can be duplicative and wasteful. Care is often delivered with a disproportionate focus on intervention vs prevention. Constraints around workforce availability results in a reliance on non UHB staff to provide core. **Person Centred** The Health Board is striving to deliver care that meets the patients right to empathy, compassion, privacy, dignity and respect. In some areas patient experience is below our ambition, for example in the Emergency Department which is below the 85% target in all but one measure. The Health Board is seeking to ensure patients and families views are sought and play a role in improving services.

Strategic Risks – Quality

.		**Equitable –** Our health outcomes between different population groups (e.g. most deprived and least deprived and different ethnic groups indicate that we have more work to do on this aspect of quality. We have developed an 'Equity, Equality and Patient Safety Framework for the Health Board' this describes a framework for change, provides examples of best practice from across the world, and finally outlines the key actions each Clinical Board has committed to. For example, our data collection of protected characteristics is poor, and each Clinical Board will need to make improvements in this area. Using a co-production approach supports equity.	
Uncontrolled Risk			
Impact: 5	Likelihood: 5	Gross Risk: 25	Target Risk: 10

Controls	Assurances
Safe – Corporate Quality and Safety team have oversight of all UHB patient safety incidence, the Duty of Candour supports systematic scrutiny of all incidents reported as having caused moderate harm and above. Quality Committee and the groups that report into the committee provide oversight of emerging trends. The clinical safety group brings together the clinical boards and clinical advisory groups to support the development of strategy and policy to deliver quality aligned to current risk. The Shaping our Future Quality Excellence Programme is designed to address emerging patient safety themes. The Theatres Together programme is overseeing improving work in theatres that has emerged from the recent theatres review. **Timely**- Planned Care programme and Operational Performance meetings delivering on plans to reduce waiting times. Patients prioritised in line with Health Board criteria – Urgent and Emergency Care; Cancer and Time-Critical; planned (in referral order). Recovery plans are in place for diagnostic long waits such as endoscopy and non-obstetric ultrasound. **Effective –** The Clinical Effectiveness Committee provides oversight of national clinical audit outcomes and improvements and implementation of NICE and HW guidance. Clinical Boards are bringing an overview of their local arrangements to providing continuous focus of national audit data and use it to transform clinical pathways as has been done in stroke and hip fracture. Work is planned as part of the Sharping our Future Quality Excellence – Quality Management System Project to standardise the collection of national audit data and to embed it into quality governance structures.	• Clinical Board Performance Meetings • Integrated Performance Report • QSE • Clinical Effectiveness Committee • Clinical Safety Group • Risk registers • Executive Reviews • People and communities experience framework • CIVICA • Benchmarking Information (Clinical) • Get It Right First Time • Peer Reviews • HIW and external assurance • PSOW REPORTS • WRP assessments • Accessibility standards • Equity, Equality, Experience and Patient Safety Framework and Action Plan at Quality Committee • Assurance of CAVHIS Business Case Implementation in 2024/25 • AMaT • Shaping Our Future Quality Excellence

Strategic Risks – Quality

Efficient – operational programmes in planned care and urgent and emergency care focused on delivering best practice. Benchmarking and use of GIRFT central to programme. Productivity and Efficiency ambitions in place and monitored. **Person Centred –** Value Based Healthcare programme supporting projects and programmes focused on delivering value to patients. The UHB is rolling out a new PROM platform "Promptly" throughout the organisation to provide reliable opportunities to collect this information. **Equitable –** We monitor performance against the actions outlined in the Equity, Experience and Patient Safety Framework and Action Plan. This goes to Quality Committee every six months.	
Gaps in Controls	**Gaps in Assurances**
A recent advisory audit of Clinical Governance demonstrated gaps in reporting and escalation The availability of data to support benchmarking and monitoring of performance is limited by poor coding compliance Participation in a number of National Clinical Audits is sub optimal with poor case ascertainment and data quality The availability of data relating to protected characteristics means that measures of variation in outcomes by population is limited. The Development of the Quality management system is underway, but this is a two-year programme to embed this work	The control gaps identified mean that assurance at Committee and Board level is undermined and so the Committee work is being reviewed and redeveloped.

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

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Strategic Risks – Quality

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Actions			
What	**Lead**	**By**	**Update**
Deliver stroke improvement plan to address quality concerns in acute stroke pathway	PB	31/03/27	• Business case approved for stroke model, funding to be released from Q4 2024/25 • Delays in recruitment for agreed stroke post • Recruitment is now underway to the additional posts, but it will be some time before all posts are in place. There is continued focus on stroke performance and a real increase in regional working to deliver sustainable models moving forwards. • Stroke performance remains stable – new SSNAP measures to be reported to Board in August. • Go-live of phase of regional thrombectomy service in July 25 • Performance is consistent despite operational pressures. Increases in thrombolysis rates, work remains on % in time. Detailed review of thrombectomy undertaken • Stroke summit highlighted improvements in performance for some parts of pathway alongside increased challenges – particularly rehab length of stay. Work ongoing • Stroke Summit 16th June - agreed actions were to continue on all workstreams, review SRC's accommodation and clinical model and facilitate Exec colleagues' conversations with available data in the stroke dashboard.
Develop and deliver improvement plan for cancer and long waiting patients, including a plan to reduce diagnostic waiting times.	PB	31/03/27	• Delivery against revised trajectories is monitored internally and by WG • Challenging position in select specialities including ophthalmology • End of year positions in Cancer and 104 weeks for 24/25 good in comparison to recent years but still too long and not in line with WG expectations. Revised plans in place to deliver reduction during 2025/26 • Cancer performance remains best in Wales – further work to do to reach 75% • Long waits significantly reduced, meeting agreed trajectories for each quarter. • Q2 performance slightly ahead of trajectory for 104 week waits. • On-track of 450 patients waiting longer than 104 weeks by end of March. • Diagnostic challenges mean improvements will be delivered but not to the level previously expected • End of year position significantly improved for 156 weeks, 104 weeks and 8-week waits • Recurrent demand and capacity mismatches will lead to worsening of position in 26/27 without further investment • Delivering productivity and efficiency opportunities key to mitigating position • Working closely with national colleagues to maximise productivity opportunities, backlog forecast position improved from April 2026. Still expect 104-breaches in challenges specialities.

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Strategic Risks – Quality

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Cardiff and Vale University Health Board

Develop and deliver long term proposal for ITU capacity – Strategic Outline Case in production	PB	31/09/26	• The design development continues. However, discussions are ongoing with WG in relation to a combined ITU/Haematology and Hybrid theatres schemes. • Interim plan for releasing capacity on 3rd floor in progress through discretionary capital programme – work to C1 to accommodate Cardiology from C3 has commenced and is due to complete October 2025, releasing capacity ahead of the ITU work • C1 work will completed in December. Planning in place to install updated UPS • C1 work completed. UPS completed. • Detailed request for funding for C3 refurbishment, and indicating plans for subsequent A3, B3 upgrades, will be sent to WG in Q4 • Completion of proposal has been delayed due to capacity pressures, aiming for submission in Q2 26/27
Deliver the Theatres Together Programme which includes important quality elements such as the WHO checklist and productivity improvements	PB	31/03/2027	• Theatres Together Programme is underway, and updates provided through Board. Initial focus on 6 immediate actions and cultural priorities • Work on further tranches now underway • Progress made across programme with improvements in staff feedback. • A number of capital and estates improvements have been delivered with wider programme in development • Theatre efficiency and utilisation improvements form significant part of future work • Significant positive feedback from staff engagement sessions – indicating embedded imrpvoements
Review, design and improve mental health services which are noted to carry risks to quality	PB/DF	31/03/2027	• External consultancy appointed to support with review of mental health services – work ongoing • Plans for neurodevelopment services undergoing significant scrutiny • 3-year ND waits for children and young people likely to be >450 by March 2026 – working with WG and NHS P&I. • 3-year ND waits reducing for end of life but will increase in 26/27 • Implementation phase of transformation work to begin in 26/27 • Transformation plans developing and being delivered. Consideration of phase 2 opportunities from external support. Focus on out of area placements
Length of stay and continuity of care	PB	31/03/2027	• Length of stay programme in place – aiming to deliver, as a minimum, mean peer performance in medicine non-elective by the end of March 2026/27. • Performance and productivity board in place to monitor and drive change
Development of a Quality Outcomes Framework- To support a data informed approach to quality	JR/ RS	31.06.25	• Meetings underway with corporate teams to agree quality indicators • Work to extrapolate data relating to patient safety incidents commenced • Plan to develop a first draft by Q1 with digital support by June 2025 • Publication of a UHB mortality dashboard

Strategic Risks – Quality

			• Publication and analysis of clinical board and directorate mortality dashboards
Development of the Quality prospectus to populate the quality academy – Up skill staff across the clinical boards in patient safety review technique, improvement planning and clinical governance	JR	31.03.26	• PSLR training developed • Improvement plan training in development • Human factor prospectus planning • Development of a quality academy • Accredited audit training in place
Monitoring of the Equity, Equality, Experience and Patient Safety Action Plan and progress against actions by Clinical Boards	CB	Every six months	• Paper for Quality Committee on progress against the action plan. • Early discussions with Public health around equity measures as part of the quality outcome framework
			•

Strategic Risks – Health Equity

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Health Inequity	Shaping our Population Health and Place Based Partnerships	Executive Director of Public Health	Quality	29 July 2021

Risk

There is a risk that insufficient investment in prevention, worsening socio-economic determinants, inequitable access and poor data limit the Health Board's ability to address inequalities, resulting in widened life expectancy gaps, higher morbidity in deprived populations and increased long-term demand on services.

Cause	Impact
Risk: a lack of investment in prevention • Our organisation aims to shift spending from reactive hospital care towards prevention and proactive care in community settings. However, secondary care continues to receive an increasing share of NHS funding, leaving prevention under-resourced. Addressing this imbalance is essential for our long-term sustainability. • There is currently a lack of capacity to deliver evidence-based interventions at scale to tackle smoking, obesity, vaccination, alcohol, substance use etc. that drive the huge disparities in health outcomes we see across Cardiff and the Vale of Glamorgan. • There is also currently a lack of capacity to undertake more substantial work on the wider determinants of health with partners, such as improving housing, educational attainment and employment. • There is currently a lack of investment in prevention: the Faculty of Public Health recommends 15 public health consultants for a population of 500,000, we employ 5.5 WTE. **Risk: worsening socio-economic determinants of health** Health inequalities are well documented across the UK and arise in multiple ways, including structural issues e.g. income, employment, education and housing and unhealthy behaviours due to the environment, social norms and income levels. •	**Impact: widened life expectancy gaps and higher morbidity in deprived populations** The risks identified above contribute to worse health outcomes and a worsening of the gap in life expectancy and healthy life expectancy between different members of our population. **Impact: increased long-term demand on services** Health inequalities are already estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness. The total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in more deprived areas compared to those living in the least deprived (PowerPoint Presentation (nhs.wales). A lack of investment in prevention will cause an increase in future health service costs associated with health inequities. However taking preventative action on health inequities can reduce premature mortality, reduce social disparities, and reduce the absolute time in ill-health for people in our communities. For example, using a NHS service such as 'Help Me Quit' can increase a person's chance of successfully quitting smoking. However, by locating 'Help Me Quit' clinics in areas where smoking prevalence and deprivation are highest and delivering clinics on different days and at different times of day, barriers to accessing these services can be further reduced.

Strategic Risks – Health Equity

Worsening socio-economic determinants in the UK are impacting on health needs and outcomes in general, but particularly for those most vulnerable in our communities. People living in the most deprived areas die earlier on average and live more of their lives in poor health; this is well recognised and deeply entrenched, but it is preventable. Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Moreover, disadvantage experienced in childhood is often compounded and exacerbated through adult life and therefore often passes inter-generationally. Examples of the impacts of these inequities on health include: • Areas with higher unemployment have greater incidence of suicide; and people living in the most deprived areas experience the largest increase in mental illness and self-harm. • In 2021, in England, the *undiagnosed* diabetes rate was double for those in the bottom Index of Multiple Deprivation quintile compared to the top. This presents a challenge for the NHS in finding those with an unmet need for healthcare. • Lower levels of immunisation in the population have significantly increased the risk of outbreaks of diseases like measles. These will impact disproportionately more on our most deprived communities, with direct risks to health and by further negatively impacting on wider determinants such as education or employment. • Smoking is a major contributor to health inequalities; smoking prevalence is typically higher in areas of greatest deprivation and has a significant influence on morbidity and mortality. In Wales in 2020-2022, 14.5% of deaths in adults aged 35+ and living in the most deprived areas of Wales were attributable to smoking, compared to 7.7% of those living in the least deprived areas. In Cardiff and Vale in the same period, 9.8% of all deaths in adults aged 35+ were attributable to smoking involving 5,573 admissions to hospital. **Risk: inequitable access to services**	This preventative action can in turn reduce the burden on and costs to the Health Board and social care, while enabling our population to be more productive in our working lives. Spending on prevention has a superior return on investment when compared with acute hospital services. There is strong evidence that areas that invest more in prevention and community care see 15% lower non-elective admission rates and 10% lower ambulance conveyance rates, together with lower average activity for elective admissions and EU attendances. Changing both the distribution of resources and the operating model to deliver preventative care closer to home will also support the UHB to fulfil its organisational priorities as described in its Strategy, because they are derived from the changing needs of the population.

Strategic Risks – Health Equity

Access to, or experience of, services, public information or healthcare sites that may be relevant / pertinent to particular health and wellbeing needs, continues to be inequitable, including as a result of discrimination. The 'Inverse Care Law' has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan. **Risk: limited and poor quality data** Evidence suggests that key population groups with multiple vulnerabilities include: • Some people in minority ethnic groups, especially some people in Black and Asian populations • People living in (or at risk of) deprivation and poverty • People in insecure/low income/informal/low-qualification employment, especially women. • People who are marginalised and socially excluded, such as people experiencing homelessness and other inclusion health groups However the quantity and quality of data on the health needs, outcomes and experiences of people from these and other disadvantaged groups is highly limited. This impacts on our ability to both understand and mitigate health inequities using evidence-based and effective approaches. •	

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

Controls	**Assurances**
1. Statutory duty • The Health Board has a statutory duty to improve the health and well-being of the local population. • The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. • **2. Role as an employer**	Board papers Committee papers to Quality Committee e.g. updates on Equity, Equality, Experience and Patient Safety Framework. Committee papers to People and Culture and Quality and Safety Committees e.g. updates on Welsh Language Standards.

Strategic Risks – Health Equity

• In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner. • Our Strategic Equality Objectives and Plan 'Shaping our Inclusive Culture 2024-2028', has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes. • All our Executives have taken up a leadership role as an Inclusion Ambassador covering different characteristics, including those specified in the Equality Act 2010. • The Head of Equity and Inclusion is a member of the Public Sector Equality Network, improving the collaboration between public sector organisations in the area. The UHB also now has an Equity & Inclusion Manager, together supporting Clinical and Service Boards, including with awareness and training on completing Equality Impact Assessments. **3. Our Strategy and plans** • The refreshed UHB Strategy 'Shaping our Future Wellbeing' shines a light on the issue of equity at the strategic level. • 'Shaping our Inclusive Culture 2024-2028' is closely aligned with the UHB's Strategy 'Shaping our Future Wellbeing'. • The Cardiff and Vale Long-term Public Health Plan 2024 – 2035 sets out how the UHB intends to achieve its ambitions of increasing life expectancy, reducing inequity and shifting more focus to prevention. • Through our Public Services Board (PSB) and Regional Partnership Board (RPB) plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB have further identified collective actions. • The future UHB organisational direction supports the 'shift upstream' by committing to develop an Integrated Community Health System, underpinned by care pathways that begin with prevention; prevention is a 'brilliant basic'. • An 'Equity, Equality, Experience and Patient Safety' action plan was approved by Board in May 2024, covering 24 initial actions across the Clinical Boards that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. Progress on actions is reported to Quality Committee on a 6-monthly basis (most recent update provided in April 2026). Ongoing review is undertaken to identify outstanding actions and create future actions using the framework. **4. Public Health priorities to reduce health inequalities** The Public Health Team have agreed three immediate priorities that will influence health inequalities (and other work that we will need to bring forward when capacity allows). Work to tackle inequalities needs to take place over prolonged time periods. We continue to work with PSB and RPB partnerships to address the three priority areas where we know we can make a significant impact on reducing health inequalities: smoking, vaccination	Risk Registers Integrated Performance Report Papers to Senior Leadership Team (SLT)

and obesity. The Amplifying Prevention Board, held jointly with Local Authority (LA) partners, provides governance oversight of this collective action and works to remove any blocks to it. The priority areas are: - preventing obesity (focus 0-5 years) - reducing smoking rates - increasing levels of vaccination (using an outreach model to reduce inequity in uptake). These priority areas are being developed through UHB-wide work, including: • The UHB is continuing to implement and periodically review its strategy to tackle the lower and unequal uptake of vaccination in our most deprived communities, using an intelligence driven approach and involving targeted, behaviourally informed communications and engagement. • The establishment of a Strategic Diabetes Programme Board is a key element to reducing health inequalities. It recognises that diabetes exacerbates health inequalities and aims to reduce the incidence of Type 2 diabetes and eliminate avoidable associated harms. • The UHB has developed a co-ordinated programme of action to reduce smoking in areas/populations where prevalence is highest (often where levels of deprivation are high). It has also taken strong action to introduce enhanced enforcement of no smoking legislation on hospital sites across Cardiff and the Vale of Glamorgan, including introducing innovative approaches that are evidence-based but have not been delivered locally before. This is helping to protect vulnerable people and signpost people to stop smoking support services. **5. Work to support health equity through patient engagement and feedback** The All-Wales People's Experience Framework was launched in April 2025. There are now several methods being used to gather feedback with the aim of ensuring all patients can contribute (available from the Patient Experience SharePoint pages). Training tools and guidance are also now available to support staff in engaging more effectively with patients and service users, helping them gather meaningful feedback about their experiences. These are complemented by feedback-in-focus sessions held across sites to support patients, staff and carers in completing and understanding the many ways we collect feedback, offering support where needed. Translation and Interpretation pages have also been developed in line with the Welsh Government Accessible Standards Framework, launched in September 2025.	
Gaps in Controls	**Gaps in Assurances**
There is an ongoing need to improve the routine collection of protected characteristics to support the introduction of new indicators. This will need to be addressed by each Clinical Board.	Monitoring data (e.g. on protected characteristics). A Population Health Management System to reduce inequalities by identifying those at risk. Ability to share information between Health Board teams on patient characteristics.
Risk Post-Controls and Mitigation	

Strategic Risks – Health Equity

Impact: 4	Likelihood: 3	Net Risk: 12	

Actions			
What	**Lead**	**By**	**Update**
Within the UHB and through our PSB and RPB partnerships, continue to develop and deliver a suite of focused preventative actions to tackle inequalities in health.	Claire Beynon	March 2026 with further annual actions 2026/2027	• • • Across the UHB, work continues to meet targets in the existing Equity, Equality, Experience and Patient Safety Plan, especially in relation to data collection to support data availability, linkage and analysis. A new action includes creating and developing an equity indicator dashboard. The most recent updates on this work were presented to the Quality Committee in April 2026 and the next update on this work will be presented in a further 6 months. • Innovative approaches to help people quit are being trialled, such as the 'Allen Carr Easyway to Stop Smoking' method. In addition, the 'Help Me Quit' community service is working in partnership with local primary care practices and networks to take targeted action in deprived areas to promote smoking cessation services and encourage referrals and uptake amongst high-risk patient groups such as those with chronic respiratory diseases. • As part of the All-Wales Accessible Communication and Information Standards, the UHB has developed a draft Accessible Communication Policy. This is now in the process of ratification, ongoing over the coming months. We are also currently working closely with the British Deaf Association, the D/deaf community and the Wales Interpretation & Translation Service (WITS) to roll out a trial British Sign Language (BSL) interpreter patient self-booking process. • In the Cardiff City and South Primary Care Cluster of Cardiff, focused work has begun to understand barriers to vaccination uptake. A survey was launched in May 2026 translated into five community languages (alongside English and Welsh) and will run until the end of August. It will be shared via community networks and by health visitors as part of their immunisation conversations. This, alongside targeted engagement, will inform interventions to increase vaccination uptake in an area that consistently has the lowest levels within the Health Board area. • The Childhood & Teenage Immunisations Strategic Action Plan has been approved by the Strategic Immunisations Group and will be reviewed by the Quality Committee in July. Equity is a cross-cutting theme of this. Planned actions: • Write an Annual Director of Public Health report that highlights health inequalities and actions to take to reduce these.

Strategic Risks – Health Equity

			• Refresh sections of the Population Needs Assessments or undertake Health Needs Assessments for the population that highlight health inequalities and actions that can be taken to reduce these and share these with appropriate partners (e.g. RPB and PSB) • Refresh the UHB's Vaccination Equity Strategic Plan and embed equity as a cross-cutting theme in strategic action plans to address vaccination uptake in childhood, teenage and adult populations. •
Advocate for more resources for prevention as a percentage of the total health board budget.	Claire Beynon	2026/2027	• Continue to advocate for increased resources for prevention to improve the health and wellbeing of the local population. • Ongoing work on the business plans that would allow full implementation of evidenced based interventions to reduce health inequalities for smoking and obesity, to include time frame for benefits. • Suggest a methodology that supports the collection of data on spend on preventative activities, with a focus on primary prevention.
Improve the routine data collection in relation to equality and inequity across the UHB.	Claire Beynon	2026/2027	• Follow the advice and guidance from the internal audit on data collection on protected characteristics once report is finalised. • Request further analyses of aspects of access to health services by Welsh Index of Multiple Deprivation. • Expect Clinical Boards to take responsibility for understanding their data in relation to protected characteristics, and to take positive action in relation to this.

Strategic Risks – People

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
People	Shaping our People and Culture	Rachel Gidman	People and Culture	Revised 01/05/26

Risk

- . There is a risk that gaps in workforce planning, productivity, leadership and culture undermine workforce capability, capacity and engagement, resulting in an inability to maintain safe, affordable, high-quality services and deliver strategic transformation.

Cause	Impact
Domain 1: Workforce Sustainability **a) Workforce supply and capacity (recruitment, retention, skills)** • Workforce planning not aligned to demand and capacity (activity planning). • Variable workforce planning capability and inconsistent use of data to inform decisions. Workforce plans are not consistently aligned to future service models, productivity assumptions and population need, increasing reliance on short-term mitigations. • Limited workforce redesign (continued reliance on traditional models). Limited triangulation of workforce, quality, demand and finance data to identify emerging risks early. • Persistent gaps in critical and specialist roles creating service fragility Governance/compliance pressures (ESR/data quality, establishment control, safer staffing, mandatory training, professional registration, legal compliance) divert capacity Limited alignment between education, training and future workforce requirements **b) Workforce productivity and deployment (rostering, job planning, bank/agency optimisation)** • Lack of a unified E-Rostering system limits productivity and safe redeployment Variation in roster compliance and job planning impacting delivery of agreed KPIs. • Suboptimal temporary staffing controls increase cost and risk **c) Workforce affordability (pay bill, agency, variable pay)** • Over reliance on agency and variable pay • Financial constraints limit recruitment, growth and transformation	**Patient experience and outcomes will deteriorate, including:** • Increased waiting times and delays to treatment (• Increased length of stay and delayed discharges • Increased patient safety risk linked to staffing gaps and fatigue • Reduced continuity of care and patient experience **Workforce performance will deteriorate, including:** • Increased sickness absence (**>5.5% target**) • Increased turnover and reduced retention (**>10% turnover**) • Reduced productivity and increased reliance on temporary staffing (< required 30% reduction for agency and 10% for Bank) • Worsening staff engagement and wellbeing (<74% target engagement score) **Financial and operational performance will deteriorate, including:** • Increased agency and variable pay spend • Inefficient workforce deployment impacting service delivery

Strategic Risks – People

d) Sickness absence and wellbeing-related capacity loss • High and/or persistent sickness absence reduces workforce capacity and resilience Mitigation through temporary staffing increases cost and reduces continuity of care. **Domain 2: Culture, leadership, wellbeing & workforce experience** • Limited integration of workforce, culture, wellbeing and EDI data reduces early identification of risk Absence of clear, organisational leadership and management expectations and standards leads to inconsistent behaviours and accountability. • . • Variable management capability impacts staff experience, performance and retention.Psychological safety, dignity and respect concerns affect staff wellbeing and willingness to speak up. • Cultural signals are not consistently triangulated to inform proactive intervention. • Wellbeing model is predominantly reactive, with limited preventative interventions • Sustained operational pressure /inefficient systems reduce wellbeing, engagement and increases burnout risk. Inequity in workforce experience and outcomes across staff groups.	**Organisational sustainability and reputation will be impacted, including:** • Reduced ability to recruit and retain staff in critical roles • Widening inequalities in workforce experience and outcomes • Reduced staff trust and engagement **Strategic delivery will be compromised:** • Delay or failure to deliver service transformation and organisational priorities • .

Uncontrolled Risk			
Impact: 5	Likelihood: 4	Gross Risk: 20	Target Risk: 12

Controls	**Assurances**
Overarching: • People & Culture Plan aligned to UHB strategic priorities. • Workforce Planning Training programme in place. • Annual Plan with key deliverables, supported by Clinical Board delivery plans. • Speak up Safely system, SUS/WIC. • Clinical Board/CEF – bank and agency reduction plans • Strategic plans aligned to EDI priorities. • Medical & Dental workforce workplan. • Temporary pay controls in Clinical Boards. • Managing attendance at work policy and training.	Overarching: **People and Culture Committee** oversight of workforce risks, performance and delivery **Monitoring of People and Culture Plan** deliverables and performance trends (including KPIs)**Annual Plan reporting**, on workforce risks and delivery **External assurance**, including Welsh Government oversight and performance reviews, **Domain 1 Assurances: Workforce Sustainability**

Strategic Risks – People

Domain 1 Controls: Workforce Sustainability • Nursing workforce forecasting and safer staffing processes to identify and escalate capacity risks Recruitment, onboarding and retention approaches, including use of workforce data to inform interventions. • Workforce risks incorporated within IMTP and Annual Plan processes Improved education commissioning process. • Bank and agency governance/controls to manage use, authorisation and cost. • Sickness absence case management, OH/EHWS support and return-to-work processes. • Education, training and talent development pathways to support workforce pipeline **Domain 2 Controls: Culture, leadership, wellbeing & workforce experience** **Leadership & Culture** • Leadership development and OD interventions, supporting capability to lead teams effectively under pressure. • Raising Concerns / Speaking Up Safely framework, supporting staff voice and response. **Wellbeing** • Integrated health and wellbeing model (preventative, early intervention, specialist support). Occupational Health and Employee Wellbeing Services **Equality, Inclusion & Workforce Experience** • Strategic Equality Plan, Anti-Racist Action Plan and WRES, • Welsh Language Standards. **Engagement & Insight** • Staff survey and engagement mechanisms. • Wellbeing, Employee Relations and engagement data	• Workforce reporting (including Nursing Staff in Post) tracking vacancy, supply and capacity risks • Recruitment, retention and workforce experience data, including exit questionnaires and new starter insight . • Workforce planning outputs within Annual Plan and service planning processes. Workforce and financial performance data (including temporary staffing usage and cost) **Domain 2 Assurances: Culture, leadership, wellbeing & workforce experience** **Leadership & Culture Assurance** • Staff Survey and staff engagement data (leadership, psychological safety, dignity and respect). • Employee relations data and themes. • Speak Up / Work in Confidence data. **Wellbeing** • Occupational Health and Employee Wellbeing Service data (demand, access, outcomes) • Sickness absence data (including stress-related absence **Equality & Workforce Experience Assurance** • WRES, Strategic Equality Plan and Anti-Racist Action Plan reporting, • Analysis of differential workforce experience (,disciplinary, progression, access to opportunity). **Triangulated Insight** • Increasing triangulation of workforce, culture, wellbeing and EDI data to identify risk and hotspots.
Gaps in Controls	**Gaps in Assurances**

Strategic Risks – People

Workforce Sustainability • No consistent, organisation-wide workforce planning framework (standards, tools, governance) . • Variable workforce planning capability resulting in reactive decision-making . • Stronger controls for nursing than other staff groups (e.g. medical, AHP, A&C) • Over-reliance on temporary staffing and short-term mitigations . • Sickness absence controls more focused on case management than prevention • Limited integration of digital, automation and role redesign into workforce planning. • External workforce supply constraints (national shortages) increase residual risk. • Sustained operational pressure increases demand for cover, stressing existing controls. • Talent management and succession planning is not consistently defined. **Domain 2: Culture, leadership, wellbeing & workforce experience** **Leadership & Culture** • No agreed organisational leadership and management standards • Inconsistent management capability, particularly in leading teams under sustained pressure and supporting staff wellbeing • No organisational cultural dashboard to monitor risk systematically. **Wellbeing** • Wellbeing model remains predominantly reactive • Increasing demand and complexity within Occupational Health and Employee Wellbeing Services. • Limited organisational controls to address sickness absence at a structural level. • No organisational Wellbeing Framework. **Workforce Experience, Access & Inclusion**	**Workforce Sustainability** • Limited assurance on the quality and use of workforce plans to inform decision-making. • Assurance focused on current-state metrics, rather than future sustainability and modelling. • Inconsistent assurance across staff groups (stronger for nursing than others). • Limited outcome-based assurance on sickness absence reduction. • Limited assurance on effectiveness of actions to reduce reliance on temporary staffing beyond activity/cost monitoring. • Limited visibility of digital and workforce productivity impact. **Domain 2: Culture, leadership, wellbeing & workforce experience** **Leadership & Culture** • Limited assurance on leadership and management capability, beyond staff perception measures. • No structured mechanism (e.g. dashboard) to identify emerging cultural risks early. • **Insight and Early Warning** • Limited triangulation of workforce, culture, wellbeing and EDI data for early risk identification. **Wellbeing**

Strategic Risks – People

• Inconsistent communication and access to information and support. • Variable awareness of, and access to, wellbeing and support services. • Inconsistent clarity of support pathways for staff and managers. • Inequities in workforce experience and outcomes not consistently addressed.	• Assurance focused on service demand/activity, not preventative impact or outcomes. • **Equality & Workforce Experience** • Limited assurance on differential experience and outcomes across staff groups,

Risk Post-Controls and Mitigation		
Impact: 4	Likelihood: 4	Net Risk: 16

Actions			
What	**Lead**	**By**	**Update**
Agree and publish an organisation-wide Workforce Planning Framework (scope, required inputs/outputs, templates, scenario rules, governance/approvals, annual cycle and escalation), plus additional targeted short training/implementation plan for managers.	Donna Davies	Sept-26	HEIW Workforce Planning methodology has been adopted, supported by their online introductory training.
Medical & Dental workforce deployment, including implementation of a unified E-Rostering system, robust job planning, implementation of the Welsh Resident Doctor Contract (WRDC), etc	Martyn Capel	Aug-26 (phase 1)	WRDC/E-Rostering presentation to P&C Committee in July 26.
Continue to reduce the reliance on temporary workforce through agency and bank reduction & improve monitoring through development of a dashboard.	Lianne Morse	Mar-27	P&C Committee receive updates via Workforce KPI report (bi-monthly) Board receive updates via IPR.
Strengthen leadership accountability and early intervention through a consistent, data-led attendance management and wellbeing approach to sustainably reduce sickness absence.	Katrina Griffiths	Mar-27	P&C Committee receive updates via Workforce KPI report (bi-monthly) Board receive updates via IPR.
Develop and implement organisational leadership and management standards, including defining how capability will be assessed and assured at organisational level in collaboration with HEIW national work.	Claire Whiles	Mar-27	Leadership & Management Conference planned for 02/07/26 to engage all leaders.

Strategic Risks – People

Develop a proportionate organisational cultural dashboard, drawing on existing data sources, to support early identification and monitoring of cultural risk.	Claire Whiles	Aug-26 (phase 1)	Presentated to P&C Committee in May 26, follow up in Sept 26.
Redesign and implement an organisational wellbeing model to ensure appropriate balance between preventative, early intervention and specialist support.	Claire Whiles	Sept- 26	Presentation to P&C Committee in July 26.
Transition from WTD% payments to AfC Average payments, aligned to national programme of work to ensure the UHB are legally compliant.	Lianne Morse	Mar-27	National Programme Board to be established, paper going to the National W&OD Directors peer group on 19/06/26.
Organisational readiness for the new Future Workforce Solution (replacement for ESR), prior to implementation	Lianne Morse	Dec-26	NWSSP will commence working with CAV from July/August 2026. Priority is currently with organisations that are early adopters of the system.

Strategic Risks – Digital

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
Digital	Shaping our Future Digital Services	Director Digital and Health Intelligence (D&HI)	Digital and Infrastructure	4 October 2022

Risk

There is a risk that legacy systems, underinvestment and limited digital capability constrain transformation, resulting in inefficient care delivery, increased cyber risk, missed productivity opportunities and failure to realise strategic ambitions.

Cause	Impact
CAVUHB IT and digital services are known to be historically underfunded resulting in a legacy and deficit in infrastructure, applications and informatics capability that has built up over at least a decade (e.g. our core applications for UEC, inpatients and outpatients were developed in-house-c20 years ago). There are plans to rectify these issues however they are unachievable with the current resource (people, finance) allocation We have some capability in human resources but insufficient capacity or funding to execute the digital and data transformation plans and road map. Existing resources are fully consumed with tactical short-term on the day-to-day urgency of UHB operational needs Recruitment of suitably skilled D&HI staff is a national challenge as well as affecting CAV. This often requires the use of interim agency support in key areas, especially whilst we continue with legacy solutions as we are tied to old technologies. This of itself diminishes further our existing capacity as resources need to be familiarised with the technical environment and then supervised. Historically CAV has looked to provide much of its core IT and digital services inhouse. This is not always necessarily the optimum route however 'legacy lock' and the resource to support forward plans keeps us where we are. Meanwhile with new initiatives the technical estate grows and the gap between what we have and what we can support/refresh widens.	Colleagues need mobile, scalable, agile solutions that enable data collection and sharing. This is unachievable whilst we are locked into legacy. Legacy Lock makes improving our cyber posture more challenging (e.g. securing our data) The impact of not managing this risk is that the improvements in safety, quality, outcomes, productivity and financial efficiency that staff and patients expect from D&HI cannot be fully realised, therefore putting at risk the deliverability of the SOFW Strategy.

Strategic Risks – Digital

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

Controls	Assurances

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

Strategic Risks – Digital

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

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

Actions			
What	**Lead**	**By**	**Update**
Internal investment case to support the Digital Foundations case approved	Director of DHI	Mar 26	Programme Business Case completed and shared with WG setting out detailed roadmap plans and the associated costs, funded accessed by annual Business Justification Cases to WG's Major capital budget. Statement of works produced against which a suitable external partner will be sought Digital Foundations Programme Business Case and supporting Business Justification Cases for Year 1 (of the 5 year case) complete. PBC being taken through the internal governance process comprising Capital Management Group, Value & Benefits Realisation Group, Senior Leadership Team, F&P and D&I committees before presenting to the November Board meeting and thereafter submission to Welsh Government for their consideration/approval. The existing Digital Foundations PBC seeks funding from the all Wales major capital budget but has a revenue tail which is currently unfunded. additional work is taking place, including detailed discussion with each Clinical Board, to identify the funding source to enable the PBC to progress through internal CAV UHB governance process – this will likely not happen until the new financial year. May 26: Meeting with WG's Head of Capital, CAV DoF and CAV DoD took place on 13/05/26 to provide update and share summary information in advance of a formal submission if agreed by CAV Board following due governance process. July 26: Capital bids invited by WG specifically to address Estates Backlog and DIgital Maintenance (back-log) costs, resulting in CAV submitting a digital maintenance bid for £7.8m in June 2026. There has been no further update on the consideration of the Digital Foundations PBC and associated year 1 BJCs submitted earlier in the year.
Development of the Digital Programme Business case to support the digital foundations ambitions is underway.	Director of DHI	May 26	External partner identified and service procured which has enabled the works to commence on the Programme Business Case. Co-production approach with all Clinical Boards and corporate services involved via workshops taking place during May and June 2025.

			July 25: Draft plans and outputs from workshops shared with Clinical Boards for comment prior to feeding into the Programme Business Case in Sept/October 25. Digital Foundations work to support the development of the Programme Business Case and supporting Year 1 Business Justification Cases complete. Workshops held with input from all Clinical Boards and services to ensure full co-production and alignment with the organisation's strategic objectives. Nov 25: Further scoping and detailed workshop being held with each Clinical Board during November and December to capture the detail of where savings can be made arising from automation and digital changes which will be used to off-set the revenue shortfall. The DF PBC has been shared with digital team at WG following the Digital presentation made at the November IQPD meeting. The intention is to submit the final case to Board for approval prior to formally submitting to WG for consideration via the Infrastructure Investment Board Jan 26 – additional work to identify the funding source for the associated revenue costs – especially in year 1 of the PBC means that the process will slip into 26/27. Decisions on allocating WG major capital are not expected until well into Qtr 1 26/27. May 26: An updated PBC and Year 1 BJCs have been developed and are in the process of working through the internal governance process having been reviewed by the D&I committee, SLT and Value & Benefits Realisation Group and Capital Management Group, with the case to be considered at the Finance & Performance Committee prior to submission to Board on 28/05/26. July 26: Audit Wales have completed their audit into CAV's Digital Transformation, resulting in 8 specific recommendations: Strengthen strategic delivery and affordability Develop the Board's understanding of Digital Improve assurance over digital and cyber risks Establish a clear approach to AI Build workforce readiness for digital transformation Have clear contingency plan for funding digital transformation Embedding how it works with staff and patients in its digital developments Reporting on digital programme benefits The management response to the above recommendations sets out the actions to be taken, which will be shared in more detail at the D&I committee meeting in August 2026.

Strategic Risks – Infrastructure

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

Risk

There is a risk that ageing estate, insufficient capital investment and delays in major programmes impair service environments and infrastructure, leading to safety risks, service disruption, poor experience and inability to modernise services.

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

Uncontrolled Risk

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

Strategic Risks – Infrastructure

Controls	Assurances
• Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate, which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. This will be updated following the conclusion of the conditions survey, clinical services plan and the site masterplanning work. • Statutory compliance estates programme in place • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 2026/27 Capital Plan will be submitted for Board with the Annual plan • Medical Equipment prioritisation is managed through the Medical Equipment Group and there is a process in place for rapid decision making if there is a urgent need to replace a piece of equipment. This is managed within the remit of the Capital Management Group. • Business Case production or delivery is managed through the Capital Management Group/Investment and benefits realisation group . • Welsh Governments stated priorities are Theatres including Vascular/MTC theatres, Haematology including BMT and ITU refurbishment. • Welsh Government has agreed regarding the Shaping Our Future Acute Hospital Programme a series of activities which will support the Health Board to refresh its estates strategy.	• The Health board teams including estates and capital team work with Welsh Government to identify opportunities to improve the estate sustainability and manage any emergent or urgent risks. • The statutory compliance areas are managed and monitored within the Health Board • The Capital Management Group, Senior Leadership Team the Digital and Infrastructure committee and Finance & Performance Committee
Gaps in Controls	**Gaps in Assurances**
• The current annual discretionary capital funding is insufficient to meet all the priorities identified through risk assessment, Annual Plan and Strategic ambitions of the organisation. • further impact the teams and resources available • Traceability of Medical Equipment • The Welsh Government capital funds are insufficient to meet the capital requirement	• the regular statutory compliance surveys remedial works .

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

Strategic Risks – Infrastructure

Actions			
What	**Lead**	**By**	**Update**
Infrastructure risk management	Geoff Walsh	Q2	The Vision document is in progress although it is now anticipated that it will be finalised and presented to Board for approval in Q3 26/27 to submit to Welsh Government for the future of critical services at UHW to include EU , ITU, Diagnostics, theatres and inpatient surgical beds. Review of the condition survey data to bring forward a plan to address the highest risk elements identified in the report to inform discussions with the D&I committee and WG for funding Q3 2026/27 BMT/Haematology Strategic Outline Case submitted to WG in June 2026 Response to JACIE followinginpection report has been returned PBC for ITU refurbishment to be considered by Board in Q2 2026/27 Theatres refurbishment no progress on the Business Case Development. However, funding for 2nd phase of refurbishment included in Discretionary capital programme. Ophthalmology theatres business case Project team established, and design team appointed. Clinical Board to re-visit project mandate. Commencement of the Park View (Ely) health and wellbeing centre infrastructure project in Q2 26/27. Delay in agreeing construction contract clauses, now resolved. Capital management group to oversee a review of medical equipment risk across the assets and support the development of a management plan Q4 26/27 Work with Welsh Government to highlight and mitigate risks and opportunities to manage infrastructure issues in a proactive and sustainable way.
Estate utilisation a programme of decommission, disposal or demolition is undertaken to minimise the estate and infrastructure which the Health Board needs to maintain.	Geoff Walsh	As per individual actions	Decommission priorities – Denbeigh and Carmarthen house have been vacated, and planning permission is being sought for their demolition. Tenders to be issued and funding support to be sought from WG. Anticipated to commence demolition in Q3 26/27 Demolition of Brecknock House to be completed in August 2026. Demolition of Sports and Social Club is practically complete.

Strategic Risks – Infrastructure

			Disposal plans – Rookwood the UHB continue to work with the successful bidder to exchange contarct for conditional sale . However, there remain some contractual clauses to be agreed, completion now anticipated in Q2 2026/27 Roath Clinic and Fairwater Road sites to be declared surplus in Q2 2026 Clinical service plans are being developed for the future of the ALAS and other Rookwood legacy services as well as Treforest. These are expected to be in place with a site solution by Q4 26/27 Education and clinical service plans are being developed with Cardiff University to develop a future model of delivery for dental education, training and service provision. Q3 26/27 Estates planning around the Dental Hospital will be undertaken in light of the future model. From Q4 26/27. Decommissioning of the Tenovus building in conjunction with Cardiff University
Condition Survey	Geoff Walsh		Develop a management and action plan for the results of the condition survey in two parts, firstly the highest risk issues (Category D & Dx) and then for all other issues identified in the survey. Highest risk management plan to be approved in Q3 26/27. Whole report management plan to be developed in following 9 months and used to inform the 27/28 capital programme for Welsh Government and the Health Board.

Strategic Risks – Sustainability

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

Risk

There is a risk that persistent financial pressures and limited progress on service redesign and decarbonisation undermine long-term sustainability, resulting in continued external intervention, investment paralysis, failure to meet statutory duties and weakened organisational resilience.

Cause	Impact
Decarbonisation and Climate	
The world has breached the 1.5°C pathway set by the Paris Agreement in 2024. Growing evidence shows that the magnitude of climate impacts is increasing day by day, and Cardiff is projected to be one of the most affected cities in the UK.	Interim findings from the 2026 Heatwave Staff Impact Survey demonstrate the growing impact of extreme heat on workforce wellbeing, productivity, and healthcare delivery. A total of **91.8% of respondents reported poor comfort levels**, **88.5% reported reduced productivity**, and **35.4% experienced heat-related illness** during heatwave conditions. Among clinical respondents, **43% reported increased patient footfall** and **42.5% reported increased patient length of stay** during periods of extreme heat. Combined with climate projections indicating more frequent and severe heatwaves, these findings emphasise the need for accelerated adaptation measures to protect staff, patients, and service resilience.
In 2024-25 the UHB's emissions increased by 44% to c260,000 Tons of Co2 compared to 2023-24 emission of c180,000.	Both of the above factors present a financial risk. The UHB has already missed Welsh Government target of reducing its emission by 16% by 2025.
Currently, UHB has undertaken an initial climate risk assessment however a comprehensive assessment of current and future climate risks is yet to be conducted.	CAV UHB does not have a line of sight to achieve the 40% reduction in directly controlled emissions required by the strategy by 2027 nor the 34% emission by 2030. (from a 18/19 baseline). This renders UHB vulnerable to unidentified climate risks that have a direct impact on healthcare delivery and its financial situation.

Strategic Risks – Sustainability

CAV UHB has limited resource for Sustainability and Climate response.	This will impact on embedding sustainability and building climate response.
Finance	
The conditions required to stabilise the financial position are not yet in place. The organisation does not currently have a sustainable medium-term service/financial plan, and recurrent cost growth continues to exceed available resources. The Health Board does have a model demonstrating a five-year financial sustainability trajectory. It illustrates the potential scale of improvement that could be achieved through service redesign, productivity gains, workforce optimisation and better alignment of capacity with need. However, delivery depends on significant assumptions and enabling actions that are not yet fully developed. Achieving the trajectory would require detailed service and workforce plans, quantified savings schemes, strong programme management and effective governance. As such, it should be viewed as an indication of what may be achievable over time rather than a confirmed route to financial sustainability. Planned deficit of £86.5m in 2026/27 with no identified recurrent route to balance. Recurrent cost growth (pay, workforce, drugs, CHC, demand pressures) outpacing allocation uplift. Limited progress to stop, reduce, or redesign low-value services. High reliance on non-recurrent mitigations as part of savings plans. Growth in unfunded operational commitments. Underdeveloped internal commissioning and weak demand and cost control. Variable financial delivery and accountability across Clinical Boards. Planning cycles not grounded in realistic workforce, activity or cost parameters.	It is unlikely that the continuation of this situation will enable the delivery of the Health Board's objectives or meet Welsh Government expectations. The HB will need to demonstrate strengthened financial grip, consistent decision-making, and alignment between performance, workforce and resource allocation to de-escalate from targeted intervention. The collective impact may be: Breach of statutory financial duty. Continued or escalated NHS Wales intervention. Inability to invest in service redesign, digital, estates or workforce. Requirement for short-term corrective action with potential impact on quality and performance. Reduced flexibility and organisational resilience. Loss of credibility with Welsh Government. Inability to deliver the Health Board's strategy.

Strategic Risks – Sustainability

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

Controls	**Assurances**
Decarbonisation and Climate	
A decarbonisation action plan is in place to deliver decarbonisation actions aligned with the NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030. SusQI has been implemented to embed sustainability in Q&I projects. The Welsh Government has mandated yearly reporting, such as Decarbonisation Co-Ordination Reporting and Emission Reporting, along with all other health boards in Wales. The Welsh Government has made it mandatory to report qualitatively on progress regarding climate adaptation. A Working group has been established to identify pathways for climate risk assessment and climate adaptation pathways.	Climate Response plan is under development and will be overseen by Finance and performance committee First Iteration of CAV UHB Climate Risk Assessment has been undertaken and a Climate Adaptation plan is under development. The identified risks will be uploaded in AMaT. Successful in outline stage of the NIHR-funded HASTE research bid with the Institute of Occupational Medicine, Met Office and UKHSA. This is a research study to understand and design adaptation approaches for heat impacts on health care delivery.
Finance	
Scheme of Delegation and financial governance framework for expenditure approval. Annual Operational Plan aligned to savings requirements and control totals. Savings Program monitoring through: – Senior Leadership Team – Monthly Executive performance reviews / Finance deep dives	Monthly financial reports and savings delivery updates to the Finance & Performance Committee. Board receives monthly Integrated Performance Report including financial risk assessment. Internal audit provides assurance on the adequacy of financial systems and controls.

Strategic Risks – Sustainability

– CEO-chaired Financial Summits Finance Business Partnering providing forecasting, reporting and corrective action support. Monthly Finance & Performance Committee scrutiny. Internal audit reviews of financial controls, planning and budget management. Workforce controls and recruitment approval processes aligned to financial plan compliance.	Welsh Government oversight through Targeted Intervention with regular feedback. Forecasts and financial deep-dives reviewed by SLT and Management Executive.
Gaps in Controls	**Gaps in Assurances**
Decarbonisation and Climate	
Given the complexity of decarbonisation actions across various departments of the UHB, there is a lack of continuous, robust monitoring. This would require the reestablishment of a digital climate change program dashboard, setting of qualitative and quantitative KPIs aligned with targets, and a seamless data collection process for all decarbonisation actions. Sustainability needs to be embedded in decision-making. The business plan template needs to capture sustainability from decarbonisation and climate risk perspectives and should be given appropriate weight. Climate Impacts needs to be included in appropriate risk registries, and risk thresholds needs to be set.	A working group or delivery group needs to be established, comprising staff who are owners of decarbonisation actions, to highlight progress and barriers.
Finance	
No approved medium-term financial strategy addressing the recurrent deficit. No formal decommissioning framework for low-value or unaffordable services. Internal commissioning and demand management not sufficiently developed. Structural savings pipeline incomplete and over-reliant on non-recurrent measures.	No independent validation of savings assumptions or deliverability. Insufficient triangulation of financial, workforce, activity and quality data. Improving but limited benefits-realisation reporting for previous investments.

Strategic Risks – Sustainability

Weak enforcement of accountability for non-delivery of financial targets. Decision-making not consistently aligned with affordability constraints.	

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

Actions			
What	**Lead**	**By**	**Update**

Report Title:	Charitable Funds Committee – Chair's Report			Agenda Item no.		6.6.1
Meeting:	Board		Public	X	Meeting Date:	30.07.2026
			Private			
Status:	Assurance	X	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author:	Corporate Governance Officer					

Background and current situation:

The purpose of this report is to highlight the key issues which were raised and discussed at the Charitable Funds Committee meeting held on the 16th June 2026.

The papers to this meeting, outlining all of the detail on the below items, can be found on the CAVUHB website **linked 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.

Over £25k endowment expenditure for approval: There were no items for approval.

Food Sense Wales (FSW) Memorandum of Understanding: The Committee received the revised MoU which set out the relationship between the Health Charity, FSW and CAVUHB. The MoU had been updated to reflect changes in oversight arrangements and to strengthen requirements around grant applications, partnership agreements and overheads, ensuring appropriate governance and scrutiny.

The Committee sought assurance on the employment risks associated with future funding uncertainty and the potential implications for the UHB. It was confirmed that risks were mitigated through reserves to cover potential redundancy costs, with no plans to use reserves for staffing shortfalls and any additional post being fully funded on a fixed-term basis.

The revised FSW MoU was approved by the Committee.

Food Sense Wales (FSW) Project Support Manager Recruitment: - the Committee received the request for the recruitment of a 0.6wte fixed-term post to backfill reduced hours and increase team capacity, noting that the role was fully funded within the current budget and subject to future grant funding should an extension be required.

The expenditure of up to £29,032 from the FSW fund to support recruitment to a 12-month fixed-term Band 5 Project Support Manager role was approved by the Committee.

Staff Lottery Bids Panel Terms of Reference (ToR): The Committee received the ToR which had only received minor updates.

The amendments made to the Staff Lottery Bids Panel ToR were endorsed by the Committee.

Health Charity Financial Position & Investment Update: - The Committee noted that the report reflected the position at 31st March 2026 and mirrored the paper considered by the Board of Trustee (BoT) in May. The timing gap was due to the UHB's year-end accounts process; charity accounts followed the same year-end but were progressed once the UHB accounts had been completed and audited.

The Committee were presented with the report, and the following key issues were highlighted:

1. The value of the Charitable Funds increased by £0.321m in the period from 1st April 2025 to 31st March 2026. This incorporated net income of £0.005m over income and an increase in the Investment Portfolio of £0.326m.

2. The General Reserve was likely to be £0.674m in deficit at 31st March 2026 once year end accounting entries had been finalised.

Committee Members sought assurance that charity funds were appropriately classified and not unnecessarily restricted, with assurance provided that fund classifications had been thoroughly reviewed and strengthened following previous scrutiny. Further work was noted to optimise the use of designated funds and enhance governance arrangements where appropriate.

It was noted that whilst the charity's financial position had stabilised, further work was required to address the general fund deficit. The More Partnership review and ongoing diagnostic work would inform a recovery plan, alongside consideration of opportunities arising from the sale of Rookwood. The Committee would have continued oversight as the long-term plan developed to restore the general fund to a sustainable position.

Rathbones Investment Biannual Update: The Committee were presented with the investment update and were advised that the charitable investment portfolio was valued at approximately £5.6m and had delivered positive returns over the previous year, with performance ahead of both inflation targets and the relevant charity peer group benchmark. The portfolio continued to be managed in line with the Charity's income and capital growth objectives, with a balanced risk approach and ethical investment restrictions in place.

The presentation outlined proposed refinements to Rathbones' charity investment framework, including a revised return target and minor adjustments to asset allocation. The CFC was advised that market performance had been supported by resilient economic conditions and growth in technology and artificial intelligence related sectors, whilst noting the continued volatility and uncertainty within global markets.

Committee Members sought clarification on the impact of AI-related market trends on investments and whether AI sector valuations were becoming overinflated. Assurance was provided that recent performance issues reflected broader market factors rather than AI exposure, and that AI investments continue to represent a credible long-term growth opportunity despite ongoing risks and uncertainty.

Noah's Ark Children's Hospital Charity: - The Committee were delivered a presentation on the Noah's Ark Charity's five-year strategy which focused on supporting mental health and wellbeing, enhancing hospital environments, improving specialist and rehabilitative care, supporting young people transitioning to adult services, and progressing plans for future capital projects, including paediatric emergency department improvements and respite provision.

The Committee also received an overview of the Charity's proposed brand refresh, intended to strengthen public understanding of the distinct but complementary roles of the Charity and the Hospital, whilst maintaining their close relationship and shared identity.

The Committee recognised the need for further engagement to align organisational and charitable ambitions and also suggested aligning with the UHB's Clinical Services Plan.

Health Charity Fundraising Report: - The Committee was presented with the report for noting.

Food Sense Wales Update Report: The Committee was presented with the report which reported a successful year, strengthening food partnerships across Wales and expanding the Welsh Veg in Schools programme. The organisation remained financially stable with most funding secured for 2026/27 and recruitment underway to replace the outgoing Programme Manager.

Charitable Funds Investment Management Services Contract Update: - The Committee noted that this paper had already been approved by the Board of Trustee (BoT) and was being presented in this Committee for noting and completeness.

Recommendation:

The Board are requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing: *https://shapingourfuturewellbeing.com/*			
 Putting People First 1. **Click the objective above to view more detail.**		 Providing Outstanding Quality 2. **Click the objective above to view more detail.**	
 Delivering in the Right Places 3. **Click the objective above to view more detail.**		 Acting for the Future 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Quality Impact Assessment Completed?				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		n/a

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

Approval/Scrutiny Route	
Committee/Group/ Exec	Date:

Report Title:	Quality Committee – Chairs Report			Agenda Item no.		6.6.2
Meeting:	Board		Public	X	Meeting Date:	30.06.26
			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 30 June 2026.

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

Quality Performance Report: - the Committee were informed that work to develop the Integrated Performance Report (IPR) continued, with indicators being populated, SPC charts developed, and feedback from a recent Board Development session incorporated, alongside narrative training for all report leads. The first iteration of the IPR would be presented to the next Committee meeting, with Phase 2 commencing thereafter to further enhance quality oversight through development of secondary quality indicators.

Clinical Board Highlight Reports: the Committee was presented with the highlight reports from the Clinical Boards, and common themes were highlighted:

- Workforce challenges were reported across a number of Clinical Boards, with vacancies and sickness impacting service delivery, particularly within PCIC, Mental Health, and Community Nursing services. Concerns were noted regarding delays in community care and the impact on patient flow, including prolonged hospital stays for some children awaiting community care packages.
- An improving position was reported in relation to incident management, with reductions in overdue high-level Datix incidents and Nationally Reportable Incidents (NRIs), supported through monthly executive oversight and improvement plans.
- Patient flow, access and waiting times remained significant concerns across Clinical Boards. Particular concern was noted regarding sustained levels of out-of-area placements within Mental Health services and continued focus on reducing length of stay and associated deconditioning risks.
- Infection Prevention and Control (IP&C) remained a key area of focus, with increases in C.difficile and E. coli infections highlighted. Positive progress was reported in some areas, including systematic improvement work within Medicine, although further improvements were required in other services, particularly in relation to MRSA and line-associated infections.

The new reporting format was welcomed by the Committee.

The Committee sought assurance regarding the reported link between rising hospital-acquired infections and the ageing estate, and the actions being taken to mitigate associated risks. They were advised that while a direct causal relationship was difficult to evidence, estate conditions remained an important factor in IP&C, with ongoing investment, environmental reviews and collaboration with Estates to maintain safe clinical environments.

Regarding the risks associated with the liquidation of Richmond Services and the transfer of domiciliary care provision, it was confirmed that continuity of care was maintained for affected

patients, with risks relating primarily to governance processes rather than patient care, and appropriate mitigation measures implemented while longer-term arrangements were developed.

The Committee sought assurance that learning from NRIs and improvements in incident management were translating into measurable patient safety and quality improvements.

The Committee discussed the increasing complexity and volume of complaints. It was highlighted that impact of communication issues, system pressures and increasingly complex care pathways, and the need to strengthen learning, improvement and early identification of emerging concerns was emphasised.

Annual Reports: Complaints, Redress and Inquests: - the Committee received the annual report on complaints, redress and inquests, which highlighted increasing demand and complexity, key themes relating to communication, access, discharge planning and care coordination, and the importance of using complaints as a source of organisational learning and improvement.

The Committee noted positive progress in strengthening the patient experience approach through the new Listening to People process, with an emphasis on using complaints and feedback as learning opportunities, improving engagement, and ensuring lessons from patient experiences drive continuous service improvement.

The Committee noted that the new Complaints Management System (CMS) would strengthen governance, organisational learning and service improvement by enabling more detailed analysis of complaint themes and trends alongside existing Datix reporting.

Quality & Operational Risks (scoring 20-25): - The Committee received an update on the implementation of a new organisation-wide risk management approach, providing visibility of quality and operational risks across the UHB to support more consistent governance, oversight and integration of risk reporting through Committee structures.

Board Assurance Framework (BAF): - The Committee received the Board Assurance Framework (BAF) for awareness.

Shaping our Population Health and Place-Based Partnerships: - *no items were presented*.

Shaping our Quality, Value & Sustainability:

Update on Fuller Report recommendations**:** - the Committee received assurance on progress made in implementing the Fuller Inquiry recommendations relating to mortuary services, noting improvements in security, governance and compliance arrangements, whilst recognising a small number of outstanding actions which were dependent on estate and national safeguarding developments.

The Committee sought assurance regarding mortuary capacity arrangements following the withdrawal of the temporary body store at UHL. It was confirmed that alternative capacity had been established and remained sufficient, with further contingency arrangements being explored to manage winter pressures and maintain security and CCTV compliance requirements.

Shaping our Future Clinical Services:

Cardiac Implant Update: - the Committee were presented with the following update:

- The high-volume cardiac devices service supported around 10,000 patients and 800 new implants annually.
- Concerns identified through staff feedback, Datix reporting and service reviews highlighted weaknesses in follow-up, administrative processes and service capacity.
- Further reviews identified risks relating to patient tracking, remote monitoring, alert management and clinical oversight arrangements.
- A Coroner's Regulation 28 case and an NRI investigation highlighted potential missed opportunities for clinical intervention which had contributed to patient harm.

- Extensive improvement work had been undertaken which included patient validation exercises, strengthened governance, new SOPs, enhanced booking processes and implementation of improved patient management systems.
- Ongoing investment focused on strengthening leadership, workforce capacity, remote monitoring, education, quality management and performance reporting arrangements.

The Committee sought assurance that improvements within the Cardiac Devices Service were sustainable and would prevent recurrence of identified issues. It was recognised that further work was required to strengthen workforce capacity and administrative resilience, while positive cultural change and increased staff engagement in raising concerns and governance processes were supporting ongoing improvement.

The Committee sought assurance that lessons learned were driving a more holistic and patient-centred approach to care. The team outlined improvements to clinical assessment processes, governance arrangements and communication systems, including the introduction of e-advice through the Welsh Clinical Portal (WCP) to strengthen integration and specialist support.

It was noted that many of the themes identified within the review including governance, workforce sustainability, capacity, follow-up arrangements and risk management, were relevant across a number of clinical services. It was suggested that the learning from this work should be considered more broadly across the organisation.

The Committee were informed that learning from this work highlighted that relying solely on nationally reported metrics could leave important risks unidentified. In response, the service was developing a Quality Management System (QMS) with locally defined quality measures to strengthen oversight and risk identification at service level.

Ophthalmology review update: - The Committee were presented with the following update:

- Ophthalmology services, particularly the Age-Related Macular Degeneration (AMD) pathway, had been subject to scrutiny over the previous two years due to concerns regarding service sustainability, waiting times and patient safety.
- Substantial progress had been made within the AMD pathway. The previous backlog of approximately 2,600 patients had been eliminated, the pathway had been stabilised, and a sustainable service model had been established. Harm reviews had been completed for patients within the lost-to-follow-up cohort.
- Changes to the treatment pathway and the introduction of alternative medication regimens enabled patients to be treated more efficiently whilst increasing capacity and improving the sustainability of the service.
- A bespoke Glaucoma Diagnostic Unit had been established at UHL. Alongside this, they implemented the Welsh General Ophthalmic Services pathways for monitoring patients in the community.
- CAVUHB led Wales in delivering high-volume cataract surgery at UHL, meeting GIRFT and ministerial requirements. Routine lists now delivered 7-8 cases per session, supported by a clear expansion plan that had significantly reduced long waits for cataract treatment across the UHB and region.
- A range of digital improvements had been made, including the full implementation of the OpenEyes electronic patient record system and the introduction of an electronic referral process in June 2026.
- Workforce and succession planning arrangements had been strengthened through new appointments and recruitment activity across several specialist areas. Focus had been given to roles supporting patient safety, governance and pathway management.
- Outpatient waiting lists had reduced significantly, with the number of patients waiting over 104 weeks falling by approximately 90%.
- The service had moved from a position of significant fragility to one which was considerably more sustainable and better equipped to manage future demand.

Policies for Approval: - *no items.*

Safeguarding Steering Group (SSG) Highlight Report: - the Committee received the report for noting.

Infection Prevention & Control (IPC) Group Highlight Report: - the Committee received the report for noting.

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/

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

Five Ways of Working (Sustainable Development Principles) considered

Prevention		Long term		Integration		Collaboration	X	Involvement	X

Quality Impact Assessment Completed?

Y		N	X	n/a

Impact Assessment:

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

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

Committee/Group/ Exec	Date:

Report Title:	**Strategic Planning, Commissioning and Partnership Update**			Agenda Item no.	6.7
Meeting:	CAV Board	Public	X	Meeting Date:	30.07.2026
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	
Lead Executive Title:	Executive Director of Strategy, Planning and Partnerships Executive Director Finance				
Report Author (Title):	Executive Director of Strategy Planning and Partnerships Execuitve Director of Finance				

Main Report

Background and current situation:

This report provides the Board with an update on key areas of the strategic planning, commissioning, and regional partnership corporate work programme. It includes relevant updates in relation to the following areas:

1. Annual Plan
2. Strategic Portfolio progress
3. Partnership updates:
    a. Regional Partnership Board
    b. SEW Regional Joint Committee
    c. Regional Specialised Services Provider Partnership Plan
4. Engagement for service change
5. Commissioning

There is no update on Targeted Intervention within this report as these form a separate agenda item for the Board.

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

1. Annual Plan

The Escalation Board meeting with Welsh Government on the 01 July confirmed that the 2026-27 planning round has now concluded with the UHB deemed not to have an approvable plan. The updates on progress against Q1 were taken in a report to Finance and Performance Committee. Delivery is broadly on track for Q1 with around 50% of actions rated green, which is consistent with expectations at this stage of the year. No actions are rated red or significantly off track. Key achievements were noted, and strategic actions are detailed in section 2 of this report.

Work has commenced for the 2027/28 annual plan. An initial internal workshop took place on the 07 July with representatives across operations, quality, finance, workforce and commissioning invited. This is nearly 10 weeks earlier than when 2026-27 planning started. The intention is that this extra time will place the UHB in a stronger position.

Dedicated time has been provided at the Board development session in August to discuss the approach to developing the 2027-28 plan with the Board.

2. Strategic Portfolio Progress

Quarter 1 has seen good progress in establishing the foundations for delivery of the Health Board's strategic priorities:

- A major milestone was the completion and launch of the Clinical Services Plan (CSP), with over 170 colleagues and partners attending the launch event on 22 June 2026. An 18-month engagement and communications plan has been developed to support continued involvement of staff, partners and the public. Work is now underway to develop service planning frameworks, enabling plans and programme delivery arrangements that will translate the CSP's ambitions into long-term service redesign and implementation.

- The Community by Design Programme has formally launched. Leadership arrangements are now in place, the programme scope has been defined, and governance arrangements are being established, with the first Programme Board scheduled for August. This programme will support a shift towards more integrated, preventative care delivered closer to home and will work closely with partners across the Integrated Community Care System and Regional Partnership Board.

- Regional and partnership working has continued to progress well, including: the development of the South East Wales Regional Orthopaedic Plan and Capital Programme for the Llantrisant Health Park; progression of the Velindre partnership vision and roadmap; and the commencement of a refresh of specialised services planning. Work has also continued to support community infrastructure planning through a One Public Estate approach with regional partners (See below for partnership specific updates).

- Good progress has been made in the Quality and Value portfolio with the Quality Management System position statement approved. Baseline assessments have been completed across all Clinical Boards, and implementation of the new clinical governance reporting framework has commenced. The Quality Excellence Programme remains on track, supported by the introduction of a new Scan for Safety project, while progress continues in clinical audit, PROMs expansion and value-based healthcare initiatives.

- Across the Population Health portfolio, work has focused on prevention and reducing health inequalities. This has included planning for the 2026/27 vaccination programme, targeted smoking cessation interventions in areas of deprivation, strengthened diabetes governance arrangements and submission of a Welsh Government funding bid to further expand the Women's Health Hub model.

- The People and Culture portfolio has commenced a refresh of the People and Culture Plan to align workforce priorities with the Clinical Services Plan. Progress has also been made in leadership development, workforce planning and cultural improvement initiatives, alongside encouraging reductions in sickness absence rates.

- The Future Generations Portfolio remains in scoping phase with a workshop planned in July to set out our current position, understand what helps, and what holds us back, from acting for the future and to set clear goals for the organisation in delivering this portfolio of work. The Deputy Future Generations Commissioner will join the workshop which will include a range of colleagues from across the organisation.

- Within the infrastructure portfolio significant advances have been made across the digital agenda. The Digital Foundations five-year programme has been defined and aligned to the CSP, major national digital programmes continue to progress, and Quarter 1 saw implementation of RISP Phase 1, expansion of the Summary Care Record and establishment of governance arrangements for artificial intelligence and emerging digital technologies. In relation to estates, progress has been made on reducing infrastructure risk and supporting future models of care through demolition of under-utilised assets, completion of the estate condition survey, securing funding to develop a long-term vision for UHW and UHL, and commencing a refreshed Community Infrastructure Plan to support delivering more care closer to home.

Overall, Quarter 1 has focused on mobilisation, governance, planning and partnership development, creating the foundations required to accelerate delivery of the Health Board's strategic priorities during the remainder of 2026/27.

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. The Partnership's priorities are:

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) 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. A full impact assessment was presented to the RPB on 4th March; ministers are currently considering options.

b) The Regional Partnership Board was held on the 9thJune. The Board explored the Digital Care Region programme and the significant progress made on rolling out the Summary Care Viewer enabling staff to view a summary of the care being provided by different organisations to an individual, in one place. A partnership business case will be developed to expand implementation further.

c) The Board approved the RPB's annual report for 2025/26. The report provides a succinct summary of the wide range of partnership activities and its impact and can be accessed here: Annual Report 2025-2026 – CAVRPB

d) The Board also approved the Annual Delivery Plan for 26/27 https://cavrpb.org/app/uploads/2026/06/Item-4.3-2026-27-JAP-Delivery-Plan-DRAFT-FOR-APPROVAL.pdf

e) The annual Regional Partnership Board conference was held on the 19th June with almost 300 attendees from across our partnership. The day was once again a huge success and demonstrated that many of our organisational priorities are dependent on a strong and diverse partnership. A full report will be available for the next Board, but in the meantime, here is some feedback from the attendees:

> 'Very useful, [it] demonstrated a deeper understanding of the role of the charity sector in health and social care. Very powerful messaging and examples of the value of this work'
>
> 'It was a chance to meet with partners in all sectors. Pleased that there seems to be a genuine intention to include the voices of people who use services, their parents and families.'
>
> 'The keynote speech: it was emotional and I connected with it as a niece of and uncle with Down Syndrome. It reinforced for me why I do the job that I do – supporting neurodivergent people and their families.'

South East Wales Regional Joint Committee

The last Regional Joint Committee meeting was held on 20 July. The link to the RJC report can be found here SEWRJC - Draft HR of SEWRJC - July 2026.docx

There has been significant progress in regional work over the last four months, including;

- Completion of the Regional Orthopaedic Plan for Lower Limb Arthroplasty alongside completion of Full Business Case (FBC) for Llantrisant Health Park Phase Two, a regional surgical hub.
- Significant end year delivery in regional cataracts, delivering 25,633 cases 588 ahead of target
- Total wait list size for cataracts reduced by 10,000 cases (23,289 March 2025 – 13,910 March 2026)
- Supplier in place to support radiology and endoscopy delivery via Regional Diagnostic Hub

Strategic Insights- Regional Programme Progress

Highlights in the delivery of the **regional orthopaedics** programme include;

- Completion of the Regional Orthopaedic Plan for Lower Limb Arthroplasty alongside completion of Full Business Case (FBC) for Llantrisant Health Park Phase two for SEW RJC consideration and subsequently Boards in July. This included:
  - Established consistent Demand and Capacity Model and agreed Position- Completed baseline of Workforce and forward strategy
  - Completed financial model
  - Developed a standard unit cost for the region
  - Agreed a consistent approach to Orthopaedic Pre-Assessment
  - Agreed a consistent Regional Lower Limb Arthroplasty (Primary Hips and Knees) Pathway

- Set out an operational model for the Regional Surgical Hub
- Set out a phased approach to achieving demand and capacity balance for the region

Highlights in the delivery of the **regional diagnostics** programme include:

- Secured Independent Service Provider to support delivery of radiology and endoscopy at the Regional Diagnostic Hub
- Working with Health Education and Improvement Wales to establish an Endoscopy Academy to grow the future workforce
- Implementing Royal College of Pathology points system in Pathology across the region bringing consistency to reporting
- Developing Strategic Outline case for Cellular Pathology centre

Highlights in the development of the **ophthalmology** programme include:

- Significant end year delivery in regional cataracts, delivering 25,633 cases 588 ahead of target
- Total wait list size for cataracts reduced by 10,000 cases (23,289 March 2025 – 13,910 March 2026)
- Implemented Open Eyes, a digital referral system, in all Health Boards
- Implemented Electronic Referral System (Opera) in all Health Boards
- Delivery Plan in place for 26/27 with objective to hold waiting list position Cancer 2.4 Highlights in the development of the Cancer programme include
- Supporting the commissioning process of the New Velindre Cancer Centre ready for Go-Live
- Regional Patient Treatment List (PTL) established and aiming to transition all referrals to electronic system by January 2027

Risks and Opportunities

Regional working provides opportunities to improve consistency, reduce variation, strengthen workforce planning, make better use of capacity and support sustainable service delivery across South East Wales. Continued progress will depend upon maintaining strong collaboration between Health Boards and delivery of the agreed regional programmes of work.

Regional Specialised Services Provider Planning Partnership

Work is underway to refresh the organisations baseline assessment of specialised and tertiary services. This will allow us to identify both risks and opportunities to work alongside our partners to improve service provision for patients.

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

The Health Board has submitted its response and corrective actions to the JACIE accreditation committee, following the September 2025 review of the South Wales Blood and Marrow Programme. A Strategic Outline Case has been submitted to Welsh Government for consideration of capital funding for a new inpatient unit, and a revenue case has been submitted to NWJCC to address identified resource gaps across the Programme. Formal responses remain outstanding for these elements; however, significant progress has been achieved, with all 87 non-compliances addressed and 336 of 340 corrective actions completed (98.8%). Four actions remain at partial compliance status pending completion of longer-term infrastructure and organisational developments.

A residual risk remains until the JACIE Accreditation Committee has reviewed the submitted evidence and communicated its decision. Failure to secure accreditation could result in the cessation of BMT and CAR-T services in Wales, requiring patients to access treatment through English providers with significant implications for patient outcomes, equity of access, workforce sustainability and NHS Wales finances.

4. Engagement for Service Change

Shaping Our Future Wellbeing Collaborative

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

Since approval, we have formally written to previous members of the SRG to inform them of the change and advise of the new model. Members were invited to put themselves forward to sit on the new group.

Community members and partners have been approached to invite expressions of interest for members – this process is planned to conclude on the 22nd July with a short list of individuals to be considered by the Exec Director of Strategy, Planning and Partnerships in August.

Regional Engagement

We continue to work in partnership with Anuerin Bevan University Health Board (ABUHB) and Cwm Taff Morgannwg University Health Board (CTMUHB) to develop a communications and engagement approach to regional working. A phased plan has now been developed and was presented at a regional meeting on the 10th July with agreement to begin phase one engagement in August.

Continuous Engagement

To ensure that we continue to engage with our communities and colleagues on our Clinical Services Plan (CSP), we are developing an 18-month plan which will support continued communications and engagement activity.

Llais Cardiff and Vale - Scope: Patient voice, representations, advocacy and engagement

a. Overview

During June and July 2026, Llais Cardiff and Vale continued to use public experience, advocacy intelligence and scrutiny of Health Board information to identify matters requiring assurance and follow-up. Activity has focused particularly on patient safety, access to planned care, safe discharge, communication with patients and families, and the governance of specialist services.

Formal and follow-up representations have been used where responses did not fully address the questions raised or where further clarity was required. Alongside this, engagement across Cardiff and the Vale has strengthened relationships with communities and partners and provided intelligence to inform future scrutiny. Several matters remain subject to ongoing

correspondence; they are therefore reported as assurance sought rather than concluded outcomes.

b. Representations and patient-safety assurance

Llais has maintained a proportionate but robust approach to representations, concentrating on systemic risk, governance, transparency, and the practical impact on people receiving care.

- Neurosurgery and neuromodulation: following the Medical Practitioners Tribunal Service findings concerning a consultant neurosurgeon, Llais sought assurance on the Health Board's timeline and internal response; safeguarding and patient-safety review; controlled-drug prescribing and clinical record governance; professional boundaries and speaking-up culture; continuity of specialist services; communication with affected patients; and executive oversight of learning and action. Follow-up has continued where a complete response or further clarity has been required.
- Access to fibroid and related gynaecological surgery: Llais reviewed the Health Board's response against the original representation and identified areas requiring clearer assurance, including the scale and chronology of the backlog, current waiting times, communication with people awaiting treatment, use of alternative capacity or mutual aid, and measurable recovery trajectories.
- Discharge arrangements for people living with Alzheimer's disease and dementia: follow-up work has focused on joint working between health and local authority partners; safe and appropriate placement; out-of-area arrangements; equity of access; Continuing NHS Healthcare considerations; escalation routes; and assurance that individuals and families receive clear, coordinated information.
- Other service-specific follow-up: responses concerning breast services and other representations have been checked against the questions originally raised, with further correspondence prepared where the evidence supplied did not fully demonstrate action, timescales, oversight or impact for patients.

c. Emerging themes from advocacy and enquiries

Advocacy and enquiry activity continues to show that apparently straightforward contacts often involve substantial complexity and professional input. Three themes have been particularly evident:

- Mental health and emotional distress — callers may present in crisis, with heightened anxiety or significant vulnerability. The team is using a person-centred and trauma-informed approach, with safeguarding assessment and referral or signposting to appropriate specialist advocacy where needed.
- Primary care complaints — people continue to report difficulty accessing the correct contact route for GP practice concerns. Llais supports self-advocacy where appropriate and provides further advice or advocacy when issues cannot be resolved directly.
- Waiting times and cancelled care — people are seeking help to understand lengthy waits, cancelled appointments or procedures, available escalation routes and their options. This intelligence reinforces the importance of timely, honest communication and clear safety-netting while people wait.

The growing emotional and procedural complexity of enquiries also has implications for staff resilience and service capacity. Work is under way to strengthen de-escalation practice, emotional resilience, and contingency arrangements for administrative support.

d. Engagement, reach and use of intelligence

Engagement during the latter part of Quarter 1 included the Age Friendly Vale event, Carers Week activity, the Cardiff and Vale Regional Partnership Board conference, Cardiff Mela, the Health Board CSP launch and a women's health event. These opportunities enabled direct

conversations with communities, carers and partners and helped Llais to identify concerns, explain advocacy routes and build connections for future work.

Carers Week generated recorded intelligence and new links for follow-up activity, while attendance at the Health Board strategy launch helped frame future representations and scrutiny. Engagement also highlighted concerns about discharge for people without family or support networks and about ensuring that community pharmacy changes are considered through the lens of local access and patient voice.

Delivery learning has been acted upon. Where traditional information stalls generated limited engagement, the regional team has placed greater emphasis on active networking and community-based conversations. Resilience planning is also being strengthened following an occasion when sickness and annual leave meant a committed event could not be staffed.

e. Service change and partnership working

Llais continues to seek earlier and more consistent visibility of service-change proposals. Discussions are taking place with Health Board leaders and the planning team about routine access to the service-change information provided to Welsh Government. This would support earlier scrutiny of cumulative impact, equality, access, transport, communication and the adequacy of public involvement.

Some non-critical representation responses have required chasing. A single point of contact within the Health Board planning function is supporting follow-up. Urgent issues continue to receive prompt senior attention, while Llais will maintain oversight until sufficient written assurance is available.

f. Priorities for the next reporting period

- Close outstanding representation loops and seek evidence of delivery against actions, responsible leads and timescales.
- Continue scrutiny of waiting times, cancelled care, discharge coordination and communication with people whose care is delayed or changing.
- Progress planned engagement on digital inclusion and exclusion, an ageing population, young people, integrated community care and follow-up with communities previously engaged on carers, homelessness and mental health.
- Strengthen the route by which advocacy and engagement intelligence is triangulated with Health Board quality, safety and service-change information.
- Continue to press for early, consistent and transparent involvement of Llais in significant healthcare service changes.

Board assurance requested

The Board is asked to note the activity undertaken and the recurring themes emerging from public experience. Llais welcomes continued support for timely, complete responses to representations; transparent evidence of action and learning; early sharing of service-change information; and clear communication with people and families where access, waiting times, discharge or continuity of care may be affected.

5. Commissioning

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 targeted recruitment initiative is currently underway, supported by the Executive Medical Director, to broaden current Cardiff and Vale University Health Board IPFR Panel membership, resolve capacity issues and ensure consistent representation going forwards.

The NHS Wales Joint Commissioning Committee (NWJCC) Collaborative Commissioning Leadership Group (CCLG) was held on the 23rd of June. The group considered progress and risk associated with delivery of the NWJCC 2026/27 Annual Plan and the outline process for development of the 2027-30 Integrated Medium Term Plan (IMTP).

A review of commissioning resources has taken place; this included the utilisation and effectiveness of existing documentation, tools and support that is currently available within the organisation to support commissioning activity. Planning for the development of commissioning intentions for 2027/28 has commenced and further work is underway to develop and refine the commissioning toolkit.

Recommendation:

The Board is requested to:

(a) **Note** the progress being made across the Strategy, Planning and Partnerships and Commissioning work programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?:

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

Yes		No		*Comment here*

Impact Assessment:

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

Risk: No

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

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

Report Title:	Targeted Intervention Update				Agenda Item No:	6.9
Meeting:	CAV Board		Public	X	Meeting Date:	
			Private			
Status	Assurance	X	Approval		Information/Noting	
Lead Executive:	Executive Director of Strategy, Planning and Partnerships					
Report Author:	Head of Strategic Planning					

Main Report
Background and Current Situation:

Purpose

The purpose of this paper is to provide Board with an update on the escalation process, including:

- An overview of the UHB's current position against the quantitative de-escalation criteria.
- A summary of the Escalation Board discussions with Welsh Government on the 01 July 2026.
- The work of the Independent Assessors who were appointed by NHS Wales Performance and Improvement (NHSWP&I) in March to support the UHB.

Background and Situation

Each domain for which the UHB is in escalation is owned by an Executive Director with each domain reporting to a Board sub-committee (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

Assessment

Progress against quantitative measures

Three domains for which the Health Board is in escalation contain quantitative measures by which the organisation can measure its readiness for de-escalation.

The Health Boards de-escalation framework (March 2026) confirms that to be 'd*e-escalation ready*' the UHB must meet the required standard set for two consecutive quarters.

The UHB has since been verbally informed that to be in a position for de-escalation standards across whole domains must actually be achieved. i.e. the UHB can only be de-escalated for a whole domain not for specific components of a domain.

Annex 1 provides the current detailed position for each measure/domain. A headline position is provided below.

At the time of preparing this report data for June '26 was unavailable. It is likely this data would support an improved position across 1-2 areas.

Domain B: Quality

Across three areas the UHB is currently achieving the de-escalation requirement in one – *cumulative number of c-difficile infection cases in line with all Wales average.* However, this has not yet been sustained for two consecutive quarters.

Domain D: Performance and outcomes

Across nineteen areas the UHB has;

- Been achieving the de-escalation requirement, for two consecutive quarters, across <u>three</u>
    - % patients waiting <14 weeks for therapy,
    - % of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years),
    - % of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years).

- Is currently achieving the de-escalation requirement, but not yet for two consecutive quarters, across a further <u>three.</u>
    - % of patients starting first definitive cancer treatment within 62 days from point of suspicion
    - % of open pathways are waiting less than 52 weeks for referral to treatment.
    - Ambulance handovers over 1 hour

Domain E: Population Health

Across the three areas the UHB is showing a positive trajectory of improvement but currently still remains short of meeting any of the standards required for de-escalation.

Escalation Board feedback

The UHB met with Welsh Government for the second Escalation Board meeting on the 01 July.

Whilst confirmation was given in the meeting that the 26-27 planning process had now 'closed' with the conclusion that that the UHB does not have a credible plan it was noted by government colleagues that through the escalation board that -

"the executive team demonstrated a more aligned understanding of the challenges facing the organisation and greater openness regarding the scale of change required. However, significant concerns remain regarding delivery, pace, ambition and organisational grip"

The meeting primarily focused on two key themes;

Finance

- The exploration as to the "quality trade-offs" the UHB was necessarily having to consider as part of taking Clinical Boards into turnaround and have the CBs noticed;
- The UHBs approach to workforce still requires further clarification so that a more coherent story can be described and fully understood.

Quality

- Culture – Exploration of clinical leadership and the work taking place in this area;
- How the actions being taken are making a difference in theatres;
- Lost to follow up and what the focus of the LTFU the programme board doing is and how clinical executives are.

A detailed evidence pack was shared with Welsh Government in advance of the meeting to support the conversation and a summary of the key messages within the pack are set out below.

Leadership & Governance (Domain A)

Governance has been strengthened through enhanced assurance, including external review and internal audit, supporting the relaunch of the Quality Committee and introduction of AAA reporting. Focus has now shifted to second-tier leadership and organisational design, with Clinical Board reviews and the Strategic Leadership Team shaping a new operating model aligned to the Quality Management System, Performance Management Framework and financial turnaround programme.

The top risks the organisation is managing were also articulated –

1. **Quality** – the top three issues are:
    - Length of Stay
    - Lost to Follow-up
    - Never Events
2. **Infrastructure** - consistent and multiple risks of our infrastructure, including digital. In particular, an ageing estate currently manifests as safety issues, service disruption, poor experience and inability to modernise services.
3. **Sustainability** – persistent financial pressures and limited progress on service redesign and decarbonisation undermine long-term sustainability.
4. **Culture / People** - risks associated with workforce planning, productivity, leadership and culture. The critical issue is engagement with our clinical leadership.

Quality and Safety (Domain B)

Progress has been made in strengthening quality and safety, particularly through improvements in infection prevention and control- *see comments section of annex 1 for further details.*

Further progress has been achieved in mortality review and clinical coding. Standardised mortality processes and improved coding accuracy have contributed to reductions in crude mortality, early improvements in RAMI and significantly higher levels of timely coding compliance, strengthening the quality of data used for performance oversight and improvement.

Lost to follow-up remains a key organisational risk. A dedicated improvement programme has identified around 17,600 patients for action, with rollout of SOS/PIFU pathways and supporting digital tools improving oversight, reducing patient safety risk and supporting Welsh Government de-escalation requirements.

Clinical Services (Domain C)

The Clinical Services Plan was launched in June, underpinned by strong clinical leadership and an evidence-based approach to future service models. Clinical leadership has been strengthened through re-establishing the Healthcare Professionals Forum and embedding clinical leaders across CSP priorities. Early improvements are emerging through clinical validation, productivity initiatives and pathway redesign, helping reduce waiting list pressures

and improve efficiency. Targeted action on spinal services and length of stay, supported by demand and capacity modelling, outpatient expansion and ward-level performance tools, is improving flow and access. Outpatient transformation through PIFU/SOS pathways is expected to further increase capacity, reduce delays and improve patient outcomes.

Performance and Outcomes (Domain D)

The UHB continues to make strong progress in Planned Care, reducing the forecast year-end 104-week waiting list from 4,200 to 2,420 through close collaboration with NHS P&I.

In Cancer, the UHB remains on track to achieve the 75% performance standard by March 2027, while continuing to work with NHS P&I to manage delivery risks and review interim milestones.

Diagnostic performance deteriorated slightly in May, driven by Cardiac Imaging and Endoscopy. Mitigating actions are now in place, including new contracts and capacity measures, and performance is expected to improve, with forecasts being refreshed in July.

Urgent and emergency care performance has improved, with 95% of ambulance handovers completed within 45 minutes in May. Efforts continue to reduce emergency department delays and improve patient flow.

Work is also underway to improve CHC value through strengthened oversight and review processes, while the Medicines Management Programme is forecasting delivery of £4.9m through approved quality improvement schemes

Population Health and Prevention (Domain E)

The UHB has continued to see positive progress on all areas of escalation within this domain.

There has been improvement towards the Welsh Average for both vaccinations (up to date by age 5 and HPV by age 15) the starting point was approximately 5% below Welsh Average for both initially, this has halved for up to date by age 5 and has reduced to below 1% difference for HPV.

Smoking data shows an increase in every quarter in the last 6 quarters of numbers of people coming through our smoking cessation services from 258 people in Q3 2024/25 to 342 people in the latest quarter.

Positive action has been taken to mitigate GMS sustainability risk. This risk is now 15/25 down from 20/25.

The 24-25 NPDA shows that UHW has moved in a positive direction from ‘alarm’ to ‘alert’ status.

Finance (Domain F)

At the time of the Escalation Board, the UHB had identified £19m of Green and Amber savings, including £14m recurrent, representing 45% of the savings target. While delivery remains on track through Clinical Board performance reviews and weekly monitoring, an £18m gap remains to be identified. To accelerate progress, the UHB has introduced a turnaround process led by the Director of Finance, with executive and clinical leadership oversight, to support rapid decision-making, de-risk savings delivery and strengthen financial control. A major focus is reducing length of stay. Once the £42.5m target is secured, further opportunities will be pursued.

Strategy and Planning (Domain G)

The UHB is stabilising the central planning team, and planning and improvement resource is being aligned to support key areas for delivery. To support ambitions for the CSP five demand

and capacity models have been developed using the SEW arthroplasty model developed with NHS P&I to support the resign of services with a focus on 104 risk areas.

In parallel, a single Integrated Improvement Plan has been created, bringing together all key priorities to strengthen alignment, governance, accountability and organisational focus. In the last month we have developed and redesigned the performance architecture to further ensure that delivery against plans can be measured and reported in terms of impact across reporting domains.

We have commenced planning for next year's annual planning process with a workshop planned for July to agree the process and key planning assumptions taking learning from last year's process and feedback on the plan.

Outputs of the Independent Assessors (IA) work with the UHB

Board will be aware that CAVUHB has recently been working with two Independent Assessors (IA) as part of targeted intervention (TI). At the time of writing this report, the organisation has been provided with an opportunity to undertake a factual accuracy exercise on several statements that will appear in their final report; which will be/has been shared with Welsh Government on 14th July.

The Health Board has welcomed the review process and the constructive challenge it has provided. Through the factual accuracy response, the organisation has sought to ensure that important contextual information is reflected in the final report, particularly where draft observations shared may not fully capture the actions already underway or the complexity of the environment in which services are being delivered. Examples include significant investment in estate resilience and infrastructure, the establishment and development of the Health Board's improvement capability through the Shaping Change team, and ongoing work to strengthen organisational integration, governance and quality management arrangements.

The factual accuracy response also highlighted a number of areas where the UHB felt further clarification was needed including matters relating to, again, estate investment and organisational improvement capability but also workforce development, the interpretation of integration and system working, and the context surrounding a range of transformation and service improvement activities.

Importantly, the emerging themes from the review are broadly consistent with areas already recognised by the Board and Executive Team as priorities for improvement. These include strengthening organisational culture and engagement, accelerating transformation, improving quality and operational performance, enhancing financial sustainability, and continuing to develop leadership and accountability across the organisation. Many of these themes are already reflected within existing improvement programmes and planning processes.

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

Progress against quantitative measures - The UHB is seeking to further mature the governance oversight of TI and key to this is the development of the UHBs refreshed Integrated Performance Framework (Board were briefed on the progress of this work at its their last Development session) and early thinking on the development of an Integrated Improvement Plan (IIP) for the organisation.

This report remains an interim measure until the IPR and IIP has further matured.

Escalation Board - This was a challenging meeting but a more positive meeting than May's Board. It was recognised by Welsh Government colleagues that whilst significant challenges remain there is energy, pace and evidence of progress being made by the UHB.

September will see the organisation taking part in an accountability meeting as opposed to an escalation board, The nuance here being that accountability meetings are chaired by the Minister as opposed to the Chief Executive of NHS Wales and are attended by the Chair.

It is likely the focus on the meeting will, nevertheless, remain on the organisations TI status and progress against meeting de-escalation requirements. A key discussion point will be the commitment with the UHB has given to fully de-risk its financial plan by the end of Qtr. 2.

Outputs of IAs work - It remains important to note that the observations currently made available to the UHB may not represent the full context, evidence base or balanced narrative that will ultimately be presented in the full and final report. The intention of the response provided by the UHB was therefore to support an accurate and balanced final report while respecting and maintaining the independence of the review process.

Notwithstanding this caveat, the draft feedback provided a valuable opportunity for reflection and learning. The review appears to recognise a number of the significant challenges facing the organisation, including pressures relating to operational performance, financial sustainability, estate infrastructure, organisational culture and the pace of transformation. At the same time, it highlights opportunities to strengthen organisational effectiveness, further embed improvement methodologies and continue to develop integration and collaboration across services and with wider system partners.

Given that the Health Board has not yet had sight of the final report, it would be premature to draw definitive conclusions regarding the review's findings or recommendations but the organisation remains committed to engaging positively and transparently with the review process with the emerging feedback being viewed as an important contribution to the organisation's ongoing improvement journey and as an opportunity to support learning, strengthen organisational capability and further improve outcomes and experiences for the population served.

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

Annex 1 - Targeted Intervention Data Pack (July 26)

Recommendations:

NOTE the UHBs current position performance position against its quantifiable de-escalation criteria.

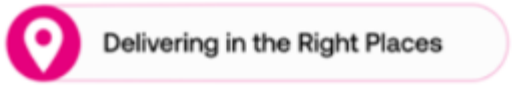
TAKE ASSURANCE on the continued development of the IPR and the more seamless integration / insight this will bring to Board being able to effectively monitor progress towards de-escalation.

NOTE the emerging findings of the Independent Assessors who have bene working with the UHB and the further detail which has subsequently been provided to them ahead of their full and final report being submitted to Welsh Government.

NOTE the key areas of discussion at the last Escalation Board meeting with Welsh Government.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1. Putting People First		2. Providing Outstanding Quality	

3. 		4. 	

Five Waves of Working (Sustainable Development Principles) considered: Please place an "x" in the below boxes where relevant									
Prevention		Long Term		Integration		Collaboration		Involvement	

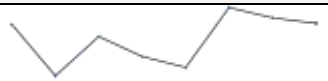
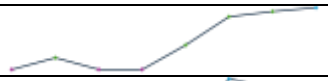
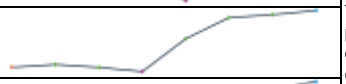
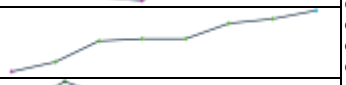
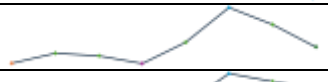
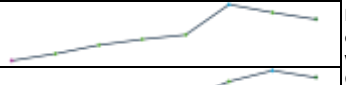
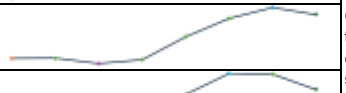
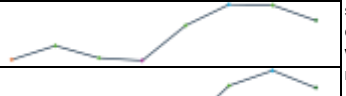
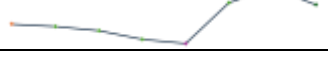
Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes *(please include the complete QIA document)*	x	No *(please provide reasoning e.g. not required*		

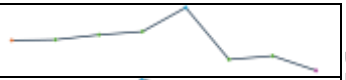
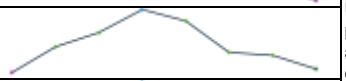
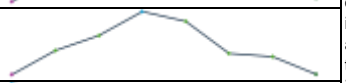
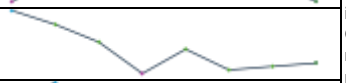
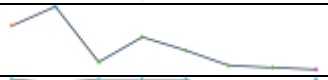
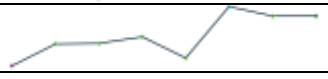
Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

RAG Key

	Achieved the de-escalation requirement for two consecutive quarters
	Currently meeting the standard for the most recent reporting month
	Not achieving the de-escalation requirement.

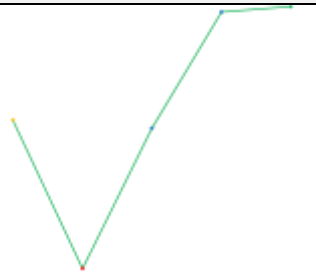
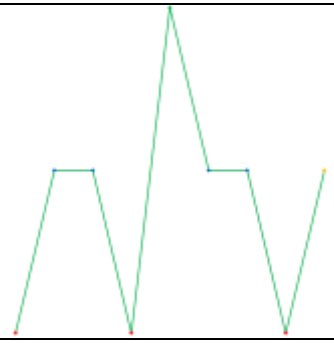
Domain D - Performance & Outcomes

	Measure	De-escalation Requirement	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	RAG	Treadline	Comments
Cancer, Planned Care & Diagnostics	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	60.0%	60.7%	53.3%	59.0%	56.1%	54.5%	63.2%	61.7%	60.9%	*Data unavaliable*			**Cancer** Cancer performance continues to improve, increasing from 54.5% in February to 61.7% in April, with a trajectory to achieve 75% by year-end despite sustained growth in referrals through the SCP pathway. While pressures remain across LGI and UGI, Breast and Gynae services, key improvements have been delivered through the Breast Pain Outpatient trial, reductions in the Urology backlog (from 69 patients waiting 104 days in January to 18 patients by the end of May), and targeted work within Skin services to manage record referral volumes. The planned recruitment of two Pathologists and one Radiologist in August/September is expected to provide further support to cancer performance improvement.
	% of open pathways waiting less than 52 weeks for a new outpatient appointment	100.0%	85.0%	85.9%	85.0%	85.0%	86.9%	89.1%	89.5%	89.8%	*Data unavaliable*			**Planned Care** Planned care performance is ahead of trajectory across key measures, with notable improvements in reducing 104-week waits and sustaining strong treatment performance. The Health Board is currently 463 patients better than profile for the 104-week cohort and remains on track to deliver its de-escalation commitments, supported by continued reductions in long waits, improvements in outpatient performance, and sustained achievement of ophthalmology targets. Focus will remain on maintaining delivery momentum and achieving year-end trajectories across all planned care measures.
	% of open pathways waiting less than 104 weeks for referral to treatment	100.0%	99.2%	99.3%	99.6%	99.3%	99.1%	99.7%	99.6%	99.3%	*Data unavaliable*			
	% of open pathways are waiting less than 52 weeks for referral to treatment	80.0%	79.9%	80.1%	79.9%	79.6%	81.9%	83.4%	83.6%	83.9%	*Data unavaliable*			
	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	14,415	25,248	26,146	28,065	28,267	28,268	29,682	30,091	30,870	*Data unavaliable*			
	% ophthalmology R1 patient pathways waiting within their clinical target date or within 25% beyond their clinical target date	65.0%	67.4%	69.1%	68.0%	66.7%	67.9%	66.5%	65.4%	*Data unavaliable*				
	% of patients waiting less than 8 weeks for diagnostic test	80.0%	52.0%	54.5%	53.9%	51.9%	57.3%	66.1%	61.8%	56.1%	*Data unavaliable*			**Diagnostics** Progress includes securing insourcing capacity for endoscopy to support cancer demand and reduce long waits, commissioning additional ISP capacity for ECHO, CT and MRI diagnostics, and developing mitigation plans to address capacity risks within NOUS services. Continued collaboration with NHS P&I and regional partners is supporting productivity improvements and sustainable capacity growth, with recurrent endoscopy capacity and workforce development expected to drive further reductions in waiting times and backlog performance.
	% patients waiting less than 8 weeks for diagnostic test - diagnostic endoscopy	80.0%	27.7%	30.8%	34.7%	37.2%	39.3%	52.8%	49.2%	46.2%	*Data unavaliable*			
	% patients waiting less than 8 weeks for diagnostic test - NOUS	80.0%	44.4%	44.5%	42.8%	44.0%	51.3%	57.0%	60.5%	58.3%	*Data unavaliable*			
	% patients waiting less than 8 weeks for diagnostic test - non cardiac MRI	80.0%	58.6%	63.2%	59.2%	58.3%	69.8%	76.6%	76.4%	71.4%	*Data unavaliable*			
	% patients waiting less than 14 weeks for therapy	85.0%	91.1%	91.0%	90.8%	90.4%	90.2%	92.1%	92.8%	92.0%	*Data unavaliable*			

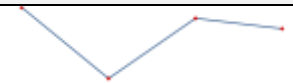
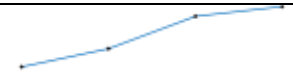
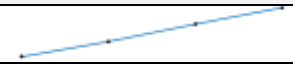
UEC	Ambulance handovers over 1 hour	223	147	149	168	181	273	73	87	31	Data unavaliable			**UEC** Urgent and Emergency Care performance improvement plans are in place across all de-escalation measures, with a clear trajectory to reduce 12-hour breaches and pathway of care delays, improve ambulance handovers, and increase same-day discharge performance. Targeted actions are expected to reduce delayed pathways from 154 to 128 and total bed days lost by March 2027, while increasing midday discharges from 21.4% to 33%. Continued focus on patient flow, timely assessment, and reducing prolonged waits will support delivery of the required de-escalation standards and improve overall system performance.
	% of patients waiting 12 hours or more in ED - Cardiff & Vale UHB	7.0%	7.3%	8.2%	8.7%	9.5%	9.1%	8.0%	7.9%	7.4%	Data unavaliable			
	% of patients waiting 12 hours or more in ED - UHW	7.0%	7.8%	8.6%	9.1%	9.9%	9.6%	8.5%	8.4%	7.8%	Data unavaliable			
	Median time from arrival at ED to assessment by a clinical decision maker (mins)	60	82	78	73	64	71	65	66	67	Data unavaliable			
	Number of pathways of care delays	128	177	187	158	171	164	156	155	154	Data unavaliable			
Mental Health	% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral (>= 18 years)	80.0%	100.0%	99.9%	100.0%	100.0%	100.0%	99.5%	98.5%	100.0%	Data unavaliable			**Mental Health** Sustained performance above the de-escalation requirement for LPMHSS assessments within 28 days (11 months) and therapy started within 28 days (14 months). Mental Health Care and Treatment Plans performance has improved over the last year but remains 10% below the de-escalation requirement.
	% of therapeutic interventions started within 28 days following an assessment by LPMHSS (>= 18 years)	65.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	Data unavaliable			
	% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan (>= 18 years)	80.0%	61.3%	65.2%	65.3%	66.5%	62.7%	71.9%	70.2%	70.2%	Data unavaliable			

Domain B - Quality

	Measure	De-escalation Requirement	Apr-25 to Oct-25	Apr-25 to Nov-25	Apr-25 to Dec-25	Apr-25 to Jan-26	Apr-25 to Feb-26	Apr-25 to Mar-26	Apr-26	Apr-26 to May-26	Apr-26 to Jun-26	RAG	Comments
Infection	Cumulative number of C.difficile infection cases	In line with all-Wales average for that month *(grey boxes so all-Wales averages)*	118	132	148	165	179	186	17	26	43		Over recent weeks, a number of developments have taken place, including the development of an overarching health board improvement plan, the sharing of learning from paediatric oncology, implementation of actions aligned to national recommendations, and establishment of Infection Prevention and Control (IPC) review panels in medicine clinical board. This has contributed to a reduction in C. diff rates, strengthened ownership and leadership at all levels, increased focus on outcomes, and improved antimicrobial stewardship, with next steps focused on scaling successful approaches, widening professional engagement, and expanding IPC panels across all clinical boards.
			116	*133*	*148*	*162*	*175*	*190*	*16*	*31*	*48*		
	Cumulative number of hospital onset E.coli BSI cases		41	44	48	56	60	64	5	13	21		Work has progressed to strengthen prevention of E. coli bacteraemia through refreshing urine sampling protocols in primary care and appointing dedicated IPC leadership within community and primary care settings. This has improved appropriate sampling and prescribing for UTIs, increased focus on community outcomes, and supported antimicrobial stewardship, with next steps centred on a deeper review of hospital-onset cases to identify causes and develop targeted improvement actions.
			44	*49*	*54*	*60*	*65*	*71*	*4*	*9*	*16*		

	Cumulative number of hospital onset MRSA BSI cases		5	7	7	8	8	8	2	2	2		Significant action has been taken to improve MRSA compliance through enhanced screening, decolonisation, hand hygiene, ANTT, and care bundle implementation, alongside executive review of all hospital-onset MRSA bacteraemia cases. This has improved identification and prevention of transmission, strengthened IPC compliance, increased organisational learning and accountability, and supported reductions in hospital-onset cases, with next steps focused on full implementation of improvement actions, monitoring data trajectories, and further strengthening PVC/CVC bundle compliance.
			3	*4*	*4*	*5*	*5*	*5*	*1*	*1*	*1*		
	Measure	**De-escalation Requirement**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**RAG**	**Treadline**	**Comments**
Complaints	% of PTR concerns settled in 30 working days (by date received)	65%	60.7%	55.2%	60.4%	64.7%	64.90%	*No data from March-26 (see comment box for info)*						**Note** - There is a data gap since March-26 as there is a need to clarify the de-escalation requirement for the TI Concerns metric. The current measure is 65% of concerns closed within 30 working days; however, following the introduction of the Listening to People Regulations on 1 April, it is unclear whether this will transition to 40% of concerns closed at early resolution to align with the Ministerial Key Delivery Expectation and corresponding updates to the Beacon dashboard.
Never Events	Number of never events (by incident date)	Sustained reduction	0	1	1	0	2	1	1	0	1			Progress has been made to strengthen theatre safety and reduce Never Events through implementation of the WHO checklist, development of an annual audit plan, agreement of refresher scrub practitioner training, use of immersive simulation, and enhanced board oversight. This has improved standardisation of WHO delivery of checklist , strengthened quality assurance, and promoted meaningful multidisciplinary discussions, with next steps focused on delivering the audit programme, developing scrub training programme with increased surgeon mentoring, and expanding immersive simulation opportunities.

Domain E - Population Health

	Measure	**De-escalation Requirement**	**Q1 25/26**	**Q2 25/26**	**Q3 25/26**	**Q4 25/26**	**RAG**	**Trendline**	**Comments**
Vaccination	% of children up to date with scheduled vaccinations by age 5 to be in line with all Wales average	In line with all-Wales average for that month *(grey boxes so all-Wales averages)*	85.6%	83.6%	85.3%	85.0%			Progress in closing gap to Wales average (baseline Q3 24/25
			87.7%	*88.0%*	*87.5%*	*87.5%*			
	% of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15		71.3%	72.6%	74.9%	75.6%			Progress in closing gap to Wales average (baseline Q3 24/25
			74.1%	*74.9%*	*75.6%*	*76.2%*			
	Measure	**De-escalation Requirement**	**Q1 25/26**	**Q2 25/26**	**Q3 25/26**	**Q4 25/26**	**RAG**	**Trendline**	**Comments**
Smoking	% of adult smokers who make a quit attempt via smoking cessation services	7.5%	0.80%	1.60%	2.51%	3.39%			Strong improvement across 2025/26 since baseline position of 0.8% in Q1 25/26

Report Title:	Integrated Performance Report					Agenda Item No:	6.10
Meeting:	Board		Public	X		Meeting Date:	30/07/2026
			Private				
Status	Assurance	X	Approval			Information/Noting	
Lead Executive Title:	Chief Operating Officer						
Report Author Title:	Director of Operational Planning and Performance						

Main Report

Background and Current Situation:

The Integrated Performance Report provides a collective overview of key performance metrics within Cardiff and Vale University Health Board. The report covers six domains, each with a nominated Executive lead, these are: Finance, Operational Performance, Quality, People and Culture, Public Health and Digital.

July 2026 represents the first month of a revised presentation of metrics within the IPR. Following recent Internal Audit findings which highlighting shortcomings in the previous presentation of the IPR, and in line with developing NHS Wales guidance, the information within the IPR is moving to being presented through Statistical Process Control (SPC) charts. In time, this approach will help to improve consistency of reporting, allow clearer identification of trends and allow improved tracking of performance. Correct application of SPC charts can improve understanding of how processes and performance have changed overtime, providing Board with a richer opportunity for discussion on underlying causes.

This first step towards the use of SPC will be part of an iterative approach to performance reporting and management. SPC is unlikely to be the only methodology utilised within Board and organisational performance in the long term. These future improvements will be delivered in conjunction with our plans for a revised operating model and a new performance management framework.

Following discussion in Board Development in June 2026, the decision was taken to proceed with the application of SPC charts on the understanding that improvements would be continually made. In relation to this first version of the revised IPR, Board members should be particularly sighted on the following points:

1. The methodology applied matches that which has been used by NHS Performance and Improvement (NHS P&I) to produce the “Performance Framework – SPC” Power BI Dashboard

2. The NHS P&I dashboard is built from adapted versions of NHS England Making Data Count templates

3. There is a national project group which is reviewing the current approach and will, in time, provide recommendation on the correct and consistent application of SPC. This will mean future changes for the Cardiff and Vale approach.

4. The measures within the IPR are a combination of measures from the NHS Performance Framework, Targeted Intervention requirements and those chosen by relative Executives

5. The majority of measures within the July IPR are presented in an XmR format. It is known that for some measures this will not be the most appropriate format and these will be reviewed and updated in advance of the September publication

6. There has been no recalculation of performance data made within the SPC charts. Recalculation of data is recommended when there is a statistically significant change in the data, when that change is stable, and ideally when the cause of that change is known. Whilst this does not impact the underlying core performance data for the Board to review, it may mean that once a comprehensive approach to recalculations has been agreed, some of the variation indicators for some measures will be different in future versions of the IPR. This approach will be undertaken and implemented in advance of the September publication.

The format of presentation for the IPR in July is six Executive Summary covers, one for each domain, these are supplemented by metric summary pages for each measure.

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

- The IPR is presented in a revised format using SPC charts
- This is a part of wider, iterative, improvements in performance management and reporting
- There are some known further development requirements in the application of SPC rules, and use of SPC charts, which will change the measure indicators in future versions

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

Integrated Performance Report

Recommendations:

a) Board is requested to NOTE the revised approach and ongoing developments to the Integrated Performance Report
b) NOTE the position against key organisational performance indicators for 2026-27 and the update against the Operational Plan programmes.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "x" in the below boxes where relevant – *Click each item for further information.*

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

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

Prevention		Long Term	x	Integration	x	Collaboration		Involvement	

Quality Impact Assessment Completed?

Please place an “x” in the below boxes where relevant				
Yes	x	No	x	Not required

Impact Assessment Please place an “x” in the below boxes where relevant
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance*
Equality & Health: No
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:

Executive Narrative - Quality and Safety

Reporting Month: Jul 2026

Executive Summary

The UHB has reported eight Never Events over the past 12 months, making it the second-highest reporting health organisation in Wales. During June 2026, the Health Board reported 16 nationally reportable incidents and currently has 89 nationally reportable incidents under review, of which five have been open for more than 12 months. Infection Prevention and Control (IP&C) remains an area of concern, with several outbreaks recorded during the past month involving C. diff, MRSA and Acinetobacter species.

Mortality indicators continue to show sustained improvement. The UHB's Risk Adjusted Mortality Index (RAMI) has reduced consistently over the last seven months, remaining below the mean for the past six months and below two standard deviations for the last four months. However, RAMI remains above the benchmark value of 100, indicating further improvement is required. Similarly, crude mortality rates have continued to improve, remaining below the mean for the past eight months, suggesting a positive and sustained trajectory in mortality outcomes across the organisation.

Executive Actions and Owners

In response to the recent safety, quality and mortality indicators, a number of improvement initiatives are underway across the UHB. A UHB-wide National Safety Standards for Invasive Procedures (NatSSIPs) Group is being established to oversee the development, implementation and standardisation of invasive procedure processes across all services. In addition, work is progressing to strengthen the core principles of safe medication administration, including the implementation of EN-Fit syringes for the administration of enteral medications to reduce the risk of wrong-route incidents. A review of scrub practitioner training is also underway to strengthen the multi-professional application of the WHO Surgical Safety Checklist and the reliability of surgical counting processes within theatres.

Significant focus continues to be directed towards Infection Prevention and Control (IP&C). An ongoing UHB-wide audit programme has identified key areas for improvement, including compliance with admission screening requirements for Carbapenemase-Producing Organisms (CPO) and MRSA, environmental cleanliness standards, hand hygiene, and adherence to the Bare Below the Elbows policy. Targeted improvement actions are being implemented in areas where compliance requires strengthening. Executive-led scrutiny remains in place for all MRSA bacteraemia cases, and the UHB continues to actively contribute to national improvement work relating to Clostridioides difficile infection rates.

Work is also underway to standardise the UHB approach to mortality and morbidity reviews, including the processes for recording, escalation and governance of findings arising from these forums. Initial implementation is focused on Major Trauma, Haematology and Gynaecology services, with completion anticipated by September 2026. This work will strengthen organisational learning and provide enhanced oversight and scrutiny of mortality cases, supporting the UHB's response to changes in mortality indicators and helping to sustain the improving trends observed in both risk-adjusted and crude mortality rates.

Previous Months Executive Actions and Owners

Ensure the narratives are entered by each executive team

Executive Narrative - Digital and Health Intelligence

Reporting Month: Jul 2026

Executive Summary

DIGITAL & HEALTH INTELLIGENCE REPORT UPDATE
Key highlights
• RISP went live 01.06.26.
• DPIF funding secured for key Cardiff and Vale programmes, including BadgerNet Maternity EPR (Neo-natal) and Digital Eyecare/OpenEyes.
• Data sharing via the Digital Care Region now available to over 400 social care and healthcare staff and has won the 2026 RPB Innovation Award.
• A further 200 community access laptops deployed to support a mobile, non-acute workforce.
• Amazon Web Services is now live for parallel running of the All-Wales Medical Genomics workload.
Digital Operations
Windows 11 migration is progressing well, with under 800 active devices remaining ahead of the October 2026 deadline.
Windows 11
• 92% of devices are now running Windows 11.
• Focus is on replacing 450 incompatible devices and updating 500 compatible devices still running Windows 10.
• 250 devices remain on the exclusion list due to software incompatibility and will require Windows 10 extended support for 2026–27.
Wi-Fi
• Focus of project has moved to 'non-inpatient ePMA areas' (outpatient areas).
• A list has been provided by ePMA of pilot 'priority non-inpatient areas' to be scheduled first.
• The Wi-Fi team preparing surveys, fire, asbestos checks and quotes before scheduling the work.

Digital Eyecare
• OpenEyes EPR, hosted by CAVUHB, is now deployed across most Welsh Health Boards, with widespread use in CAVUHB, SBUHB and ABUHB.
• OpenEyes promoted as a use case for South East Wales regional working, with alignment needed against wider regional practices.
• Welsh Government DPIF has offered 50% of funding for 2026–27 services.

Amazon Web Services (AWS) Secure Landing Zone
• The AWS Steering Group has approved a “Go” decision for parallel running of workloads in AWS.
• All Wales Medical Genomics Service’s genomic sequencing workloads are running in parallel with the legacy WREN High Performance Compute platform.
• A strategic PSBA Cloud Connection being procured to improve resilience and performance of data transit between CAVUHB locations and AWS.
Business Intelligence
The BI Team has completed the new data feed from Theatres system (Aqua) to the Data Warehouse. Theatre dashboards and the national theatre dataset submission are being restored. Three new Power BI dashboards have been released: EU, 6 Goals and Productivity & Performance.

Executive Actions and Owners

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

IMMUNISATIONS
The Childhood & Teenage Immunisations Strategic Action Plan is complete, pending approval from the Quality & Safety Committee in July 2026. The strategy is for a period of 3 years and the first-year delivery plan has been developed collaboratively across all partners delivering health board vaccination programmes and in consultation with primary care. There is a strong focus on improving uptake of all vaccines by age 5 and uptake of HPV by age 15.

For the RSV catch-up programme (resident population aged 75 to 79 as of 1 September 2024), 13,645 out of 18,177 individuals have been vaccinated to date. This is an uptake of 75.1%, which is above the All-Wales average of 71.8% and the highest uptake across Health Boards in Wales. For the RSV expansion to adults aged 80+ as of 1 September 2024, uptake is 52.8% (June 2026 data).

HEALTHY WEIGHT
42.1% of adults in Cardiff and Vale of Glamorgan are a healthy weight (aged 16-64), as compared to 35.9% of the Welsh average (National Survey for Wales (NSfW), 2024/25); 34.8% are eating five portions of fruit/vegetables a day, compared to 32.9% in Wales (NSfW, 2024/25) and 65.0% are meeting physical activity guidelines of being active for at least 150 minutes per week, as compared to 60.0% in Wales (NSfW 2024/25).

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 was also agreed at Vale of Glamorgan Senior Management Team on 16th June 2026.

SMOKING CESSATION
The Smoke-Free Ambassador Scheme is a learner-led programme that encourages primary school pupils to become advocates for smoke-free living both within their school and beyond. Currently in the evaluation phase, schools are providing feedback which will inform expansion of the programme.

The Smoking enforcement officer has approached 1380 individuals found smoking on hospital sites, between 17.11.25 and 17.5.26. An evaluation was completed in June 2026 which will inform the next stage of the project.

DIABETES
Improving uptake of the 8 care processes, including reducing inequality, is one of the key workstreams. This is led by the Primary Care lead for diabetes and PCIC.

The Health Board Paediatric Diabetes Unit (PDU) has moved in a positive direction from 'alarm' status to 'alert' status in most recent National Paediatric Diabetes Audit (NPDA) report (2024-25 data).

WOMEN'S HEALTH HUBS
A funding bid for pump-prime funding for Women's Health Hubs has been submitted to Welsh Government for consideration, following review by the Health Board's Value Based Realisation Group. The proposal has been informed through patient, staff and third sector engagement, and will support the Health Board's activities to meet the key delivery expectations.

Executive Actions and Owners

IMMUNISATIONS
We have agreed with Cardiff and the Vale of Glamorgan Councils to establish task and finish groups to review the way in which schools engage with routine and catch-up vaccination programmes. This is based on learning from an MMR catch up programme delivered in 3 secondary schools between March and July 2026.

HEALTHY WEIGHT
The Cardiff Physical Activity and Sport Facility Audit Report is complete. It provides a comprehensive assessment of all places that support physical activity, from playgrounds, parks, and grass pitches to community halls, leisure centres, and elite sporting facilities, and more.
The findings include: Cardiff offers a wide range of sports and recreation facilities, including major venues, community halls, gyms, parks, and informal spaces, but access is uneven, with significant inequalities in provision, quality, and affordability. Inner-city and disadvantaged communities face the greatest challenges due to shortages of open space, overused facilities, high costs, travel barriers, and limited access to school facilities.

The audit will support decision-making on facility development, upgrades, investment, and future planning, ensuring decisions are informed by up-to-date evidence.

The audit is also informing the new government's manifesto commitment to conduct a facilities audit of sport facilities in Wales. Vale of Glamorgan's facility audit is being undertaken.

SMOKING CESSATION
A bilingual easy-read booklet has been developed and will be tested in September 2026.

Food and Fun – Smoking and vaping prevention activities will be part of this programme which offers free healthy meals and enrichment activities to children during the school Summer holidays.

Events - Smoking and vaping prevention activities will be incorporated into supporting National play day in Cardiff (29/07) and the Vale (05/08).

DIABETES
With newly available uptake data at individual practice level, PCIC are working with individual practices to support them with improving care process uptake, and sharing best practice from individual practices reporting high uptake.

HEALTH PROTECTION

CAVUHB Pandemic Response Plan has been reviewed and is due to be shared with key partners to ensure important updates have been incorporated. The Plan will be presented to the September meeting of the Quality Committee.

The Cardiff and Vale Health Protection Plan is also being reviewed, with engagement from partner agencies and health board teams. The new Plan will replace the existing 2024-2026 Plan and set the priorities for the health protection partnership over the next two years. The partnership includes CAVUHB, Cardiff and Vale of Glamorgan Councils, Shared Regulatory Service and Public Health Wales.

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

The UHB's financial plan of a £85.547m deficit was noted by the Board but not approved by Welsh Government due to the failure to meet statutory obligations.

In response to feedback from the Welsh Government, the Health Board wrote on 29 May 2026 confirming its intention to de-risk the financial plan by the end of Quarter 2.

At Month 03

• The reported year to date position is an overspend of £27.073m with a planning deficit of £86.547m.
• There is an urgent need to derisk the £86.547m deficit plan.
.• At Month 03 there is an adverse variance against plan of £5.436m, driven by a £6.925m savings deficit, partially offset by an operational surplus against plan of (£1.489m).
• There is a gap of £27.703m against the £47.608m in year savings target, with £19.905m (41.81%) of green and amber schemes identified at Month 3.
• That delivery of the deficit plan is contingent on delivery of a full savings programme and confirmation of all expected income streams.
• There are £42.401m of outstanding resource limit allocations and in due course the UHB expects to seek Finance Committee and Board approval to request £86.547m strategic cash support from Welsh Government to support the planned deficit.

Executive Actions and Owners

Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.547m.

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Narrative - People and Culture

Reporting Month: Jul 2026

Executive Summary

The People & Culture portfolio continues to demonstrate a mixed but improving position. Workforce availability has strengthened, with in-month sickness absence reducing to approximately 5.90% and cumulative rates remaining stable over the last few months, reflecting sustained focus on attendance management and wellbeing support.

Non-Medical Agency expenditure has started to reduce but tighter controls and delivery is required if we are to meet the 30% reduction (£1.7m allocated in savings plan) based on the 25/26 outturn, which is a Welsh Government target. Medical and Dental agency expenditure is not included in the July IPR but will be included going forward. When Medical & Dental agency expenditure is included, the agency position deteriorates materially. Medical & Dental agency expenditure remains above the trajectory required to achieve the Welsh Government 30% reduction target. Actions are focused on accelerating substantive recruitment, converting agency workers to bank where appropriate, strengthening scrutiny of assignments exceeding 90 days, reducing delays in recruitment processes and maximising internal workforce solutions. Several substantive appointments have been secured across consultant and specialty doctor vacancies and a number of long-running agency assignments are currently under review. These measures are expected to reduce agency dependency during quarters 2–4 and improve delivery against the agency reduction trajectory.

The current position shows delivery of the UHB target to reduce temporary staffing expenditure by > 10% in 26/27 will require greater focus on reducing underlying demand for bank shifts through vacancy management, workforce redesign, job planning, roster efficiency and substantive recruitment.

Equality data completion remains positive across all monitored characteristics, with most measures achieving or exceeding the 85% target. Workforce planning capability continues to develop, although completion of workforce planning training remains below the expected trajectory.
Performance against key workforce standards remains variable. Values-Based Appraisal compliance is below the organisational target (76% against 85%), whilst Statutory and Mandatory Training compliance remains below target at 81%. Staff Survey outcomes continue to highlight challenges in engagement and participation, participation rates significantly improved to 36% against an internal target of 50% and engagement at 69% against a target of 74%, indicating the need for continued focus on leadership visibility, listening and staff experience improvement.
Employee Relations activity remains elevated, with ongoing Respect and Resolution and Appeals caseloads requiring continued management attention
Work is progressing on the refresh of the People & Culture Plan, strengthening organisational workforce planning, leadership and management capability, workforce productivity and financial sustainability.

Executive Actions and Owners

• Continue delivery of the refreshed People & Culture Plan, ensuring alignment to the 2026/27 Annual Plan, our strategy, financial recovery requirements and organisational transformation priorities.
• Sustain focus on sickness absence reduction through early intervention, manager accountability, occupational health support and targeted action in high-absence areas.
• Maintain stringent controls on agency deployment and variable pay expenditure, including enhanced vacancy scrutiny, establishment control and workforce redesign initiatives.
• Accelerate implementation of workforce planning training, prioritising Clinical Boards and service areas responsible for workforce growth and workforce cost pressures.
• Deliver targeted recovery plans for Statutory and Mandatory Training and Values-Based Appraisal compliance, supported by strengthened manager accountability and performance monitoring.
• Use Staff Survey findings to support locally led improvement plans, engagement ambassador networks and leadership interventions focused on staff experience and retention.
• Continue improvement of workforce equality information quality and encourage workforce self-service updates to further strengthen workforce intelligence.
• Monitor Employee Relations caseloads and reduce procedural delays through early resolution approaches and strengthened case management

Previous Months Executive Actions and Owners

No previous month actions recorded

Executive Summary

Urgent and Emergency Care
June has seen periods of operational pressures, partly driven by the national heatwave conditions. The organisational response to the extreme weather was to instigate a formal Business Continuity Incident from 23rd-26th June. EU attendances and admissions reduced from May but increased compared to June '25. The number of 1h ambulance holds increased in June but remained improved compared to June'25 and below our de-escalation standard. The % of patients waiting 12h in EU increased from 7.4% in May to 9.2% in June, above our de-escalation standard of 7%. We are undertaking a review of Q1, incorporating primary/community/secondary care and mental health. This will be shared through F&P Committee and to Board

Stroke and Hip Fractures
Through the hot weather we saw an increase in patients admitted to the stroke unit. We are reviewing the impact on mortality, building on a previous mortality review. The SSNAP data tool was unavailable for 5 weeks delaying a validated national position, this is expected to be backdated by the next meeting. In May 27.8% of hip fracture patients were admitted within 4h, above the UK average of 10.5%

Delayed Pathways of Care
We continue to see over 150 DPOC, above our de-escalation standard of 128. While the number of delays increased marginally in June, the number of bed days lost was 7,977, reduced from May and c1250 fewer than the same month last year

Cancer
Compliance with the SCP remained steady in Q1; 60.9% of patients received their treatment within 62d in May, meeting our de-escalation standard. We have seen the total waiting list increase by 20% in the first 6m of 2026, when compared to the first 6m of 2025. This trend has seen the SCP waiting list grow by c33% since 2024. Increased demand has been a key driver of this, with the volume of patients accepted onto the SCP increasing by c70% over the past 5y. We have worked with NHSP&I to develop a trajectory to reach the 75% SCP standard by March '27. We are taking actions in key tumour sites, including additional Consultants in UGI and Urology, and specialty doctor/fellow recruitment in Skin

Planned Care and Diagnostics
Waits for NOP remains reduced in Q1. Our focus this year is on productivity, including increased use of SOS/PIFU, review of clinics with high DNAs, validation of uncashed clinics and focus on activity. Our first Productivity and Efficiency Board will be held in July for Executive oversight, supported by a new PowerBI resource. Q1 saw increases in 2y waits, in-line with our forecast; driven by Dermatology, General Surgery and Orthopaedics. We are developing plans, internally and with regional partners to eliminate 2y waits regionally in as many specialties as possible. The number of 3y waits remains zero
Diagnostic 8w waits increased in May '26 to 9,139. We have seen continued reductions in NOUS, but increases in Endoscopy, Echo, CT and MRI. This represents 56% of patients waiting less than 8w, below our de-escalation standard of 80%. Endoscopy capacity remains a challenge, we have secured insourcing capacity to deliver the cancer workload, which will also improve the 8w position. Short term outsourcing will be implemented for NOUS; with a long-term plan for sonographer training, built on learning from SBUHB. Insourcing support will be in place for Echo from Q2 and CT/MRI from Q3. An action plan is being developed with NHSP&I to secure investment in capacity. June's validated position can be updated at Board

Mental Health Measures
Our compliance against the Mental Health Measures – Part 1a (assessment) and 1b (therapeutic intervention) remains strong. Part 2 (care and treatment plan) compliance remains over 95% for CYP. Adult services saw rapid progress against the action plan, but this has plateaued at c70%. Work is ongoing to redistribute the CTPs within teams to boost compliance

Executive Actions and Owners

Urgent and Emergency Care Q1 review – Mike Bond – due 30/07/26

Local and Regional proposals for additional activity to reduce 2-year waits – Cath Wood – Due 31/7/26

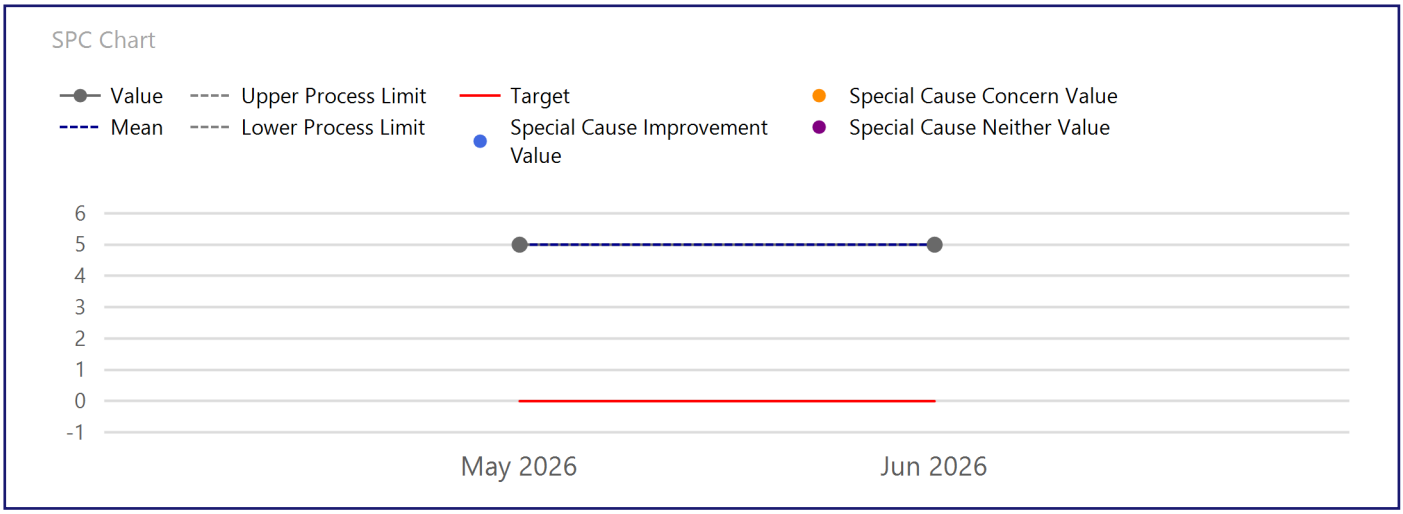
Complete Stroke Mortality Review - Tom Holmes – Meeting between Stroke Team and Clinical Board 5/8/26

Previous Months Executive Actions and Owners

No previous month actions recorded

Metric ID: 10000060 Nationally reportable incidents open over 12 months

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	5	0			Executive Director of Nursing



Narrative

There were five nationally reportable incidents open at the end of June 2026. All five incident reviews have extended beyond their planned review time.

Actions and Owners

Plans have ben made between the Patient Safety Team and the Clinical Boards to manage these reviews. One was closed in early July with a plan to close three of the remaining four before the end on the month.

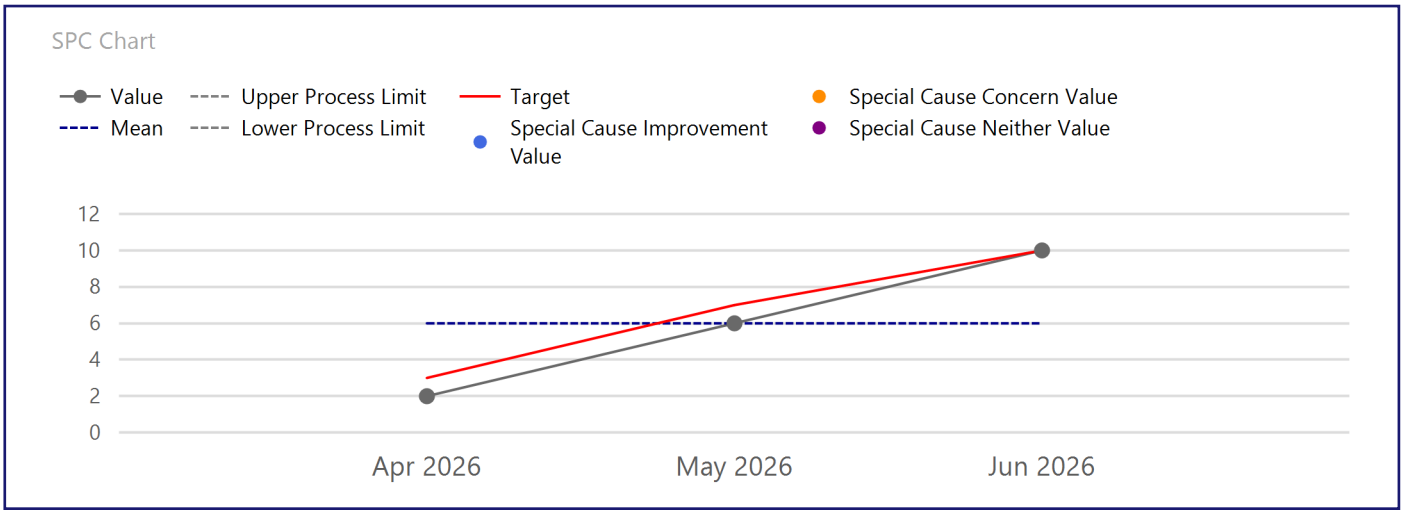
Each Clinical Board has been set an improvement trajectory to achieve zero nationally reportable incidents extending beyond their planned closure time, however four of seven clinical boards did not achieve their improvement target in June 2026. Their performance against these trajectories is overseen in the Executive Performance Reviews

Concerns

Constraints in clinical board capacity to progress nationally reportable incident reviews is leading to delays beyond the agreed timescales.

Metric ID: 10000061 Cumulative number of hospital onset Klebsiella spp BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	2	3			Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce their hospital onset Klebsiella species bacteraemia by 10% from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 45 hospital onset cases by the half way point (March 2026) and the Health Board did not achieve this reduction actually reporting 56 cases.

Actions and Owners

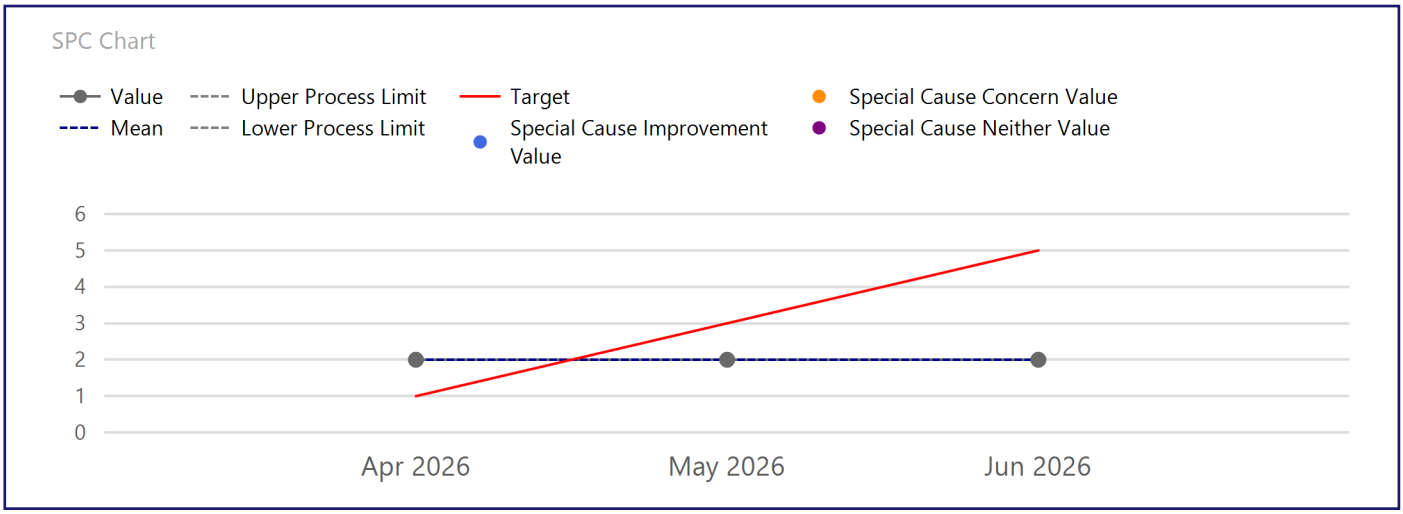
The IP&C team will continue to monitor the number of cases and review the RCA's to identify themes which will be used to inform education and training for clinical teams

Concerns

All Klebsiella sp's cases have a root cause analysis (RCA) undertaken however these are not identifying deficiencies in care and all cases have been deemed as unavoidable

Metric ID: 10000062 Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	2	1			Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce their hospital onset Pseudomonas aeruginosa bacteraemia by 25% from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 26 hospital onset cases by the half way point (March 2026) and the Health Board exceeded this reduction actually reporting 13 cases.

Actions and Owners

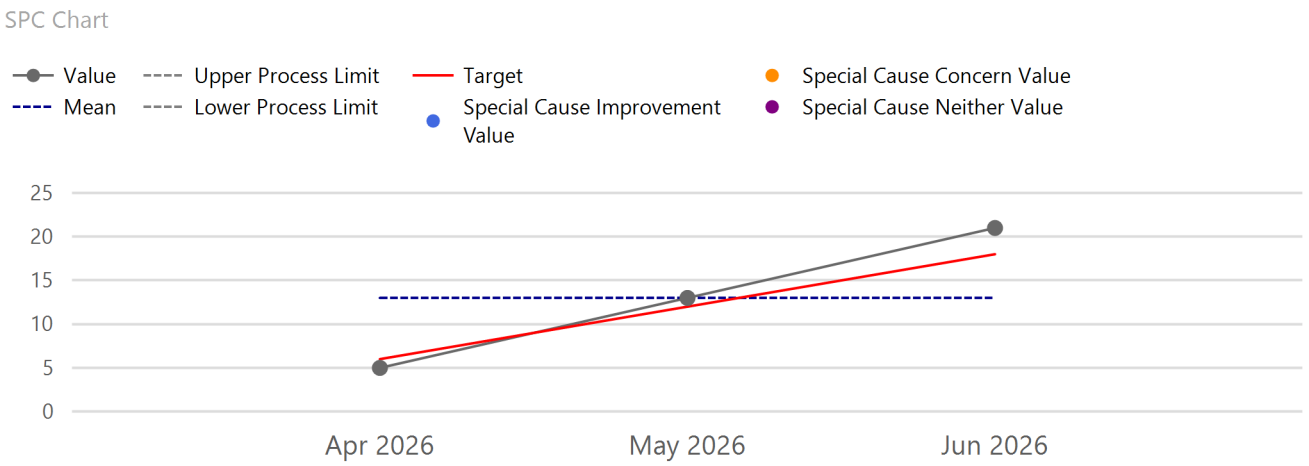
The IP&C team will continue to monitor the number of cases and review the RCA's to identify themes which will be used to inform education and training for clinical teams.

Concerns

All PAER cases have a root cause analysis (RCA) undertaken however these are not identifying deficiencies in care and all cases have been deemed as unavoidable

Metric ID: 10000063 Cumulative number of hospital onset E.coli BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	5	6			Executive Director of Nursing



Narrative

.Welsh Government have set a target that the UHB reduce the number by hospital onset cases of E. coli bacteraemia by 10% from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 79 hospital onset cases by the half way point (March 2026) and the Health Board exceeded this reduction actually reporting 64 cases.

Actions and Owners

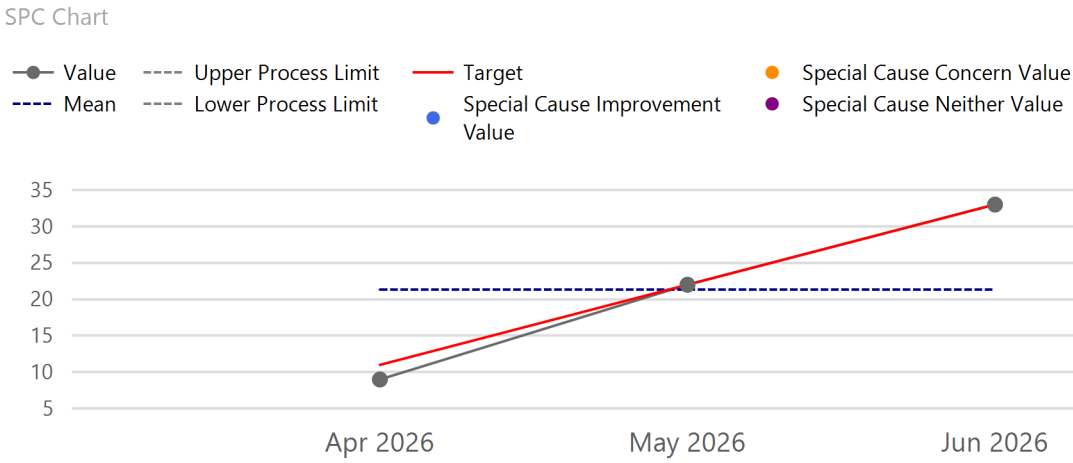
The infection prevention and control team are increasing their programme of urinary catheter insertion and maintenance audits that they undertake and using this data to reinforce the required standards in individual clinical areas.

Concerns

Compliance with urinary catheter insertion and care bundles ranges between 50 and 100%, further education and training is required which will be addressed by the continence and IP&C teams

Metric ID: 10000064 Cumulative number of MSSA BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	9	11			Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce its number of MSSA by 20% from the 2024/25 rate between April 2025 and March 2027. The UHB set itself an internal target of no more than 152 cases by the half way point (March 2026) and exceeded this reduction actually reporting 131 cases.

Actions and Owners

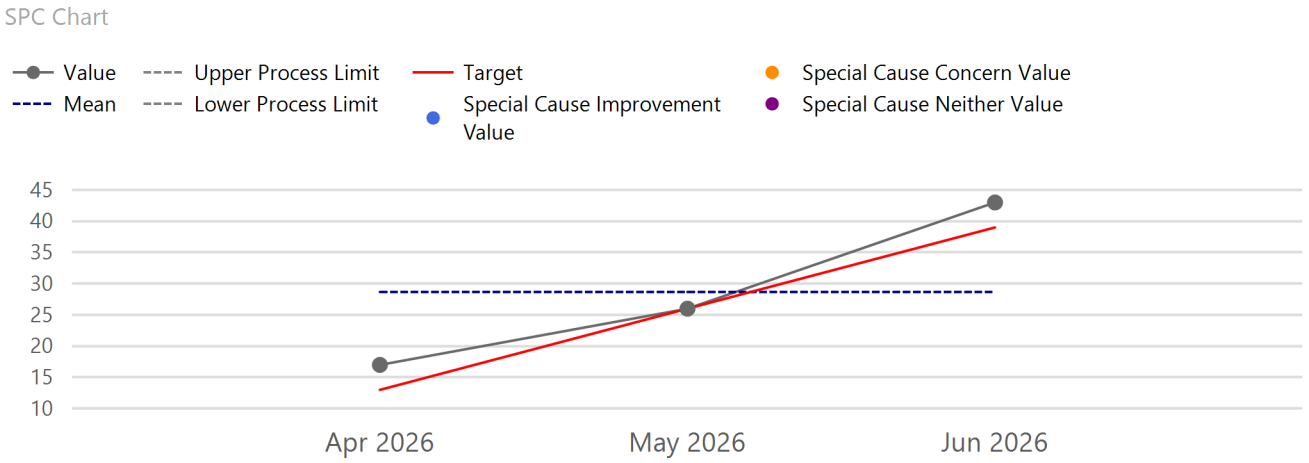
The infection prevention and control team are increasing their programme of peripheral vascular catheter and central venous catheter audits that they undertake and using this data to reinforce the required standards in individual clinical areas.

Concerns

Anecdotally medical Compliance with Aseptic Non Touch Technique (ANTT) is poor, training can not be monitored with any confidence due to issues around recording of training attendance and competency assessment on ESR. Work being undertaken nationally to review ESR will address this issue.

Metric ID: 10000065 Cumulative number of C.difficile infection cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	17	13			Executive Director of Nursing



Narrative

There has been an increase in C.diff cases nationally over the past five years. WG issued a reduction expectation of 25% of cases reported in 24/25 to be achieved by March 2027. The UHB set itself an internal target of 184 by the half way point (March 2026) but exceeded this number (186). The greatest number of cases observed were in paediatric oncology . In response, targeted work has led to a 75% reduction in cases in this speciality. This work has included education for paediatric workforce to improve sampling techniques, isolation processes, antimicrobial review at 48 and 72 hours and decontamination of the room and equipment on discharge or resolution of infection.

Actions and Owners

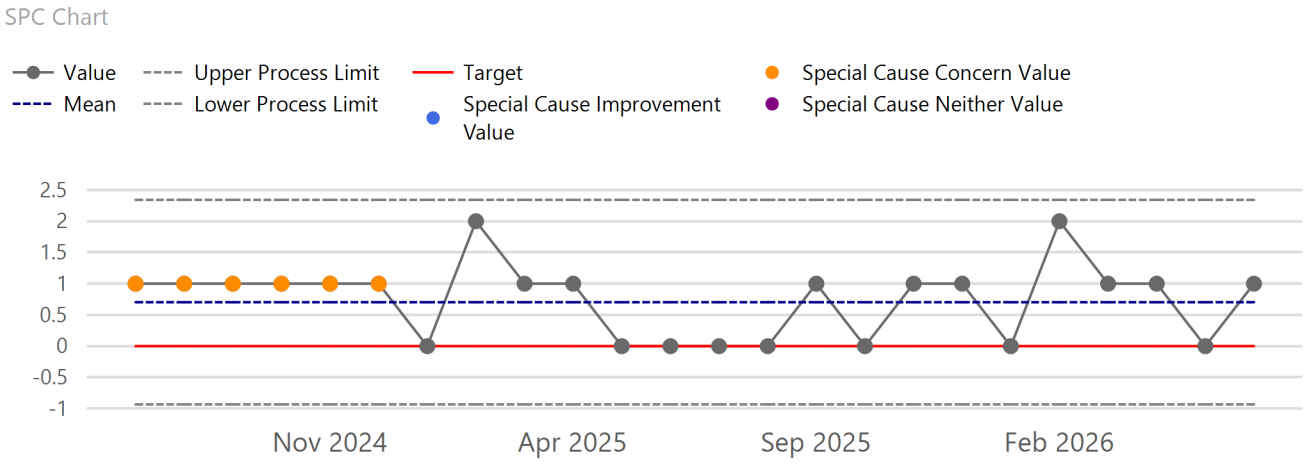
An education tool has been developed to provide an accessible resource for staff that aligns to the information that was provided to the paediatric workforce and was effective in delivering the improvement.

Concerns

There are ongoing constraints around making the education resource easily accessible for all staff by hosting on desktops on computers in clinical settings.

Metric ID: 10000066 Number of Never Events

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	1	0			Executive Director of Nursing



Narrative

The Health Board have reported eight Never Events in the past twelve months, Never Events are by definition incidents that are deemed to be avoidable due to the checks and balances that in place to prevent these from happening.

These incidents relate to medication administration via the incorrect route, retained foreign objects post procedure and insulin administration using the incorrect device.

Actions and Owners

The UHB has implemented a UHB National Safety Standards for Invasive Procedures group which will oversee the development and governance of all invasive procedures across the UHB ensuring standardisation and governance.

Communication from the Executive Nurse Director and Executive Medical Director was sent out across the entire UHB to remind staff of the requirement to use specific insulin devices when preparing insulin for administration. Insulin specific devices have been introduced into the perioperative directorate for preparing of insulin infusions, this has brought the Directorate in line with practice across the rest of the Health Board.

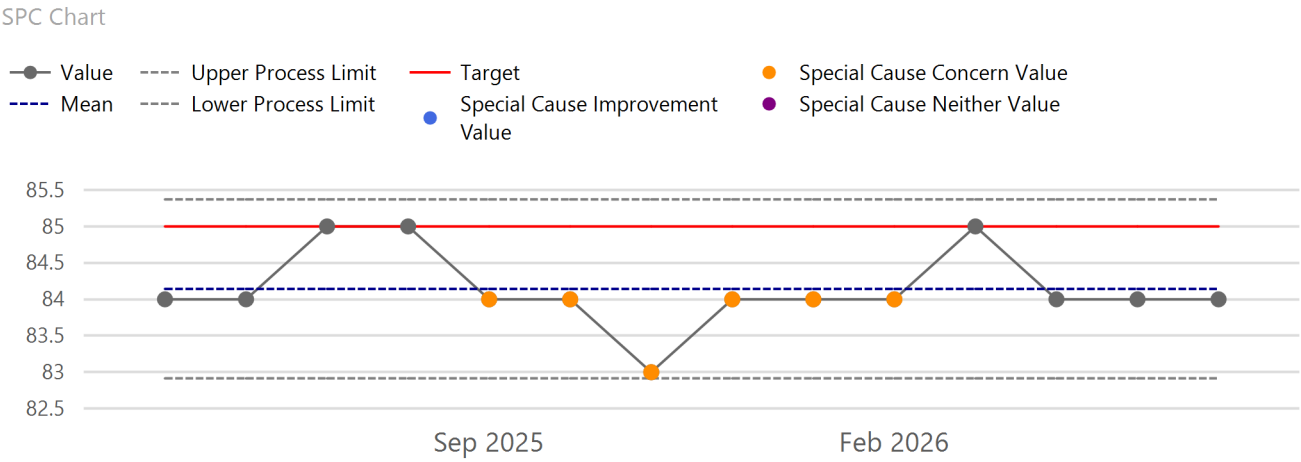
The Director of Nursing in Surgery Clinical Board is leading work to review the training programme for scrub practitioners in response to two incidents relating to deficits in the surgical count procedures.

Concerns

Each of these incidents demonstrates deviation or weaknesses in established checking processes. Specifically, the use of EN fit syringes to draw up and administer medications via an enteral route. The use of non insulin specific devices for insulin preparation in the perioperative environment and weaknesses in the intra operative surgical count process.

Metric ID: 10000067 Overall HB overall patient experience score

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	84	85			Executive Director of Nursing



Narrative

Patient experience scores from the PES

Actions and Owners

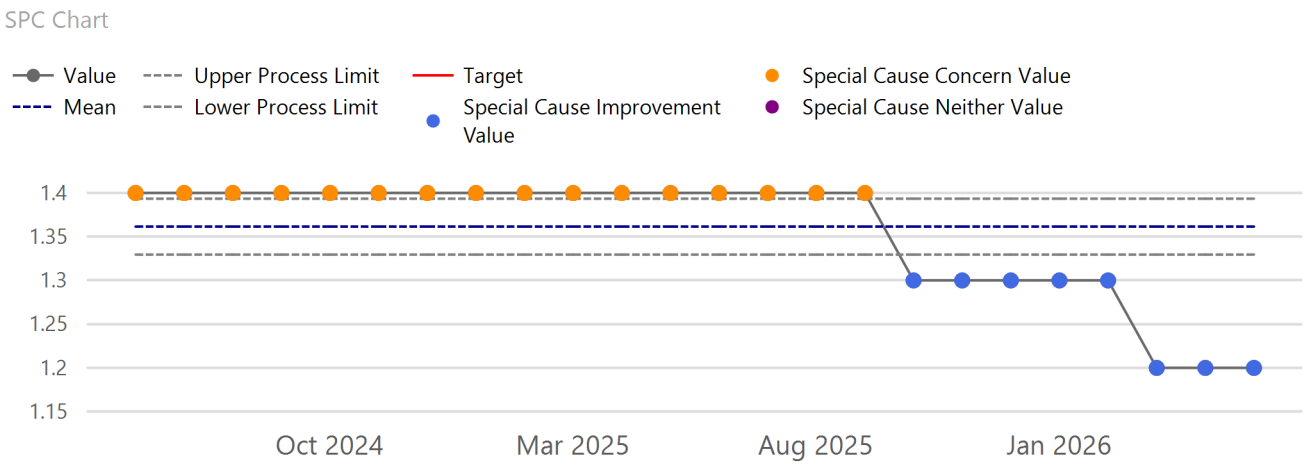
Continued review

Concerns

na

Metric ID: 10000068 Crude rolling 12 month Inpatient Mortality

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	1.4				Executive Director of Nursing



Narrative

Crude mortality demonstrates the annualised proportion of inpatients that die in hospital.

The UHB has sustained a seven month reduction in crude mortality below the mean, since November 2025 with an annualised rate of 1.2% in April and May 2026. The UHB has remained below the All-Wales rate since April 2024 and has reported the lowest crude annual mortality rate in Wales of all Welsh health organisations during this period.

Actions and Owners

UHB Mortality governance is being strengthened by introducing a standardised Mortality and Morbidity tool. The M&M tool will be hosted on the UHB digital clinical governance systems (AMaT), providing oversight of Medical Examiner referrals, and . Individualised support is being provided to directorates to implement, led by the Patient Safety team. Over the next three months Major Trauma, Gynaecology and Haematology directorate swill be supported to implement an effective M&M process and to utilise the AMaT tool.

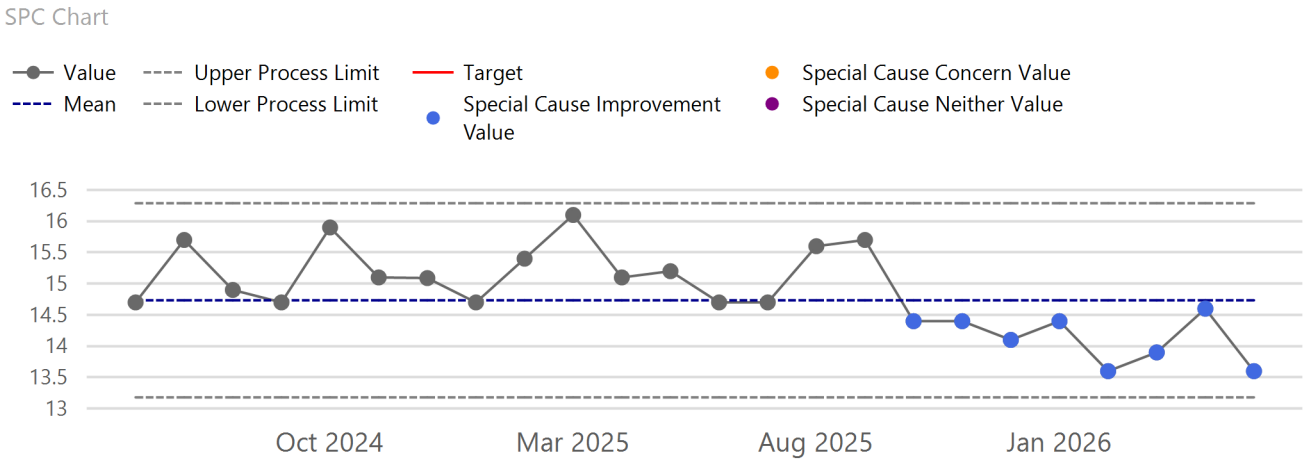
Concerns

This measure does not adjust for risk and therefore will not take into account complexity or risk of each individual or calculate their risk of dying.

There is variation in Mortality and Morbidity review processes across the UHB resulting in limitations around the ability to scrutinise outcomes in the event of increasing mortality rates.

Metric ID: 10000069 Stroke Mortality within 30 days following admission with stroke (CHKS)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	14.7				Executive Director of Nursing



Narrative

Stroke Mortality is measured as part of the Sentinel Stroke National Audit Plan (SSNAP) and as a risk adjusted rolling annual mortality.

SSNAP mortality between August 2024 and August 2025 was 9.4% in line with the national SSNAP mortality rate. Adjusted annual rolling mortality for the same period was between 14.7% and 16.1% and significantly above the All-Wales rate.

For the previous eight months adjusted rolling annual mortality has shown a sustained improvement falling below the mean with a rate of 13.6% in May 2026. However, this remains above the All- Wales average which was 11.3% in May 2026.

Actions and Owners

Local work undertaken between the stroke services and clinical coding team is focused on improving the accuracy and timeliness of stroke coding.

UHB wide work to deliver improved compliance with clinical coding is underway. A decision was made to shift coding resources from meeting outstanding 2025 /2026 coding requirements to prospective coding for 2026/27. April coding compliance was higher than at any point in 2025.

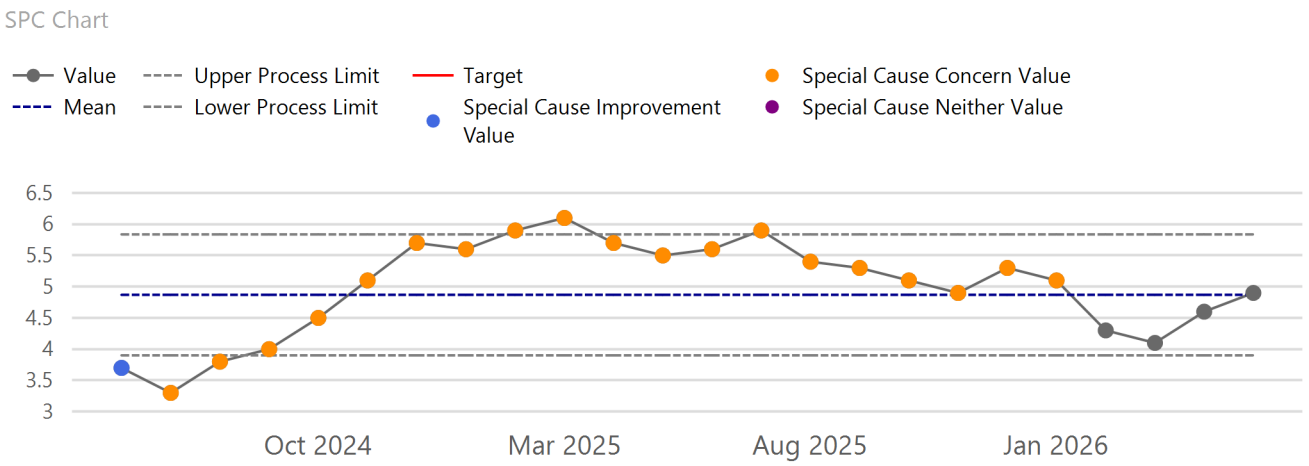
Concerns

Scrutiny of clinical coding of stroke cases has demonstrated inaccuracies and delays in the coding of cases which is resulting in inaccurate and elevated annual rolling mortality rates.

Variation in the reliability of data impacts on the ability of the organisation to have a responsive approach to mortality governance and its ability to put in place appropriate actions and scrutiny of

Metric ID: 10000071 Hip Fracture Mortality within 30 days following admission with hip fracture

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	3.7				Executive Director of Nursing



Narrative

Hip Fracture mortality is recorded through the National Hip Fracture Database as well as a rolling annual case adjusted mortality indicator.

Cardiff and Vale Mortality as recorded in the National Hip Fracture Database was well above the national average throughout 2025 and was at or close to the upper control limit (two standard deviations) between 6.6% -7% throughout the year.

The All-Wales rolling mortality rate in May 2026 was 5.1% and the UHB recorded a rate of 4.9% and rolling annual mortality throughout 2025 was between 4.7% and 6.1%.

Actions and Owners

Improvements in clinical coding will support greater reliability of risk adjusted hip fracture mortality data and will therefore support a more informed approach to responding to changes in mortality rates.

The implementation of the standardised Mortality and Morbidity module will provide greater scrutiny and oversight of hip fracture mortality.

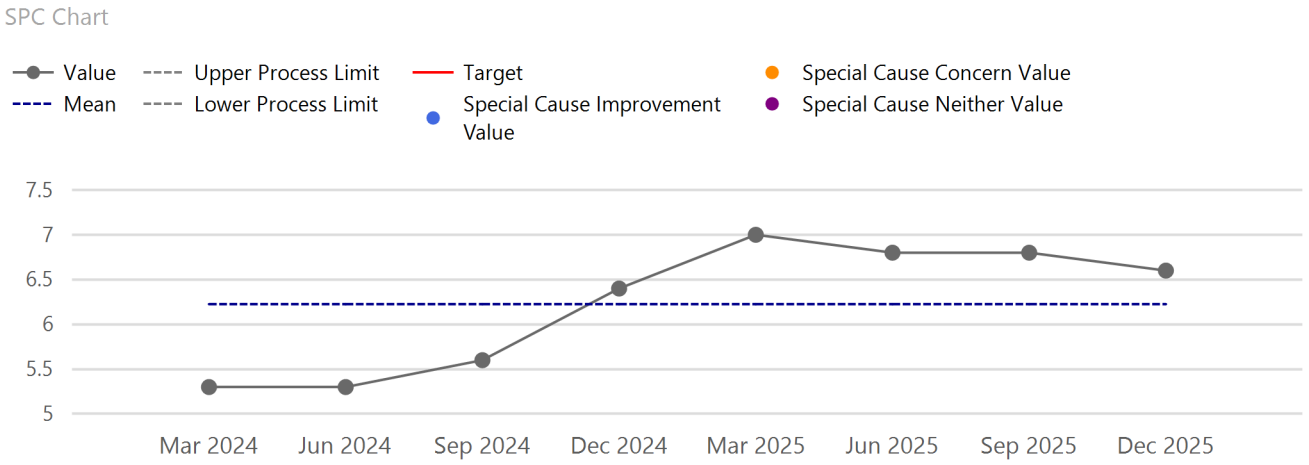
Concerns

Variation in mortality data between the National Hip Fracture Data base and adjusted rolling mortality hip fracture mortality means that a responsive approach to scrutinising variation in mortality rates.

Metric ID: 10000072

Hip Fracture Mortality within 30 days following admission with hip fracture (NHFD)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
December 2025	5.3				Executive Director of Nursing



Narrative

Hip Fracture mortality is recorded through the National Hip Fracture Database as well as a rolling annual case adjusted mortality indicator.

Cardiff and Vale Mortality as recorded in the National Hip Fracture Database was well above the national average throughout 2025 and was at or close to the upper control limit (two standard deviations) between 6.6% -7% throughout the year.

The All-Wales rolling mortality rate in May 2026 was 5.1% and the UHB recorded a rate of 4.9% and rolling annual mortality throughout 2025 was between 4.7% and 6.1%.

Actions and Owners

Improvements in clinical coding will support greater reliability of risk adjusted hip fracture mortality data and will therefore support a more informed approach to responding to changes in mortality rates.

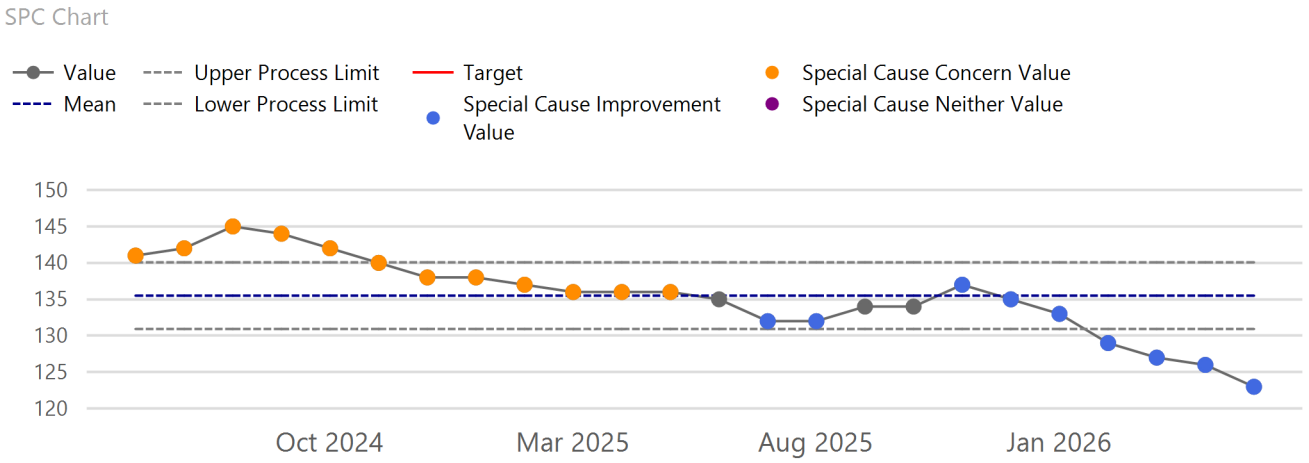
The implementation of the standardised Mortality and Morbidity module will provide greater scrutiny and oversight of hip fracture mortality.

Concerns

Variation in mortality data between the National Hip Fracture Data base and adjusted rolling mortality hip fracture mortality means that a responsive approach to scrutinising variation in mortality rates.

Metric ID: 10000073 Risk Adjusted Mortality Index

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	141				Executive Director of Nursing



Narrative

Annualised Risk Adjusted Mortality Index is a measure that risk adjusts for variables such as underlying health of patients, co-morbidities and procedures being undertaken. The average RAMI is described as 100 and it is anticipated that 50% of patient will fall above this average and 50% below. RAMI is rebased annually to take into account annual variation in the "norm."

There has been a significant reduction in UHB RAMI and for the past four months has been below the lower control limits. Despite this improvement RAMI remains well above 100 and the UHB is recording the second highest RAMI amongst Welsh health organisations.

Actions and Owners

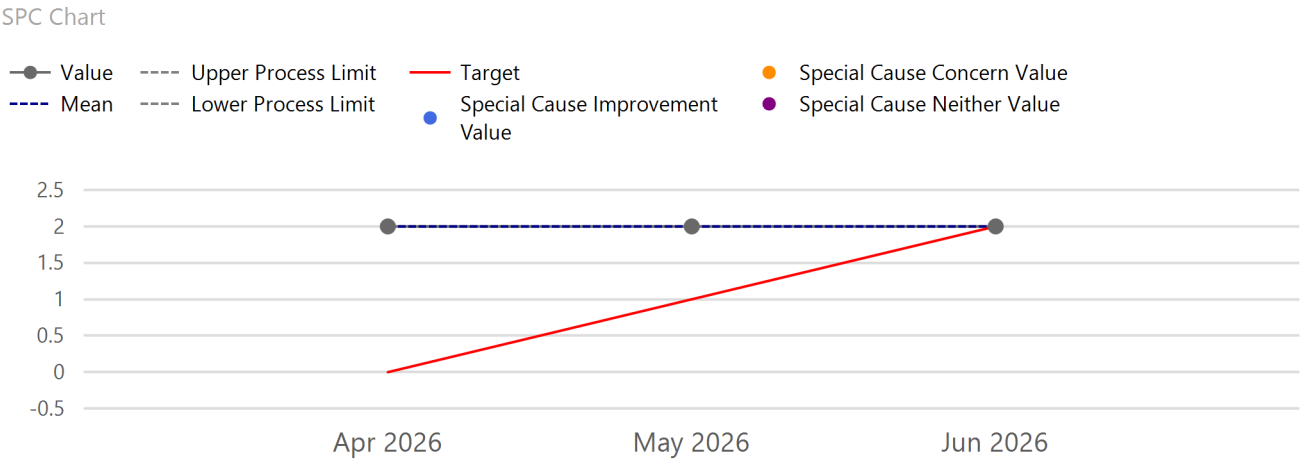
A decision was made to shift coding resources from meeting outstanding 2025 /2026 coding requirements to prospective coding for 2026/27. April coding compliance was higher than at any point in 2025.

Concerns

Delays in clinical coding and prioritisation of coding of deceased patients episodes of care has resulted in elevated RAMI and therefore impacts on the reliability of the data and the ability of the UHB to use RAMI as a quality indicator.

Metric ID: 10000167 Cumulative number of hospital onset MRSA BSI cases

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	2	0			Executive Director of Nursing



Narrative

Welsh Government have set a target that the UHB reduce their MRSA rates reported in 2024/2025 between April 2025 and April 2027. However the 2025/26 reporting rate exceeded that of the previous year with 18 cases reported in total of which 8 were hospital onset and approximately half of these were related to line insertion.

Actions and Owners

The IP&C team will be increasing their peripheral vascular catheter and central venous catheter audits to assess adherence with the insertion and care bundles. Executive reviews are now focusing on MRSA cases with scrutiny of route cause analysis of each case chaired by the Executive Medical Director and Executive Nurse Director and supported by the IP&C and clinical teams.

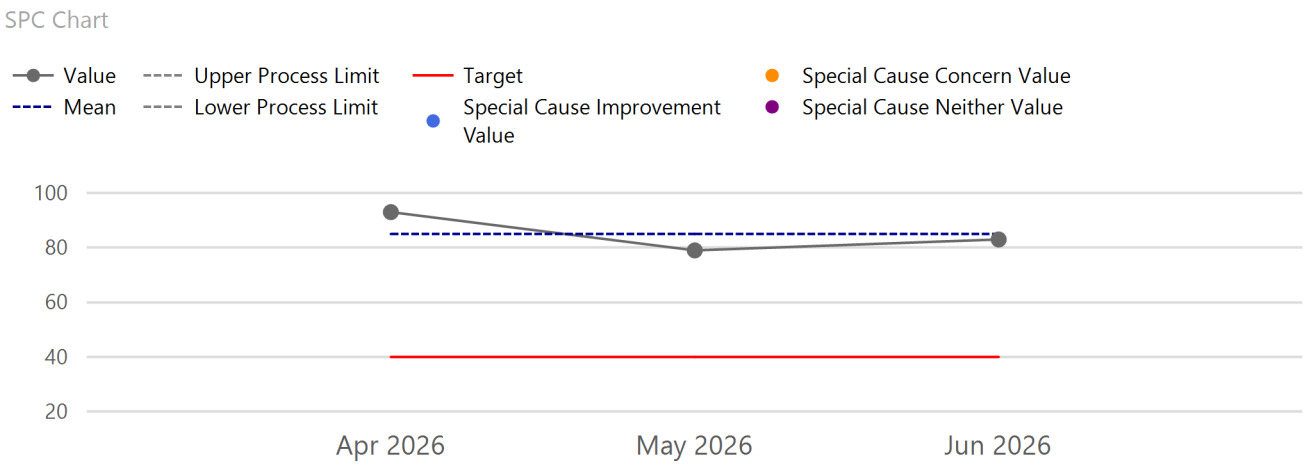
Concerns

The UHB is reporting the second highest rate of MRSA in Wales. ANTT training uptake amongst medical workforce is low, however training compliance data on ESR is unreliable. A national update of ESR should result in usable training data. MRSA admission screening screening compliance is lower required

Metric ID: 10000168

Percentage of suitable complaints dealt with through the early resolution process

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	93	40			Executive Director of Nursing



Narrative

Despite a 65% increase in the number of complaints received, through daily triage and the development of an electronic management system, we are exceeding the target for early resolution. Feedback from complainants has been positive.

Actions and Owners

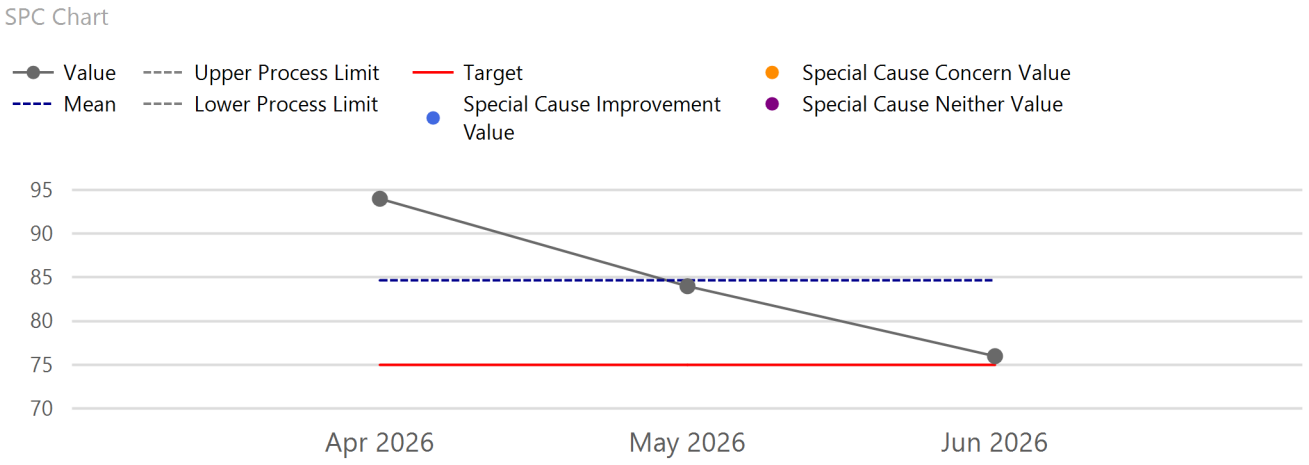
- Continue with daily triage.
- Develop the electronic system to support weekly tracking.
- Undertake further analysis of themes and trends to promote learning and reduce repeat complaints.
- Consider improvements to patient communication, including copies of outpatient letters and publish waiting list information

Concerns

n/a

Metric ID: 10000169 Compliance with selected response timeframe for all complaints investigations

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	94	75			Executive Director of Nursing



Narrative

The performance measures for LTP are being maintained above the targeted 75% despite an increased number being recieved

Actions and Owners

Escalation of delays

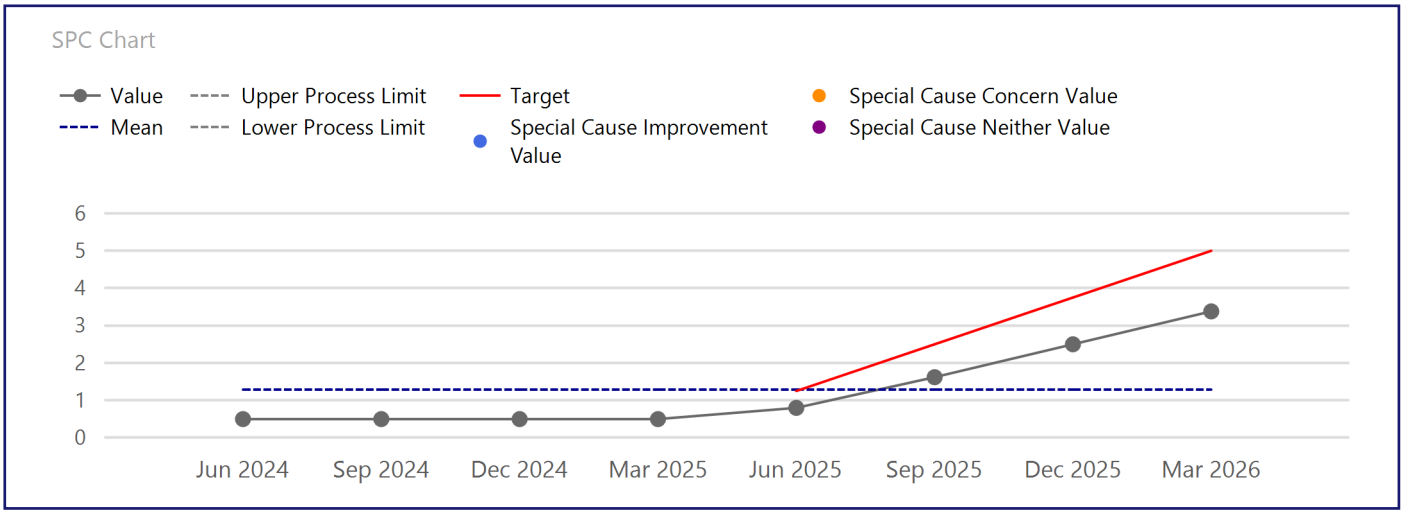
Concerns

maintaining the performance with the increased activity

Metric ID: 10000001

Percentage of adult smokers who make a quit attempt via smoking cessation services

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	0.5				Executive Director of Public Health



Narrative

A total of 342 adult smokers made a quit attempt via smoking cessation services. This represents 0.88% of the annual 5% target (Q4 2025/26). This number is a minor improvement to performance in Q3 and is above any quarter in the previous year (2024/25).

2025/26 Q1to Q4 cumulative = 3.39%

Note the latest data is for Q4 2025/26 when the target for treated smokers was 5%. From Apr 2026 the target increased to 7.5%.

Actions and Owners

Allen Carr Easyway to Stop Smoking Project specifically targeted in areas of deprivation. Training delivered and new projects implemented in primary care

Targeted service promotion, has resulted in an increase in Help Me Quit activity. In May 2026 the number of smokers treated by the Help Me Quit service increased by 50% on the same month last year.

Allen Carr Easy way project provided a stop smoking intervention to 93 smokers between 1.4.26 and 3.07.26
Help Me Quit community smoking cessation team will be present in the Pre Operative Assessment Clinic at UHW on a weekly basis from July 2026 as part of a trial project. Aim is to offer smokers stop smoking support on the same day as their pre-op assessment and capitalise on a 'teachable moment'

Help Me Quit community smoking cessation team present in UHL 2 days each week to offer smoking cessation support to in-patients, staff and visitors.

Action owner: CAV Public Health Team

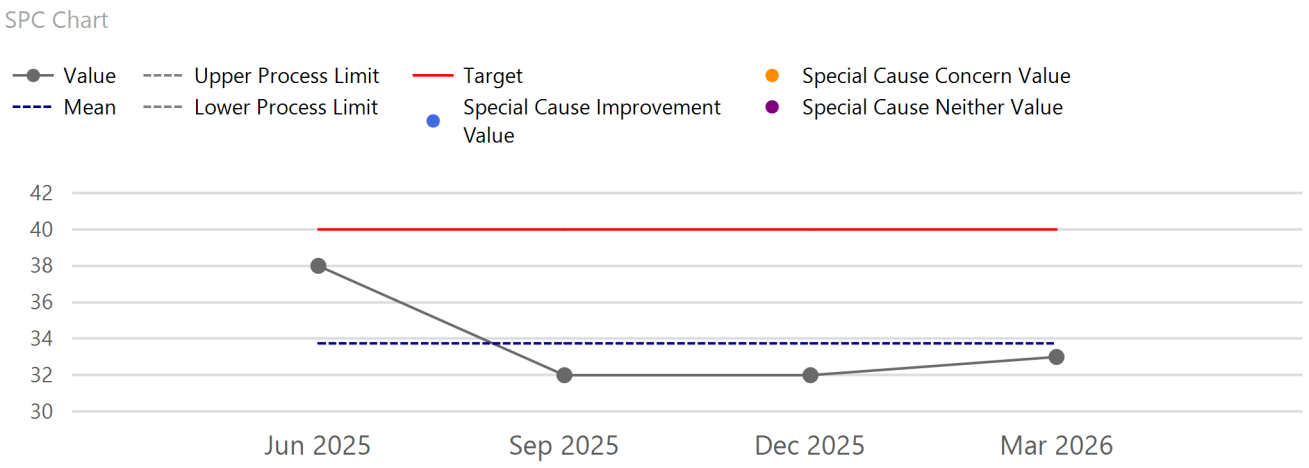
Concerns

No current concerns

Metric ID: 10000002

Percentage of adult smokers who make a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	38	40			Executive Director of Public Health



Narrative

All smoking cessation services combined = 33%

Actions and Owners

See narrative for adult quit attempts indicator

Action owner: CAV Public Health Team

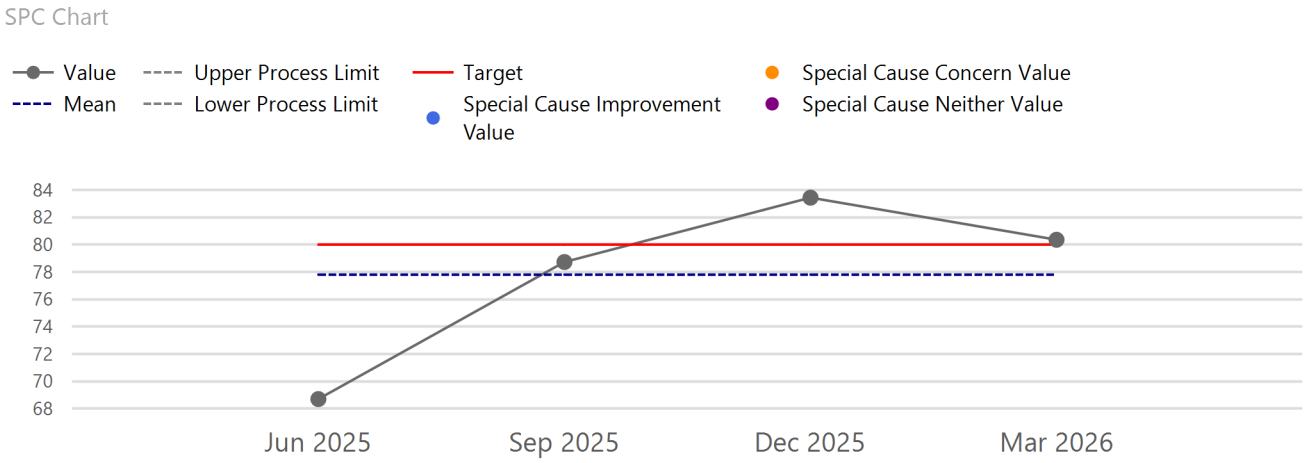
Concerns

No current concerns

Metric ID: 10000003

Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs and alcohol)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	68.7	80			Executive Director of Public Health



Narrative

There has been a small quarterly decrease in the percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol). This measure includes people who have been referred to health board services, health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) and Dyfodol (for people in contact with the criminal justice service) who live in the Cardiff and Vale area. However, the percentage remains above the 2026/7 performance standard of 80%.

There has been a quarterly improvement in the percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol), when including only health board services. The percentage is above the 2026/7 performance standard of 80% for performance measure 3, as above.

Actions and Owners

Substance use key performance indicators are reviewed regularly in meetings of the Cardiff and Vale Area Planning Board, which brings together partners to work collaboratively and towards a whole system approach on substance use in the area.

Action owner: CAV Public Health Team / CAV Substance Misuse Team

Concerns

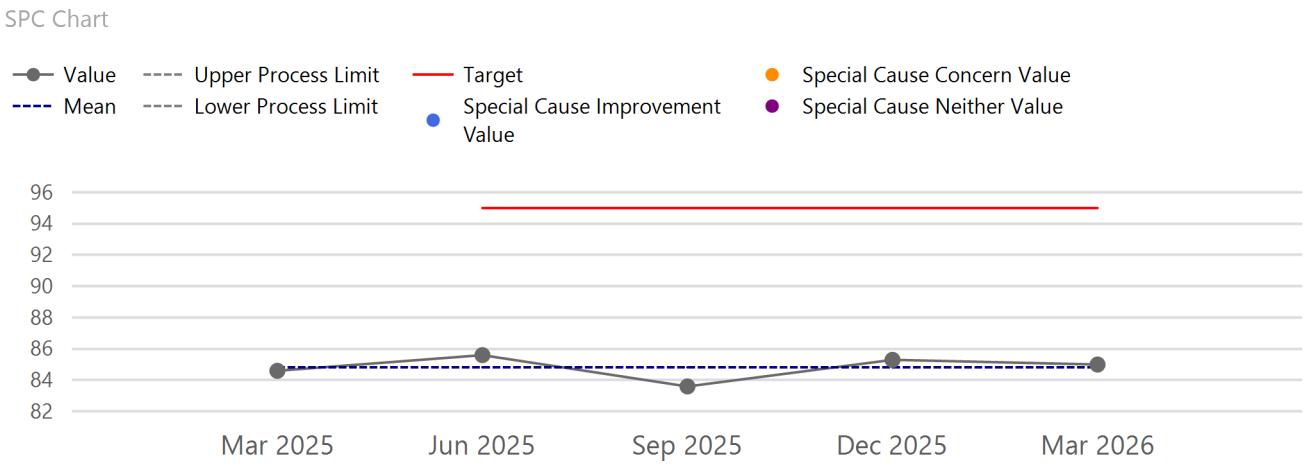
Given the small numbers of patients that are included as part of this performance measure, it is likely that there may be some variation in these percentages from quarter to quarter. However, we will continue to closely review any change in this performance measure to understand if there is any evidence of a decreasing trend in performance over time.

There has also been a quarterly decrease in the percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol), when including health board services and health board commissioned services (CAVDAS – Cardiff and Vale Drug and Alcohol Service) only. However, the percentage remains above the 2026/7 performance standard of 80% for performance measure 3, as above.

Metric ID: 10000004

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)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	84.6				Executive Director of Public Health



Narrative

For 1 January to 31 March 2026, 85% of children are up to date with vaccinations by age 5.

Actions and Owners

The Childhood & Teenage Immunisations Strategic Action Plan is complete, pending approval from the Quality & Safety Committee in July 2026. The strategy is for a period of 3 years and the first-year delivery plan has been developed collaboratively across all partners delivering health board vaccination programmes and in consultation with primary care. There is a strong focus on improving uptake of all vaccines by age 5 and uptake of HPV by age 15.

Action owner: CAV Public Health Team

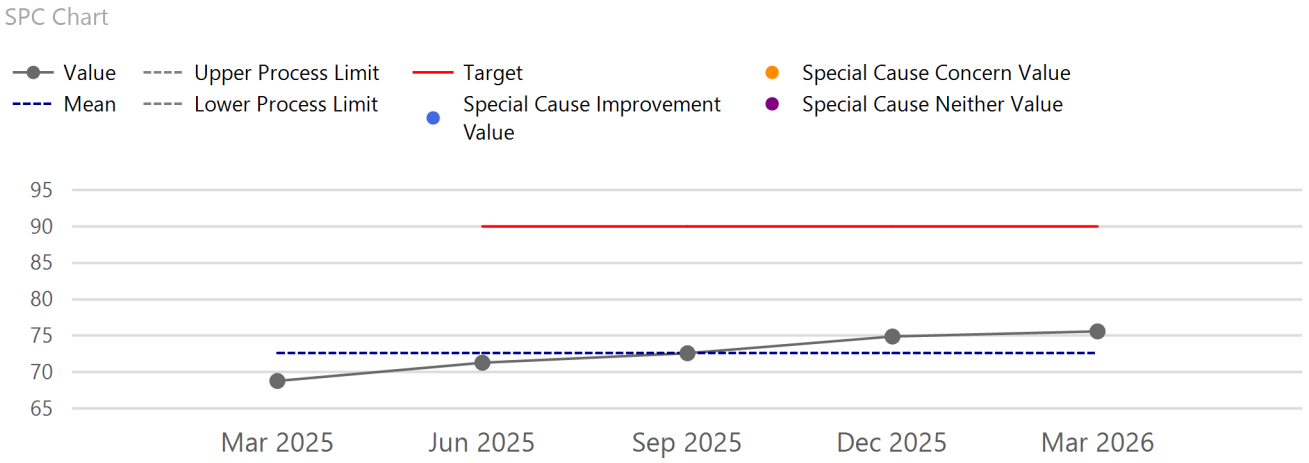
Concerns

This is a decrease from the previous quarter (85.3%) and below the All-Wales average of 87.5%.

Metric ID: 10000005

Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	68.8				Executive Director of Public Health



Narrative

For 1 January to 31 March 2026, uptake of HPV vaccine for children reaching 15 years of age was 75.6%. This is an increase on the previous quarter (74.9%)

Actions and Owners

The Childhood & Teenage Immunisations Strategic Action Plan is complete, pending approval from the Quality & Safety Committee in July 2026. The strategy is for a period of 3 years and the first-year delivery plan has been developed collaboratively across all partners delivering health board vaccination programmes and in consultation with primary care. There is a strong focus on improving uptake of all vaccines by age 5 and uptake of HPV by age 15.

Action owner: CAV Public Health Team

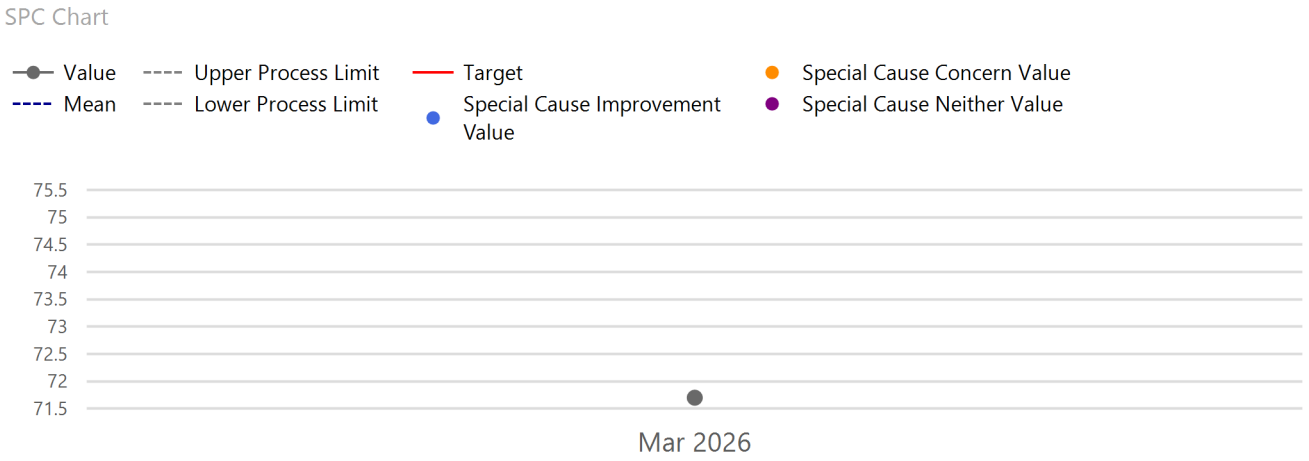
Concerns

This is below the All-Wales average of 76.2%.

Metric ID: 10000006

Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	71.7	75			Executive Director of Public Health



Narrative

The Autumn influenza campaign commenced 1 October 2025 for residents aged 65 years and over and concluded on 31 March 2026.

67,897 out of 94,751 residents in CAVUHB aged 65 and over were vaccinated. This is an uptake of 71.7%, equal to the all-Wales average.

Actions and Owners

Joint Health Board flu evaluation session held in April 2026, planning underway for the 2026/27 season. Review of capacity to deliver flu vaccination programme 2026/27 underway, particularly in light of aim to continue provision of an equitable offer for injectable gelatine-free vaccination in schools, and introduction of time-limited MenB vaccination campaign which is an additional ask on capacity.

Action owner: CAV Public Health Team

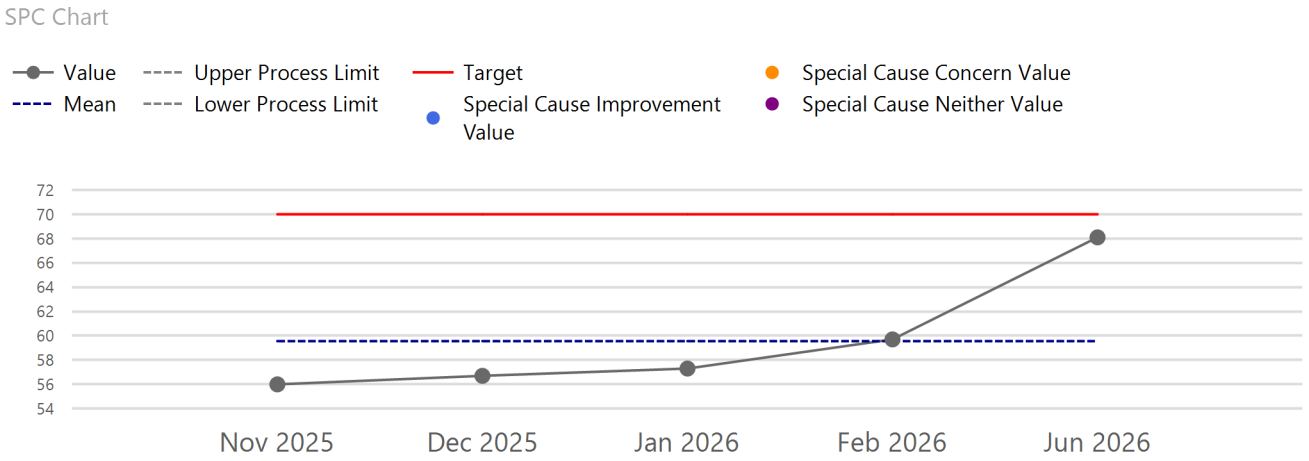
Concerns

Uptake was below the national target of 75%. There was a gap in uptake between the least and most deprived areas

Metric ID: 10000103

Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	56	70			Executive Director of Public Health



Narrative

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.

As of June 2026, 2,699 out of 3,065 individuals reaching their 75th birthday between 1st September 2024 and 31st August 2025 2026 were vaccinated. This is an uptake of 68.1%, which is above the All-Wales average of 62.8%.

Actions and Owners

A 12-month, one-off catch-up campaign was introduced 1 September 2024 to target individuals aged between 75 and 79 years old. This one off catch up campaign was amended in August 2025 so these individuals would remain eligible indefinitely. The programme was expanded in April 2026 to include all adults aged 80+ and all residents in a care home for older adults.

Action owner: CAV Public Health Team

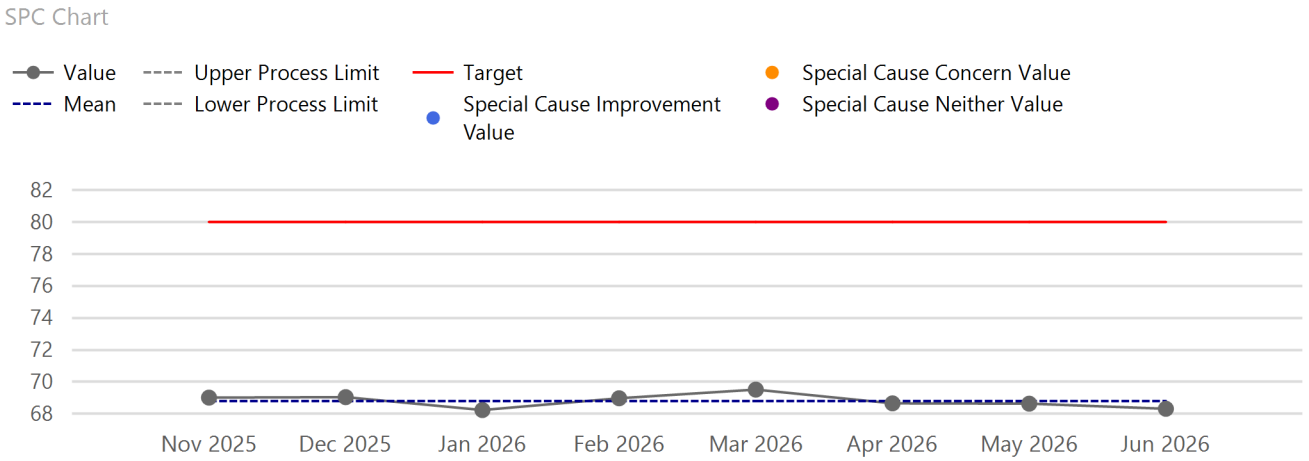
Concerns

Uptake for individuals reaching their 75th birthday is below the national target of 70%.

Metric ID: 10000104

Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	69.02	80			Executive Director of Public Health



Narrative

Static/slight recent decrease in foot surveillance recorded

Actions and Owners

New diabetes governance structures in place, with monthly Programme Delivery Group (chaired by Chief Operating Officer) with clear aims, objectives and reporting across multiple workstreams, for example increasing uptake of 8 care processes. New streamlined Strategic Programme Board to meet late July.

Action owner: CAV Public Health Team

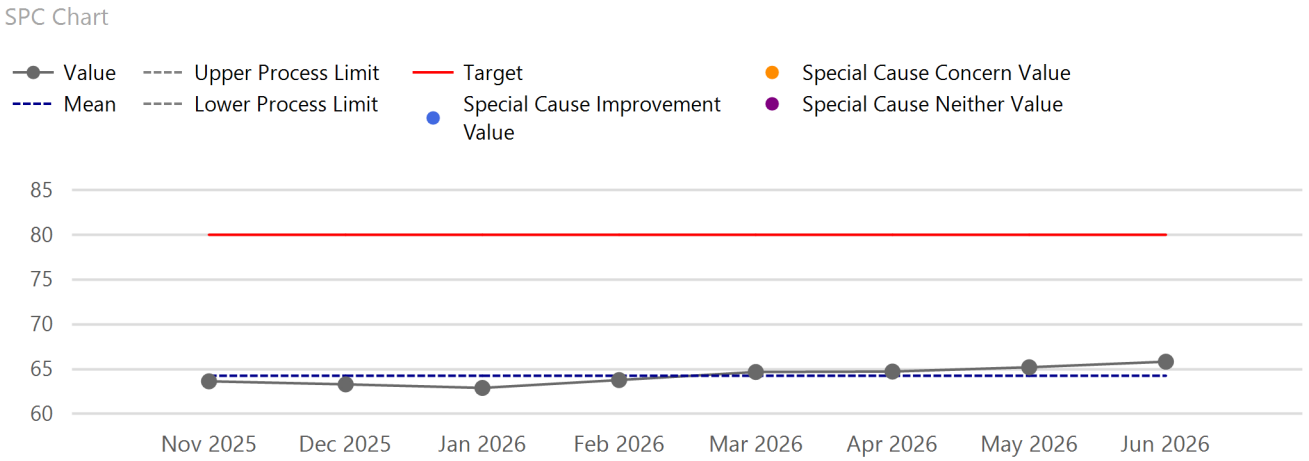
Concerns

Static/slight recent decrease in foot surveillance recorded

Metric ID: 10000105

Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	63.64	80			Executive Director of Public Health



Narrative

Slow but sustained improvement since January 2026

Actions and Owners

New diabetes governance structures in place, with monthly Programme Delivery Group (chaired by Chief Operating Officer) with clear aims, objectives and reporting across multiple workstreams, for example increasing uptake of 8 care processes. New streamlined Strategic Programme Board to meet late July.

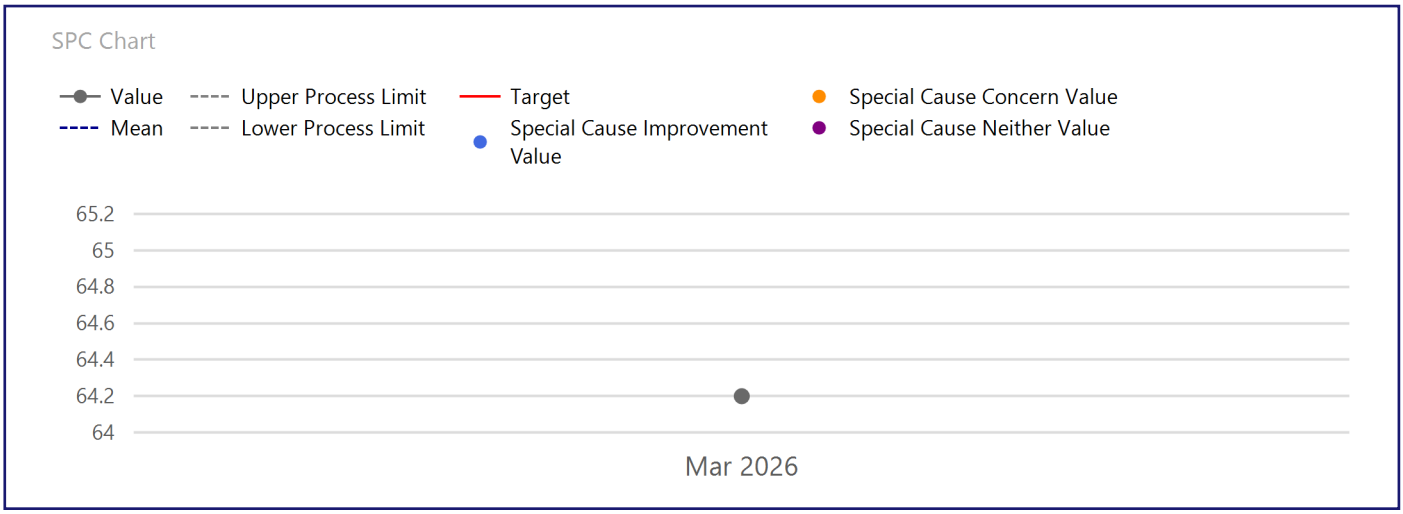
Action owner: CAV Public Health Team

Concerns

No current concerns

Metric ID: 10000106 % uptake of flu vaccination among CAVUHB staff

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	64.2	65			Executive Director of Public Health



Narrative

As part of the Autumn Influenza campaign we began vaccinating health and social care staff on 1 September 2026. CAVUHB incorporated a roaming delivery model for staff vaccination in 2025/26 and utilised an enhanced approach to communications. The public health team contributed to a national Influenza 2025/26 Lessons Learned process run by Vaccination Programme Wales (VPW) and ran a local evaluation and forward planning session.

Actions and Owners

Joint Health Board flu evaluation session held in April 2026, planning underway for the 2026/27 season.

Action owner: CAV Public Health Team

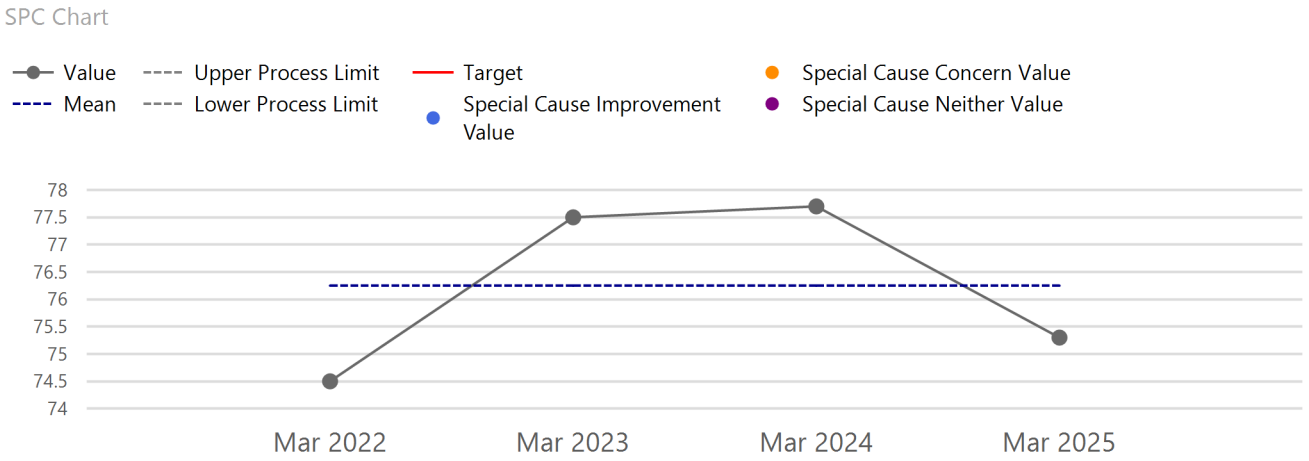
Concerns

No current concerns

Metric ID: 10000108

Prevalence of healthy weight children as measured by Child Measurement Programme (CMP)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2025	74.5				Executive Director of Public Health



Narrative

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 had the highest level of healthy weight of all Welsh Health Boards for 2024/25.

There are no comparable data in other UK countries due to different methodologies being used.

Actions and Owners

Action is on track. Actions in Good Food and Movement Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.

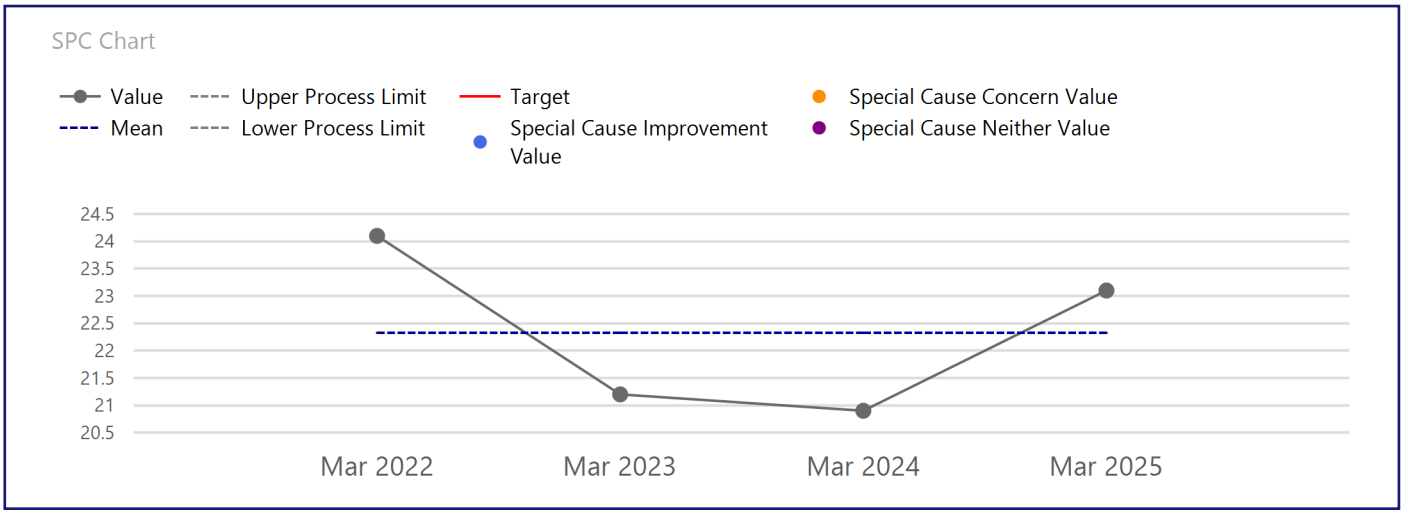
Action owner: CAV Public Health Team

Concerns

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).

Metric ID: 10000109 Decrease in overweight and obesity prevalence as measured by the CMP

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2025	24.1				Executive Director of Public Health



Narrative

See 'healthy weight' indicator

Actions and Owners

Action is on track. Actions in Good Food and Movement Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.

Action owner: CAV Public Health Team

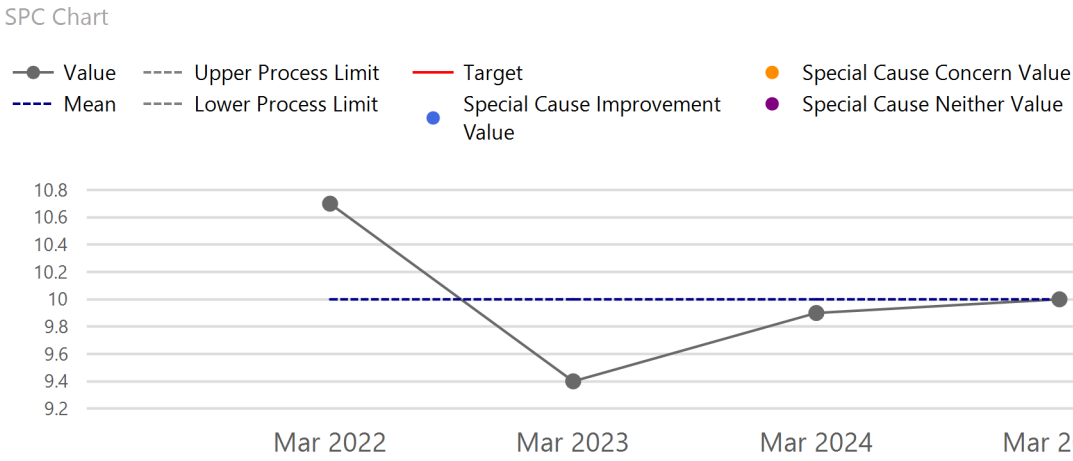
Concerns

No current concerns

Metric ID: 10000110

Decrease in the gap between most and least deprived reception year children for healthy weight, as measured by the CMP

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2025	10.7				Executive Director of Public Health



Narrative

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.

Actions and Owners

Action is on track. Actions in Good Food and Movement Implementation Plan (2026-2028) agreed by both Cardiff and Vale of Glamorgan Governance structures.

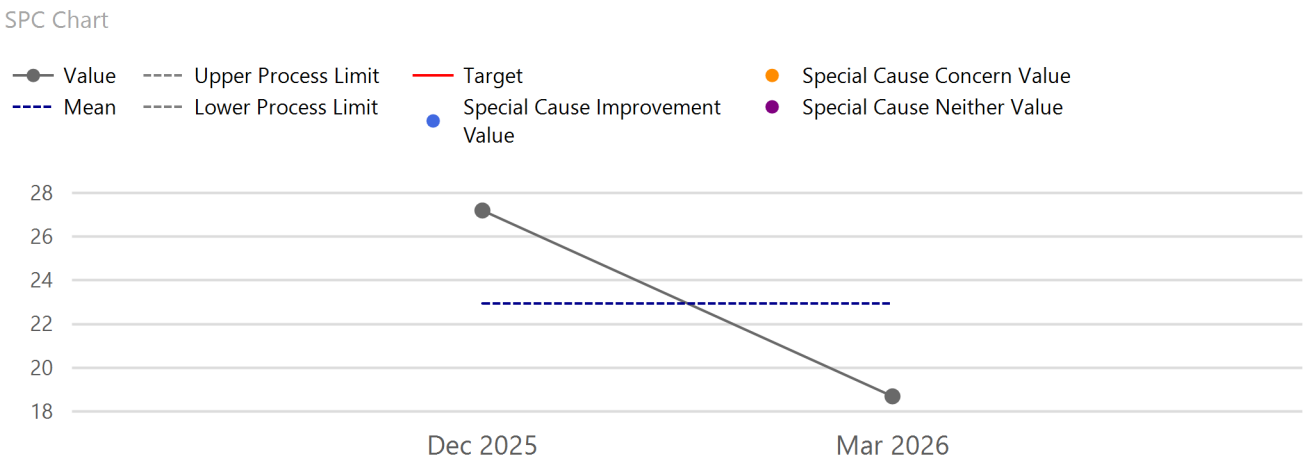
Action owner: CAV Public Health Team

Concerns

No current concerns

Metric ID: 10000111 Largest gap in uptake of 8 care processes at cluster level

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	27.2				Executive Director of Public Health



Narrative

Gap between highest (54.7%)and lowest uptake rates (36.0%) of all 8 care processes at cluster level reduced. Whilst lowest uptake rate is increasing, there has been a drop in the highest uptake rate, only within this quarter

Actions and Owners

New diabetes governance structures in place, with monthly Programme Delivery Group (chaired by Chief Operating Officer) with clear aims, objectives and reporting across multiple workstreams, for example increasing uptake of 8 care processes. New streamlined Strategic Programme Board to meet late July.

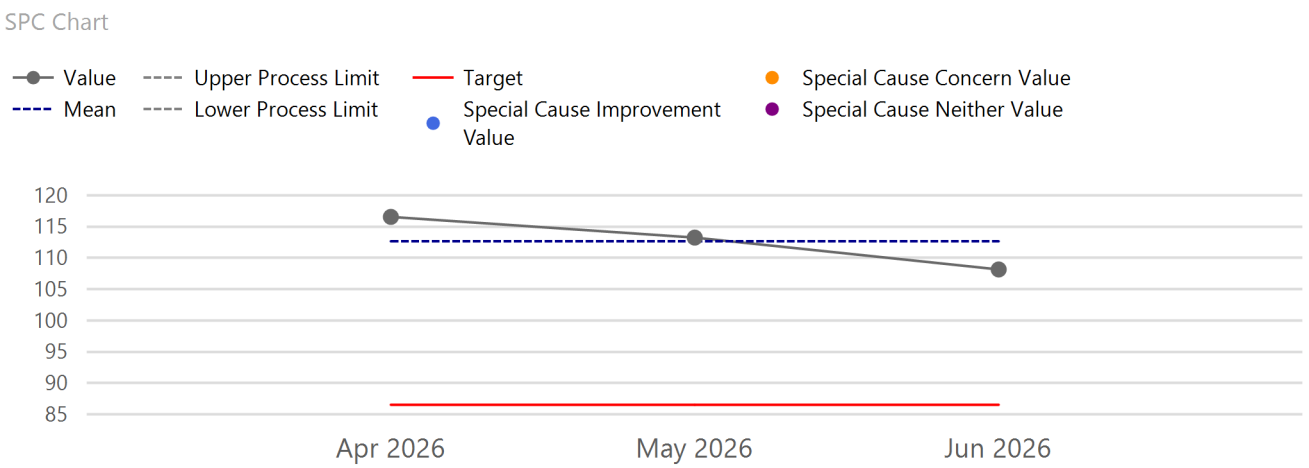
Action owner: CAV Public Health Team

Concerns

No current concerns

Metric ID: 10000153 Deliver 2026/27 Draft Financial Plan - In Year

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	116.568	86.55			Executive Director of Finance



Narrative

The £86.547m planning deficit needs to be derisked at pace. At month 3 there was a A £27.703m in year shortfall against the £47.608m savings target.

Actions and Owners

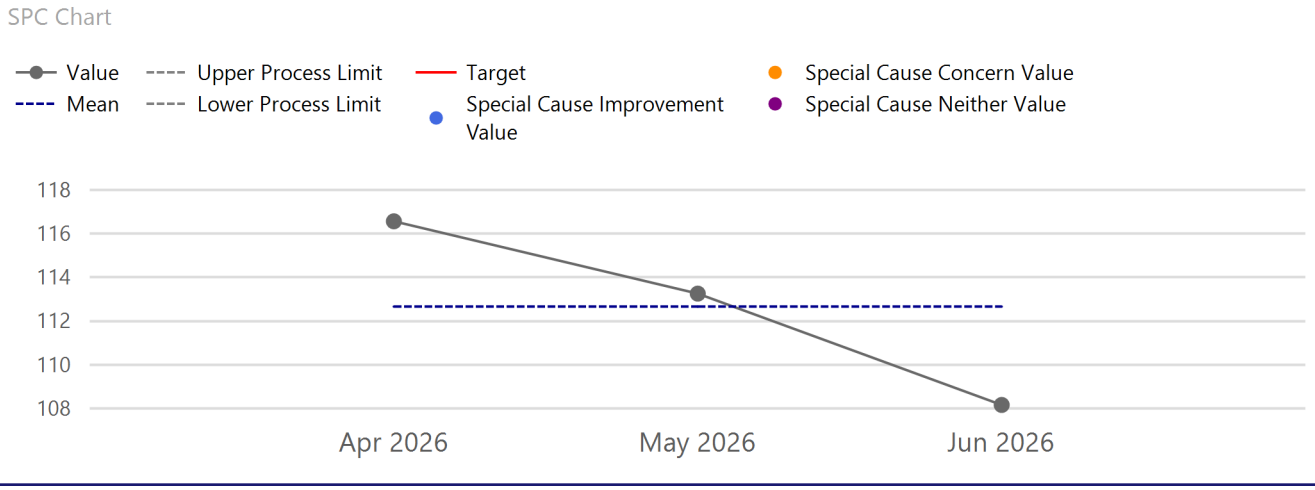
Progress in developing and implementing additional savings plans must accelerate to ensure the UHB can achieve its planning deficit target of £86.547m

Concerns

The £86.547m planning deficit needs to be derisked at pace.

Metric ID: 10000154 Return to financial balance and approved IMTP status

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	116.568				Executive Director of Finance



Narrative

The UHB is forecast to breach its statutory three-year breakeven duty. Ongoing delivery of savings plans and financial control measures are essential to improving the financial position over the medium term.

Actions and Owners

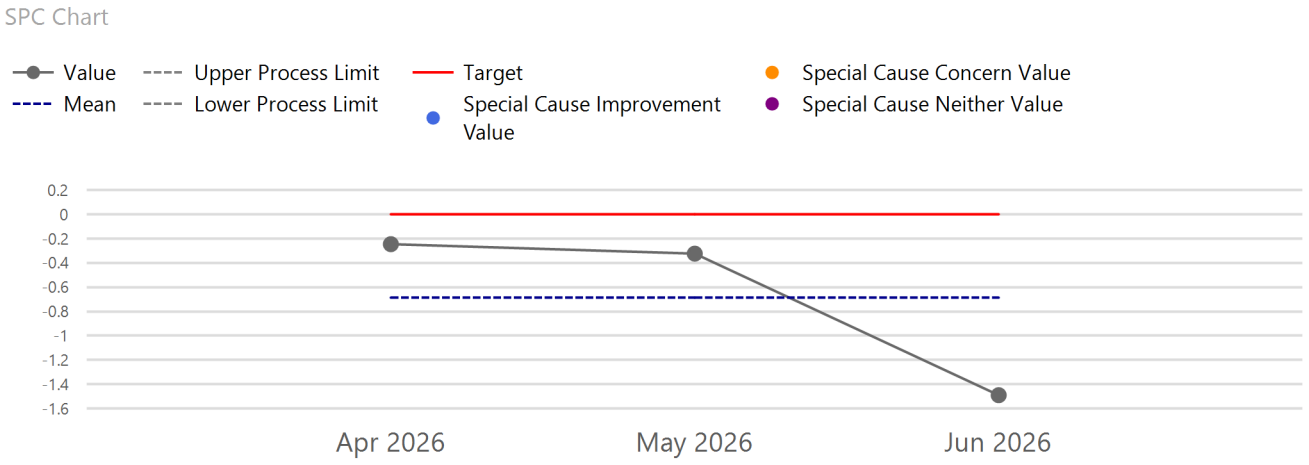
Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.

Concerns

Based on the current forecast, the UHB is not expected to achieve its statutory break even duty and will require additional financial support from Welsh Government.

Metric ID: 10000155 Management of operational budget pressures

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	-0.246	0			Executive Director of Finance



Narrative

The UHB is reporting a year to date overspend of £27.703m at month 03, which includes a Planning Deficit £21.637m, a Savings Programme shortfall of £6.925m and an Operational Position surplus (£1.489m)

Actions and Owners

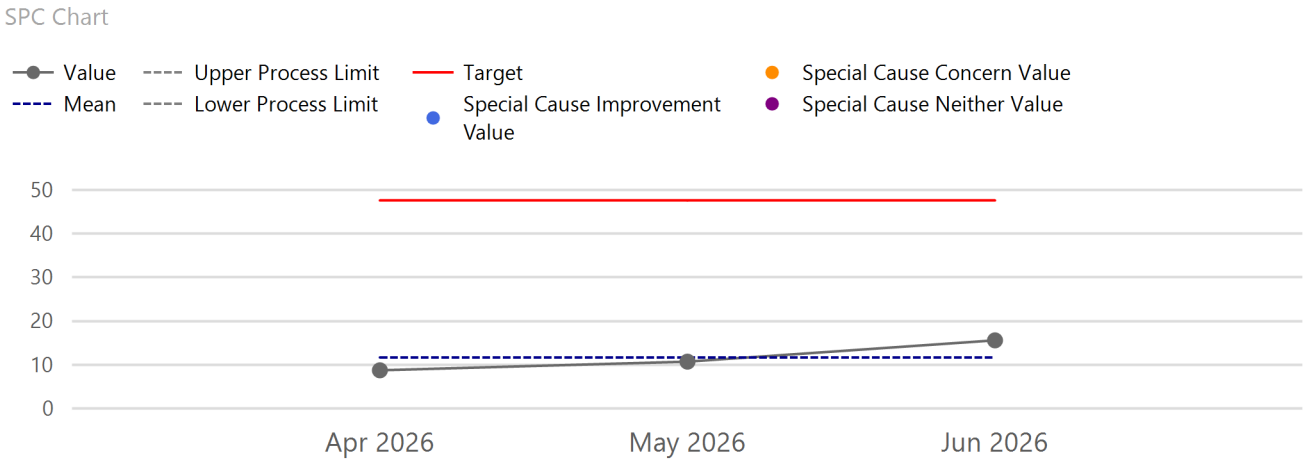
It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.547m planned deficit.

Concerns

The operational surplus is mainly driven by workforce vacancies and is partially offsetting the identified savings shortfall.

Metric ID: 10000156 Delivery of recurrent savings target

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	8.764	47.61			Executive Director of Finance



Narrative

Further action is required to meet the recurrent targets 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. £15.614m of recurrent savings were identified at month 03 leaving a gap of £31.994m against the £47.608m recurrent target.

Actions and Owners

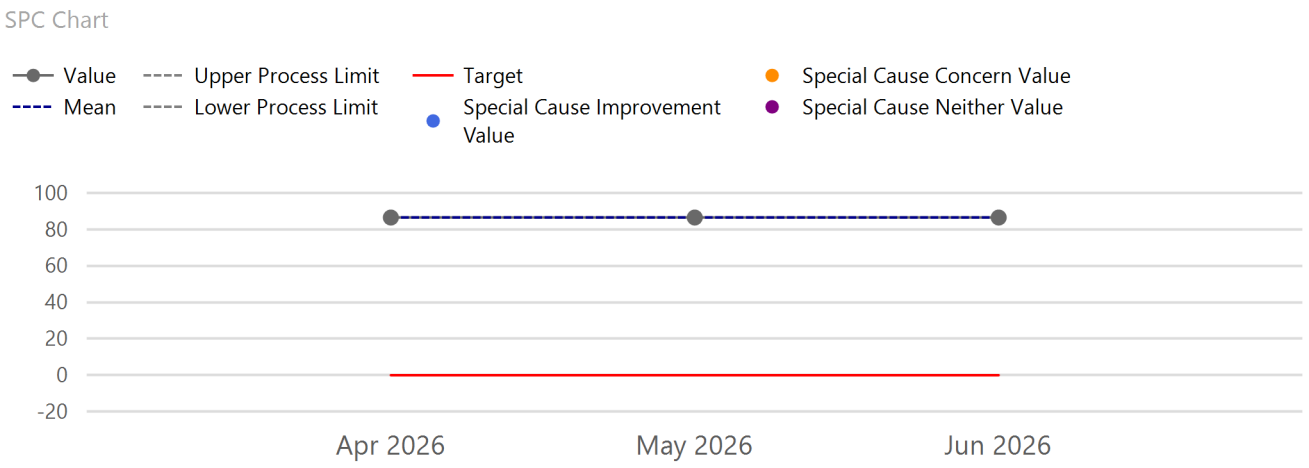
The UHB will continue to press all parts of the organisation to agree urgent actions that will accelerate savings to mitigate the ongoing risk.The organisation has committed to having a full savings plan in place by the end of Q2 with green and amber schemes.

Concerns

A gap of £31.994m is reported against the £47.608m recurrent target

Metric ID: 10000157 Remain within Cash Limit

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	86.547	0			Executive Director of Finance



Narrative

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.

Actions and Owners

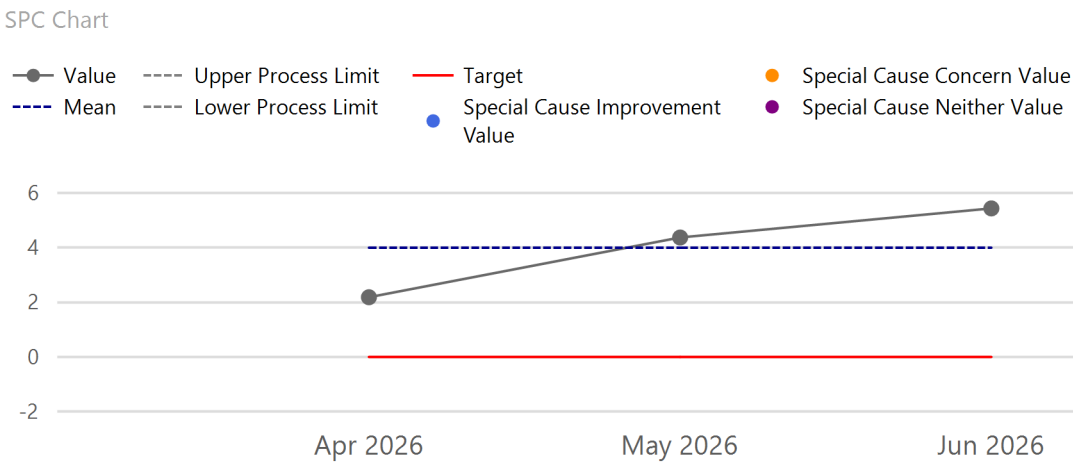
Options to manage cash pressures include accelerating the delivery of savings schemes, strengthening expenditure controls, reviewing and re-phasing capital expenditure where appropriate, maximising the recovery of income and debtors, and actively managing working capital. The UHB will continue to monitor its cash position closely and work with Welsh Government to ensure sufficient liquidity is maintained throughout the year

Concerns

The UHB's strategic cash requirement is primarily driven by its forecast deficit. Any deficit incurred in excess of the forecast position will increase the UHB's cash requirement and place further pressure on cash management arrangements.

Metric ID: 10000158 Deliver 2026/27 Draft Financial Plan (in month)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	2.186	0			Executive Director of Finance



Narrative

Year to date operational pressures in medical endoscopy, mental health Out of Area (OoA) patients, specialist medical locums, fall in private patient demand offset by pay vacancies and medicines management savings. In addition, there remains a shortfall in recurrent and in year schemes identified to deliver the planned savings target.

Actions and Owners

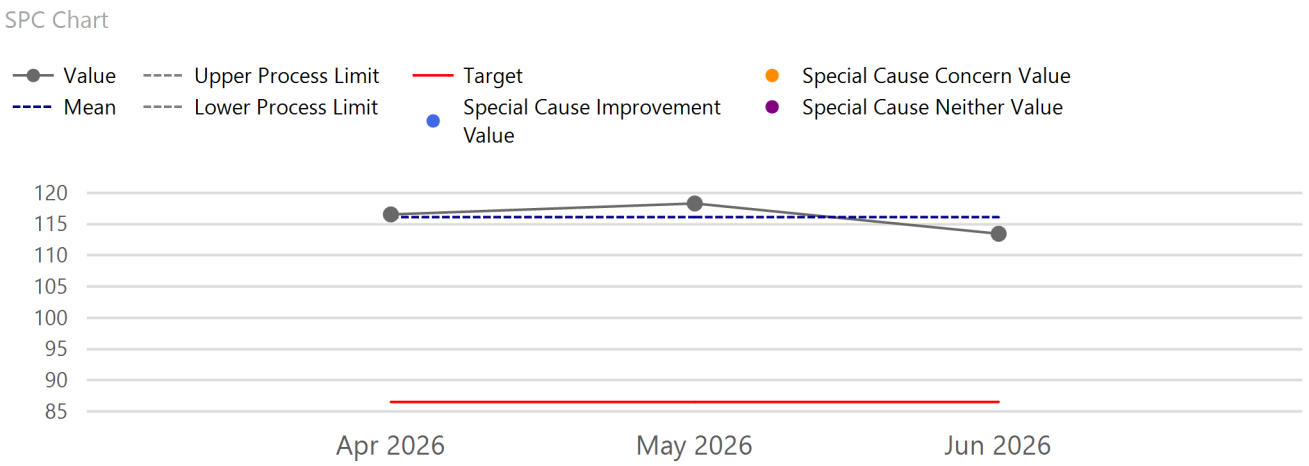
Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.

Concerns

It is expected that all unplanned cost pressures arising in 2026/27 will have corresponding mitigations identified to deliver the submitted £86.547m planned deficit. In addition, the full savings target is expected to be delivered through the implementation of identified efficiency schemes and further mitigation measures where required

Metric ID: 10000159 Deliver 2026/27 Draft Financial Plan - Underlying Deficit

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	116.569	86.55			Executive Director of Finance



Narrative

If the gap against the recurrent savings plan is not closed and operational pressures are not effectively managed during the year, the underlying deficit (ULD) will increase materially. This position can only be mitigated through the identification and implementation of robust and sustainable cost reduction measures and other mitigating actions

Actions and Owners

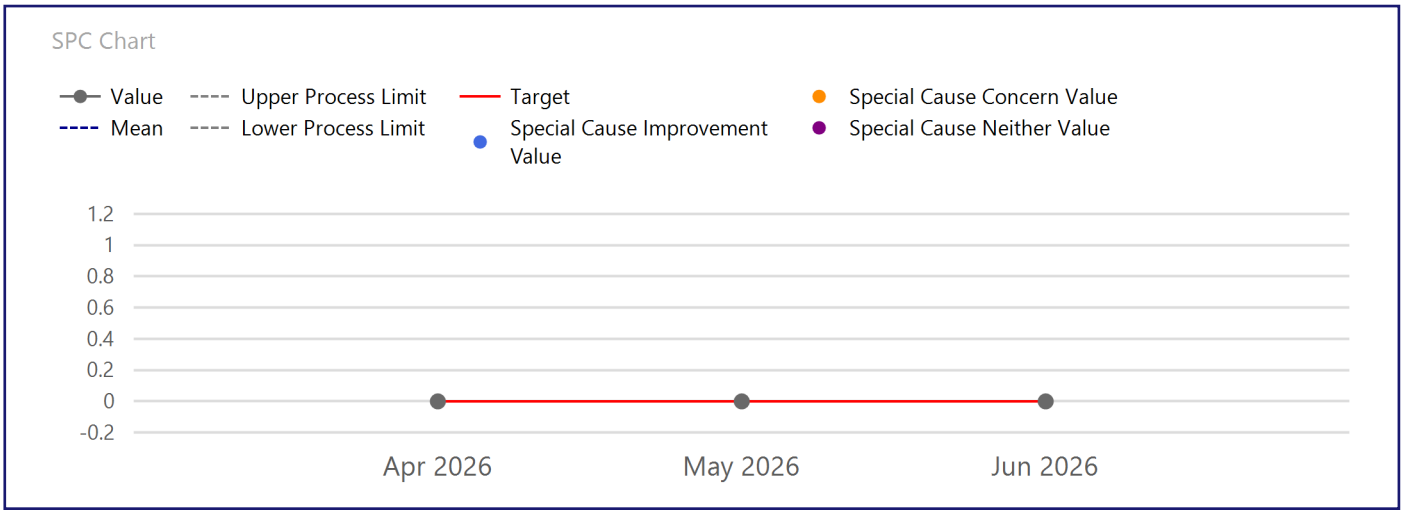
Executive-led turnaround meetings have been established with each Clinical Board and Service Board to support the delivery of both in-year target control totals and recurrent financial sustainability. These arrangements provide a structured forum for the identification and progression of mitigating actions, including the management of current and emerging operational pressures.

Concerns

The UHB's underlying deficit (ULD) has deteriorated in recent years due to a combination of; underlying deficit brought forward; recurrent cost pressures (including inflation); under delivery of recurrent savings and demand-driven pressures in 2025/26.

Metric ID: 10000160 Achievement of capital statutory breakeven duty

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0	0			Executive Director of Finance



Narrative

As at 30 June 2026, the UHB's approved Capital Resource Limit (CRL) was £42.840m, of which 5% has been expended to date. All capital projects are currently expected to be delivered within the approved CRL, resulting in a projected year-end variance of nil against the CRL.

Actions and Owners

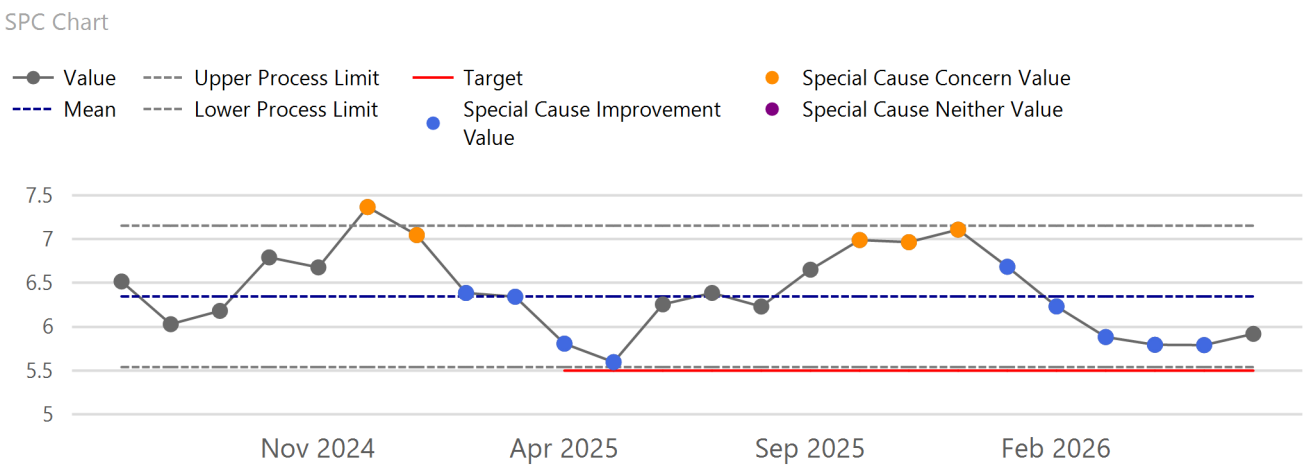
The Capital Management Group monitors and approves the UHB's capital expenditure plans.

Concerns

While there has been a slight delay in the commencement of some schemes in 2026/27, all are still expected to deliver in-year.

Metric ID: 10000036 Percentage of sickness absence rate of staff (In-month)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	6.5181		F		Executive Director of People and Culture



Narrative

The 12-month cumulative rate for June 2026 (6.39%) has decreased slightly since May 2026 but remains broadly the same over the last 12 months.

Actions and Owners

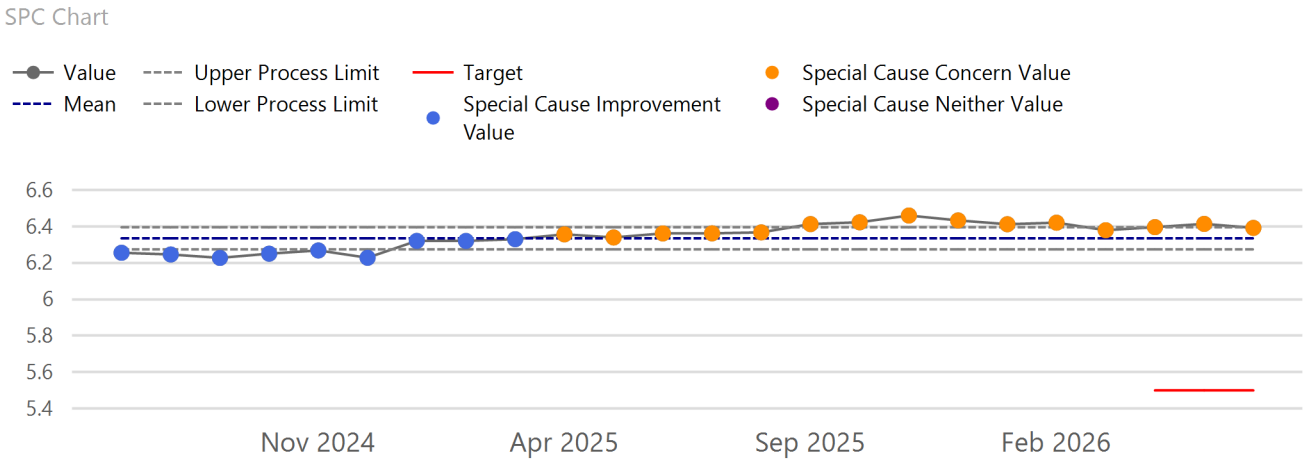
- Targeted, data-driven interventions at Clinical Board level
- Strengthening attendance management processes and enhancing management capability
- Promoting staff wellbeing and sustainable attendance

Concerns

Over the past 18 months, the UHB has observed a notable increase in sickness absence attributed to Anxiety/stress/depression/other psychiatric illnesses and it continues to be the top reason for sickness with a rate of 36.67% (June 2026).

Metric ID: 10000037 Percentage of sickness absence rate of staff (12-month cumulative)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	6.2554		F	H	Executive Director of People and Culture



Narrative

The 12-month cumulative rate for June 2026 (6.39%) has decreased slightly since May 2026 but remains broadly the same over the last 12 months.

Actions and Owners

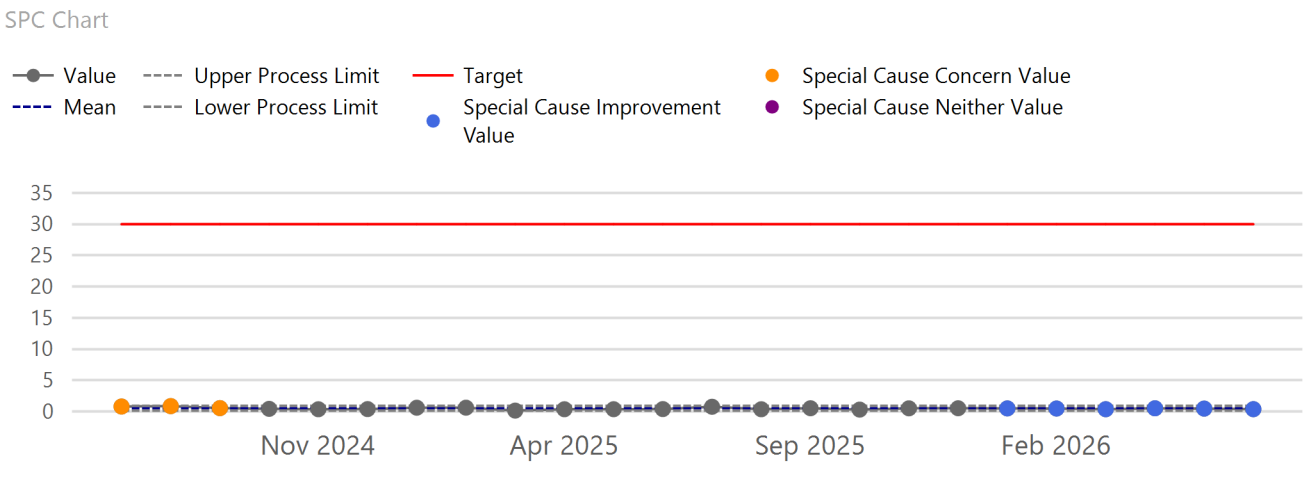
- Targeted, data-driven interventions at Clinical Board level
- Strengthening attendance management processes and enhancing management capability
- Promoting staff wellbeing and sustainable attendance

Concerns

Over the past 18 months, the UHB has observed a notable increase in sickness absence attributed to Anxiety/stress/depression/other psychiatric illnesses and it continues to be the top reason for sickness with a rate of 36.67% (June 2026).

Metric ID: 10000039 Agency spend as a percentage of the total pay bill.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0.821	30	P	L	Executive Director of People and Culture



Narrative

The SPC chart shows agency spend as a percentage of the total pay bill over time. The latest reported position for June 2026 is 0.0, indicating a favourable position and demonstrating improvement, with the chart identifying the variation as “Improvement – Low”. This suggests that agency expenditure has reduced to a level that is currently having a minimal impact on the overall pay bill.

Agency expenditure is monitored monthly by the People & Culture team, WG has set a target of a 30% reduction based on 25/26 outturn which equates to £1.7m. Over the last 3 months agency expenditure has reduced for the non-medical workforce.

Actions and Owners

Clinical Boards should continue to reduce agency expenditure in line with the Welsh Government target, with focused action on areas where spend remains above the expected trajectory. Executive Performance Reviews and turnaround meetings should maintain oversight of high-spend areas, ensuring clear recovery plans are in place. Further validation of the June 2026 data should be completed to confirm the reported improvement, including review of coding, accruals and any delayed agency invoices. Once validated, target assurance should be updated to provide a clear view of whether performance is reliably achieving the required standard.

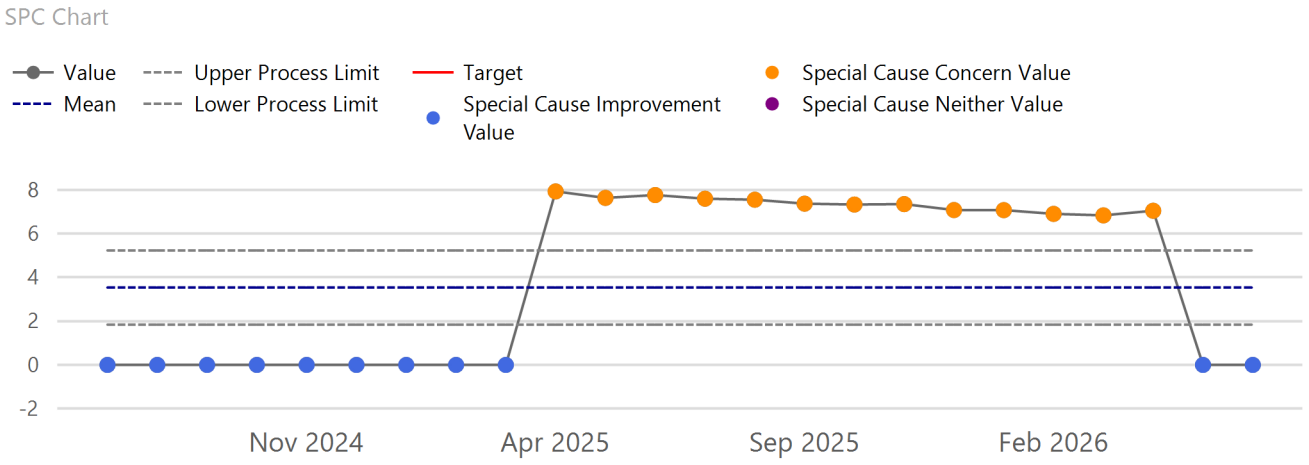
Concerns

While the latest position appears positive, continued scrutiny is required to ensure this improvement is sustained and not the result of timing, reporting, coding, or data-quality issues. Clinical Boards with agency expenditure above the required reduction trajectory remain a concern and should continue to be monitored through Executive Performance Reviews and internal turnaround arrangements

Metric ID: 10000074

Turnover rate for nurse, midwifery, medical and dental registered staff leaving NHS Wales

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0				Executive Director of People and Culture



Narrative

The SPC chart indicates that the turnover rate for nursing, midwifery, medical and dental registered staff leaving NHS Wales remains below the 7–9% target range, with the latest reported value for June 2026 at 0.0. The chart is showing improvement/low variation, suggesting that the metric is not currently demonstrating adverse movement; however, the very low reported position may need to be interpreted with caution due to known data quality limitations in recording future employment destination on termination forms.

Actions and Owners

- Reinforce to managers the importance of accurately completing termination forms/SMA, particularly the future employment destination field.
- Strengthen communication with managers and People & Culture Business Partners to improve compliance and consistency of recording.
- Review data completeness on a monthly basis to identify areas where termination forms are incomplete or inconsistently recorded.
- Use improved leaver destination data to support retention analysis and identify any emerging workforce risks or themes.

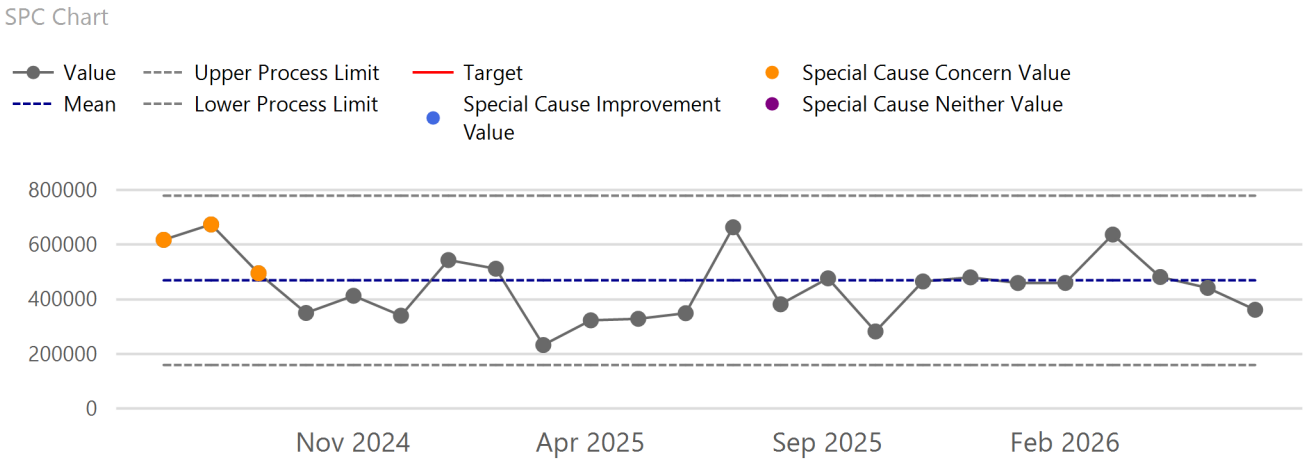
Owner: Workforce Information Team/People Analytics Team

Concerns

- The turnover rate is currently below the expected 7–9% target range, although this may not fully reflect the true position due to incomplete capture of staff destination data.
- There is a data quality concern: the organisation does not have an accurate picture of leavers' future employment because this relies on managers completing the relevant section of the termination form/SMA.
- This limits the ability to understand whether staff are leaving for other NHS Wales organisations, non-NHS employment, retirement, career progression, or other reasons.

Metric ID: 10000075 Agency Spend

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	617685.5				Executive Director of People and Culture



Narrative

Agency expenditure is monitored monthly by the People & Culture team, WG has set a target of a 30% reduction based on 25/26 outturn which equates to £1.7m. Over the last 3 months agency expenditure has reduced for the non-medical workforce.

Medical Agency
Agency spend across medical and dental services totals £2,236,354 over the 12-month period (not including in the graph). The agency-only process is currently showing common-cause variation with no monthly point breaching the calculated 3-sigma control limits. The latest month (Jun-26) should therefore be interpreted as part of a stable but high-cost agency process rather than a single exceptional outlier.

The key issue is the continued use of agency as a premium-cost staffing route. The largest agency drivers are Vacant Post, Sickness - Long Term, Extra Capacity. These categories should be treated as the primary opportunities for grip and substitution away from agency where clinically safe.

Actions and Owners

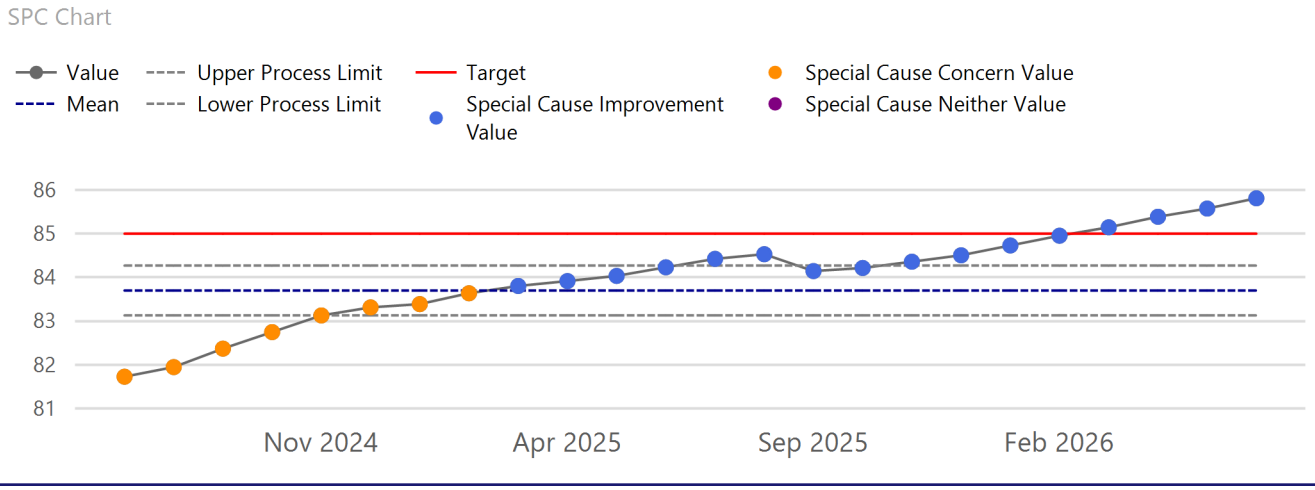
Clinical Boards need to continue to reduce agency expenditure in accordance with the WG target set.

Concerns

Clinical Boards whose agency expenditure is above the 30% reduction target set are monitored through Executive Performance Reviews and internal turnaround meetings.

Metric ID: 10000076 Equality Data Provision - Disability

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.7303	85	F	H	Executive Director of People and Culture



Narrative

Disability data completeness continues to show sustained improvement, increasing from 84.4% to 85.8% over the reporting period and exceeding the organisational target of 85%. The SPC chart demonstrates a consistent upward trend, suggesting that interventions such as ESR prompts, onboarding processes and staff engagement are having a positive impact. Improved data completeness provides greater confidence in workforce equality reporting and workforce planning.

Actions and Owners

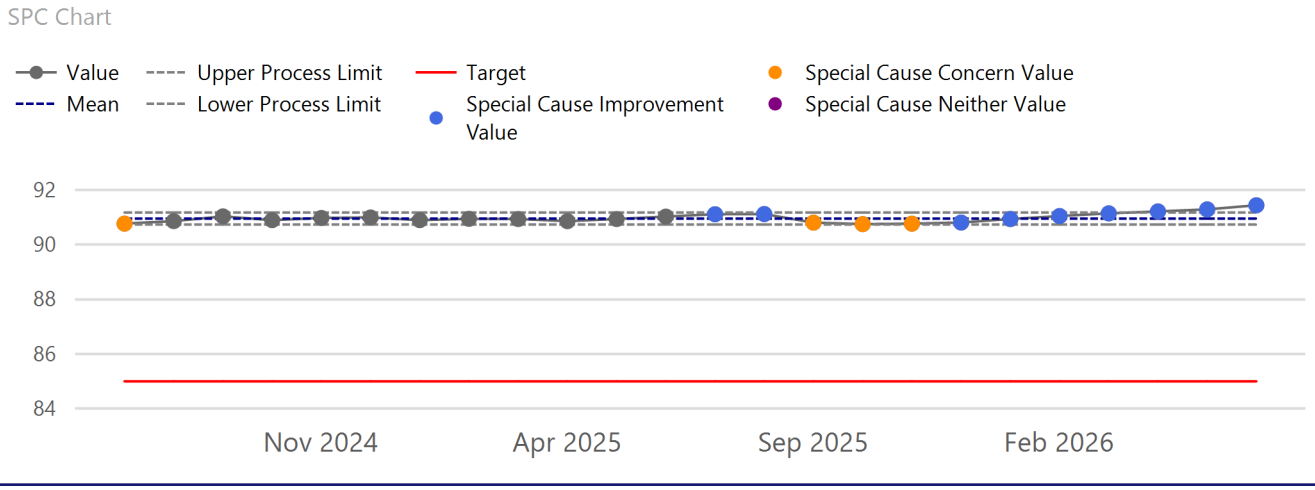
- Embed equality monitoring discussions into routine staff conversations, appraisals and onboarding processes.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service level and target support to low-performing areas.
Owner: Equality & Inclusion Team
- Continue communications to improve understanding of how disability data is used to support staff and reasonable adjustments.
Owner: Equality & Inclusion Team

Concerns

Whilst performance is above target, approximately 14% of staff have not disclosed disability status. As disability remains a sensitive disclosure area, there is a risk that improvement may plateau without further targeted engagement. Incomplete data may also limit the accuracy of Workforce Equality Standard reporting and understanding of staff experience.

Metric ID: 10000077 Equality Data Provision - Ethnicity

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	90.7696	85	P	H	Executive Director of People and Culture



Narrative

Ethnicity data completeness remains strong, increasing slightly from 91.1% to 91.4% (+0.3 percentage points) and continuing to exceed the organisational target of 85%. The SPC chart demonstrates a stable and consistently high level of performance, indicating that ethnicity data collection is well embedded within ESR processes and understood by staff. High levels of data completeness provide a strong foundation for workforce planning and Workforce Race Equality Standard (WRES) reporting.
However, whilst data completeness is strong, the WRES 2025 report highlights that inequalities remain evident in some workforce outcomes, particularly at senior management levels. As the Welsh language skills target is achieved, focus will shift towards further improving the completeness of equality monitoring data across all protected characteristics to strengthen the reliability of workforce equality reporting.

Actions and Owners

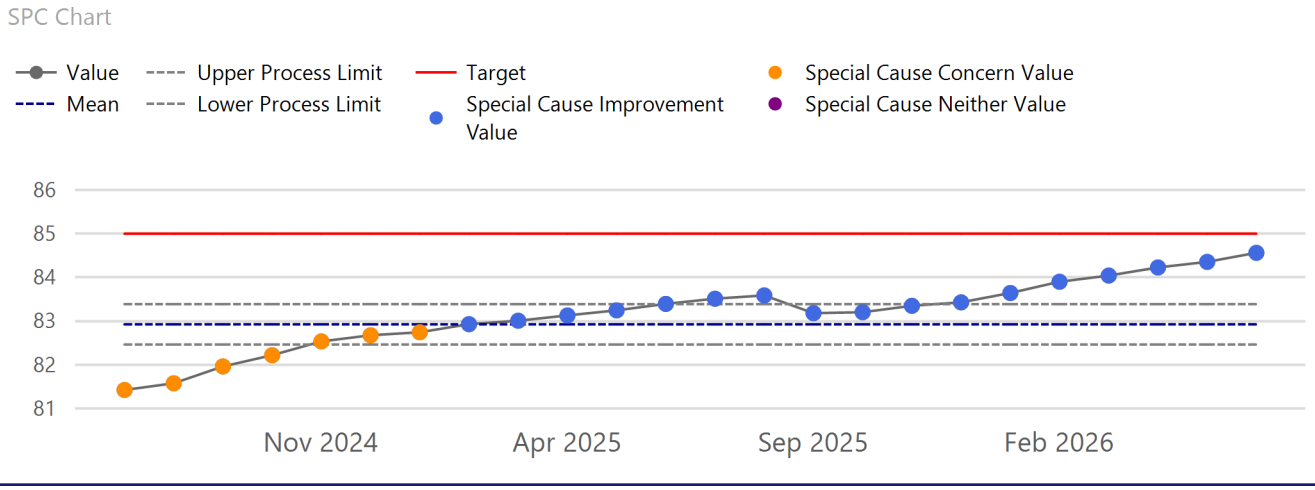
- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
- Continue targeted communications to reinforce the purpose and value of ethnicity data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

Performance has plateaued, with approximately 9% of staff not declaring ethnicity. This may indicate that existing approaches have reached the limits of their effectiveness, and pockets of lower completion may be masked within organisational-level reporting. Incomplete data may reduce the accuracy of future WRES reporting and limit understanding of workforce representation and experience.

Metric ID: 10000078 Equality Data Provision - Religion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.4267	85	F	H	Executive Director of People and Culture



Narrative

Religion data completeness has improved from 83.5% to 84.6% (+1.0 percentage point), demonstrating a sustained upward trend over the reporting period and nearing the organisational target of 85%. The SPC chart indicates consistent improvement, suggesting that existing interventions and staff engagement activities are having a positive impact on data completeness. Improved data quality strengthens the reliability of workforce equality reporting and supports a better understanding of workforce demographics.
As the Welsh language skills target is achieved, focus will shift towards further improving equality monitoring data across all protected characteristics to enhance the quality of Workforce Equality Standard reporting and workforce planning.

Actions and Owners

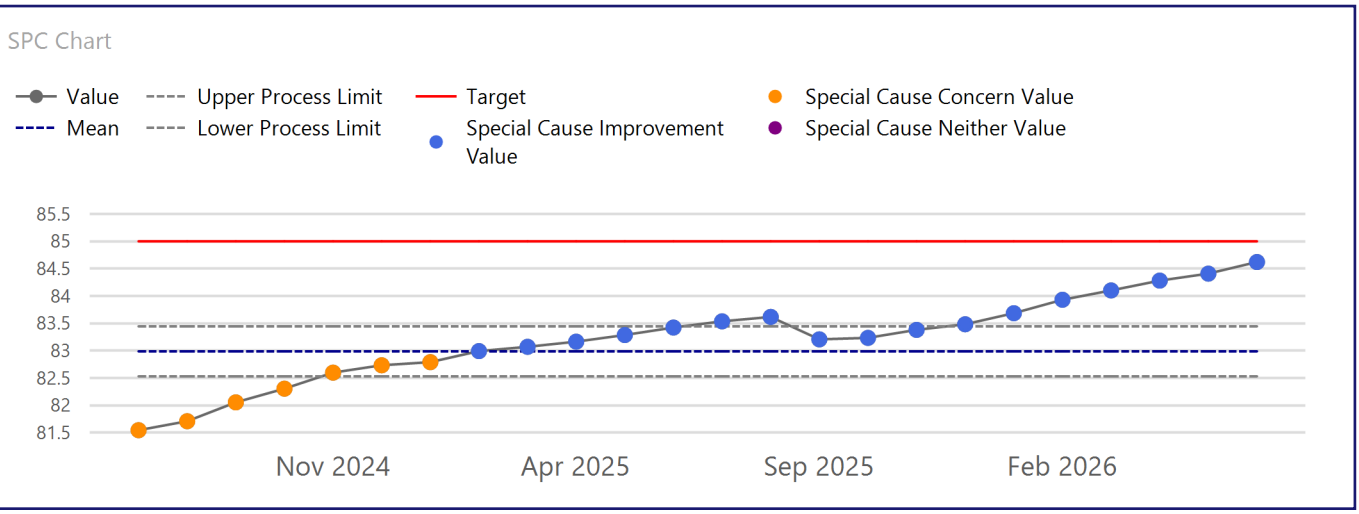
- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
- Continue communications to reinforce the purpose, confidentiality and value of religion and belief data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their religion or belief status. Religion remains a sensitive disclosure area, and concerns relating to relevance, confidentiality or personal choice may continue to limit completion rates. Without further targeted interventions, improvement is likely to remain gradual, potentially affecting the completeness and reliability of workforce equality reporting.

Metric ID: 10000079 Equality Data Provision - Sexual Orientation

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.5448	85	F	H	Executive Director of People and Culture



Narrative

Sexual Orientation data completeness has improved from 83.5% to 84.6% (+1.1 percentage points), demonstrating a sustained upward trend over the reporting period and approaching the organisational target of 85%. The SPC chart indicates consistent improvement, suggesting that existing interventions and staff engagement activities are supporting increased disclosure and data completeness. Improved data quality strengthens the reliability of workforce equality reporting and enhances understanding of workforce diversity.
As the Welsh language skills target is achieved, focus will shift towards further improving equality monitoring data across all protected characteristics to support robust Workforce Equality Standard reporting and workforce planning.

Actions and Owners

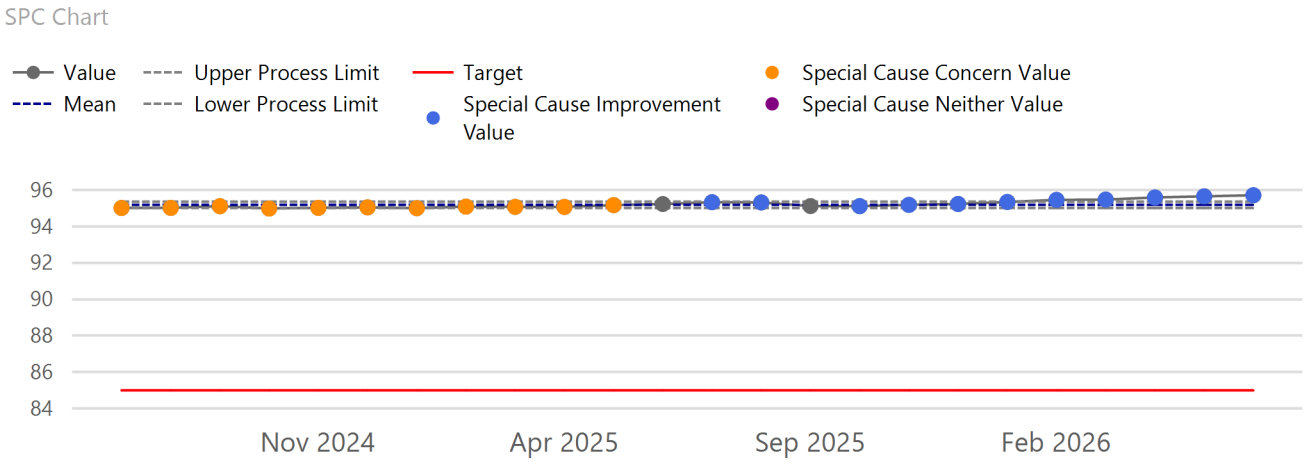
- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
- Continue targeted communications to reinforce the purpose, confidentiality and value of sexual orientation data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their sexual orientation. As this remains a sensitive disclosure area, progress may plateau without further targeted engagement to build confidence in the purpose, use and confidentiality of the data. Incomplete data may also limit the reliability of workforce equality reporting and understanding of staff experience.

Metric ID: 10000080 Equality Data Provision - Marital Status

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	95.0138	85	P	H	Executive Director of People and Culture



Narrative

Marital Status data remains the highest-performing equality monitoring dataset, increasing from 95.3% to 95.7% (+0.4 percentage points) and continuing to perform well above the organisational target of 85%. The SPC chart demonstrates a stable and highly reliable process, with consistently high levels of completion throughout the reporting period. This provides strong assurance regarding the quality of the dataset and supports reliable workforce reporting and analysis.
As the Welsh language skills target is achieved, focus will shift towards improving equality monitoring data completeness across other protected characteristics to further strengthen Workforce Equality Standard reporting and workforce planning.

Actions and Owners

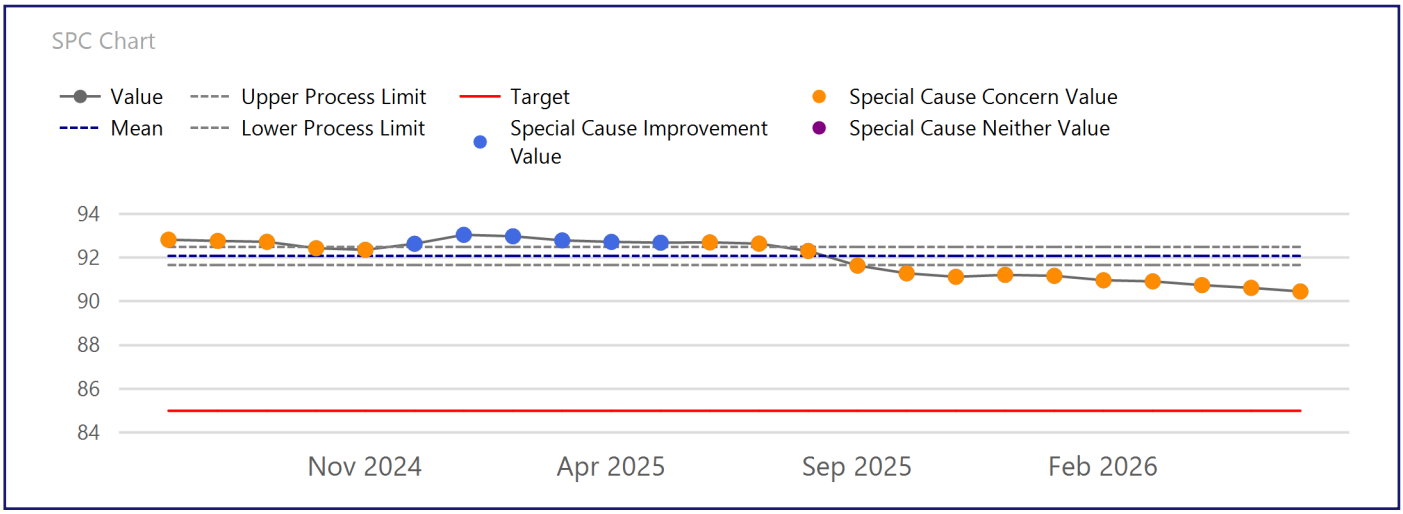
- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance where required.
- - Maintain existing processes and communications that support high levels of data completeness.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

There are minimal concerns associated with this measure. Whilst a small proportion of staff remain non-declared, the high level of completeness means this is unlikely to have a significant impact on reporting, analysis or decision-making. Continued monitoring is required to ensure performance is maintained and that any pockets of lower compliance are identified promptly.

Metric ID: 10000081 Equality Data Provision - Nationality

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	92.8214	85	P	L	Executive Director of People and Culture



Narrative

Nationality data completeness has declined from 92.6% to 90.5% (-2.2 percentage points), making it the only equality monitoring dataset demonstrating a sustained downward trend over the reporting period. Whilst performance remains above the organisational target of 85%, the SPC chart indicates a consistent reduction in disclosure rates, suggesting a change in the underlying process rather than random variation. This trend warrants continued monitoring, as accurate nationality data supports workforce planning, equality reporting and understanding of workforce demographics.
As the Welsh language skills target is achieved, focus will shift towards improving equality monitoring data completeness across all protected characteristics to strengthen the reliability of Workforce Equality Standard reporting and workforce planning.

Actions and Owners

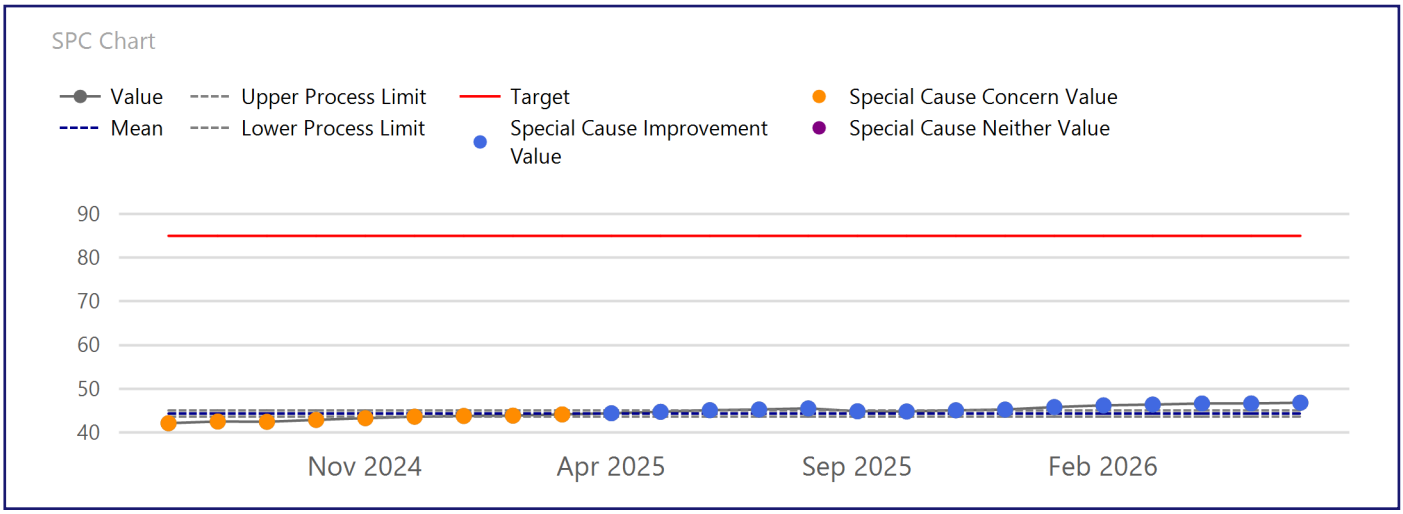
- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, identifying and escalating areas showing declining completion rates.
- Continue targeted communications to reinforce the purpose, confidentiality and value of nationality data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

The sustained downward trend is a concern, with approximately 10% of staff now not declaring nationality. This may indicate reduced confidence or willingness to disclose information, potentially influenced by wider external factors or a lack of understanding regarding how the data is used and protected. If the trend continues, it may reduce the reliability of workforce equality reporting and limit the organisation's understanding of workforce demographics.

Metric ID: 10000082 Equality Data Provision - Country of Birth

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	42.1609	85	F	H	Executive Director of People and Culture



Narrative

Country of Birth data completeness remains the lowest-performing equality monitoring dataset, increasing slightly from 45.3% to 46.9% (+1.6 percentage points). Whilst the SPC chart shows a modest upward trend, performance remains significantly below the organisational target of 85% and all other equality monitoring characteristics. The limited improvement suggests that current processes are not yet sufficiently embedded to deliver sustained gains in data completeness.
As the Welsh language skills target is achieved, focus will shift towards improving equality monitoring data across all protected characteristics, with particular attention to areas where data quality remains a significant challenge. Improving Country of Birth data will strengthen the reliability of workforce equality reporting and provide a more complete understanding of workforce demographics.

Actions and Owners

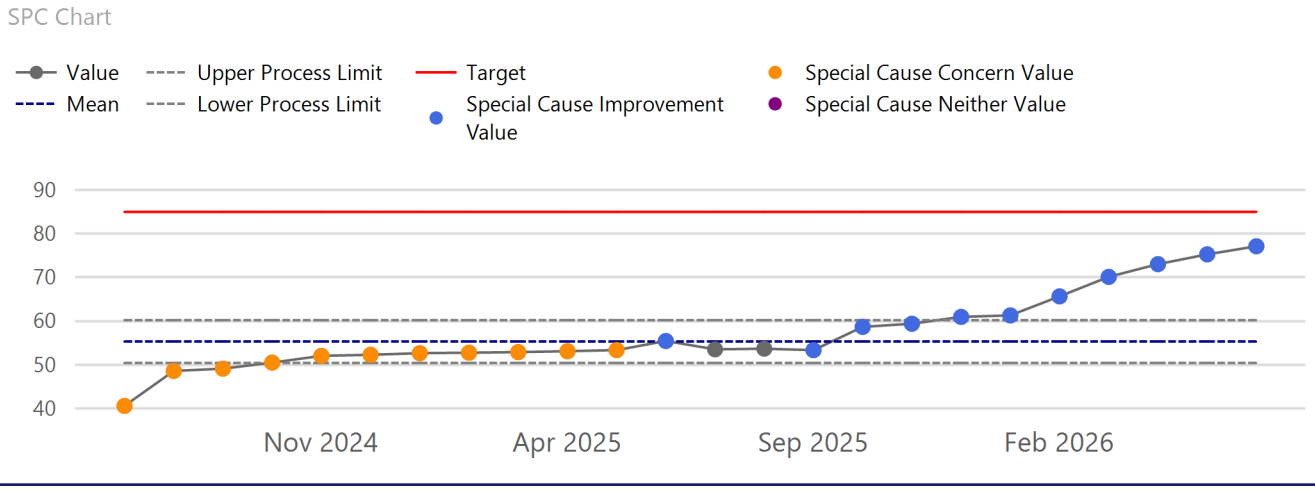
- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, identifying and escalating areas with particularly low completion rates.
- Increase communications to explain the purpose and value of collecting Country of Birth data and how confidentiality is maintained.
- Review current collection processes to identify opportunities to increase completion rates through ESR and other workforce data touchpoints.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

More than half of staff have not provided Country of Birth information, significantly limiting the usefulness and reliability of the dataset for reporting and analysis. The low completion rate suggests that the data field may not be routinely discussed, prioritised or understood by staff. Without targeted intervention, improvement is likely to remain slow, reducing the value of the dataset for workforce planning and equality reporting.

Metric ID: 10000083 Identification of Welsh Skills

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	40.6262	85	F	H	Executive Director of People and Culture



Narrative

Identification of Welsh Language Skills has shown substantial improvement over the reporting period, increasing from 55.5% to 77.5%. The SPC chart demonstrates a sustained upward shift in performance, with improvement accelerating during the latter part of the year following targeted interventions. This pattern indicates that improvement is unlikely to be due to random variation alone and reflects a genuine change in performance.
Welsh Language Skills registration remains a key organisational priority following the Welsh Language Commissioner's Standards Enforcement Investigation relating to Standard 96. Whilst significant progress has been made, further improvement is required to achieve the target of 85% by 31 July 2026.
*Note: Identification of Welsh Language Skills measures the proportion of staff who have recorded a Welsh language skill level. Welsh Skills Levels 1-5 measures the proportion of staff who report having Welsh language capability at Level 1 or above.

Actions and Owners

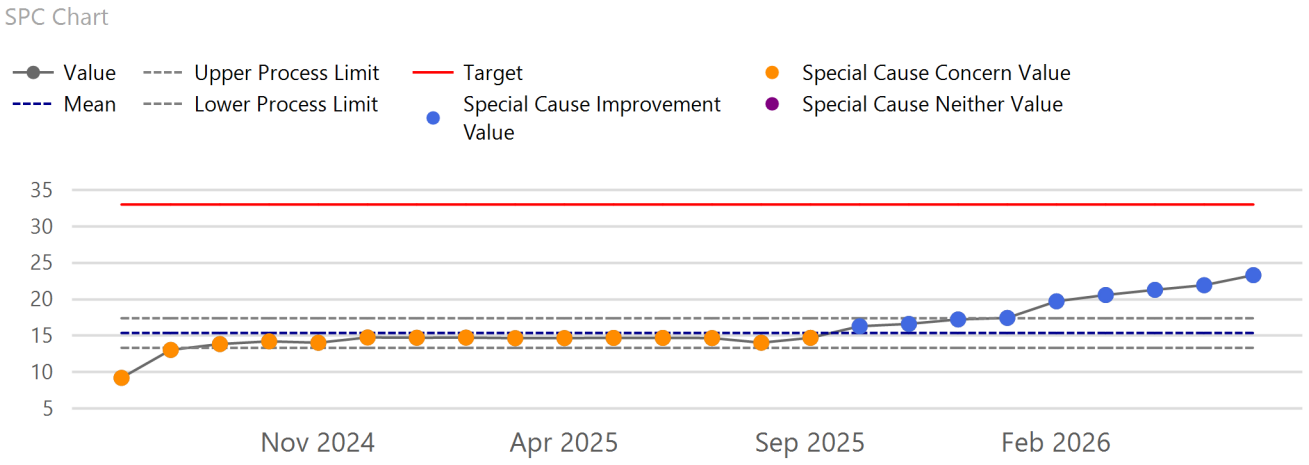
- Embed Welsh language skills discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas with lower completion rates.
- Continue targeted campaigns and engagement activity to encourage staff to record their Welsh language skills.
- Maintain executive oversight through the Welsh Language Standards governance arrangements and People & Culture Committee reporting.

Concerns

Despite the positive trajectory, approximately 23% of staff have not yet recorded their Welsh language skills. Current performance remains below the Welsh Language Commissioner's target of 85%, and there is a risk that the rate of improvement may slow as the Health Board approaches those staff who are more difficult to engage. Variation between services may also continue to impact overall performance.
The Health Board therefore remains at risk of not achieving the required target within the specified timeframe, and progress will continue to be monitored through the People & Culture Committee.

Metric ID: 10000084 Welsh Skills Levels 1 - 5

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	9.2192	33	F	H	Executive Director of People and Culture



Narrative

Welsh Skills Levels 1–5 has shown sustained improvement over the reporting period, increasing from approximately 9% to 23%. The SPC chart demonstrates a clear and accelerating upward trend, indicating that actions to increase both the recording and development of Welsh language skills are having a positive impact.
This metric is an important measure of organisational capability, reflecting the Health Board's ability to provide services through the medium of Welsh and meet the needs and preferences of patients, service users and communities. Growth in recorded Welsh language skills strengthens the Health Board's capacity to deliver bilingual services and supports compliance with the Welsh Language Standards.
Whilst progress is encouraging, current performance remains below the organisational target of 33%, and continued focus will be required to develop Welsh language capability across the workforce and sustain improvement over the longer term.
*Note: Identification of Welsh Language Skills measures the proportion of staff who have recorded a Welsh language skill level. Welsh Skills Levels 1-5 measures the proportion of staff who report having Welsh language capability at Level 1 or above.

Actions and Owners

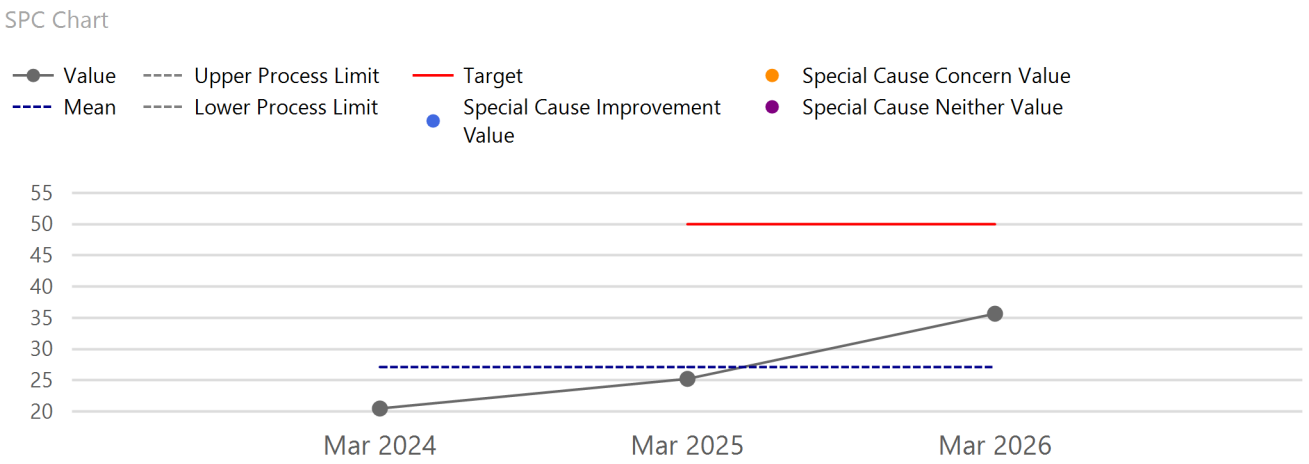
- Continue targeted campaigns to encourage staff to assess and record their Welsh language skills.
- Promote Welsh language learning and development opportunities to support progression through Levels 1–5.
- Monitor Welsh language capability at service and Clinical Board level, targeting support where improvement is required.
- Maintain executive oversight through Welsh Language Standards governance arrangements and People &Culture Committee reporting.

Concerns

Despite the positive trajectory, fewer than one quarter of staff have recorded Welsh language skills at Levels 1–5, and performance remains below the 33% target. As activity shifts from increasing registration towards increasing capability, further improvement may become more challenging and require targeted learning and development opportunities.
Variation across services may also impact the Health Board's ability to consistently provide Welsh language services and meet patient expectations.

Metric ID: 10000085 Staff Survey Participation Rate

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	20.5016				Executive Director of People and Culture



Narrative

The Staff Survey Participation Rate was 36% in March 2026, against a target of 50%. As this is an annual measure reported following the staff survey in Quarter 4, SPC interpretation is limited due to the small number of data points available. The latest result demonstrates an improvement compared to the previous year, indicating increased staff participation in providing feedback. Whilst the direction of travel is positive, participation remains below the organisational target and further improvement is required to ensure staff views are fully representative of the workforce.

Actions and Owners

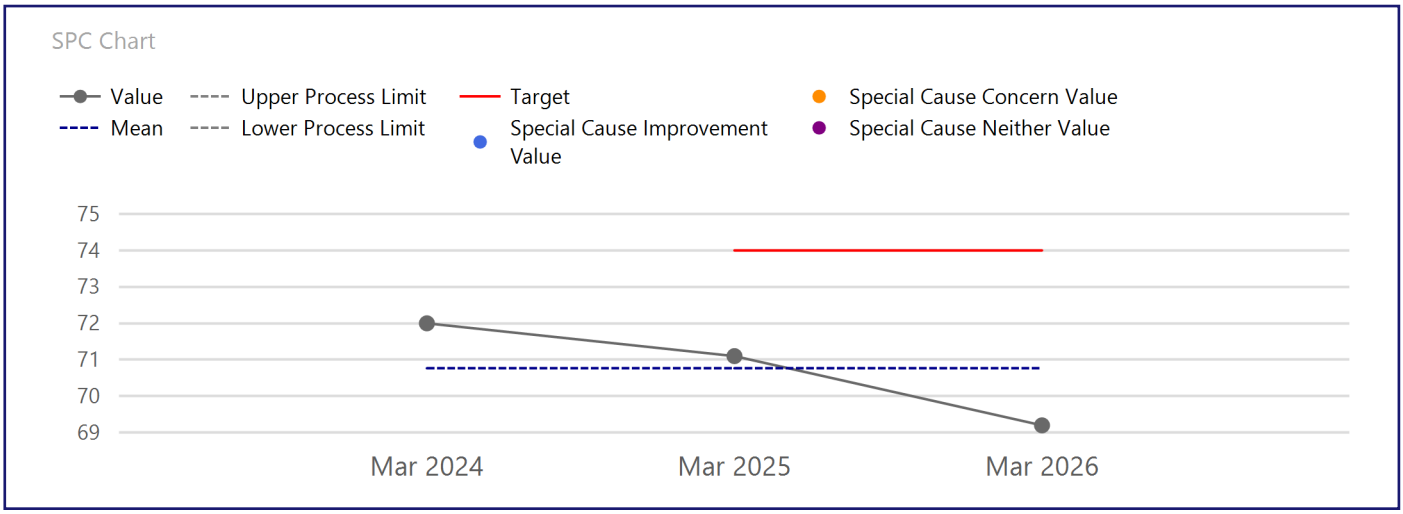
- Clinical Boards are working with staff to develop and deliver co-produced local actions that demonstrate how staff feedback is being listened to and acted upon.
- Targeted engagement activity will continue to promote participation and increase awareness of the value and impact of staff survey feedback.
- Progress against staff survey actions and improvement plans is monitored through Executive Performance Reviews at Clinical Board level, providing oversight and accountability for delivery.
- Learning from areas with higher participation rates will be used to inform future engagement and survey campaigns.

Concerns

Participation remains below the organisational target of 50%.
Lower response rates may limit confidence that survey findings fully reflect the experiences and views of the wider workforce.
Some staff groups or services may be under-represented within survey responses, reducing the breadth of insight available to inform improvement activity.
As the measure is reported annually, opportunities to evaluate the impact of interventions are limited between survey cycles.

Metric ID: 10000086 Engagement Score

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	72				Executive Director of People and Culture



Narrative

The Engagement Score was 69% in March 2026, compared with a target of 74%. As this metric is derived from the annual staff survey and reported in Quarter 4, there are limited data points available and SPC interpretation should therefore be applied with caution. The latest result indicates a reduction from the previous year and remains below the organisational target. Whilst the chart suggests a downward movement in engagement, the annual nature of the measure means that trends should be considered alongside supporting workforce indicators and staff feedback to fully understand the underlying drivers.

Actions and Owners

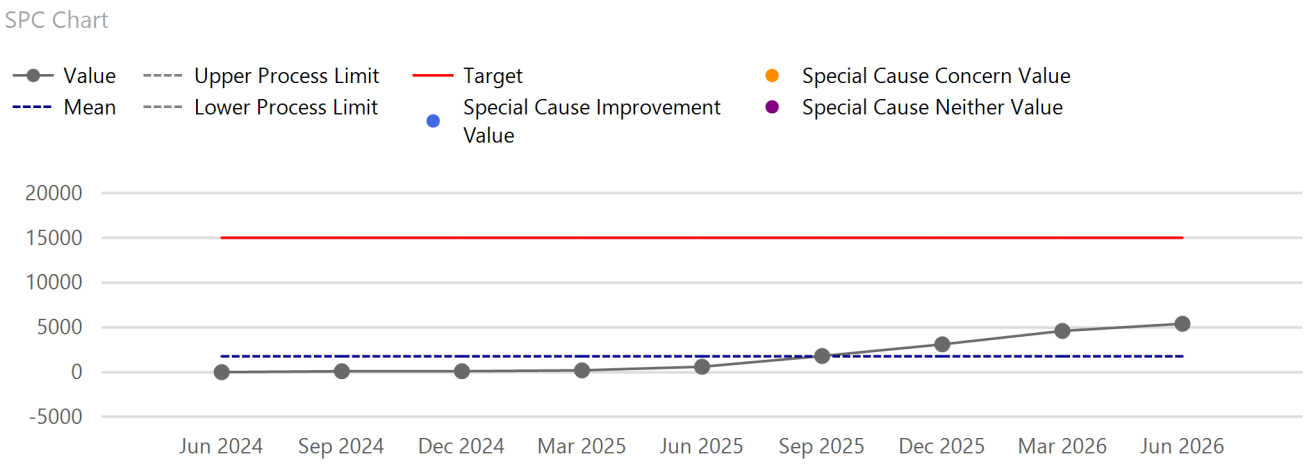
Clinical Boards are developing and delivering co-produced local action plans with staff, focusing on the key priorities identified through staff survey feedback.
Progress against staff survey actions and associated improvement plans is monitored through Executive Performance Reviews at Clinical Board level.
Ongoing focus will be placed on embedding improvements in areas such as staff experience, engagement and wellbeing, while evaluating impact through future staff survey results and supporting workforce indicators.

Concerns

The Engagement Score remains below the organisational target of 74%, with a current position of 69%.
The latest survey result reflects a deterioration compared to the previous reporting period.
Lower levels of staff engagement may adversely impact staff wellbeing, retention, productivity and organisational culture.
As the metric is only reported annually, there is a delayed feedback loop which can make it difficult to assess the immediate impact of improvement initiatives.
Further analysis of staff survey themes and local intelligence gathering is underway at a local level to understand the factors influencing engagement levels.

Metric ID: 10000087 Workforce Planning Training Completion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0	15000			Executive Director of People and Culture



Narrative

The completion of the HEIW Introduction to Strategic Workforce Planning programme continues to support the Health Board's strategic objective of strengthening workforce planning capability and moving from annual resource-based workforce planning towards operational and integrated workforce planning aligned to service and financial plans. The organisational target is for 150 managers to complete the training by 31 March 2027. By the end of Q1 2026/27, 36% of this target had been achieved, demonstrating ongoing engagement and gradual uptake since the programme was introduced in 2024.

Actions and Owners

Whilst progress is being made, only 36% of the 150-manager target had been achieved by the end of Q1 2026/27. Continued growth in completions will be required to achieve the March 2027 ambition.

The suitability of the current programme is being reviewed by the Strategic Workforce Planning Lead, Senior People & Culture Business Partners and the Head of Education. Any changes to the training offer could influence future completion patterns and should be considered when interpreting subsequent results.

Concerns

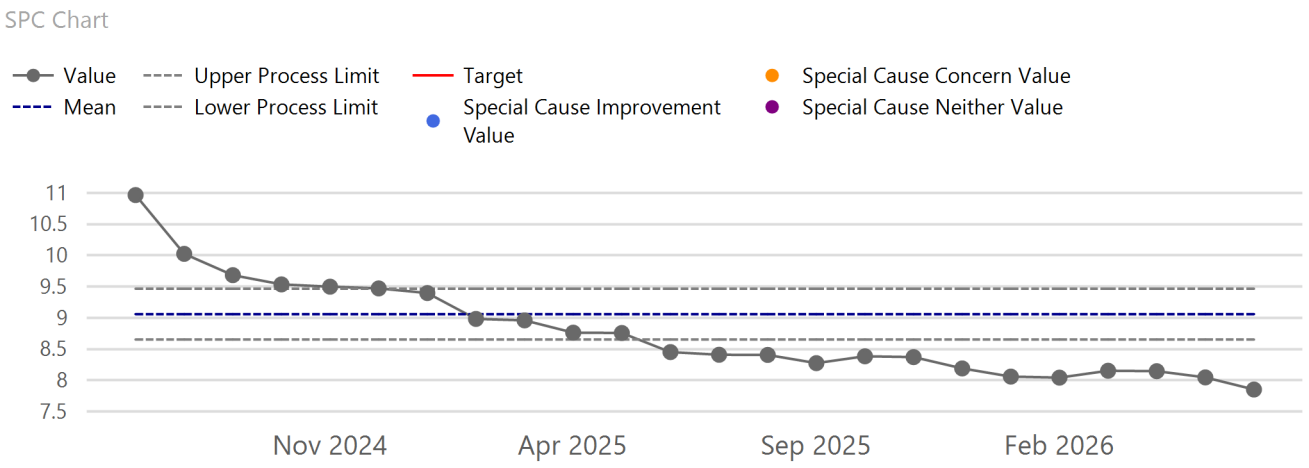
From an SPC perspective, the current dataset should be interpreted with caution. The available information suggests continued improvement in cumulative training completions; however, there are insufficient data points to establish a reliable baseline, calculate control limits or distinguish between common cause and special cause variation. Consequently, the chart should currently be viewed as a developing measure rather than a mature SPC process.

The programme is promoted and encouraged but is not mandatory. This creates a risk that completion rates may plateau, particularly during periods of operational pressure.

Capacity and prioritisation of operational managers are a continuing challenge. Competing service demands may limit managers' ability to undertake training and could affect future completion trajectories.

Metric ID: 10000088 Turnover - All Staff

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	10.9672				Executive Director of People and Culture



Narrative

Turnover – All Staff remains below the organisational target and is currently demonstrating routine/common cause variation, with no clear signal of special cause variation. The latest reported position for June 2026 is around 8%, which remains within expected limits and below the 7-9% target threshold. This suggests that, at an organisational level, turnover is being maintained within acceptable parameters; however, continued monitoring is required to ensure that any emerging deterioration, particularly within high-risk staff groups, clinical areas or hard-to-recruit services, is identified early and acted upon.

Actions and Owners

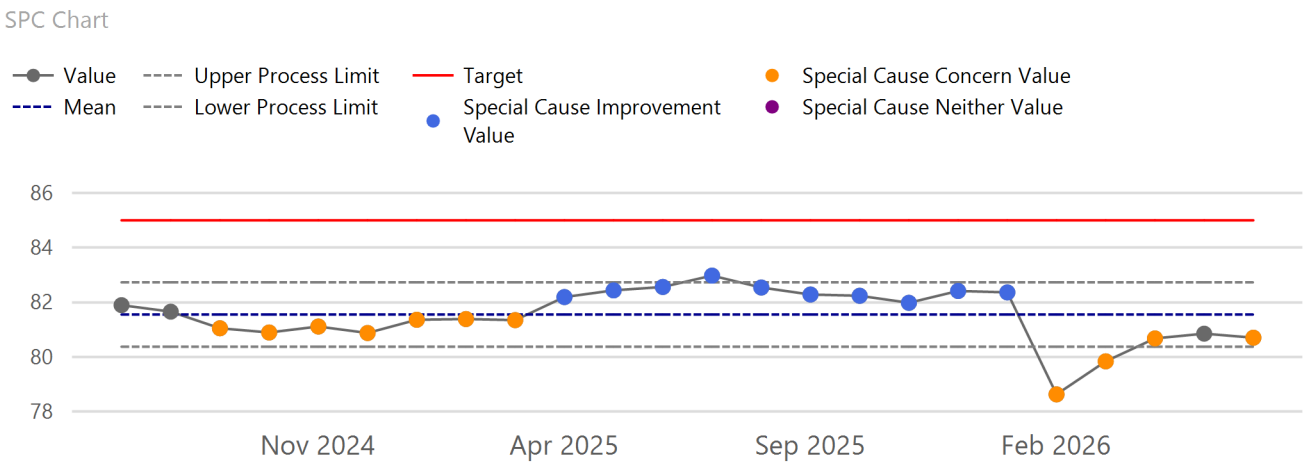
Turnover rates are monitored monthly and discussed at Executive Performance Reviews.
- Continue monthly SPC monitoring to identify any special cause variation or sustained adverse shift in turnover.
- Undertake targeted review of turnover hotspots by staff group, service area and occupational group to identify emerging workforce risks.
- Link findings to retention, staff experience, exit interview and workforce planning intelligence to understand underlying drivers.
- Ensure local People & Culture teams work with Clinical Boards/Directorates to develop targeted retention actions where turnover exceeds expected levels.

Concerns

The key concern is not current organisational performance, but the need to maintain grip on any localised areas of increased turnover which may affect workforce stability, service resilience, recruitment demand and staff experience. Areas that are above 9% are: AWMGS, CEF, CD&T and Corporate teams. Action is required to understand the reasons colleagues are leaving to see whether mitigating actions can be put in place.

Metric ID: 10000089 Statutory and Mandatory Training

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.8961	85			Executive Director of People and Culture



Narrative

Statutory and Mandatory Training compliance was 81% in June 2026, against a target of 85%. SPC analysis demonstrates a period of stable performance throughout 2025, followed by a significant reduction in compliance during early 2026. Since this decline, performance has shown a gradual recovery, with several consecutive months of improvement. Whilst the recent trajectory is positive, compliance remains below both the organisational target and historic performance levels. The metric continues to demonstrate variation that warrants ongoing monitoring to ensure that recent gains are sustained and embedded across the organisation.

Actions and Owners

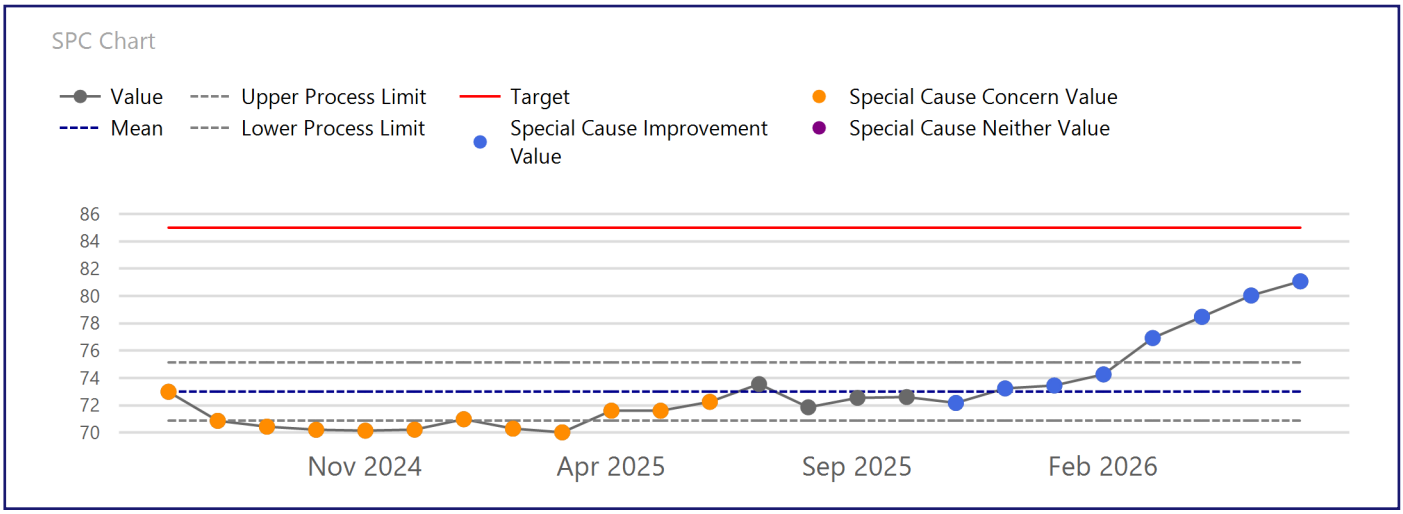
- Continue monitoring areas via Executive Performance Reviews.
- Strengthen managerial accountability for monitoring and supporting training completion.
- Promote completion of overdue statutory and mandatory training through local performance reviews and staff communications.
- Review barriers to compliance, including workforce capacity, access to training and booking processes.
- Monitor SPC trends monthly to determine whether the recent improvement represents a sustained recovery and to identify any emerging variation requiring intervention.
- Share learning from areas consistently achieving high compliance to support improvement across the organisation.

Concerns

Compliance remains below the organisational target of 85%, with a current position of 81%.
The significant reduction observed in early 2026 suggests potential operational challenges, workforce pressures, or reduced training completion levels that require continued oversight.
Despite recent improvement, performance has not yet returned to previous levels achieved during 2025.
Persistent non-compliance may increase organisational, regulatory and patient safety risks where staff are not up to date with mandatory training requirements.

Metric ID: 10000090 Fire Learning

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	72.9896	85	F	H	Executive Director of People and Culture



Narrative

Over the last 6 months compliance has improved as a result of targeted measure including additional training capacity and focus through Executive Performance Reviews. Fire Learning compliance requires continued focus to achieve and sustain target performance.

Actions and Owners

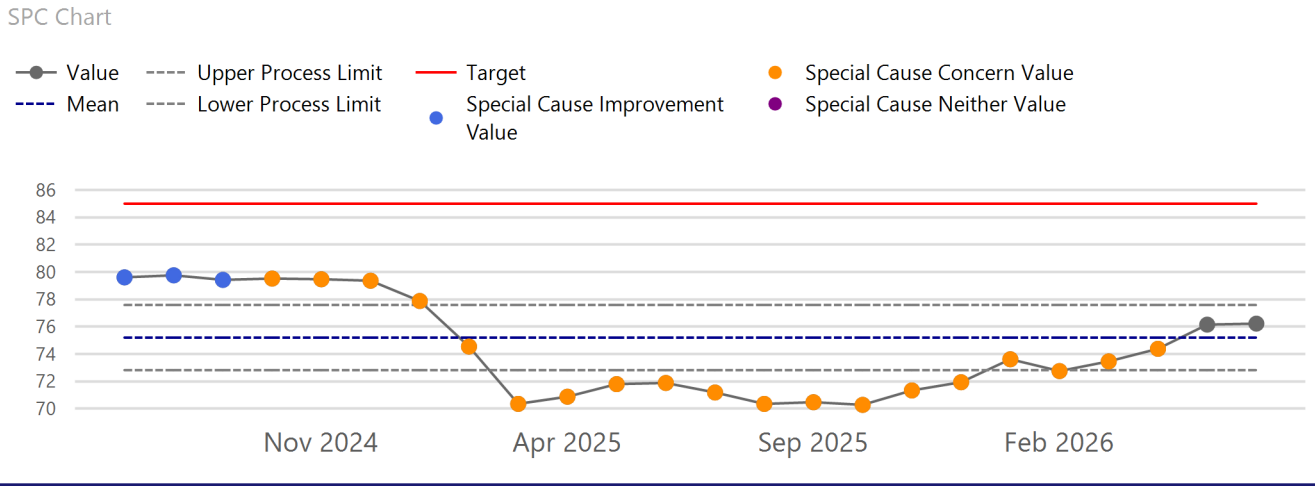
- Target overdue staff through local management action plans and compliance recovery trajectories.
- Require managers to review mandatory training compliance monthly and address outstanding training through appraisal and supervisory processes.
- Use ESR and compliance reports to identify hotspots and focus interventions on areas below target.
- Support staff access to training through protected learning time and local completion sessions.
- Monitor performance through Executive Performance Reviews and divisional governance arrangements to ensure sustained improvement.
- Escalate persistent non-compliance through directorate performance management arrangements.

Concerns

- Fire Learning compliance remains below the expected organisational target and requires continued improvement to achieve full compliance.
- Variability between staff groups, departments or Clinical Boards suggests inconsistent uptake and completion of mandatory training.
- Non-compliance may increase organisational risk in relation to fire safety preparedness, regulatory requirements and assurance reporting.
- Delayed completion of mandatory training can affect overall workforce compliance performance and reduce the Board's ability to demonstrate statutory compliance

Metric ID: 10000091 Values-Based Appraisal

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	79.6078	85	F		Executive Director of People and Culture



Narrative

Values-Based Appraisal compliance for June 2026 is 76%, an improvement from the lower levels observed throughout 2025. SPC analysis demonstrates a sustained upward trend over recent months, indicating that recovery actions are beginning to have a positive impact. Whilst performance remains below the organisational target of 85%, the direction of travel is encouraging and suggests improving reliability within the process.

Actions and Owners

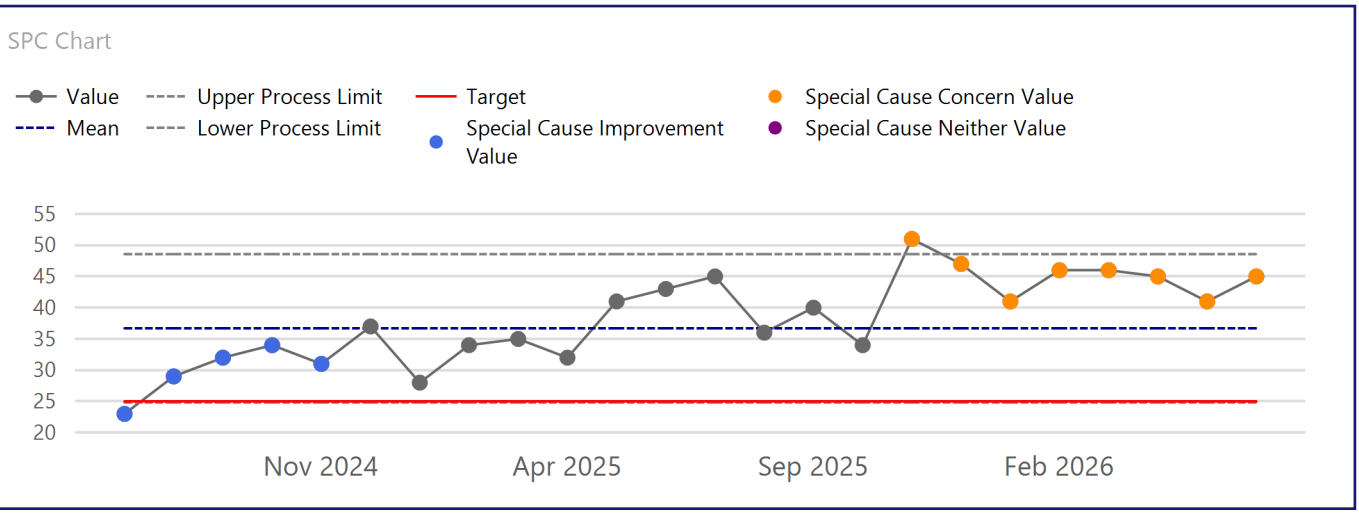
- Continue targeted support and challenge for areas with lower appraisal completion rates.
- Maintain regular monitoring through Executive Performance Reviews.
- Promote completion of overdue appraisals and reinforce managerial accountability.
- Share learning from high-performing teams to support consistency of practice.
- Provide ongoing support and training to managers to ensure high-quality values-based appraisal conversations.

Concerns

Performance remains below the 85% target, with current compliance at 76%.
Appraisal completion has not yet returned to historical levels achieved prior to the decline in 2025.
Inconsistent completion rates across services and competing operational pressures may continue to affect delivery.
Lower appraisal compliance may limit opportunities for staff development, talent management and career progression discussions.

Metric ID: 10000092 Employee Relations Activity - Disciplinary

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	23	25	?	H	Executive Director of People and Culture



Narrative

As of 10 July 2026, there were 45 formal investigations. Of these, 36 are being managed in accordance with the All Wales Disciplinary Policy and Procedure, while the remaining 9 are being managed in accordance with the Upholding Professional Standards in Wales Procedure.

Actions and Owners

Actions & Owner

- Targeted intervention from the People Services team within the Medicine Clinical Board will be implemented to support with addressing concerns relating to patient negligence and maltreatment.
- All allegations of sexual harassment are taken seriously and managed in an appropriate and sensitive manner. Safeguarding, wellbeing and support measures are considered on a case-by-case basis and implemented where necessary to ensure the safety, wellbeing and support of all parties involved throughout the process.
- Sexual Harassment Awareness Sessions continue to be rolled out across the UHB for both staff and managers.
- Disciplinary and Improving Performance at Work Awareness sessions continue to be rolled out across the UHB for both staff and managers.

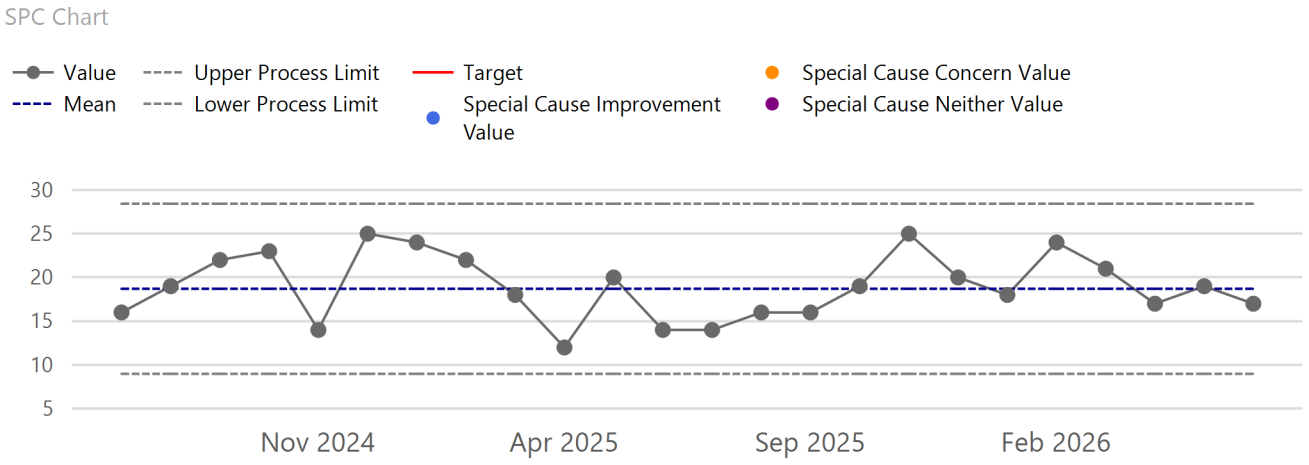
Concerns

Within Medicine, there is a high volume of formal investigations. Of the 12 formal investigations currently ongoing, nine relate to alleged negligence or maltreatment of a patient.

There are currently eight cases involving allegations of sexual harassment. Following the introduction of the Anti-Sexual Harassment Policy and the delivery of sexual harassment awareness sessions across the UHB, an increase in reporting was anticipated.

Metric ID: 10000093 Employee Relations Activity - Respect and Resolution

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	16				Executive Director of People and Culture



Narrative

Respect and Resolution cases increased from 14 in June 2025 to a peak of 25 in November 2025. Since then, numbers have fluctuated, with 19 ongoing cases recorded in May 2026.

Actions and Owners

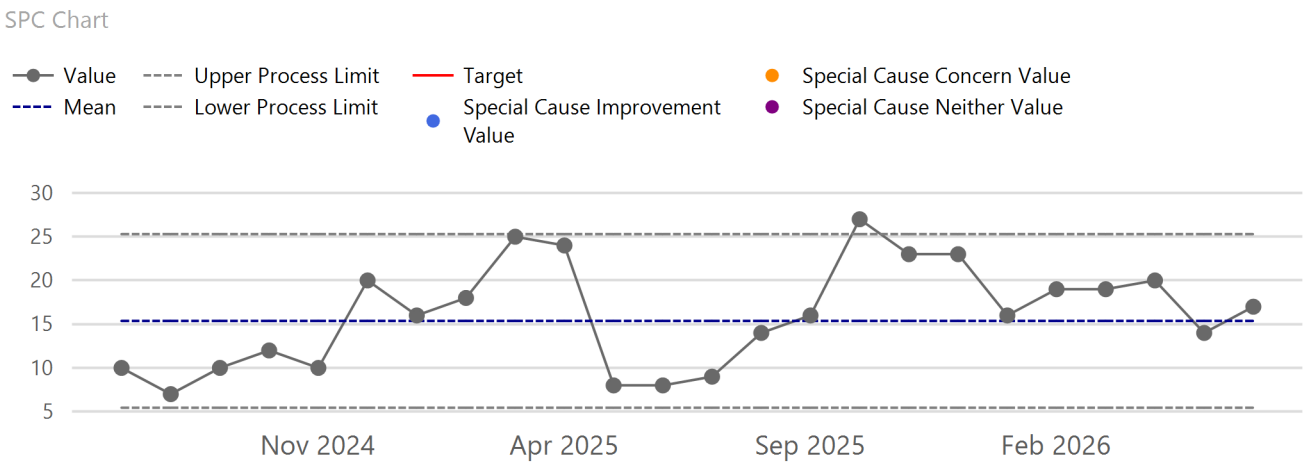
- Review Respect and Resolution themes to identify common learning points relating to behaviours, relationship breakdown, communication, perceived fairness and application of formal processes.
- Provide targeted People Services support to Clinical Boards with higher case volumes, particularly CD&T, PCIC and Specialist, to understand local drivers and agree preventative actions.
- Strengthen early intervention and informal resolution routes, including mediation, facilitated conversations and timely management support where appropriate.

Concerns

The main themes relate to dissatisfaction with the application of another process, behaviours or breakdown of relationships, discrimination or harassment, and management decisions.

Metric ID: 10000094 Employee Relations Activity - Appeals

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	10				Executive Director of People and Culture



Narrative

There are currently 17 Appeals within the UHB. The majority of these are in relation to Disciplinary outcomes and flexible working requests.

Actions and Owners

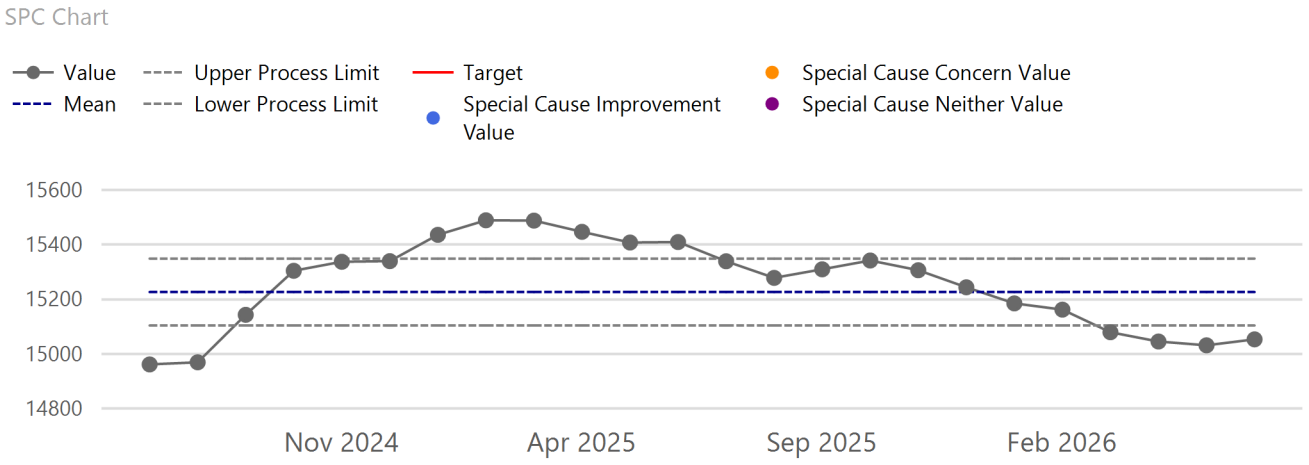
- Review appeal themes to identify common learning points relating to process application, decision-making quality, communication and documentation.
- Provide targeted support to Clinical Boards with higher appeal volumes, particularly CD&T and Mental Health, to understand local drivers and identify preventative actions.
- Continue flexible working training for managers, with emphasis on consistent decision-making, clear rationale, alternative options and timely communication.
- Use learning from disciplinary and Respect and Resolution appeals to strengthen commissioning, investigation quality, outcome letters and management of expectations throughout formal processes.
- Ensure appeal outcomes are reviewed corporately to identify any recurrent procedural issues and share learning across People Services and Clinical Boards.

Concerns

Appeals are spread across Clinical Boards, with activity recorded in Corporate, Children and Women, CE&F, CD&T, Medicine, All Wales Genomics, PCIC, Specialist, Surgery and Mental Health. CD&T and Mental Health have the highest appeal volumes, with 4 and 3 appeals respectively.

Metric ID: 10000095 WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	14961.84				Executive Director of People and Culture



Narrative

Staff in post has reduced by 378wte from June 2025 to May 2026. In June 2026 we saw an increase of 21wte, this was recruitment approved by the Executive team into HCSW band 3 vacancies.

Actions and Owners

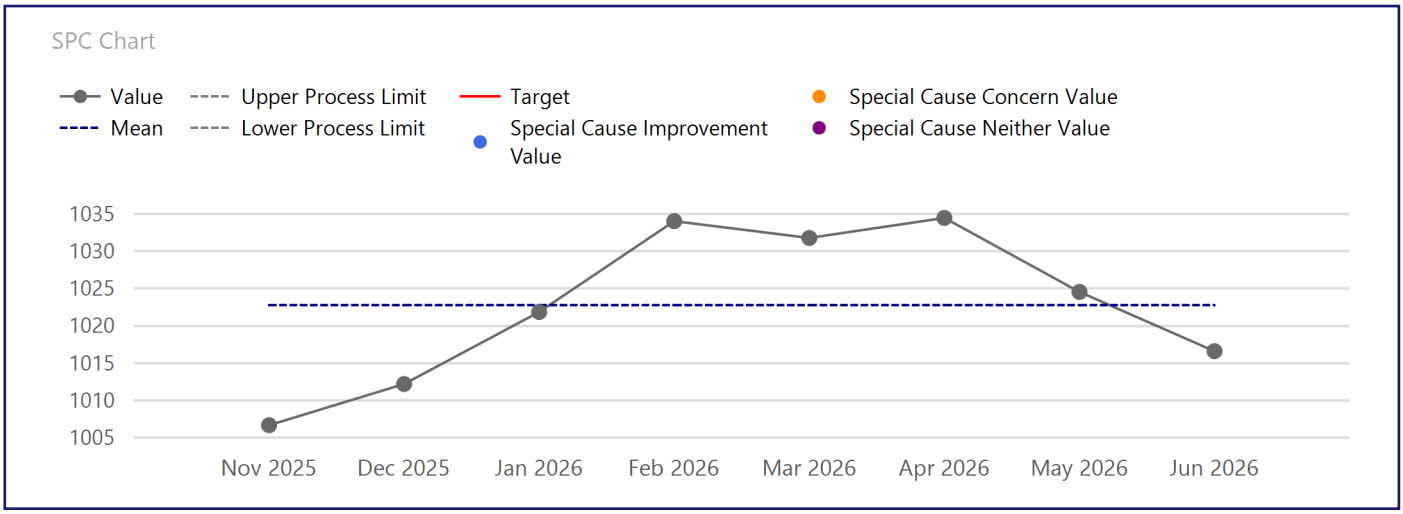
CB/CEF/Corporate to continue to scrutinise vacancy requests to ensure that only service critical roles are approved.

Concerns

We have stated to WG that the workforce will not grow, other than Graduate Nurses, HCSWs and JCC funded roles.

Metric ID: 10000096 GMS Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	1006.7				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

Actions and Owners

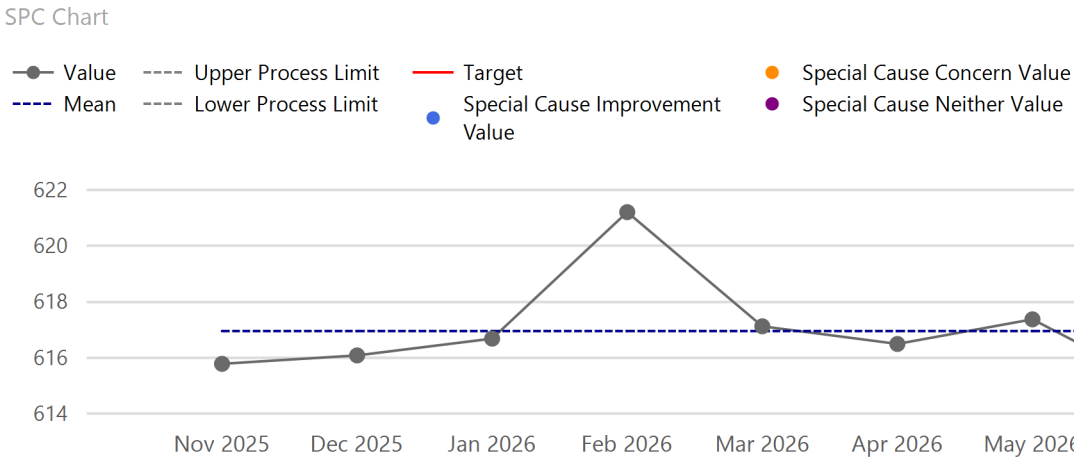
No actions - there is no target

Concerns

There are no concerns to report.

Metric ID: 10000097 Dental Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	615.79				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

Actions and Owners

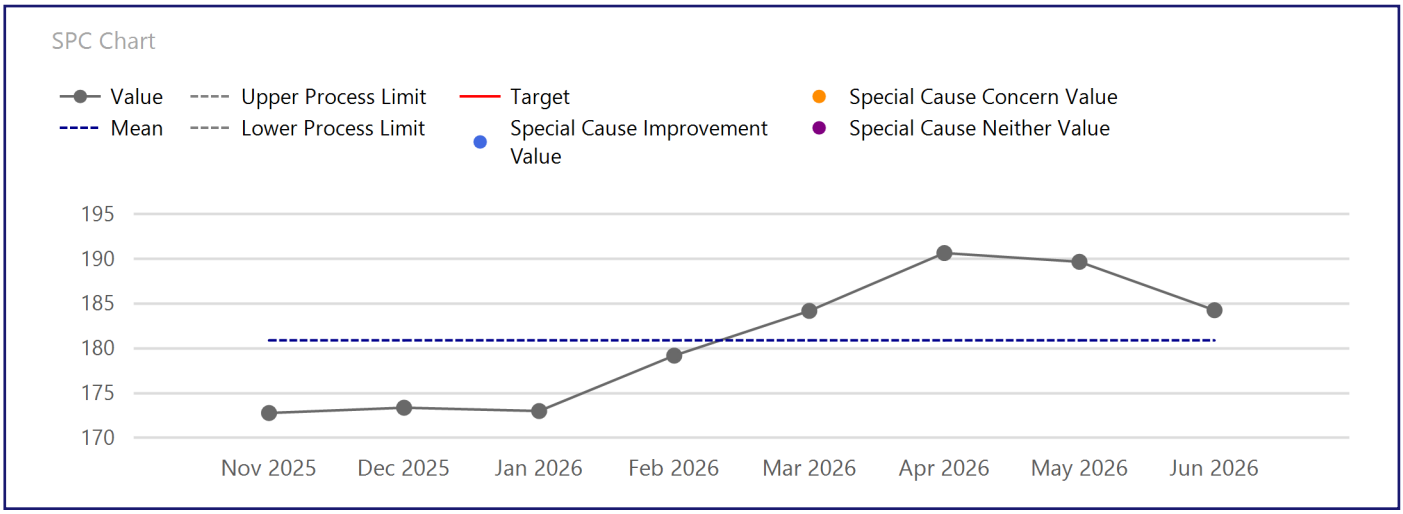
No actions - there is no target.

Concerns

There are no concerns to report.

Metric ID: 10000098 Optometry Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	172.78				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

Actions and Owners

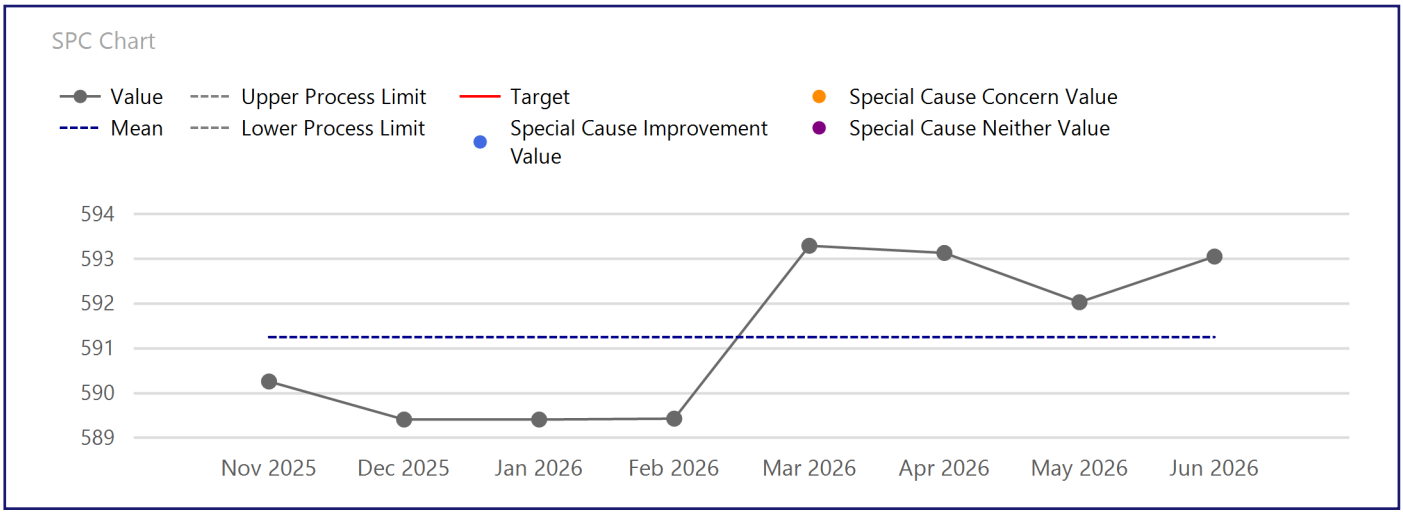
No actions - there is no target

Concerns

There are no concerns to report.

Metric ID: 10000099 Community Pharmacy Contractor WTE Staff in Post

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	590.26				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

Actions and Owners

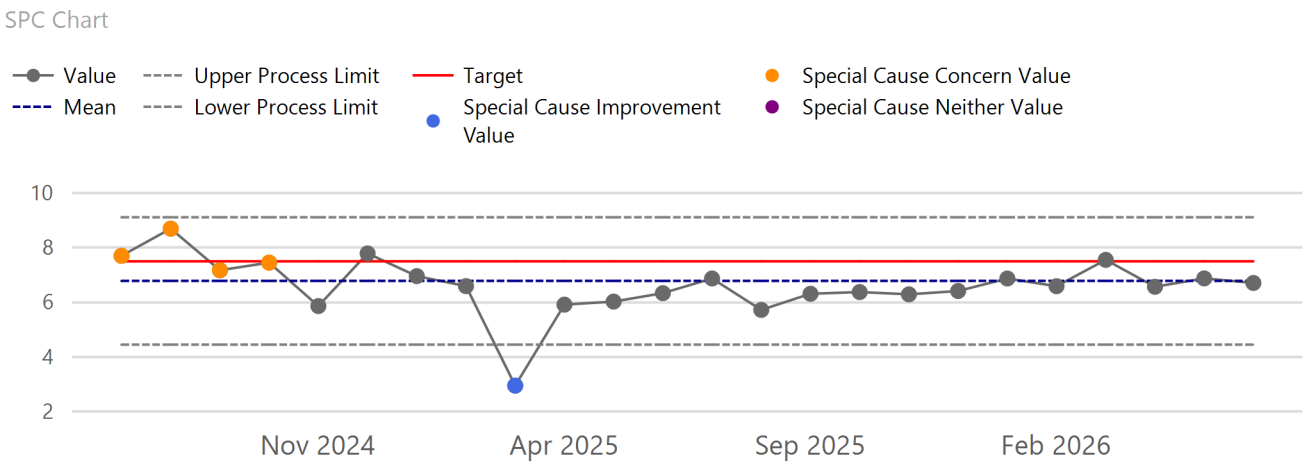
No actions - there is no target

Concerns

There are no concerns to report.

Metric ID: 10000100 Percentage of Pay Spend Attributed to Variable Pay

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	7.7023	7.5			Executive Director of People and Culture



Narrative

Variable pay expenditure, including bank spend, continues to be monitored against the UHB's objective of achieving a greater than 10% reduction during 2026/27. The SPC chart demonstrates a stable pattern of variation with no sustained special-cause improvement evident at this stage. Whilst expenditure is being actively managed, the current trajectory suggests that further improvement will be required to deliver the planned reduction target.

The chart indicates that performance remains largely within expected levels of common-cause variation, suggesting that the actions implemented to date have stabilised expenditure but have not yet resulted in a significant downward shift in variable pay usage. Continued reliance on bank staffing remains necessary in some services to maintain safe staffing levels; however, a sustained reduction in expenditure will be required over the remainder of the year to achieve the UHB's financial and workforce objectives.

Actions and Owners

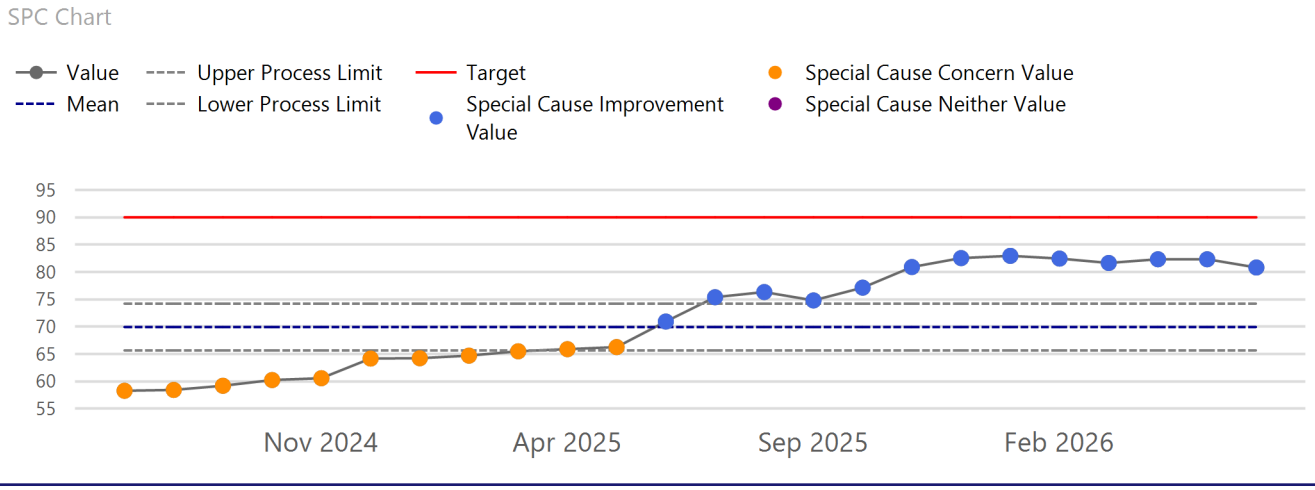
- Continue targeted reduction plans in services with the highest levels of bank expenditure, i.e. Medical & dental, Nursing & Midwifery.
- Maximise roster efficiency and substantive staff deployment through enhanced workforce planning and e-rostering controls.
- Review bank utilisation data monthly through Executive Performance Reviews and internal turnaround meetings, focusing on areas not delivering expected reductions.
- Support service redesign and establishment reviews where recurrent bank usage indicates a substantive workforce requirement.
- Monitor SPC trends monthly to assess whether interventions are generating the sustained improvement required to achieve the > 10% reduction target.

Concerns

- Current performance has not yet demonstrated a sustained SPC shift that would indicate delivery of the > 10% reduction target for 2026/27.
- Ongoing reliance on bank staffing in some areas may continue to place pressure on variable pay expenditure.
- Workforce shortages, vacancy levels and recruitment challenges remain contributory factors in areas with higher spend.
- Without further improvement, there is a risk that the UHB will not achieve its planned variable pay reduction target by year-end.

Metric ID: 10000101 Job Plans

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	58.2694	90	F	H	Executive Director of People and Culture



Narrative

The Job Plans measure is currently reporting 0.81 against a target of 0.90, with the latest data point for June 2026. SPC analysis identifies the most recent variation as an improvement, indicating that performance has moved in a positive direction compared to previous observations. However, despite this improvement, the measure remains below the required target and therefore continues to be assigned a Fail assurance rating.
The data demonstrates evidence of upward movement in recent months, suggesting that actions implemented to improve job planning compliance may be beginning to have a positive effect. At present, there is insufficient evidence from the chart alone to conclude that a sustained process shift has occurred; therefore, the improvement should be viewed as encouraging but not yet fully embedded within the system. Continued monitoring will be required to determine whether the current trajectory is maintained over subsequent reporting periods.

Actions and Owners

Undertake a targeted review of all outstanding job plans and identify specialties/divisions with the highest levels of non-compliance. Owner - Medical Workforce & Job Planning Lead

Introduce enhanced monthly monitoring through divisional performance meetings, with escalation of overdue job plans to executive oversight where necessary. Owner - Medical Workforce, Job Planning Lead & Medical Director

Provide focused support and guidance to clinical managers responsible for completing and reviewing job plans to improve consistency and compliance. Owner - Medical Workforce & Job Planning Lead

Develop recovery trajectories for areas performing below the organisational average and monitor delivery against agreed milestones. Owner - Medical Workforce, Job Planning Lead, Medical Director & Clinical Board Directors

Share best practice from areas demonstrating sustained improvement to support organisation-wide learning and standardisation. Medical Workforce & Job Planning Lead

Concerns

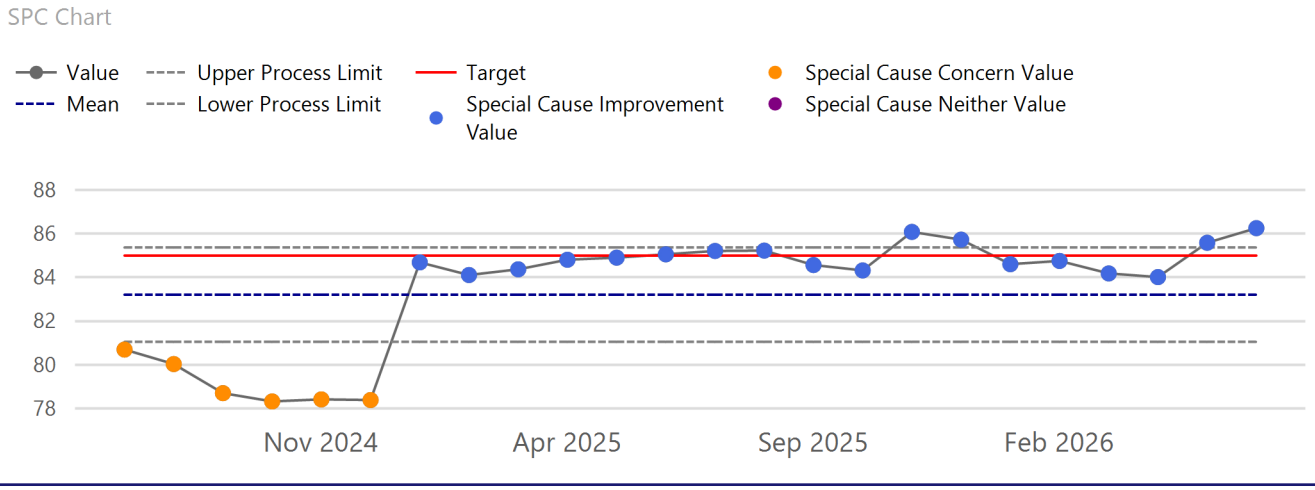
Below Target Performance: The latest value of 0.81 remains 0.09 points below the target of 0.90, indicating that the organisation is not yet achieving the expected standard.

Assurance Rating Remains Fail: Although SPC identifies improvement, the performance level has not improved sufficiently to provide assurance against the agreed target.

Improvement Not Yet Proven as Sustained: The available SPC commentary confirms improvement in the latest reporting period but does not demonstrate that the process has achieved a sustained shift or reached a new level of performance. Ongoing monitoring is therefore required before concluding that the variation reflects long-term improvement.

Metric ID: 10000102 Medical Staff Appraisal

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	80.7018	85			Executive Director of People and Culture



Narrative

The Medical Staff Appraisal measure is reported within the chart demonstrates a positive trajectory in recent reporting periods. The latest reported value is 0.90 for June 2026, exceeding the target of 0.85. SPC analysis identifies the most recent variation as Improvement (High), indicating favourable movement in performance relative to the underlying process. The current assurance rating is reported as Hit or Miss, reflecting that whilst the latest performance has achieved the target, sustained delivery requires continued monitoring.

From an SPC perspective, the measure is showing encouraging signs of improvement, with performance currently above target and the most recent data point representing one of the strongest results observed. This suggests that actions to improve appraisal compliance are having a positive effect. However, continued observation is required to determine whether this improvement represents a sustained change in system performance and becomes fully embedded over time.

Actions and Owners

Continue monthly monitoring of appraisal compliance and overdue appraisals through divisional governance arrangements. Owner - Medical Workforce Lead, Assistant Medical Director and Appraisal Leads

Implement targeted follow-up with specialties and departments below the organisational average to maintain compliance levels. Owner - Medical Workforce Lead.

Ensure appraisal due dates are tracked proactively and escalated where deadlines are at risk of being missed. Owner - Medical Workforce Lead.

Share learning and good practice from high-performing clinical areas to support consistent compliance across the organisation. Owner - Medical Workforce Lead & Appraisal Leads.

Continue SPC monitoring to confirm whether the recent improvement is sustained over subsequent reporting periods. Owner - Associate Director of Medical Workforce, Head of Medical Workforce, Medical Workforce Lead

Concerns

Although the latest result (0.90) exceeds the target (0.85), the assurance rating remains Hit or Miss, indicating that performance may not yet be consistently delivering at the required level.

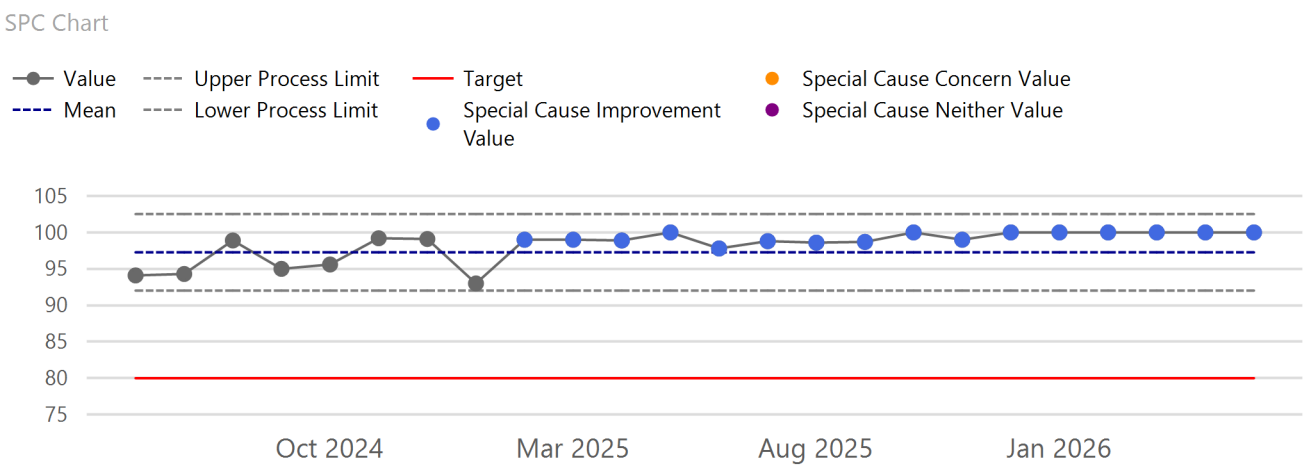
Sustained compliance will need to be maintained over future reporting periods to demonstrate that the recent improvement reflects a stable process improvement rather than short-term variation.

There remains a risk of appraisal slippage where appraisal due dates are not proactively managed, particularly in clinical areas with workforce pressures.(Management concern rather than an SPC-derived finding.)

Metric ID: 10000015

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	94.1	80	P	H	Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

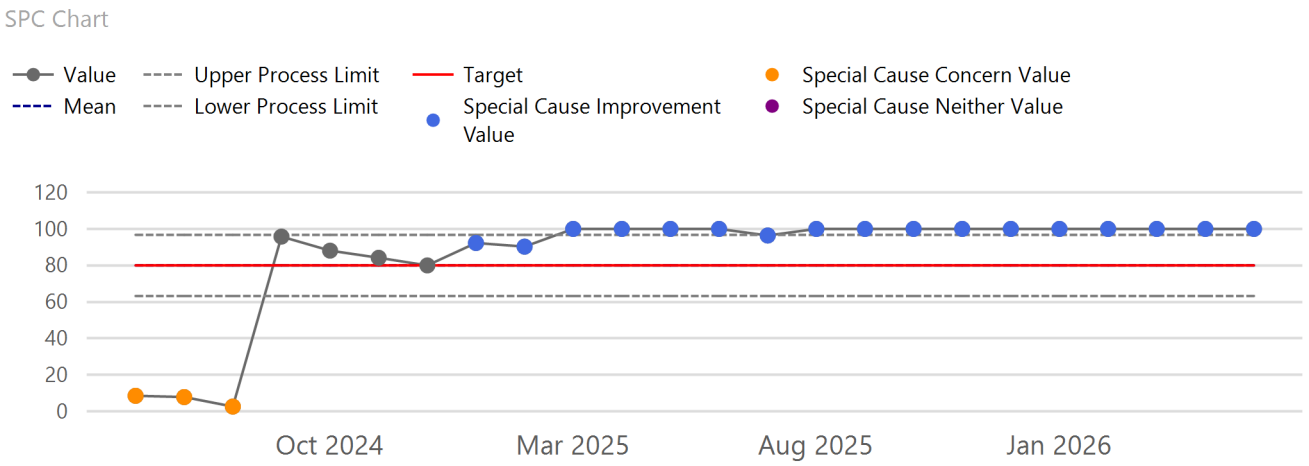
Concerns

n/a

Metric ID: 10000016

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	8.6	80	?	H	Chief Operating Officer



Narrative

Consistently exceeding the standard, many months at 100% compliance

Actions and Owners

Sustained 100% compliance with Part 1A and Part 1B has been achieved through robust demand and capacity management, flexible deployment of clinical resource and continuous review of service capacity in response to changing demand. Psychoeducation Connection Contacts provide children and young people with earlier access to intervention while supporting delivery of the 28-day Part 1B standard

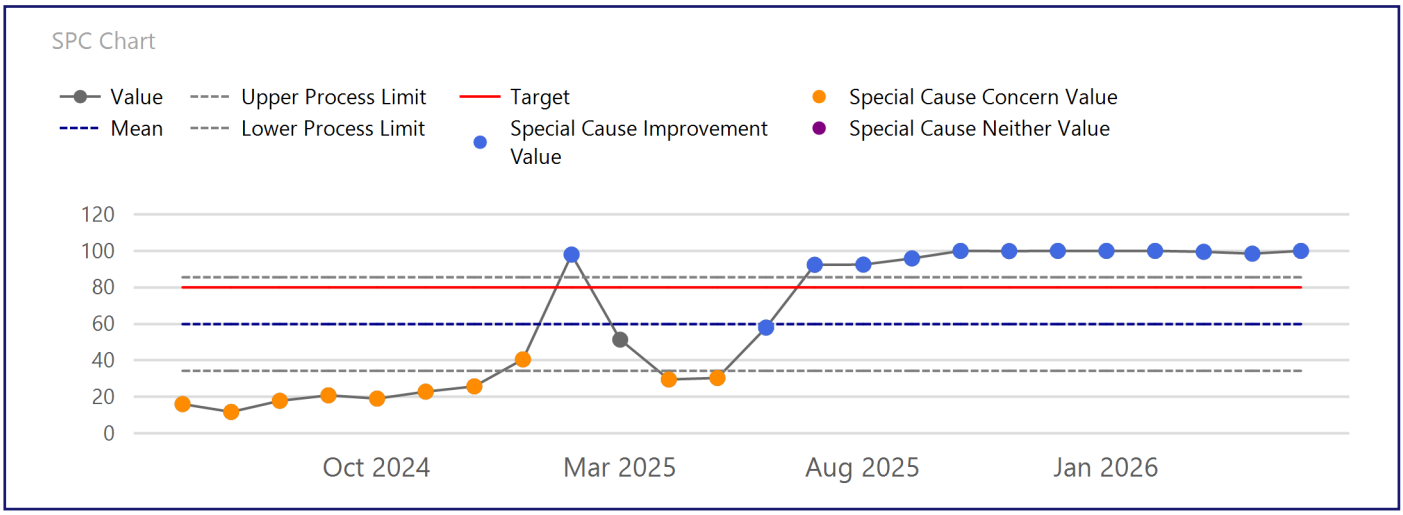
Concerns

n/a

Metric ID: 10000017

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	16.1	80	?	H	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

Internal flexibility to ensure sufficient assessments are completed

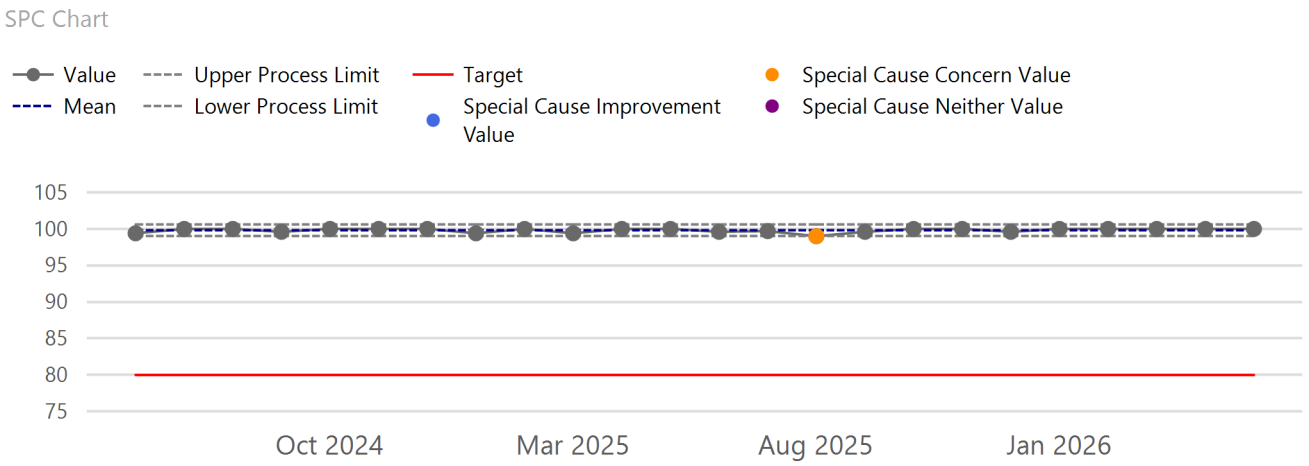
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000018

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	99.4	80	P		Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

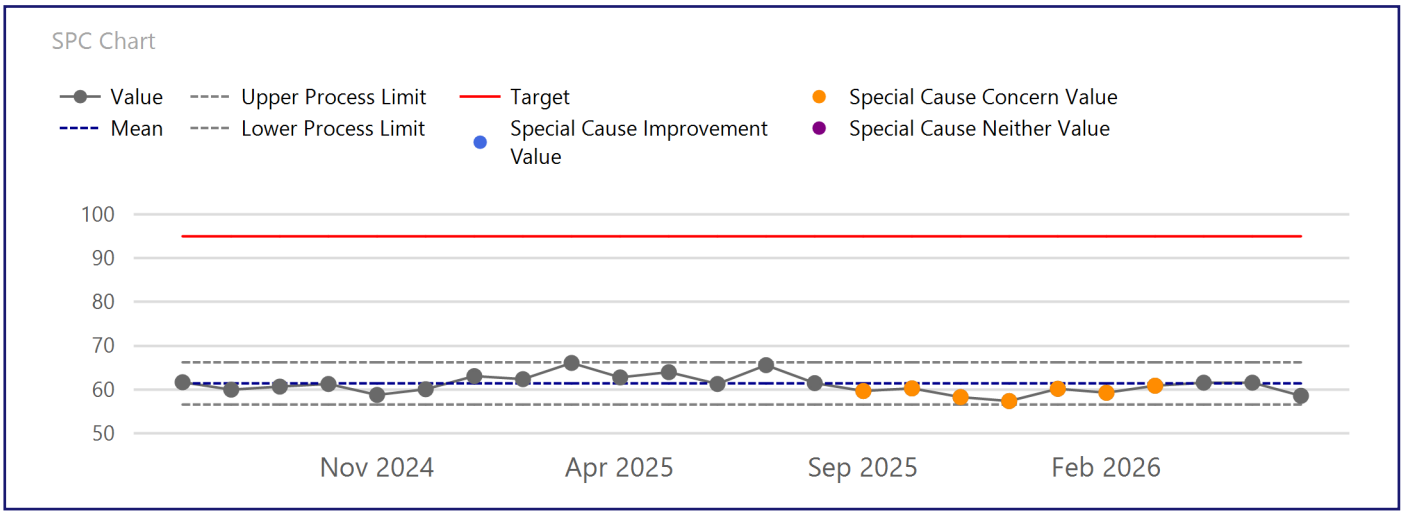
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000023

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	61.7	95	F		Chief Operating Officer



Narrative

No meaningful changes through the year but reduced compliance noted during periods of operational pressures.

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA; Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

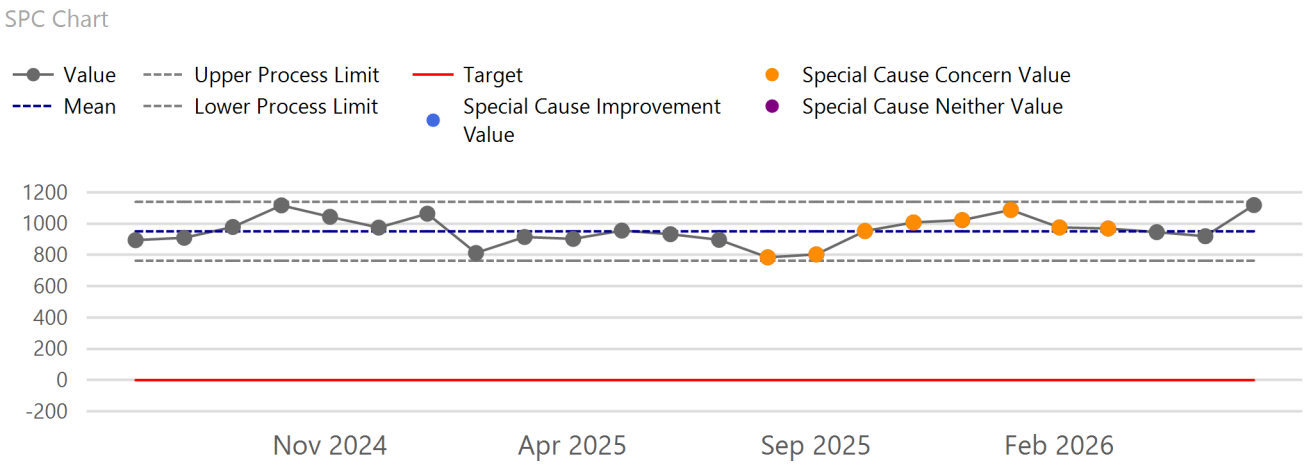
Concerns

No Health Board is meeting this standard

Metric ID: 10000024

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	895	0	F		Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures. We are routinely reporting over 800 12-hour breaches each month

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA; Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

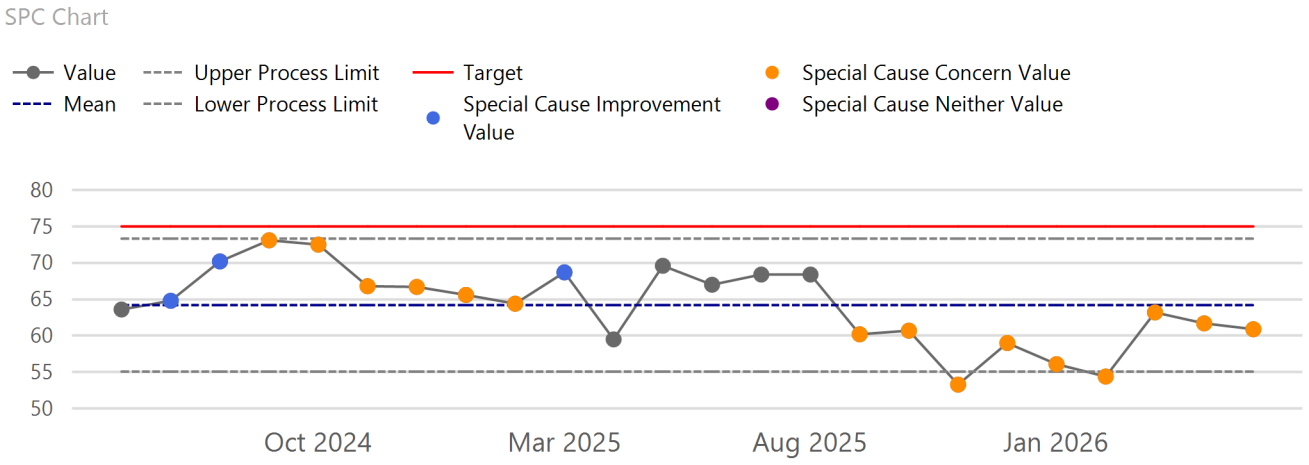
Concerns

Reduced performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000025

Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	63.6	75	F	L	Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:
Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3
Urology - new consultant post starting August
Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process

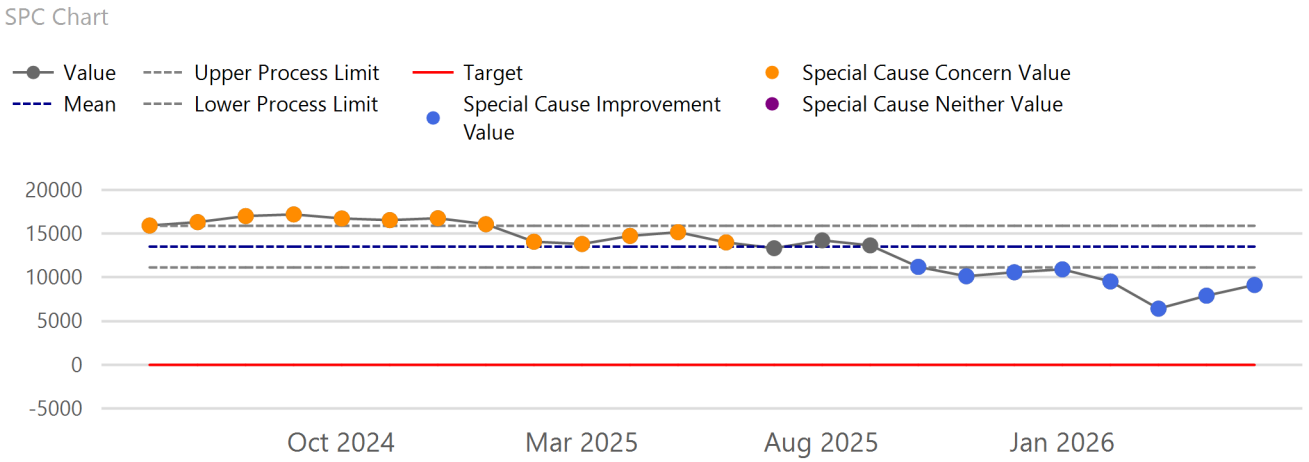
Concerns

Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Metric ID: 10000026 Number of patients waiting more than 8 weeks for a specified diagnostic

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	15938	0	F	L	Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging and Endoscopy

Actions and Owners

Non-recurrent insourcing to support Cardiology

Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

Short term outsourcing and insourcing to support radiology position

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

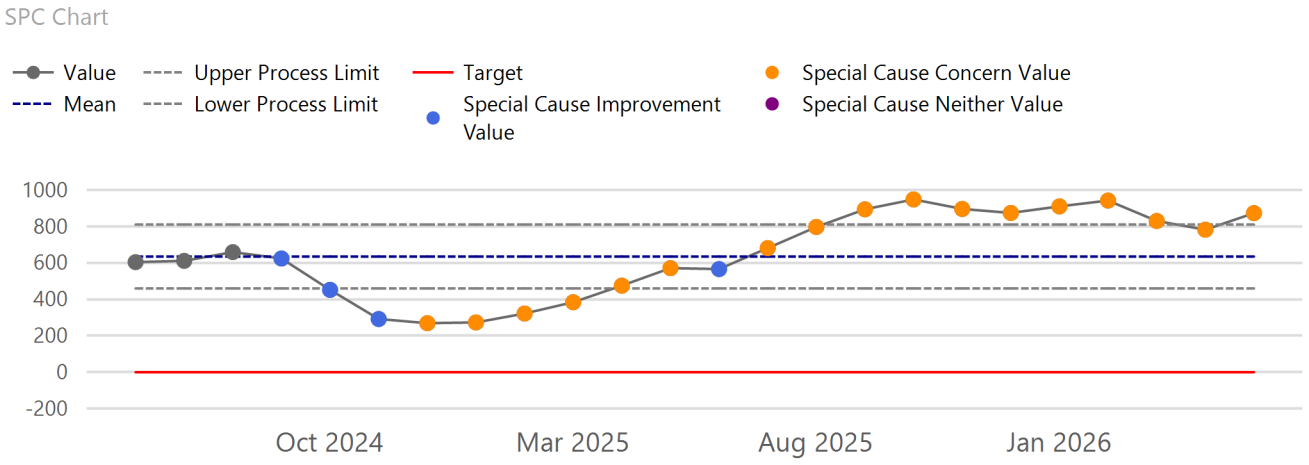
Concerns

Endoscopy and Radiology capacity

Metric ID: 10000028

Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	604	0	F	H	Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are clustered in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

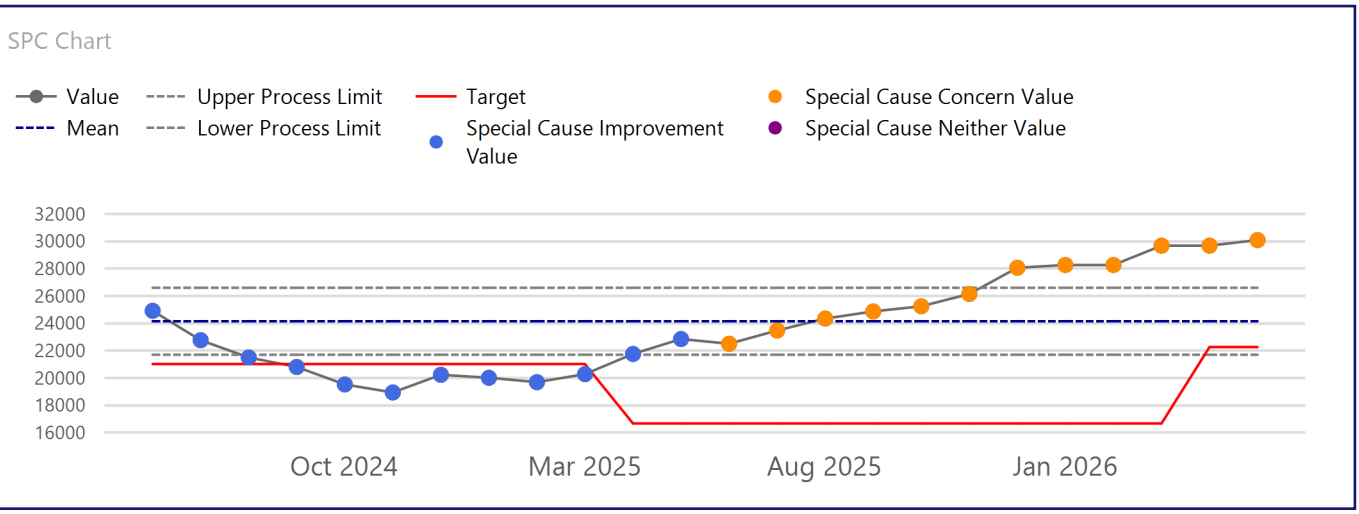
Concerns

Capacity shortfall in Dietetics and OT

Metric ID: 10000031

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	24915	21015	?	H	Chief Operating Officer



Narrative

Number of delays increased through 25/26

Actions and Owners

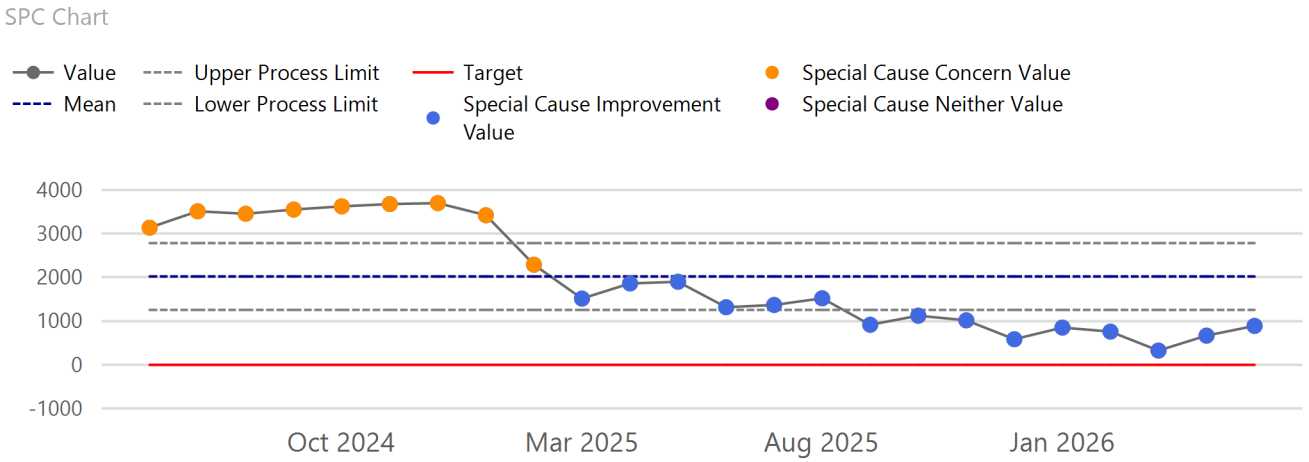
Conversion of un-booked, long waiting follow-ups to SOS/PIFU pathways in selected specialties. This will allow those patients needing follow-up to access an appointment in a timely manor through the see-on-symptoms and patient-initiated follow-up models

Concerns

Risks within follow-up cycle

Metric ID: 10000032 Number of patients waiting more than 104 weeks for referral to treatment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	3139	0			Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - through additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. A paper on transformational and sustainable options will be brought to Board in July.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

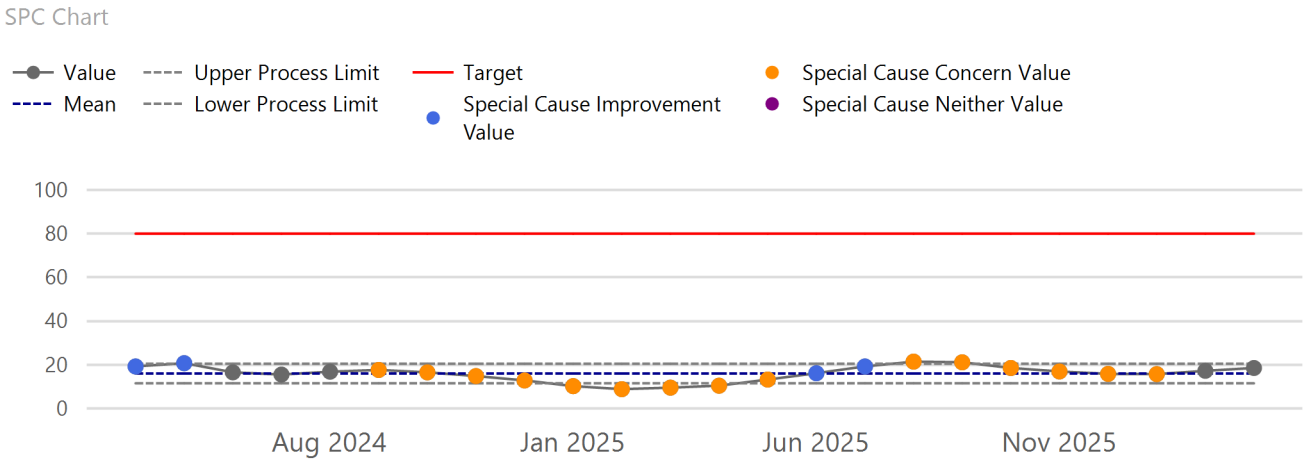
Concerns

Unable to meet required reductions without additional activity

Metric ID: 10000034

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	19.3	80	F		Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:
Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

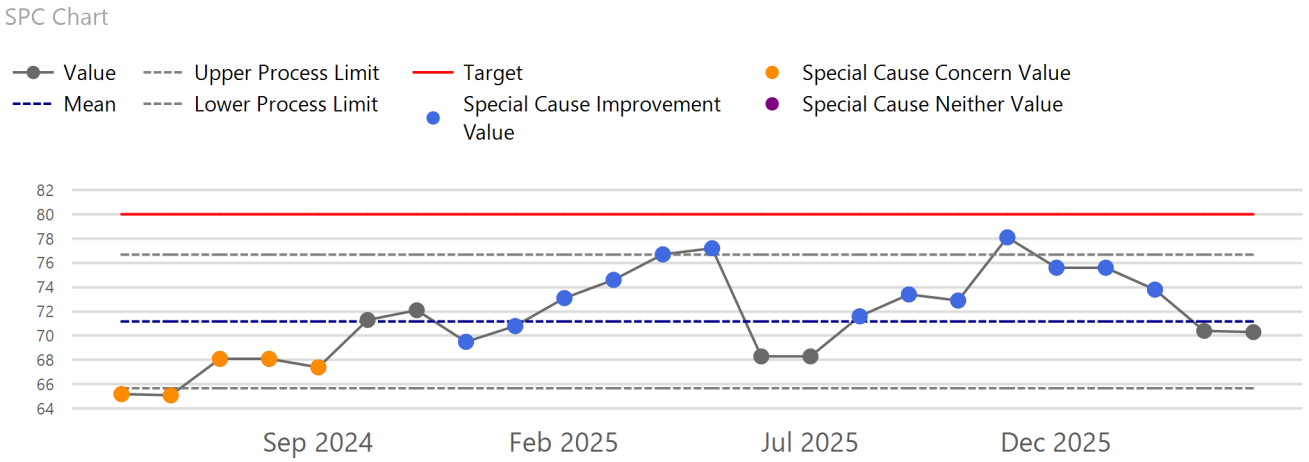
Concerns

Significant capacity shortfall under current model

Metric ID: 10000035

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	65.2	80	F		Chief Operating Officer



Narrative

Not meeting standard. Second in Wales for compliance against this measure. Current performance impacted by number of waits in Complex PTSD and longer waits for the Traumatic Stress Service

Actions and Owners

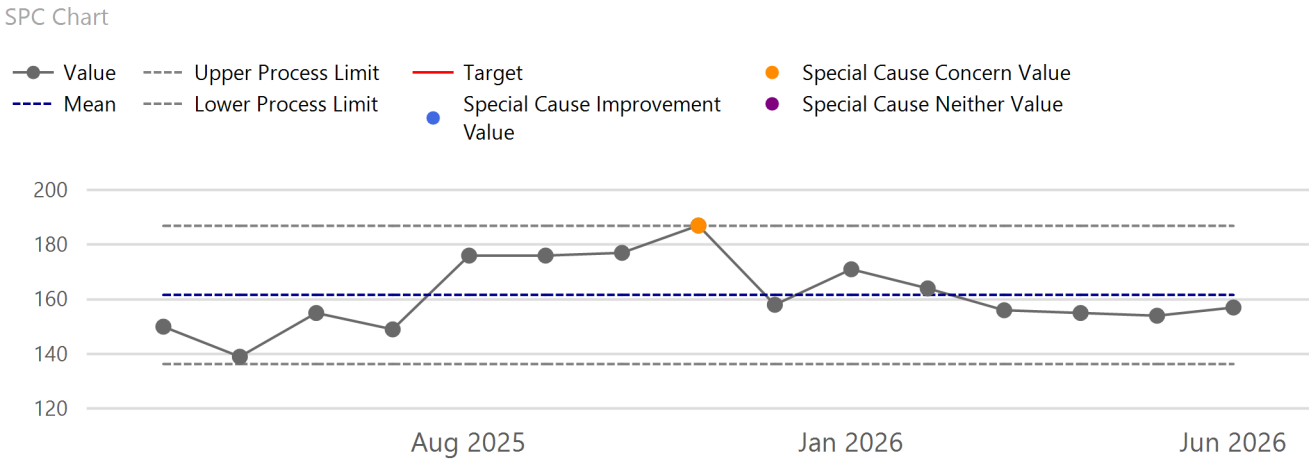
Development of OAAT(One at a Time) pilot in CPTD service to reduce waiting times across the service. OAAT focusses on resolving one specific issue per appointment. Monitored through directorate and Clinical Board performance meetings

Concerns

Not meeting the standard

Metric ID: 10000043 Number of Pathways of Care delayed discharges

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	150				Chief Operating Officer



Narrative

No meaningful changes in overall numbers of POCD, although total bed days lost has reduced from the previous month and is reduced from this month last year. The average days delayed in June was 51, compared to 53 in May.

Actions and Owners

Implementation of 'Prism' flow recommendations
Discharge planning on arrival
Focus on Red to Green
Continue top 20 fortnightly review
Review of IDS/IDH workforce
Impact of actions monitored through UEC Programme Board

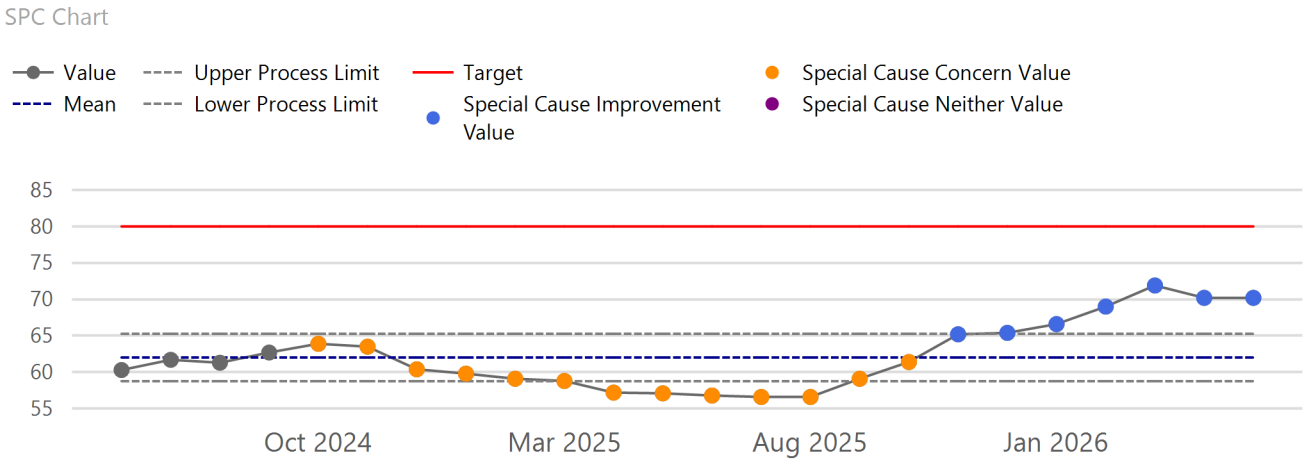
Concerns

Total delays remain higher than our de-escalation criteria

Metric ID: 10000045

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

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	60.3	80	F	H	Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

Actions and Owners

Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

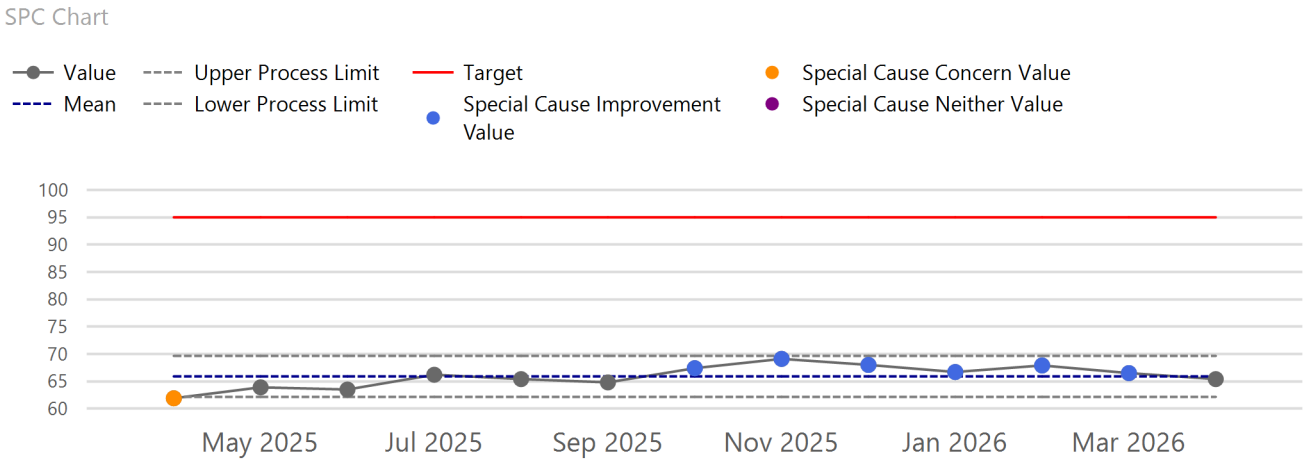
Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Metric ID: 10000051

Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	61.9	95	F		Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

Progressing business case to increase capacity for Medical Retina patients.

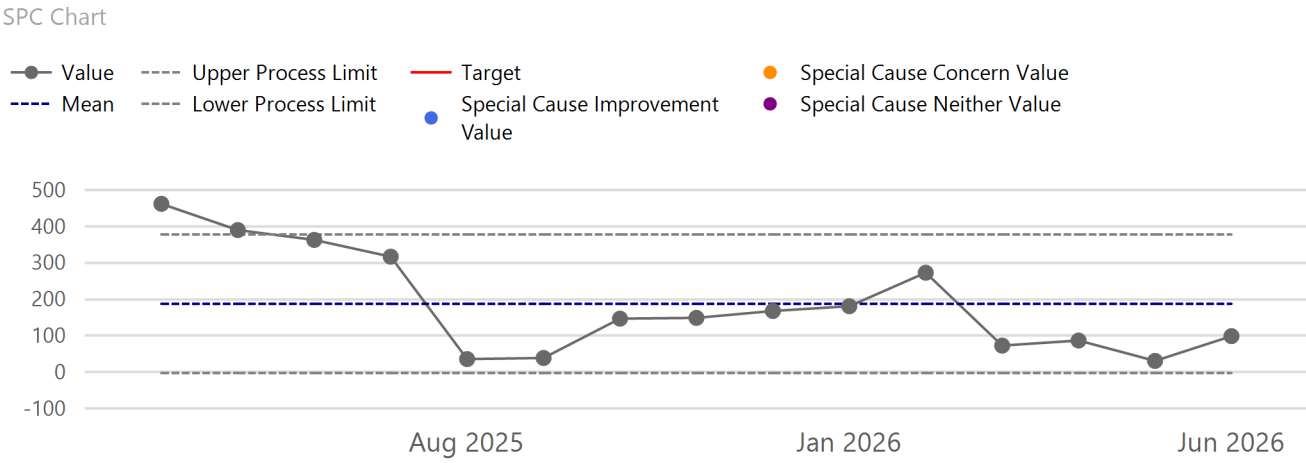
Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

Concerns

Not consistently meeting de-escalation requirement

Metric ID: 10000052 Number of ambulance patient handovers over one hour

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	462				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. June saw an increase in 1-hour ambulance holds and an increase in the average handover time to 28 minutes from 24 minutes in May. Over half the 1-hour breaches came during the Business Continuity Incident at the end of the month. We are reviewing our data from across the health system over the past 8 weeks to better understand the impact of external and internal pressures.

Actions and Owners

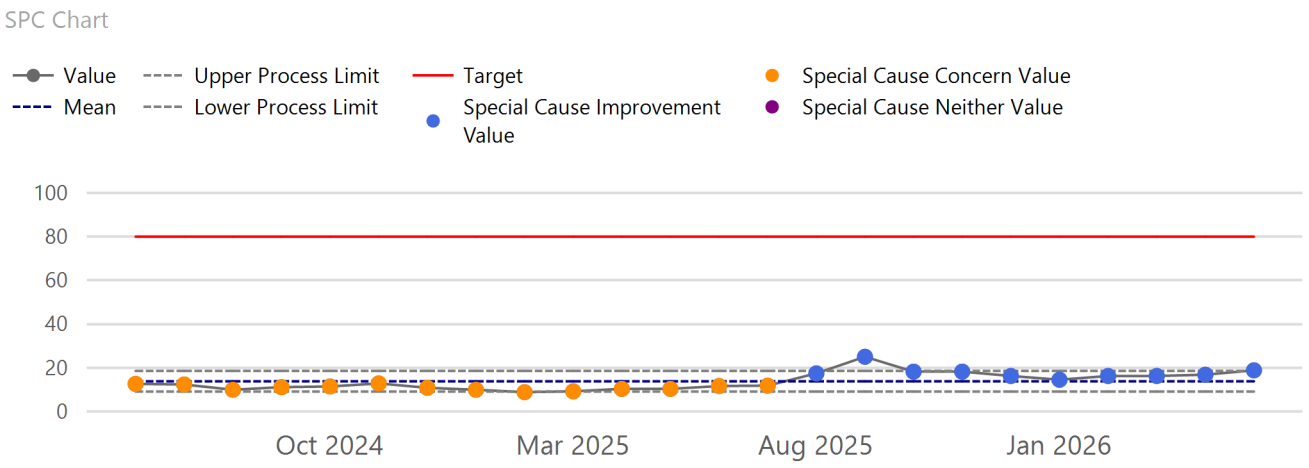
Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000053 Percentage of ambulance patient handovers within 15 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	12.7	80	F	H	Chief Operating Officer



Narrative

No meaningful change - current operational priority is the 45-minute handover in line with the national requirements

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

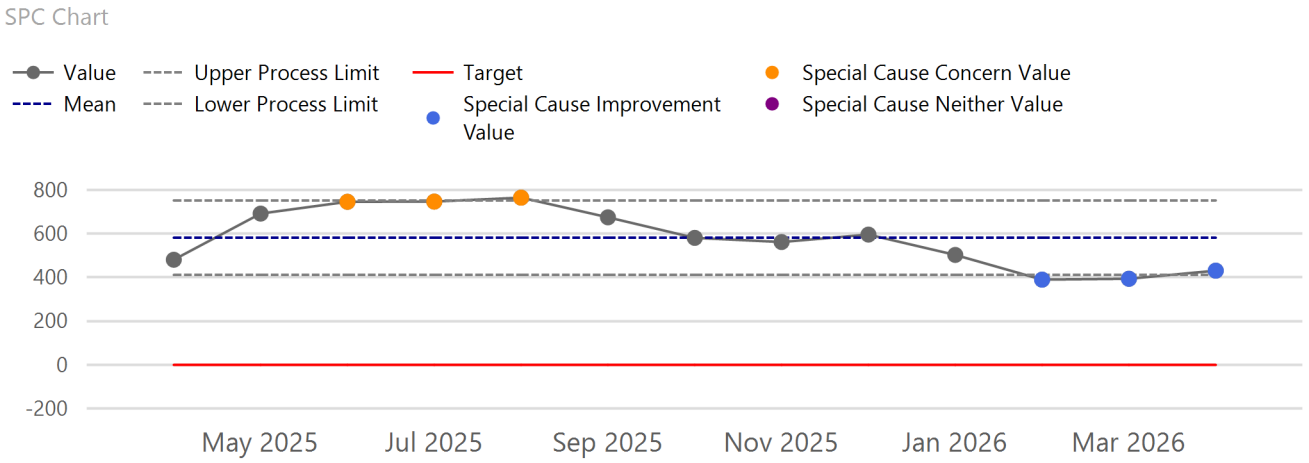
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000058

Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	481	0	F	L	Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. To mitigate some of this demand some staff time has been converted from the adult to the paediatric service. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic

Actions and Owners

Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

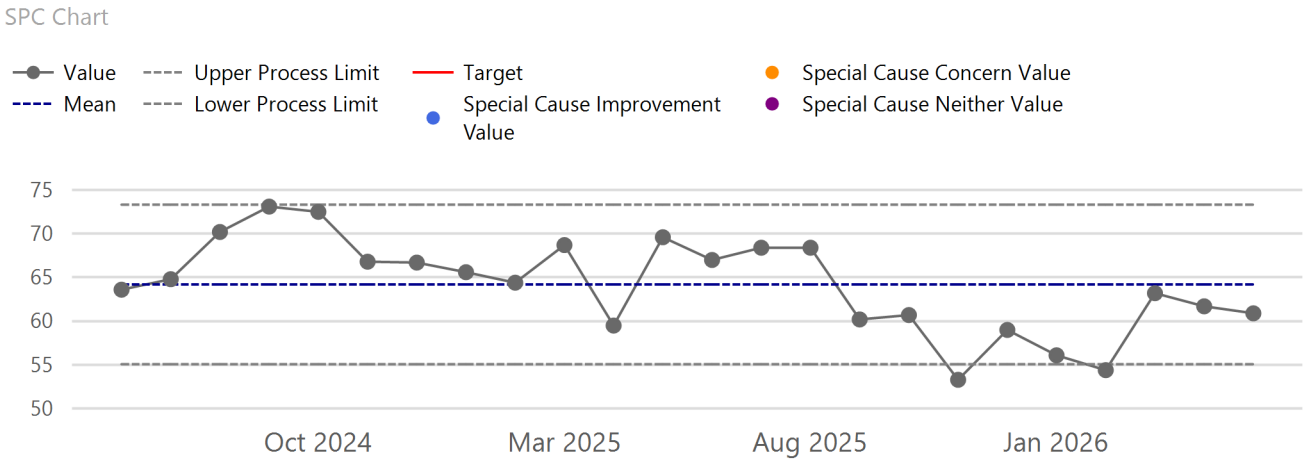
Concerns

Increasing demand and insufficient capacity to meet the waiting time standard

Metric ID: 10000113

% of patients starting first definitive cancer treatment within 62 days from point of suspicion

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	63.6				Chief Operating Officer



Narrative

Growth in the 62 day backlog and a reduction in SCP performance from August 2025 to February 2026

Maintained over 60% compliance since March 2026 following stabilisation of the skin waiting list with rebalanced capacity

We are not meeting the SCP standard of 75%

Actions and Owners

Trajectory to achieve SCP 75% compliance by Q4 underpinned by actions in key tumour sites:
Upper GI - Locum starting in July with 5 Consultants joining in Q2/Q3
Urology - new consultant post starting August
Skin - Specialty doctor and fellow recruitment in July, conversion of FU outpatient slots to cancer, working group development to review referral process

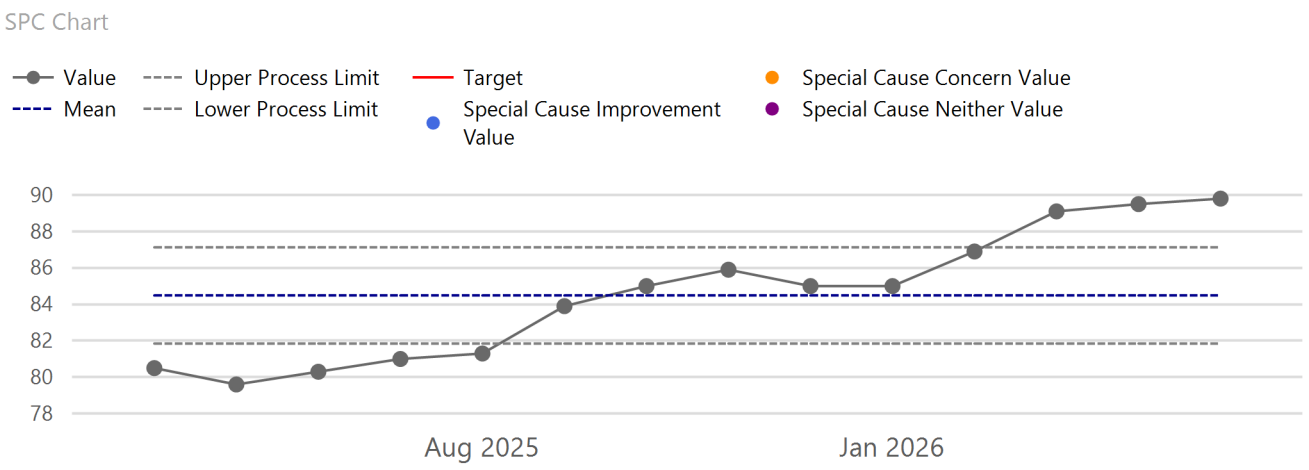
Concerns

Increase in demand and total waiting list volume

Growth in backlog of patients waiting over 62 days for treatment

Metric ID: 10000114 100% of open outpatient pathways to be waiting less than 52 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	80.5				Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

Focus on use of SOS/PIFU to free up follow-up capacity for new patients

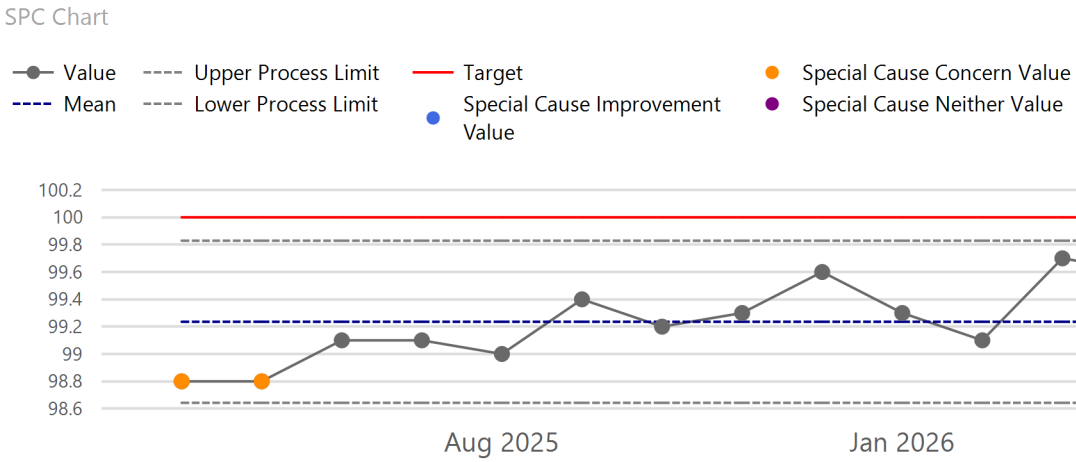
Actions and performance monitored through the newly establish Productivity and Efficiency Board

Concerns

Use of non-recurrent capacity was required for the 25/26 reduction

Metric ID: 10000115 100% of open pathways to be waiting less than 104 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	98.8	100	F		Chief Operating Officer



Narrative

The number of 2-year waits reduced significantly through 25/26 - additional activity funded non-recurrently. March 2026 saw 2-year waits reduce to their lowest level since April 2021 and the elimination of 3-year waits. The number of patients waiting 2-years for treatment has increased since April, driven mainly by Dermatology, General Surgery and Orthopaedics

Actions and Owners

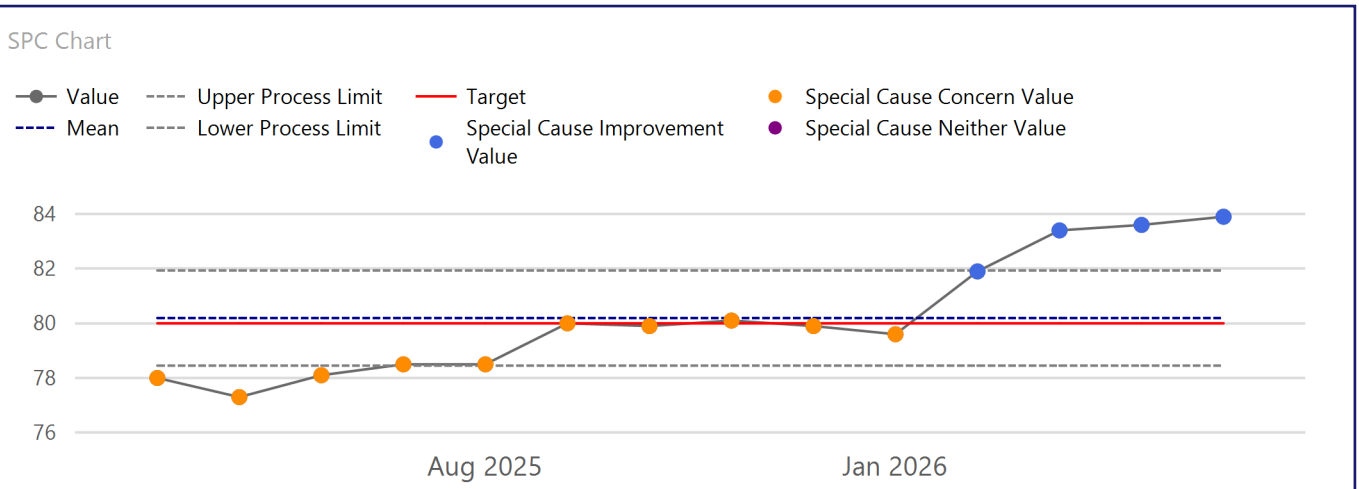
In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. A paper on transformational and sustainable options will be brought to Board in July.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

Concerns

Unable to meet required reductions without additional activity

Metric ID: 10000116 80% of open pathways to be waiting less than 52?weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	78	80	?	H	Chief Operating Officer



Narrative

The proportion of open pathways <52 weeks increased last year through a combination of the national outpatient insourcing programmes and additional activity focussed on reducing 2 and 3-year waits for treatment. This work was consolidated with work on referral management. We have met the de-escalation standard since February

Actions and Owners

In line with the most recent correspondence from Welsh Government regarding funding for planned care recovery, we are working on plans both internally and with regional partners to eliminate 2-years waits in as many specialties as possible across the region. A paper on transformational and sustainable options will be brought to Board in July.
Increased focus on productivity and efficiency, through clinical board level and Executive chaired Productivity and Efficiency Board.

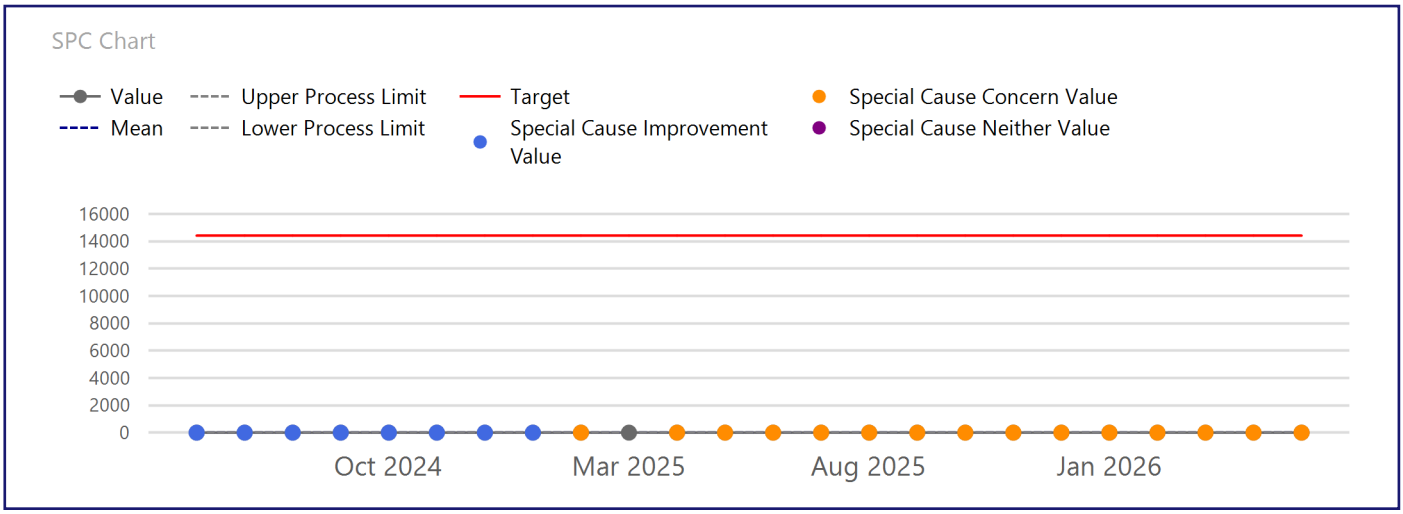
Concerns

Long waits to increase in some specialties without additional activity

Metric ID: 10000117

15% reduction in the number of patients delayed by 100% for their follow up appointment in 3 consecutive months (Based on baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	0.161	14415	P	H	Chief Operating Officer



Narrative

Consistently exceeding the target

Actions and Owners

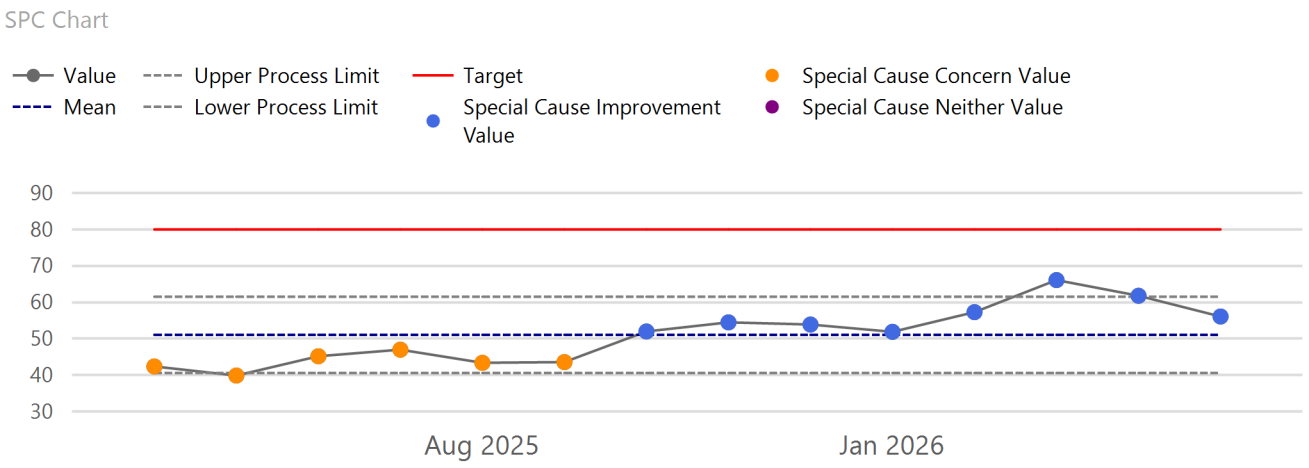
Internal flexibility to ensure sufficient assessments are completed

Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000118 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	42.4	80	F	H	Chief Operating Officer



Narrative

Significant reduction in 8 week waits through 25/26, driven by improvements in Endoscopy and Radiology, despite increased demand as a result of the national outpatient insourcing programme. Cardiac imaging waits have increased as a result of the insourcing work, but the service have secured insourcing capacity to mitigate this. The 8 week position has increased since March driven by Cardiac imaging and Endoscopy

Actions and Owners

Non-recurrent insourcing to support Cardiology

Endoscopy - insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

Short term outsourcing and insourcing to support radiology position

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

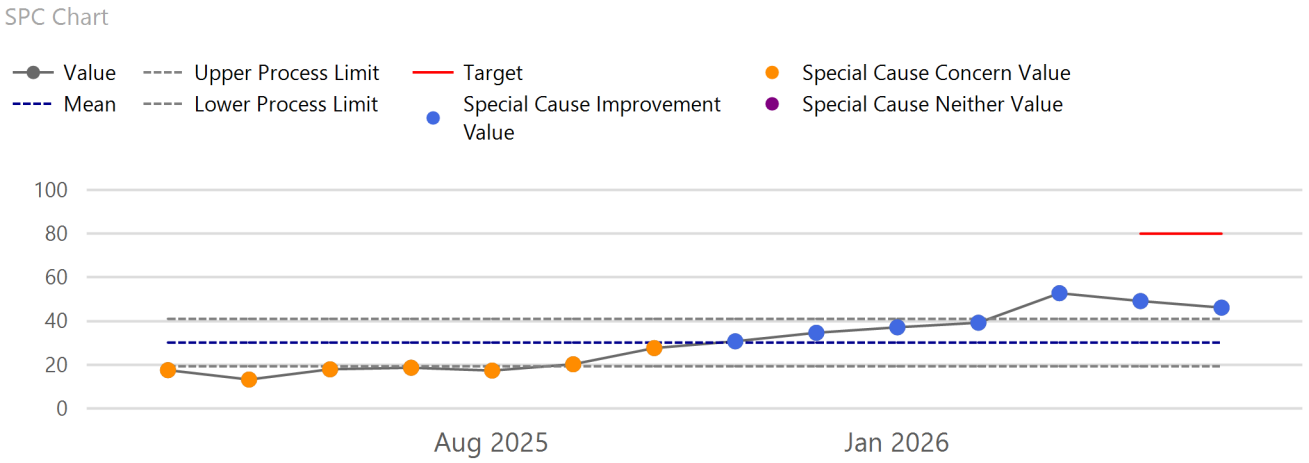
Endoscopy and Radiology capacity

We are consistently not meeting this de-escalation criteria

Metric ID: 10000119

80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	17.6		F	H	Chief Operating Officer



Narrative

Significant improvement through 25/26 - recurrent capacity issues remain, we are working with colleagues from NHSP&I to develop solutions

Actions and Owners

Insourcing secured to deliver cancer workload, capacity can be given to improve 8 week position. Llantrisant Health Park will provide recurrent capacity

An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

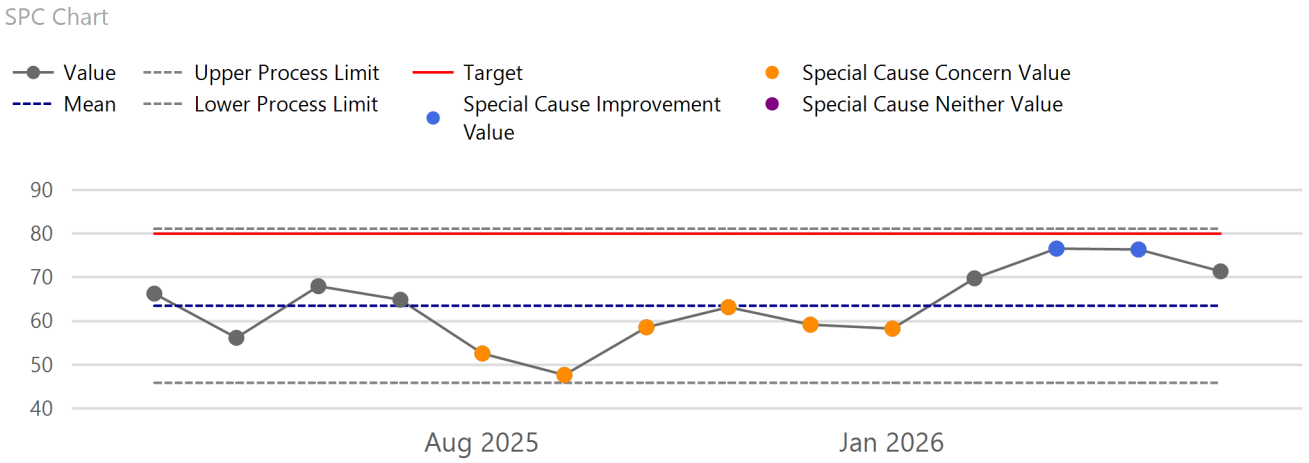
Concerns

Endoscopy capacity

We are consistently not meeting this de-escalation criteria

Metric ID: 10000120 80% of patients waiting for a non-cardiac MRI to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	66.3	80			Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. Insourcing has been secured to drive down the backlog from Q3 this year

Actions and Owners

Short term insourcing to help recover the backlog of long waits.

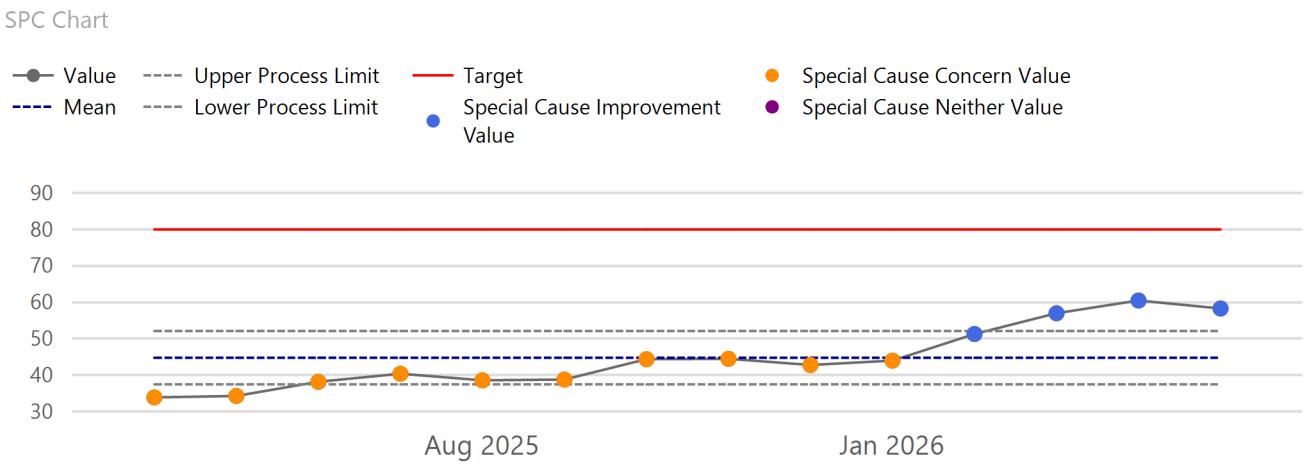
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Metric ID: 10000121 80% of patients waiting for a NOUS to be waiting less than 8 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	33.9	80	F	H	Chief Operating Officer



Narrative

Improvement noted through Q3 and Q4 25/26 but we are consistently not meeting the standard. There was a delay in commencement of the insourcing contract, which did not deliver contracted volumes.

Actions and Owners

Short term support for NOUS with outsourcing, long term plan for advanced sonographer training, build on learning from Swansea Bay UHB model.

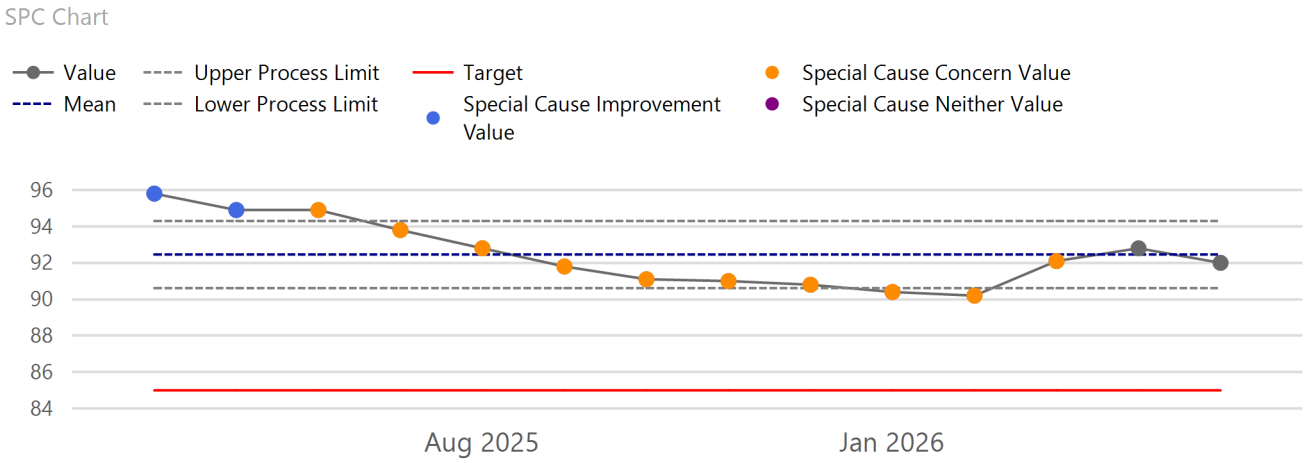
An action plan is being developed with NHSP&I colleagues to secure investment for further diagnostic capacity

Concerns

We are consistently not meeting this de-escalation criteria

Metric ID: 10000122 85% of patients waiting for therapies to be waiting less than 14 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	95.8	85	P		Chief Operating Officer



Narrative

Total number of patients waiting over 14 weeks has fluctuated, breaches are concentrated in Dietetics and Occupational Therapy. Overall >90% of patients are waiting less than 14 weeks for Therapy and we are consistently meeting our de-escalation requirement

Actions and Owners

Text reminders have been rolled out to drive down DNA/CAN rates

Implementation of See on Symptoms (SOS) and Patient Initiated Follow-Up (PIFU) pathways. This has been shown to reduce DNAs and allows FU capacity to be used for new patients

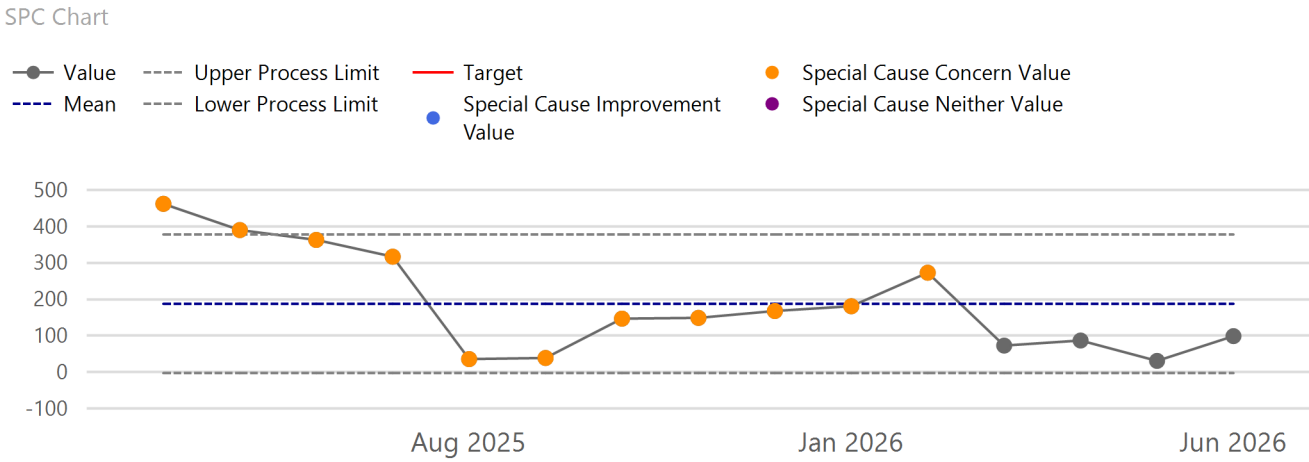
Concerns

Capacity shortfall in Dietetics and OT

Metric ID: 10000123

Continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months (based on agreed baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	462				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. June saw an increase in 1-hour ambulance holds and an increase in the average handover time to 28 minutes from 24 minutes in May. Over half the 1-hour breaches came during the Business Continuity Incident at the end of the month. We are reviewing our data from across the health system over the past 8 weeks to better understand the impact of external and internal pressures.

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

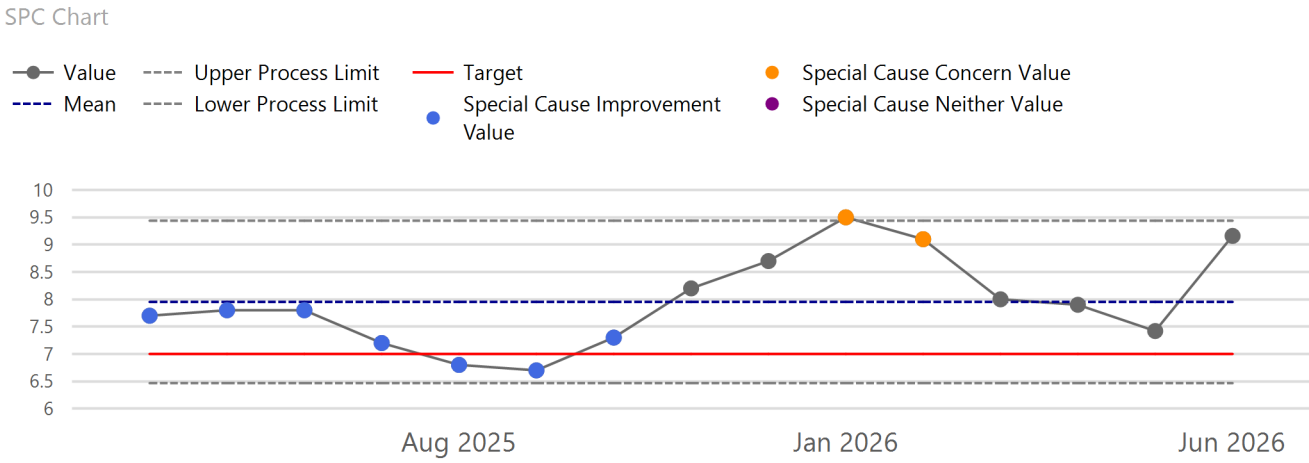
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000124

Continuous improvement towards no-more than 7% of patients waiting over 12 hours at each individual site and across the health board

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	7.7	7			Chief Operating Officer



Narrative

No meaningful changes through the year but increases noted during periods of operational pressures. We are routinely reporting over 800 12-hour breaches each month

Actions and Owners

Continued maximisation of MSDEC activity including acute physician pull from ambulatory directly into SDEC.
Development of SPoA, Safe@Home now incorporated to support alternative to EU attendances.
Implementation of 'Prism' flow recommendations.
Actions and performance metrics monitored through UEC Programme Board.

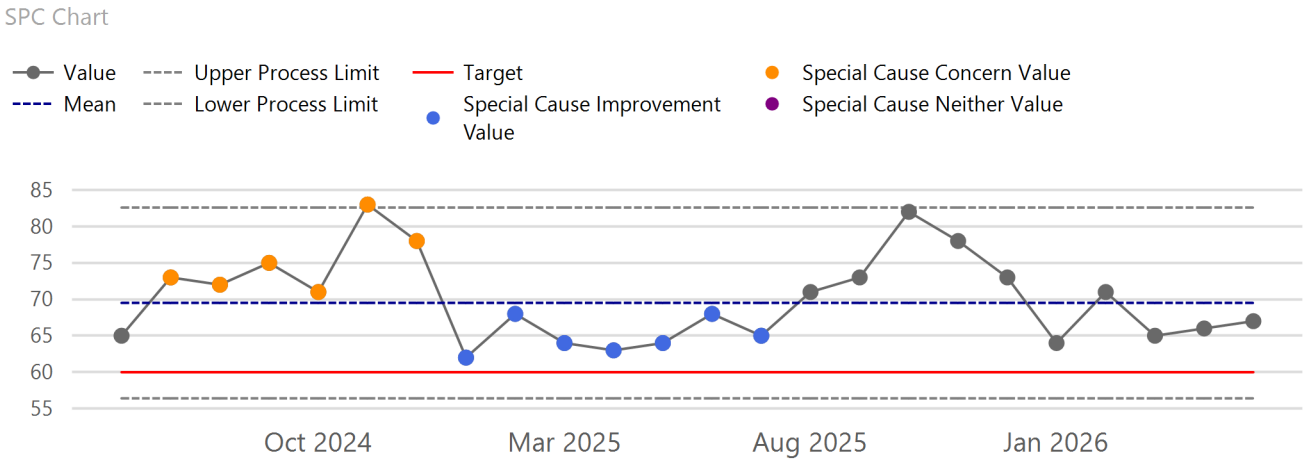
Concerns

Reduced performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000125

Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60-minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	65	60			Chief Operating Officer



Narrative

Improvement noted from Q3 last year but no meaningful changes in the last quarter.

Actions and Owners

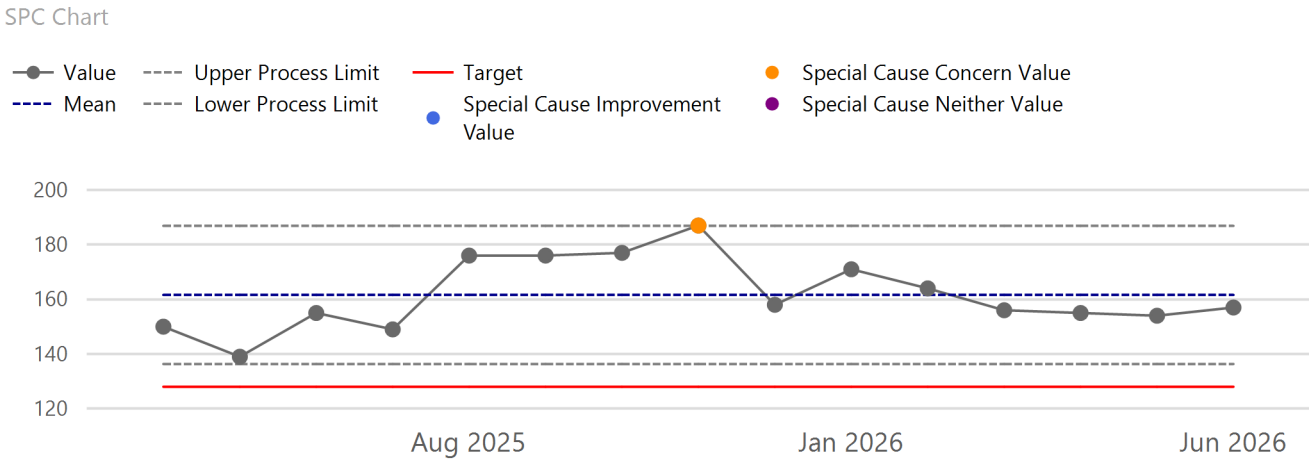
Continued maximisation of MSDEC activity.
Development of SPoA; Safe@Home now incorporated to support alternative to EU attendances.
ACU desk to coordinate timely clinical responses.
Actions and performance metrics monitored through UEC Programme Board.

Concerns

Maintaining performance during periods of high escalation.
We are not meeting our de-escalation criteria

Metric ID: 10000126 Continuous reduction in delayed pathways of 5% (based on agreed baseline)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	150	128	F		Chief Operating Officer



Narrative

No meaningful changes in overall numbers of POCD, although total bed days lost has reduced from the previous month and is reduced from this month last year. The average days delayed in June was 51, compared to 53 in May.

Actions and Owners

Implementation of 'Prism' flow recommendations
Discharge planning on arrival
Focus on Red to Green
Continue top 20 fortnightly review
Review of IDS/IDH workforce
Impact of actions monitored through UEC Programme Board

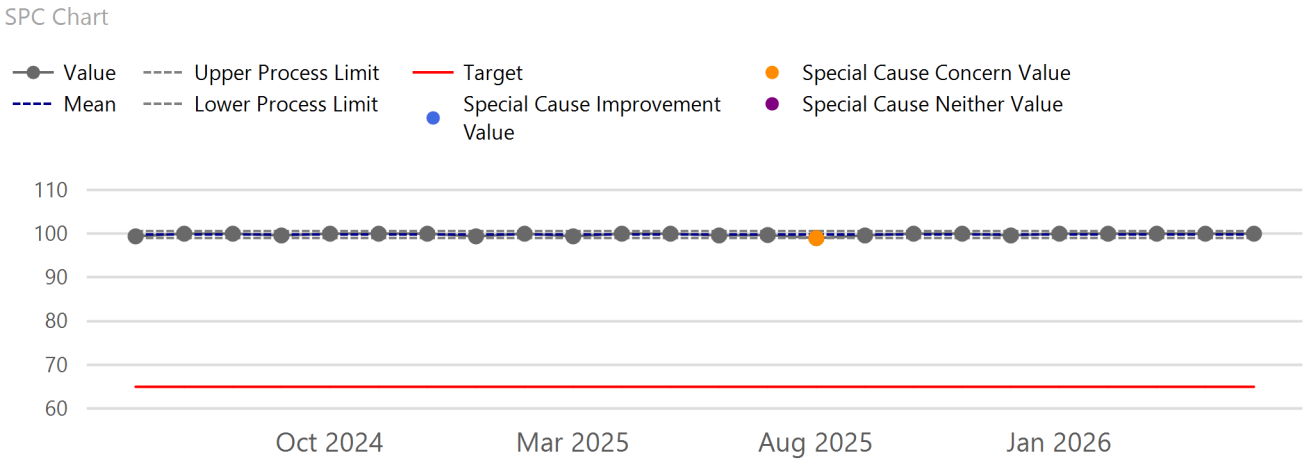
Concerns

Total delays remain higher than our de-escalation criteria

Metric ID: 10000127

65% of therapeutic interventions started within 28 days following an assessment by LPMHSS

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	99.4	65	P		Chief Operating Officer



Narrative

Consistently exceeding the standard

Actions and Owners

Development of more open access groups
Targeted work with highest referring GP clusters

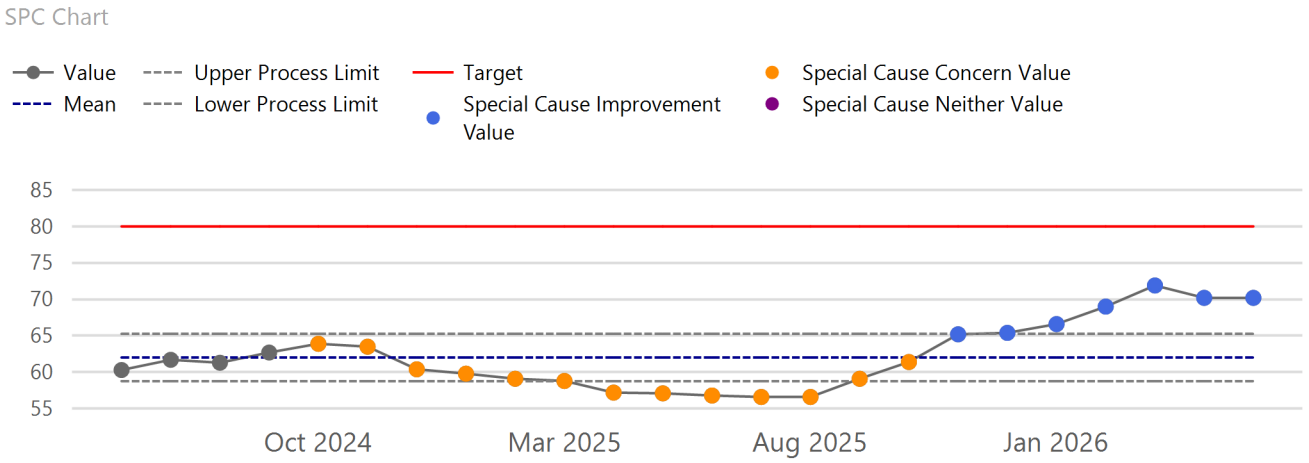
Concerns

Rise in long term sickness absence in PMHSS

Metric ID: 10000128

80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	60.3	80	F	H	Chief Operating Officer



Narrative

Initial rapid process against action plan, recent plateau at c70% for overall compliance. The majority of teams are meeting the standard - actions are focussed on 2 CMHTs to improve their performance from c65%

Actions and Owners

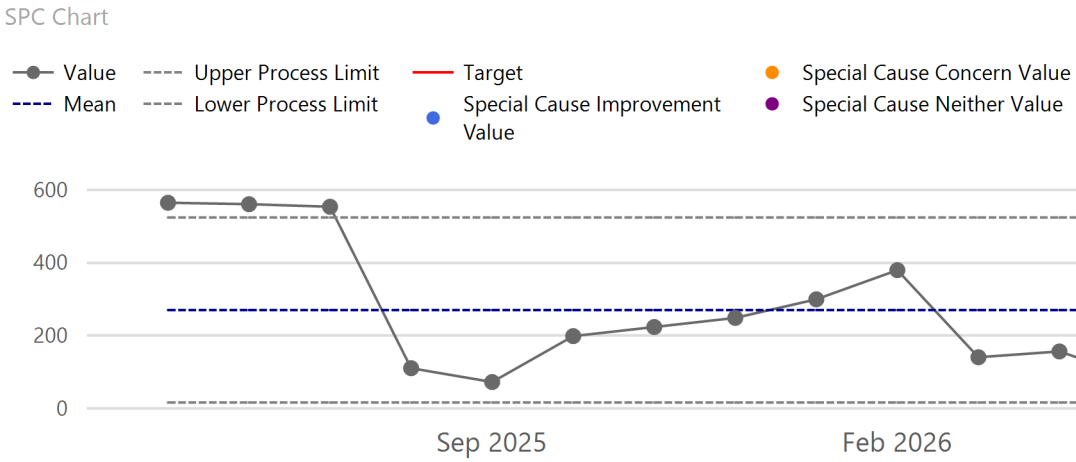
Review and redistribute CTPs across all specialties within the teams.
Monitored through newly developed Power BI dashboard (weekly meetings). Monthly Directorate reviews and monthly Touchpoint with NHSP&I colleagues

Concerns

Uneven distribution of incomplete CTPs leading to bottlenecks in completion

Metric ID: 10000129 45-minute ambulance handover delays

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	565				Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and has remained at this level so far in July. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis

Actions and Owners

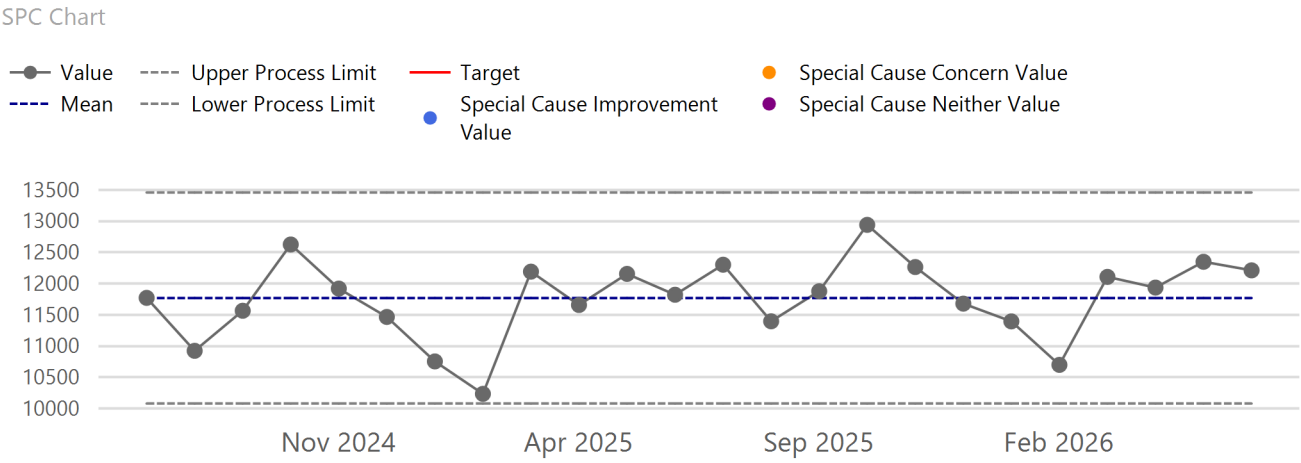
Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000130 Emergency unit attendances

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	11773				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed for reporting in September Board

Actions and Owners

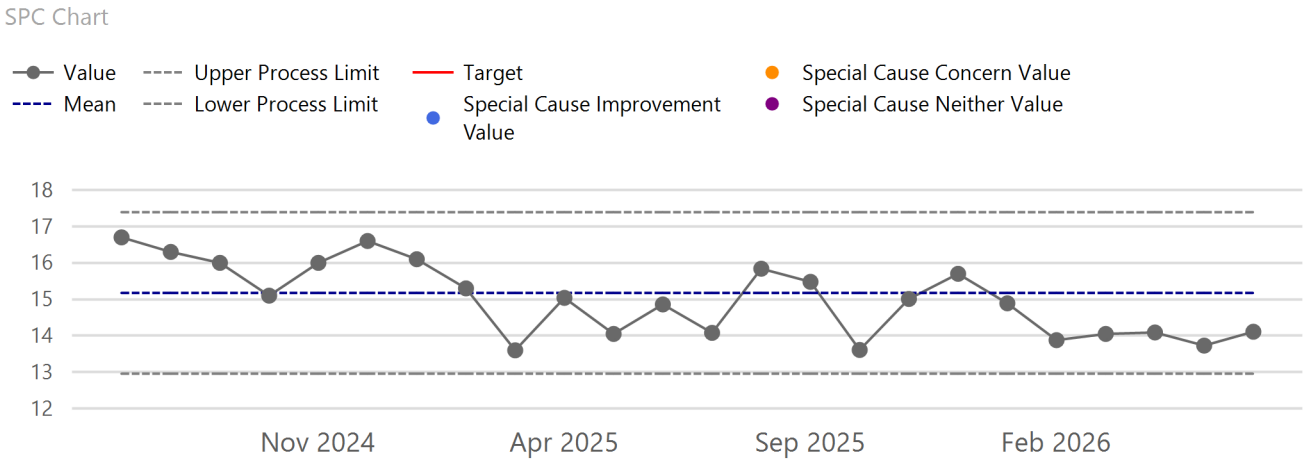
n/a

Concerns

n/a

Metric ID: 10000131 % of EU attendances that results in an admission to hospital

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	16.7				Chief Operating Officer



Narrative

Metric provided for information. The C&V approach for reporting against these measures will be reviewed for reporting in September Board

Actions and Owners

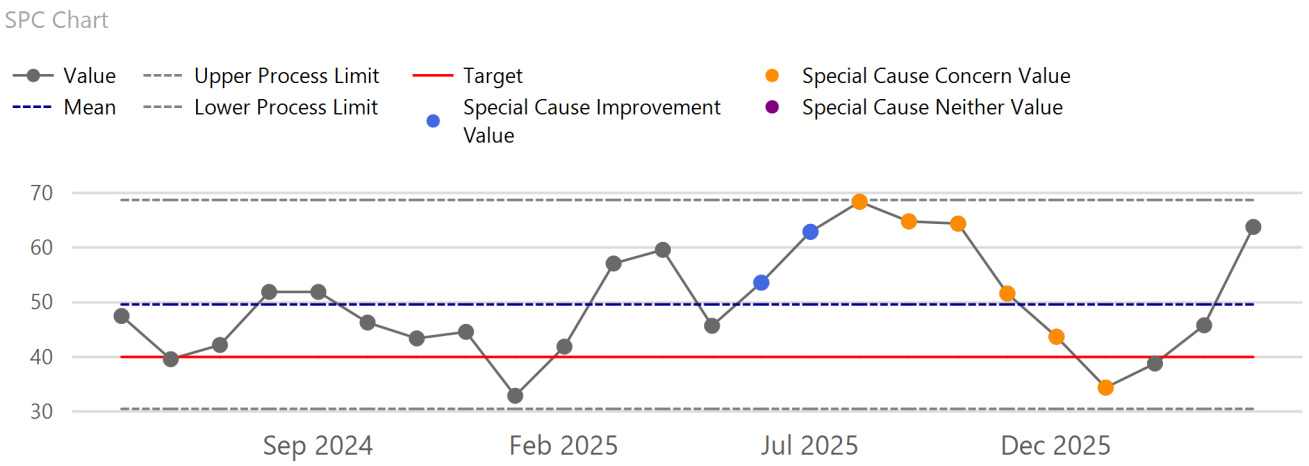
n/a

Concerns

n/a

Metric ID: 10000136 % of stroke admissions within 4 hours of arrival

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	47.5	40			Chief Operating Officer



Narrative

Performance has fluctuated in line with wider operational pressures in Emergency Unit, current performance remains above the all Wales average and SSNAP average, but we continue to review and develop the acute pathway, with the most recent Summit, bringing together multidisciplinary teams and senior leaders taking place in June.

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

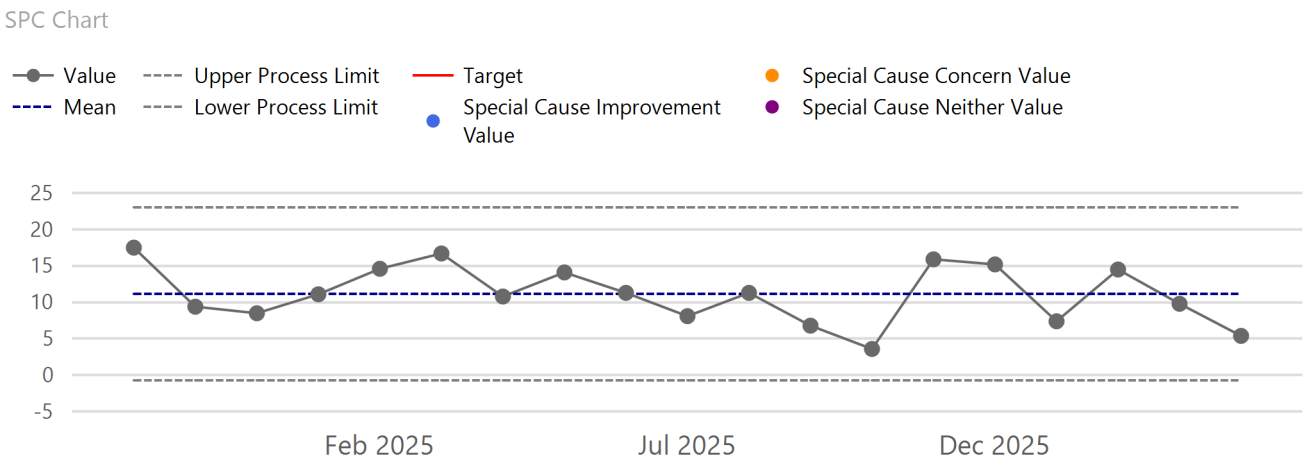
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000137 % of stroke attendances that achieve CT Scan within 20 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	17.5				Chief Operating Officer



Narrative

Following the launch of the new SNNAP standards, the performance standard for CT scan has changed to 20 minutes. While performance against the old 60 minute standards averages over 50%, performance against the 20 minute standard has fluctuated between 3 and 17%. Performance against this metric is impacted by pressure in EU, periods of downtime for the CT scanner and the volume of self presenting patients who enter EU through triage. Actions relating to WAST, pre-hospital triage and early identification of self presenting patients are particularly pertinent to this measure

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

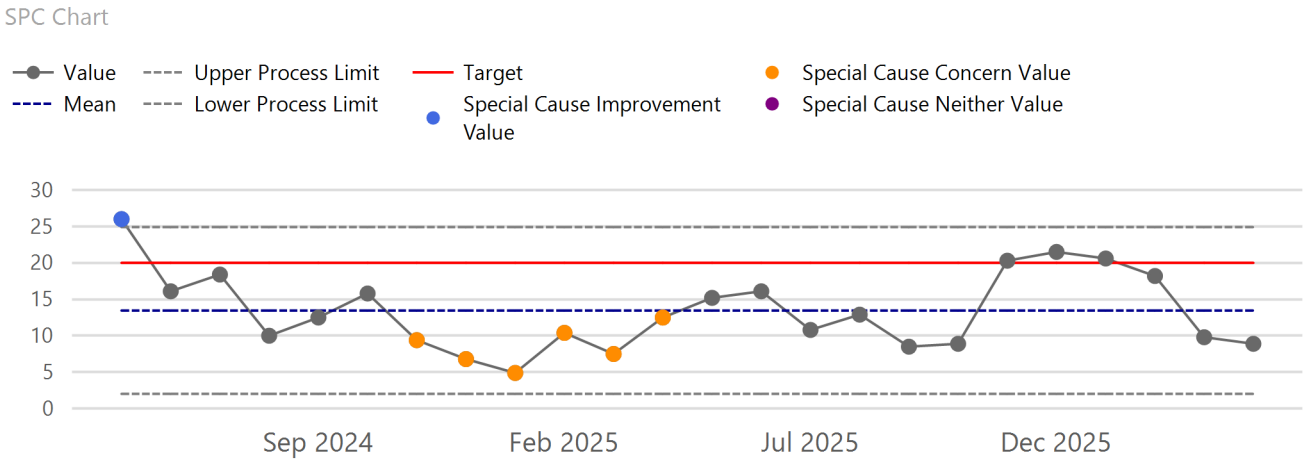
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000139 % of stroke patients who receive thrombolysis

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	26	20			Chief Operating Officer



Narrative

Standard of 20% was met in Q3 25/26 but compliance has dropped this year and remains below standard but in-line with the all-Wales and SSNAP average. Focused efforts through the last year, including the use of advanced imaging software and ongoing education have seen a meaningful increase in thrombolysis rates

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

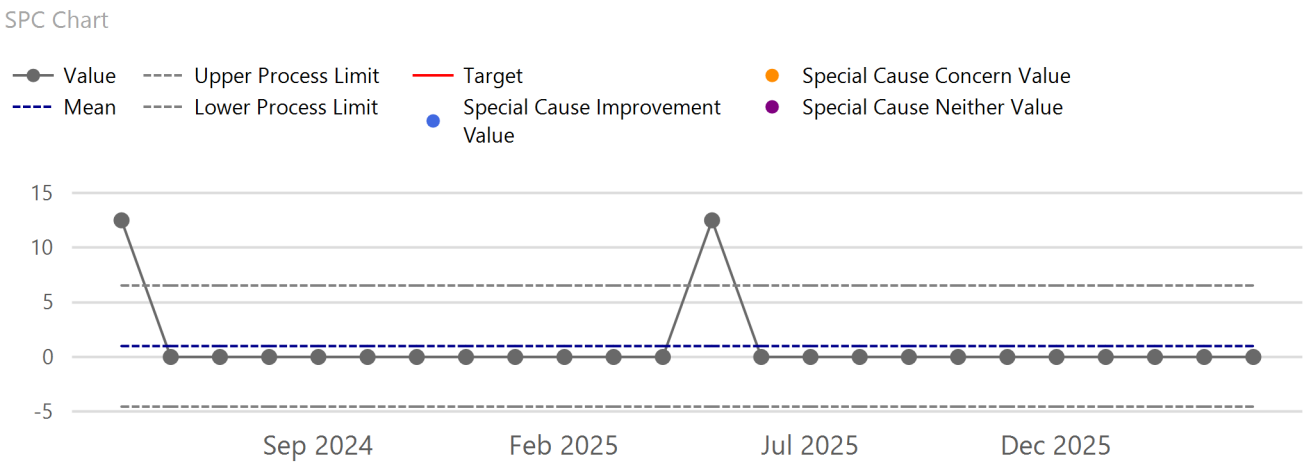
Education plan for all staff involved in stroke pathway being developed

Concerns

Reduced compliance with the new SSNAP standards

Metric ID: 10000140 % of stroke patients who receive thrombolysis within 30 minutes of attendance

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	12.5				Chief Operating Officer



Narrative

Door to needle thrombolysis treatment times remain a challenge and outside of the 30-minutes standard. All thrombolysis cases are reviewed by the stroke team and delay reasons investigated

Actions and Owners

Progression of new service model, including trialling of new Code Stroke EU pathway from June, review of triage processes, scoping for a new TIA clinic.

Revised breach analysis meeting with new membership across EU, radiology, service and site management

Ongoing QI work with Welsh Ambulance, including move to Prehospital Video Triage this year as part of phase 2 of the All Wales project

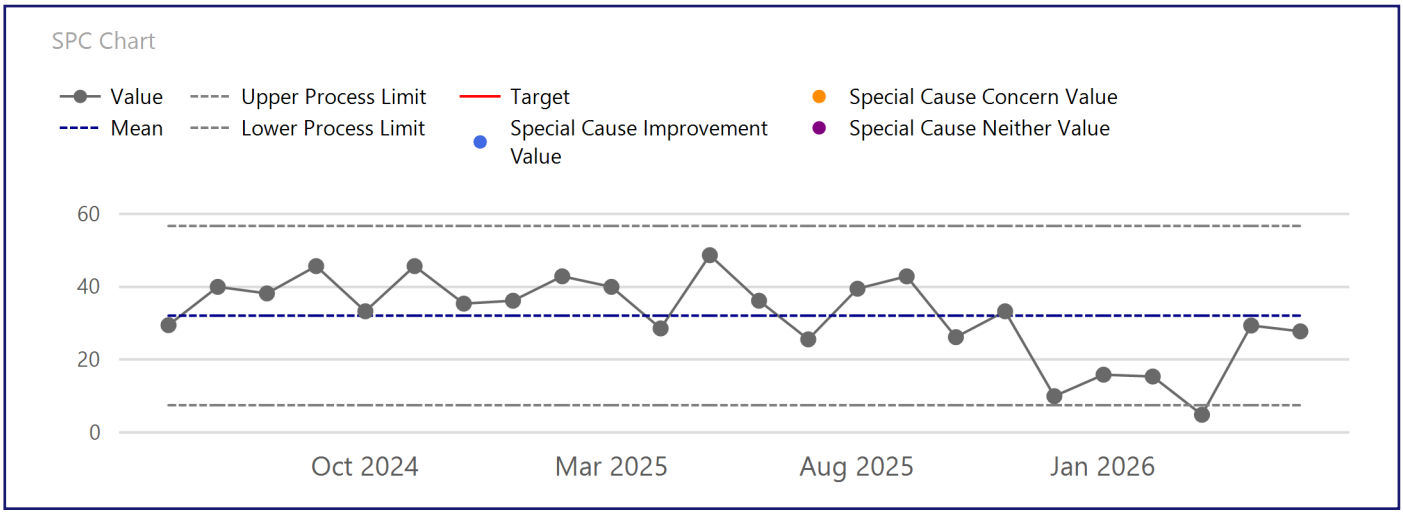
Education plan for all staff involved in stroke pathway being developed

Concerns

Door to needle time remains above standard

Metric ID: 10000142 % of hip fracture admissions within 4 hours of arrival

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	29.5				Chief Operating Officer



Narrative

Recent performance and annualised average remain well above the national average on the National Hip Fracture Database

Actions and Owners

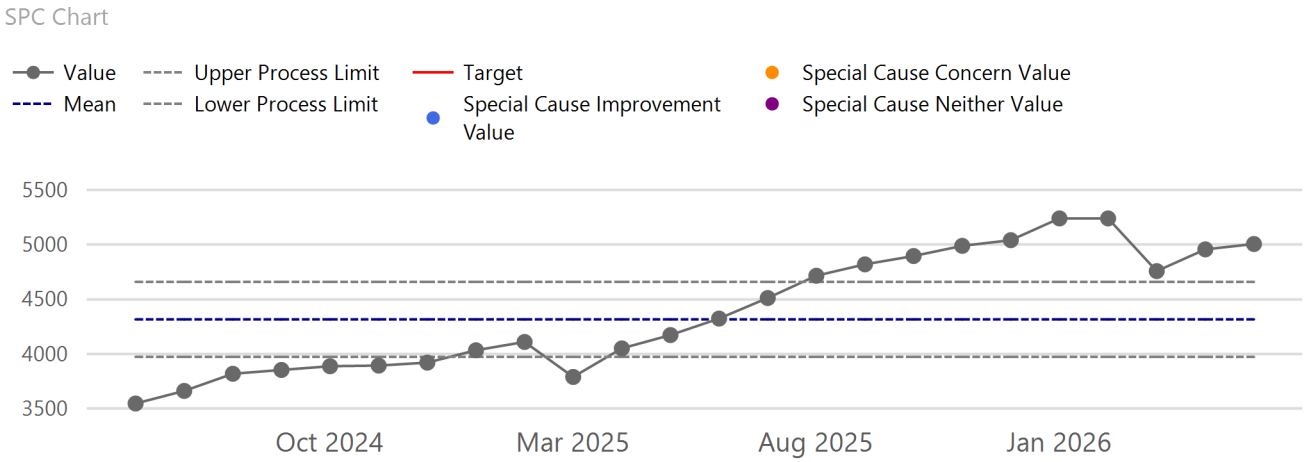
Ringfenced capacity remains
Review into Length of Stay
Morality review through Q&S

Concerns

Fluctuations in performance

Metric ID: 10000145 Volume of children waiting for neurodevelopment assessment - total

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	3547				Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
-Making every contact count - stronger collaboration has been established across all services. A unified observation template has been drafted and is currently being trialled in OT and SALT to ensure consistent identification and recording of ND traits. Promotes seamless cross-referral and co-working between services

Actions and Owners

Non-recurrent money available for this year - currently assessing options for best use of this money within funding constraints. Additional actions to increase efficiencies and capacity:
Review of Consultant and Practitioner job planning to increase capacity by over 200 appointments/year
Clinical validation and new 'touch base' letters to allow those no longer needing the service to opt-out
Embed under 5s assessment protocol with dedicated SLT case note reviews. Reduced but does not remove requirement for 2nd assessment
Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

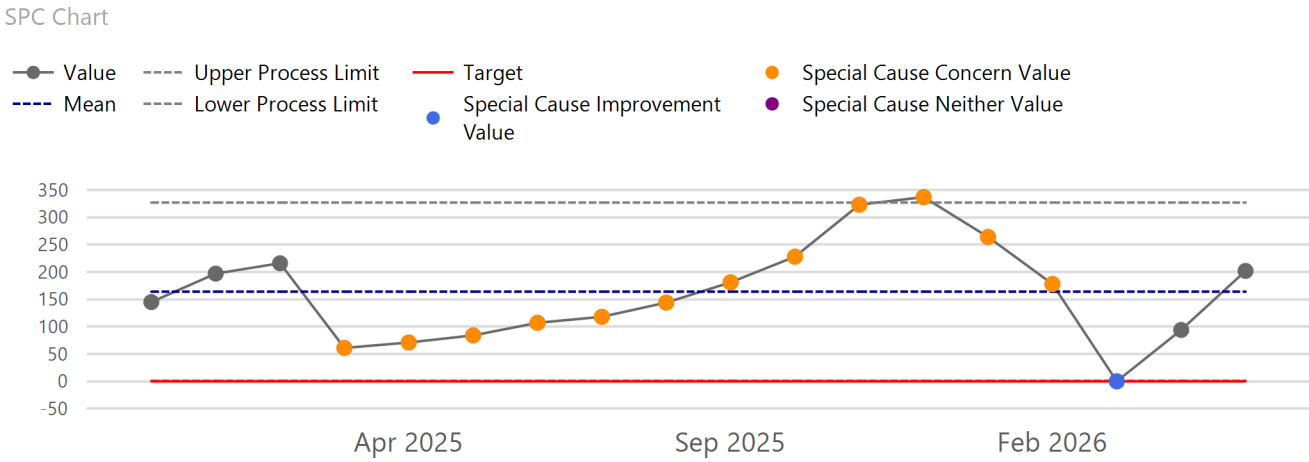
Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Metric ID: 10000146 Volume of children waiting for neurodevelopment assessment - >156 weeks

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	145	0	F		Chief Operating Officer



Narrative

Performance remains consistently under the standard with capacity unable to match increasing demand for assessments. Despite this, a large amount of work has been undertaken over the past 2 years to transform the referral pathway, to reduce waiting times and support children and families waiting for assessment. These actions include:
-Referral pack includes clearer guidance and signposting pathway to support families while they are on the waiting list and reduce the risk of deterioration in the child's presentation
-Holistic approach across the ND pathway from referral. Whole-system approach has been embedded from triage through to full ND assessment - referrals are accepted for general neurodevelopmental concerns, with structured investigation into ASD, ADHD, and potential comorbidities at all stages to avoid repeat referrals.
-Development of an informed pathway for those children that at the time of the referral have already received input from different professionals and present clear features of ND conditions, to avoid to put them in the waitlist. These children will be given an outcome following a direct clinical contact soon after the referral has been processed
-Dedicated assessment pathways for young people aged 17 and over
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Actions and Owners

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Increased digitisation, including digital platforms for assessments and follow-up appointments
Continued engagement with Education

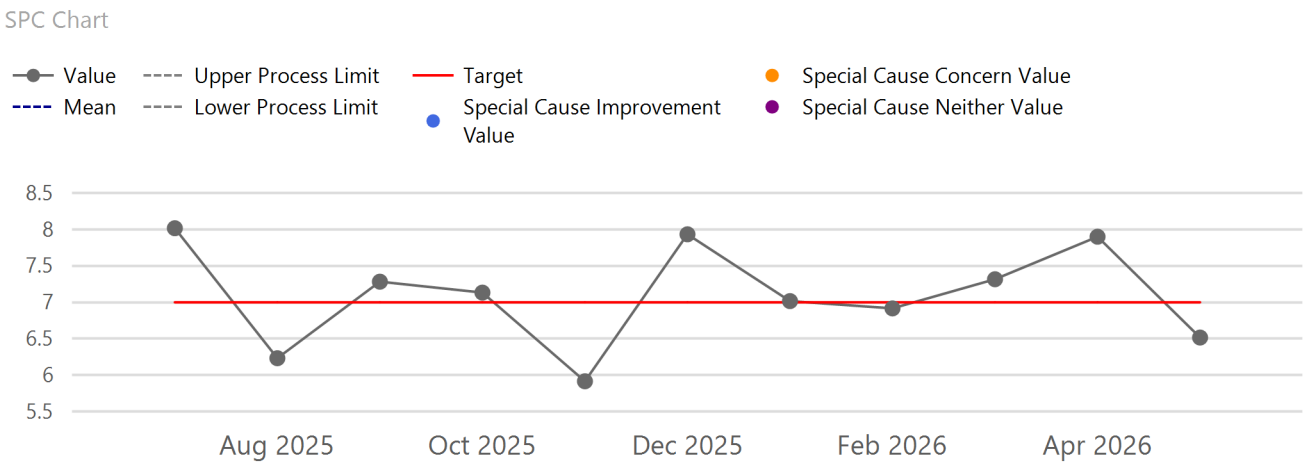
Performance is monitored within the Clinical Board and through the Clinical Board Executive Reviews

Concerns

Significant capacity shortfall under current model

Metric ID: 10000147 Median emergency ambulance response time to purple: arrest category calls

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	8.0167	7			Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed for reporting in September Board

Actions and Owners

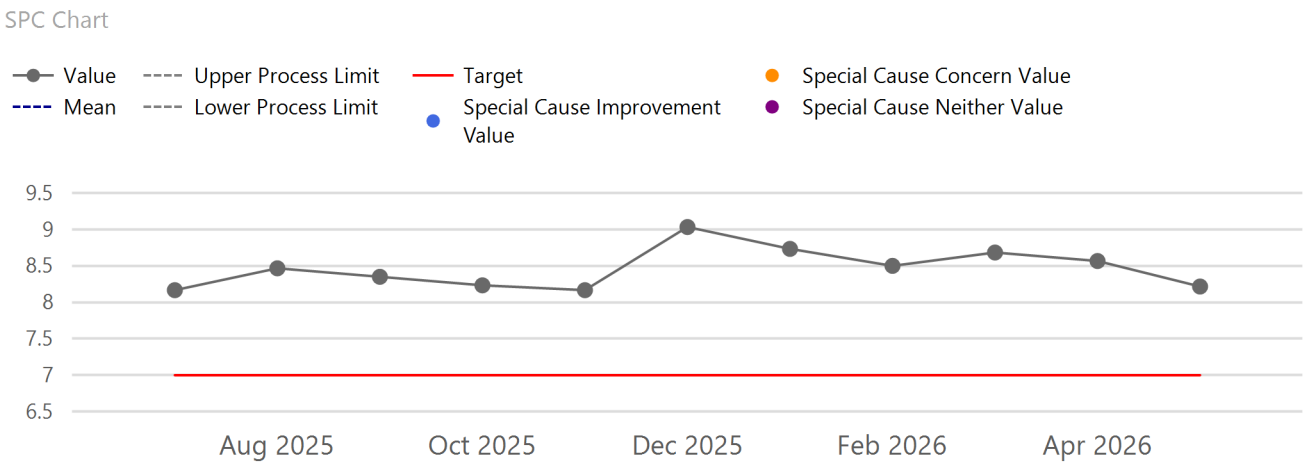
n/a

Concerns

n/a

Metric ID: 10000148 Median emergency ambulance response time to red: emergency category calls

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	8.1667	7			Chief Operating Officer



Narrative

This measure is owned by WAST. The C&V approach for reporting against these measures will be reviewed for reporting in September Board

Actions and Owners

n/a

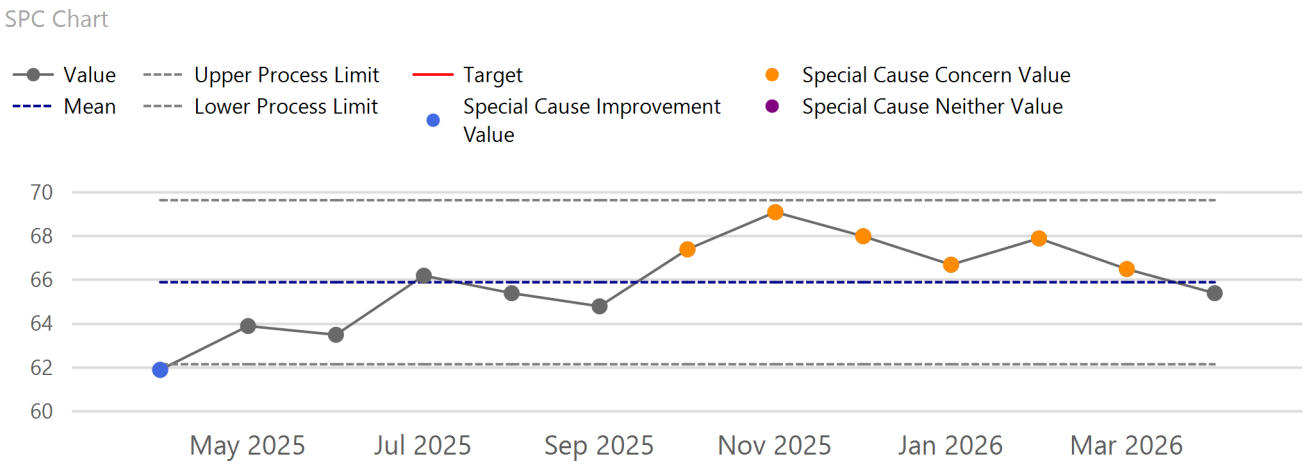
Concerns

n/a

Metric ID: 10000149

Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	61.9				Chief Operating Officer



Narrative

Consistent performance but not always meeting de-escalation requirement. The R1 cohort is predominantly made up of Glaucoma and Medical Retina Patients. We have gone live with our Glaucoma Diagnostic Unit which will allow us to see all our R1 Glaucoma patients in a timely manner.

Actions and Owners

Progressing business case to increase capacity for Medical Retina patients.

Working with Primary Care on pathway for Diabetic patients to reduce lower grade referrals and free capacity to see urgent patients in a more timely manner

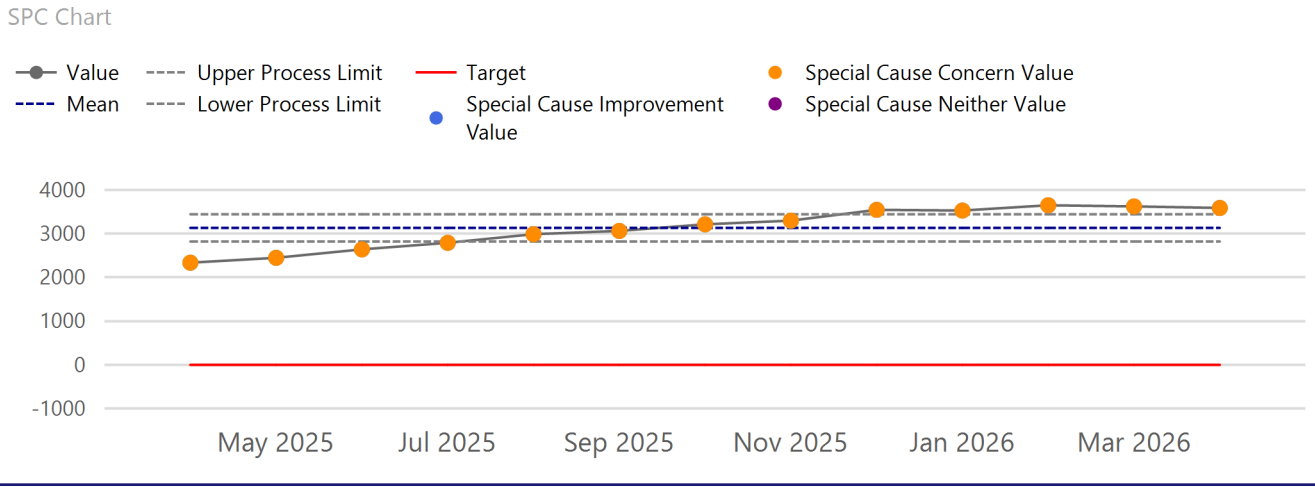
Concerns

Not consistently meeting de-escalation requirement

Metric ID: 10000150

Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	2337	0	F	H	Chief Operating Officer



Narrative

We have seen an increase in the audiology waiting list through the last year driven by an increase in demand. 14 week waits have increased as capacity within the service is unable to match the increase. This has been observed in our neighbouring health boards with similar deterioration in 14-week performance. Clinical triage of referrals ensures urgent cases are identified and booked directly into the appropriate clinic.

Actions and Owners

Service are developing a text reminder service to reduce DNAs and validate patients who no longer need an appointment

3 audiologist posts recruited - starts dates in Q2 and Q3 - providing additional capacity

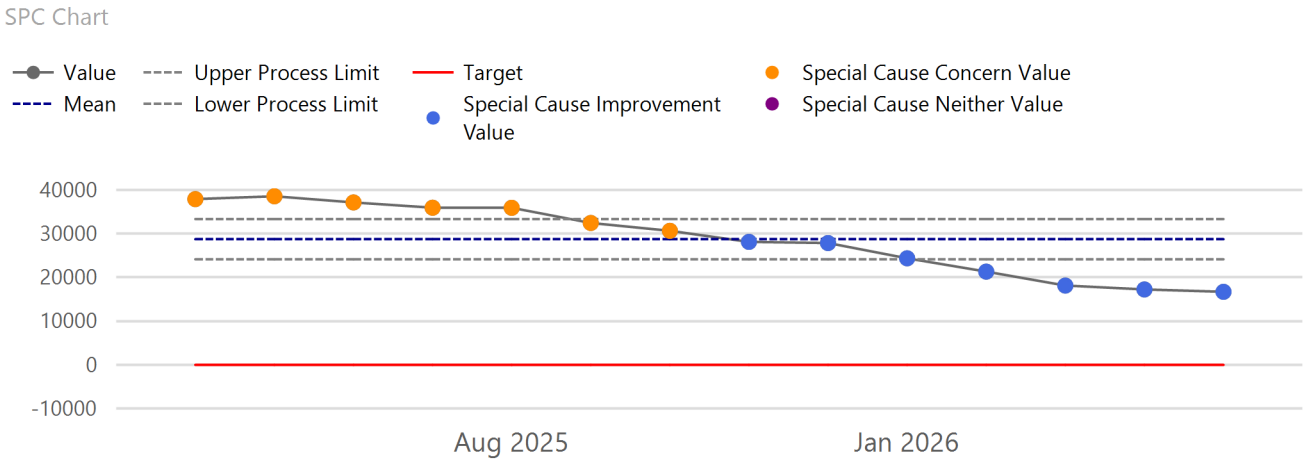
Concerns

Increasing demand and insufficient capacity to meet the waiting times standard

Metric ID: 10000151

Number of patients waiting more than 26 weeks for a new outpatient appointment

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	37914	0	F	L	Chief Operating Officer



Narrative

Significant reduction in the volume of long waiting outpatients through last year as a result of the National and Local outpatient insourcing work. An additional 22k appointments were delivered through the national scheme, with a further 9k through C&V schemes. This activity ceased in March 2026 and we have maintained this improved position.

The use of SPC charts in not appropriate for the RTT measures - the format for this reporting will be reviewed locally and in line with the national reporting dashboard

Actions and Owners

Outpatient improvement summit in July 2026.
From Q3 - overbooking of outpatient clinics to mitigate the impact of patient DNAs.

Focus on use of SOS/PIFU to free up follow-up capacity for new patients

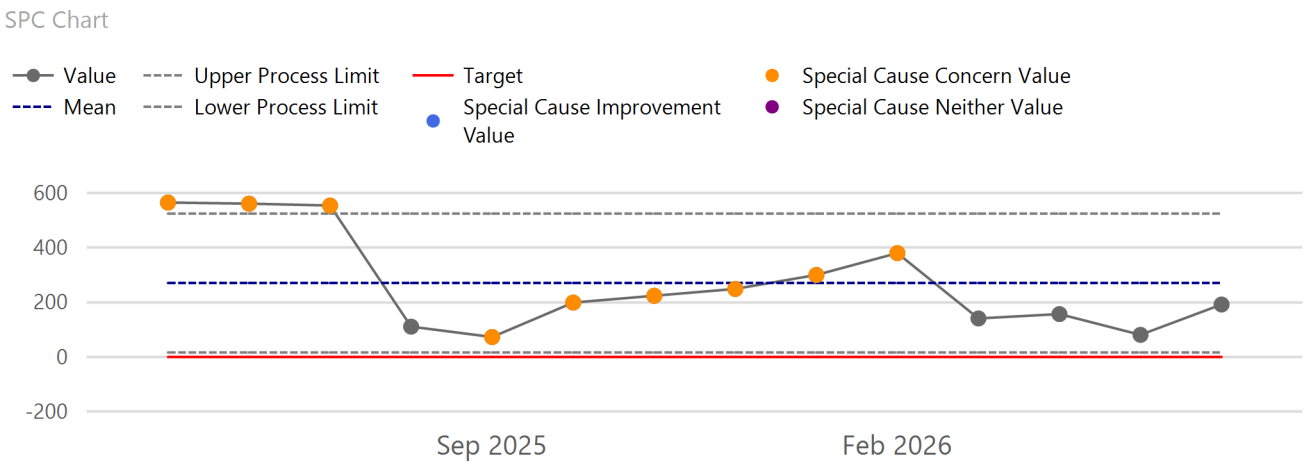
Actions and performance monitored through the newly establish Productivity and Efficiency Board

Concerns

Reductions in 25/26 based on non-recurrent capacity

Metric ID: 10000152 Number of ambulance patient handovers over 45 minutes

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	565	0	F		Chief Operating Officer



Narrative

Our current performance remains improved from last year, but we see fluctuations in line with operational pressures in the EU and across the inpatient and assessment areas. In May 95% of handovers were completed within 45 minutes, this reduced to 88% in June and has remained at this level so far in July. We continue to focus on urgent and emergency care as we look to maintain this improvement with our ambition this year to maintain at least 95% of handovers within 45 minutes. All 45 minutes breaches are audited on a weekly basis

Actions and Owners

Suite of actions to support EU and flow:
Update and refresh of acute referral policy
Escalation triggers moved to 15 and 30 minutes
ACU desk to coordinate timely clinical responses
Acute physician pull model from ambulatory areas direct to Medical SDEC
Phase 1 of acute remodel - frailty assessment
Actions and performance metrics monitored through UEC Programme Board

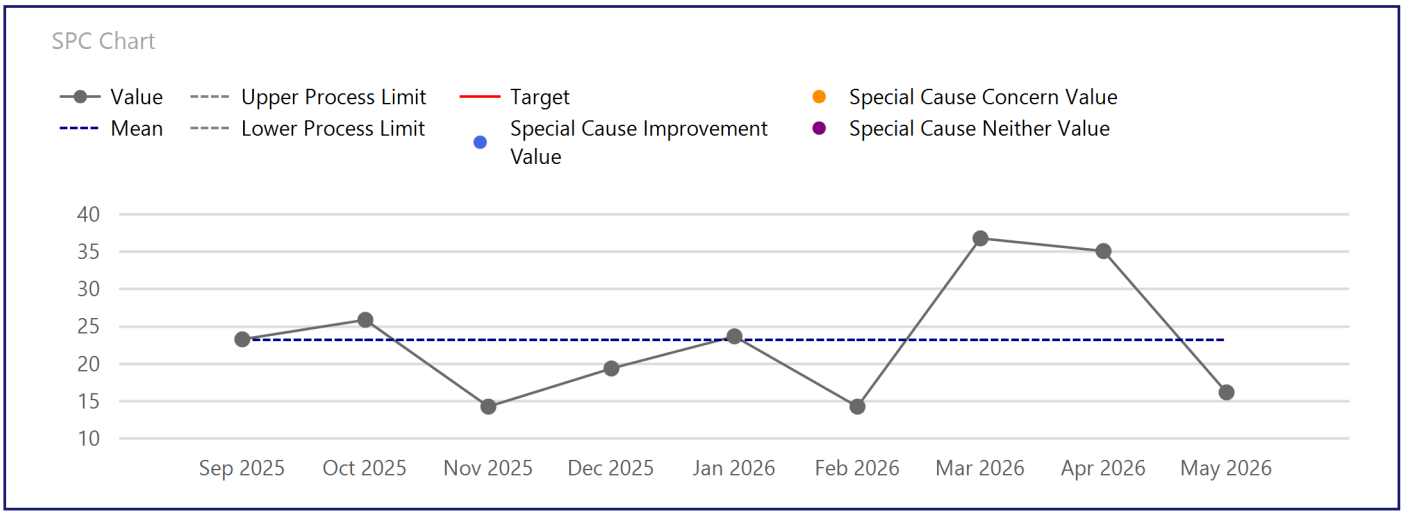
Concerns

Maintaining ambulance performance during periods of high escalation

Metric ID: 10000161

Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)

Latest Month	Value	Target	Assurance	Variation	Metric Owner
May 2026	23.3				Chief Operating Officer



Narrative

This measure is owned by WAST and the national data is currently under review. The C&V approach for reporting against these measures will be reviewed for reporting in September Board

Actions and Owners

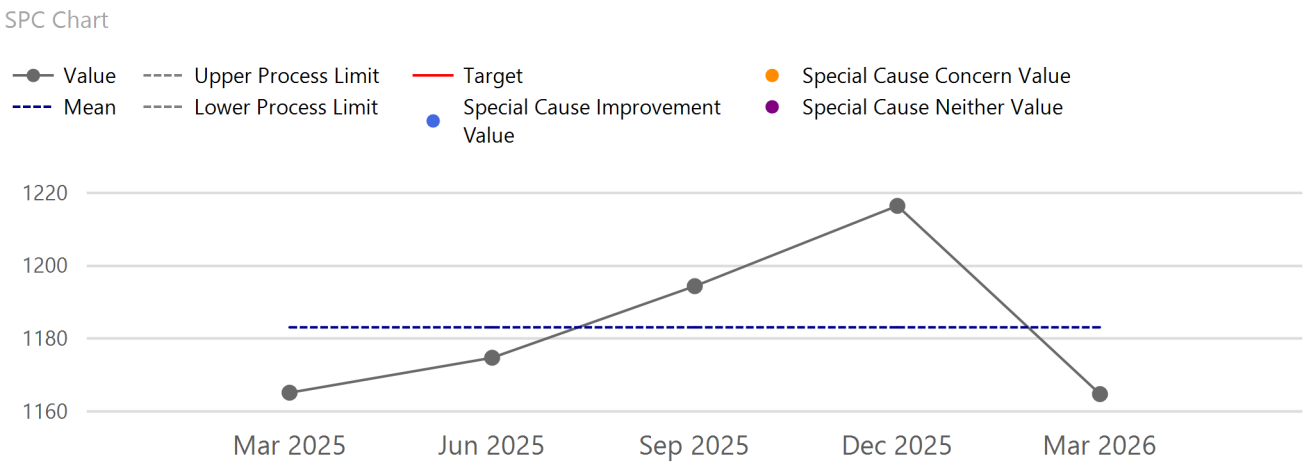
n/a

Concerns

n/a

Metric ID: 10000162 Gabapentin and pregabalin DDDs per 1,000 patients

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	1165.2				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and below all NE England CCGs and the English average. The second-best performing HB is over 16% higher than CAV UHB.

Early proactive work to deviate from the trend early and avoided the scale of increased prescribing that other Health Boards experienced.

Various projects and education pieces have been undertaken over the last decade to promote appropriate prescribing to both primary care prescribers and specialist teams, agreeing and adherence to prescribing pathways and routes to deprescribing.

Actions and Owners

Focus remains on decreasing inappropriate prescribing and prescribing safely.

Project focussed on safe prescribing included in the 2026/27 Medicines Management Incentive Scheme for GP practices.

PCIC medicines management team to promote the All Wales gabapentinoid resources for chronic pain once published.

Concerns

Ability to decrease prescribing, when prescribing is already in the lowest quartile of all England and Wales areas, is difficult.

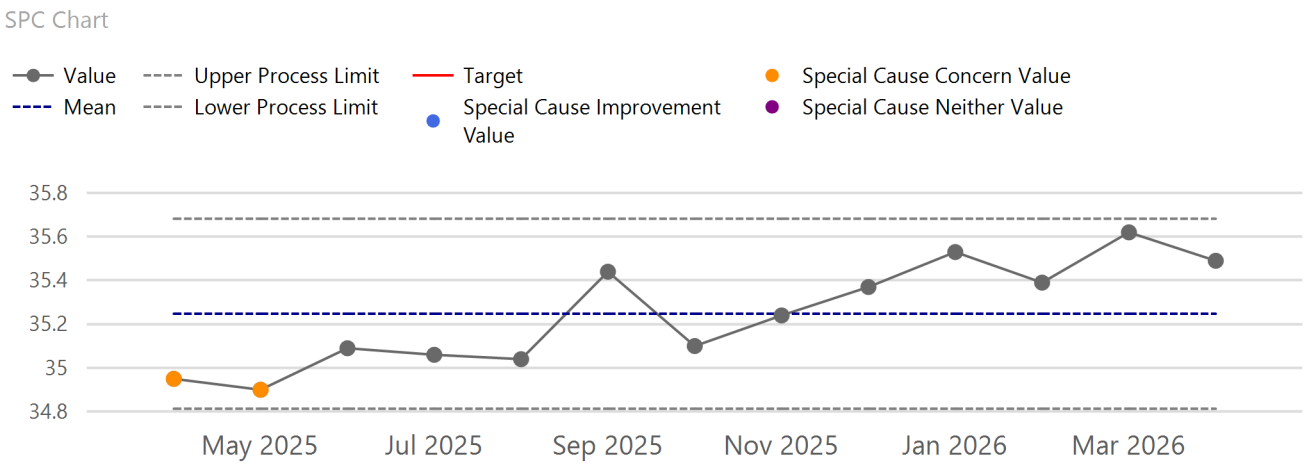
A drive to reduce gabapentinoid prescribing may cause an increase is other analgesia e.g. opioid prescribing, which may also pose safety concerns and be measured in other indicators.

Change takes time and relies on clinician and patient engagement and management of expectations.

Metric ID: 10000163

Average quantity per item prescribed from start period for the reference basket of medicines

Latest Month	Value	Target	Assurance	Variation	Metric Owner
April 2026	34.95				Chief Operating Officer



Narrative

Currently the best performing health board in Wales, with the highest quantity per prescription item and the greatest percentage change from the start of data collection.

The only Health Board in Wales already above the prescribing interval target of 35 days (achieved June 2025).

The Welsh Government response to the Dispensing Volume Review (Jan 2022) and the All Wales Medicines Strategy Group guidance (October 2022) has been promoted to GP practices, Clusters and also with specialist teams within the wider UHB, when opportunity allowed. It has consistently been included in prescribing messages to GP practices at annual prescribing meetings, and engagement has been promoted via Community Pharmacy Collaboratives as well.

Actions and Owners

Continued promotion to GP practices.

A National Prescribing Intervals Short Life Working Group is currently meeting. Health Board actions from this group will be considered once published.

Concerns

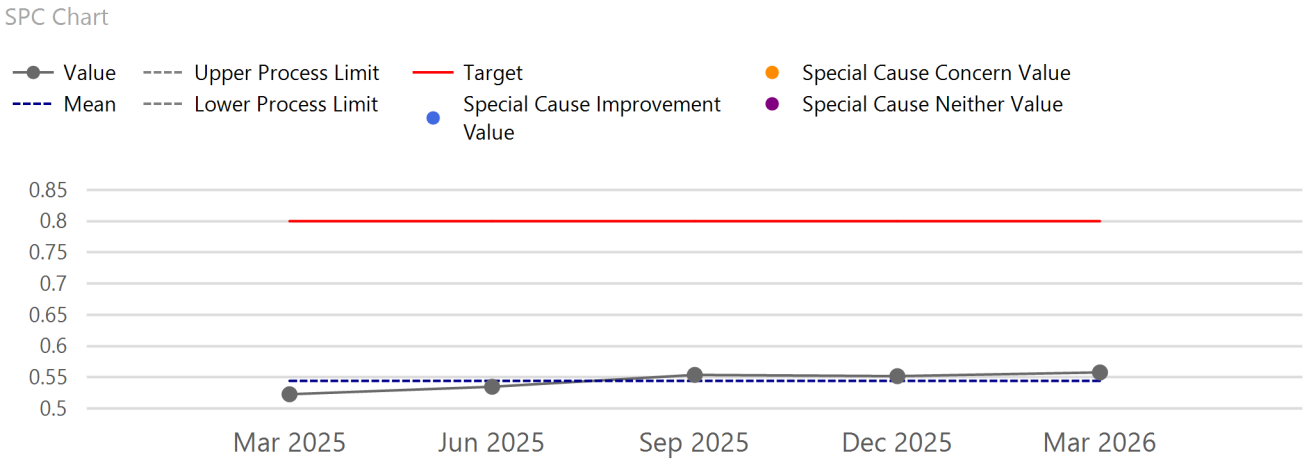
Implementation is limited by patient suitability for extended intervals of prescribing. Some patients and some medications are not suitable for this initiative.

Risk that promoting a fast pace of change will mean inappropriate patients are selected for this change which could lead to confusion, harm, increased waste along with increased workload and disengagement.

Metric ID: 10000164

Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	0.523	0.8			Chief Operating Officer



Narrative

Currently the best performing health board in Wales, and above all NE England CCGs and the English average. Improvement continues.

Concerted work started in 2021/22 with heavy promotion of the All Wales Respiratory Guidance across all GP practice workforce, QI projects as part of the Medicines Management Incentive Scheme for GP practices as well as the PCIC medicines management team's work programme. In 2022/23 the Green Inhaler GMS QI project promoted the message further and learning from this project continues to embed.

Actions and Owners

Continued promotion of message to primary care workforce.

Identification and engagement with outliers.

Concerns

Change takes time given the volume of inhalers prescribed – some inhalers necessitate different technique which requires patient counselling.

Increasing amount of low carbon footprint inhalers are coming to market so indictor subject to change.

Risk that prescribing spend may increase as low carbon footprint inhalers are often more expensive.

Report Title:	An Overview of Genomics Partnership Wales (GPW)				Agenda Item No:	6.12
Meeting:	C&V Board	Public	x		Meeting Date:	30/07/2026
		Private				
Status	Assurance		Approval		Information/Noting	X
Lead Executive Title:	Suzanne Rankin, CEO CAVUHB and Senior Responsible Officer (SRO) for Genomics Partnership Wales					
Report Author Title:	Michaela John, Head of Programme for Genomics Partnership Wales					

Main Report
Background and Current Situation:

- Provide the Board with a broad overview of the national Genomics Partnership Wales programme (hosted by CAVUHB). This will include the Welsh Government policy, key partners and services involved, achievements to date, delivery priorities, patient benefit and the importance of the programme being under CAVUHB's remit.
- Provide some wider context about precision medicine in Wales and the benefits.
- Highlight the economic opportunity and the link to Cardiff Health Partners.

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

The current CAVUHB is CEO is the SRO for Genomics Partnership Wales; continuity will be important and therefore it is timely to ensure the CAVUHB Board understands the Programme and its purpose, as well as of the role CAVUHB has as the host of the Partnership and some of the key assets.

CAVUHB's leadership in this space is significant with mutual benefit to both CAVUHB and GPW bringing together expertise, critical mass and infrastructure in the delivery of research, diagnostics and treatment in the arena of precision medicine with the associated individual and population health benefits.

GPW is an important foundation for Cardiff Health Partners and has opportunity to bring economic benefits beyond health.

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

1. CAV Board GPW July 2026.docx

Recommendations:

a) The Board has a developing awareness of the national genomics programme and CAVUHB's leadership role and hosting responsibilities.
b) The Board is assured that the Programme is accorded the appropriate governance and oversight.
c) The Board is assured that continuity plans are in place.
d) The Board considers how it would like to maintain oversight of the Programme.

Link to Strategic Objectives of Shaping our Future Wellbeing:

1. Putting People First	X	2. Providing Outstanding Quality	X
3.	X	4.	X

Delivering in the Right Places					Acting for the Future				
Five Waves of Working (Sustainable Development Principles) considered:									
Prevention	X	Long Term	X	Integration	X	Collaboration	X	Involvement	X
Quality Impact Assessment Completed?									
Yes *(please include the complete QIA document)*		No *(please provide reasoning e.g. not required*		X	This paper provides information about an ongoing national programme, rather than implementing a new change. The new Genomics Delivery Plan describes services to be implemented which will be subject to the local requirement for Quality Impact Assessments / EHIAs				

Impact Assessment
Risk: No
Programme risk monitored by standard programme management methodology
Safety: No
Risk assessments will be carried out where appropriate
Financial: No
No financial risk for CAV from the GPW programme
Workforce: Yes
No direct workforce impact on CAV of hosting the programme; wider workforce impact of Delivery Plan activity will be managed by the Strategic Genomics Workforce Plan activities
Legal: No
Reputational: No
Socio Economic: Yes
The new Genomics Delivery Plans aim to increase equity of access to services across Wales (aligned to government priority)
Equality & Health: No
Will be completed on the implementation of actions that will create new or change existing services
Decarbonisation: No
No – emphasis on population health, patient empowerment for management of own conditions, reducing costs and system inefficiencies
Welsh Language: No
No – public facing information will be bilingual in accordance with Language Commissioner requirements. Any actions of strategic plans which lead to new services will be subject to local processes for recognising Welsh Language representation

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:
N/A	

Partneriaeth Genomeg Cymru
Genomics Partnership Wales

Overview of Genomics Partnership Wales (July 2026)

Genomics Partnership Wales (GPW) is the national strategic programme for genomics in Wales; a collaborative partnership of all-Wales stakeholders working towards a shared vision - *Working together to harness the potential of genomics to improve the health, wellbeing and prosperity of the people of Wales* – the programme office team provides that interface for all stakeholders. The GPW programme was established in 2018 to deliver Welsh Government's *Genomics for Precision Medicine Strategy*, and subsequent delivery plans since. This co-ordinated approach to genomics ensures clear governance, leadership and oversight of an area which continues to expand rapidly each year. The primary focus of the programme is improving patient outcomes. GPW provides a 'front door' to genomics which is beneficial to a wide range of stakeholders in Wales and the UK, where GPW liaises with genomics counterparts in England, Scotland and Northern Ireland.

Partners and Activities

The key specialist partners involved are All Wales Medical Genomics Service, Public Health Genomics Programme and Wales Gene Park, all co-located at Canolfan Iechyd Genomig Cymru (CIGC). Activity includes delivery of clinical and laboratory services for human and pathogen genomics; strategic national transformation of workforce, digital, research, strategic partnerships, estates and equipment to support patient and public health service delivery; genomic research infrastructure support; an extensive patient, public and health professional engagement and education programme; and a robust patient and public involvement framework.

Genomics services are provided to a growing number of patients for cancer, rare* and inherited diseases, infectious diseases, mental health including dementia, and optimisation of medicines (pharmacogenomics). Genomics is used for a wide range of purposes including diagnosis, prognosis, treatment decisions, screening and prevention, disease outbreak detection and management, infectious disease surveillance, prevention and control.

*(1 in 17 people have a rare disease, so although there are thousands of individual conditions, in total they are not rare, and many are complex)

GPW works with many partners across the health system including Health and Care Research Wales, Digital Health and Care Wales, Health Education and Improvement Wales, Welsh universities, and the health boards and trusts across Wales; an executive lead for genomics has been established in each organisation to support the mainstreaming of genomics across clinical pathways.

The GPW programme and partners have delivered many achievements over the last eight years – new and ground-breaking patient services, strategic approaches to workforce transformation, robust frameworks to enable patient involvement across work areas, external partnerships to enable progress, consistent activity to improve knowledge of genomics with healthcare colleagues and the public, UK leadership and co-location of key genomics partners in a modern facility (Canolfan Iechyd Genomig Cymru – CIGC / Wales Genomic Health Centre in North Cardiff).

A new Genomics Delivery Plan for Wales has been developed to define activity and priorities for GPW for the next three years; this is awaiting endorsement by Welsh Government. As outlined in the new plan, genomics provides huge opportunities to improve population health and prevention in Wales.

Patient and Public Involvement and Co-Production

GPW has established a robust and sustainable co-production framework through a Patient and Public Sounding Board. Members are patients and members of the public affected by rare, genetic or undiagnosed conditions or having had genetic testing as part of their healthcare. They use their lived

experience to influence the direction of genomics in Wales and ensure that the patient's voice is heard through their involvement in the different GPW workstreams and governance groups.

Some key activities that the Sounding Board have been involved in are co-designing the patient and collaboration spaces in the new facility including accessibility considerations; shaping research project content, consent forms and information; collaborating on specific genomics plans for service development, research, pharmacogenomics, pathogens and workforce; creating glossaries of terms and acronyms used in genomics to support public knowledge and understanding; and speaking at various events and meetings including national conferences to share their stories and the positive impact that they bring through their involvement.

Hosting and Funding

GPW is hosted by Cardiff & Vale University Health Board (CAVUHB) with Suzanne Rankin as the current Senior Responsible Officer (SRO); David Fluck will be the interim SRO when Suzanne leaves CAVUHB. Governance and assurance are provided through the GPW Governance and Programme Boards, and robust reporting to Welsh Government on a quarterly basis. The GPW programme is also part of the wider Diagnostics programme in NHS Performance and Improvement and reports relevant aspects to Strategic Planned Care Board.

CAVUHB also hosts the biggest partner within the GPW programme, All Wales Medical Genomics Service (AWMGS); AWMGS is a national strategic and operational specialist NHS Wales organisation accountable for the delivery of human genomic health services to the population of Wales. AWMGS provides a single integrated NHS clinical and laboratory genomic service and employs approximately 350 staff. This national model is unique in the UK and has distinct advantages in terms of managing patients, delivering national population health programmes, developing novel services and embedding human genomic services in NHS Wales national clinical pathways. AWMGS have just implemented a new genomics laboratory information management system (LIMS) to digitise their workflows.

The joint genomics facility (CIGC) that hosts the genomic specialist partners is a CAVUHB asset and supported as part of the CAVUHB estate (with the revenue required to run the building provided by Welsh Government).

The programme funding (through Welsh Government) is unique as it includes national transformation activity across several themes, a comprehensive public and healthcare engagement programme, patient and public involvement, and research infrastructure support alongside commissioning for national clinical and public health services. This central approach ensures a clear, single interface to Welsh Government policy and finance colleagues, and co-ordination of funding requirements that are identified within the programme and approved through the board structure.

The (requested) GPW budget for 2026-27 is £32.869m (please note – at time of writing, the budget is with the Cabinet Minister for review/approval). This budget is scrutinised and approved by the GPW Governance Board prior to submission to Welsh Government and the Cabinet Minister for Health for approval. The breakdown of the budget is shown below with the receiving organisation

shown in brackets. The funding comes directly from Welsh Government, apart from the Test Directory funding which is provided by NHS Wales Joint Commissioning Committee:

Budget	**£m**	**Outline**
Programme Office (CAVUHB)	0.322m	Programme co-ordination and reporting
All Wales Medical Genomics Service (CAVUHB)	3.013m	Clinical service delivery including neuro-psychiatric genomics for both children and adults
Test Directory (CAVUHB)	22.993m	Testing / sequencing rare diseases & cancers
Pathogen Genomics Unit (PHW)	2.434m	Pathogen services and public health genomics
Wales Gene Park (Cardiff University)	0.777m	Public and patient involvement, communication and engagement activities; facilitation of genomic research; digital research infrastructure development
Workforce and Wider Initiatives (CAVUHB)	0.790m	Initiatives such as implementation of workforce, pharmacogenomics, research and digital plan
Estates and Equipment (CAVUHB)	2.539m	Operational running costs
Total	**32.869m**	

CAVUHB strategic objectives and Government priorities

Genomics and the activity overseen by the GPW programme aligns to CAVUHB strategic objectives as outlined in the table below:

Acting for the Future	Population and Public Health Genomics; prevention; screening; horizon scanning activities

Delivering in the Right Places	Equitable access to genomics across Wales; national pathways and mainstreaming of genomics; standardisation; NHS England Test Directory alignment
Providing Outstanding Quality	Faster diagnosis, precision medicine, improved outcomes, quality evaluation, turnaround time improvements, pharmacogenomics implementation
Putting People First	Patient & Public Sounding Board; Genomics Ambassadors; workforce development; engagement and education activities

The opportunities that genomics provides and the approach taken by GPW also align to several priorities outlined by the new Welsh Government including developing and strengthening our workforce, digitisation, clear structures with a focus on delivery, combating cancer and dementia, and improving care for complex and long-term conditions.

Precision Medicine

GPW is a core element of the Precision Medicine portfolio in Wales, alongside Advanced Therapies Wales (ATW) and other national programmes. ATW (hosted by Velindre University NHS Trust) provides a national capability to move advanced and precision therapies from research and clinical trials into NHS delivery and enables Wales to plan for and deliver advanced therapies safely, equitably and at pace, while strengthening translational research capability. Core functions include horizon scanning, commissioning, pathway design, workforce and infrastructure planning, and patient and public involvement.

The Precision Medicine portfolio provides Welsh Government with a stable and coherent national framework for managing scientific innovation, clinical complexity and system capacity in parallel. It brings together diagnostics, genomics, data and advanced therapies supporting equitable access for patients, earlier and more accurate diagnosis and treatment, develops Welsh expertise and infrastructure, strengthens Wales's research-to-care pathway, and enables NHS adoption.

Economic Benefits

Genomics is a rapidly changing and high-profile area with an increasingly important role to play in the future of healthcare and Wales is recognised for its strengths in genomics, as highlighted in the UK Government's Life Science Sector Plan. It also provides potential economic benefit; genomic expertise and data are driving world class translational research and innovation in Wales with opportunities to focus on job creation, economic growth and regeneration with commercial partners. Realising the potential to attract inward investment will increase the economic prosperity of Wales, helping to address economic inequalities in socioeconomically deprived areas by creating high value jobs in Wales's life science industry clusters. This would also tackle some of the environmental factors which are key determinants for poor health and wellbeing.

GPW and the partners (including AWMGS) play a key role in the Welsh life science infrastructure collaborating with Cardiff Health Partners, Life Sciences Hub, Welsh Government economy colleagues and other partners to identify and exploit commercial partnerships and potential economic opportunities.

Report Title:	Draft Capital Plan 2026/27			Agenda Item no.	7.1	
Meeting:	UHB Board	Public Meeting	√	Meeting Date:	30th July 2026	
		Private Meeting				
Status:	Assurance		Approval	√	Information	√
Lead Executive:	Director of Finance					
Report Author:	Director of Capital, Estates & Facilities					

Background and current situation:

The purpose of this report is to provide the Board members with a comprehensive overview of the Health Board's draft capital plan for the financial year 2026/27 and request for final approval

A prioritised schedule of projects not currently included in the programme, will be developed over the coming months to ensure that the HB is able to take advantage of any additional funding WG make available later in the year.

Capital Resource Limits and Amendments

The UHB receives an allocation of Capital funding from Welsh Government (WG) via their Capital Resource Limit (CRL). In February 2026, WG confirmed that the UHB will receive an increase in Discretionary Capital funding for 2026/27 of £2.088m with the allocation being £19.088m, prior to any agreed deductions.

The Targeted Estates Fund (TEF), which is ring fenced funding set aside to address critical infrastructure backlogs, fire safety, mental health facilities and decarbonisation, across Wales is entering its second year of the two-year programme. Successful projects receive WG funding support of 70% of the cost with the UHB contributing the remaining 30% from its discretionary capital budget.

An extract from the CRL, dated 21st May 2026, (Table 1 below) indicates the TEF funded schemes which total £4.55m and includes the CAV contribution of £1.051m. This is reflected in the reduced Discretionary Capital Funding allocation. During 2025/26 the UHB accelerated a number of schemes and increased the overall spend on its discretionary capital programme by £1.107m which was offset by underspending on some of its major capital schemes at the end of the financial year. The virement agreed in discussion with WG has been re-adjusted and is accounted for in the Discretionary funding allocation of £16.842.

In addition to the TEF and discretionary capital funding, the CRL also includes funding for centrally funded projects that have generally progressed through the Business Case process. It should be noted that funding is yet to be included for the Wellbeing Hub at Parkview which was approved by WG in March 2026 and will be included when the cash flow is agreed with the Supply Chain partner.

Table 1 – Capital Funding

Description	Funding		
	Major Capital	Discretionary Capital	O'Turn
	£k	£k	£k
Major Capital			
Lift Upgrade (BJC)	(2,854)		**(2,854)**
Pentyrch Surgery	(762)		**(762)**
TEF - Fire	(362)		**(362)**
TEF - Infrastructure	(2,552)		**(2,552)**
TEF - Decarbonisation	(329)		**(329)**
TEF - Mental Health	(261)		**(261)**
TEF - Infection Prevention Control	(448)		**(448)**
TEF - Decontamination	(603)		**(603)**
Roofs Upgrade (UHW)	(2,801)		**(2,801)**
Wellbeing Hub Park View (Works)			**0**
Haematology Day Centre Extension, University Hospital of Wales	(1,089)		**(1,089)**
Demolition and car parking upgrade	(386)		**(386)**
Diagnostic Investments 2026-27	(3,731)		**(3,731)**
Tertiary Tower Infrastructure	(310)		**(310)**
Estates & Equipment End of Year Funding 2025-26	(813)		**(813)**
Mental Health Quality and Safety Schemes	(388)		**(388)**
Hospital Helicopter Landing Site Schemes 2025-26	(111)		**(111)**
End of Year Funding - January 2026	(649)		**(649)**
Mental Health Quality and Safety Schemes 2026-27	(456)		**(456)**
Major Capital Total	**(18,905)**	**0**	**(18,905)**
Discretionary Capital & Sale of Properties			
Discretionary Capital Allocation		(16,842)	**(16,842)**
	0	**(16,842)**	**(16,842)**
Unapproved			
Total Fund	**(18,905)**	**(16,842)**	**(35,747)**

Draft Capital Programme 2026/27

The following tables indicate the proposed expenditure for 2026/27 and includes schemes that are in construction, a number of which are being developed over a number of financial years, business case developments that have previously been supported by SLT following approval of the Project Mandates, Estate compliance and High Risk infrastructure projects including annual commitments relating to capital staff and revenue to capital transfers.

CMG have, in line with best practice, retained a modest contingency of £1m and have increased both the Estate and Digital backlog budgets by £0.5m.

In addition a budget of £1m has been included to try and address some of the small projects requested by the clinical and service boards through the Project Initiation Enquiry process and which limited funding has been made available to move them forward.

Other key projects to note are the continuation of the Theatres Together Refurbishment programs and the refurbishment of the tunnels at UHW between the main building and Lakeside Wing.

Subject to approval of the draft programme as presented only £0.165m remains unallocated at this stage.

Description	Expenditure		
	Major	Discretionary	Total
Construction			
Lift Upgrade (BJC)	2,854		**2,854**
Tertiary Tower Infrastructure	310	573	**883**
Rhydlafar Surgery	762		**762**
TEF - Fire	362		**362**
TEF - Infrastructure	2,552		**2,552**
TEF - Decarbonisation	329		**329**
TEF - Mental Health	261		**261**
TEF - Infection Prevention Control	448		**448**
TEF - Decontamination	603		**603**
Wellbeing Hub Park View			**0**
Roofs Upgrade (UHW)	2,801		**2,801**
Newborn Screening			**0**
Theatres Upgrade Scheme		500	**500**
Tunnels UHW (Lakeside)		500	**500**
Estate Rationalisation (Glamorgan, Monmouth)		500	**500**
Upgrade of University space (corridors Cardiology & Haematology etc)		250	**250**
Fire Compartmentation		300	**300**
Haematology Day Centre Extension, University Hospital of Wales	1,089		**1,089**
Demolition and car parking upgrade	386		**386**
Diagnostic Investments 2026-27	3,731		**3,731**
Mental Health Quality and Safety Schemes 2026-27	456		**456**
Theatre Recovery	300		**300**
CT Scanner (Commissioning)		25	**25**
Seclusion Room Hafen Y Coed	295		**295**
Theatre 3 & 4	233		**233**
EAC Works Hafen Y Coed	150		**150**
Maternity AHU (Commissioning)		25	**25**
HSDU Refurbishment		20	**20**
Diff (Helipad)	111		**111**
Ward Kitchens	199		**199**
Walk in Freezer	150		**150**
Plate Heat Exchanger (Pool Plant)		25	**25**
Reception HYC	93		**93**
TDSI Controllers	300		**300**
TEF - Infrastructure (foul drainage scheme shortfall)		188	**188**
Main switchgear upgrade		50	**50**
ITU Infrastructure Enabling		286	**286**
Major Capital Business Cases			
Haematology Ward & Day Unit BJC		400	**400**
ITU Refurbishment (SOC)		50	**50**
UHL Ophthalmology to deliver the Business Case (SOC)		459	**459**
Masterplan UHW (vision Doument)	130		**130**
Water BJC		45	**45**
Transport Hub UHW		360	**360**
WEQAS Relocation (to RIBA stage 2)		400	**400**
ALAS Relocation			**0**

Description	Expenditure		
	Major	Discretionary	Total
Annual Commitments			
UHB Capitalisation of Salaries		700	**700**
UHB Director of Planning Staff		165	**165**
UHB Revenue to Capital		1,015	**1,015**
Estate Statutory Compliance			
Fire Risk Works		200	**200**
Asbestos		400	**400**
Gas infrastructure Upgrade		300	**300**
Legionella		450	**450**
Electrical Infrastructure Upgrade		150	**150**
Ventilation Upgrade		500	**500**
Electrical Backup Systems		250	**250**
Upgrade Patient Facilities		350	**350**
Dedicated Team		200	**200**
Other			
Backlog Estates		1,000	**1,000**
Boundary Wall UHL		25	**25**
Backlog IM&T		1,000	**1,000**
WiFi Cabling		1,064	**1,064**
Windows 11 Rollout		133	**133**
WICIS (ITU System)		500	**500**
ALAC system (Best)		319	**319**
Backlog Medical Equipment		1,000	**1,000**
PIE Requests		1,000	**1,000**
Contingency		1,000	**1,000**
Unallocated funding		**165**	**165**
	18,905	**16,842**	**35,747**

Capital Investment Prioritisation

As requested, each of the Clinical and Service Boards submitted requests for investment to support projects within their respective areas of responsibility and have been included on the schedule attached.

A prioritisation process is ongoing to agree those that will be developed to design and tender stage to ensure when funding becomes available the UHB are in a position to progress immediately.

As the prioritisation plan is developed it will be updated, reviewed by the CMG and presented to the Strategic Leadership Team for approval.

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

- The UHB's 2026/27 Discretionary Capital allocation has increased to £19.088m from £17m in 2025/26.
- The current draft capital plan has an unallocated budget of £0.165m

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

7.1a Clinical Board Capital Priorities – This is in the supporting documents folder on the Cardiff and Vale UHB website or the MS Teams Channel for Board members.

Recommendation:

The Board is requested to:

a) **NOTE:** the content of the paper
b) **APPROVE** the draft capital plan 2026/27

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

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

Five Ways of Working (Sustainable Development Principles) considered:

Prevention	√	Long term	√	Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?

Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	√	

Impact Assessment:

Risk: Yes (delete as appropriate)

Lack of capital funding to deliver the level of schemes required to improve the deteriorating estate

Safety: No

Financial: Yes

The UHB will continue to engage with Welsh Government to determine any potential additional funding available

Workforce: No

Legal: Yes

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

Reputational: Yes

Inability to meet the required standards of accreditation bodies due to the lack of funding to improve the services in the timeframe given, in addition to the capacity issues.

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]***
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)
Equality and Health: No
Decarbonisation: Yes
Although not been specifically, new equipment installed will be more energy efficient.
Welsh Language: No

Approval/Scrutiny Route *(**please note anywhere else this paper has been before**):*	
Committee/Group/Exec	Date:
CMG	18/05/2026
SLT	11/06/2026
F&P Committee	22/07/2026
Board	30/07/2026

Report Title:	Local Trauma and CranioMaxillofacial Contract				Agenda Item No:	7.2
Meeting:	Board Meeting	Public	x		Meeting Date:	30/07/26
		Private				
Status	Assurance		Approval	x	Information/Noting	
Lead Executive Title:	Catherine Phillips, Executive 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:

Cardiff and Vale University Health Board currently operates under a Trauma and Craniomaxillofacial (CMF) commitment agreement with Johnson & Johnson DePuy Synthes through the All-Wales Framework. The existing arrangement has provided continuity of supply, supported clinician familiarity with products, maintained operational resilience and delivered significant financial benefits through discounted pricing arrangements.

The current contract expires in January 2027. Following a review of the market, discussions with clinicians and consideration of the requirements of the Health Board and the wider Major Trauma Network, it has been determined that Johnson & Johnson DePuy Synthes remains the most suitable supplier due to the range, compatibility and clinical acceptability of its products.

The proposed contract is for a three-year period from 1st August 2026 until 31st July 2029 with an annual value of £835,621.00 exc. VAT and a total contract value of £2,298,861.00 exc. VAT.

A key benefit of the proposed award is that pricing will remain unchanged despite ongoing inflationary pressures. The Health Board will continue to benefit from pricing arrangements established under the All-Wales Framework, resulting in an estimated cost avoidance of £24,338.48 ex VAT based on current inflation assumptions. Without the extension, annual expenditure could increase significantly through a reversion to framework list prices.

The agreement also supports continuity of care within a high-acuity trauma environment by avoiding service disruption, retraining requirements and variation in clinical practice. The supplier has demonstrated reliable performance and strong support to clinical services over a number of years.

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

The proposed contract award represents a low-risk and financially prudent approach which supports the strategic development of trauma services and the Major Trauma Centre.
The extension maintains established pricing arrangements, protects the Health Board from market inflation and avoids potential annual cost increases of approximately £336,000.00 if discounts were lost and list prices applied.

The proposed arrangement also ensures continued clinical continuity, supports patient safety, and provides stability while national framework arrangements for trauma products remain uncertain.

During the contract term, a clinically led review of Trauma and CMF product ranges will be undertaken to support standardisation across Trauma and Elective services, reduce unnecessary product variation and identify opportunities for innovation and improved value. Benchmarking activity will also be undertaken to ensure ongoing value for money.

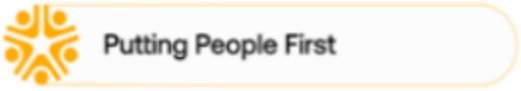
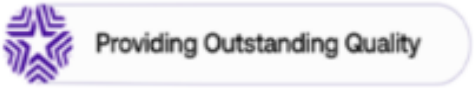
Appendices (please list any appendices that will accompany this report. Do **not** embed)

1. Procurement Outcome Report – Local Trauma and Craniomaxillofacial Contract Award.
2. Request for Approval Form – Local Trauma and CMF

Recommendations:

a) Approve the award of the Local Trauma and Craniomaxillofacial Contract to Johnson & Johnson Depuy Synthes

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. x 		2. x 	
3. x 		4. 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 *(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

Risks associated with stock availability, implant traceability, sustainability targets and activity growth have been identified. Appropriate mitigation measures have been incorporated into contract management arrangements.

Safety: Yes

The contract supports continuity of clinical supply, clinician familiarity with products and patient safety within trauma services.

Financial: Yes

The contract value is £2,298,861.00 ex VAT over three years. The proposal maintains current pricing levels and delivers estimated cost avoidance through protection from inflation and avoidance of framework list prices.

Workforce: No

The continuation of the existing supplier avoids retraining requirements and minimises operational disruption.

Legal: Yes

The award is made via an existing compliant All Wales Framework arrangement
Reputational: No
The contract supports continuity of trauma services and mitigates risks associated with supply disruption.
Socio Economic: Yes
The supplier supports workforce development, clinical education, ethical sourcing and wider social value initiatives.
Equality & Health: No
No adverse equality impacts have been identified. Existing service provision is maintained.
Decarbonisation: Yes
The supplier has established sustainability programmes, carbon reduction initiatives, waste reduction measures and opportunities for product rationalisation and improved stock management.
Welsh Language: No
The proposal relates to continuation of an existing supply contract and does not adversely impact Welsh language standards or bilingual service delivery.

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:
Clinical Board SMT	

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau Gwasanaethau Caffael

Shared Services Partnership Procurement Services

PROCUREMENT OUTCOME REPORT

LOCAL TRAUMA AND CRANIOMAXILLOFACIAL CONTRACT

CAV-DCO (26-27)48

Agreement Type ***Framework/Contract***	Contract – via the All Wales CLI-OJEU-46491 Framework
Brief Agreement Description	Cardiff and Vale University Health Board (CAV UHB) currently operates under a trauma and Craniomaxillofacial (CMF) commitment agreement with Johnson & Johnson DePuy Synthes, designed to maintain continuity of supply, support clinician familiarity, and deliver cost efficiencies during the development of the Major Trauma Centre. This long-standing partnership has provided substantial savings and operational stability over several years. The current contract is due to expire in January 2027. The Health Board has explored the market and based on the requirements of the Health Board and the wider Major Trauma Network it has been agreed that the Health Board will continue to partner with Johnson and Johnson DePuy Synthes based on the suitability, range and compatibility of the products available.
Agreement Duration **Initial Term and Extension Option**	3 years
Contract Dates ***Initial Term & Extension Option***	01/08/2026 – 31/07/2029
Planned / Unplanned	Planned
No. of Tenders Issued	1
No. of Tenders Received	1
Annual Value of Current Agreement	£835,621.00 ex VAT
Annual Value of New Agreement	£835,621.00 ex VAT
Total Value of New Agreement ***Including Extensions***	£2,298,861.00 ex VAT = £2,758,633.20 inc VAT
Savings / Increase ***Cost Avoidance***	Cost Avoidance £24,338.48 ex VAT - Current Inflation 3%
Lead Body LHB or Trust	Cardiff and Vale University Health Board
Impact of Change	Risk Identified - High

1. Product / Market Overview

Cardiff and Vale University Health Board (CAVUHB) currently operates under a trauma commitment agreement with Johnson & Johnson DePuy Synthes. This longstanding partnership has been integral to supporting the organisation's trauma services, ensuring continuity of supply, maintaining clinician familiarity with products, and delivering demonstrable cost efficiencies, particularly during the ongoing development of the Major Trauma Centre.

The decision to extend the current agreement for a further three-year term is driven by the need to maintain continuity and clinical safety, ensuring uninterrupted access to essential trauma products within a high-acuity clinical environment where consistency in supply is critical to patient outcomes and service resilience. Clinicians across the Health Board are highly familiar with the Johnson and Johnson DePuy Synthes portfolio, and continuing with the current supplier avoids the need for widespread retraining, reduces variation in clinical practice, and supports efficient surgical workflows.

As the Major Trauma Centre continues to evolve, stability within the supply chain remains essential. Retaining the incumbent supplier mitigates the risk of operational disruption and allows clinical and operational teams to focus on service transformation priorities rather than managing the risks associated with transitioning to a new provider. The existing agreement has also delivered substantial cost savings over several years through committed volume arrangements and favourable commercial terms, and extending the partnership ensures these financial benefits are maintained while avoiding the additional costs associated with a full procurement exercise and contract implementation.

In addition, Johnson & Johnson DePuy Synthes has consistently demonstrated reliable performance, responsive support, and alignment with the Health Board's service needs. This established and effective relationship provides confidence in the supplier's ability to continue meeting clinical and operational requirements. In summary, extending the agreement for a further three years represents a balanced and strategic approach, ensuring clinical safety, financial efficiency, and operational continuity while supporting the ongoing development and optimisation of the Major Trauma Centre.

2. Procurement Process

In September 2022, Procurement Services engaged with Johnson & Johnson DePuy Synthes' commercial team to understand the cost implications associated with the planned renewal in January 2023. Initial projections indicated a cost pressure of £127,000 based on framework list prices. However, following extensive negotiation, Procurement Services successfully reduced this pressure to a cost-neutral position by securing a three-year commitment on Lot 4 Trauma. A range of options were explored during these discussions, including varying contract lengths and levels of spend commitment, to ensure the Health Board achieved the best possible value for money while maintaining service continuity.

The All Wales Framework, under which this agreement operates, was originally due to expire but has since been extended until 31st January 2027. Notwithstanding this extension, uncertainty remains regarding the direction, structure, and commercial positioning of any future framework

arrangements beyond this date. This lack of clarity presents a degree of risk in committing to a new procurement process or transitioning to an alternative supplier at this stage.

In earlier discussions, Johnson & Johnson DePuy Synthes had advised that price increases would be necessary, as the current pricing, which has remained unchanged since 2019, is no longer considered sustainable for their business. Despite this, in recognition of the long-standing partnership and the strategic importance of supporting CAVUHB's trauma services, the supplier has now offered a further three-year extension under the same commercial terms currently in operation. This offer provides a significant advantage in the current financial climate, ensuring continued cost stability and protection from inflationary pressures.

This position reinforces the rationale for extending the agreement, as it mitigates financial risk, maintains cost neutrality, and avoids exposure to potential price increases in an uncertain future procurement landscape. It also ensures continuity of supply and operational stability while the Health Board awaits greater clarity on the future framework arrangements.

3. Evaluation

Qualification	Not Applicable
Evaluation Panel(s)	Not Applicable
Technical & Commercial Scores	Not Applicable

4. Price Benchmarking Information

If the Health Board were to leave the All Wales Framework for the remaining 11 months and transition to the Total Orthopaedic Solutions Framework via NHS Supply Chain, the estimated financial impact would be approximately £35,000.00 ex VAT compared with current pricing.

5. Financial Implications

A review of expenditure against the All Wales Framework has been completed.

Under Band H (£1.6 million+), the Framework offers:

- a 6% Market Share Discount for committing to 70% or more of market share, and
- a 3% Total Spend Discount for achieving £1 million in total invoiced spend.

Under the CMF Band H – Innovation Band 5 (£200k–£250k) category, the available discounts are:

- a 5% CMF Commitment Discount, and
- a 3% Total Spend Discount for reaching £1 million in total invoiced spend

Without the proposed contract extension, the Health Board would revert to list pricing, increasing annual expenditure to £1,102,486, which represents an additional cost of £336,199.

As part of an indicative impact analysis, the key benefit of awarding a three-year Trauma contract to Johnson & Johnson DePuy Synthes as the principal supplier is the continuation of the pricing

arrangement established under the AW2 framework in 2021. This would enable the Health Board to maintain current pricing levels for the duration of the contract, avoiding any price increases and delivering significant cost avoidance. By the contract's expiry in 2029, prices will have remained unchanged for more than eight years, an outcome that is highly unusual given the prevailing economic conditions and sustained inflationary pressures experienced across the healthcare supply market.

On the basis of the above it has been agreed for the renewal that the Clinical Board will record a cost avoidance due to inflationary pressures being mitigated for an eighth year in a row of **£24,338.48 ex VAT** based on 3% inflation.

6. Sustainable Procurement

As a global healthcare manufacturer, the supplier has established structured sustainability programmes focused on reducing environmental impact, supporting ethical supply chains, and driving responsible innovation across its Trauma and CMF portfolios.

From an environmental perspective, Johnson and Johnson DePuy Synthes continues to invest in reducing carbon emissions associated with manufacturing, packaging, and logistics. This includes initiatives to minimise packaging waste, increase the use of recyclable materials, and optimise distribution networks to reduce transport emissions. Within the context of the contract, there are opportunities to work collaboratively with the supplier to reduce waste at point of use, including rationalising product ranges, optimising consignment stock levels, and supporting efficient product utilisation to minimise expired or unused stock. Greater transparency in stock management data, supported by independent stock checks, will further enable improved inventory control and reduction in waste.

In terms of social value, Johnson and Johnson DePuy Synthes provides clinical education, training, and ongoing technical support to healthcare professionals, contributing to workforce development and improved patient outcomes. The continuation of this contract allows for sustained access to these benefits while enabling the Health Board to work with the supplier to identify further opportunities for added value, such as supporting service improvement initiatives, innovation projects, and knowledge sharing.

7. Risks and Mitigations

Risk: Inefficient stock profile, expiry risk, or theatre delays due to kit/instrument availability.
Mitigations:

- Consignment inventory management with cycle counts, expiry reports, and agreed par levels.
- Loan kit booking rules, cut-off times, and sterilisation turnaround standards.

Risk: Missed NHS net zero objectives; high waste from packaging/instrument sets.
Mitigations:

- Supplier Carbon Reduction Plan, product-level footprint data (where available), and waste reduction targets.
- Take-back/repair/reuse for instruments, tray optimisation to reduce sterilisation cycles.

- Modern Slavery due diligence and annual statement; ethical sourcing audits; quarterly social value reporting.

Risk: Inadequate implant traceability or data access for audits/recalls.
Mitigations:

- Unique Device Identifier (UDI) capture at point of use; integration with the patient record and inventory system.
- Lot/batch tracking and mandatory scanning in theatres; routine traceability tests.
- Data-sharing agreement aligned to Information Governance requirements; role-based access controls.

Risk: Activity growth exceeds forecast; budget overspend.
Mitigations:

- Volume forecasting aligned with Referral to Treatment (RTT)/planned trauma activity; quarterly re-forecasting.
- Demand management and pathway optimisation with clinical teams

8. Recommendations

On the basis of the foregoing, it is recommended that the extension to the J&J Depuy Synthes local trauma contract should be awarded to Johnson and Johnson Medical Limited for £2,298,861.00 Excluding VAT for a period of three **(3)** years.

9. Contract Management

Regular contract management arrangements will be strengthened to reflect the transition from a short-term extension to a full three-year agreement, ensuring sustained oversight, continuous improvement, and delivery of value throughout the contract lifecycle. Regular review meetings will be held between the Directorate, the Supplier, and Procurement, moving beyond operational updates to a more structured, strategic format. These meetings will include formal performance monitoring against agreed KPIs such as product availability, service responsiveness, theatre support, and issue resolution, as well as financial tracking against contract commitments and usage patterns. In addition, there will be more transparent and routine sharing of external stock take data, carried out by an independent provider, to validate inventory levels, support improved stock control, reduce wastage, and optimise working capital tied up in inventory.

Over the first 12–18 months of the contract, a comprehensive and clinically led review of the items included within both the Trauma and CMF elements of the agreement will be undertaken, forming part of a longer-term product rationalisation strategy. This review will involve detailed analysis of product utilisation data, clinical outcomes, and cost profiles, with active engagement from clinical leads to ensure that decision-making is evidence-based and aligned to best practice. Several product lines currently listed are expected to be removed or consolidated, reflecting the ongoing programme of work to standardise practices between Trauma and Elective services. As this work progresses, the contract will be actively managed to ensure compliance with agreed product ranges, with reporting mechanisms introduced to monitor off-contract spend and drive adherence.

Across the three-year term, contract management will adopt a more dynamic and developmental approach, using the extended timeframe to embed continuous improvement and innovation.

Benchmarking activity will be undertaken periodically, comparing pricing, product range, and utilisation with other Health Boards and national frameworks to provide assurance of value for money and identify areas for cost improvement. The longer contract duration also provides an opportunity to work collaboratively with the supplier to explore innovation, including new product technologies, and service enhancements that support theatre efficiency and patient outcomes.

Financial oversight will be a core component of the three-year contract management approach, with regular reporting on spend, savings delivery, cost avoidance, and forecasting. This will support improved financial planning and enable early identification of any pressures or variances. In parallel, demand management initiatives will be introduced to better align product usage with clinical need, supported by improved data analytics and closer collaboration between Procurement and clinical teams.

The extended contract term will also allow for more robust preparation for future procurement activity. Over the duration of the agreement, data captured through contract management, relating to performance, pricing, utilisation, and outcomes, will be used to inform future strategy and ensure that CAVUHB is well positioned when the market is tested again. This will include horizon scanning in relation to the future direction of national frameworks and ensuring alignment with wider NHS Wales procurement strategies.

Overall, moving to a three-year contract provides an opportunity to shift from short-term contract maintenance to a more strategic, partnership-based approach to contract management. This will ensure that the Trauma and CMF contract continues to deliver high-quality clinical support, operational stability, and demonstrable value for money, while supporting service standardisation, innovation, and long-term sustainability.

10. Contract Delivery

This contract is continuation of an existing agreement, so no changes are required to the current service delivery. A meeting has been held, during which it was confirmed that independent stock takes of the consigned implants will be conducted quarterly. Agreement has also been reached on the consignment process and its approval.

11. Approvals Process & Next Steps

1. Confirmation of Clinical Board Approval to Proceed through sign off of the Procurement Outcome Report
2. Sign off from an Executive level in line with the Health Board SFI's
3. Send to Director of Procurement NWSSP for reference
4. Publication of Notice on Sell2Wales

12. Contact Information	
If you have any issues you wish to discuss, please do not hesitate to contact:	
Prepared by	
Name:	Jane Boult
Contact Details:	Jane.boult@wales.nhs.uk
Date:	07/07/2026
Procurement Approval	
Signed:	S. Yellen
Name:	**Sarah Yellen**
Role:	Assistant Head of Operational Procurement
Date:	07/07/2026

13. Acceptance		
Please confirm your acceptance to participate in this procurement and your agreement to the proposal either by signing and returning this Procurement Outcome Report. NB. Your prompt response to this document is critical to maintain agreed timelines. Agreement to participate:		
I confirm acceptance of the outcome detailed in this report, and that the expenditure has an identified budget and will not cause any financial pressure which could result in the Organisation not delivering its financial breakeven duty.		
Cardiff and Vale UHB	Signed:	Nikki Rabone
	Name:	Nikki Rabone
	Role:	Service Manager
	Date:	09-Jul-26
I confirm acceptance of the outcome detailed in this report, and that the expenditure has an identified budget and will not cause any financial pressure which could result in the Organisation not delivering its financial breakeven duty.		
Cardiff and Vale UHB	Signed:	Jesse Ayertey
	Name:	Jesse Ayertey
	Role:	Director Of Operations
	Date:	09-Jul-26
I confirm acceptance of the outcome detailed in this report, and that the expenditure has an identified budget and will not cause any financial pressure which could result in the Organisation not delivering its financial breakeven duty.		
Cardiff and Vale UHB	Signed:	Steven Hill
	Name:	Steven Hill
	Role:	ADOF
	Date:	09-Jul-26

Partneriaeth Cydwasanaethau Gwasanaethau Caffael Shared Services Partnership Procurement Services

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

REQUEST FOR APPROVAL - PROCUREMENT

To: Suzanne Rankin, Chief Executive

AHOP Approval SY

From: Claire Salisbury, Assistant Director of Procurement Services and Executive Procurement Lead - C&V

Reference:- CS/JB CAV-DCO(26-27)48 RFA 26-27 [49]

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:- Claire Salisbury **Date:-** 15-Jul-26

Print Name:- Claire Salisbury

1	Contract Title	Local Trauma and Craniomaxillofacial Contract
2	Contract Period	1st August 2026 - 31st July 2029
2a	Extension Period (if applicable)	Not Applicable
3	Procurement Route	Direct Award via All Wales CLI-OJEU-46491 Framework
4	Current Contractor	Johnson and Johnson Medical Limited
5	Total Value of Current Contract	Annual Value - £835,621.00 plus VAT = £1,002,745.20 **Total Value (3.5 year term)** £2,535,061.52 plus VAT = £3,042,073.82
6	Value of Proposed New Contract	Annual Value - £835,621.00 plus VAT = £1,002,745.20 **Total Value (3 year term)** £2,298,861.00 plus VAT = £2,758,633.20
7	~~% Increase/Decrease in Contract Value~~	Not Applicable
	[a] Cost Avoidance	£24,338.48 plus VAT £29,206.18
	[b] Reason for Cost Pressure/Avoidance	The Cost Avoidance is as a result of avoiding any inflationary uplift.
8	Recommended Contractor[s]	Johnson and Johnson Medical Limited
9	Budget/Financial Source: [Directorate/Funding]	Surgery Clincial Board
10	The following supporting documentation is attached	
	(a) Procurement Report	Attached
	(b) Single Tender Action	Not Applicable

	(c) Additional information if necessary	The contract prices were negotiated and have remained fixed at the rates originally submitted in 2018. The longer-term objective is to review the contract as part of both the Major Trauma Network and Elective programmes to reduce product variation, support standardisation where appropriate, and maximise value across the service. This Procurement will be tabled at Board on the 30th July 2026 for approval.

	The Chair is asked to take urgent action in respect of contract approval	Not Applicable
11	Expenditure Exceeds £1m (Ministerial Approval)	Not 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:	Shaping Our Future Wellbeing: In Our Community (SOFW), Wellbeing Hub at Parkview			Agenda Item no.	8.1
Meeting:	UHB Board	Public	x	Meeting Date:	30 July 2026
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive Title:	Executive Director of Finance				
Report Author (Title):	Director of Capital, Estates & Facilities				

Main Report

Background and current situation:

The purpose of this report is to seek Board approval to enter into contract with Kier Construction Ltd, for the construction of the proposed Wellbeing Hub at Parkview, under the terms and conditions of the NEC 3 Engineering and Construction Contract, Option C with an agreed Target Cost of £30,978.22 inclusive of 20% VAT.

The Full Business Case (FBC) for the proposed Wellbeing Hub was approved by Board on the 27th November 2025 and submitted to Welsh Government (WG) in December 2025 for scrutiny and consideration. Ministerial Approval was received in March 2026, allocating the sum of £36.8m from the WG Integration and Rebalancing Fund (IRCF) to deliver the project.

The Target Cost included within the FBC following market testing undertaken in the autumn of 2025 was £30,738.22m inclusive of VAT, which was based on a contract award in January 2026. During negotiiations to finalise the contract the SCP raised concerns regarding the period of time that had elapsed since the initial market testing had been undertaken and the impact of inflation on construction costs, fuel etc. The SCP had reviewed the impact of the inflation which it estimated at £1m.

Discussions between WG and NWSSP Specialist Estate Services and Capital Estates and Facilities (CEF) took place to identify a way forward to mitigate the risk of having to undertake a new market testing exercise causing further delay to the commencement of the scheme.It was proposed that with the agreement of the SCP the contract be changed to reflect the latest framework (BfW2) pain/gain percentage which provides the opportunity for increased gain share and the incentive for the SCP to drive sub contactor and supplier costs down to achieve better value for money. It not only benefits the SCP but also the HB.

To further support the inflationary increase it is proposed to approve the transfer of £200k from the HB project contingency to increase the original Target Cost which was agreed at £30.74m inclusive of 20%VAT.

The benefit of the above change to the 'Pain/Gain' percenatges and the transfer of the contingency does place the onus on the SCP to bridge and inflationary shortfall between the £200k and the estimated £1m.

The SCP has considered the revised offer and has agreed to enter into contract, subject to the changes proposed.

The propsal was discussed and supported by Capital Management Group, at their meeting in June 2026.

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

- There have been significant delays due to the ongoing contract negotiations with the SCP that have had an adverse effect on the start of this project and Capital spend profile.

- Capital Management Group have supported the change in framework, as recommended by NWSSP Specialist Estate Services

Recommendation:

The Board is requested to:

1) **NOTE:** the contents of this paper
2) **APPROVE:** the changes to the contract 'pain/gain' mechanism as proposed and the use of £200k of the project contingency to increase the agreed target cost to £30.978m inclusive of 20% VAT from the FBC agreed Target cost of £30.738m inclusive of 20% VAT
3) **APPROVE:** the appointment of Kier Construction Ltd, as the Supply Chain Partner to deliver the construction of the Wellbeing Hub at Parkview at a cost of £30.978m incl.20% VAT under the terms and conditions NEC3 contract, Option C, Engineering and Construction Contract

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

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Quality Impact Assessment Completed?:
*Please place an "**X**" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk*

Yes	X	No		

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

Risk: ~~Yes~~/No

Safety: Yes/~~No~~
The capital design incorporates statutory health and safety requirements.

Financial: Yes/~~No~~
Capital funding for this project is anticipated to come from the All Wales Capital Programme.
The Full Business Case sets out the rationale and capital costs along with the recurring revenue consequences

Workforce: ~~Yes~~/No

Legal: ~~Yes~~/No

Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: Yes/~~No~~
The scheme design incorporates the required elements of decarbonisation measures required to meet the WG BREEAM Targets.

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Capital Management Group	Date: 16/06/2025
VBRG	Date: 02/07/2025
Senior Leadership Board	Date: 17/07/2025
Finance & Performance Committee	Date: 23/07/2025
UHB Board	Date: 27/11/2025

Report Title:	Haematology In-Patient Strategic Outline Case					Agenda Item No:	8.2
Meeting:	Board		Public	√		Meeting Date:	30/07/2026
			Private				
Status	Assurance		Approval	√		Information/Noting	
Lead Executive Title:	Director of Finance						
Report Author Title:	Director of Capital, Estates & Facilities						

Main Report

Background and Current Situation:

The purpose of this report is to seek the endorsement from the Board of the Strategic Outline Case (SOC) for the development of a new Haematology Inpatient Facility and approve its formal submission to WG for consideration and approval.

During their inspection of the BMT/CAR-T Services in September 2025, JACIE heavily criticised the facilities from which the clinical services are delivered. Of note, was the fact that previous commitments made by the UHB to rectify the issues raised in both 2013 and 2019 had not materialised. Consequently, the JACIE Central Office (JCO) felt unable to recertify the service, despite ongoing excellent clinical results and now demands a credible, detailed plan to address the noted deficiencies before recertification could be entertained.

Whilst also critical of the outpatient/day unit, the UHB were fortunate to have been able to confirm Welsh Government funding support for the expansion and refurbishment of the existing facility, which was designed to meet the JACIE requirements. This project is currently in construction with completion anticipated in December 2026.

In addition to the inpatient facilities, the Stem Cell Processing Unit was also considered in a poor state of repair and inadequate for the volume of work undertaken. An option to relocate the processing unit to space vacated by Cardiff University is being considered in conjunction with the CD&T Clinical Board. This option may require further investment currently not included in the SOC cost plan but which has been highlighted for inclusion in the next stage of the business case process.

The UHB were provided with a 6-month period to respond to the JACIE report and provide an update on the improvements made within the period and demonstrate their future commitments to the delivery of improved patient care. Subsequently, on the 8th July 2026, the JACIE were provided with;

- A cover letter signed by the Chief Executive and Executive Lead for Infrastructure summarising the ongoing construction works of the Haematology Day Unit Extension and the development of the SOC.
- Haematology Day Unit Extension agreed plans and the programme for delivery. (The plans were shared with the JACIE inspectors during their visit in Sept 2025 who were supportive of the proposals).
- The Haematology In-Patient Facility SOC, v8, with the proposed layouts.

The SOC, which is attached as an Appendix, sets out the case for change for the development of a new build and the refurbishment of existing areas within Tower Block 2, and Link Block A.

The SOC includes high level indicative costs in the region of £90m- £95m, which is subject to the preferred method of construction which will be concluded in the next stage (Business Justification Case). A breakdown of the capital costs is summarised below;

	£000m Traditional Construction	£000m Modular Construction
Works costs	53.06	59.08
Fees	9.44	6.79
Non-works costs	2.50	2.62
Equipment	4.39	4.38
Planning Contingency	6.94	7.29
VAT Reclaim	-1.77	-1.40
Total Gross Project Cost	**74.56**	**78.76**
Optimism Bias	15.59	16.37
Total Gross Overall Cost Estimate	**90.15**	**95.14**

The case indicates that some additional revenue implications are associated with main critical staffing infrastructure gaps identified by the JACIE inspection and a revenue case has been prepared by the Health Board and submitted to the commissioners (NWJCC). This is currently being reviewed by NWJCC colleagues.

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

- The accreditation body JACIE have raised concerns regarding the patient environment on 2 previous inspection visits in 2013 & 2019 and were assured that rectification works would be progressed. Unfortunately, little progress has been made in relation to the in-patient facilities and JACIE considered the lack of robust plans prevented them from recertifying the service.
- Failure to maintain JACIE Accreditation will severely impact patients from across South Wales with a likely requirement to decommission the BMT service within CAV & Swansea Bay and recommission activity in NHS England.
- The case has undergone the appropriate internal governance route

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

Haematology In Patient Strategic Outline Case – This is in the Supporting Documents Folder on the Cardiff and Vae UHB website or the MS Teams Channel for Board members.

Recommendations:

a) **NOTE:** the content of the paper
b) **ENDORSE:** the Strategic Outline Case as included in Appendix 1, for the provision of a new inpatient facility to deliver Haematolgy services including BMT and CAR-T in line with the JACIE standards
c) **APPROVE** the SOC for formal submission to Welsh Government to seek capital investment and approval to progress a combined OBC/FBC
d) **NOTE:** the impact to patients and the reputational risk to the UHB with the loss of JACIE Accreditation

Link to Strategic Objectives of Shaping our Future Wellbeing: Please place an "x" in the below boxes where relevant – *Click each item for further information.*			
1.  Putting People First	√	2.  Providing Outstanding Quality	√
3.  Delivering in the Right Places	√	4.  Acting for the Future	√

Five Waves of Working (Sustainable Development Principles) considered: Please place an "x" in the below boxes where relevant									
Prevention		Long Term	√	Integration	√	Collaboration		Involvement	

Quality Impact Assessment Completed? Please place an "x" in the below boxes where relevant				
Yes *(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 (delete as appropriate)
• Failure to maintain JACIE Accreditation will severely impact patients from across South Wales with decommission of the BMT service and activity transferred to NHS England
Safety: Yes
There remains a significant IP&C risk associated with the current inpatient facility as there is no provision for fully complaint isolation rooms.
Financial: Yes
The revenue consequences of the project will be worked through as part of the development of the OBC/FBC
Workforce: Yes
Revised workforce plan to be developed as part of the OBC/FBC
Legal: No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: Yes
There is a reputational risk associated with the loss of accreditation for the unit.
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance*
The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the

proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.
Equality & Health: Yes
An Equality Health Impact Assessment (EHIA) will be required as part of the business case process.
Decarbonisation: Yes
Any new build development will need to comply with the NHS Wales decarbonization strategy
Welsh Language: No
Consideration should be given to potential impact on the Welsh language, including the following key aspects: *• **More than just words**: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?* *• **Accessibility and compliance**: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.* *• **Patient understanding and safety**: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?* *• **Staffing and resources**: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?* *Does the subject matter of your paper risk any of the above not being achieved?*

Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:
Strategic Leadership Team	16.07.2026
Finance & Performance Committee	22.07.2026

Report Title:	Quality Management System (QMS) Improvement Plan				Agenda Item No:	8.3
Meeting:	Board	Public	x		Meeting Date:	30 July 2026
		Private				
Status	Assurance		Approval	x	Information/Noting	
Lead Executive Title:	Jason Roberts					
Report Author Title:	Julia Attwell					

Main Report

Background and Current Situation:

This paper sets out Cardiff and Vale University Health Board's proposed Quality Management System (QMS) Organisational Development Plan, describing both the organisation's long-term aspiration for a coherent, organisation-wide QMS and the current baseline position from which this development plan will proceed. Following Board approval, this plan will be submitted to NHS Performance & Improvement.

The Health Board's ambition is to establish a single, organisation-wide Quality Management System that brings together **quality planning, quality improvement, quality assurance** and **quality control** into one, integrated way of working. The intention is that the QMS will not operate as a separate programme, but instead become embedded within the organisation's governance, planning, improvement and operational processes. Quality management will support better organisational understanding, more consistent decision-making, improved alignment between priorities and delivery, and greater confidence in how risks and outcomes are monitored and managed. The proposed approach is explicitly aligned to the Duty of Quality (Wales), HIW inspection domains, and wider NHS Wales governance and assurance frameworks.

The Organisational Development Plan describes the future QMS as one that is clearly understood across the organisation, uses common language and definitions, is aligned to strategic intent, and is proportionate and supportive rather than burdensome. It also envisages a system enabled by leadership, capability, intelligence and culture, with clear links across all four quality domains and with learning embedded into everyday delivery and decision-making.

In relation to **quality planning**, the development plan sets out an aspiration that strategic priorities, annual plans, IMTP commitments, transformation programmes and service developments should all be explicitly aligned to organisational quality aims. Quality should be designed into services from the outset, with systematic consideration of the six domains of quality, and with clear articulation of intended outcomes, risks, dependencies, benefits and success measures. The development actions proposed include: baseline assessment and maturity analysis; mapping of current planning and governance arrangements; agreement of core QMS components and expectations; and the introduction of standard quality planning measures and KPIs.

For **quality improvement**, the development plan describes an ambition for improvement to become a routine organisational capability rather than a series of isolated projects. Improvement activity should be aligned to organisational priorities, informed by intelligence and feedback, and supported through a coherent operating model, consistent methods and robust measurement. Proposed actions include: testing and refining the QMS improvement approach through a prototype team; establishing learning loops from prototype activity; using maturity matrix outputs to identify priorities; developing an agreed portfolio of internal improvement projects; and building workforce capability in structured improvement methods.

For **quality assurance**, the development plan describes the desired future state as one in which the Board and executive leaders receive clear, triangulated and forward-looking assurance on quality. Assurance should focus more on system performance, risk, trends and action, rather than retrospective compliance alone. The development plan proposes further work to: aggregate maturity assessments across the organisation; develop a clinical governance framework that provides assurance from frontline

to Board; establish benchmarking and standard KPIs; support Board development; and ensure that RAG ratings are supported by narrative and evidence.

For **quality control**, the development plan sets out an expectation that core clinical and corporate processes should be reliable, standardised where appropriate, and controlled in a proportionate, risk-based and improvement-focused way. Existing controls such as incident management, audits and reviews should support learning rather than blame, with clear ownership and better integration into the wider QMS intelligence framework. Planned actions include: mapping current control and assurance mechanisms; reducing duplication; strengthening links between risk, incident, audit and improvement systems; and increasingly targeting control activity toward organisational risks and priorities.

The Quality Management System (QMS) Organisational Development Plan also recognises that successful implementation depends on a wider **enabling system**. This includes leadership, organisational culture, staff capability, governance arrangements and accessible data. The aspiration is for staff to experience an organisation that provides psychological safety, supports learning and improvement, with leaders modelling openness and curiosity. Improvement, human factors and data literacy are recognised as core skills. Planned enabling actions include: education and communication workstreams; development of a capability framework aligned to QMS roles; organisation-wide engagement including a QMS launch event; and ongoing refinement of the model based on learning and feedback.

The **current state assessment** has been informed by baseline questionnaires across Clinical Boards, reflection against the All-Wales QMS Maturity Matrix, and review of existing governance, improvement and assurance arrangements. The report concludes that Cardiff and Vale currently demonstrate **emerging to developing maturity** across the QMS domains. It identifies clear strengths in strategic intent, commitment and expertise, but also highlights opportunities to improve coherence, consistency, alignment and system integration.

The baseline position is summarised as follows:

- **Quality Planning** is assessed as **developing**, with strong strategic intent but inconsistent translation into operational quality goals.
- **Quality Improvement** is assessed as **emerging**, with pockets of good practice and capability but variable activity that is not yet consistently aligned to organisational priorities.
- **Quality Assurance** is assessed as **developing**, with a significant volume of assurance information available, but variable triangulation and a risk of duplication and retrospective focus.
- **Quality Control** is assessed as **developing**, with established compliance mechanisms that are sometimes experienced as burdensome and not always clearly linked to improvement or risk reduction.
- **Enabling factors** are present, including a strong commitment to quality and safety, but capability, data accessibility and protected time for improvement remain variable.

The report therefore proposes a **12-month delivery plan** focused on establishing the foundations of the QMS rather than attempting whole-system transformation at pace. The five priorities are:

1. **Establish a clear organisational QMS framework**
2. **Strengthen quality planning and alignment**
3. **Build improvement capability and focus**
4. **Improve quality assurance and intelligence**
5. **Improve quality control**

These priorities are intended to deliver a shared organisational understanding of how quality is managed, strengthen the line of sight between strategy and frontline outcomes, increase staff capability for improvement, enhance confidence in quality risk management, and ensure that control mechanisms are more meaningful, proportionate and improvement focused.

A detailed project plan has been developed to manage and track delivery and risks.

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

The Quality Management System (QMS) Organisational Development Plan has been informed by a comprehensive baseline assessment of the Health Board's current arrangements for quality planning, quality improvement, quality assurance and quality control. The assessment identified that whilst there are many existing strengths, including strong strategic commitment, established governance arrangements and recognised expertise, the organisation has not yet achieved a fully integrated and mature Quality Management System.

The proposed Organisational Development Plan establishes a clear route to building an effective QMS, focused initially on building strong foundations upon which quality management across Cardiff and Vale UHB will be strengthened.

Approval of the Plan will enable submission to NHS Performance & Improvement and provide a clear mandate for the next phase of development.

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

1. Quality Management System (QMS) Organisational Development Plan document - This is in the supporting documents folder on the Cardiff and Vale UHB website or the MS Teams Channel for Board Members.

Recommendations:

a) Board is asked to Approve the Quality Management System Organisational Development Plan

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "x" in the below boxes where relevant – *Click each item for further information.*

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

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

Prevention	x	Long Term	x	Integration	x	Collaboration	x	Involvement	x

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

Yes		No *(please provide reasoning e.g. not required*		n/a

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

Risk: Yes

The purpose of the QMS Organisational Development Plan is to strengthen the organisation's ability to identify, assess, manage and mitigate risks relating to quality, safety and performance. Failure to implement the proposed development plan may perpetuate existing inconsistencies in quality management arrangements, assurance processes and organisational learning. A detailed project plan has been developed to manage implementation risks and monitor delivery.

Safety: Yes

The Quality Management System is intended to improve the organisation's approach to quality and patient safety by strengthening quality planning, quality improvement, quality assurance and quality control arrangements. The proposed framework supports improved identification and management of quality risks and greater organisational learning. No adverse safety impacts have been identified.

Financial: Yes

There are inherent resource implications associated with implementation of the development plan, including staff time, organisational development activity, training, engagement and programme management support. At present, the plan primarily focuses on aligning and improving existing arrangements rather than introducing significant new infrastructure and is therefore not identifying any additional financial requirements at this time. Any financial implications arising from specific implementation actions will be considered through normal business planning and governance processes.

Workforce: Yes

Successful implementation will require leadership commitment, staff engagement, capability development and protected time for improvement activities. The development plan includes actions relating to communication, education, workforce capability and organisational development to support implementation. The intention is to support staff by creating greater clarity, reducing duplication and strengthening improvement capability rather than increasing administrative burden.

Legal: No

No specific legal issues arise directly from approval of the Organisational Development Plan. The proposals support compliance with existing statutory duties and policy expectations, including the Duty of Quality and associated governance requirements within NHS Wales.

Reputational: Yes

There are positive reputational opportunities associated with demonstrating a clear and systematic approach to quality management and continuous improvement. Conversely, failure to develop a coherent organisation-wide QMS could adversely impact confidence amongst regulators, partners, patients and staff. The proposed development plan seeks to strengthen assurance and organisational confidence in the Health Board's approach to quality management.

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 proposals constitute a strategic organisational development initiative which will influence how services are planned, improved and assured. Although the plan does not directly change services, the proposed approach encourages the systematic consideration of quality outcomes, equity, patient experience and population need when planning and improving services. Through strengthened quality planning and use of intelligence, the QMS should support more informed decision-making and contribute towards reducing inequalities in outcomes for people experiencing socio-economic disadvantage.

Equality & Health: No

The Organisational Development Plan establishes a framework for quality management rather than introducing specific service changes or policies that directly affect patients, staff or protected groups. Consequently, a full Equality and Health Impact Assessment is not considered necessary at this stage. However, equality, inclusion, health inequalities and equitable outcomes will form important considerations within future service developments, improvement programmes and quality planning activities undertaken through the QMS. Any future initiatives arising from the plan will be subject to appropriate impact assessment processes where required.

Decarbonisation: No

The proposals do not present any significant risk to the Health Board's decarbonisation objectives. By promoting better planning, improvement, use of data, reduction of duplication and more effective deployment of resources, the QMS may indirectly support sustainability and value-based healthcare principles. No adverse environmental impacts have been identified.

Welsh Language: No	
Communications, engagement activities, learning materials and supporting documentation will be made available bilingually where required.	
Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*	
Name of Committee/Group/Exec	Date:
Quality Committee	2 June 2026
QMS Project Board	22 May 2026