

Quality Committee 16.09.2025

Tue 16 September 2025, 14:00 - 16:00

MS Teams

Agenda

14:00 - 14:05

1. Standing Items

5 min

1.1. Welcome, Introductions & Apologies

Ceri Phillips

1.2. Declarations of Interest

Ceri Phillips

1.3. Minutes of the Quality Committee Meeting held on 05.08.2025

Ceri Phillips

📄 1.3 - Draft Quality Public Minutes 05.08.2025.pdf (7 pages)

1.4. Action Log – Following the meeting held on 05.08.2025

Ceri Phillips

📄 1.4 - Quality Committee Actions following 05.08.2025.pdf (1 pages)

1.5. Chair's Action taken since last meeting

Ceri Phillips

None.

14:05 - 15:35

2. Items for Review & Assurance

90 min

2.1. UHB Quality Indicators Report

30 mins *Alex Scott / Angela Hughes*

📄 2.1a - Quality Indicators report sept 25.pdf (2 pages)

📄 2.1b - Quality Indicators Template Sept 25.pdf (29 pages)

2.2. Deep Dive – Infection, Prevention & Control

20 mins *Yvonne Hyde*

📄 2.2 - Public Quality meeting Sept 2025 (29-08).pdf (13 pages)

2.3. Hepatitis B/C Recovery Plan – Six Month Update

10 mins *Claire Beynon*

📄 2.3.1 - Hep B_C Update _QSE FINAL.pdf (4 pages)

📄 2.3.2 - Cardiff and Vale UHB Hepatitis (B and C) Joint Recovery Plan 2025-26 Final.pdf (28 pages)

2.4. No Smoking Enforcement – Six Month Update

10 mins *Claire Beynon / Huw Brunt*

Chilcott, Rachel
15/09/2025 10:10:25

📄 2.4 - Smoking enforcement on hospital sites FINAL.pdf (4 pages)

2.5. Discharge Advice Letters (DALs) - Verbal Update

5 mins Aled Roberts

2.6. The UHB Clinical Services Plan

10 mins Vicky Legrys

📄 2.7a - CSP Report for Quality Committee 16.09.25.pdf (5 pages)

📄 2.7b - Appendix A - CSP project plan.pdf (6 pages)

📄 2.7c - CSP engagement plan Aug 2025.pdf (6 pages)

15:35 - 15:40 3. Items for Approval / Ratification

5 min

3.1. Policies

5 mins Catherine Wood

i) UHB 372 – CAVUHB Hospital Discharge Policy (integrated with Cardiff and Vale Local Authorities)

📄 3.1.1 - cover doc for hospital discharge policy (1).pdf (3 pages)

📄 3.1.2 - UHB 372 - Discharge from Hospital Policy 2025 NEW DRAFT (1).pdf (22 pages)

15:40 - 15:40 4. Items for Noting & Information

0 min

4.1. Minutes from Clinical Board QSE Sub Committees / Safeguarding Steering Group / IP&C Group

0 mins Jason Roberts

📄 4.1.2 - SSG Final Minutes 22.05.25 (004).pdf (9 pages)

📄 4.1.3 - SSG Final Minutes 24.07.25.pdf (13 pages)

4.2. Radiation Protection Group Chair's Report for the meeting held on 22.07.2025

0 mins Ceri Phillips

📄 4.2 - Radiation Protection Group Chairs Report 22.7.25.pdf (2 pages)

15:40 - 15:40 5. Items to bring to the attention of the Committee

0 min

Ceri Phillips

15:40 - 15:40 6. Agenda for the Quality Committee Private Meeting:

0 min

Ceri Phillips

- i. Private Minutes & Actions
- ii. Any Urgent / Emerging Themes – Verbal (Confidential Discussion)
- iii. Cardiology Review
- iv. Cardiff Health Partners (CHP) Prospectus

15:40 - 15:40 7. Any Other Business

0 min

Ceri Phillips

15:40 - 15:40 8. Review of the Meeting

Chilcott Rachel
15/09/2025 10:40:25

0 min

Ceri Phillips

15:40 - 15:40 9. Date & Time of Next Meeting

0 min

Ceri Phillips

28th October 2025 at 2pm via MS Teams

15:40 - 15:40 10. Declaration

0 min

Ceri Phillips

“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]”

Held on 5th August 2025 via MS Teams

To view the meeting: [CAVUHB Quality Committee 05.08.2025](#)

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
Clive Curtis	CC	Independent Member - Community
In Attendance		
Aled Roberts	AR	Associate Medical Director Patient Safety and Clinical Effectiveness
Paul Bostock	PB	Chief Operating Officer
Jason Roberts	JR	Executive Nurse Director
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Matt Phillips	MP	Director of Corporate Governance
David Fluck	DF	Executive Medical Director
Angela Hughes	AH	Assistant Director of Patient Experience
Claire Beynon	CB	Executive Director of Public Health
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Adam Christian	AC	Clinical Board Director – CD&T
Sarah Lloyd	SL	Director of Operations – CD&T
Helen Luton	HL	Director of Nursing – CD&T
Eloise Hamon	EH	Specialty Registrar in Public Health
Rachel Dix	RD	Lead Nurse – Adult Mental Health
Natasha Goswell	NG	Deputy Executive Nurse Director
Suzanne Rankin	SR	Chief Executive Officer
Observers		
Lauranne Cullen	LC	Regional Director for Llais
Lucy Jugessur	LJ	Deputy Head of Internal Audit
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Steve Riley	SR	Independent Member – University

QC 2025/08/1.1	Welcomes, Introductions & Apologies The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh. Apologies for absence were noted.	ACTION
QC 2025/08/1.2	Declarations of Interest No declarations of interest were raised.	
QC	Minutes of the Committee meeting held on 24.06.2025	

<p>2025/08/1.3</p>	<p>The minutes of the Committee meeting held on 24.06.2025 were received.</p> <p>The Committee resolved that:</p> <p>a) The minutes of the meeting held on 24.06.2025 were approved as a true and accurate record of the meeting.</p>	
<p>QC 2025/08/1.4</p>	<p><u>Action Log following the Meeting held on 24.06.2025</u></p> <p>The Action Log following the Meeting held on 24.06.2025 was received.</p> <p>QC 25/06/007 - Nationally Reportable Incidents (NRIs) - the CC and Executive Nurse Director (END) noted that whilst they had discussed the Shaping Our Future Quality Excellence (SOFQE) programme, they had not decided on the frequency to bring it to the Committee. The CC welcomed the Committee's comments.</p> <p>The Assistant Director of Quality and Patient Safety noted this was captured in the Quality Indicators report and would provide an overview of each project as part of the report.</p> <p>The END suggested they bring a 6-month update to the Committee on the SOFQE programme in its totality – ACTION.</p> <p>QC 25/06/009 - IP&C Position Update – The Assistant Director of Patient Experience (ADPE) noted that they had not had a discussion but would look at role profiles to utilise volunteers for this work.</p> <p>The ADPE suggested bringing an update to the next Committee – ACTION.</p> <p>The Committee resolved that:</p> <p>a) The Action Log from the meeting held on 24.06.2025 was noted.</p>	
<p>QC 2025/08/1.5</p>	<p>Committee Chair's Actions</p> <p>No Chair's Actions were raised.</p>	
Items for Review & Assurance		
<p>QC 2025/08/2.1</p>	<p><u>CD&T Clinical Board Assurance Report</u></p> <p>The Director of Nursing – CD&T (DN-CD&T) presented a patient story to the Committee about a woman who suffered a sudden stroke and was rapidly brought to hospital, where she received thrombolysis and a mechanical thrombectomy. Her story demonstrated the transformative impact of the new thrombectomy service and the importance of rapid, multidisciplinary care.</p> <p>The Executive Medical Director (EMD) noted that timing was critical and asked whether they were working on all parts of the pathway. He also asked for a timeline on when the service would be expanded to 24/7 coverage.</p> <p>The DN-CD&T responded that colleagues in the stroke service and Emergency Unit (EU) were actively tracking the pathways, with radiology focusing on CT timing as a Key Performance Indicator (KPI).</p> <p>Regarding timelines, the Director of Operations – CD&T (DO-CD&T) responded with the following:</p>	

Chilcott, Rachel
15/09/2025 10:40:13

- The thrombectomy service was initially expected to scale up over several years. However, with more successful recruitment, the outlook was more positive.
- They were working with the Joint Commissioning Committee (JCC) on a fast-track approach and planned to present to the Senior Leadership Team (SLT) in September 2025, with the aim to expand the service hours from April 2026.
- The clinical teams were currently refining the details to ensure all parts of the system could scale sustainably, including growing the stroke team at the front door in parallel with radiology.

The Chief Executive Officer (CEO) commented that not all stroke patients were eligible for thrombectomy, and there was a benchmark for the proportion who should receive it. She suggested that benchmarking data would be useful going forward across Wales.

The CC suggested that the Clinical Board provide an update to the committee on the proportion of eligible stroke patients receiving thrombectomy, including benchmarking data, performance data, and trajectory – ACTION.

The DO-CD&T noted that they had a performance dataset that would be shared with the JCC which covered key metrics across pathways to guide improvements. It also included the percentage of patients receiving thrombectomy.

The CC noted that this data formed part of the Quality Indicators report.

The Executive Nurse Director (END) asked whether they were collecting data to compare past outcomes with current ones, including patient experience and survival rates.

The DO-CD&T responded she would clarify this with SSNAP and confirm the metrics available.

The Executive Director of AHPs, Health Scientists and Community Services Development (EDAHC) noted that the SSNAP database benchmarked nationally and allowed patient-level analysis. Time to treatment was recorded for each patient and was a key factor in improving outcomes.

The DN-CD&T presented the report to the Committee which detailed the arrangements, progress and outcomes within the CD&T Clinical Board in relation to the quality, safety and patient experience agenda over the past 12 months. It outlined the achievements and innovations leading to improved quality and care for patients and described some key challenges, risks and the mitigations in place to continue into 2025/26.

The Committee Vice Chair (CVC) highlighted the paediatric radiology team's shift from using general anaesthetic to a more patient-centred approach. She asked how it came about, and whether they would replicate this success.

The DO-CD&T responded with the following:

- The radiology team, supported by Child Health colleagues, explored alternatives to MRIs under general anaesthetic and introduced a "sleep list" approach – mainly for babies – avoiding general anaesthetic where possible.
- Whilst not parent led, some team members were parents who welcomed this option.

Chilcott, Rachel
15/09/2025 10:40:25

	<ul style="list-style-type: none"> It was still early, with six lists trialled so far. Not all were successful, but the team were continuing to evaluate and would present their findings at an internal QSE meeting to discuss next steps and support needed. <p>The Independent Member – Trade Union (IM-TU) asked about the incident where a baby sustained a burn injury in a community setting. He asked in these cases, who held accountability.</p> <p>The DN-CD&T responded with the following:</p> <ul style="list-style-type: none"> It was a complex investigation which involved a creche provider and a community facility, which had been risk assessed by CAV’s dieticians, and the creche was responsible for monitoring the children. Safeguarding processes external to the UHB were involved. As a result, they had shared wider learning across therapies and reviewed risk assessments for community centres. They were aiming for a more robust system going forward, as community centres remained the right setting for these sessions. <p>The EDAHC noted that these incidents highlighted the need for clearer accountability. They needed better risk assessments and clear agreements to map out responsibilities and mitigate risks.</p> <p>The Committee resolved that:</p> <p>A) The progress made by the clinical board to date was noted</p> <p>B) The content of the report and assurance given by Clinical Diagnostics and Therapeutics Clinical Board was noted</p>	
<p>QC 2025/08/2.2</p>	<p><u>Quality Indicators Report</u></p> <p>The Assistant Director of Quality and Patient Safety (ADQPS) and the Assistant Director of Patient Experience (ADPE) presented the Quality Indicators Report and slides which provided assurance in relation to several quality, safety and patient experience priorities. It provided data through the end of July 2025 where available and detailed ongoing actions to drive necessary improvements. Additionally, it included exception reporting to highlight emerging trends and issues related to quality and patient safety.</p> <p>The Independent Member – Community (IM-C) noted interest in the section on learning from obstetric events and asked for some positive steps and early signs of improvement in patient outcomes.</p> <p>The ADPE responded that obstetrics had seen positive steps, e.g. the All-Wales PROMPT simulation training was improving CTG interpretation and encouraged earlier senior reviews. The adoption of the Badgernet system also helped with risk assessments and continuity of care in a high turnover environment. Additionally, there was a growing engagement, openness with families, and ongoing learning.</p> <p>The END asked why ‘feeling safe’ and ‘staff friendliness’ were missing from the mental health patient experience feedback slide.</p> <p>The ADPE responded that the mental health data was pulled from the PARIS system, which came online later, and so inpatient numbers were low. However, better feedback was coming through now and would be included going forward.</p> <p>The CC praised the new format of the Quality Indicators Report.</p> <p>The Committee resolved that:</p>	

Chilcott, Rachel
15/09/2025 10:40:25

	1) The assurance provided by the quality indicators was noted.	
<p>QC 2025/08/2.3</p>	<p><u>Invited Service Review (IRS) of Cardiff and Vale University Health Board (UHB) Mental Health Services</u></p> <p>The Lead Nurse – Adult Mental Health (LN-AMH) presented slides which provided an update on the progress on the improvement plan made in response to the Royal College of Psychiatry Review, which included improvements in risk assessments, therapeutic engagement, and family contact.</p> <p>The Chief Operating Officer (COO) highlighted that the Mental Health Clinical Board was going through senior leadership changes at present and was a difficult time. He noted they were bringing in extra leadership support to review their models of care, particularly how inpatient and community services were organised.</p> <p>The IM-C asked who was involved in co-production groups.</p> <p>The LN-AMH responded that she had recently chaired a co-production series on information sharing, working with Caniad to identify individuals with lived experience who could support. They had a diverse group of family members and service users who provided valuable insights. To ensure their voices were reflected, they included direct quotes from workshops in the guidance. This approach would shape how they develop policies going forward.</p> <p>The CC suggested that the improvement plan include ongoing monitoring and evaluation to track progress against goals to give the team clearer insight into what still needed attention.</p> <p>The CC asked for a further update on this work at the Quality Committee in December 2025 – ACTION.</p> <p>The Committee resolved that:</p> <p>a) The update was noted.</p>	
<p>QC 2025/08/2.4</p>	<p><u>Equity, Equality, Experience and Patient Safety Action Plan - Six Month Update</u></p> <p>The Executive Director of Public Health (EDPH) explained that this was an organisation-wide report led by the Public Health team which focused on the equity domain of quality.</p> <p>The Specialty Registrar in Public Health (SRPH) presented the report and slides which provided a six-month update on the progress, achievements, and ongoing challenges of the Equity, Equality, Experience and Patient Safety Action Plan.</p> <p>The ADPE highlighted that the life expectancy gap was striking and was unsure whether this was communicated effectively. She welcomed a conversation outside of the meeting to discuss how they expanded their community engagement.</p> <p>The CC noted that data availability and collection remained major challenges. Welsh Government (WG) used to regularly collect data on multiple deprivation, but that seemed to have stopped. Without up-to-date intelligence, it was hard to know what interventions worked best.</p> <p>The EDPH responded with the following:</p>	

Chilcott, Rachel
15/09/2025 10:40:25

	<ul style="list-style-type: none"> • The Welsh Index of Multiple Deprivation was regularly updated and used for analysis. Teams had been asked to review waiting lists using this index to identify disparities. • Data gaps remained—while postcode and sex were well recorded, but disability, ethnicity, and other protected characteristics were often missing. • Wider determinants of health (e.g. education, housing) were being integrated into planning, such as Vale 2030. • Public Health consultants in CAVUHB were now assigned one major health topic and one wider determinant each. Key priorities were obesity, vaccination, and smoking—chosen for their potential to reduce health inequalities. • Strong partnerships with local authorities and NHS were essential, regardless of organisational structure. • The NHS could do more internally to improve service access and equity. <p>The CC asked for a six-month update to come back to a future Committee – ACTION.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The actions under way in the action plan to address health inequities in Cardiff and the Vale of Glamorgan was supported. 2) The six-month progress that has been made against the actions, including the challenges around health inequality data availability, was acknowledged. 3) The Committee receiving further updates in another six months was agreed. 	
<p>QC 2025/08/2.5</p>	<p><u>Theatres Review</u></p> <p>The COO introduced the report and summarised the following:</p> <ul style="list-style-type: none"> • A full improvement plan with 66 actions had been submitted to the Cabinet Secretary and Health Inspectorate Wales (HIW). • The focus for this meeting was on the progress with six foundation actions and high-impact tranches. Other recommendations were scheduled for later phases. • Good progress had been made despite summer pressures and staffing demands. • Staff had been hard on themselves, but key issues had been addressed. A staff sense-check was planned for September to ensure the plan felt coproduced. Some actions required immediate implementation, whilst others needed staff engagement. • They needed to work on what the main Key Performance Indicators (KPIs) would be to measure success. • A more detailed update would be brought to a future Committee. <p>The CC thanked colleagues for their swift action, and they must continue with openness and focus on improving theatre services for patients and staff.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The progress on the Theatre Together Programme was noted. 	
	<p>Items for Approval / Ratification</p>	
<p>QC 2025/08/3.5</p>	<p>Policies</p> <p><i>No policies for approval.</i></p>	
	<p>Items for Noting & Information</p>	

QC 2025/08/4.1	Minutes from Clinical Board QSE Sub-Committees / IP&C Group The Committee resolved that: 1) The minutes were noted.	
	Agenda for Private QSE Meeting	
QC 2025/08/6.1	<ul style="list-style-type: none"> i) Minutes and Action Logs from the Private QSE Committee on 24.06.2025 ii) Any Urgent / Emerging Themes – Verbal Update 	
	Any Other Business	
QC 2025/08/7.1	No items.	
	Date & Time of Next Meeting:	
QC 2025/08/8.1	16th September 2025 at 2pm via MS Teams	

Chilcott, Rachel
15/09/2025 10:40:25

Action Log - Public Quality Committee

Update for meeting 16th September 2025
(Following the meeting held on 5th August 2025)

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
Actions					
QC 2025/08/1.4	Action Log - Shaping Our Future Quality Excellence (SOFQE) programme	For a 6-month update to be brought to the Committee on the SOFQE programme in its totality	03.03.2026	Jason Roberts / Ceri Phillips	COMPLETED – added to the Forward Plan for March 2026's meeting.
QC 25/06/009	IP&C Position Update	For ADPE and HNIP&C to discuss how best to utilise volunteers to remind visitors about hand hygiene and IP&C	16.09.2025	Angela Hughes / Yvonne Hyde	Update to be provided during the Action Log section of the meeting.
QC 2025/08/2.1	CD&T Clinical Board Assurance Report	Provide an update to the committee on the proportion of eligible stroke patients receiving thrombectomy, including benchmarking data, performance data, and trajectory.	20.01.2026	Sarah Lloyd / Helen Luton	COMPLETED – added to the Forward Plan for January 2026's meeting.
QC 2025/08/2.3	Invited Service Review (IRS) of Cardiff and Vale University Health Board (UHB) Mental Health Services	For a further update on this work to come to the Quality Committee in December 2025.	09.12.2025	Rim Al-Samsam / Tara Robinson / Rachel Dix	COMPLETED – added to the Forward Plan for December 2025's meeting.
QC 2025/08/2.4	Equity, Equality, Experience and Patient Safety Action Plan - Six Month Update	For a six-month update to come back to a future Committee.	03.03.2026	Claire Beynon / Eloise Hamon	COMPLETED – added to the Forward Plan for March 2026's meeting.
Actions referred to Board / Committees					
Actions referred FROM Board / Committees					

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15/09/2025 10:40:25



Report Title:	Quality Indicators			Agenda Item No:	2.1
Meeting:	Quality Committee	Public	x	Meeting Date:	16.09.2025
		Private			
Status (please only tick one)	Assurance	x	Approval	Information/Noting	
Lead Executive:	Executive Director of Nursing				
Report Author:	Assistant Director of Quality and Patient Safety				

Main Report

Background and Current Situation:

The Quality Indicators report provides assurance in relation to a number of quality, safety and patient experience priorities.

The report provides oversight of data up until the end of August 2025 with details of actions that are being undertaken to drive the requisite improvements.

The quality Indicators report will include exception reporting to bring emerging quality and patient safety issues and themes to the attention of the committee.

The quality indicators are continuing to develop and further indicators will be included to provide oversight of the timeliness of patient care and equality and equity of care provision and health outcomes.

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

- Nationally reportable Incidents were reported at a rate of 2.31 per 100 000 population with thirteen NRIs reported in August 2025.
- Progress is reported against a number of programmes sitting under the Shaping our Future Quality Excellence Programme.
- Clostridium difficile and Methicillin Susceptible Staphylococcus aureus rates are below the rate observed in September 2024, however an increase in methicillin resistant Staphylococcus aureus has been observed
- UHB Still birth rates of 3.41 per 1000 births for 2025 compared with a rate of 3.8 per 1000 births in England and Wales in 2024.
- NEWS 2 was implemented in July 2025 along with the new sepsis screening tool. Work continues to implement PEWS and MEWS.
- The roll out of ePMA continues with the system being implemented in neurosciences from early September 2025.
- An overview of the respiratory national audits is included in the report following presentation at the clinical effectiveness committee
- HIW published the Elizabeth ward inspection report following an unannounced inspection
- The Leadership Listening Walkrounds commenced in August 2025 to support Members of the board to meet with clinical teams to discuss successes and challenges in these areas.

Appendices

- 2.1b - Quality Indicators Template Sept 2025

Recommendations:

The Committee is requested to:

- a) Note the assurance provided by the quality indicators and the associated work to drive improvements in these areas

Link to Strategic Objectives of Shaping our Future Wellbeing:

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:

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

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

Risk: n/a
Safety: Yes/No
Financial: Yes/No
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: n/a
Equality & Health: Yes/No
Decarbonisation: Yes/No
Welsh Language: Yes/No

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

Name of Committee/Group/Exec	Date:
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Chilcott, Rachel
15/09/2025 10:40:25



GIG
CYMRU
NHS
WALES

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

Quality Committee

Quality Indicators and Performance Report

September 2025



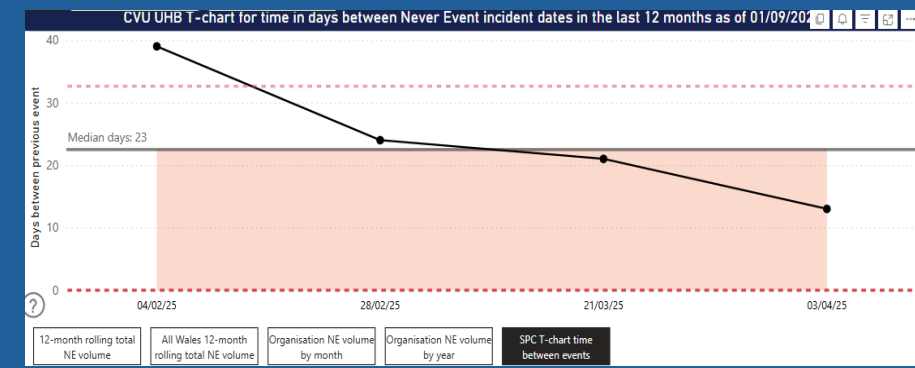
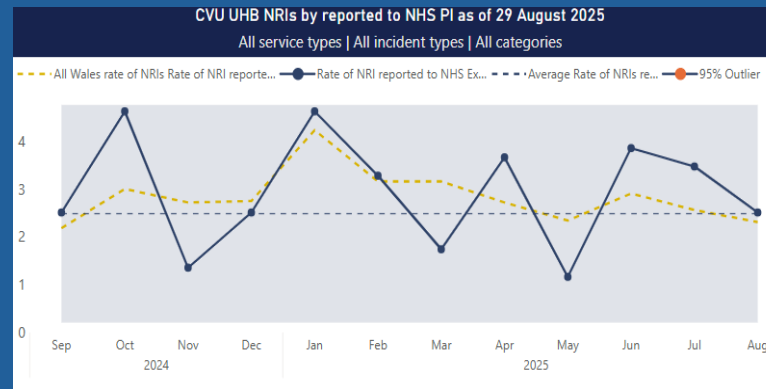
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15/09/2025 10:40:25

Safe Care

Patient Safety Incident Reporting



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15/09/2025 10:40:25



The UHB Nationally Reportable Incidents (NRI) reporting rate in August 2025 was 2.31 per 100,000 population. Thirteen NRIs were reported in total during August 2025.

There were 2335 patient safety incidents reported in August 2025 of which 390 were reported as resulting in moderate harm or above of these 63% have not been subject to an interim review by the first week in September. This is significant as initial reported harm is generally over estimated and 75% of those incidents initially recorded as resulting in moderate harm and above that have been subject to a review have been downgraded to no or low harm. However, 25% have been confirmed as having resulted in moderate harm or above and are therefore subject to the Duty of Candour and where deemed to have resulted in serious harm will require NRI reporting. All patient safety incidents should be subject to a timely review and robust fact finding and action to mitigate any risk. The patient safety team are implementing sessions commencing in August to work with clinical leaders to support them in the timely management of their patient safety incidents.

In response to the rising number of unviewed and unmanaged patient safety incidents, the Patient Safety Team is offering targeted Datix engagement sessions for incident managers. These sessions aim to address specific challenges and provide support, ultimately equipping managers to effectively manage and close incidents. This initiative is intended to reduce the risks associated with a backlog of unreviewed patient safety incidents.

Safe Care

Patient Safety Incident Reporting



Chilcott, Rachel
15/09/2025 10:40:25

Theatres Together

The foundation Tranche of the theatre's improvement plan undertaken to date includes strengthening of security in changing areas, with the implementation of TDSI security systems to control access. The provision of paediatric anaesthesia has been standardised to align with the Royal College of Anaesthetist guidelines, and work is underway to enhance the paediatric recovery area. Work is underway to standardise the set up of anaesthetic rooms and to review current theatre cleaning arrangements and to deliver a revised cleaning schedule that aligns to the national cleaning standards.

Work has commenced to develop a dashboard to monitor progress against each of the recommendations.

WHO Checklist Collaborative

In partnership with the perioperative team, anaesthetists and surgeons the WHO collaborative have developed a set of principles that must be adhered to, that support a standardised UHB wide WHO checklist process. Systems have been developed to provide assurance that the WHO checklist principles are being adhered to. An initial audit of WHO checklist adherence was undertaken at the end of August 2025. The findings of the audit will inform the development of a WHO checklist audit tool and a wide-reaching audit.

Shaping our Future Quality Excellence

Shaping our Future Quality Excellence is an executive led programme to deliver UHB wide improvement projects addressing quality and patient safety priorities. Projects reporting into the project board include medicines safety, acute deterioration, infection prevention and control and lost to follow up. Updates on these projects have been provided throughout the quality indicators report .

Shaping our Future Quality Excellence – Lost to Follow Up

This workstream was developed in response to several patient safety incidents relating to disruption of patient clinical pathways, that resulted in delays in diagnosis or treatment.

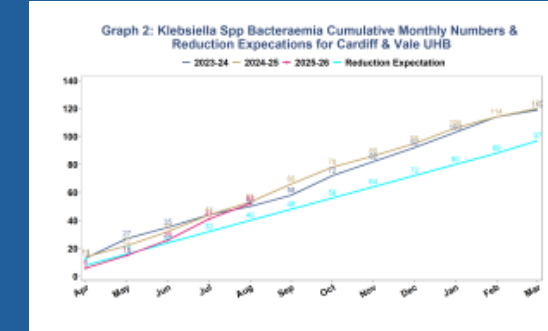
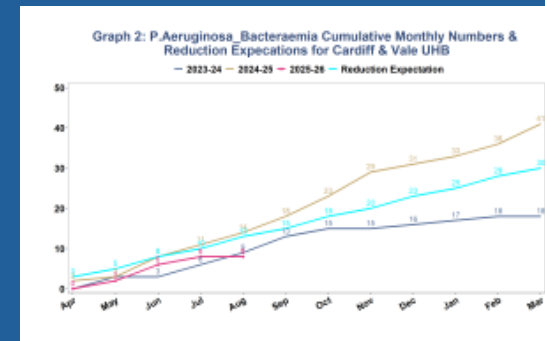
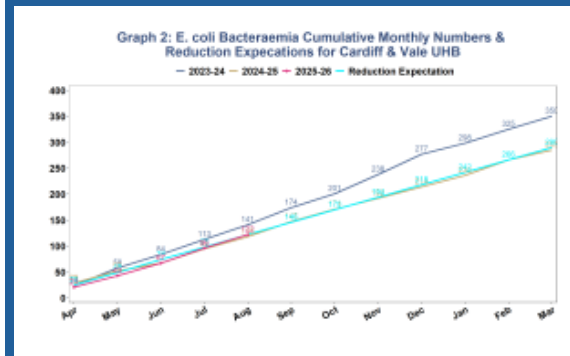
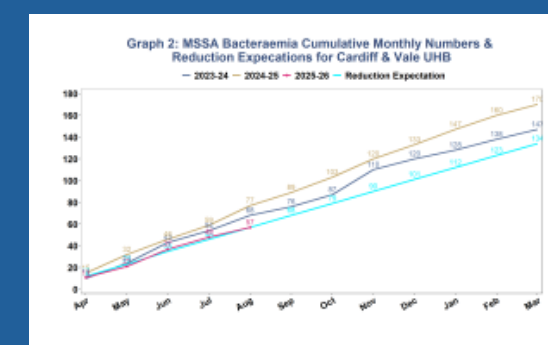
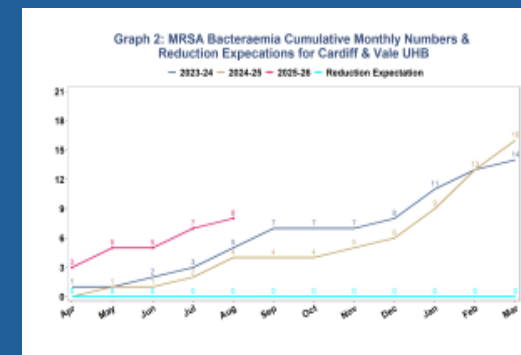
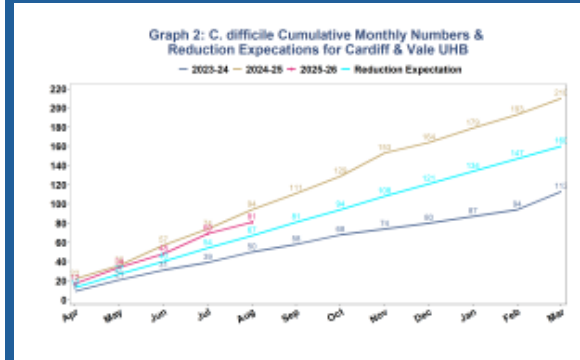
This project has noted significant variation in the paper Clinical Outcome Forms (COFs) in circulation, work is underway to develop a single standardised COF to be used across the health board. Workshop planning has now commenced for mid-October, to involve Senior Clinicians and Ops colleagues in designing and scoping a digital tool following notification from NHS P&I that no funding is available for a digital solution. A targeted approach is being taken with Ophthalmology and midwifery to help resolve the high numbers of uncashed clinics. Hot reporting will begin on uncashed clinics.

Safe Care

Infection Prevention and Control



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Shaping our Future Quality Excellence HAI Dashboard Development

Work to develop the Infection prevention and control surveillance dashboard is continuing with a planned implementation date in October 2025.

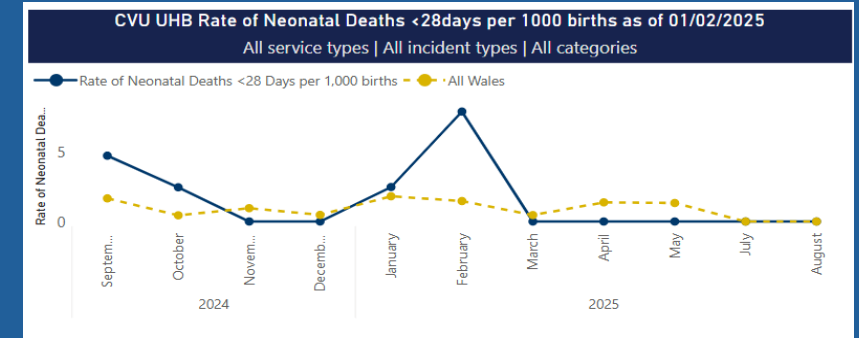
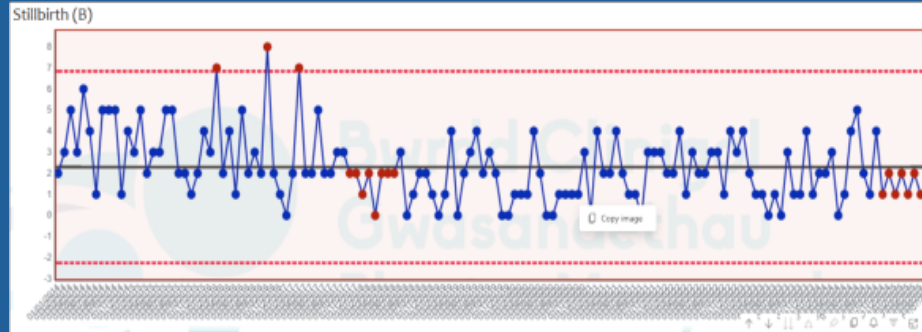
Infection Prevention and Control (IP&C)

An IP&C review of the first four months of the financial year is being presented to the Quality Committee in September 2025. The review demonstrates a reduction in Clostridium difficile (C diff) and Methicillin Susceptible Staphylococcus aureus (MSSA) cases when compared with the same period in 2024 but an Increase in the numbers of Methicillin resistant Staphylococcus aureus cases (MRSA). A focus on the delivery of Aseptic NonTouch Technique training for all clinical staff will be undertaken to combat the MRSA increase.

There is an ongoing focus on adherence to the national cleaning standards, in particular scrutiny of the cleaning of beds spaces between discharge and admission of subsequent patients. Inpatients diagnosed with C diff or Carbapenem Resistant Organisms, Covid-19 or flu require isolation to prevent onwards transmission. The availability of isolation facilities remains a risk for the organisation and nursing staff complete a risk assessment on the Welsh Nursing Care record to inform decisions around isolation.

Safe Care

Perinatal Patient Safety (Perinatal Mortality- MBRRACE)



The UHB Still birth rate was 5.39 per 1000 births for May 2025 and a rate of 3.41 for 2025 as of 1 August 2025. This compares with a national rate of 3.8 Per 1000 births across England and Wales in 2024 as reported by the Office of National Statistics.

In 2023 the NHS Wales National Policy on Patient Safety Incident Reporting & Management was amended to require all the reporting of all maternal, perinatal and infant deaths regardless of whether there were any acts or omissions in care that might have contributed to the outcome. As a result, perinatal deaths have become the highest reported category of Nationally Reportable Incidents.

Between 1 April and 8 September 2025 there have been twelve stillbirths and late fetal losses and seven neonatal, and post-natal deaths reported. Cases will be subject to a multi professional review that will seek to identify any elements of care that might have contributed in part or in full to the outcome and take into account placental histology and post-mortem results.

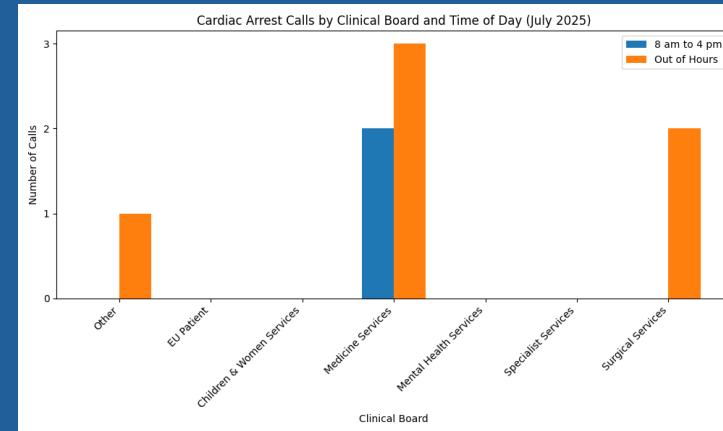
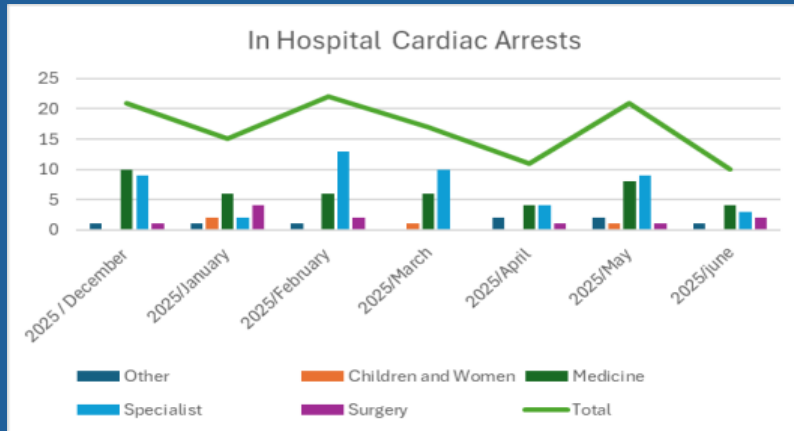
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15/09/2025 10:40:25

Safe Care

Deteriorating Patient and Resuscitation



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15/09/2025 10:40:25



Shaping our Future Quality Excellence Acute Deterioration

Welsh Government issued the Welsh Health Circular, Standardising the Management of Acute Deterioration in 2024, mandating the adoption of the National Early Warning Score 2 (NEWS 2) for the identification and escalation of acute deterioration of adults, Pediatric Early warning Score (PEWS) for children and young people and Newborn Early Warning Track and Trigger 2 (NEWTT2) for use in the post-natal setting. It was stated that the tools must be fully implemented by 30 September 2025.

NEWS 2.

NEWS2 rolled out on 28 July as planned. Clinical response plans, for NEWS score over 7, have been finalised across all areas. Themes identified include delays in the primary clinician response to raised NEWS scores, this is identifying learning from gaps in medical cover. No patient harm has been reported as these patients can still be seen by the on-call team. Any gaps in service is being shared with the relevant Clinical Boards for action.

The P@RT team is providing training, supported by practice nurse educators and posters, screen savers and comms messages have been distributed. Currently more than 4000 staff have been trained, the target set by WG was that 80% of staff be trained, currently C&V are on 65%. The All Wales NEWS2 compliance audit tool will be added to Tendable as a core standards audit. Feedback from roll out has led to the change in the size and lay out of the NEWS chart to make it more user friendly. The Community deadline of end of September will be a challenge due to agreement over appropriate response – this is a national issue. The transition period in change in escalation has been a challenge for P@RT.

PEWS

The go-live is confirmed for 15th September and preparations are progressing to meet this timeline. ESR training is now live, and the clinical leads are liaising with the NHS Performance and Improvement around some elements of this resource. A prototype of the PEWS chart has been developed and is currently under review by clinical leads and relevant stakeholders to ensure accuracy and usability. Response protocols are in the process of being reviewed and refined to align with the new PEWS implementation.

MEWS

The maternity and neonatal digital system, BadgerNet will go-live in December 2025 (due to a national delay). This initial rollout will not include the MEWS chart functionality. The MEWS chart is expected to be available by the end of September and so in the interim period, an alternative solution using paper-based MEWS charts will be implemented. These charts will be updated to reflect the latest MEWS criteria and ensure continuity of care and accurate clinical documentation.

Safe Care

Deteriorating Patient and Resuscitation



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15/09/2025 10:40:25

NEWTTTS

This system is now live. An audit tool will be implemented, and discussions are ongoing to conduct a lessons learned session to assess how staff are responding to the changes.

SEPSIS

The Sepsis screening tool went live on 28 July, alongside the implementation of NEWS2. The tool is based on the UK Sepsis Trust's adult screening tool for acute hospital settings and all Welsh Health Boards and Velindre NHS Trust will adopt this tool, with individual go-live dates, aiming for compliance with WHC/2024/035 by end of September. A sepsis learning event is tentatively planned for September, around World Sepsis Day (13 September) and safety netting advice developed by Aneurin Bevan UHB, in collaboration with the UK Sepsis Trust, is being shared across NHS Wales and will be localised for each Health Board. The data collection for sepsis is currently underway with the All-Wales Sepsis group to agree a standardised approach.

RESUSCITATION

Cardiff and Vale Resuscitation Service and the Welsh Resuscitation Forum has made significant strides in aligning resuscitation services across Wales, especially with the recent focus on cardiac arrest data and its implications for patient safety and care quality.

Welsh Resuscitation Forum (WRF) – Development of a Minimum Cardiac Arrest Data Set

Purpose- To provide an update on the work of the WRF developing a standardised minimum data set for in-hospital cardiac arrest across Wales, aimed at improving patient safety, service development, and shared learning. This group is working collaboratively across Wales to improve outcome from Cardiac Arrest.

Background - The WRF is a peer-led group comprising Resuscitation Services from all acute Health Boards in Wales. It was established to promote collaboration, share best practices, and support service development across the country. In recent years, there has been growing interest in cardiac arrest data as a quality indicator, particularly in relation to:

- Patient safety
- Acute deterioration services
- End-of-life care

Rationale for a Minimum Data Set - The previous data collection approach was based on the Utstein template, which provided a useful framework but lacked consistency across Health Boards. Given the evolving landscape — including:

- A reduction in cardiac arrest incidence
- Increased ILS and ALS training uptake
- Greater emphasis on DNACPR and early recognition of deterioration

— the Forum agreed that a revised, mandated minimum data set was needed to support shared learning and service development.

Task and Finish Group In September 2023, a Task and Finish Group was convened to define the minimum data set. Key points:

- Representation from all acute Health Boards except Powys (no acute Hospital)
- Included input from Acute Deterioration colleagues
- Decision made to focus on a data set only, not a shared digital platform

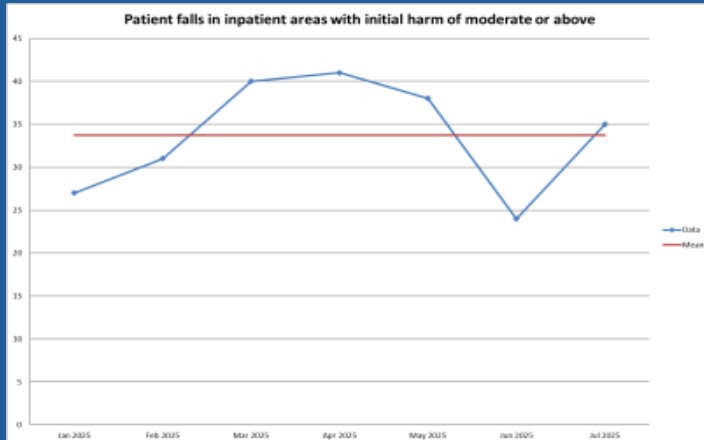
The group conducted a gap analysis comparing current practices with the Utstein model and NCAA recommendations. The outcome was a consensus on a mandated data set with no optional fields, ensuring consistency and comparability across Wales.

Next Steps · Finalise and disseminate the agreed minimum data set

· Encourage adoption across all Health Boards · Explore future integration with national audit platforms · Use data to inform training, service improvement, and policy development.

Safe Care

Patient Falls



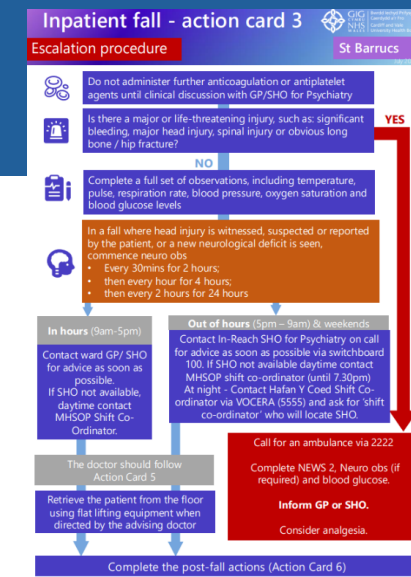
Inpatient falls

Work is ongoing to roll out our inpatient falls prevention and management training, which has been successfully piloted in Mental Health and Medicine Clinical Boards. Trainers are being identified within the other clinical boards who will support the wider delivery of the training programme.





Falls prevention and management training is already embedded as part of the nurse preceptorship programme.

During August, a further 37 people have undertaken the falls prevention and management session. The session continues to be exceptionally well received, with an average staff rating of 4.79 out of 5.

The UHBs falls prevention and management intranet pages have been redeveloped to make them easier to use and to align to the updated falls procedure. All inpatient sites now have site-specific action cards which guide staff on the management of the fallen patient and include instructions on how to assess a patient and how to summon help when needed.



Falls action card from St Barruccs ward

-  Falls information and referrals
-  Promoting telecare and falls response services
-  Support for care homes and domiciliary care
-  Post-fall treatment at or near home

Six Goals programme – falls workstreams

Community falls

Following on from the multi-agency falls workshop earlier in the Summer, workstreams are being established to tackle four key areas (shown left).

A communication plan is being developed with our partner organisations to provide the public with consistent and useful information regarding falls prevention and actions to take following a fall.

The Health Board is working with the Six Goals programme and other Health Boards in Wales to support the commissioning of additional training for care home staff in the management of falls.

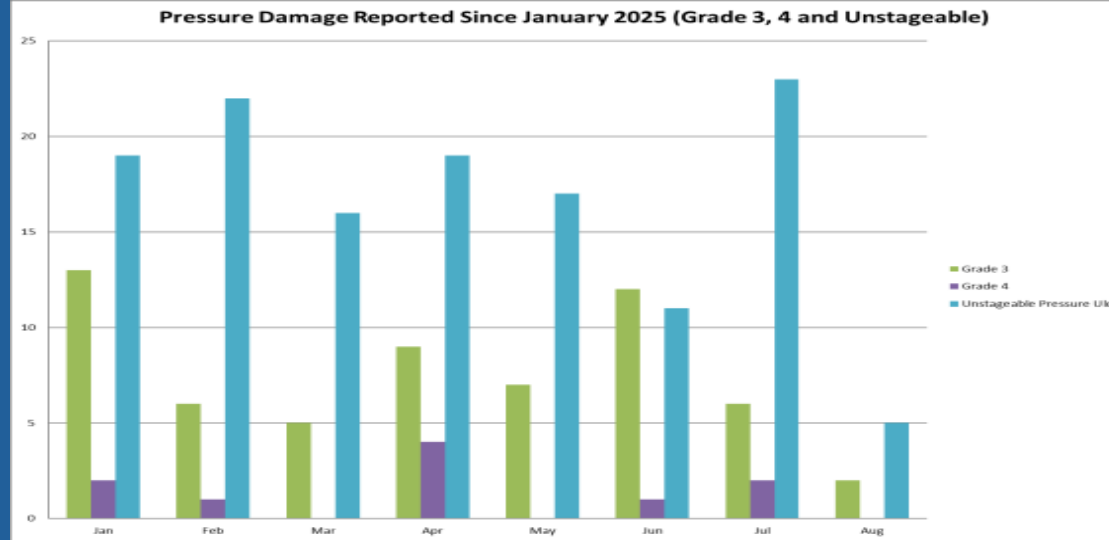
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Safe Care

Pressure Damage



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15/09/2025 10:40:25



The UHB Pressure Damage Collaborative has not sat for an extended period of time, however there are plans to identify a new Chair and to reinstate the groups, which will focus on the outcome of pressure damage incidents to inform education, commissioning of equipment and quality assurance measures.

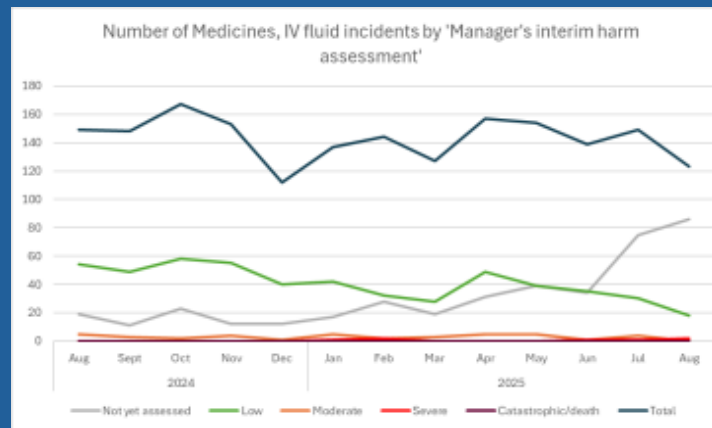
The first meeting of the collaborative will be held in September 2025, chaired the Deputy executive Director of Nursing.

Safe Care

Medication Safety



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15/09/2025 10:40:25



Medicines-related incidents reported via Datix Cymru between 1st August 2024 and 29th August 2025

Manager's interim harm assessment:

- **Catastrophic/Death:** 0 incidents
- **Severe:** 7 incidents (0.4% of Meds, IV fluid incidents)
- **Moderate:** 40 incidents (2.2% of Meds, IV fluid incidents)
- **Low:** 529 (28.5% of Meds, IV fluid incidents)
- **No harm:** 877 (47.2% of Meds, IV fluid incidents)
- **Not yet assessed:** 406 (21.8% of Meds, IV fluid incidents)

Note: Incidents where the Manager's interim harm assessment is 'none' are not shown on the graph (but are included in the total number of incidents)

Launch of Electronic Prescribing Medicines Administration (EPMA) system

EPMA is a key part of the digital medicines transformation portfolio which aims to make the prescribing, dispensing and administration of medicines in Wales easier, safer, more efficient and effective for patients and clinicians.

The roll out of ePMA in CAVUHB began in July, with the system going live on early adopter wards in Nephrology and Transplant (B5, A5 North and Cardiff Transplant Unit). Roll out to Neurosciences commenced 3rd September 2025.

The system is being embedded and initial learning from the first wards are being utilised to improve and optimise further roll-out. Initial data report development and subsequent analysis is being undertaken currently and the ePMA team will soon be able to share initial data related to medicines safety.

Shaping Our Future Quality Excellence (SoFQE) – Medicines Safety

Medicines safety has been adopted as one of the Project sitting within the SoFQE Programme. The project will focus on at least three areas associated with higher risk and where there is evidence of patient safety incidents and near misses across the UHB.

The overarching problem statement has been defined as:-

Our current medicines management processes are resulting in avoidable medicine related harm to patients.

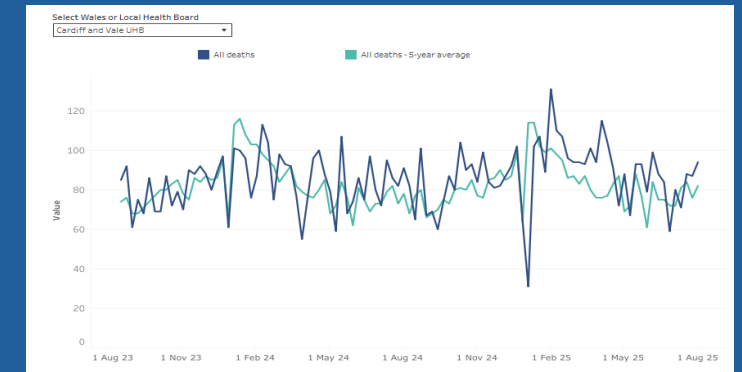
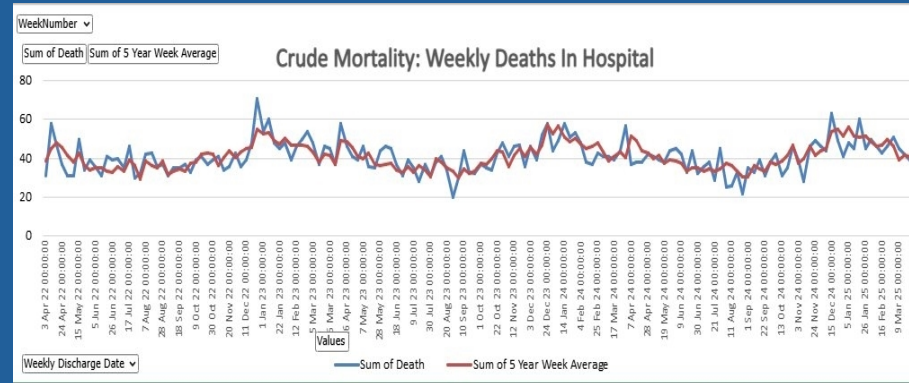
Following stakeholder engagement and first meeting of project board, descriptions of the workstreams and outcome measures will be made available

Effective Care

Mortality



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15/09/2025 10:40:25



The all-cause mortality rate across the Cardiff and Vale UHB area continues a similar seasonal pattern to the five-year average. Numbers of deaths are similar to the same period in the previous year. During week 31 of 2025, 94 deaths were registered in the CAV area, compared with 91 deaths registered during week 31 in 2024.

The Medical Examiner scrutiny process continues to be a valuable source of information and learning for the Health Board. In 45 of the deaths occurring during July, the Medical Examiner provided feedback to the Health Board. Feedback themes included countersignature of DNACPR paperwork, delays in notification to the Medical Examiner of community deaths, and communication. The Health Board uses these themes to inform quality improvement work across a number of groups, such as the RADAR deteriorating patient group.

The Health Board participated in an all-Wales learning event on 2nd September, which considered priorities for improvement in the care after death process and is making preparations ahead of Winter.

Effective Care

Audit and Assurance



August Clinical Effectiveness Committee Summary

Respiratory Services Overview

This provided context for the respiratory departments structure and performance against NICE quality standards, looking at service delivery across asthma, COPD, pulmonary rehab and diagnostic pathways. Challenges highlighted included the consultant staffing level being below national benchmarks, there were long outpatient waiting times (some more than 58 weeks) and limited digital infrastructure for real time data capture. WG funding was supporting waiting list validation and new clinics. There was expansion of community diagnostic services and advocacy for digital data systems and early respiratory review flags.

Adult Asthma Audit (NRAP) - challenges reported poor NRAP data quality despite improved case capture since 2023/24 (aim to have 50% case ascertainment by 2026), low compliance with key indicators such as less than 10% receiving steroids within the first hour (felt that pressure in EU leads to delays in peak flows and starting inhaled corticosteroids), there was inconsistent use of the asthma care pathway and discharge bundle, and limited asthma CNS coverage (3 sessions a week versus the nationally recommended 0.75-1WTE based on the number of admissions). It was highlighted that only 60-70% of patients receive inhaled corticosteroids at discharge which is a major safety risk increasing the risk of asthma death, this has been addressed with EU providing education and ensuring availability of necessary medication in the EU. The identified actions were to expand the asthma CNS provision to 7 days/week, improve junior doctor and ED staff training to include the importance of peak flows and inhaled corticosteroids, embed the asthma pathway into digital systems (such as ePMA) and strengthen the audit department support and clinical input.

Pulmonary Rehabilitation Audit (NRAP) - waiting times were prohibitively long and this has deteriorated since Covid (under resourced for the population size), the aim is 90 days however nobody in Wales is achieving that, C&V were up to 650 days. Despite that, those that are seen report excellent care. There was incomplete audit data due to consent and staffing issues, no written exercise plans were captured (referrals to NERS is not recognised by the audit). Actions taken for improvement include a shift to an opt-out consent model, allocate support staff for audit data entry, a business case has been submitted to expand the service to 5 days/week, and to improve digital capture of referrals and outcomes.

COPD Audit (NRAP) - captured in the audit was oxygen prescribing, spirometry, smoking cessation referrals, respiratory review within 24 hours, NIV access and discharge bundles. It was found that COPD patients were not prioritised for respiratory beds or review, only 11% received NIV within 2 hours, discharge bundles were poorly used or not captured and the COPD team were reported as being under resourced and often pulled to cover in pulmonary rehab. Actions being taken for improvement include the development and implementation of an acute COPD pathway, to ensure all COPD admissions are seen by the COPD team, embed discharge bundles into ePMA or the digital discharge process and advocate for respiratory ward prioritisation and staffing.



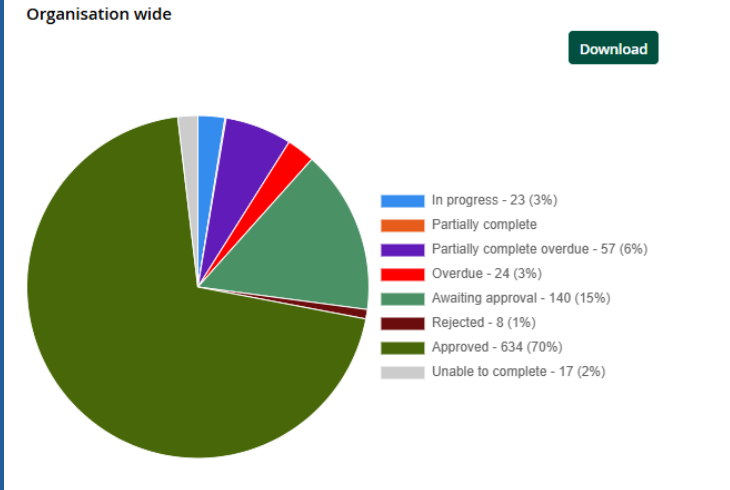
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Effective Care

Internal and External Assurance



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Healthcare Inspectorate Wales

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

There have been no inpatient HIW inspections in July 2025. The unannounced inspection undertaken on Elizabeth Ward on 30 April and 1 May 2025 was published on 1 August 2025. The report noted a strong rehabilitation focus with consistent physiotherapy and occupational therapy. There were weekly music and dance therapy, and performances by the Welsh National Opera, which were well-received. Dementia-friendly features included pictorial signage and 'This is Me' documentation. HIW recommended that discharge processes were strengthened and The UHB and Local authority are reviewing the discharge planning processes in response. Audits of responses to call bells are being undertaken to ensure a timely response and work has been undertaken to improve the ward environment including de-cluttering and monitoring of cleaning.

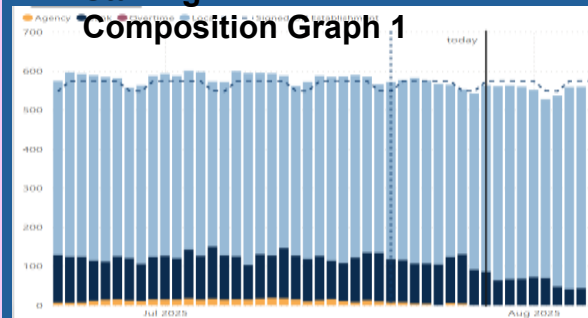
HIW conducted a planned IR(ME)R inspection of Diagnostic Imaging, University Hospital Llandough on 15 and 16 July 2025. The Inspection Report will be published on 16th October 2025.

Leadership Listening walkrounds

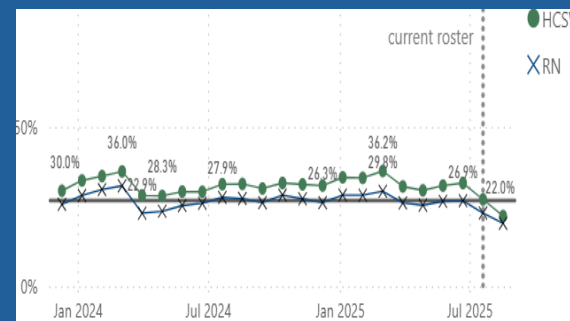
The leadership Listening walkrounds undertaken by the Executive and Independent members of the Board, commenced in August 2025. These walkrounds offer an opportunity for Health Board leaders to meet with clinical teams and support teams across the organisation, to discuss their successes and challenges. Walkrounds undertaken in August and planned throughout September extend to St David's Hospital, Radiology, Surgical Same Day Emergency Care, Lakeside wing and the Day Surgery Unit as well as a number of inpatient wards. The Walkrounds will form part of a wider engagement and internal assurance framework.

Workforce

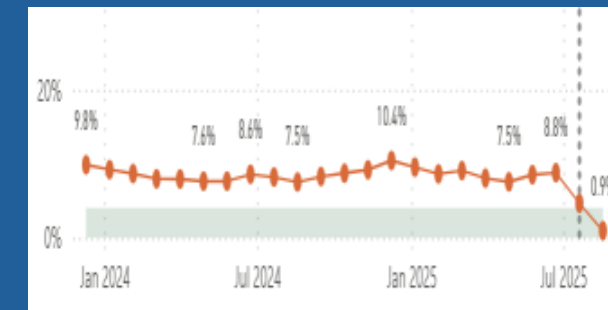
Staffing



Headroom trends Graph 2



Sickness Trends Graph 3



Nurse Staffing Levels

- **Staffing Composition Over 24 Hours – 25B Areas (Graph 1):**

This graph illustrates nurse staffing levels across a 24-hour period for acute adult and paediatric inpatient wards, specifically those designated as 25B areas under the Nurse Staffing Levels (Wales) Act. Substantive staff are shown in light blue, bank staff in dark blue, and agency staff in yellow. Over the past six months, there has been a clear reduction in agency usage, with plans in place to cease all agency staffing from 28th July, supported by tailored exit strategies for specific wards.

- **Headroom Trends (Graph 2):**

Average headroom across all areas stands at 28.6%, with the 25B wards slightly higher at 28.7%. Unavailability continues to be more pronounced within the Healthcare Support Worker (HCSW) group compared to registered nurses.

- **Sickness Rates (Graph 3):**

Sickness remains a concern across the nursing workforce. Last month, the overall sickness rate was 8.8%, with unregistered staff experiencing a higher rate of 11.3%, compared to 7.5% among registered nurses.

- **Shift Appropriateness – 25B Wards:**

Staffing levels are assessed for appropriateness on every shift. Over the past three months, 88% of shifts were deemed appropriately staffed—an improvement from 84% during the same period in 2024, indicating a positive trend in staffing adequacy.



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Patient Centred Care

Patient Experience



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15/09/2025 10:40:25

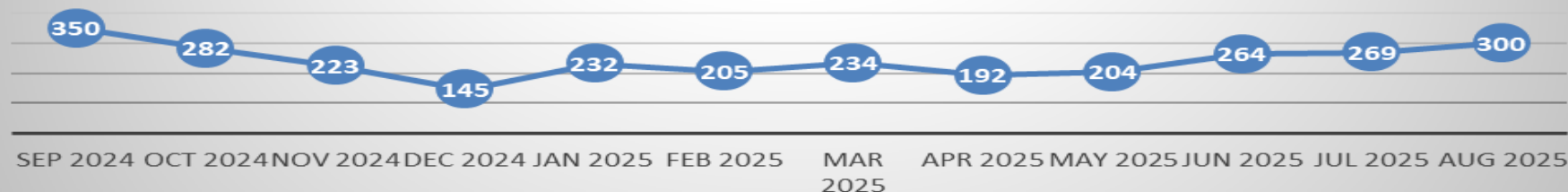
Quality and Patient Experience

Reporting Period: 1 September 2024 – 31 August 2025

The data illustrates the monthly volume of concerns received over the past 12 months.

Contrary to historical trends, concern rates increased during the summer months, a period that typically experiences a reduction.

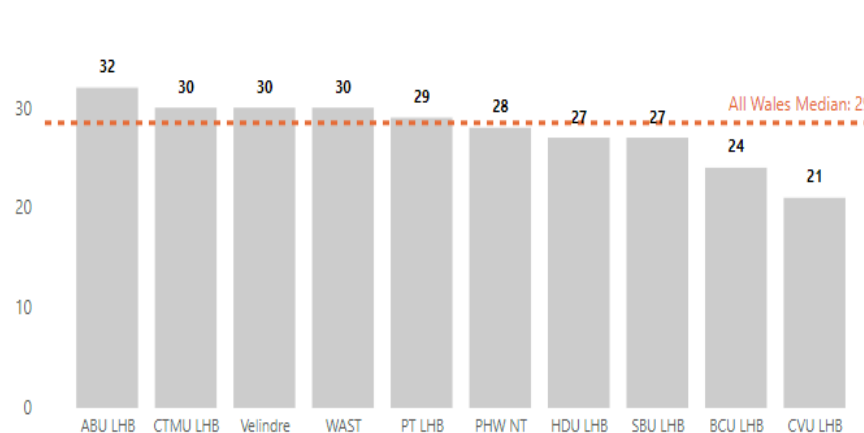
Concerns received by month - last 12 complete months



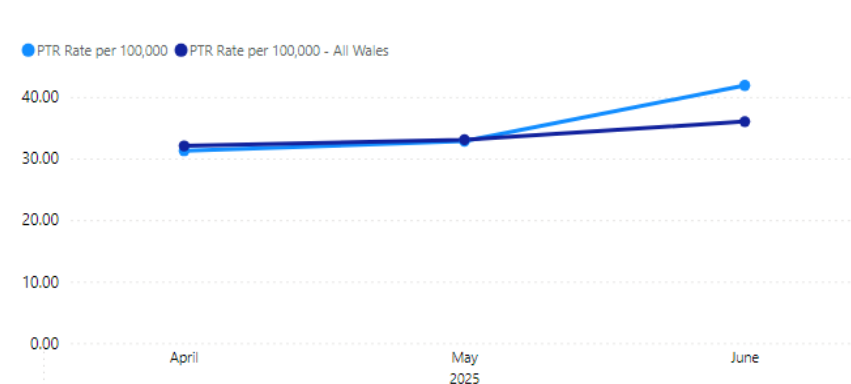
Performance

The graphs below shows the median response time to formal concerns across Wales and Cardiff and Vale UHB's current performance against Welsh Government's 75% target. A decline in response times is recognised across Wales due to the complexity of concerns and the raised awareness of AI tools in generating concerns

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



CVU UHB - PTR Concerns per 100,000 population



Patient Centred Care

Patient Experience



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15/09/2025 10:40:25

Enquiries line

We continue to monitor monthly response times to concerns, enabling us to identify patterns and highlight areas requiring improvement.

Emerging Themes:

Recurring issues are regularly collated and shared with relevant teams to support targeted interventions. Current themes include:

- Challenges in booking or modifying outpatient appointments
- Difficulties accessing the dental portal
- Prolonged waiting times
- Requests to fast-track appointments or referrals

Actions Taken:

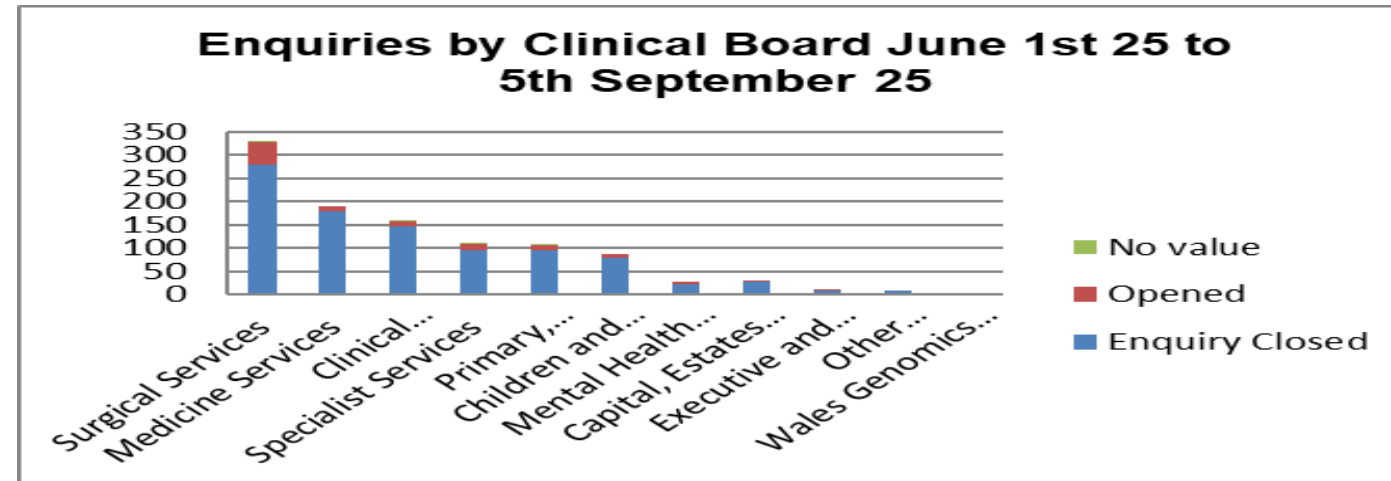
To enhance responsiveness, we have introduced a pilot enquiries line designed to resolve concerns promptly.

Since launching the team have managed 1059 enquiries .

We are working closely with relevant departments to review accessibility and explore the introduction of multiple contact options. Our aim is to ensure all enquiries are acknowledged and addressed efficiently and effectively.

The Concerns Team frequently receives calls relating to Car Parking, Information Governance, Access to Records, and General Enquiries. To improve caller experience and ensure efficient redirection, these options have now been incorporated into the call handling system. Members of the public are now able to select the most appropriate option, enabling their call to be directed to the relevant team more effectively.

The graph below illustrates the number of enquiries responded to by each Clinical Board during the period from 1st June to 5th September 2025. Notably, the Surgery Clinical Board received the highest volume of enquiries.

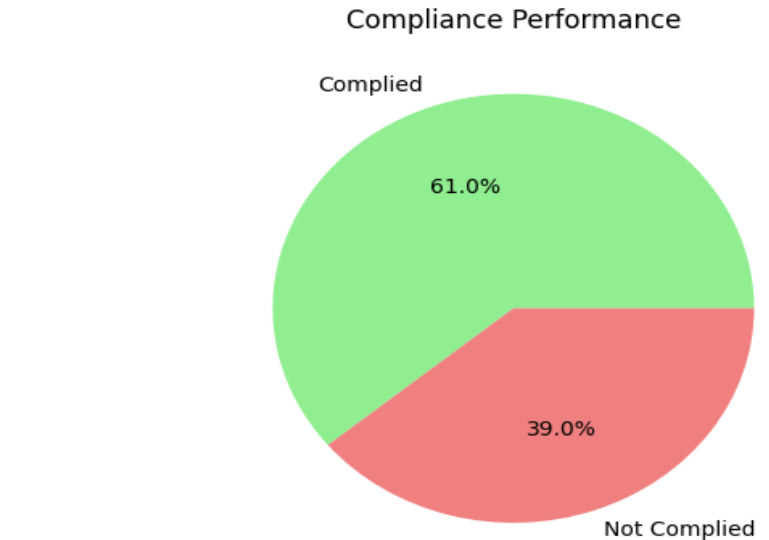
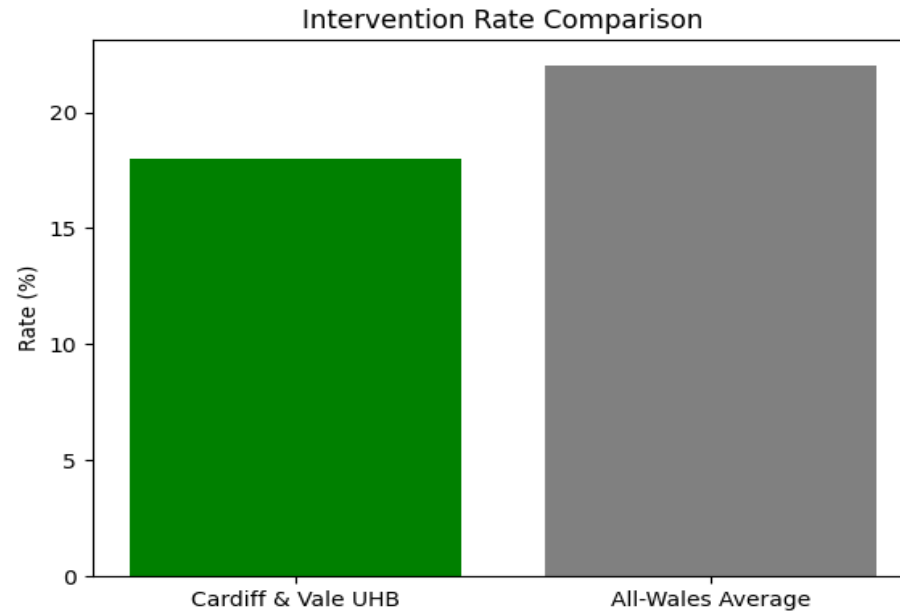
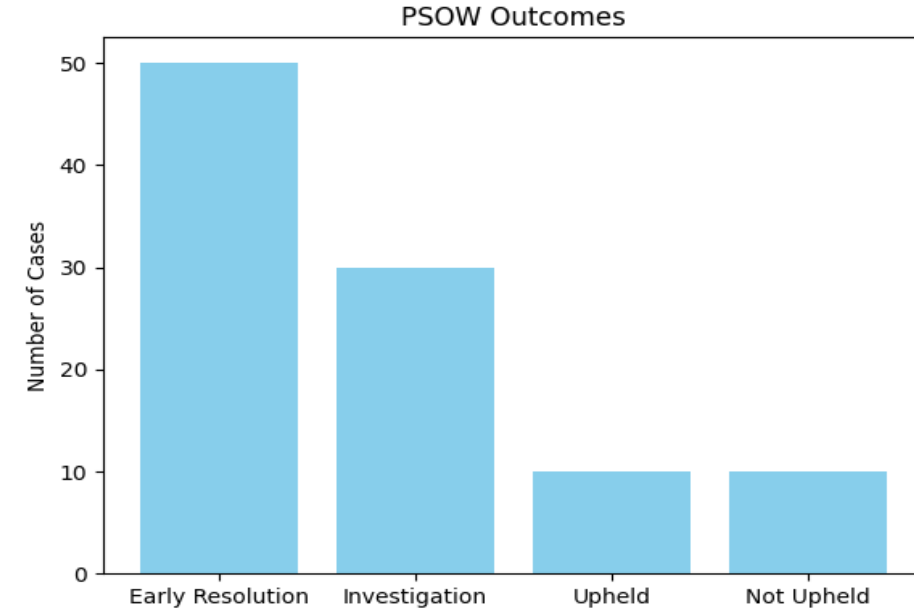
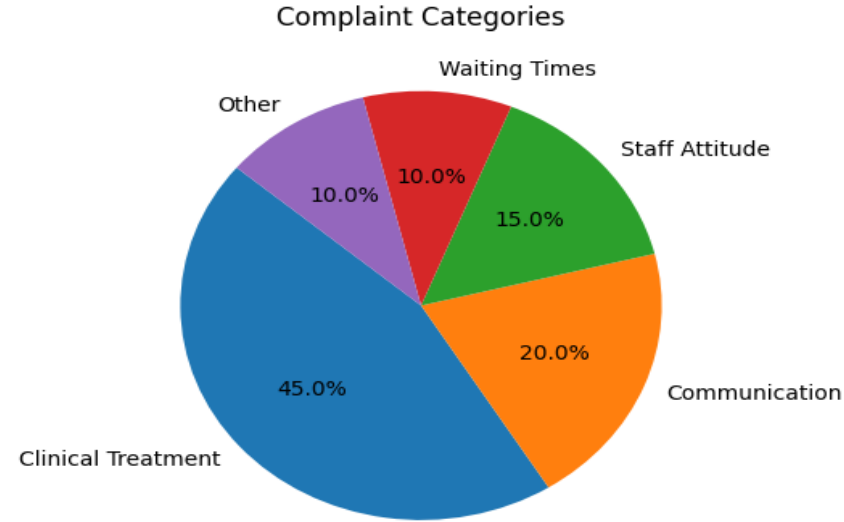


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Patient Experience



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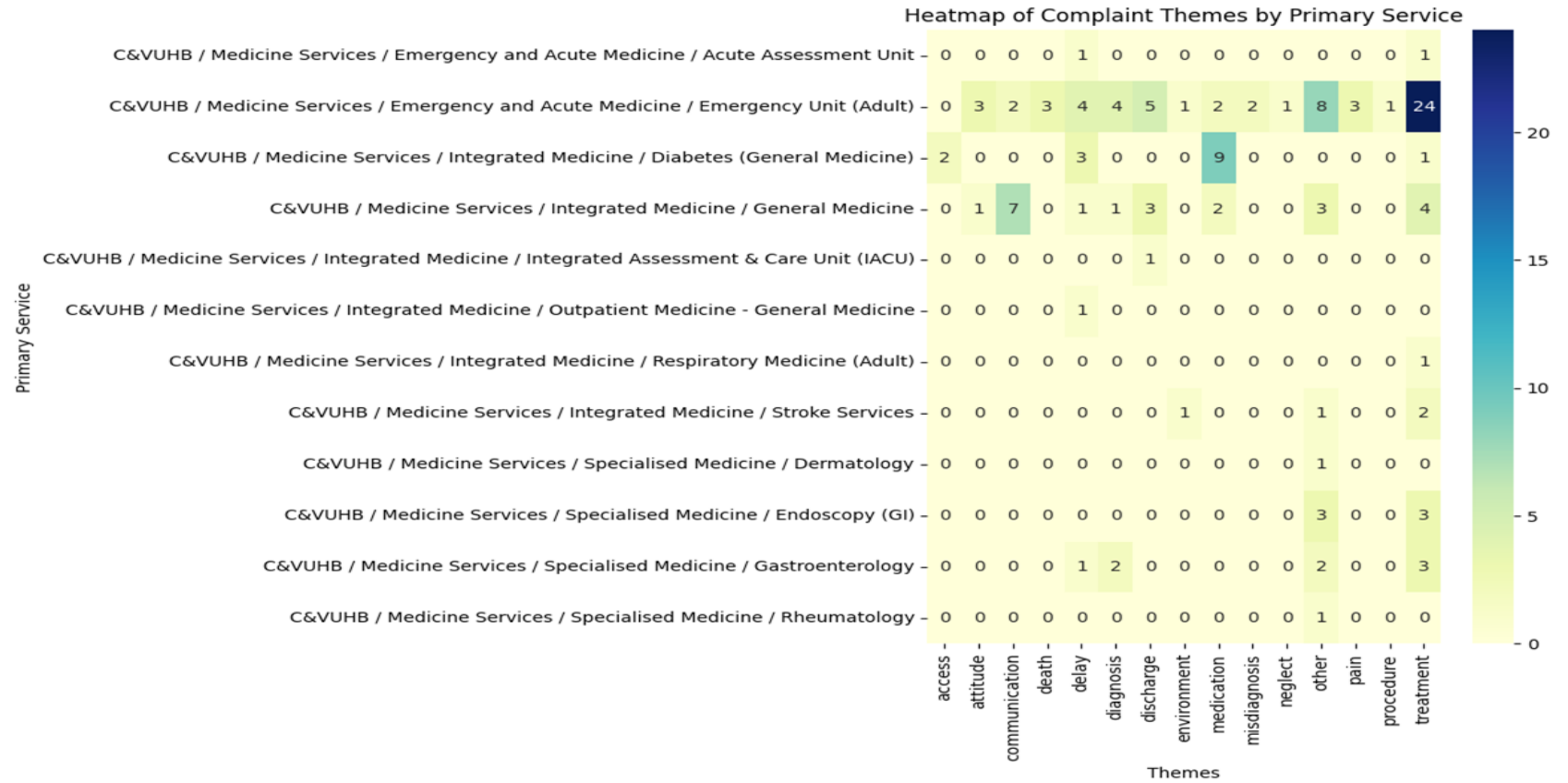


Patient Centred Care Patient Experience



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Deep dive into themes across Medicine Services –What people tell us



Patient Centred Care

Patient Experience



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15/09/2025 10:40:25




Deep dive into themes across Medicine Services –What people tell us



Care and Treatment

- **Most frequently raised concern** across nearly all services.



Highlighted Services:

-  Emergency Unit
- General Medicine
-  Stroke Services
-  Endoscopy

Appointment Issues

- **Prominent in:**
- Diabetes
-  Emergency Unit
- General Medicine



Communication Issues

- **Notable in:**
- General Medicine
-  Stroke Services
-  Rheumatology

Medication Issues

- **Most prevalent in:**
- Diabetes
- General Medicine

Discharge Issues

- **Raised in:**
-  Emergency Unit
- General Medicine
-  Stroke Services



Trends by Service

Emergency Unit & General Medicine

- **Concern Volume:** 30 each
- **Characteristics:**
- Diverse issue types
- High patient throughput
- Complex cases

Diabetes Service

- **Concern Volume:** 26
- **Dominant Issues:**
- Appointment
- Medication

-  Rheumatology
-  Endoscopy
- Thoracic Medicine

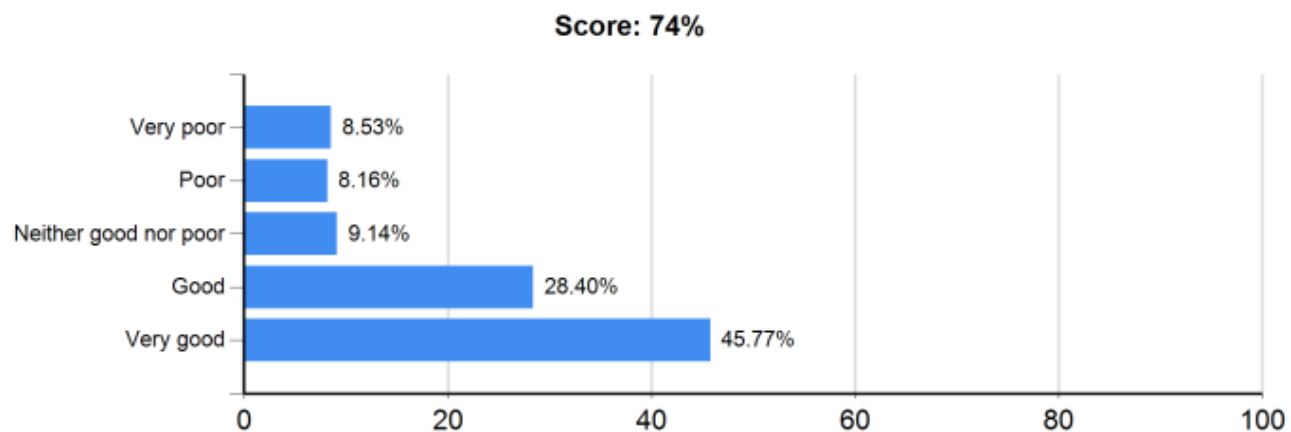
Fewer concerns but recurring themes like **delays** and **care quality**.

Patient Feedback

Satisfaction scores for core questions in the **People's Experience Survey (PES)**

Sample: Based on feedback received from the SMS **EU cohort** between: 01/06/2025 – 31/07/2025

Cohort	Respondents (n)	Staff caring (%)	Feel safe (%)	Overall (%)
Emergency Department	1483	85	85	74



- * Staff caring: *Were staff kind and caring?*
Feel safe: *Whilst in our care did you feel safe?*
Overall: *How would you rate your overall experience?*

Patient Centred Care

Patient Experience



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15/09/2025 10:40:25



Themes & Learning from LFERs

Insights from recent cases and audits

Documentation & Risk Assessment

- Timely and accurate completion of risk assessments (falls, pressure sores)
- Prompt initiation of care plans

Staff Reflection & Education

- Incident reflection
- Training programmes implemented

Audit Outcomes

- Falls Risk (KH):
100% compliance (May 2023)
90% training compliance
- Pressure Care (JG):
100% Purpose T compliance
75-100% in equipment

Case

Key Actions

AG
CNUHW/
DCIQ101

RACPC protocol review, consultant oversight
 In progress

LFER
KH signed

Falls training, audits, QSE
 Completed

JG
CNUHW/
DCIQ36

Pressure care audits, digital records
 Embedded

Learning Dissemination

- Shared at Medicine Clinical Board QSE forums
- Reflections documented

Patient Centred Care

Patient Experience



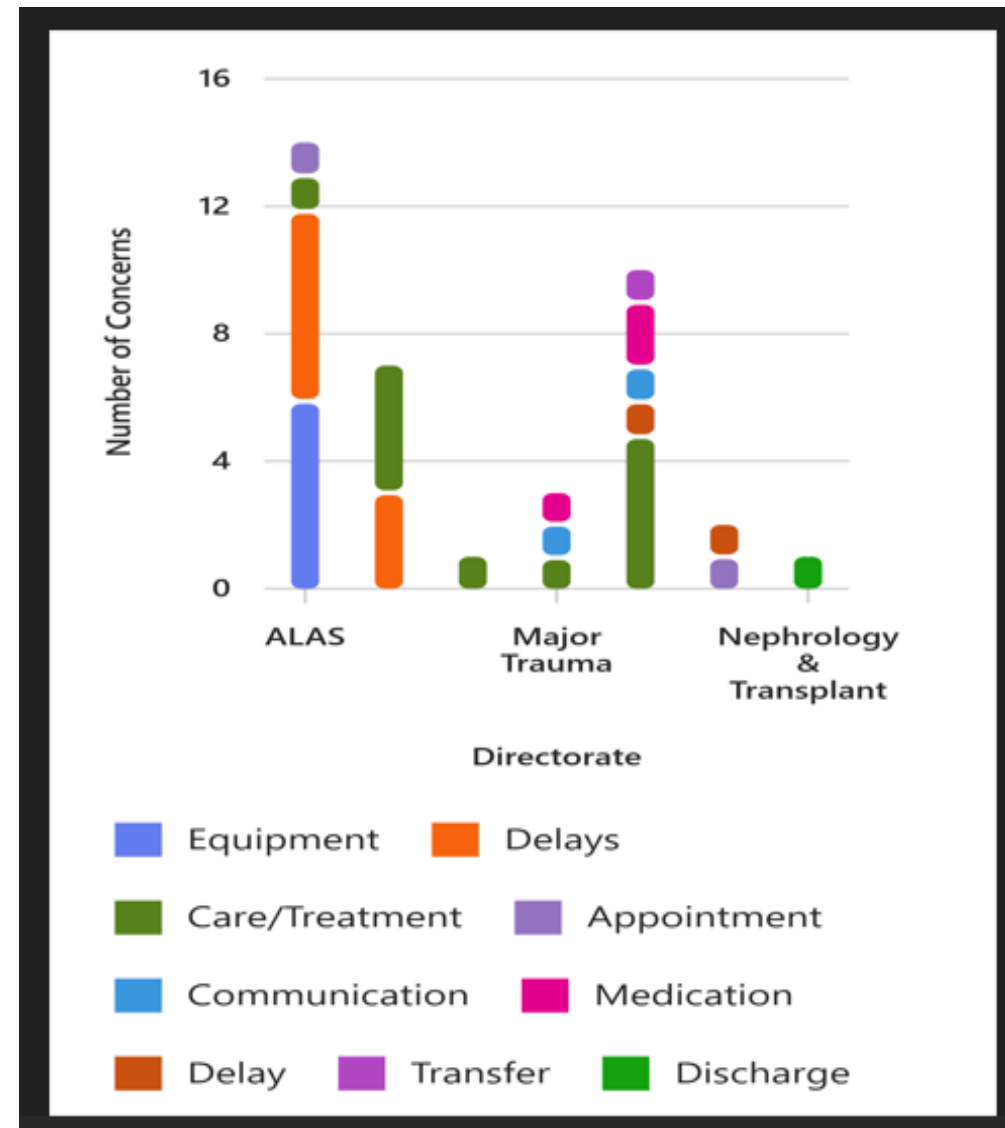
Chilcott, Rachel
15/09/2025 10:40:25

Deep dive into themes across Specialist Services –
What people tell us

Common Themes Across Directorates

Several recurring concern categories appear across multiple services:

- Delays:** Reported in ALAS, Cardiothoracic, Haematology, and Neuroscience.
- Care/Treatment:** A consistent theme in nearly all directorates (ALAS, Cardiothoracic, Critical Care, Major Trauma, Neuroscience).
- Appointments:** Noted in ALAS and Haematology.
- Communication:** Raised in Major Trauma and Neuroscience.
- Medication:** Appears in Major Trauma and Neuroscience.





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15/09/2025 10:40:25

Top Themes from LFERs (Cardiff & Vale UHB)



Theme 1: Communication Failures

- Escalation of abnormal results
- Consent discussions
- Interdisciplinary handovers



Theme 2: Documentation & Risk Assessment

- Pressure sore care plans
- Consent forms
- Transfusion protocols



Theme 3: Clinical Decision-Making

- Misdiagnosis (TB vs. cancer)
- Delay in transfusion
- Lack of proactive risk identification



Theme 4: Learning & Assurance

- Audit-led improvements
- SOP development
- Staff reflection and training

Trends Across Cases

Theme	Case	Outcome	Status
Escalation Failure	Red273	Death	SOP in progress
Consent Process	CLA7A4-4038/CM	Avoidable surgery	Forms in development

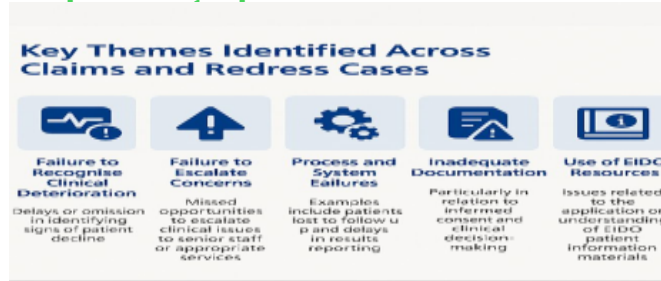
Patient Centred Care

Patient Reported Outcomes



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15/09/2025 10:40:25

Learning from Events Reports (LFERs) – Claims and Redress Cases
Reimbursement by the Welsh Risk Pool (WRP) is contingent upon formal approval of the associated learning. Payment will not be processed until the submitted learning has been reviewed



Shaping Our Future Quality: Excellence in Recognising Patient Deterioration



We are committed to enhancing the early recognition and response to deteriorating patients through a range of tools and initiatives:

- **NEWS (National Early Warning Score)**
- **PEWS (Paediatric Early Warning Score)**
- **MEWS (Modified Early Warning Score)**
- **PART Team (Patient at Risk Team)**
- **Call 4 Concern** – empowering patients and families to raise urgent concerns about clinical deterioration.

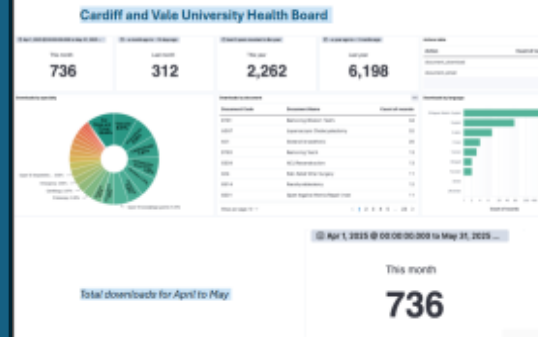
These systems and teams work collaboratively to ensure timely intervention and improved patient outcomes.

Promoting the Use of EIDO Through the Consent Group

We are actively encouraging the integration of EIDO patient information resources via the Consent Group to support high-quality, informed consent practices.

Benefits of EIDO Usage:

- **Improved Patient Understanding:** Patients receive clear, evidence-based information about procedures, risks, and alternatives, empowering them to make informed decisions.
- **Standardised Documentation:** Professionally formatted digital consent forms reduce variation and eliminate issues with illegible handwriting.
- **Secure and Accessible Records:** All signed consent forms are securely stored and easily retrievable, reducing the risk of lost documentation.
- **Enhanced Efficiency:** Pre-populated patient details and streamlined workflows save clinical time and improve operational efficiency.
- **Strengthened Trust and Engagement:** A robust consent process builds patient confidence and supports shared decision-making.
- **Reduced Litigation Risk:** Clear documentation and thorough patient engagement help mitigate medico-legal risks.



Patient Centred Care

Patient Reported Outcomes



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Weekly Peer review of LFER'S

Collate Themes to promote system wide learning

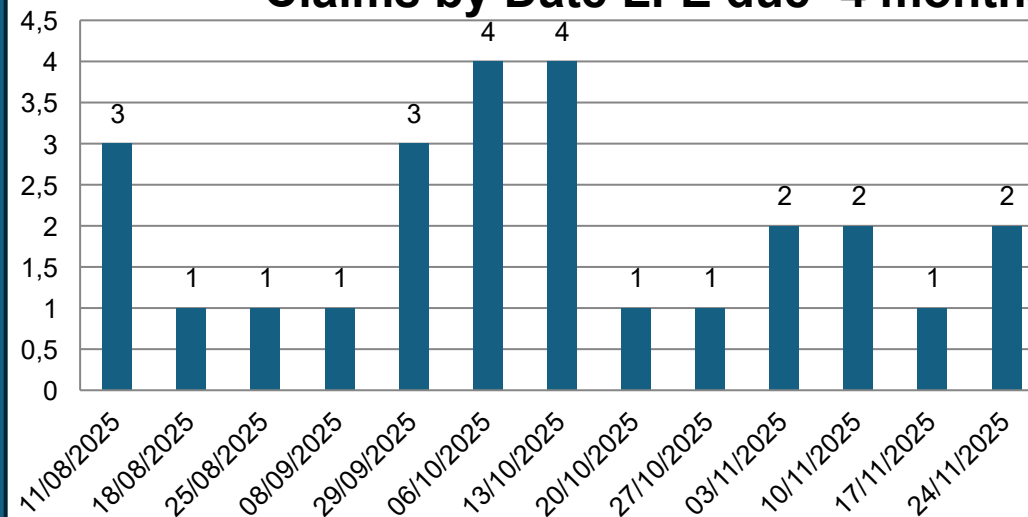
Work with the CB to complete and provide the evidence

Attend every National panel

Escalation process

Provide regular dashboards and updates

Claims by Date LFE due -4 months



	May-25	Jul-25	Sep-25
CVUHB			
APPROVE	54.9%	58.1%	
DEFER	11.8%	2.3%	
DEFER UNTIL INFO RECD	33.3%	39.5%	

Compliance against 85% Benchmark (for completed surveys only) between Apr-24 to Ju...

Organisation	Q1 rating	Q2 rating	Q3 rating	Q4 rating	Q5 rating	Q6 rating	Q7 rating	Q8 rating
ABU UHB	73.0%	43.2%	45.75%	71.6%	72.0%	72.7%	79.1%	73.6%
BCU UHB	81.2%	56.1%	53.63%	76.4%	75.9%	77.7%	82.5%	78.6%
CVU UHB	81.9%	46.8%	59.29%	79.9%	77.6%	81.3%	86.6%	81.4%
CTMU UHB	84.7%	45.4%	63.50%	80.0%	79.5%	83.9%	88.7%	84.5%
HDU UHB	85.0%	63.8%	58.31%	84.5%	82.5%	84.5%	88.4%	84.6%
SBU UHB	76.7%	65.1%	40.41%	67.8%	64.3%	74.6%	79.6%	73.9%
All Wales	82.7%	54.1%	58.33%	78.8%	77.6%	81.2%	86.1%	81.7%

Cardiff and Vale UHB Question 9: Using a scale of 0 – 10 where 0 is very bad and 10 is excellent, how would you rate your overall experien...



Patient Feedback

Satisfaction scores based on Ethnic sub-group from feedback received with the **People's Experience Survey (PES)**.

Sample: Based on feedback received from the SMS **Random cohort** between: 01/06/2025 – 31/07/2025

Ethnic sub-group	Respondents (n)	Overall (%)
White	2799	90
Mixed / multiple ethnic groups	61	87
Asian / Asian British	117	85
Black / African / Caribbean / Black British	53	84
Other ethnicity	36	87
I prefer not to say	46	78
All above sub-groups	3112	89

* Overall: *How would you rate your overall experience?*

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15/09/2025 10:40

Patient Feedback

Satisfaction scores for core questions in the **People's Experience Survey (PES)**

Sample: Based on feedback received from the SMS **Random** and **MH cohorts** between: 01/06/2025 – 31/07/2025

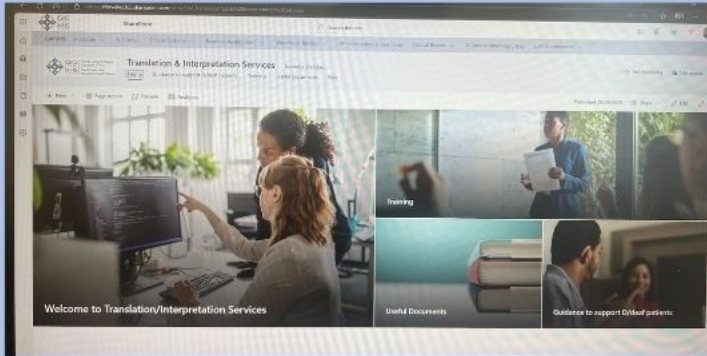
Clinical Board	Respondents (n)	Staff caring (%)	Feel safe (%)	Overall (%)
Children and Women's	293	93	93	88
CD&T	919	94	95	87
Medicine (excl EU cohort)	823	94	94	90
Mental Health	233	87	87	78
PCIC	-	-	-	-
Specialist Services	561	97	97	93
Surgery	1024	94	94	89
All above CBs	3853	94	94	89

* Staff caring: *Were staff kind and caring?*

Feel safe: *Whilst in our care did you feel safe?*

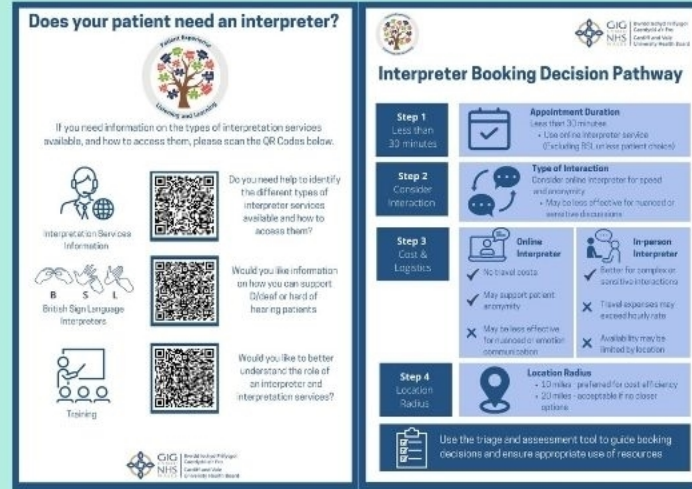
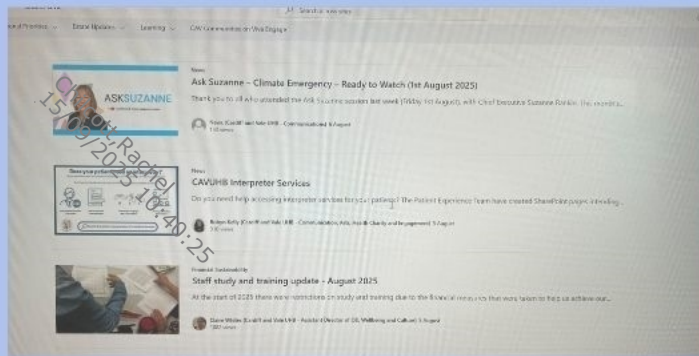
Overall: *How would you rate your overall experience?*

Chilcott, Rachel
15/09/2025 11:40 AM



Interpretation and Translation information pages have been developed on SharePoint. These pages provide guidance on booking interpreters, help on choosing whether to use online or in person interpreters, guidance on how to support D/deaf patients, and signposting to training.

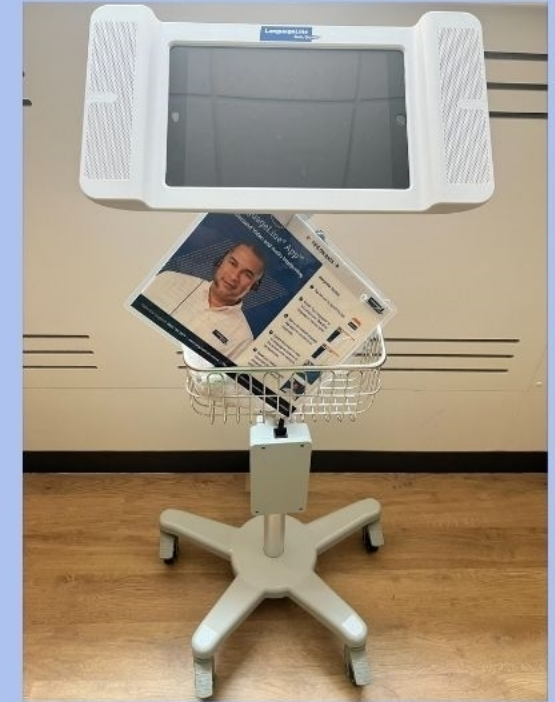
These pages have been advertised via news item on the front page of SharePoint and on Viva Engage .



Posters have been designed, including QR Codes taking staff directly to our Interpretation and translation information pages. Once printed these posters will be shared with all Clinical teams to place in their staff areas, giving easy access to information via their mobile devices.



A screensaver has been placed on Health Board computers for 6 weeks to highlight and promote the new SharePoint pages.



The Patient Experience Team have procured Interpreter on Wheels Devices, which will be held centrally with the team. The devices will be available to loan, on a short term basis, where staff may have been unaware of the patients communication needs or there has been an issue securing an interpreter. The devices can stay next to the bedside so that any member of staff providing care, or giving information, is able to easily access translator services when they are communicating with the patient.

Healthcare Associated Infection Improvement Goals 2024/25 update

Jason Roberts – Exec Nurse Director
Yvonne Hyde – Head of Nursing IP&C

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- Welsh Health Circular *AMR & HCAI IMPROVEMENT GOALS FOR 2025-202* has not yet been received by the Health Board
- The Welsh Health Circular will set out the improvement goals for 2025/26

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Healthcare Associated Infection Improvement Goals set for CAV UHB 2024/25

- *C. diff* toxin positive – <65 Hospital onset cases & <48 Community onset cases
- *S. aureus* – <55 Hospital onset cases
- *E. coli* – Fewer cases than in 2023/24 i.e. <345 cases
- *Kleb sp.* – Fewer cases than 2023/24, i.e. <120
- *P. aeruginosa* – 10% less Hospital onset cases, i.e. <7 cases

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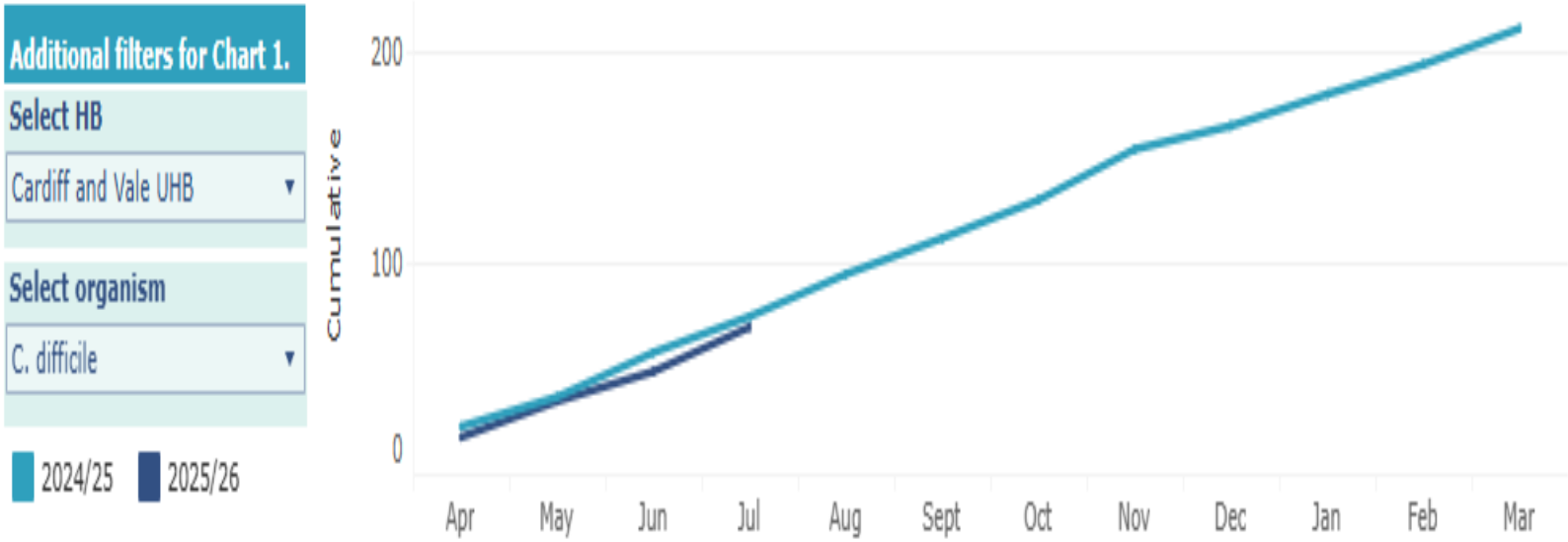
CAV April 2025 to July 2025

Total number of cases and rate per 100,000 population

Health board					
	<i>C. difficile</i>	<i>S. aureus</i> bacteraemia	<i>E. coli</i> bacteraemia	<i>Klebsiella spp</i> bacteraemia	<i>P. aeruginosa</i> bacteraemia
AB	77 38.69	51 25.63	114 57.29	39 19.60	14 7.03
BCU	99 42.80	70 30.26	168 72.63	47 20.32	9 3.89
CAV	69 39.83	54 31.17	96 55.42	41 23.67	9 3.20
CT	50 33.50	37 24.79	129 86.43	44 29.48	3 2.01
HD	60 46.25	44 33.92	122 94.04	39 30.06	7 5.40
SB	78 59.89	43 33.02	93 71.41	42 32.25	10 7.68

C. difficile

Chart 1. Cumulative monthly count of C. difficile in Cardiff and Vale UHB, 2025/26 compared to previous FY



69 C. difficile have been reported by Cardiff and Vale UHB for Apr 25 - Jul 25. This is 5 less than the equivalent period in 2024/25.

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C. difficile Apr to July 2025

- 3rd lowest rate in Wales of Acute Health Boards
- Hospital onset cases account for 33% of the total number of cases, this is lower than the equivalent period last year (59.7%)
- Whole Genome Sequencing of all samples confirm majority of cases are not linked
- Between April-July 2025, there have been 12 cases of recurrent CDI (in 9 individual patients)
- Six of the 12 recurrent cases are within Paediatric Oncology
- Treatments available in CAV are: Vancomycin, Fidaxomicin, Faecal Microbiota Transplantation (FMT)



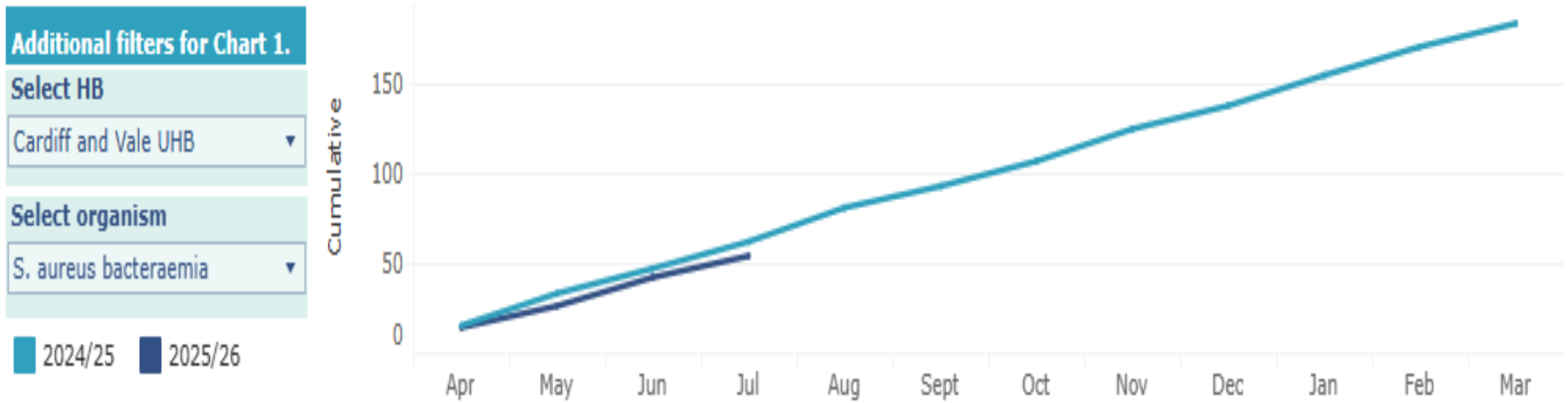
C. diff, so what are we doing?

- Continually review patients' progress until resolved/discharge
- Focused on national cleaning standards - timely cleaning of bed spaces between discharge and admission of patients and of shared facilities i.e. bathrooms and toilets
- Education programme agreed and accessibility being implemented
- Executive oversight of root cause analysis of cases
- Share the Start Smart Stay Focused audit data with Clinical Boards, electronic prescribing is being implemented across CAVUHB in 25/26
- Analysing the data to inform next steps
- Refresh the sampling guidance and include in the education programme
- Analyse recurrence data incl. treatment and isolation etc to identify areas for improvement
- Participating in the All Wales *C. diff* Collaborative



S. aureus

Chart 1. Cumulative monthly count of *S. aureus* bacteraemia in Cardiff and Vale UHB, 2025/26 compared to previous FY



54 *S. aureus* bacteraemia have been reported by Cardiff and Vale UHB for Apr 25 - Jul 25. This is 8 less than the equivalent period in 2024/25.

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15/09/2025 10:40:25



S. aureus year end position 24/25

- MSSA/MRSA combined reduction expectation
- 4th highest rate of SAUR in Wales per 100,000 population
- 3rd lowest rate of MSSA in Wales per 100,000 population.
- Rate has reduced from 36.69/100,000 to 31.17/100,000 compared to 2024
- 41% of cases are hospital onset
- 30% of hospital onset cases are line related i.e. intravascular devices inserted in patients to deliver treatment. This has reduced from 40% previously
- Themes identified include lack of insertion documentation, no VIP score monitoring etc

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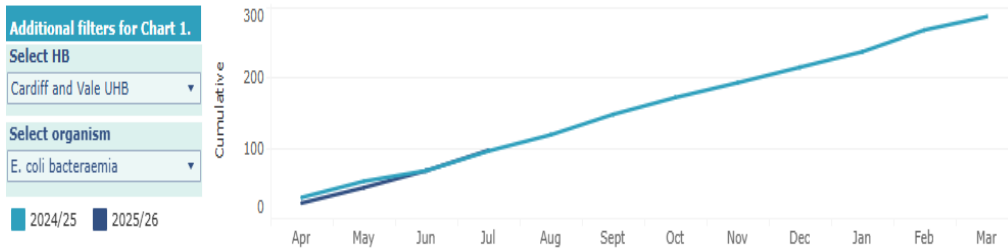
S. aureus, so what are we doing?

- Review each case with microbiology
- Audit admission MRSA screening compliance
- Ensure patients are decolonised as per guidance
- Executive oversight of root causes of cases to understand risk factors and areas for improvement
- Line access group – standardisation of practice/products/education
- There is a focus on ANTT
- Gloves off campaign roll out
- The development of a community IPCN - to review CO cases, working in collaboration with community teams to provide education and training
- Working in collaboration with product suppliers and clinical colleagues to provide optimal preparation pre line insertion



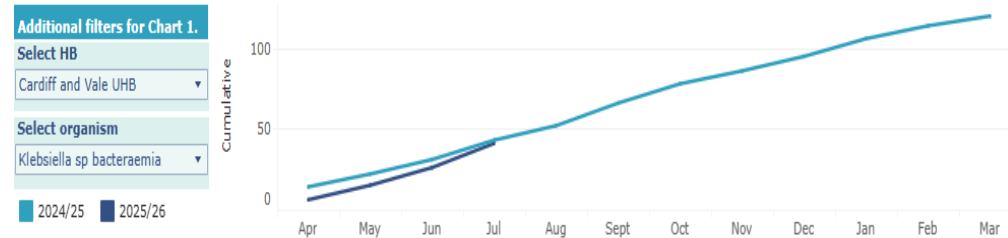
E.coli, *Klebsiella* sp, *P. aeruginosa*

Chart 1. Cumulative monthly count of *E. coli* bacteraemia in Cardiff and Vale UHB, 2025/26 compared to previous FY



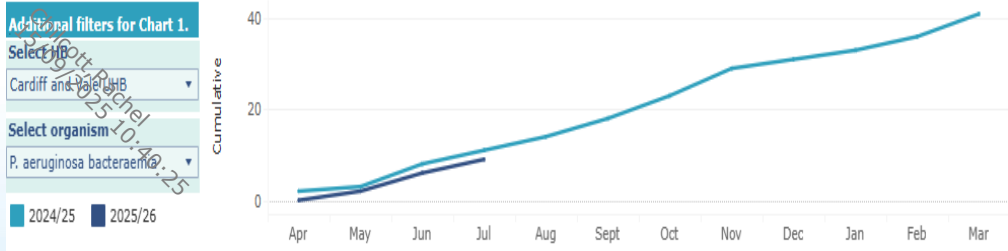
96 *E. coli* bacteraemia have been reported by Cardiff and Vale UHB for Apr 25 - Jul 25. This is 1 more than the equivalent period in 2024/25.

Chart 1. Cumulative monthly count of *Klebsiella* sp bacteraemia in Cardiff and Vale UHB, 2025/26 compared to previous FY



41 *Klebsiella* sp bacteraemia have been reported by Cardiff and Vale UHB for Apr 25 - Jul 25. This is 2 less than the equivalent period in 2024/25.

Chart 1. Cumulative monthly count of *P. aeruginosa* bacteraemia in Cardiff and Vale UHB, 2025/26 compared to previous FY



9 *P. aeruginosa* bacteraemia have been reported by Cardiff and Vale UHB for Apr 25 - Jul 25. This is 2 less than the equivalent period in 2024/25.

E. coli

Lowest rate (1st) in Wales of 55.42/100,000 population
24% hospital onset

Klebsiella spp

3rd lowest rate in Wales of 23.67/100,00 population
44% hospital onset

P. aeruginosa

3rd lowest rate in Wales of 5.2/100,00 population
67% hospital onset

The Welsh Health Circular outlining the required reductions for 2025/26 has not yet been received by the Health Boards

Position to date – April to July 2025

C. diff	MRSA	MSSA	E. coli	Kleb sp.	PAER	SAUR
69	6	48	96	41	9	54
39.85 3rd	3.46 6 th	27.71 3rd	55.42 1st	23.67 3rd	5.20 3rd	31.17 4th

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15/09/2025 10:40:25



Brilliant Basics for Quality Excellence

© Jill Kent, Rachel
15/06/2025-10/10/25



Report Title:	Update on the Hepatitis B/C Recovery Plan		Agenda Item no.	2.3	
Meeting:	Quality Committee	Public	X	Meeting Date:	16.09.2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of Public Health				
Report Author:	Deputy Director of Public Health				

Main Report

Background and current situation:

Hepatitis B and C are infections of the liver caused by the hepatitis B and C viruses, which can lead to significant liver damage and adverse health impacts.

Hepatitis B is less common in the UK than in other parts of the world. There is currently no cure, but vaccination against it has been part of the routine childhood vaccination schedule 6-in-1 vaccine since 2017. The vaccination can also be given for close contacts of confirmed cases of hepatitis B, with extra doses also given to babies born to parents with hepatitis B. Routine screening for hepatitis B has been part of the antenatal screening programme since the early 2000s. Due to these interventions, acute hepatitis B in children in Wales is now rare, but it remains a problem among unvaccinated adults.

Hepatitis C was present in an estimated 12-14,000 individuals in Wales in 2015, with an estimated half of people who inject drugs being infected. Injecting drug use, current or previous, accounts for the majority of new and ongoing hepatitis C infections in the UK. There is currently no vaccine to prevent it, but it is curable with a treatment that is over 90% effective. Current treatments have completely transformed the approach to treating hepatitis C due to improved acceptability and effectiveness. However, reinfection is possible even after a successful treatment programme.

Prevention and elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and all of its complications: end-stage liver disease (cirrhosis) and hepatocellular carcinoma which are extremely costly to manage, and require utilisation of scarce resource. As well as the cost savings that are realised, prevention and treatment of hepatitis B and C frees up hospital beds and liver transplants for people with other conditions.

Welsh Government (WG) is committed to preventing and eliminating hepatitis B and C as a public health threat by 2030 at the latest. A Welsh Health Circular was released in October 2017 setting out measures to be put in place to achieve this. A further Welsh Health Circular was released in January 2023 to refresh the WG commitment to elimination and outline key actions required by Health Boards, Area Planning Boards and Public Health Wales for 2022-23 and 2023-24.

The work programme for elimination of Hepatitis B and C elimination is overseen by the Cardiff and Vale of Glamorgan Hepatitis B and C Elimination Oversight Implementation Group. This is a multi-agency forum chaired by the Deputy Director of Public Health, which feeds into the Health Protection Forum and meets bi-monthly.

Current situation

Quality, Safety and Experience (QSE) Committee received an update on the first Hepatitis B and C Recovery Plan for Cardiff and Vale, covering 2023 to 2025, on 7 January 2025, and requested a further update in six months. The oversight group has since agreed a plan for 2025-26, which was approved by Strategic Leadership Team in May 2025 and has been submitted to Welsh

Government, with positive feedback received on progress made in the first year of the plan, and the actions identified for the coming year.

Key achievements by the oversight group since the previous update to QSE include:

- Agreement to appoint a permanent Hepatitis C point of care testing lead for HMP Cardiff. Testing in the prison had previously halted due to staffing issues, hindering the achievement of micro-elimination in our prison
- A project is underway to undertake opt-out unlinked BBV testing for Emergency Department attendances at UHW, allowing for point prevalence data gathering
- A programme for testing and vaccination in probation services has been underway since June 2025
- The health board was represented at a seminar held by Public Health Wales in July 2025 to plan development of a national elimination data dashboard, which will enable improved collection and presentation of data around testing and treatment to allow health boards to better measure progress towards elimination targets; this is expected to include data on HIV and Tuberculosis in addition to Hepatitis B and C
- The health board is now represented on the national Welsh Government Hepatitis B/C elimination oversight group and has contributed to discussions on national priorities for the year ahead
- Work in Cardiff and Vale by Hepatitis C Trust peers was presented to the national oversight group in July 2025 as an example of best practice, with our health board currently the only one to commission peer services. In 2024/25, peer workers were able to engage with 879 substance misuse service users and 482 staff from those services, leading to 713 tests being undertaken in Cardiff and Vale, and 47 people commencing treatment for Hepatitis C
- The Hepatitis C Trust has conducted a health needs assessment, undertaken with support from the Public Health Team, to assess the met and unmet needs of people who use drugs in the Vale of Glamorgan; this will inform priorities for both the Hepatitis B and C elimination programme but also other areas of health board work

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

1. Elimination of hepatitis B and C is health promoting and cost-saving.
2. The funding for the elimination of hepatitis B and C is core funded, with some additional funding from the Health Protection budget towards elimination. This needs to be maintained if we are to achieve elimination of hepatitis B and C in our area.
3. The work programme is monitored and evaluated by a Programme Manager this is critical to the functioning of the work, and therein the elimination of hepatitis B and C.

Recommendation:

The Committee is requested to:

- a) NOTE the progress to date
- b) NOTE the content and ambition of the Hepatitis B and C Elimination Plan 2025/26

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. Any queries, please contact Alexandra.scott3@wales.nhs.uk

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

Impact Assessment:

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

Risk: Yes

Elimination of hepatitis B and C will reduce the risk of impact of these illnesses on our population.

Safety: Yes

Implementation of this plan will improve safety for people at risk of hepatitis (B and C) by reducing their risk of adverse health impacts as a consequence of these infections.

Financial: No

Resources will be met within existing departmental budgets.

Workforce: Yes/No

Implementing this Plan will require some changes to working processes for involved services and likely require additional workforce roles.

Legal: No

Reputational: Yes

This Plan is required following a Welsh Health Circular from Welsh Government, and there is a reputational risk if we do not deliver against it.

Socio Economic: No

Equality and Health: Yes

An EHIA was undertaken in June 2024, and showed a positive impact on the following groups:

- People of all ages
- People with a disability
- Male, female and trans people
- People of a different race
- People with different religions
- People regardless of sexuality
- People according to where they live
- People being able to access the service offered
- People being able to improve healthy lifestyles
- People in terms of social/community influences on their health

No negative impacts were noted.

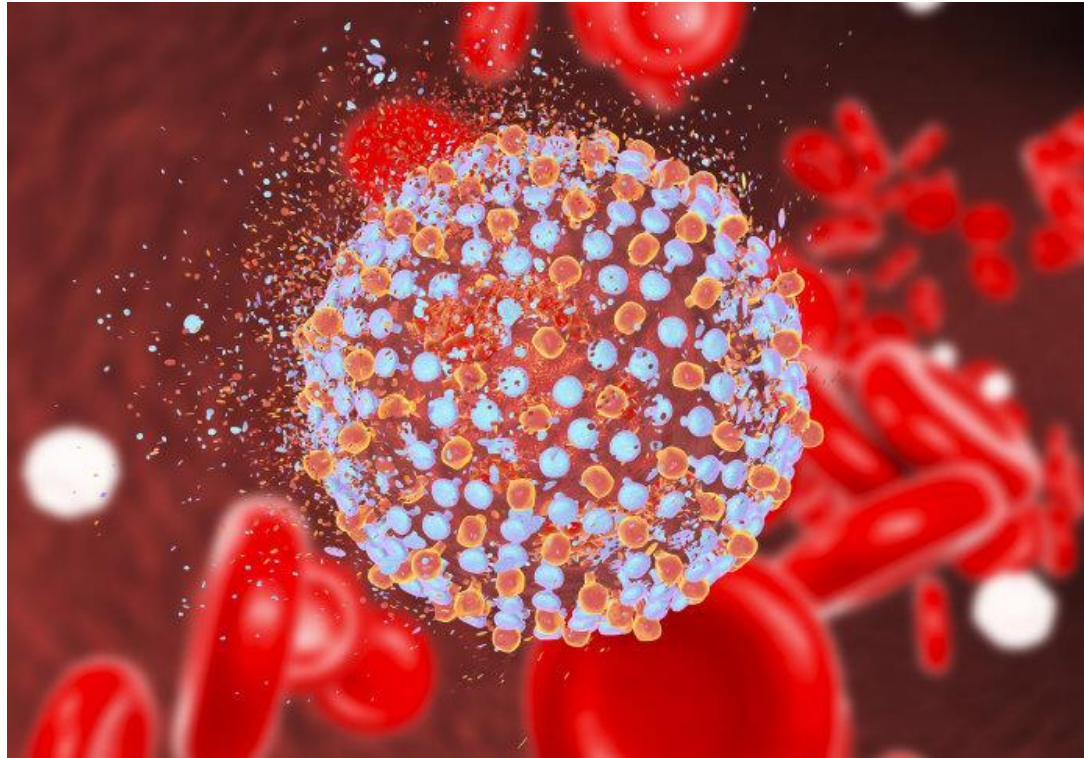
Decarbonisation: Yes

The elimination of hepatitis B and C will save on hospital costs and therefore decrease carbon emissions.

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

Committee/Group/Exec | Date:

Chilcott, Rachel
15/09/2025 10:40:25



**Cardiff and Vale University Health Board
Hepatitis (B and C) Joint Recovery Plan
2025-2026**

Part of the Cardiff and Vale of Glamorgan Health Protection Plan

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15/09/2025 10:40:25



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

Cardiff & Vale **APB**
Achieving better substance misuse outcomes



Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team



Iechyd Cyhoeddus
Cymru
Public Health
Wales

Contents

Foreword	3
Glossary of Key Abbreviations	4
1 Background and context	5
2 Where we are now	6
2.1 Structures and processes (inputs).....	7
2.1.1 Infection prevention.....	7
2.1.2 Case-finding and testing.....	7
2.1.3 Treatment.....	11
2.1.4 Re-engagement	12
2.2 Outcomes.....	13
2.2.1 Infection prevention.....	13
2.2.2 Case-finding and testing.....	14
2.2.3 Treatment.....	17
2.2.4 Re-engagement	18
2.3 Current Challenge Areas	19
3 Where we want to be.....	20
4 How we will get there	21
4.1 Action Areas	21
4.2 Action Plan.....	21
4.3 Resources required.....	24
4.4 Implementation, monitoring and reporting mechanisms	25
References	27

Shilpa Racher
15/09/2025 10:40:25

Foreword

Our Joint Recovery Plan for Cardiff and Vale University Health Board sets out the actions we will take to achieve prevention and elimination of hepatitis (B and C) by 2030, in line with the aims of Welsh Government and the World Health Organization (WHO).

Hepatitis B and C are discrete forms of viral hepatitis. Both cause acute and chronic liver disease and have significant associated mortality and morbidity. The global burden of disease because of these infections is at endemic levels. It is a public health tragedy that in 2025, we are still seeing new hepatitis B infections. The modern hepatitis B vaccine, available since 1986, renders >98% of people immune and has been part of the UK childhood immunisation schedule since 2017, yet we are still seeing new disease.

Unfortunately, there is no similarly efficacious vaccine for hepatitis C. Natural infection with hepatitis C does not confer long-lasting immunity so reinfection in certain populations is a significant clinical burden. The advent of highly efficacious, tolerable, orally administered, directly-acting antiviral drugs around 2014 has changed the therapeutic landscape for those living with hepatitis C. Over 95% of people will be cured of their hepatitis C infection following appropriate therapy.

Over the past decade, the Infectious Diseases service, which heads up the Blood Borne Virus (BBV) team, has made significant in-roads in testing, case-finding and administration of therapy. However, to achieve the vision of elimination and prevention we need efficient, effective, joined-up partnership working across organisations, both regionally and nationally.

The first version of our Joint Recovery Plan, covering 2023-5, was developed by an oversight group made up of those who know our systems and processes best, enabling us to accurately identify our key challenge areas. This led to a focus on the five action areas of infection prevention (in terms of hepatitis B vaccinations and Needle Syringe Programmes), case-finding and testing, treatment, re-engagement, and data improvements to monitor and evaluate this. During the life of the first plan, we made significant progress towards elimination. These included restarting point of care testing for hepatitis C at HMP Cardiff, the establishment of a mobile outreach van offering testing and treatment in targeted areas, the introduction of opt-out blood-borne virus testing in all substance misuse services, and the development of a pilot proposal for Emergency Department attendances at the University Hospital of Wales.

There is still much to do; this refreshed plan builds on previous years with a new set of wide-ranging actions. We look forward to implementing these in Cardiff and Vale and striving towards prevention and elimination of hepatitis (B and C).



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Glossary of Key Abbreviations

APB – Area Planning Board

BBV – Blood Borne Virus

CAVDAS – Cardiff and Vale Drug and Alcohol Service

CAVHIS – Cardiff and Vale Health Inclusion Service

DoSH – Department of Sexual Health

MDT – Multidisciplinary Team

NICE – National Institute of Clinical Excellence

NSP – Needle Syringe Programme

PHW – Public Health Wales

SMTF – Substance Misuse Treatment Framework

SVR – Sustained Virological Response

UHB – University Health Board

WCP – Welsh Clinical Portal

WDS – Welsh Demographic Service

WHDM – Welsh Health Data Mart

WHO – World Health Organisation

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1 Background and context

In line with the World Health Organization (WHO) target, we are working to prevent and eliminate infectious hepatitis. The WHO global hepatitis strategy, endorsed by all WHO Member States, aims to reduce new hepatitis infections by 90% and deaths by 65% between 2016 and 2030¹.

Hepatitis B and C are infections of the liver caused by the hepatitis B and C viruses, which can lead to significant liver damage and health implications.

Hepatitis B is less common in the UK than in other parts of the world. Approximately 95% of new hepatitis B diagnoses in the UK are amongst people who acquired the infection outside of the UK in their country of origin, either at birth or in early childhood². The virus is predominantly transmitted via unprotected intercourse, blood-to-blood contact (such as sharing of needles and needlestick injuries), and perinatal transmission from mother to child³. There is currently no cure, but vaccination against it has been part of the routine childhood vaccination schedule 6-in-1 vaccine since 2017. The vaccine should also be given for close contacts of confirmed cases of hepatitis B, with additional early doses also given to babies born to parents with hepatitis B. Routine screening for hepatitis B has been part of the antenatal screening programme since the early 2000s. Due to these interventions, acute hepatitis B in children in Wales is now rare, but it remains a problem among unvaccinated adults.

Hepatitis C was present in an estimated 12-14,000 individuals in Wales in 2015, with an estimated half of people who inject drugs being infected⁴. Injecting drug use, current or previous, accounts for the majority of new and ongoing hepatitis C infection in the UK⁵. There is currently no vaccine, but it is curable with oral treatment that is over 90% effective⁵. Past infection provides no significant lasting immunity, therefore reinfection, particularly amongst individuals who continue to participate in high risk behaviours, poses a significant problem.

Prevention and elimination of hepatitis B and C has significant benefits for the individual, population health and wider society. The benefits of prevention and treatment to individuals are clear in terms of their longer term physical and mental health. Preventing onward transmission of the virus to other individuals results in wider societal benefits. Elimination is highly cost effective as it prevents development of hepatitis related liver disease and its complications; end-stage liver disease (cirrhosis) and hepatocellular carcinoma. Both are extremely costly to manage, and require utilisation of scarce resource. In addition to the direct economic benefits, prevention and treatment of hepatitis B and C frees up limited resource, including inpatient hospital beds and liver transplants.

During the COVID-19 pandemic, Blood Borne Virus (BBV) screening, diagnosis and treatment rates across Wales fell, due to staff redeployment and laboratory capacity. By the end of 2023 however these had exceeded pre-pandemic levels⁶.

Welsh Government is committed to eliminating hepatitis B and C as a public health threat by 2030 at the latest⁴. A Welsh Health Circular was released in October 2017 setting out measures to be put in place to achieve this⁷. A further Welsh Health Circular was released in January 2023 to refresh Welsh Government's commitment to elimination and outline key actions required by health boards, Area Planning Boards and Public Health Wales for 2022-23 and 2023-24⁴.

Welsh Government has established a Hepatitis B and C Elimination Programme Oversight Group to provide a renewed strategic focus on elimination. Chaired by the Welsh Government, membership includes relevant policy leads within Welsh Government, representatives from Public Health Wales, clinical services within NHS Wales, key services outside the NHS, such as specialist substance misuse services and third sector organisations. The group reports to the Chief Medical Officer and to the Minister for Health and Social Services.

The 2023 Welsh Health Circular set out 13 actions for Health Boards for achieving elimination of hepatitis B and C, the first of which was to develop Joint Recovery Plans in each health board for submission to Welsh Government by mid-July 2023⁴.

2 Where we are now

Regional partner organisations have worked collaboratively to develop the strategic and operational elements required to establish an integrated and sustainable health protection partnership, with a partnership plan in place. In line with Welsh Government requirements, this partnership approach has an 'all hazards' remit, and builds upon the learning from the pandemic response to enhance pre-existing arrangements. It will also align to a nationally agreed health protection framework, expected to be published by Welsh Government during 2025, and nationally agreed roles and responsibilities.

The Cardiff and Vale Eliminating Hepatitis (B and C) Joint Recovery Plan Oversight Group was established in March 2023 to facilitate the development of the first Hepatitis (B and C) Joint Recovery Plan for Cardiff and Vale University Health Board. In order to identify 'where we are now' in Cardiff and Vale University Health Board (UHB), identification of our current position in terms of structures and processes (inputs) and outcome data (outputs) for hepatitis (B and C) was completed by the group. This was based on the Donabedian approach for evaluating quality of care⁸.

The group continues to meet every two months and has made significant progress against the initial action plan, including:

- Restarting point of care testing for hepatitis C in HMP Cardiff, which had stalled due to capacity issues, with the aim of achieving micro-elimination in the prison;
- The establishment of a mobile outreach van, run by the Cardiff and Vale Drug and Alcohol Service (CAVDAS) and offering testing and treatment in targeted areas;
- Opt-out blood borne virus testing protocols in all substance misuse services;
- Task and finish group established to plan vaccination pathways for individuals at higher risk from hepatitis B;
- As part of our communications plan, the development and sharing via social media of a video case study of one individual's experience of hepatitis C testing and treatment, which has been well-received;
- Work is underway with community pharmacies to raise awareness of hepatitis C testing
- A pilot proposal has been submitted to WG for opt-out unlinked BBV testing for Emergency Department attendances at UHW, allowing for point prevalence data gathering
- Video-observed therapy is in place
- Phase 1 of the re-engagement list is complete; and phase 2 has commenced with regular monitoring and evaluation of the list
- A dedicated CAV point of care testing team that are driving testing forward (as mentioned previously partner organisations have so many competing objectives the focus is not on hepatitis and if we are serious about elimination the only way to achieve this is through identifying those that need treatment)
- Establishing a presence with the CAVHIS service (in their newly commissioned premises - when they are commissioned!) to ensure cohesive care in the vulnerable high-risk populations that CAVHIS aim to engage
- Setting up regular testing in free weights gyms
- Ensuring that probation services form part of our core work within supporting elimination/ vaccination in criminal justice services as a whole i.e. not just prisoners
- Purchase of Cepheid Gene Expert for point of care confirmatory screening in community services
- Continued to embed Hepatitis C Trust Peer Programme across APB structures and treatment systems
- Funded and recruited a Criminal Justice Peer Lead, to support case finding and through the gate care

2.1 Structures and processes (inputs)

2.1.1 Infection prevention

Infection prevention action is in the form of hepatitis B vaccinations and Needle Syringe Programmes (NSP).

Hepatitis B vaccination is part of the childhood immunisation programme, given by a General Practitioner (GP) or Practice Nurse, or at a maternity unit after birth for children born to mothers with hepatitis B. It should also be offered to individuals at high-risk, such as prisoners and service users of Substance Misuse Service, close contacts of acute cases, and people who care for high-risk individuals. It can be provided at GP surgeries, the Department of Sexual Health (DoSH), His Majesty's Prison (HMP) Cardiff, Cardiff Addictions Unit (CAU), the Drug and Alcohol Treatment Team (DATT), and maternity units for individuals at high risk.

Hepatitis B vaccinations are recorded on the Harm Reduction Database, and on System One in HMP Cardiff.

NSPs are the first line service to prevent infections by enabling the provision of single-use sterile injecting equipment (and sharps' disposal bins) for every injecting event. Attendance is anonymised, open access, and non-conditional in line with National Institute of Clinical Excellence (NICE) guidelines⁹. NSP paraphernalia and sharps bins are drawn from the All Wales Paraphernalia contract managed by NHS Wales Shared Services Partnership, specified in line with NICE/Welsh Government Substance Misuse Treatment Framework¹⁰. BBV testing is provided at Specialist NSP sites, with no testing in Pharmacy NSP sites; from these, individuals are signposted to substance misuse services, specialist NSPs or DoSH.

NSP activity is recorded live via the Harm Reduction Database Wales using service-user generated reference numbers. Further intervention (e.g. screening) is recorded using full patient details. Declinations cannot be recorded due to the anonymised nature of NSP intervention. Injection-risk data is recorded on the Harm reduction Database.

Needle Syringe Programmes (NSP) are located at 19 different sites:

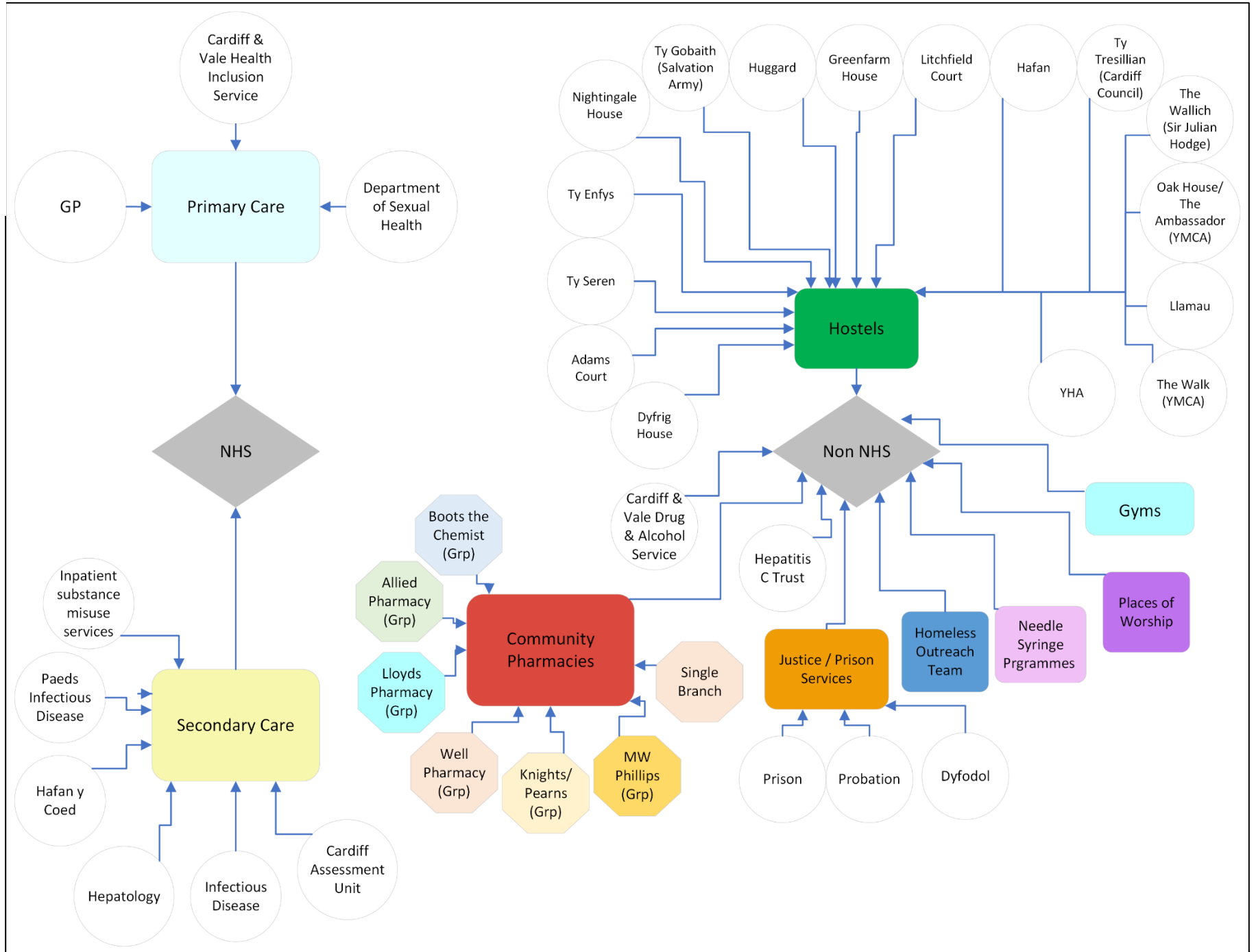
- 4 Specialist sites (Riverside, Huggard, Barry, Cardiff Royal Infirmary) delivered via frontline substance misuse teams.
- 13 non-specialist providers in Pharmacies, with Pharmacist/Technician.
- 4 resident-only services located within third sector hostels, delivered via hostel staff

2.1.2 Case-finding and testing

A mapping exercise of service structures involved in testing and/or treatment was completed (*Figure 1*).

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Figure 1:
 Services in
 Cardiff and Vale
 UHB providing
 hepatitis C
 testing and/or
 treatment.



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The Infectious Diseases service, based at University Hospital of Wales, provides a core group of clinicians that make up the BBV team. The BBV Team are the primary service for hepatitis (B and C) activity, alongside their wider BBV work, with clinics and outreach activities. Current staffing for the infectious diseases service includes 5 Consultants in Infectious Disease (2 with a hepatitis focus); approximately 3 Specialty Registrars at any given time; 3 Specialist Nurses (2.2 WTE); 2 Clinical Pharmacists (0.2-0.4 WTE time for hepatitis C work); a Data Manager; and 2 Hepatitis C Trust Peer Co-ordinators/Leads.

High-risk individuals for screening are identified from high-risk populations and groups^{11 12 13 14 15}, as mapped in *Figure 2*.

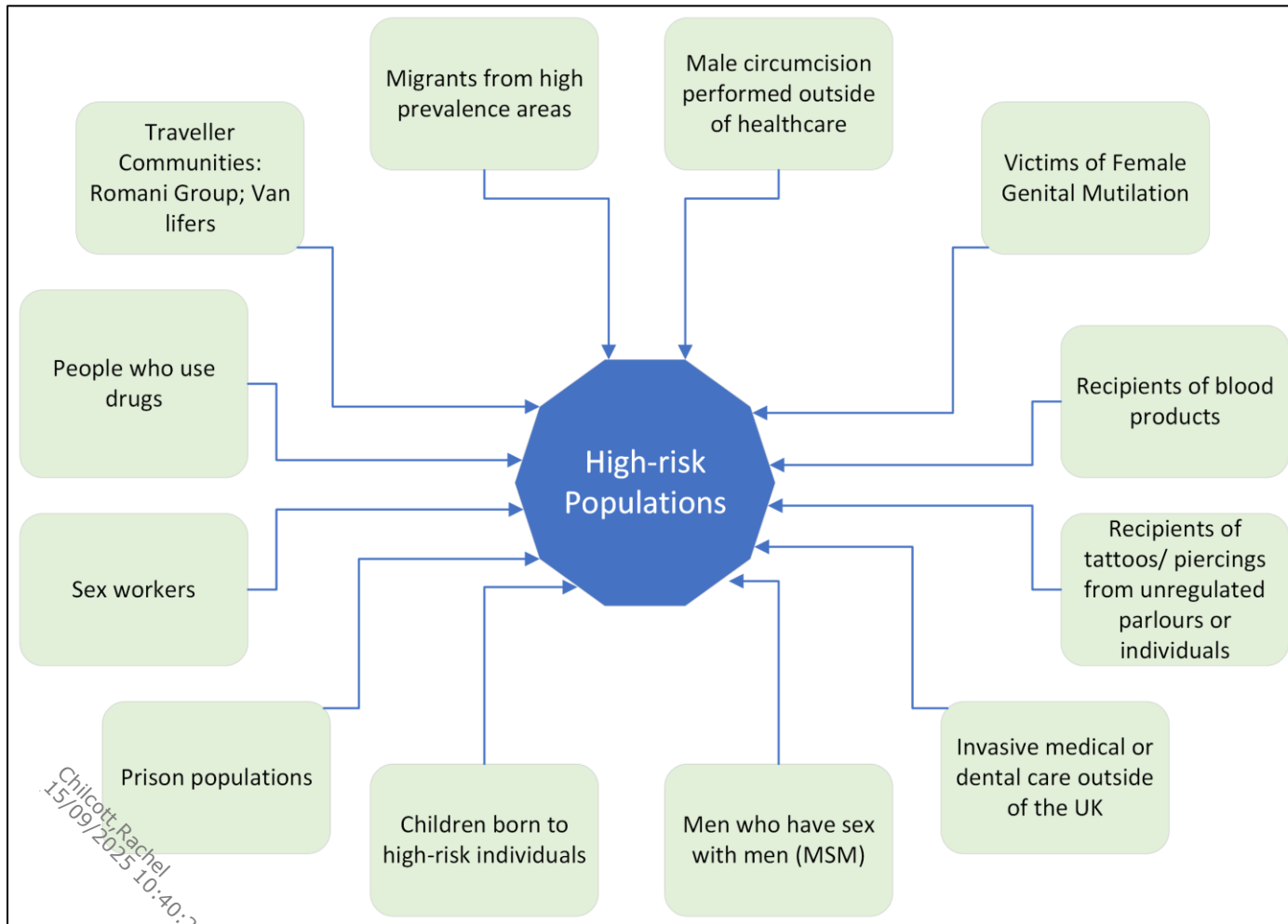


Figure 2: Hepatitis (B and C) high-risk populations^{11 12 13 14 15}

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Screening for hepatitis C virus (HCV) infection is a two-step process. Identification for markers of anti-HCV reactivity (hepatitis C antibody positive) indicate evidence of exposure to the virus. Reactive anti-HCV samples are then tested for presence of viraemia (HCV-RNA), and if positive, the patient is diagnosed with active infection requiring treatment. A weekly report is sent to the BBV Team from Public Health Wales containing all tested individuals' results.

Current test methods include the following, with turnaround times indicated:

- Venepuncture (4week wait)
- Point of Care Testing (POCT) mouth swab for antibodies (20min wait)
- Polymerase Chain reaction (PCR) bloodspot (6week wait)
- POCT Cepheid machine (40min wait)

Testing is accessed and completed via the following routes:

- HMP Cardiff: opt-out. Paused in October 2022 in HMP Cardiff due to resource capacity limitations, and restarted in early 2025 using health board immunisations staff as testers. The oversight group action plan includes the identification of a sustainable model for this service.
- Substance Misuse Treatment and Support Services: opt-out (including Criminal Justice Intervention Teams, and NSPs).
- Hepatitis C Trust Peer-to-Peer Follow-Me scheme.
- Health Board BBV community clinic/outreach service.
- Public Health Wales Laboratory: high intensity testing events.
- Community pharmacy sites: 4 commissioned sites, with 3 active. National service review underway, updated specification due later this year.
- Screening of blood, organ and tissue donations.
- Sexual Health Wales test and post scheme: Public Health Wales, in collaboration with Welsh Government and Health Board sexual health services, established a postal testing service for BBVs and sexually transmitted infections. Tests are requested online via questionnaire completion and guidance. Turnaround times are approximately 7 days, but often less. Negative results are notified via text message. People screened positive are referred to appropriate specialist services for confirmatory testing and treatment (if indicated).
- Sexual health clinics: BBV testing may be offered if an individual is symptomatic or at risk.

Negative test results are notified to patients along with harm reduction advice. Positive results are given to patients verbally, along with commencement to the treatment pathway. All HCV-RNA positive cases are referred for clinical assessment and treatment.

Testing activity is recorded on the Harm Reduction Database, with the exclusion of HMP Cardiff, sexual health clinics, the test and post scheme, and screening of blood, organ and tissue donations.

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2.1.3 Treatment

A mapping exercise of service structures involved in testing and/or treatment was completed (*Figure 1*).

The BBV Team are the primary service for hepatitis (B and C) treatment, with clinics and outreach activities. Staffing levels are provided in section 2.1.2.

Treatment is offered to all patients testing positive for current active hepatitis C. They will receive a clinical assessment, followed by individualised treatment plans dependent on various patient and disease factors such as chronicity of infection, liver staging, genotyping, contraindications to drugs and appropriateness. If the clinical case is straightforward, treatment is usually 8 or 12 weeks in duration, which may or may not be monitored. If the case is not straightforward, additional tests will take place.

At 12 weeks post treatment completion, an SVR test will take place. If SVR is achieved, the patient is deemed 'cured' and discharged with advice. A certificate of achievement is given, and they are encouraged to join a peer-support group.

Rapid treatment pathways are in place for those unwilling or unlikely to attend further assessments after the initial contact. If appropriate, these individuals will be provided with their full prescription at contact.

If treatment is unsuccessful, or there is past history of treatment, resistance testing will be performed, and more complex therapy options explored.

Treatment activity is recorded on the E-form database, which then feeds into the Welsh Clinical Portal (WCP) and Welsh Health Data Mart (WHDM).

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2.1.4 Re-engagement

The Public Health Wales Hepatitis C Re-engagement Programme is currently in place for the identification of positive cases who have not completed treatment. A re-engagement list (Phase 1) was produced by Public Health Wales and acted on by the BBV Team. The list is created from the E-form database and cross-referenced with the Harm Reduction Database. Phase 1 of the re-engagement list is complete; and phase 2 has commenced with regular monitoring and evaluation of the list.

There is a mix of service teams and databases involved in re-engagement activity: the BBV Team, Public Health Wales, ICNET, the Harm Reduction Database, the E-form Database, and the Welsh Health Data Mart (WHDM).

Re-engagement with individuals is attempted with the following process:

1. Attempt to locate via the Welsh Demographic Service (WDS) or other engaged services.
2. Make contact.
3. Deploy Outreach team, peers and wider multidisciplinary team to help engage.
4. Consultation: repeat full BBV screen and assessment.
5. Review and treat as per pathway. If cirrhotic refer to the Hepatology team for ongoing surveillance.

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2.2 Outcomes

Outcome data on testing, treatment and infection prevention activity were obtained from the BBV annual report 2024 (Public Health Wales CDSC)⁶, for Cardiff and Vale UHB and Wales, and from clinical teams within the Health Board.

2.2.1 Infection prevention

Childhood vaccination uptake data is available from the Public Health Wales quarterly cover report. For the latest quarter (July-September 2024), hepatitis B vaccination uptake in one-year-old children via the 6in1 childhood vaccine was 93.6% in Cardiff and Vale (93.4% in Cardiff Local Authority; 94.3% in Vale of Glamorgan Local Authority). This is similar to the Wales average uptake of 94.2%.

Table 1 presents the latest annual data (year ending 2023) available on hepatitis B vaccination uptake in children born to mothers with hepatitis B, in Service Misuse Services, and in prisons⁶. It is important to note that the recording and reporting mechanisms may not currently be accurate or up to date, with improvements to outcome data reporting being one of the key action areas set out in this plan.

Outcome	Cardiff and Vale UHB	Wales
Uptake of 3 doses of hepatitis B immunisation in children born to hepatitis B positive mothers reaching their 1st birthday 01/04/2021 to 31/03/2022 and resident in Wales on 31/03/2022	100%	100%
Immunisation of service users engaged with substance misuse services: Number of individuals given a hepatitis B vaccination or referred for one, 2022	0	243
Hepatitis B vaccination coverage in prisons, 2017		<i>1st dose: 55.1% (95% CI 53.5 – 56.8) Full course: 39.6% (95% CI 38.0 – 41.2)</i>

Table 1: Hepatitis B vaccination uptake in the childhood immunisation programme, Substance Misuse Services and prisons in Cardiff and Vale UHB and Wales⁶. Grey indicates data not provided. Note: Cardiff and Vale UHB substance misuse service immunisation date may not be up-to-date or reported correctly.

NSP data is presented in a quarterly Harm Reduction Interventions Activity report, produced by the APB Support Team. *Table 2* presents the latest annual data available on NSP activity as reported during routine contract monitoring⁶.

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Outcome	Cardiff	Vale of Glamorgan	Cardiff and Vale UHB
Needle Syringe Programme clients	2,205	350	2,513
Needle Syringe Programme interactions	14,910	1,311	16,221
Needle Syringe Programme syringes dispensed	262,837	44,117	306,954

Table 2: NSP activity in Cardiff and Vale UHB, 2024.

2.2.2 Case-finding and testing

Data on hepatitis B and C testing activity for 2023 in the general population in Cardiff and Vale UHB and Wales is shown in *Table 3*⁶. In 2023, Cardiff and Vale recorded the highest rate of hepatitis B screening per 100,000 population of any health board in Wales⁶.

All individuals who are anti-HCV reactive should have a confirmatory HCV-RNA test, but in Cardiff and Vale the proportion meeting this was 73% (although higher than the Wales proportion of 63.9%).

	Outcome	CaV	Wales
Hep B	Number of unique individuals tested for reactive anti-HBc	3773	21,098
	Number and proportion of unique individuals testing positive for reactive anti-HBc (proportion is of those tested)	286 (7.6%)	1036 (4.9%)
	Number of unique individuals tested for hepatitis B surface antigen	15,010	85,642
	Number and proportion of unique individuals testing positive for hepatitis B surface antigen (proportion is of those tested)	77 (0.51%)	318
Hep C	Rate per 100,000 population tested for HCV (anti-HCV or HCV-RNA)	2963	2123
	Rate per 100,000 population anti-HCV reactive	78.7	61.9
	Proportion of unique individuals tested with at least one reactive result (annual prevalence)	3.1%	2.9%
	Proportion of anti-HCV reactive individuals receiving HCV-RNA confirmatory test	73%	63.9%
	New HCV-RNA cases	66	607

Table 3: Hepatitis B and C testing activity and outcomes for Cardiff and Vale UHB and Wales, 2023⁶.

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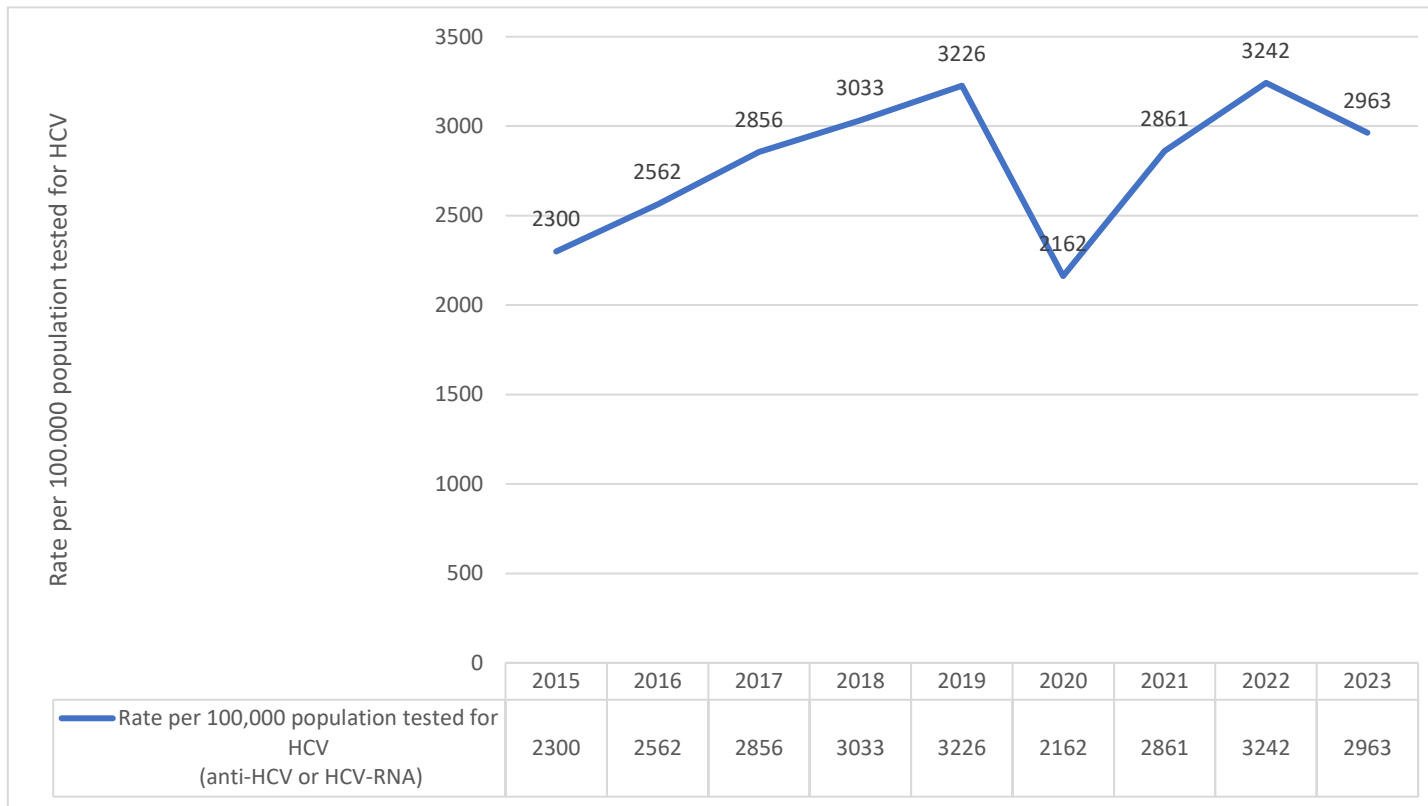


Figure 3: Rate per 100,000 population tested for HCV (anti-HCV or HCV-RNA) resident in Cardiff and Vale UHB by year, 2015-2023⁶.

Data on Substance misuse service (SMS) testing is shown in *Table 4*⁶. Testing coverage for the offer of a hepatitis C test in 2022-23 was 27.7% in Cardiff and Vale, with 21.0% being tested. This coverage was higher than that of Wales as a whole. Of all those screened for hepatitis C via SMS in 2019-23, 10.7% had a reactive result. This rose to 36.2% amongst those who currently or previously (in the last 12 months) injected drugs, indicating a higher prevalence amongst this subgroup and highlighting the need for targeted actions with this population.

New KPI figures now available for 2023-24 period show testing coverage was 25% in CAV, with 19.5% being tested. However, there are issues with the KPI methodology which was confirmed at the last National Hep B/C Elimination Workshop. As such the KPI is likely to be under-reporting testing activity across all regions of Wales.

Outcome	CaV	Wales
Number of individuals receiving a HBV test, 2023	1218	6564
Number of individuals receiving a HCV test, 2023	1233	5939
Testing coverage in terms of those offered a HCV test, 2022-23	27.71%	19.2%
Testing coverage in terms of those HCV tested, 2022-23	21.0%	16.4%
Number anti-HCV screened, 2019-23	3062	13,028
Number anti-HCV reactive (and as proportion of those screened), 2019-23	329 (10.7%)	1,716 (13.2%)
Number of anti-HCV reactive receiving confirmatory PCR (and as proportion of those anti-HCV reactive), 2019-23	238 (7231%)	1467 (85.5%)
Number HCV PCR/RNA positive (and as proportion of those receiving confirmatory PCR), 2019-23	101 (42.4%)	629 (42.9%)
Proportion of current and recent PWID (injected in last 12months) anti-HCV screened with a reactive result, 2019-23	36.2%	34.4%

Table 4: Testing activity and outcomes for Substance Misuse Services in Cardiff and Vale UHB and Wales⁶.

Data on HM Prison testing and outcomes is shown in *Table 5*⁶. Testing coverage was lower in Cardiff and Vale than in Wales in 2022. Routine opt-out testing stopped in HMP Cardiff in October 2022, explaining the lower testing coverage, but restarted in early 2025 and identifying a sustainable model for testing going forwards forms part of this year's action plan.

Outcome	Cardiff and Vale UHB	Wales
Prison BBV testing numbers, 2023 (HMP Cardiff for Cardiff and Vale UHB data)	HBsAg: 228 Anti-HCV: 226 HCV-RNA: 70	HBsAg: 5,665 Anti-HCV: 5,641 HCV-RNA: 911
Prison testing coverage, 2022	17.9%	42.0%
Prison reactivity and positivity of individuals tested, 2023	Anti-HCV: 19.7% HCV-RNA: 30.4%	Anti-HCV: 7.1% HCV-RNA: 18.4%

Table 5: Testing activity and outcomes in prison settings in Cardiff and Vale and Wales⁶. Testing activity via the Department of Sexual Health (DoSH) clinics in 2023 was 3,704 tests for any BBV in Cardiff and Vale, and 15,290 in Wales⁶. Cardiff and Vale had 2,244 BBV tests completed in 2023 via the Test and Post Scheme, with 1.4% testing positive for hepatitis B and 0.2% receiving a positive or reactive result for hepatitis C⁶.

Testing in community pharmacies has received low engagement and uptake to date, with 7 tests recorded in 2024. (Source: Harm Reduction Database via Community Pharmacy service). However the CAV community pharmacy and Hep C Trust continue to pilot the peer support model of testing.

Whilst engagement with the number of CP sites has been disappointing due to varying contractor business related reasons the tests when carried out by the peer support/Hep C Trust team has produced a 100% test rate (i.e. all those approached agreed to be tested). We will continue to pursue this model in 2025 (funding allowing) and look to further integration of community pharmacy sites and the Hep C Trust mobile unit.

2.2.3 Treatment

The BBV Team is able to produce outcome reports from the Welsh Health Data Mart (WHDM) on an adhoc basis in-house. There is currently no routine reporting to identify numbers being referred to treatment, commencing treatment, completing treatment and achieving Sustained Virological Response (SVR). Currently there are also variations in completeness of data recording, meaning that outcomes may be under-reported.

The number of individuals commencing hepatitis C treatment in Cardiff and Vale and Wales from 2015 to 2022 is shown in *Figure 4*⁶. This data may not be accurate however, and it is not known what proportion of those commencing treatment went on to complete treatment under current data reporting formats.

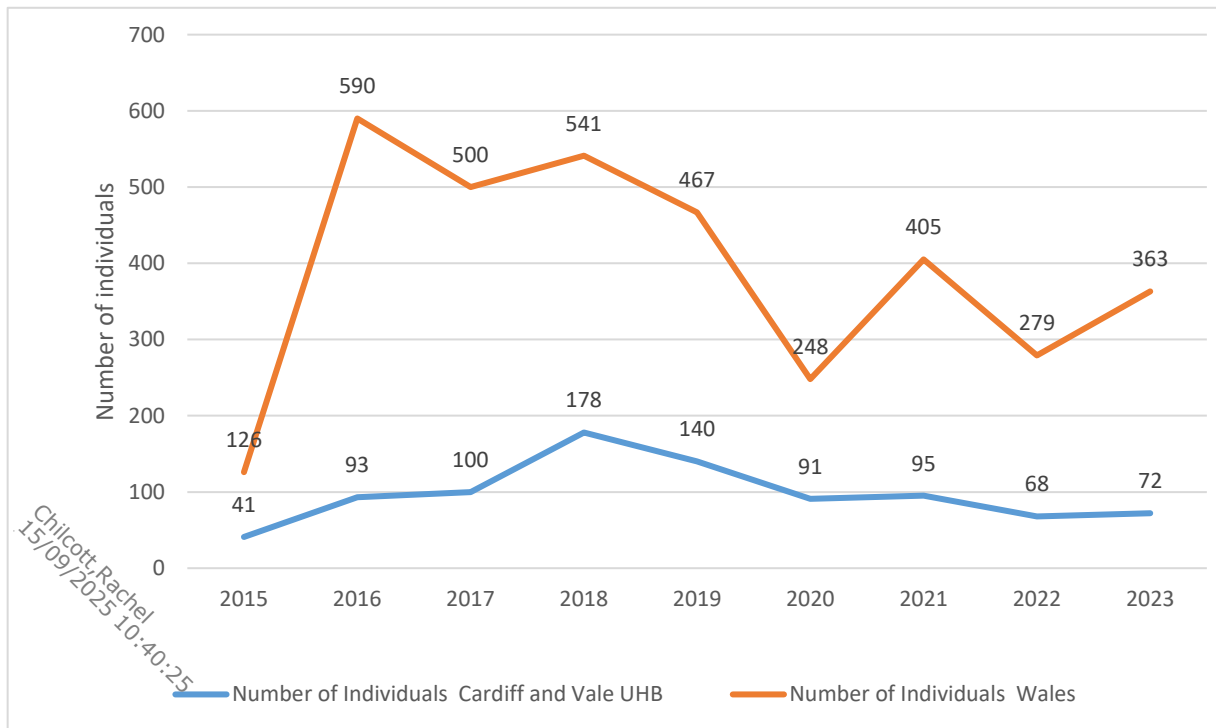


Figure 4: Number of individuals commencing HCV treatment in Cardiff and Vale UHB and Wales, by year, 2015-2023⁶.

2.2.4 Re-engagement

The re-engagement list was received from PHW in December 2023, with Cardiff and Vale UHB having 245 individuals on the list. This project has now completed and a rapid impact evaluation report produced. Attempts to contact re-engagement patients remaining on the list will be added to the Business as Usual plan. 28 patients were successfully engaged, including a number confirmed relocated to outside of the UK, 45 who were already engaged before the re-engagement data was released, 9 who declined treatment, 32 who were handed over to other Health Boards, 28 deceased, and 48 who may have relocated/no longer registered in Wales. The remaining 55 have had continued attempts for re-engagement (figures obtained from Public Health Wales re-engagement programme team).

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2.3 Current Challenge Areas

Following completion of the mapping of current services and identification of our Structures, Processes and Outcomes, the following challenges to elimination of hepatitis (B and C) were identified by the group:

Challenge Area 1: Infection prevention

- The hepatitis B childhood vaccine (6in1) uptake is currently <95% in Cardiff and Vale UHB. The reasons behind this are not understood.
- For babies born to parents at high-risk of hepatitis B, mothers with hepatitis B are successfully and efficiently identified and managed, however, if the father has hepatitis B, this is not identified at an early stage.
- Improvements are required regarding accessibility, coverage and attendance at Needle Syringe Programme sites, with the reasons behind a decrease in attendance being observed since the COVID-19 pandemic requiring further investigation. This issue is not isolated to CAV and as such PHW are currently undertaking a three phased exploration with key stakeholders - Pharmacy NSPs, Specialist NSPs and lived experience. Early analysis would attribute changes to drug consumption patterns (e.g. emergence of Crack Cocaine), expansion of Buvidal OST, and workforce development requirements since COVID pandemic.

Challenge Area 2: Case-finding and testing

- Identification of individuals at high-risk is challenging due to gaps in data and awareness of different sub-populations in the area and the prevalence of hepatitis amongst these groups.
- There is a lack of awareness of all those at high-risk for case finding, amongst both healthcare staff and the public.
- Testing:
 - There are issues regarding the supply chain of resources for staff to undertake testing.
 - There is a lack of easy access to tests for individuals seeking to self-test via online resources.
 - Not all those at high-risk who are offered testing will accept it.
 - There is a lack of accessible testing pathways outside of those that are perceived to be high-risk.
 - There is a reluctance to perform testing in generically accessed healthcare settings such as out-of-hours services, GP services and Emergency Departments.
 - There is low engagement with testing at community pharmacy sites, both from pharmacy staff and from service users. The reasons behind this are not fully clear, although some have been explored for incorporating into a new service specification.
 - There is a gap between the number of individuals with reactive anti-HCV tests and the proportion of these that receive a confirmatory HCV-RNA test.

Challenge Area 3: Treatment

- Tracking individuals to provide test results, treatment, and engagement can be difficult due to the chaotic lifestyles of some individuals.
- Time from test to treatment: there are delays due to lab turnaround times, with currently up to six weeks' wait for a PCR result. Some substance misuse services are unable to access timely results, and hard copies of results are at risk of going missing. Third sector services don't have access to Welsh Clinical Portal, and as such are reliant on paper results via post or other services to provide them with results.
- Treatment compliance, in terms of commencement, adherence, and completion, is not always achieved, leading to disengagement from the treatment pathways.

Challenge Area 4: Re-engagement

- There can be challenges with engagement/re-engagement with services and support by individuals at high-risk.

Challenge Area 5: Data

- Recording of data on the Harm Reduction Database and E-form database is not always complete.
- The identification of individuals at each stage of the test/treatment pathway (for monitoring and re-engagement purposes) is not routinely possible or complete.
- There is no single accessible source of outcome data for hepatitis (B and C) evaluation either locally or nationally.

3 Where we want to be

Where we want to be, in terms of our aim and objectives, is outlined below in *Figure 5*.

Themes		Infektion prevention	Case Finding & Testing	Treatment	Re-engagement	Data
Where we want to be	Our Aim	<p>National: Elimination and prevention of Hepatitis (B and C) in Wales by 2030. Regional: Elimination and prevention of Hepatitis (B and C) in Cardiff and Vale of Glamorgan by 2030.</p>				
	Our Objectives	<ul style="list-style-type: none"> - Achieve and sustain >95% uptake childhood 6in1 vaccination. - Offer and provide hepatitis B vaccination to individuals at high risk. - Increase Needle Syringe Programme attendance and paraphernalia coverage. 	Identify, screen and confirmatory test all individuals at high risk in Cardiff and Vale of Glamorgan.	Complete treatment with all positive cases of hepatitis C in Cardiff and Vale of Glamorgan.	Re-engage with all people who have hepatitis C who have not completed treatment and achieved Sustained Virological Response (SVR) in Cardiff and Vale of Glamorgan.	Record and collate data accurately and completely, with accessible tools for monitoring and evaluation of service performance and outcomes.

Figure 5: Where we want to be: our aim and objectives for the prevention and elimination of hepatitis (B and C).

Chilcott Rachel
15/09/2025 10:40:25

4 How we will get there

4.1 Action Areas

Following a review of 'where we are now', and the challenges areas for getting to 'where we want to be', we have identified 31 actions across five action areas to facilitate the achievement of our aims and vision:

- Action Area 1: Infection Prevention
- Action Area 2: Case-finding and testing
- Action Area 3: Treatment
- Action Area 4: Re-engagement
- Action Area 5: Data

The work on these action areas will form part of the Cardiff and Vale Integrated Health Protection Partnership's new system model for an integrated and sustainable health protection approach in Cardiff and Vale.

Some aspects of the action areas will require collaborative partnership working on a national level with the other Health Boards, Public Health Wales and the Cardiff and Vale Area Planning Board (APB), whilst others are specific actions for Cardiff and Vale UHB, with partners at the regional level.

4.2 Action Plan

Details on the five action areas are outlined below in our action plan. This will be a live document forming the basis of the implementation group's activities, with further details added to it as the work progresses. This will include further details around the measures of success provided.

Chilcott Rachel
15/09/2025 10:40:25

Action area	Action	Lead	Measure of success
1. Infection Prevention	1.1 Monitor activity and delivery of mobile NSP outreach services following implementation of CAVDAS Harm Reduction Van to ensure effective coverage and access across CAV	Substance Misuse Service	Operational mobile outreach van.
	1.2 Monitor activity and delivery of Lived/Living Experience Peer-2-Peer services following re-implementation of CAVDAS Harm Reduction Peers, and ensure effective succession planning to mitigate attrition	Substance Misuse Service	Increased peer-to-peer delivery of NSP services achieved.
	1.3 Review NSP delivery within hostel settings to ensure effective delivery and data recording mechanisms are in place	Substance Misuse Service	Increased NSP provision in hostels achieved.
	1.4 Implement recommendations identified by Public Health Wales' National Review of Pharmacy and Specialist NSP Services	Substance Misuse Service	Report on NSP attendance explanations with actions.
	1.5 Gain an understanding of the barriers to hepatitis B childhood vaccination uptake being <95% for Cardiff and Vale UHB within the wider childhood immunisation schedule.	Mass Imms team	Report on the barriers to vaccination completed.
	1.6 Identify a source of vaccination history information that can be accessed by BBV staff in outreach services. This may be in the form of access to Welsh Clinical Portal data, or exploring the use of Health Passports.	Digital	BBV staff having access to vaccination history data.
	1.7 Explore options for referral pathways for hepatitis B vaccination for identified high-risk individuals, including close contacts of cases and those providing care to high-risk individuals, such as through the Mass Immunisations Team.	Mass Imms team w/ collaboration	Agreed referral pathway for vaccination produced.
	1.8 Explore the potential for a sustainable staff hepatitis B vaccination model with the mass imms team and health board Occupational Health team.	Mass Imms team /w collaboration from occupational health	Agreed referral pathway for vaccination produced.
2. Case-finding and testing	2.1 Improve understanding of high-risk populations in Cardiff and Vale, in terms of numbers, demographic details and point prevalence surveys, building on the high-risk populations mapping work undertaken to date and linking with the inclusion health, substance misuse, DoSH and other relevant teams. This action area will include exploration of methods for identifying pregnant women where the father has hepatitis B, prior to birth.	Local Public Health Team	Report on the make-up of populations at high risk in Cardiff and Vale, including mapping illustrations.
	2.2 Advocate for an awareness campaign in conjunction with the Hepatitis C Trust, nationally, to raise awareness amongst both healthcare staff and the public of who is at risk of Hepatitis (B and C) and how they can access support; with a focus on countering the misperception that it is only those who inject drugs who are at risk.	Local Comms Team with Public Health	Active awareness campaign launched in Cardiff and Vale and Wales.
	2.3 Ensure website improvements for signposting information for testing.	Local Comms Team	Clear testing signposts online are operational and monitored.

Chilcott, Rachel
15/09/2025 10:40:25

	2.4 Explore the potential of increasing the number of community pharmacy test sites; provided either by pharmacy staff or via in-reach peer-to-peer provision within pharmacy settings. Identification of additional sites will require investigation of the most effective locations to facilitate, subject to funding.	Pharmacy	An increased number of active community pharmacy test sites.
	2.5 Explore further options for BBV team having access to community Cepheid machines for outreach testing (to be positioned within the health inclusion team).	Infectious Diseases Team	Completed report on feasibility with recommendations.
	2.6 Seek assurances that BBV Opt-Out screening processes are fully operational within all services. Particular focus to be placed on those accessing low threshold services (e.g. NSPs), and in long term OST treatment programmes	APB Support Team, Hepatitis C Trust	Successfully implemented BBV screening in substance misuse service initiatives.
	2.7 Investigate/Develop resource to manage ongoing POCT testing in HMP Cardiff.	Infectious Diseases team	Active BBV testing in HMP Cardiff with data.
	2.8 Develop a robust resource to follow up with those released from HMP Cardiff into the community for treatment/vaccination/screening.	Infectious Diseases team	Development of process following release.
	2.9 Seek to identify opportunities to source funding for expansion of the Hepatitis C Trust Peer support services, with a remit across wider populations.	PCIC/CAVHIS/Local Authority	Completed report on options for expansion with recommendations.
	2.10 Salvation Army to implement opt-out testing in collaboration with the Hepatitis C Trust. Local Authority to consider broader implementation across hostel and homelessness services.	Local Authority	Achievement of opt-out testing processes in hostels and homeless services.
	2.11 Explore new settings for POCT that are not currently used, based off the findings of action 2.1.	Infectious Diseases team	Completed report on potential sites for POCT with recommendations.
	2.12 Explore the potential for Emergency Department opt-out testing by performing a pilot (using unlinked anonymous sampling) at the University Hospital of Wales Emergency Department (requiring requires allocation of laboratory staff to collect samples from biochemistry for 7 consecutive days).	Infectious Diseases team	Completed pilot of emergency department testing with write-up and recommendations.
	2.13 Explore potential for expansion of both vaccination and screening pilots running in Probation services (looking at opportunities with other at-risk groups).	Infectious Diseases team & Mass Imms	Completed pilot of Probation vaccination/screening with write-up and recommendations.
	2.14 Explore mechanisms for expansion of prevention and testing mechanisms for injecting populations who don't frequently attend substance misuse services i.e people using image and performance enhancing drugs (IPEDs), and those engaging in ChemSex?	Substance Misuse Services & APB Support Team	Completed report on potential process for testing/outreach with recommendations.
3. Treatment	3.1 Develop robust processes for ensuring that non-UHB providers are able to access results in a timely and sustainable manner.	Digital	Processes in place for non-UHB providers to access results.

Chilcott Rachel
15/09/2025 10:40:25

	3.2 Raise awareness of the effectiveness, side-effects and requirements of treatment, and dispel myths around these. (linked with action 2.2)	National/Local Comms	Active awareness campaign launched in Cardiff and Vale and Wales.
	3.3 Incentivise test completion via £10 'Love to Shop' vouchers, with subsequent incentive vouchers for completing treatment and attending an SVR test.	Infectious Diseases team	Active incentive scheme in place.
	3.4 Maintain ongoing contract and performance monitoring and evaluation of Hepatitis C Trust Peer Support Service	APB Support Team, Hepatitis C Trust	Completed review of Hepatitis C Trust peer support service activity.
4. Re-engagement	4.1 Use of Hepatitis C Trust Peer Support services to improve re-engagement.	Infectious Diseases Team/Substance Misuse Service	Hepatitis C Trust peer support services in place with re-engagement work.
	4.2 Regular continued monitoring and evaluation of the re-engagement list.	Infectious Diseases team	Completed report on re-engagement activity.
5. Data	5.1 Monitor data quality and compliance for activity recorded via the Harm Reduction Database following recent Public Health Wales amendments made to the Blood Borne Virus Module	APB Support Team	Agreed quality standard in place with processes for audit.
	5.2 Improve data availability and accessibility, working collaboratively with the other health boards in Wales and Public Health Wales Communicable Disease Surveillance Centre (CDSC) to develop indicators (based on the WHO 'progress to elimination targets' ¹⁶), and scope out an information tool to monitor this going forwards.	PHW/Local Public Health Team	Active data tool available to Health Boards in Wales.

4.3 Resources required

The facilitation and implementation of the actions outlined in the 5 action areas will require resources for delivery. This will require a combination of using current services and staff within the system to incorporate the additional pieces of work, as well as likely requiring additional new staff and other resources on top of these. The work on these action areas will form part of the Cardiff and Vale Integrated Health Protection Partnership's new system model for an integrated and sustainable health protection approach in Cardiff and Vale.

In terms of current system resources, the services and teams involved, or who could be involved, in the Cardiff and Vale hepatitis work are outlined in *Figure 1*, along with the following key stakeholders including:

- Cardiff and Vale Area Planning Board (and Support Team)
- The Integrated Cardiff and Vale Health Protection service
- The BBV Team
- Substance Misuse Services (Third Sector, Health Board and Criminal Justice)
- The Department of Sexual Health
- Primary Care services
- Her Majesty's Prison Services
- Public Health Wales
- The Mass Immunisation and Testing team
- Community Pharmacies
- Hepatitis C Trust Peer Support Services
- Potential (tbc): Shared Regulatory Services Health Protection Officers

In addition to these current resources, the implementation work will require the following additional posts and roles:

- Health Protection Manager (as part of the Integrated Health Protection Team development)
- Prison site staffing for test and treat services: in the form of a Specialist Nurse
- Peer Support Workers: for outreach services and POCT
- Potential: additional community pharmacy support

4.4 Implementation, monitoring and reporting mechanisms

The implementation of the actions set out in this plan will be taken forward by a hepatitis (B and C) implementation group, which will form a subgroup of the Cardiff and Vale Integrated Health Protection Partnership. The reporting mechanisms are shown in *Figure 6*, which highlights where this work will sit within the overarching health protection work.

Chilcott, Rachel
15/09/2025 10:40:25

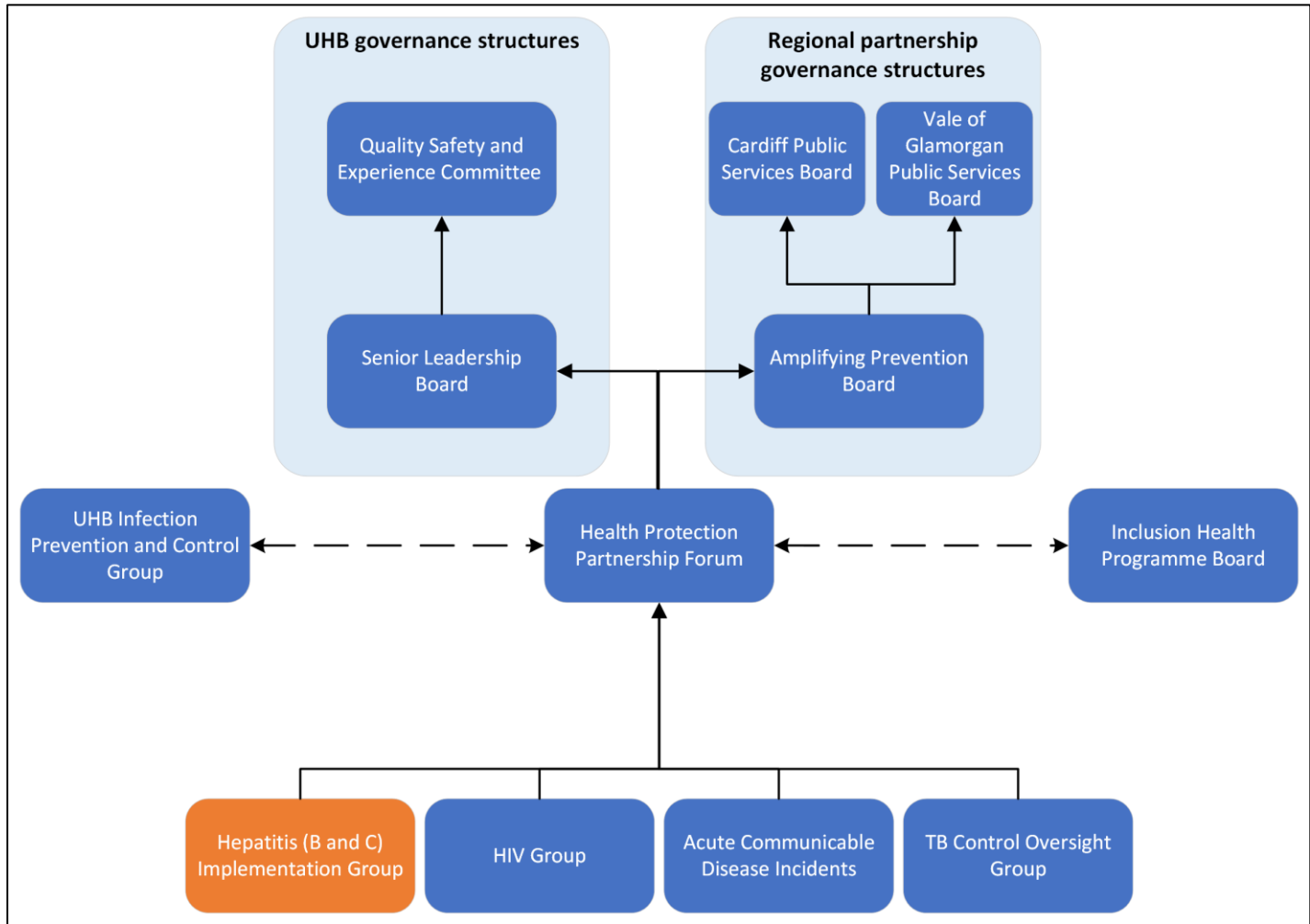


Figure 6: The reporting mechanisms for the hepatitis (B and C) implementation group.

Progress of the implementation group against the action areas, and the broader prevention and elimination targets, will ultimately be monitored and reported via the information tool to be developed as part of action 5.2 nationally, and the internal data reporting processes already available within the Health Board regionally.

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Chilcott, Rachel
15/09/2025 10:40:25

Report Title:	Smoke Free Legislation Update – No Smoking Enforcement on Hospital Sites			Agenda Item no.	2.4
Meeting:	Quality Committee	Public	✓	Meeting Date:	16/09/25
		Private			
Status:	Assurance	✓	Approval	Information	✓
Lead Executive:	Executive Director of Public Health				
Report Author:	Huw Brunt, Consultant in Public Health				

Main Report

Background and current situation:

Cardiff and Vale University Health Board's [No Smoking and Smoke Free Environment Policy](#) has been in place since 2011. It has been regularly reviewed since and updated to reflect changing legislation and evidence. Last updated and approved in May 2024 by the People and Culture Committee, it takes account of the [Smoke-free Premises and Vehicles \(Wales\) Regulations 2020](#) obligations which require hospital grounds to be smoke free (from 1 March 2021). These Regulations were approved by Welsh Ministers in exercising powers conferred by the [Public Health \(Wales\) Act 2017](#).

The Regulations make provision for fixed penalty notices of £100 to be issued for the offence of smoking in a smoke free site, which includes hospital grounds. The same Regulations also place a duty on the Health Board, stating that "A person who controls or is concerned in the management of premises which are smoke-free by virtue of section 10 (school grounds), 11 (hospital grounds) or 12 (public playgrounds) of the Act must take reasonable steps to cause a person smoking there to stop smoking".

Various actions have been taken to address this duty. In addition to signage, installation of loud speaker systems and regular communication campaigns, the Health Board has previously employed no-smoking officers to patrol sites and advise smokers of the law. However, patrol officers employed by the Health Board could not issue fixed penalty notices; this power rests solely with Local Authority enforcement officers.

The Health Board continues to receive complaints about smoking on our hospital sites, and several fire incidents have occurred in recent months, linked to cigarette disposal in on-site waste bins.

Working with Shared Regulatory Services – the partnership providing Environmental Health, Trading Standards and Licensing functions for Bridgend County Borough, City of Cardiff, and Vale of Glamorgan Councils – a new approach is agreed, to provide smoking enforcement patrols across all main sites. Through this new approach, patrolling officers can issue fixed penalty notices since the Public Health (Wales) Act 2017 gives local authorities the authorisation required to enforce smoke free place obligations in their areas, including hospital grounds. Shared Regulatory Services hold these powers for the Local Authority areas they cover.

A phased approach is planned. An initial six-month 'educational phase' (where people found smoking on hospital grounds are advised of the law and the intention to begin issuing fixed penalty notices in the future) will inform 'enforcement phase' full implementation. A communication campaign will run alongside the educational phase to raise awareness amongst stakeholders, including patients, staff, visitors, contractors and students. The 'enforcement phase' will only begin when all necessary procedures and pathways are in place for both Shared Regulatory Services and the Health Board. The date for this will be clearly publicised. Advice on how to access support to stop smoking via Help Me Quit will be provided by the patrols throughout. This committee endorsed and approved this approach in February 2025.

Chilcott, Rachel
15/09/2025 10:40:25

Current situation

The Health Board is providing funding for a full-time enforcement patrol officer to work across hospital sites.

A multidisciplinary Task and Finish Group has been meeting to take this work forward. The Group is chaired by a Public Health Consultant and has representation from People and Culture, the Hospital Smoking Cessation Service, Health and Safety, Estates and Security, Nursing, Information Governance, Communications and Engagement, Mental Health Clinical Board, University Hospital Llandough (UHL) site team, and a Trades Union representative, Shared Regulatory Services are also a key member. The Group's action plan outlines a suite of agreed activities, including a communications plan, officer training and practical arrangements, processes to be followed when staff/ patients are found smoking on site, monitoring and evaluation, legal and information governance considerations.

(To note, it is recognised that some parts of the estate will need special consideration, most notably the area around Hafan y Coed on the UHL site. In recognition of this, a sub-group has been established to consider implementation of this model at UHL, chaired by the site's Managing Director).

Work has progressed since this Committee was last updated in February 2025, but members should note that the pace of progress has been impacted recently by some difficulties experienced in securing the required enforcement resource, from within the local authority. As a pragmatic way forward, to avoid further delay, Shared Regulatory Services have explored an alternative option of appointing an external agency to deliver enforcement patrols on their behalf (through managed formal contract). A suitable service provider has been identified and approached, and they have subsequently expressed an interest in undertaking this work for Shared Regulatory Services and submitted a quote.

Shared Regulatory Services are now working with the external service provider to clarify some aspects of the quote received (e.g. how the hours worked by patrolling officers are spread across hospital sites to ensure a meaningful presence seven days per week). Assuming Shared Regulatory Services are satisfied with the clarification and detail received, the next step is to on-board the external service provider. To achieve this Shared Regulatory Services will go through the local authority's formal procurement process, and the Health Board and Shared Regulatory Services will work together to ensure sufficient advice and training is provided to the patrolling officer(s) to allow them to initiate the education phase (Q3, 2025/2026). As intended, the educational phase will run until at least end March 2026.

It remains the Health Board and Shared Regulatory Services preference for the enforcement phase to be brought 'in-house' ultimately i.e. for the local authority's own enforcement team to deliver. To this end, during the outsourced initial educational phase, the Health Board and Shared Regulatory Services will continue to work together to evaluate and act on the learning achieved and put in place the necessary arrangements (and create the capacity) to facilitate local authority delivery of the post-educational enforcement phase.

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

This paper provides an update on this important development. Currently 13% of adults in Cardiff and the Vale of Glamorgan smoke; the target is 5% or below by 2030. Smoking is extremely damaging to health and tobacco use is a key component of the deep-rooted health inequalities we see in our populations. The Health Board has a duty to take all reasonable steps to make sure premises are smoke-free, to ensure that the majority of adults (who do not smoke) and all children are protected from the second-hand smoke harms.





This approach to hospital site smoking enforcement will allow the Health Board to fully deliver the No Smoking and Smoke Free Environment Policy and comply with relevant legislation. Further, recognising that smoking is an addiction, it has a core objective to signpost smokers to evidence-based support to quit.

Recommendation:

The Committee is asked to:

- NOTE the content of this update report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Five Ways of Working (Sustainable Development Principles) considered

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

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Not required as not related to a clinical service
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Impact Assessment:

Risk: **Yes**/No

A risk assessment will be carried out ahead of final implementation.

Safety: Yes/**No**

This new model aims to improve safety by implementing further action to reduce exposure to second hand smoke and reduce the risk of fire.

Financial: **Yes**/No

Workforce: **Yes**/No

There are no workforce implications for the UHB as staff will be employed by Vale of Glamorgan Council	
Legal: Yes /No	
Apart from the legislative requirements discussed in the main body of the paper, no additional legal considerations are currently evident.	
Reputational: Yes/ No	
There is reputational risks to not fully meeting the duty identified in the Public Health (Wales) Act 2017 and not fully implementing the Smoke- Free Premises and Vehicles (Wales) Regulations 2020 intended to stop smoking on UHB hospital sites.	
Socio Economic: Yes /No	
Equality and Health: Yes /No	
An EHIA will be conducted before full implementation and mitigative actions taken	
Decarbonisation: Yes/ No	
In supporting the UHB to implement it's No Smoking and Smoke Free Policy, this intervention supports the prevention of ill health, utilises community based services, encourages self-management and reduces littering from smoking related activity. It therefore supports action to reduce carbon emissions.	
Welsh Language: Yes/ No	
All communications and signposting will be produced in both languages.	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Gro up/Exec	Date:

Chilcott, Rachel
15/09/2025 10:40:25

Report Title:	The UHB Clinical Services Plan			Agenda Item No:	2.7
Meeting:	Quality Committee	Public	X	Meeting Date:	16.09.2025
		Private			
Status	Assurance	X	Approval	Information/Noting	X
Lead Exec:	David Fluck - Executive Medical Director				
Report Author:	Victoria Le Grys – Strategic Planning				

Main Report

1. Background

Cardiff and Vale University Health Board (CVUHB) is currently under Level 4 Targeted Intervention by Welsh Government, reflecting significant concerns across finance, strategy, quality, clinical services, leadership, and governance. This escalation, confirmed in July 2025, followed deteriorating financial performance, challenges in planned care, fragile clinical services, and cultural and leadership issues.

As part of the response, CVUHB must urgently develop a Clinical Services Plan (CSP) setting out a clear strategic vision for clinical services to 2035. The CSP is a critical requirement for de-escalation and will:

- Address fragile and challenged services.
- Define future models of care across key service groupings: Emergency Care, Planned Care, Children’s & Women’s, Mental Health, and Regional & Specialised Services.
- Align with national planning expectations and support a financially sustainable Integrated Medium-Term Plan (IMTP).

The Clinical Services Plan will build on the organisational strategy Shaping Our Future Wellbeing 2023–2035, providing a roadmap for the next 3–10 years. It will be developed through an evidence-based, co-produced process, integrating workforce, digital, and estates planning, and aligning with regional and national priorities.

Why the CSP is critical:

- Responding to Escalation: Demonstrates improvement and supports de-escalation from Level 4.
- Future-Proofing Services: Ensures safe, sustainable, and equitable care for a growing, ageing population.
- Driving Strategic Change: Aligns service redesign with workforce, digital, and estate strategies.
- Improving Outcomes: Focuses on whole patient pathways and co-produced models of care.
- Building Confidence: Provides assurance to staff, stakeholders, and Welsh Government of proactive action.

1.1 Clinical Services Plan Scope and Approach

The aim, scope and approach are set out below.

<p>Aim</p> <ul style="list-style-type: none"> • The Clinical Services Plan is a high-level strategic blueprint for the period 2026–2035. • Describe how we will deliver on our SOFW strategic objectives • Describe changes across whole patient journeys/pathways • Set out future models of care and high-level milestones 	<p>Scope</p> <ul style="list-style-type: none"> • Refresh vision and principles • Gather and draw insights from existing plans, horizon scanning & projections to inform planning assumptions • Cover the following 5 areas: Emergency, Planned, Specialised & Regional, Mental Health and Women and Children’s clinical services
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- Inform detailed planning work across the UHB

- Describe implications for Estates, Digital and Workforce

Approach

- **Accountability** - Executive oversight group to 'hold the pen', chaired by Ceri Phillips, Vice Chair, to oversee progress & provide assurance to Quality Committee and Board.
- **Leadership** - Strategic Leadership Team to provide leadership & ownership of engagement.
- **Inputs** – Quality benchmarks (including Ministerial Advisory Group recommendations), baseline assessment, horizon scanning, planning assumptions, analysis of engagement. Children's plan to be included.
- **Co production** – Engagement approach to be coproduced and tested with existing UHB coproduction forums.
- **Engagement** - 20 weeks. Opportunities to engage both in person & online through various forums. Shaping Services for the Future, Together - Shaping our Future Wellbeing
- **Maximising Existing Structures** including the use of existing meetings and forums to inform and test the plan
- **Integrated** – Leads in estates, workforce, digital, Research and Development, value and sustainability to be engaged to ensure reciprocal planning and to identify key dependencies
- **Prioritisation** - Process to be determined

1.2 Clinical Services Plan Content and timeline

Outline of the Clinical Services Plan (2025–2035) – Drafted

A review of existing clinical strategies and plans where available has been undertaken by Executive leads and an outline plan has been drafted. Key sections are set out below:

Key sections of the Plan	1. Introduction • Overview of the CSP as a blueprint for services, people, partnerships, and infrastructure • Contextual challenges and opportunities informed by horizon scanning and baseline assessments	2. Approach to Development • Co-production with communities and staff • 10-week engagement and consultation period • Workshops and alignment with strategic partners (e.g. Lifford University, ICH, NPS)	3. Strategic Framework • Vision and objectives from the ICH's strategy
	4. Guiding Principles • Draft principles for remainder of clinical service plan, with confirmed principles for Babies, Children, and Young People, including multi-centred care, integrated pathways, sustainability, and equitable access	5. Our Role • Positioning the health board as a population health leader and/or institution for research and innovation in service delivery and research	6. Our Services • High-level summary of current services and clinical boards • Overview of six clinical themes: Mental Care, Emergency & Urgent Care, Children & Young People's Services, Women's Services, Mental Health Services, Specialist & Regional Services
	7. Clinical Themes • For each theme: ambition, delivery approach, expected outcomes, and need on workforce, infrastructure, and skills • Prioritisation framework for phased delivery (e.g. Years 1-3)	8. Implications for Enablers • Sites: virtual care, community hubs, hospitals • Digital: integration and transformation • Workforce: future models and sustainability	9. Delivery and Governance • Portfolio based implementation • Visual reporting mechanisms to track progress and impact

Timeline

The CSP development follows a structured timeline over several months and is set out below.

Chilcott, Rachel
15/09/2025 10:40:25

There are possible extensions built in to allow for a possible need to consult on the plan or specific elements within the plan. Below sets out the high-level timeline the Oversight group will be overseeing:

PHASE	Q2			Q3			Q4		
	July 25	Aug 25	Sept 25	Oct 25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Phase 1: Scoping and Initiation	Complete								
Phase 2: Engagement & Evidence Gather		Scheduled	Scheduled						
Phase 3: Co Design				Scheduled	Scheduled				
Phase 4: Draft Plan						Scheduled			
Phase 5: Consult and Review							Scheduled	Scheduled	
Phase 6: Final approvals and Launch									Scheduled



A more detailed plan can be found in Appendix A.

2. Current Situation

2.1 Delivery to date

- Governance established including an Executive oversight Group, Chaired by CAVUHB Vice Chair
- Baseline assessment of clinical services completed in 2024
- Finance baseline and projections produced in 2024
- Workforce baseline produced in 2024
- Babies, Children's and Young peoples plan complete
- Approach, scope and timeline tested and supported by Senior Leadership Team
- Approach, scope and timeline tested and supported by Welsh Government colleagues
- Outline of plan developed
- Draft principles developed
- Engagement and comms plan agreed with Llais
- Engagement launched

2.2 Upcoming actions

There are several elements of the plan that need to be delivered over the next 2-3 months. These include:

- Complete assumptions for services by site and critical interdependencies
- Horizon scanning and planning assumptions refreshed and agreed
- Incorporate refreshed finance and workforce baselines from the annual planning process.
- Plan and deliver internal engagement activities
- Analysis of initial engagement feedback
- National Clinical Services Group to be established to share best practice and awareness.

2.1 Communication and Engagement

Cardiff and Vale UHB has launched a 20-week engagement campaign from 1st August to December 2025 to co-produce its 10-year Clinical Services Plan, titled “Shaping Services for the Future, Together.” The plan is structured into five chapters with each chapter receiving a two-week spotlight.

Engagement methods include:

- Online and in-person public sessions
- Surveys and focus groups
- Community outreach
- Podcasts and digital feedback via the SOFWB website

Evaluation will track participation via website hits, survey responses, session attendance, and feedback volume with the approach prioritising inclusivity, accessibility, and co-production to ensure the plan reflects the needs of all communities served.

Appendix B – Engagement report (to follow).

2.2 Risk and Issues

2.2.1 Organisational capacity may impact the ability for all members of staff to actively engage with the development of the Clinical Services Plan.

Mitigation: (1) A broader range of engagement opportunities have been included within the engagement plan, which will be overseen by the Oversight Group on a monthly basis. (2) Use existing meetings where possible.

2.2.2 The timeframe for the development of the CSP is constrained which may impact the quality of the plan.

Mitigation: The scope describes a high level approach to the plan and executive colleagues are committed to ensuring capacity for plan development. It is assumed that more detailed service plans will follow once the CSP has been launched.

2.2.3 Lack of robust forecasting for future population need, demand, finance, workforce and Infrastructure may lead to the development of an unrealistic and undeliverable plan

Mitigation: Robust planning assumptions will be required for these critical areas, to inform the Clinical Services Plan.

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

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

- 2.7b - Appendix A - CSP project plan
- 2.7c - CSP engagement plan Aug 2025

Recommendations:

The Committee is requested to:

- Note the requirement to develop a Clinical Services Plan as a key condition of Welsh Government’s Level 4 Targeted Intervention.
- Note the timescales for engagement and completion prior to the end of March 2026 when the election period will commence.
- Note the scope and approach to developing the Clinical Services Plan

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Five Waves of Working (Sustainable Development Principles) considered:

Pr ev ent ion	X	Long Term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?

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

Risk: n/a
Safety: n/a
Financial: n/a
Workforce: n/a
Legal: n/a
Reputational: n/a
Socio Economic: n/a
Equality & Health: n/a
Decarbonisation: n/a
Welsh Language: n/a

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

Name of Committee/Group/Exec	Date:

Chilcott, Rachel
15/09/2025 10:40:25

	July 25	Aug 25
Phase1: Scoping and Initiation		
Establish oversight group		
Agree scope & principles		
Draft outline plan		
Identify key leads for engagement		
Co production sessions to inform engagement		
Review engagement materials		
Phase 2: Engagement & Evidence Gather		
Portfolio Board Approval & SLT		
Launch Engagement Campaign		01.08.25
Data & Evidence Review		
Review baseline assessment		
Refresh Assumptions		
Engagement analysis		
Testing at Exec strategy day & Board		
Internal feedback Session: Emergency Care Clinic		
Internal feedback Session: Planned Care Clinic		
Internal feedback Session: Womens Care Clinic		
Internal feedback Session: Mental Health Clinic		
Internal feedback Session: Specialised & regional Services Clinic		
Phase 3: Co Design		
Review and analyse engagement results		
Co-design workshops (to include work on Estates, Workforce and Digital implications)		
Develop service models		
Midpoint Review (with Llais)		
Phase 4: Draft Plan		
Engagement review		
Refine Service Models to assess feasibility, sustainability, and equity.		

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Review and include digital, workforce, and estate considerations.		
Draft CSP Document		
Engagement Report complete		
Draft plan to SLT (18/12/25)		
Phase 5: Consult and Review		
Consult on plan (8 weeks) testing back the draft CSP with Engagement report		
Refine with any feedback		
Phase 6: Final approvals and Launch		
Board Plan approval		
Branding and comms prepared		
Launch Plan		

Chilcott, Rachel
15/09/2025 10:40:25

Chilcott, Rachel
15/09/2025 10:40:25

Shaping Services for the Future, Together - Our Ten-Year Clinical Services Plan

Co-production & Engagement Approach

Background

Our clinical services plan will set out the principles to which we design services for the next ten years. For us to be able to truly create services that meet the needs of the communities we serve, we must ensure that community voice is at the centre of the plan.

We want the plan to be co-produced from inception, ensuring that we remove barriers and explore approaches to communicate and engage that we haven't previously attempted.

There is a diverse population across Cardiff and Vale that will be able to provide us with insight into the experiences of people from all walks of life. To engage with all parts of our communities we must go to them, making our communications straight forward, captivating and easy to get involved with.

Format of the Plan

The plan will be split into five chapters:

- Mental Health
- Women and people registered female at birth
- Planned Care
- Unplanned/emergency care
- Specialist and Regional Services

Through this engagement period we can also test principles on regional working and of integrated community care systems, this will enable us to engage effectively during one, twenty-week period rather than a repeated period of engagement at a later date.

Engagement Timeline

The engagement period for the plan formally started on the 1st of August and will run until the 18th December – a total of twenty weeks.

The twenty weeks will be split up into “spotlight” weeks for each chapter:

- Weeks 1 to 4 – Introducing the plan and launching the engagement.
- Weeks 5 & 6 – Mental Health
- Weeks 7 & 8 – Women and people registered female at birth
- Weeks 9 & 10 – Planned Care
- Weeks 11 to 14 – Urgent/Emergency Care (extended spotlight period due to complexity)
- Weeks 15 & 16 – Specialist/Regional
- Weeks 17 to 20 – Testing feedback, final opportunities for engagement

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Communications Methods

We will develop a suite of communications to use throughout the engagement period which will include website content, social media posts, stakeholder emails, and internal communications to push out via viva engage and SharePoint.

There will also be digital posters to use on PCIC screens and within community hubs across Cardiff and the Vale.

Co-production & Engagement

Co-production will be at the heart of the plan in July we met with our internal group to begin the process of designing the twenty-week engagement.

Through a two-hour session with twenty members of the group we discussed what a clinical services plan was and how we could best engage with local communities. During this session the group designed the name of the plan and the survey questions. The suggested name and questions were then sense checked with the entire co-production network which has 350 members.

We will continue to co-produce throughout the next twenty weeks and have groups for each chapter, whilst maintaining our links with the overarching co-production group.

Seldom Heard Groups

There are several communities across Cardiff and Vale of Glamorgan that experience barriers in engaging with us. In the next twenty weeks we want to actively remove those barriers and ensure that all voices can be heard.

Specifically, we will ensure that we reach the following parts of our communities:

Characteristic	Who	How
Socio economic deprivation	<ul style="list-style-type: none"> • Caerau • Ely • Llanrymney • St Mellons • Trowbridge • Adamsdown • Splott • Gibbonsdown • Court • Buttrills • St Athans 	<p>We will work with the third sector and community spaces to reach people that live in these areas.</p> <p>We will also target online community groups via social media to ensure that our messaging has a wide reach.</p>
Ethnic Minority Groups	<ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Chinese • African • Arab • Carribean 	<p>We have already made links with community leaders and have attended one event at the India Centre in Splott. We will be attending an African community event on the 14th of September.</p> <p>We will work closely with the third sector to facilitate focus groups with different minority ethnic groups throughout the engagement period.</p>
Underrepresented Groups	<ul style="list-style-type: none"> • Homeless • Sex Workers • Asylum Seekers 	<p>We are working with CAVHIS to ensure that we reach out to the homeless, sex workers and asylum seekers.</p>

Chilcott Review
15/09/2025 09:40:25

	<ul style="list-style-type: none"> • Gypsy Traveller Community • Veterans • LGBTQ+ • Carers 	<p>We have made links with Gypsy Traveller Wales who are going to support us with this work.</p> <p>We will attend community groups for Veterans across Cardiff and the Vale.</p> <p>We will engage with the LGBTQ+ community via social media and our internal networks.</p> <p>Through our Regional Partnership Board, we are developing our approach to engaging with unpaid carers.</p>
Students	<ul style="list-style-type: none"> • Cardiff and Vale College • Cardiff University • Cardiff Metropolitan University • University of South Wales • Royal College of Music and Drama 	<p>We will attend Freshers Week events for each of the colleges/universities and engage in person with students.</p> <p>Each organisation will also be asked to share our online messaging with their staff and with students digitally.</p>
Religious Groups	<ul style="list-style-type: none"> • Christian • Muslim • Hindu • Sikh • Jewish 	<p>We have already made links with community leaders for each of these religious groups and are organising visits to their places of worship to engage directly with the community.</p>
Disability	<ul style="list-style-type: none"> • Learning Disability • Physical Disability • Dementia • Visual/Sensory Impairment 	<p>We are working closely with our lived experience health care support workers to design easy read versions of all of communications and developing our approach to how we can best engage with the learning-disabled community. We are hoping to attend the Learning Disability Wales Conference in November where we will have an opportunity to engage with a wider group of individuals.</p> <p>Through our Regional Partnership Board, we are developing our approach to engaging with individuals living with dementia and their carers.</p> <p>We will work with the third sector to develop an approach to working with other disability groups.</p>

Chilcott, Rachel
15/09/2025 10:40:25

Engagement Tools

Surveys

We have two surveys live to ensure that we offer the option to our communities to give in depth feedback or access a short, light touch survey.

For the in-depth survey, there are five sections relating to each chapter. Individuals can just answer one chapter area if they wish or the entire survey. These questions will be used during public engagement sessions for the chapters and during focus groups.

The shorter survey offers three overarching questions, these questions are used during public engagement events to shape conversations.

Focussed Survey Questions

Mental Health

1. What matters most to you or your loved ones when accessing mental health services?
2. What barriers or challenges have you faced in trying to access mental health care?
3. How could services become easier to navigate?
4. How could community-based mental health support be improved to meet your day-to-day needs

Women & People Registered Female at Birth

1. What are your key priorities for improving women and people registered female at birth health services in our area?
2. What services or types of support do you feel are missing for women and people registered female at birth at different life stages?
3. How can we provide the best possible care throughout a woman or person registered female at birth healthcare journey?
4. What women or person registered female at birth health services do you think could be delivered in your local community?

Emergency and Urgent Care

1. What does a positive experience of urgent/emergency care look like to you?
2. Can you tell us about any challenges you have experienced when trying to access urgent/emergency care?
3. What ideas do you have for reducing pressure on emergency departments while still meeting people's urgent needs?
4. What urgent/emergency care services do you think could be delivered in your local community or closer to your home?

Planned Care

1. How can we improve access to planned (non-urgent) care services?
2. What support do you or your loved ones need while waiting for treatment — whether emotional, practical, or digital?
3. How can we make planned care more flexible so it better fits around your life
4. What types of planned care could be delivered more locally or in community settings?

Specialist & Regional

1. What are your experiences of accessing specialist/regional services?

Childcott, Rachel
15/09/2025 10:49:25

2. What would help you manage a long-term or complex health condition within your community?
3. What matters most to you when you need to access specialist or hospital-based services?
4. Would you be willing to travel further for some treatments if it meant you were seen much more quickly?

Short Survey

1. What's most important to you or someone you care about when using health services?
2. Have you come across any challenges when trying to use health services?
3. What would help bring health services closer to your home?

Website & Social Media

We will develop the SOFWB website to become a "live workbook" for engagement feedback. This will give our local communities the opportunity to engage with us on a digital platform using podcast recordings and feedback links.

We will regularly post on our corporate social media pages to direct people to the website, surveys and advertise engagement sessions.

Engagement Sessions

For each chapter, we will hold two public engagement sessions. These will be facilitated by the Head of Engagement and a clinician. One session will be online and the other in person.

Focus Groups

We will work with the third sector to hold multiple focus groups with the specific aim of reaching seldom heard groups.

Community Events

We have a programme of community events throughout the next twenty weeks which we will attend to engage with the public in person.

We have also started to plan several community visits to groups and links to attend online groups.

Partnership forums

Through our Public Service Boards, Regional Partnership Boards and SEW partnership forms we will share our communications with key organisations that will be able to share messaging with communities and staff.

We have met with the Wellbeing of Future Generations Office to brief them on our approach and seek their advice. They were supportive and we will continue to brief them throughout the engagement period.

We have also met with the Older Persons Commissioner for Wales Officer to again seek their advice and ensure that we engage effectively with older people throughout the engagement period.

Llais will be a key partner throughout this period of engagement. We have met and briefed our Regional Director on our approach, and we will completed a midpoint review after ten weeks of engagement.

To ensure that we are effective and efficient with our engagement approach, we are collaborating with our local public health team to align with their work on developing women's health hubs.

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15/09/2025 10:49:25

Staff

Our own organisation offers access to large numbers of residents of Cardiff and the Vale of Glamorgan. Through VivaEngage and Share Point we will be able to reach people that live in the area.

Volunteers

Through our patient experience team and volunteers, we will engage with our communities whilst they are accessing services.

Estates

We will spend time on each of our hospital sites to engage directly with patients and visitors in communal spaces, such as the Concourse in UHW.

Employers

Cardiff Council and Vale of Glamorgan Council are the two largest employers in the area, and we have organised for our messaging to be shared with their staff during the next twenty weeks. Colleagues in both local authorities will also help share our messages with their own community networks and spaces, such as hubs and libraries.

Community Leaders

All local and town councillors have been contacted with the offer of meeting with the Head of Engagement to discuss the plan and how to best engage with their residents.

Engagement Evaluation

With this suggested approach we will be able to measure our impact in several ways:

- Website visits
- Social media post engagement
- Number of survey responses
- Number of individual conversations (via public engagement sessions)
- Number of listens to the podcast recordings
- Number of feedback responses on website
- Number of emails to the engagement inbox
- Number of telephone calls to the engagement number
- Number of visits via Viva Engage and SharePoint

Resources

We have submitted a bid to the health boards charity which will provide financial resource to hold several community events, support third sector organisations to facilitate focus groups and enable us to translate our content into multiple languages.

The majority of this work will be conducted through established relationships and the willingness of colleagues.

Childcott, Rachel
15/09/2025 10:40:25

Report Title:	Cardiff and Vale University Health Board Hospital Discharge Policy (integrated with Cardiff and Vale Local Authorities)			Agenda Item no.	3.1
Meeting:	Quality Committee	Public	x	Meeting Date:	16.09.2025
		Private			
Status (please tick one only):	Assurance	Approval	x	Information	
Lead Executive (Title):	Paul Bostock (Chief Operating Officer)				
Report Author (Title):	Diane Walker (Head of Integrated Discharge Service)				

Main Report

Background and current situation:

This policy outlines the procedures for the safe and effective discharge of patients from Cardiff and Vale University Health Board hospitals, in collaboration with Cardiff and Vale Local Authorities. It is based on the Welsh Government's Hospital Discharge Guidance (September 2024) which include the principles included in goal 5 and 6 of the 6 goals for Urgent and Emergency Care

This policy does not include discharges from Mental Health wards or children's wards.

Once approved this policy will form part of the suite of 7 minute briefings that we current have in place to provide education on the discharge from hospital process.

Appendices

There are no appendices however the document contains the following hyperlinks:

- Reducing time in hospital – home
- When can I go home leaflet
- Translation & Interpretation Services – home
- Patient experience - home
- Safeguarding Wales
- Mental Capacity Act
- Office of the Public Guardian
- Information Governance Policy
- Deprivation of Liberty Safeguards policy
- Continuing Health Care Framework
- Homeless Support (CAVHIS)
- dewis.wales
- Integrated Discharge Service - Home.





Recommendation:

The Committee is requested to:

- a) **Approve** this new policy

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		<i>Comment here</i>
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Impact Assessment:

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

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

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

	Date:
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Chilcott, Rachel
15/09/2025 10:40:25

Reference Number: UHB 372 Version Number: 3	Date of Next Review: DRAFT Previous Trust/LHB Reference Number: UHB 372
Cardiff and Vale University Health Board Hospital Discharge Policy (integrated with Cardiff and Vale Local Authorities)	
Introduction This policy outlines the procedures for the safe and effective discharge of patients from Cardiff and Vale University Health Board hospitals, in collaboration with Cardiff and Vale Local Authorities. It is based on the Welsh Government's Hospital Discharge Guidance (September 2024)	
Objectives <ul style="list-style-type: none"> To inform all staff working in Cardiff and Vale University Health Board of the correct process to ensure timely and safe discharge of patients in adult in patient settings To ensure all staff are aware of their responsibilities regarding the discharge process To improve processes to reduce the length of time patients spend in hospital To improve outcomes for patients and carers and reduce the risk of avoidable harm 	
Scope This policy applies to all staff involved in the discharge process, including hospital and community teams, Local Authority partners, housing teams, and other relevant partners. This policy covers adult in patient areas only. Although the discharge principles align, this policy does not cover Mental Health Inpatients.	
Equality and Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has been completed and found there to be a positive impact
Documents to read alongside this Procedure (not exhaustive)	<ul style="list-style-type: none"> Mental Capacity Act (2005) Deprivation of Liberty Safeguards (2008) Code of Practice for Mental Capacity Act and Deprivation of Liberty Safeguards. All Wales Safeguarding Procedures for Children and Adults at risk of Abuse and Neglect (2020). Cardiff and Vale UHB Information Governance Policy 2024 The National Framework for Continuing NHS Healthcare (CHC) 2022 Hospital Discharge Guidance (September 2024) Reluctant Discharge Guidance (2023) Social Services and Wellbeing Act Wales (2014) Mental Health Act (2005)
To be read by	All staff engaged in discharging patients from an adult in-patient setting.
Approved by	Quality, Safety and Experience Committee

Accountable Executive or Clinical Board Director	Chief Operating Officer
Author(s)	Diane Walker- Head of Integrated Discharge Service (IDS) Frances Woodyatt – Senior Nurse IDS Kate Sharples – Training and Development Manager IDS

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Chilcott, Rachel
15/09/2025 10:40:25



Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1			<i>new document</i>
2			Review of Document, update to include most recent legislation.
3			Review of 2020 policy, updated to include new guidance and discharge pathways.

Document Title: Discharge from Hospital Procedure	2 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

Chilcott
15/09/2025
15/09/2025

Abbreviations	
D2RA	Discharge to Recover then Assess
PDD	Predicted Date of Discharge
MDT	Multi-disciplinary Team
LOS	Length of Stay
CHC	Continuing Health care
FNC	Funded Nursing Care
POCD	Pathways of Care Delays
IDS	Integrated Discharge Service
IDH	Integrated Discharge Hub
DSR	Discharge Support Referral
FPOC	First Point of Contact
CRT	Community Resource Team
VCRS	Vale Community Resource Service
CWS	Clinical Workstation
STAMP	System for Tracking and Monitoring Patients
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate

Integrated Discharge Policy		Page No:
1.0	Purpose	
2.0	Principles	
2.1	Communication between Multidisciplinary Teams	
2.2	Working to the Values and Behaviours of the Cardiff and Vale University Health Board	
3.0	Welsh Government Guidelines to support discharge planning	
4.0	Discharge planning process	
4.1	Decision to Admit	
4.2	Discharge to Recover then Assess (D2RA)	
4.3	Clinically Optimised	
4.4	Board Rounds	
4.5	Predicted Date of Discharge	
4.6	Discharge Support Referral (DSR)	
4.7	Transfer to Non-Acute Beds	
4.8	Discharge Lounge	
4.9	Transport	
5.0	Documentation	
6.0	Information sharing with patient, family/carer & Advocacy	
6.1	Carers information	
6.2	Young carers	
6.3	Supporting carers	
7.0	Mental Capacity	
8.0	Lasting Power of Attorney	

Document Title: Discharge from Hospital Procedure	3 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

9.0	Deprivation of Liberty Safeguards	
10.0	Self-funding and full cost contribution for care home placements	
11.0	Care homes	
12.0	Continuing Health Care	
13.0	Fast Track	
14.0	Reluctant discharge	
15.0	No suitable abode/homeless	
16.0	Discharge Against Clinical Advice	
17.0	Discharge Concerns	
18.0	Safeguarding	
19.0	Mental Health	
20.0	Out of Area patients	
21.0	Infection prevention and Control	
22.0	Roles and responsibilities	
22.1	Cardiff and Vale University health board	
22.2	Cardiff and Vale Local Authority	
22.3	Joint responsibilities of health and social services teams	
22.4	Ward MDT	
22.5	Integrated Discharge Hub / C1V	
22.6	Integrated Discharge Service	
22.7	Third sector	
23.0	Discharge training	
24.0	Legislative and NHS Requirements	
24.1	Freedom of Information Act	
24.2	Equality Impact Assessment	
25.0	Performance Measures	
26.0	Review of Policy	
27.0	Audit arrangements	

Document Title: Discharge from Hospital Procedure	4 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

1. Purpose

The purpose of this policy is to support the co-ordinated, safe and timely discharge or transfer of care for Cardiff and Vale University Health Board adult in-patients. This policy does not cover patients within the Mental Health Clinical Board.

This updated Discharge Policy embraces our integrated working relationships, to promote a whole system approach and reflects national policies and the principles identified in the Social Services and Well-being Act 2014 (Wales) which was implemented in April 2016.

Delaying hospital discharge is known to increase the risk of harm and lead to deconditioning which could lead to a need for higher levels of support on discharge.

Cardiff and Vale UHB employ the 'Home first' principles as everybody should be supported to recover in their own home or in a community setting at the earliest opportunity and in accordance with their identified individual needs. During a patient's stay in hospital, a proportionate assessment should be undertaken by a variety of professionals (health and social care). For most patients a comprehensive assessment of their care needs should be undertaken during the next stage of their care which should be out of hospital. This assessment must be undertaken in line with the requirements set out in legislation under the Social Services and Wellbeing Act 2014(Wales).

2. Principles

The following principles will support the delivery of effective discharge arrangements.

2.1 Communication between Multidisciplinary Teams

Communication between the patient, ward teams, family/carer and all agencies must be clear and timely. Early discussions to identify any complexities regarding discharge is vital to ensure the facilitation of an early discharge. Any decision regarding discharge will be clearly documented in a way that other agencies can access. This will primarily be in the patient's clinical notes.

Health and Social care partners need to be clear about their responsibility and accountability for the discharge process. When both have a responsibility for the discharge of a particular patient there will be early joint discussions.

We will work together with acute, community, social care, third sector and other partners to make best use of resources.

We will ensure that agreed processes are coordinated effectively so that all stakeholders are clear of appropriate actions and agreed routes of escalation.

2.2 Working to the Values and Behaviours of the Cardiff and Vale University Health Board

Assessment of health, care and support needs are determined by the most appropriate professional at the most appropriate time. Staff will be expected to always work with integrity to secure the best possible outcome for patients, their family/carer, taking full account of their 'protected characteristics' under the Equality Act (2010)

Document Title: Discharge from Hospital Procedure	5 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

3. Welsh Government Guidelines to support discharge planning

As part of the 6 goals for urgent and emergency care the Welsh government have developed an optimising hospital flow tool kit for all Health board in Wales to use.

[Reducing time in hospital - Home](#)

This includes:

<p><u>SAFER</u></p> <ul style="list-style-type: none"> • Seen – before midday • Aim- what matters to me • Flow – right bed right time • Early discharge – discharge before midday • Recovery – when can I go home 	<p><u>Red 2 Green (R2G)</u></p> <ul style="list-style-type: none"> • For patients who are not yet clinically optimised • A patient who has had a day of value will be green • A day of waiting and no value will be red
<p><u>Discharge to Recover and Assess (D2RA)</u></p> <ul style="list-style-type: none"> • All patient assigned a D2RA pathway within 24 hours of admission • There are 4 pathways: 0 1 2 & 3 • All discharges follow a D2RA approach unless there is a clear rationale not to do so. • With a focus on the ‘What matters to you?’ conversation when planning discharge, we have the aim of understanding the person in the context of their own life and the things that are important to them. • People will only stay in hospital when there is a clinical need that can only be met in hospital and, at the earliest opportunity, the person should return home or to an appropriate community setting. 	<p><u>Pathway of Care Delays (POCD)</u></p> <ul style="list-style-type: none"> • Patients who are still in hospital 48 hours after being clinically optimised are a POCD • Pathway of care delays are a performance indicator for the Health Board and Local Authority partners. They are measured and reported monthly using an agreed set of criteria. • The Integrated Discharge Service within Cardiff and Vale University Health board ensure that arrangements are in place for the census to be undertaken monthly and the outcome validated in collaboration with Local Authority (LA) partners.

Document Title: Discharge from Hospital Procedure	6 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

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15/09/2025
15/09/2025

4. Discharge planning process

4.1 Decision to Admit

No-one should be admitted to acute care, especially those who are frail, unless the only option for treatment is in an inpatient bed.

An assessment must be made when deciding to admit regarding the potential for clinically safe alternatives to admission.

Cardiff and Vale UHB provide Local Authority support within the Emergency Department including short stay assessment areas to support staff with community options as an alternative to admission if safe to do so.

The Emergency Department team can refer to the Safe @ Home (S@H) team if the assessment concludes that the patient can have their care provided by S@H rather than be admitted to hospital.

4.2 Discharge to Recover then Assess (D2RA)

All patients with a decision to admit should be assessed and allocated to one of 4 d2ra pathways within 24 hours of admission. The assessment needs to be done in collaboration with the patient/carer, so they are aware that we are considering discharge at the point of admission.

Allocation of a D2RA pathway will identify early in the patient's admission what levels of support they had prior to admission and a provisional assessment at what support will be needed at the point of discharge to meet their needs (not their wants).

Under the discharge to recover then assess model of hospital discharge, most people are expected to go home (their usual place of residence) following discharge.

Document Title: Discharge from Hospital	7 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

There are 4 D2RA pathways	
Pathway 0	Classified as a simple discharge where the patient has no or no new care needs.
Pathway 1	A supported discharge pathway where a patient with new care needs is supported to recover and then be assessed at home.
Pathway 2	A supported pathway of bed-based rehabilitation or reablement for patients who are not safe in between care calls or overnight. Cardiff and Vale UHB do not have pathway 2 beds for patients to be discharged. They will be transferred to a rehab bed and then when discharged they need to be on a pathway 0, 1 or 3 – not 2
Pathway 3	A supported discharge pathway where assessment for a long term care needs is completed in a bed-based environment; for patients who have significant or complex needs and are not safe in between care calls or overnight.

4.3 Clinically Optimised

A patient is deemed clinically optimised when the Multi-disciplinary Team agree that the patients care and / or assessment could be continued at home. The patient no longer needs any care or support that can only be delivered in a hospital setting. Tests/ investigations that are not discharge dependant should be arranged and carried out in the community.

4.4 Board Rounds

All patients should be discussed during a daily board round which is a summary discussion of the patient's journey. It identifies what actions are required to support the patients' progress. It also helps to identify and resolve any delays in the patients' hospital stay to aid efficient discharge, and this in turn enhances the overall patient experience. The Board Round is not an in-depth MDT discussion of each patient. The board round must be led by the ward consultant or ward sister/charge nurse and the outcomes/actions from the board round must be recorded onto CWS and STAMP and reviewed.

4.5 Predicted Date of Discharge

A PDD should be set within 24hr of admission and should be reviewed at the daily board round.

This is the date when it is expected that the patient will be able to leave a hospital setting, it should be clearly communicated with patient, family/carer. This will be documented on the patients 'When can I go home' leaflet. [When can I go home?](#)

PDDs in community hospitals should be set within 24hrs and based on a realistic time-frame.

Discharge hub/community partners may on occasion amend this date if they have further intelligence regarding care availability, and this is permissible. This change must be communicated to the patient/carer

Document Title: Discharge from Hospital	8 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

4.6 Discharge Support Referral (DSR)

If it has been identified that the patient requires formal support on discharge, then a Discharge Support Referral form needs to be completed. This form is available on Clinical Workstation and electronically sent to the Integrated Discharge Hub (IDH) for Cardiff residents and C1V Hub for Vale residents. This is a **single point of access** process for discharge support.

Clinical Teams do not need to identify the support that is required on discharge, this is the responsibility of IDH/C1V.

Discharge outcomes from DSR will include-

- Information, assistance, advice
- Restart/Increase packages of care
- Discharge with CRT/VCRS (Therapies only or Full Team (therapies and domiciliary care))
- Discharge with D2RA (Cardiff Domiciliary Care support)
- Social Work assessment for complex discharge planning this may include requests for a Discharge 2 Assess (D2A) care home bed. (interim placement to facilitate a complex discharge)
- Housing input from social services
- Discharge Liaison Nurse /CHC review to be arranged.
- First Point of Contact (pink army) Hospital Team

4.7 Transfer to Non-Acute Beds

During the board round, it may be decided that the patient has recovered sufficiently and no longer needs an acute bed but is still requiring support and treatment, e.g. rehabilitation that can only be delivered in hospital. On these occasions the patient will be transferred to a non-acute bed within the UHB. Patients should be assigned the amber flag on CWS/STAMP and assigned a D2RA pathway 2.

Clinical ward staff are responsible for referring appropriate patients via the electronic referral form accessible via the IDS SharePoint page. The referral is transferred to a TEAMS list which is accessed by the ward sister or deputy who has designated responsibility to 'pull' to their vacant rehab bed.

The same process is in place for patients who are clinically optimised but require complex discharge planning. These patients will be identified as D2RA pathway 3 and will have a green flag on clinical workstation.

4.8 Discharge Lounge

All patients need to be transported to discharge lounge before 10am on the day of discharge, in some cases it may be necessary to be transferred to discharge lounge the evening before discharge. Patients and families must be made aware if this occurs.

Document Title: Discharge from Hospital Procedure	9 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

There are very limited exceptions for transfer to discharge lounge these include (but are not limited to) Fast Track palliative patients and IPC patients – please contact OPAT/Site team directly for individual discussion if unsure.

4.9 Transport

Wherever possible the patient should be transported home by family/carer, using their own transport.

If own transport is not available, the following can be considered:

- Non-Emergency Patient Transport Services (NEPTS)
- Welsh Ambulance Service Trust (WAST)
- Voluntary sector resources
- Taxi (preferably funded by the patient)
- If Out of Area transport is needed, this needs to be booked with a minimum of 48hrs notice.

Decisions regarding appropriate transport will be made by the ambulance booking system.

Transport bookings should be made the day before discharge. Exceptions are made for acute assessment/short stay wards/units, where there is a need for some same day discharges.

The date and confirmation of transport must be recorded in the patient medical notes.

5. Documentation

Good standards of record keeping at every stage of the discharge process is an essential requirement and will ensure that there is continuity in the discharge process reducing miscommunication and delays. Any member of staff must document if they have had any discussion regarding the patient’s discharge.

Contemporaneous record keeping (via patient notes/ Clinical Workstation, Welsh Nursing Care record), Local Authority case management systems, whether at an individual, team or organisational level in relation to discharge planning from hospital care must:

- Demonstrate how decisions related to the discharge process were made and why.
- Document the discharge pathway and update when/if it changes.
- Include copies of any documents relating to Lasting Power of Attorney, Deputyship or any advanced decisions.

6. Information sharing with patient, family/carer and Advocacy

As part of the delivery of high-quality person-centred care the patient will be involved throughout with their discharge plan. At times, family members/carers will also need to be involved.

Document Title: Discharge from Hospital Procedure	10 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

Chilcott
15/09/2025

A 'when can I go home?' leaflet must be given and discussed with the patient and or family/carers on admission to ward. This will include a predicted date of discharge (PDD). The leaflet can be accessed [here](#),

The cultural and communication needs of the individual, family/carer must be always considered.

Every effort must be made to communicate in a manner appropriate to the individual, both verbally and in writing to meet specific communication needs (e.g. if they have a sensory loss) and language needs (e.g. if they wish to communicate in Welsh or any other language).

The All-Wales Standards for Accessible Communication for People with Sensory Loss and the Cardiff and Vale UHB Interpretation and Translation Services policy University Health Board Policy on Accessing an Interpreter will be used if appropriate.

[Translation & Interpretation Services - Home](#)

Advocacy support should be considered for all individuals who might benefit from such services at any stage of their discharge planning process.

6.1 Carers information

Cardiff and Vale UHB pride itself in supporting carers and identifying unpaid carers.

People may not see themselves as carers, rather seeing caring as an extension of their familial role, good neighbour or friend.

The patient should be asked who they wish to be involved and/or informed in discussions and decisions about their discharge, and appropriate consent received. This may include a person's family members, friends or neighbours.

It is only through meaningful involvement and consultation with unpaid carers that staff will be able to arrive at an accurate and honest appraisal of what the carer is willing and able to provide after discharge

All plans that involve the unpaid carer's provision of care, need to be coproduced between the patient/individual, clinicians and the carer. An unpaid carer must be willing and able to provide care. For further information or support for unpaid carers please refer to the patient experience team (see SharePoint page)

[Patient Experience - Home](#)

For carers of people at the end of their life Future Care Plan should be jointly discussed and agreed. [Further information can be accessed here.](#)

6.2 Young Carers

Young Carers are children under the age of 18 years old, with caring responsibilities. They will be assessed under the Social Services and Well-being Wales Act.

Document Title: Discharge from Hospital Procedure	11 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

Chicott, Rachel
15/09/2025

Assessment is the first stage in helping a child and their family. There must be considerations applied to the needs of the children.

Refusal of an assessment must be overridden, where there is a refusal, this would be inconsistent with a child’s well-being and referral to the local safeguarding team. Any safeguarding concerns identified must be raised in line with the All-Wales Safeguarding Procedures for Children and Adults at risk of Abuse and Neglect (2020).

[Safeguarding Wales](#)

6.3 Supporting Carers

Carers have a right to a Carers Assessment, which considers the needs of a carer, alongside the needs of the person they care for this is **not** discharge dependant and will be carried out in the community once the ward has made a referral for the assessment to be carried out by the Local Authority /Health Board.

Consent should be achieved to make a referral for a carer’s assessment.

7. Mental Capacity

The Mental Capacity Act 2005 (MCA) was introduced in 2007, to provide a statutory framework to empower and protect vulnerable people over the age of 16. It enables people to plan for a possible loss of capacity and provides a legal framework for making decisions on behalf of those who are unable to make at least some decisions for themselves. It has two overarching aims:

- To promote autonomy of decision making for all
- To protect vulnerable adults from harm.

The Act was amended in 2009 to provide safeguards for people who need to be cared for or treated under significant restrictions (the Deprivation of Liberty Safeguards). The Act reflects the development of case law relating to mental capacity and the European Convention on Human Rights (ECHR).

Mental Capacity is the ability of an individual to make decisions about specific issues in their life. It is also sometimes referred to as ‘competence’. Capacity is not an absolute concept: the level of understanding required will increase with the complexity of the decision and capacity can vary over time. The Cardiff and Vale Mental Capacity Act (MCA) policy sets out what evidence is required when assessing an individual’s mental capacity ensuring healthcare staff are protected from liability when acting in a persons’ best interests without their consent.

See guidance on MCA SharePoint page [Mental Capacity Act Team](#)

Chilcott
15/09/2025
15/09/2025

Document Title: Discharge from Hospital Procedure	12 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

8. Lasting Power of Attorney

Adults over the age of 18 years can authorise another adult over the age of 18 years to make decisions on their behalf in the event of a loss of capacity. Lasting Powers of Attorney (LPA) can be made for property and finances and / or for health and welfare matters.

Once the LPA has been registered with the Office of the Public Guardian (OPG) the appointed attorney will have authority to make certain decisions on behalf of the donor, if the donor lacks capacity to make the decision.

The LPA document will specify what powers the attorney holds and any exceptions. If the attorney is asked to make any decisions about life sustaining treatment the LPA document must specify that they have this power, it is not automatically granted.

Professionals must ask to see evidence of any LPA, to check that the power has been registered and that the relevant decision falls within the scope of the power. A copy of the LPA should be taken and maintained in the medical record. The attorney must act in the donor's best interests in line with person's known wishes and feelings and if professionals have concerns about an attorney's actions, the matter must be referred to the [Office of the Public Guardian](#).

LPAs registered on or after 1st January 2016 in England and Wales can be [accessed online](#) with an access code provided by the LPA.

LPAs must formally request access to the person's notes via information governance.

For further guidance please see the UHB's [Information Governance Policy](#)

It is important to note that the LPA powers are only enacted if the individual has been deemed to lack capacity to make that specific decision. A person with fluctuating capacity should always been given the opportunity to make decisions for themselves when able to do so, this may include giving the person multiple opportunities to consider such a decision.

9. Deprivation of Liberty

Section 6 of the Mental Capacity Act permits restriction of movement that does not amount to a deprivation of liberty. Restrictions amounting to a deprivation of liberty requires a formal legal authorisation process under either, the Mental Health Act, MCA Deprivation of liberty safeguards or a court order.

This only applies to people over 18 who are in a hospital or living in a registered care home. If the inpatient is 16 -17 years old or resident in any other setting but you believe that they are being deprived of their liberty seek legal advice.

A restriction of movement (restraint) will become a deprivation of liberty when the restraint results in the person being under 'continuous supervision and control and not free to leave'.

Document Title: Discharge from Hospital	13 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

See guidance on DoLS SharePoint page: [Deprivation of Liberty Safeguards \(DoLS\) - Home \(sharepoint.com\)](#)

10. Self-funding and full cost contribution for care home placements

Self-funding describes a private arrangement i.e. a situation where a person and or their family/representative arranges their own care and support without the involvement of social care services or consideration of eligibility (no assessment or care plan is required; LA is not the placing authority does not source the care does not hold the contract and are not required to review etc). Prior to agreeing the placement care homes and families should ensure that self-funders have adequate funds to support them for the entirety of their stay.

Full cost contribution describes arrangement via statutory services i.e. a situation where following an assessment and identification of eligible need and subsequent financial assessment the Local Authority supports a person to secure care home services and the person due to their level of finances / assets is then charged for the full cost of the care home placement (LA is the placing authority and remain responsible for overseeing contract and reviewing care arrangements)

Finances form part of regular review and once money/assets drop below the threshold the contribution level is reassessed.

Patients who are self-funding are always able to request an assessment at any point, and if eligible, to have their care managed by the LA under full cost recovery, but they may not be able remain in a high cost placement if they have chosen one that is significantly above the usual rate paid by the LA/UHB if they do not have sufficient funds to pay the additional cost known as a “top up” fee, or additional cost contribution. LA duty to meet needs is only triggered once the assessment of eligible need is concluded. The LA will not backdate payments for people who made a choice to self-fund or if their money has dropped below thresholds.

11 Choice of Accommodation following hospital stay

Where a person is clinically optimised and ready to be discharged, they cannot remain in hospital if the care home that they have expressed a wish to move to does not have an immediate vacancy or meet their current care needs. In these instances, the IDS team or the Social worker will support the patient to move to a care home on an interim basis while waiting for their choice of accommodation.

The arrangements and legal requirements around choice of care home accommodation, involving the person and their carer, must be applied where a person is being discharged from hospital to a care home on a permanent or temporary basis (more than eight weeks but usually fewer than 52 weeks as set out in legislation).

Choice does not apply where a care home stay is for a short term (fewer than eight weeks).

12. Continuing NHS Healthcare (CHC)

Continuing Health Care is decided on a patient’s needs basis and not preference/ availability.

Document Title: Discharge from Hospital Procedure	14 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

Chilcott
15/09/2025
15/09/2025

The Guidance can be found here: National framework for Continuing NHS Healthcare [National framework for Continuing NHS Healthcare | GOV.WALES](#)

13. The Fast Track Process

It will be necessary to safeguard an individual's well-being by "Fast Tracking" them for immediate provision of CHC. An example of this may be the individuals who are rapidly deteriorating or entering the end of their life. In such circumstances, people can be supported in their preferred place of care without waiting for a full CHC eligibility process to be completed.

For patients identified as being in the last days or weeks of their life, Community Nursing teams and specialist community Palliative Care teams, will work with the Integrated Discharge Teams, to co-ordinate and facilitate a rapid discharge to home, care home or hospice (based upon 'preferred place of death') via the CHC fast-track end of life process.

For patients who meet the criteria, the ward nursing team, supported by the DLN will complete the referral and appropriate paperwork. The Fast Track process will be co-ordinated by Palliative Care Team.

For patients who do not meet Fast Track criteria but are identified as entering into the end stage of their prognosis and a Pathway 3, a DSR should be completed for support on discharge.

All staff involved in the Fast Track process must read the National Framework for Continuing Healthcare guidance carefully and have a clear understanding of the requirements for this process including the need for the Fast Track Care Plan.

14. Reluctant Discharge

A reluctant discharge is when a person who has been assessed as no longer needing care or treatment in hospitals refuses to engage in the discharge process or actively refuses to leave hospital.

Patients are accommodated in a hospital bed as a licensee. The Health Board as the owner of the hospital grants a patient a license to be on its premises. This license exists for such time until the Health Board deems it appropriate for the license to be revoked, i.e. when the patient is clinically optimised. A person does not have an enforceable legal right to occupy a hospital bed indefinitely and the Health Board is under no legal duty to accommodate them when other safe alternatives for discharge have been identified.

Please contact the IDS team as soon as you are aware you have a patient who may fall under this category for advice and guidance.

Supporting documentation: Reluctant discharge process – [Reducing time in hospital - Home](#)

15. No Suitable Abode / Homelessness

Discharge from hospital can exacerbate vulnerability and frailty for those who are homeless, at risk of homelessness or those for whom a hospital admission increases the likelihood of

Document Title: Discharge from Hospital	15 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

them becoming homeless (due to current accommodation no longer being suitable for example).

People at risk of homelessness use more acute hospital services and emergency care than the general population. When admitted to a hospital, the length of stay is usually much longer because of multiple unmet needs. However clinically optimised patients regardless of accommodation needs do not have the right to remain in a hospital bed and appropriate and timely support should be offered and those with unsuitable housing must return home if it is reasonably practicable to do so.

Supporting documents: Unsuitable Housing/Homelessness Process [Homeless Support \(CAVHIS\)](#)

16. Discharge Against Clinical Advice (DACA)

For individuals discharging against professional advice the Cardiff and Vale University Health Boards Discharge against Clinical Advice Policy should be followed.

In summary the professional involved must take every reasonable step to ensure that any ongoing health care needs are met and the following actions considered to mitigate the risk of an unsafe discharge:

- Establish the reason for this intention
- Attempt to resolve any issues
- Advise the patient of the consequences of leaving
- Encourage the patient to see a doctor
- Assess the risks to the person and/or others and take any necessary action;
- Document a full account of the events and the relevant discharge plan, together with the patient’s responses
- Encourage the patient to sign a “discharge against clinical advice form”
- Liaise with management/site team OOH
- Inform the patient’s GP, Community Nurse and other relevant community services by telephone.
- If the patient is unable to arrange suitable transport, the ward should arrange transport as required.
- Following discharge, the ward should make a welfare check telephone call, to ensure the patient has arrived home safely.
- Complete the Datix incident reporting system.

Where there are reasons to doubt a patient’s capacity to make a decision about discharge against medical advice a formal assessment of capacity must be considered in accordance with the Mental Capacity Act.

Discharge against clinical advice may be viewed as an “unwise decision” but this does not necessarily mean that the patient lacks capacity to make it. As well as a concern about the decisions being made, there must be some evidence of impaired or disturbed functioning of the mind or brain (e.g. stroke, dementia, mental illness, delirium, intoxication, etc.) before a functional assessment of the patient’s capacity can be undertaken.

Document Title: Discharge from Hospital Procedure	16 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

Chilcott
15/09/2025

If the patient is found to lack capacity to make a decision about their discharge, the decision will need to be made following the best interest's process. If it is concluded that the patient is unable to give valid consent to remaining in hospital an application for authorisation under the Deprivation of Liberty Safeguards must be made.

17. Discharge Concerns

If a concern is raised by a patient and/or family/carer or advocate in any stage of the discharge planning process, ward staff initially need to ensure that all practical steps are taken to communicate to patients and families to address any concerns raised.

If these are not able to be resolved at ward level please seek senior support, if still unable to resolve this should be dealt with using the appropriate guidance which includes 'Putting Things Right' – Raising a concern about the NHS (2011) and the relevant local authority process. If concern remains unresolved refer the complainant to the Concerns Team.

If there is a concern regarding an unsafe discharge an incident form via Datix Cymru should be submitted.

18. Safeguarding

Some individuals may require additional support when planning their ongoing care arrangements and may include; individuals with a learning disability, people who are homeless, those who have a physical or sensory disability, people who have a mental illness, including dementia, and elderly patients with frailty.

There should also be due consideration of those adults and children who have existing safeguarding plans in place. Any safeguarding concerns identified must be raised in line with the All Wales Safeguarding Procedures for Children and Adults at risk of Abuse and Neglect (2020). [Safeguarding Wales](#)

Where there are concerns that an individual may be an 'Adult at Risk' the assessing professional must follow local safeguarding procedures.

Where safeguarding investigations are already underway, professionals involved in the patient's care must ensure that the Safeguarding lead officer is kept informed of any discharge plans. The multi-disciplinary team should work with safeguarding colleagues to ensure that a robust plan is in place to manage the risk of further abuse or neglect on discharge.

Where it is not possible to discharge a patient to their home whilst investigations are being carried out, this does not mean that they have to remain in an acute setting, if their health needs do not require it. The multi-disciplinary team should consider alternatives such as a transfer to a non-acute site, stepdown accommodation or a temporary placement until the safeguarding process is resolved.

19. Mental Health (This Policy does not apply to specialist in-patient mental health units).

Individuals who are detained under the relevant sections of the Mental Health Act 1983 and its amendments can only be discharged in accordance with the statutory requirements.

Document Title: Discharge from Hospital Procedure	17 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

Chicott, Rachel
15/09/2025

The requirements of Section 117 of the Mental Health Act and good discharge planning need to be discussed with the patients Mental Health Practitioner.

Where it is considered appropriate, an IMCA / or IMHA must be appointed. It is essential that the individual wishes are expressed through an advocate, this will lead to greater participation and understanding of the discharge plan.

For people with new mental health concerns, psychiatric liaison teams should be contacted in the first instance to review and assess as appropriate.

For people with a pre-existing mental health concern who are known to mental health services, their care coordinator or relevant mental health clinician should be involved in their discharge planning to ensure their mental health needs are considered as part of the discharge process.

20. Out of Area Discharges

The Integrated Discharge Hub/ C1V does not process referrals to other Local Authority areas.

Ward staff will be required to contact the responsible Local Authority directly if support on discharge is required.

If there is a doubt around the responsible Local Authority, please contact Integrated Discharge Service for advice and support.

21. Infection Control

The management and treatment of individuals with a known or suspected infection is described in detail in the Health Board Infection Control and Prevention Policy. It is important to ensure that the relevant agencies (community nurses / ambulance service / care home, Domiciliary Care providers) involved in the individual's discharge are informed of the individual's infection status, prior to their discharge so that appropriate arrangements and risk assessments can be put in place.

22 Roles and Responsibilities

22.1 Cardiff and Vale University Health Board

The health board will ensure that the discharge process in place links with national guidance and standards. It will continue to review and refine the discharge processes and assure that local practices and enabling processes are fit for purpose and resources effectively deployed.

It will ensure operational, professional and clinical management and oversight to effectively collaborate and manage the discharge process.

The Chief Operating Officer will take the executive responsibility on behalf of the Health Board for the strategic vision, development and implementation of the Discharge Policy.

Clinical Board Triumvirates will support the Chief Operating Officer, to ensure that the policy is put into operational management across the organisation.

Document Title: Discharge from Hospital Procedure	18 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

22.2 Local Authority Adult Social Services.

Local Authority Adult Social Services will undertake an assessment of need for individuals who may appear to be in need of care and support in line with Social Services Wellbeing Act (2014).

They will ensure that the National Hospital Discharge Guidance (2023) for Social Care Charging and Financial Assessment Arrangements are followed and appropriately communicated to patients, families and unpaid carers.

All interim placements will be closely reviewed in line with legislation in place under the Social Services and Well-being (Wales) Act 2014. An interim placement must not lead to a lower priority for a permanent placement than those in NHS beds, which may be perceived to be under greater pressure

22.3 Joint responsibilities of health and social services teams

Health and social services teams will ensure that discharge standards are adhered to at all levels and that delivery of discharge pathways observes national guidance and standards.

They will ensure that the national Hospital Discharge Guidance (2023) for Social Care Charging and Financial Assessment Arrangements are followed and appropriately communicated to patients, families and unpaid carers.

They will flexibly deploy staff across hospital and community settings to support patients on relevant discharge pathways where such input is identified and as required.

They will provide capacity to undertake an appropriate needs assessment should it appear that any involved carers have a need for support.

22.4 Ward MDT

The ward MDT will conduct a clinically led review of all patients at least once a day (for example a board round, see above).

The ward board rounds/huddles should have appropriate representation from the multi-disciplinary team to review patient progress towards being clinically optimised and the possible support needed to facilitate their discharge

This can include, but not be limited to:

- Consultant
- Resident doctors
- Nursing
- Therapist – physiotherapy/Occupational Therapy/Speech and language / Dieticians
- Pharmacists
- Social workers
- Operational Managers

Chilcott
15/09/2025
15/09/2025

Document Title: Discharge from Hospital Procedure	19 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

- FPOC (First Point of Contact – Cardiff only)
- Integrated Discharge Service

22.5 Integrated Discharge Hub / C1V (Local Authority services)

The Integrated Discharge Hub/C1V will triage all DSR referrals for care and support / community services and discuss with wards if further clarity is needed once referral has been received.

They will provide advice and support to the ward teams on the appropriate D2RA Pathways.

They will act as a key problem-solving contact between hospital and community teams.

22.6 Integrated Discharge Service (IDS)

The Integrated Discharge Service, comprises of:

- Discharge Liaison Nurses
- Social workers
- Discharge Co-ordinators
- Discharge Support Officers
- Social work assistants
- Housing Solutions Officers
- First Point of Contact Officers
- Integrated Discharge Hub

The IDS will work with clinical teams to support discharge planning processes for people with ongoing health and social care needs.

The IDS Team will:

- Act as a resource to all members of the multi-disciplinary team, to provide expert discharge planning advice.
- Provide teaching and training, both formal and informal, at ward and departmental level to improve discharge planning.
- Provide expert advice and support for complex discharge pathways (all D2RA pathway 3 and in other pathways on referral)
- Act as the coordinator for complex pathway 3 patients who require a DST.
- Act in a supportive role to the nursing staff for DSTs and Nursing Needs Assessments.
- Ensure all patients identified as being in the last days or weeks of their life are rapidly transferred (via a fast-track pathway) to the care of an appropriate team who will be responsible for co-ordinating and facilitating rapid discharge to home (which may be a care home), community hospital or community Palliative Care Service.
- Liaise with community nursing and specialist palliative care teams to ensure arrangements are in place to provide advice, training and support to family/carers and care and support providers for End-of-Life Care.

Document Title: Discharge from Hospital Procedure	20 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

- Ensure that guidance on Continuing NHS Healthcare is followed in line in the Continuing Healthcare Assessments and the National Framework.

22.7 Third Sector

The third sector has a valuable contribution to make in facilitating discharge, providing support to people as they recover from an illness or stay in hospital and to prevent readmission. The UHB and local authorities have several Service Level Agreements with third sector providers (further information can be found on DEWIS CYMRU) dewis.wales

These providers can specifically support hospital discharge.

A wide range of voluntary organisations and community groups provide services and activities which maintain people’s independence, connect them to their communities to reduce isolation and loneliness and promote opportunities to improve health and wellbeing.

23. Discharge Training

It is essential that all those involved in the discharge planning process understand their roles and responsibilities regarding the discharge process and their role in reducing time spent in hospital and eradicating avoidable harm.

All staff with responsibility for hospital discharge are required to ensure they have received sufficient training and information to comply with this policy. Training is provided by the IDS team.

Supporting documents/information: Up to date training materials and training dates can be found on Cardiff and Vale Integrated Discharge Service Share point page - [Integrated Discharge Service - Home](#).

24. Legislative and NHS Requirements

24.1 Freedom of Information Act

Policies and procedures are subject to disclosure under the Freedom of Information Act 2000. The Act allows anyone, anywhere to ask for information held by the Health Board and although some sensitive information will be exempt, policies and procedures will be released to the public on request.

24.2 Equality Impact Assessment

(EIA) The Equality Act 2010 requires the undertaking of Equality Impact Assessments (EIAs). All UHB policies will require an EIA. EIAs form a process which finds out whether a policy will affect people differently on the basis of their “protected characteristics” – age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation as it will affect their human rights. It also takes account of Welsh Language issues. It is designed to ensure that consideration is taken of the needs of all individuals who work for or access the services of the UHB.

Included in Appendix.

Document Title: Discharge from Hospital Procedure	21 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		

25 Performance Measures

Compliance with this Discharge Policy and Procedure will be monitored as part of Cardiff and Vale UHB's operational performance management process to include:

- Number of pathway of care delays with a focus on reduction
- Number of bed days lost with a focus on reduction
- Reduction in number of complaints associated with the discharge process
- Number of readmissions due to poor discharge planning
- Number of incidents reported on Datix Cymru associated with discharge planning
- Number of safeguarding referrals associated with discharge planning

26. Review of Policy

The Policy will be reviewed every three years and will include:

- Regular audit of compliance
- Monitoring of complaints and reported incidents and areas of consistent difficulties
- Feedback from key stakeholders including patients/carers/advocates

27. Audit Arrangements

A review of the Discharge policy and understanding of the policy with key professionals working within the scope of the policy will be undertaken as necessary.

Training objectives will be adapted following key recommendations alongside changes in national frameworks and policies regarding discharge processes.

Document Title: Discharge from Hospital Procedure	22 of 22	Approval Date:
Version Number: 2		Update:
Approved By: Quality, Safety and Experience Committee		



Safeguarding Steering Group Meeting
22nd May 2025
Via Teams

Present:

Linda Hughes-Jones	Head of Safeguarding, C&V UHB	Corporate
Chloe Evans	MCA Project Lead	Corporate
Emma Davies	Staffing level lead	Corporate
Faye Protheroe	Bereavement Lead Nurse	Corporate
Claire Wade	Director of Nursing Surgical Clinical Board	Surgery
Karenza Moulton	Head of Nursing in Noah's Ark Children's Hospital	Children & Women
Andy Jones	Director of Nursing for Children and Women CB	Children & Women
David Pitchforth	Specialised Medicines, Medicine Clinical Board	Medicine
Anna Mogie	Deputy Director of Nursing	PCIC
Annette Blackstock	Interim Assistant Director, National Safeguarding Service	PHW
Judith Cutter	Consultant Midwife	Children & Women
Cath Twamley	Director of Nursing, Specialist Clinical Board	Specialist

PART 1: PRELIMINARIES (Chair)		ACTION
1.1	Welcome	Linda Hughes-Jones
1.2	Apologies for Absence Jason Roberts, Natasha Goswell, Beverley Oughton, Natalie Clemett, Bethan Williams, Sarah Phippen, Katina Kontos, Paula Davies. Ceri Richards-Taylor, Helen Luton.	
1.3	Approval of SSG Minutes from the previous meeting- all agreed . SSG ToR discussed at the meeting, adaptations made and agreed for sign off 2025.	Linda Hughes-Jones
1.4	Actions completed or deferred	Linda Hughes-Jones


PART 2: STRATEGIC DIRECTION AND SERVICE IMPROVEMENT		
2.1	Clinical Board Reporting: Medicine <ul style="list-style-type: none"> The training split for medical and nursing is shown on the reporting form. L2 training is 82% for nursing and 58% for dental. Child mandatory training L2 is 80% for medical, 90% for nursing and 49% for dental. MCA training is 100% for medicine and 82% for nursing. 	David-Pitchforth

	<p>TEAMS or classroom. A hybrid approach to sessions is being used to maximise attendee places and consider individual learning styles.</p> <p>C&V Corporate safeguarding Dashboard</p> <ul style="list-style-type: none"> • Power Point Dashboard shared on screen and discussed • Total MARF referral for the time period since the last meeting is 800. • Ask & Act Routine enquiry: Of 145 cases in the last two months 78 are positive disclosures in ED and 34 are positive disclosures from other UHB departments. • 144 are active adult safeguarding cases. • Total of 204 AS1 referrals submitted. • No data available for MASH, the call audit will be removed from the dashboard as this is no longer relevant. All calls to the UHB Safeguarding Professional Advice Line (PAL) is recorded as supervision on PARIS. The safeguarding team are working with PARIS to access a run report. <p>Violence Prevention Team: 148 referrals received 38% are under 18 years of age, 8% increase from the last report.</p>	<p>Linda H-J</p>
<p>2.2</p>	<p>Surgery Clinical Board Audit of AS1s feedback:</p> <p>Power Point Presentation</p> <p>Strengths included - Clear documentation, incident description by patient, allegation clearly described, detailed post discharge, detailed care required and timeline.</p> <p>Learning point included – Gender and ethnicity need to be recorded for all the cases.</p> <p>More details required with regards to patient information and why they are in hospital.</p> <p>Area needing Improvement included – Clinical presentation and contribution to pressure damage.</p> <p>Explanation for delays to reporting included – No proper explanation, raised via concern route later and daughter referred in as a concern.</p> <p>Action: CD&T CB to share audit at next meeting. LH-J to meeting with Helen Luton to discuss.</p>	<p>Clare Wade</p> <p>Linda H-J</p>
<p>2.4</p>	<p>Update: Morbidity and Mortality reviews for children:</p> <p>The rapid review process for child death was discussed and highlighted that there is different approach when a child dies in hospital or dies in the community.</p> <p>The mortality pathway used in acute child health was shared on screen.</p> <p>Rapid review paper work has been developed to ensure that information is collated within 72 hours. If a child aged less than 28 days dies, the death will be reported on MMBRACE and an NRI notification will be completed.</p>	<p>Karenza Moulton</p>

	<p>Babies who die in NICU will follow the NICU mortality pathway. MARF and Datix should be completed following all deaths. Karenza explained the M&M meeting purpose and its quality and standard. The process links with the multi-agency PRUDiC process when appropriate. Discussion from the presentation raised a suggestion that this could be shared with the National Safeguarding Service with a view to present at a future meeting as good practice.</p>	
PART 3: ORGANISATIONAL PERFORMANCE AND EFFECTIVENESS		
3.1	<p>School Nursing Health Assessment SOP presentation: Andy presented the key changes that includes consent for MARFS, staff training, health assessment and health professional's attendance at Child protection conferences and core groups. Roles and responsibilities of the school nursing team explained. Andy discussed the recommendations and practitioner's responsibility.</p> <p>Action: School nurse attendance data at Initial and Review Conference to be shared at next meeting to be shared at next meeting Action: Streamline handover of children with safeguarding concerns from Midwife to HV to School Nurse. To be considered for next meeting</p>	Andy Jones
PART 4: GOVERNANCE		
4.1	<p>Feedback from CIW/HIW/Estyn Rapid Review of Child protection Arrangements Deferred</p>	July 2025
4.2	<p>Update on the Children Looked After Service and feedback in relation to the continuity of records for adopted children – Deferred.</p>	July 2025

Chilcott, Rachel
15/09/2025 10:40:25

<p>4.3</p>	<p>MCA/DoLS AND Consent update presented:</p> <p>Chloe shared the MCA team last quarter activity, the advice and support requests remained static. In terms of enquiry the request from Corporate & Executive team is high, followed by mental health, medicine, PCIC and surgery teams. Chloe shared the dates for L3 self-neglect training and discussed DoLS training. Overall the UHB comparison shows that there is a small drop in the training count in December 2024 however, improvements are evident in April 2025. Improvements are required in the medical and dental teams. The MCA L1 & L2 is updated and L1 is on ESR. Bi-monthly classroom sessions are available. Chloe shared the MCA team newsletter on the screen. DoLS update – Q4 2024/ 2025, withdrawn application is high in keeping with expected levels for health. Chloe explained that there is a request for increased UHB funding, this is awaiting a decision from Executives. On-going work is in place to reduce delay with DoLS process. Totally IMCA referrals received: 97. Daniel Harrison the new Consent Lead was introduced.</p> <p>AB from the NSS provided feedback for MCA/ DN team for the excellent presentation at the NSS meeting in the last week.</p>	<p>Chloe Evans</p>
<p>4.4</p>	<p>PCIC Update Deferred as presenter required to attend another meeting</p>	<p>July 2025</p>
<p>4.5</p>	<p>MAPPA Update Deferred</p>	<p>July 2025</p>
<p>PART 5: REPORTS/ MINUTES FROM OTHER GROUPS/COMMITTEES</p>		
<p>5.1</p>	<p>LA Update:</p> <ul style="list-style-type: none"> - Last meeting was held on 14th of March 2025. - A new Adult Practise Review Report has been published and shared across the UHB. <p>Police Updates:</p> <ul style="list-style-type: none"> - UHB Safeguarding and Health & Safety team are in discussion with South Wales Police to consider how UHB staff are prepared and supported whilst being asked to give police statements. Work is underway to complete a pathway which when complete will be shared at SSG. 	<p>Linda H-J</p> <p>Linda H-J</p>
<p>5.2</p>	<p>NHS Safeguarding Network Update: not discussed, as presenter required to attend another meeting.</p>	<p>Annette Blackstock</p>

PART 6: FOR INFORMATION		
6.1	<ul style="list-style-type: none"> • SSG ToR to be discussed and signed off • Updated CB reporting from 2025 to be discussed • Safeguarding Maturity Matrix Report 23-24 • 7 Minute briefing- consent for information sharing (MCA) • Cardiff Help or Harm referral guidance • All wales CPMA guidance • All wales CPMA proforma • Prevention of rolling injuries poster • CPM leaflet for children • RSB Annual plan 25-26 • The rise of online cult communities dedicated to extremely violent child abuse • Safeguarding allegations / concern about practitioners and those in position of trust procedure • VAWDASV blueprint - & minutes Briefing • SUSR monthly bulletin • MH Safeguarding poster • Safeguarding leaflet • Police, crime & justice plan 25-29 • Sexual misconduct procedure 	
PART 7: ANY OTHER BUSINESS		
7.1	<ul style="list-style-type: none"> • Terms of Reference Safeguarding Steering Group signed off for 2025. • Internal Audit Safeguarding Final Report 2024. • UHB Safeguarding allegation concern 2021 • Annual Safeguarding Maturity Matrix July 2024 • SSG Attendance from Clinical Boards • Cardiff and Vale University Health Board 3 Year Safeguarding Training Strategy • PHW PRUDiC process for Young People on adult wards • Professional Concerns questionnaire https://forms.office.com/e/QuC4K2WMfj  <ul style="list-style-type: none"> • SUSR implementation October 2024 • Reporting concerns – C&V RSB • Right Care Right Person, South Wales Police • Guidance re CDM 	
PART 8: KEY MESSAGES FROM MEETING		
PART 9: NEXT MEETING OF THE UHB SAFEGUARDING STEERING GROUP		
	<p>24/07/2025</p> <p>30/09/2025</p> <p>25/11/2025</p> <p>10/1/26</p> <p>20/03/26</p> <p>Dates for January 2026 to be confirmed</p>	<p>9.30- 12:00</p>

SSG ACTION LOG

MINUTE POINT	ACTION 22nd May 2025	PERSON RESPONSIBLE	TIMESCALE
1.4	<p>To review CB attendance at SSG Clinical Board Reporting, arrange meeting with CBs to discuss.</p> <p>HLP poster completed by David Pitchforth and Marianne Seabright to be shared at SSG</p>	<p>Jason Roberts/Natasha Goswell/ Linda H-J</p> <p>David Pitchforth</p>	<p>July 2025</p> <p>July 2025</p>
2.1	<p>Clinical Board Reporting</p> <p>Consider safeguarding reporting made within CD&T due to the low numbers</p> <p>UHB Safeguarding to update on PARIS report for safeguarding supervision</p>	<p>Linda H-J/ Helen Luton</p> <p>Linda H-J</p>	July 2025
3.1	<p>School nurse attendance data at Initial and Review Conference to be shared at next meeting</p> <p>Streamline handover of children with safeguarding concerns from Midwife to HV to School Nurse. To be considered for next meeting</p> <p>Feedback to SSG the multi-agency JICPA presentation to the RSB</p>	<p>Paula Davies</p> <p>Paula Davies</p> <p>Linda H-J</p>	<p>July 2025</p> <p>July 2025</p> <p>July 2025</p>

MINUTE POINT	ACTION 21st March 2025	PERSON RESPONSIBLE	TIMESCALE
1.4	<p>To review CB attendance CD&T Allied Professionals not represented, JR to meet with Emma Cook</p>	<p>Jason Roberts / Linda H-J</p>	May 2025
2.1	<p>Clinical Board Reporting</p> <p>Language Line - CR-T to contact Angela Hughes to gain benefits / disadvantages of using the iPad / language line.</p>	<p>Ceri Richards-Taylor</p>	May 2025

	Arrange meeting for Escalation Process for children < 18 years of age on S136 transferred by police to Hafan Y Coed	Linda H-J	May 2025
2.2	DP to bring the poster of the role of the HLP to SSG (Medicine completed)	David Pitchforth	July 2025

MINUTE POINT	ACTION 23rd January 2025	PERSON RESPONSIBLE	TIMESCALE
2.1	Vicarious Trauma Training or Counselling to be considered for the school nursing service. Feedback of the discussion to come back to SSG	Andy Jones/ Paula Davies	May 2025
2.2	Clinical Board Reports VAWDASV Group 2 & 3 training with the DONs CBs to consider Medical Staff compliance with safeguarding mandatory training. Promoted by the Executive Medical Director	LHJ/ JR/ ECOD LHJ	May 2025 May 25

Rolled over from previous meetings

MINUTE POINT	ACTION 22nd November 2024	PERSON RESPONSIBLE	TIMESCALE
3.4	Further update to the SSG in March 2025	Dr Bethan Caryl Williams and Sarah Phippen	July 2025
4.1	Feedback from Q4 24/5 of professional attendance at Review CPC and Core Groups	Paula Davies	July 2025
4.1	Monitoring of referrals rejected due to no consent to be undertaken by the safeguarding team and reported at each meeting. None received to date	Linda H-J	July 2025

MINUTE POINT	ACTION 30th July 2024	PERSON RESPONSIBLE	TIMESCALE
3.2	Digital pathway or app to be introduced.	Andy Jones/ Zoe Roberts/ Adele Watkins	September 2025

	ACTION 17th March 2023		
2.1	Undertake rolling programme of evaluation of training on a 6-12-months basis. (Feedback on training)	On-going NJ safeguarding team	Sept 2025

	ACTION 25th November 22		
3.6	BW to feedback to the SSG the continuity of records for adopted children when resolved	Bethan Williams	On hold: consider if this should remain in place.

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15/09/2025 10:40:25



Safeguarding Steering Group Meeting
24th July 2025
Via Teams

Present:

Jason Robert	Executive Nurse Director	Corporate
Natasha Goswell	Deputy Executive Nurse Director	Corporate
Linda Hughes-Jones	Head of Safeguarding	Corporate
Chloe Evans	MCA Project Lead	Corporate
Simon Dring	EPR Manager	Corporate
Faye Protheroe	Bereavement Lead Nurse	Corporate
Jeff Morgan	Consultant and Safeguarding Leader PCD	Corporate
Claire Wade	Director of Nursing Surgical Clinical Board	Surgery
Marianne Seabright	Lead Nurse Mental Health Clinical Board	MH
Sarah Pippen	Looked after Children Team	Children & Women
Andy Jones	Director of Nursing for Children and Women CB	Children & Women
Katina Kontos	Named Doctor for Safeguarding Children	Children & Women
Ceri-Richard Taylor	Deputy Director of Nursing, Medicine Clinical Board	Medicine
Anna Mogie	Deputy Director of Nursing Primary Care	PCIC
Annette Blackstock	Interim Assistant Director, National Safeguarding Service	PHW
Judith Cutter	Consultant Midwife	Children & Women
Helen Luton	Director of Team CD&T	CD&T
Beverley Oughton	Senior Nurse Critical Care	Specialist CB
Ffion Roblin	Medical Paediatrics Trainee	Children & Women

PART 1: PRELIMINARIES (Chair)		ACTION
1.1	Welcome	Linda-Hughes Jones
1.2	Apologies for Absence: Bethan Williams, Paula Davies, Jane Murphy, Chris Frayne.	
1.3	Approval agreed of SSG Minutes from the previous meeting. SSG ToR discussed at the meeting, adaptations made and agreed for sign off 2025.	Jason Robert
1.4	Actions Log - completed.	Jason Robert
PART 2: STRATEGIC DIRECTION AND SERVICE IMPROVEMENT		
2.1	Clinical Board Reporting: Medicine A new reporting template was trialled, containing health board-wide data. Feedback will be gathered to refine its use. <ul style="list-style-type: none"> • Adult safeguarding referrals: 17 from ED, 24 from Medicine. • Child protection referrals: 58 from EU Acute and Emergency Medicine. • Professional allegations: 16 open cases. 	Ceri-Richard Taylor

- Training compliance:
Adult Safeguarding: L1 – 81.87% overall, 90.81% RN; L2 – 81.53% overall, 89.44% RN; L3 – 5.12% (RN only).
Children Safeguarding: L1 – 79.95% overall, 90.92% RN; L2 – 78.93% overall, 89.89% RN; L3 – 16.67% (RN only).
Violence Against Women: 66.82% overall, 71.81% RN.
- MCA Training: 73.42% overall; 85.71% nursing; 52.23% medical/dental.
Consent Training: Target of 85% by end of August.
Group 2 and Prevent training data not available on ESR; to be shared by safeguarding team.
- Language Line: 51 contacts recorded.

Surgery

- Safeguarding & Referrals:
9 adult protection referrals (June).
9 open professional concerns across multiple specialties.
9 open adult safeguarding cases.
- Training Compliance:
Adult Level 3: Slight improvement; new dates circulated.
MCA Training: Overall – 64.7%; AHPs – 92%, Nursing – 83.2%, Medical/Dental – 40%.
- Surgeons' low compliance continues to impact overall figures.
- Pressure Damage: 39 cases reported; 3 were Grade 3 unstageable.
All under review via monthly scrutiny panels.
- Governance & Promotion:
Safeguarding discussed at QSC and Nursing Board forums.
Safeguarding app promoted on desktops, mobiles, and iPads.
SharePoint page widely shared across all staff groups.

Clare
Wade

Specialist

- Some data was missing due to mailing list issues; Beverley Oughton will link with Cath Twamly to clarify gaps.
- Training Compliance:
Child Safeguarding Level 2: 78.01%
Adult Safeguarding Level 2: 82.94%
Violence Against Women: 71.77%
- MCA Training: 76.63%
Medical and dental compliance remains low (30–40% across most areas); highlighted at Cardiothoracic consultant meetings.
- Safeguarding Cases & Referrals:
MARF referrals: 3 in May, 5 in June
Adult safeguarding cases: 1 in May, 2 in June
Open adult safeguarding cases: 12
- Pressure Damage: 11 potentially avoidable cases this month, including one related to a Bradford Sling (awaiting scrutiny).
- Language Line: Data unavailable for last month and current month.
- MARF Referral Process: Flowchart previously shared in March; new template received and will be used going forward.

Beverly
Oughton

Childcott, Rachel
15/09/2025 10:40:25

	<ul style="list-style-type: none"> • MCA access and referral timing. Training & Education: New “DoLS in Practice” module launched; uptake expected to improve. Bespoke MHA & DoLS interface session delivered; guidance pending committee approval. 230 staff trained in Level 3 safeguarding: 83 via bespoke sessions. Medical/Dental compliance remains low; AHPs and nursing performing well. • Consent Update: Welsh Risk Pool assessment tool in progress; submission due next week. Early discussions on e-Consent pilot with ophthalmology and cardiology. Concerns raised about use of non-standard patient leaflets by Concentric (e-Consent provider). Risk of non-compliance with Welsh Risk Pool indemnity standards if not addressed. 	
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PART 3: ORGANISATIONAL PERFORMANCE AND EFFECTIVENESS

<p>3.1</p>	<p>Update on the Children Looked After Service and feedback in relation to the continuity of records and workstream:</p> <ul style="list-style-type: none"> • Team Structure & Capacity: <ul style="list-style-type: none"> • The LAC team has expanded to include health visitors dedicated to LAC. • Staffing gaps remain, particularly in paediatric medical roles. • Long-term sickness affecting both admin and nursing staff is impacting capacity. • LAC Population Overview: <ul style="list-style-type: none"> • Over 1,500 LAC currently within Cardiff and Vale UHB. • 919 children are over 5 (nurse-led), 245 are under 5, and 144 are on the adoption pathway. • 400 children are placed out of area, complicating commissioning, and care continuity. • Health Assessments & Performance: <ul style="list-style-type: none"> • Statutory initial health assessments must be completed within 28 days of entering care. • Delays often due to late notifications from local authorities (required within 5 days). • Backlog in assessments persists, particularly reviews, though efforts are ongoing to reduce it. • Reporting issues with the PARIS system continue to affect data accuracy. • Rising Complexity & Challenges: <ul style="list-style-type: none"> • Increase in complex cases, including trafficked Vietnamese youths and severe neglect in under-5s. • Spike in youths involved in criminal activity, including weapon-related charges. • Growing use of unregulated placements due to a national shortage of foster/residential care. • Lack of secure units in Cardiff and Vale; nearest is in Port Talbot. • Difficulties with transfer of care for children placed from other areas without proper documentation. 	<p>Sarah Pippen</p>
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3.2

- Escalations ongoing with other Health Boards regarding CAMHS access and provider concerns.
- **Positive Developments:**
 - Continued use of All Wales Health Assessment documentation, awaiting updated version from Corin Bath.
 - Development of health passports for care leavers (age 17+) to support transition.
 - Participation in a national LAC survey (CAV testing phase underway).
 - Christmas 2024 donation drive successfully supported young people in care.
- **Emerging Concern:**
 - A case involving a 13-year-old diabetic child being deregistered from a GP due to address-related issues has raised wider concerns about registration practices for CLA under 16 of age.

Congenital Dermal Melanocytosis (slate grey nevi), and any other unusual skin markings that may be difficult to categorise (CDM)

- A multidisciplinary quality improvement project is underway to reduce inappropriate safeguarding referrals for Congenital Dermal Melanocytosis (CDM), commonly mistaken for bruises.
- CDM are benign birthmarks, often located on the back or buttocks, and can trigger unnecessary safeguarding concerns.
- The project involves collaboration across safeguarding teams, Health Visitors, Midwives, community and acute paediatrics.
- The initiative is structured around three key components:
 1. Educational Package: A 9–10-minute video with pre/post quizzes and confidence assessments, hosted on Microsoft Forms. Piloted with ~70 GP trainees and ~30 Health Visitors, showing improved confidence and understanding.
 2. Referral Pathway Algorithm: A decision-making tool to guide frontline staff, currently under development and pending finalisation after teaching rollout.
 3. Telemedicine via Consultant Connect: Enables secure image sharing for real-time clinical input, reducing unnecessary referrals and footfall in assessment units.
- Early feedback is positive, with anecdotal evidence of reduced referrals and improved staff confidence.
- The teaching resource is accessible to anyone with an NHS email and is being considered for wider rollout across South Wales.
- Ffion will present the project at the Public Health Wales National Safeguarding Network in September 2025.
- There is interest in sharing the work with the Quality and Safety Committee for broader organisational learning.

**Ffion
Roblin**

PART 4 GOVERNANCE

4.1 Feedback from CIW/HIW/Estyn Rapid Review of Child protection Arrangements

- A review was presented on **school nursing attendance at child protection conferences**, particularly **review conferences**.

	<ul style="list-style-type: none"> Attendance at initial conferences has improved significantly and is now at 100%. Review conference attendance remains low (14%), mainly due to: <ul style="list-style-type: none"> Lack of identified health needs. No direct contact between school nurses and the children. Non-attendance letters are being issued and cross-checked with ED and GP records to ensure no oversight. An audit tool has been developed to analyse non-attendance and improve assurance. The new All Wales Health Assessment document is being prepared for wider rollout and will be discussed at the August QSE. Annette Blackstock highlighted the burden on school nurses and the need to consider other health professionals for conference attendance. Emphasis was placed on better communication between health professionals and social workers, especially when emerging health needs are identified. Positive feedback was shared on the improved voice of the child in initial health assessments and the time allowed to complete them. 	<p>Andy Jones</p>
<p>4.2</p>	<p>SUSR Update</p> <ul style="list-style-type: none"> Current Safeguarding Reviews in Progress: <ul style="list-style-type: none"> 3 Child Practice Reviews 3 Adult Practice Reviews 6 Multi-Agency Forums 1 Offensive Weapon Homicide Review 4 SUSR (Single Unified Safeguarding Review) Upcoming Events: <ul style="list-style-type: none"> National Safeguarding Week: 10–14 November 2025 <ul style="list-style-type: none"> Regional theme: Child Sexual Abuse Regional Conference: 14th November 2025 National Independent Safeguarding Board Conference: 12th November Documents for Review: <ul style="list-style-type: none"> Safeguarding Annual Report (First Draft): Circulated for feedback. Internal Escalation Pathway for Section 136: Developed following a previous incident involving a young person; now ready for review. Next Steps: <ul style="list-style-type: none"> Both documents to be circulated for comments within two weeks. Emphasis on ensuring all stakeholders have reviewed and provided input. 	<p>Linda Hughes-Jones</p>
<p>4.4</p>	<p>PCIC Update</p> <ul style="list-style-type: none"> This is a regular quarterly update on safeguarding and multi-agency escalating concerns in community settings, particularly involving independent nursing homes, residential homes, and domiciliary care agencies. Current Status: <ul style="list-style-type: none"> One large nursing home was previously under embargoed placements due to high-level concerns but has now improved 	<p>Anna Mogie</p>

Childcott, Rachel
15/09/2025 10:40:25

	<p>and reopened to placements, with enhanced monitoring still in place.</p> <ul style="list-style-type: none"> Typically, 1–2 such cases are active at any given time. <ul style="list-style-type: none"> Policy Update: <ul style="list-style-type: none"> Welsh Government is consulting on updated escalating concerns guidance, replacing the current version which is over 15 years old. Cardiff and Vale’s local processes has been used to inform the national consultation. New CIW Scoring System: <ul style="list-style-type: none"> Care Inspectorate Wales (CIW) has introduced a scoring mechanism for care homes, assessing regulatory compliance. This is a new development in recent months. Domiciliary Care Sector Risks: <ul style="list-style-type: none"> Several domiciliary care agencies have raised concerns recently; some have closed. Market capacity remains stable, but there are risks due to reliance on overseas-sponsored staff. Some providers rely almost entirely on overseas staff, making them vulnerable to Home Office visa policy changes. <p>If sponsorship licenses are revoked, there is a risk of rapid agency collapse and the need to recommission care packages.</p>	
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PART 5: REPORTS/ MINUTES FROM OTHER GROUPS/COMMITTEES

<p>5.1</p>	<p>UHB Annual Report as discussed.</p> <p>Police Updates: No police attendance at meeting</p> <p>LA Updates: Cardiff Children’s Services FASPH updates shared regularly with each Clinical Board. Emphasis on Consent for referrals and quality of information shared. Cardiff MASH will be re-locating to Eastmoor’s, no date arranged at present.</p> <p>Vale of Glamorgan Children’s Services are working on new front door arrangements; updates will be shared when available. A Child Sexual Exploitation quarterly meeting will commence in September 2025.</p> <p>RSB Updates- All papers from RSB are shared regularly with Clinical Boards and included in the SSG pack on a bi-monthly basis.</p>	<p>Linda Hughes-Jones</p>
<p>5.2</p>	<p>National Safeguarding Service</p> <ul style="list-style-type: none"> "Was Not Brought" Guidance: <ul style="list-style-type: none"> Recently ratified and cascaded across the network. Emphasises safeguarding implications when children are not brought to appointments. Includes a powerful case study from Cardiff and Vale shared at the May network meeting. Strengthening Safeguarding in Health: <ul style="list-style-type: none"> Led by the Executive Director of Nursing and NHS Performance & Improvement. Focused on improving assurance and consistency in safeguarding practices across Wales. Looked After Children (LAC) Civica Survey: <ul style="list-style-type: none"> Ongoing with strong early feedback from children and young people. Led by Bethan Williams (LAC Consultant) and 	<p>Annette Blackstock</p>

Childcott, Rachel
15/09/2025 10:40:25

	<p>supported by Sarah Pippen; both actively involved in national safeguarding work.</p> <ul style="list-style-type: none"> • Restorative Supervision Pilot: <ul style="list-style-type: none"> • Available for safeguarding leads, deputies, and key corporate team members. • Includes child protection medical staff as part of a pilot initiative. • Training Development: <ul style="list-style-type: none"> • Training from spotlight events is being converted into video packages for wider access and use in local training groups. • NSS Annual Report: <ul style="list-style-type: none"> • Now published and shared via chat. • Acknowledgement of contributions from Cardiff and Vale UHB, particularly Linda Hughes-Jones and her team. • National Safeguarding Landscape: <ul style="list-style-type: none"> • Jason Roberts highlighted the increasing complexity and volume of safeguarding work both Locally and Nationally. • Emphasis on sharing best practice across Wales, such as the CDM project led by Ffion 	
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PART 6: FOR INFORMATION

6.1	<ul style="list-style-type: none"> • Updated CB reporting from 2025 to be discussed • Safeguarding Maturity Matrix Report 23-24 • 7 Minute briefing- consent for information sharing (MCA) • Cardiff Children’s Services: Help or Harm referral guidance • All Wales CPMA guidance • All Wales CPMA proforma • Prevention of rolling injuries poster • CPM leaflet for children • RSB Annual plan 25-26 • The rise of online cult communities dedicated to extremely violent child abuse • Safeguarding allegations / concern about practitioners and those in position of trust procedure • VAWDASV blueprint - & minutes Briefing • SUSR monthly bulletin • MH Safeguarding poster • Safeguarding leaflet • Police, crime & justice plan 25-29 • Sexual misconduct procedure 	
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PART 7: ANY OTHER BUSINESS

7.1	<ul style="list-style-type: none"> • Terms of Reference Safeguarding Steering Group signed off for 2025. • Internal Audit Safeguarding Final Report 2024. • UHB Safeguarding allegation concern 2021 • SSG Attendance from Clinical Boards • Cardiff and Vale University Health Board 3 Year Safeguarding Training Strategy • PHW PRUDiC process for Young People on adult wards • Professional Concerns questionnaire • https://forms.office.com/e/QuC4K2WMfj 	
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Chilcott, Rachel
15/09/2025 10:40:25



- Right Care Right Person, South Wales Police
- Guidance re CDM

PART 8: KEY MESSAGES FROM MEETING

PART 9: NEXT MEETING OF THE UHB SAFEGUARDING STEERING GROUP

30/09/2025

25/11/2025

10/01/26

20/03/26

Dates for January 2026 to be confirmed

9.30-
12:00

Chilcott, Rachel
15/09/2025 10:40:25

SSG ACTION LOG

MINUTE POINT	ACTION 24th July 2025	PERSON RESPONSIBLE	TIMESCALE
1.4	HLP poster completed by David Pitchforth and Marianne Seabright to be shared at SSG	David Pitchforth	Sept 2025
2.1	<ul style="list-style-type: none"> • Specialist Services to monitor and improve medical/dental training compliance, especially in Cardiothoracic. • Pressure Damage Case to be reviewed through scrutiny panel. 	Beverly Oughton	Sept 2025
	<ul style="list-style-type: none"> • Address ESR issues affecting Group 2 VAWDASV training visibility. • Support ongoing promotion of the safeguarding app and training access. 	Andy Jones	
	<ul style="list-style-type: none"> • Co-ordinate with Tara to ensure safeguarding data is shared at the next QSE meeting 	Marianne Seabright	
	<ul style="list-style-type: none"> • Include Language Line and Advocacy data in next report. 	Clare Wade	
2.2	<ul style="list-style-type: none"> • Review e-Consent pilot with Concentric to ensure alignment with Welsh Risk Pool standards. • Jason Roberts & team to discuss e-Consent concerns offline and engage with relevant stakeholders. 	Chloe Evans	
3.2	<ul style="list-style-type: none"> • Continue collecting and analysing referral data to provide quantitative evidence of impact. • Plan a follow-up review in 6–12 months to assess reduction in inappropriate referrals 	Ffion Roblin/ Katina Kontos	January 2026
4.2	<ul style="list-style-type: none"> • Circulate the Safeguarding Annual Report (draft) and Section 136 Escalation Pathway to all relevant stakeholders. • Request comments and feedback within two weeks. 	Linda Hughes	September 2025

*Chilcott, Rachel
15/09/2025 10:40:25*

Rolled over from previous meetings

MINUTE POINT	ACTION 22nd May 2025	PERSON RESPONSIBLE	TIMESCALE
2.1	Clinical Board Reporting Consider safeguarding reporting made within CD&T due to the low numbers	Linda H-J/ Helen Luton	September 2025

MINUTE POINT	ACTION 21st March 2025	PERSON RESPONSIBLE	TIMESCALE
1.4	To review CB attendance CD&T Allied Professionals not represented, JR to meet with Emma Cook	Jason Roberts	September 2025

MINUTE POINT	ACTION 23rd January 2025	PERSON RESPONSIBLE	TIMESCALE
2.2	Clinical Board Reports VAWDASV Group 2 & 3 training with the DONs CBs to consider Medical Staff compliance with safeguarding mandatory training. Promoted by the Executive Medical Director	LHJ/ JR/ ECOD All CBs	Sept 2025 Sept 25

MINUTE POINT	ACTION 30th July 2024	PERSON RESPONSIBLE	TIMESCALE
3.2	Digital pathway or app to be introduced.	Andy Jones/ Zoe Roberts/ Adele Watkins	September 2025

MINUTE POINT	ACTION 17th March 2023	PERSON RESPONSIBLE	TIMESCALE
2.1	Undertake rolling programme of evaluation of training on a 6-12-months basis. (Feedback on training)	On-going NJ safeguarding team	Sept 2025 March 2026

ACTION 25th November 22			
3.6	BW to feedback to the SSG the continuity of records for adopted children when resolved	Bethan Williams	On hold: consider if this should remain in place.

Chilcott, Rachel
15/09/2025 10:40:25

Report Title:	Chair's Report Radiation Protection Group		Agenda Item No:	4.2	
Meeting:	Quality Committee	Public	X	Meeting Date:	16.09.2025
		Private			
Status	Assurance	Approval		Information/Noting	X
Lead Executive Title:	Executive Director of Therapies and Healthcare Sciences and Community Developments				
Report Author Title:	Professional Head of Radiography UHL/Chair of Radiation Protection Group				

Main Report

This report is a summary from the UHB Radiation Protection Group held on 22nd July 2025 and highlights the key issues that were raised.

The issue of departments procuring laser equipment without consultation with the Laser Protection Adviser was escalated to the Director of Therapies and Health Care Science and Community Developments and an improving position has since been noted.

The assurance spreadsheet needs to be completed by all areas working with radiation to confirm they have all the relevant regulatory documentation in place and that this has been reviewed. The spreadsheet will be updated for departments to also provide assurance that they have a Quality Assurance Programme in place.

Employers' procedures need to be updated to ensure that this includes the 2 additional employers' procedures as of October 2024.

Dental and Radiology participated in the Radiation Protection Service Cardiff Ionising Radiation (Medical Exposure) Regulations (IRMER) audit. This is a good tool as it raises awareness of any gaps that can then be addressed. Going forward it is recommended other relevant services engage in these audits as they provide learning opportunities.

An issue arose that there was no appointed Dangerous Goods Safety Adviser (DGSA) in post within the Health Board. This position was part of the Estates and Facilities department procured through Shared Services and when the post became vacant, it had not been appointed to and this had not been communicated. An external, suitable individual who was willing to accept this role and has now been appointed but funded through the Clinical Diagnostics and Therapeutics Clinical Board. This raises an issue around decisions being taken within departments without consultation that could potentially affect regulatory compliance within the Health Board and also adversely impact on other Clinical Board budgets. It has been noted that the new DGSA has a limited scope for Class 7 coverage, therefore there are other aspects of the role that will not be covered and may affect areas such as Pathology.

The Chair asked for views on this Group's remit for the ratification of documents, as some inspectors perceive that this group should be the forum for this function. However, there are a range of professions on this group with different professional backgrounds. It was therefore suggested that a list is produced of the appropriate subject matter experts on this group who could sign off certain types of documentation and then submit to this group for final approval. Given the volumes of documents across the Health Board, for this to be a feasible undertaking for this group, this should relate to either new documents or previous documentation that has undergone a significant review, as opposed to a local review or update with minor amendments.

The name of the department Ionising Radiation Physics suggests that the team have expertise in CT, Fluoroscopy, X-ray and plain film which is not the case. Therefore, following a consultation with staff, from 4th August, the section will be renamed Nuclear Medicine Physics.

A national reportable incident has occurred relating to the Dexa service. This involves around 78 patients and is also reportable to Health Inspectorate Wales (HIW) under IRMER, the MHRA and Yellow Card. An investigation is underway.

An Office for Nuclear Regulation (ONR) inspection will be held on 7th August. This is a virtual inspection. The fact that the Radiopharmacy is no longer operational at UHW has changed the requirement for the inspection and this has been downgraded to a virtual meeting.

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

As highlighted above.

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

n/a

Recommendations:

The Committee is requested to:

- a) Note the summary of the key issues from the meeting.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Five Waves of Working (Sustainable Development Principles) considered:

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

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

Risk: Yes
Safety: Yes
Financial: Yes
Workforce: Yes
Legal: Yes
Reputational: Yes
Socio Economic: No
Equality & Health: No
Decarbonisation: No
Welsh Language: n/a

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

Name of Committee/Group/Exec	Date:

Chilcott, Rachel
15/09/2025 10:40:25