# Public Quality Committee 28.10.2025
# UPDATED PAPERS

*Tue 28 October 2025, 14:00 - 15:45*

**Microsoft Teams**

## Agenda

**14:00 - 14:05**
5 min

### 1. Standing Items

#### 1.1. Welcome, Introductions & Apologies:

*Ceri Phillips*

#### 1.2. Declarations of Interest

*Ceri Phillips*

#### 1.3. Minutes of the Quality Committee Meeting held on 16.09.2025

*Ceri Phillips*

- 1.3 - Draft Quality Public Minutes 16.09.2025.pdf (8 pages)

#### 1.4. Action Log – Following the meeting held on 16.09.2025

*Ceri Phillips*

- 1.4 - Quality Committee Actions following 16.09.2025.pdf (3 pages)

#### 1.5. Chair's Action taken since last meeting

*Ceri Phillips*

**14:05 - 15:40**
95 min

### 2. Items for Review & Assurance

#### 2.1. UHB Quality Indicators Report (20 MINUTES)

*Alexandra Scott / Angela Hughes*

- 2.1a - Quality Indicators report October 25.pdf (2 pages)
- 2.1b - Quality Indicators Template Sept 25.pdf (32 pages)

#### 2.2. PCIC Clinical Board Quality Indicators Report (30 MINUTES)

*PCIC Clinical Board*

- 2.2.1 - PCIC Board Committee Covering Report Template 2025-26 (v.2 151025) (1).pdf (20 pages)
- 2.2.2 - Homeless Mortality Data Attachment 1.pdf (10 pages)
- 2.2.3 - PCIC CB Attachment 2 ~WRO0000.doc.pdf (7 pages)
- 2.2.4 - Safeguarding Audit Presentation PCIC Attachment 3.pdf (6 pages)
- 2.2.5 - PCIC CB Attachment 4 ~WRO3173.doc.pdf (9 pages)

#### 2.3. Patient Catering Nutrition Update - Providing Quality Care (10 MINUTES)

*Emma Cooke / Joanne Jefford / Jonathan Ellis / Andrew Poole*

- 2.3 - Patient catering nutrition update -Providing quality care.pdf (7 pages)
- 2.3a - Patient catering nutrition update -Providing quality care.pdf (8 pages)

Saunders,Nathan
28/10/2025 10:18:58

- 2.3b - Patient catering presentation.pdf (7 pages)

### 2.4. Update for Women's Health Hubs (10 MINUTES)

*Michael Allum*

- 2.4a - Quality Committee update Women's Health Hubs October 2025.pdf (6 pages)
- 2.4b - WomensHealthPlan-Digital-English (1) (1).pdf (133 pages)

### 2.5. Looked After Children Assessment Backlogs (10 MINUTES)

*Andy Jones*

- 2.5 - Children looked after– Assessment Backlogs.pdf (6 pages)

### 2.6. Research and Development (10 MINUTES)

*Sarah Martin / Sian Griffin*

- 2.6 - Research update Oct 25.pdf (6 pages)

### 2.7. Ombudsman Annual Letter (5 MINUTES)

*Angela Hughes*

- 2.7a - PSOW annual letter to Quality Committee Oct 25.pdf (8 pages)
- 2.7b - Annual Letter 2024-25 (1).pdf (10 pages)

**15:40 - 15:45**
5 min

## 3. Items for Approval / Ratification

### 3.1. Policies:

i. *Intervention Not Normally Undertaken (INNU) policy update*

ii. *UHB 556 - Management of visitors within the Operating Theatre Department Policy*

- 3.1.1a - Quality Committee 28.10.25 INNU policy refresh Board Committee Covering Report.pdf (2 pages)
- 3.1.1b - INNU policy update October 2025.pdf (4 pages)
- 3.1.1c - INNU Policy v0.5.pdf (4 pages)
- 3.1.1d - Interventions Not Normally Undertaken _ 2025 List of Interventions.pdf (56 pages)
- 3.1.1e - EHIA INNU policy refresh v2.1.pdf (27 pages)
- 3.1.6 - Managment of visitors within the operating theatre department (3).pdf (2 pages)
- 3.1.7 - Managment of visitors within the operating theatre department (2).pdf (8 pages)

**15:45 - 15:45**
0 min

## 4. Items for Noting & Information

### 4.1. Minutes from Clinical Board QSE Sub Committees

i. *Medicine CB – 20.08.2025 & 17.09.2025*

ii. *CD&T CB – 25.07.2025*

iii. *Children & Women CB – 26.08.2025*

- 4.1a - MCB QSE Minutes 20 August 2025 v2.pdf (7 pages)
- 4.1b - CD&T QSE Minutes 25.7.25.pdf (13 pages)
- 4.1.c - MCB QSE Meeting Sept 25 v2.pdf (7 pages)
- 4.1d - Att 1 CW QSPE Minutes 26.08.2025.pdf (10 pages)

### 4.2. Safeguarding Steering Group Minutes

*SSG - 30.09.2025*

- 4.2 - SSG Final minutes 30.09.25.pdf (6 pages)

Saunders,Nathan
28/10/2025 10:18:51

### 4.3. IP&C Group Minutes

Not Received

**15:45 - 15:45**
0 min

## 5. Items to bring to the attention of the Committee

*Ceri Phillips*

**15:45 - 15:45**
0 min

## 6. Agenda for the Quality Committee Private Meeting:

*Ceri Phillips*

i. *Private Minutes & Actions*

ii. *Any Urgent / Emerging Themes – Verbal (Confidential Discussion)*

**15:45 - 15:45**
0 min

## 7. Any Other Business

*Ceri Phillips*

**15:45 - 15:45**
0 min

## 8. Review of the Meeting

*Ceri Phillips*

**15:45 - 15:45**
0 min

## 9. Date & Time of Next Meeting:

*Ceri Phillips*

9th December 2025 at 2pm via MS Teams

**15:45 - 15:45**
0 min

## 10. Declaration

*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]"*

**Minutes of the Public Quality** **Committee**

**Held on 16th September 2025 via MS Teams**

To view the meeting: CAVUHB Quality Committee 16.09.2025

| **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 |
| Vicki Burrell | VB | Senior Service Improvement Programme Manager |
| Matt Phillips | MP | Director of Corporate Governance |
| 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 |
| Catherine Wood | CW | Managing Director for Planned Care |
| Huw Brunt | HB | Consultant in Public Health |
| Yvonne Hyde | YH | Head of Nursing for Infection Prevention & Control |
| Vicky Le Grys | VLG | Programme Director, Strategic Clinical Redesign |
| Natasha Goswell | NG | Deputy Executive Nurse Director |
| David Fluck | DF | Executive Medical Director |
| **Observers** | | |
| Lauranne Cullen | LC | Regional Director for Llais |
| **Secretariat** | | |
| Rachel Chilcott | RC | Corporate Governance Officer |
| **Apologies** | | |
| Steve Riley | SR | Independent Member – University |
| Paul Bostock | PB | Chief Operating Officer |
| Jason Roberts | JR | Executive Nurse Director |

| | | ACTION |
|---|---|---|
| **QC 2025/09/1.1** | **Welcomes, Introductions & Apologies**<br><br>The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.<br><br>Apologies for absence were noted. | |
| **QC 2025/09/1.2** | **Declarations of Interest**<br><br>No declarations of interest were raised. | |
| **QC 2025/09/1.3** | **Minutes of the Committee meeting held on 05.08.2025**<br><br>The minutes of the Committee meeting held on 05.08.2025 were received.<br><br>**The Committee resolved that:** | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | a) The minutes of the meeting held on 05.08.2025 were approved as a true and accurate record of the meeting. | |
| **QC 2025/09/1.4** | **Action Log following the Meeting held on 05.08.2025**<br><br>The Action Log following the Meeting held on 05.08.2025 was received.<br><br>QC 25/06/009 - IP&C Position Update – the Assistant Director of Patient Experience (ADPE) informed the Committee that she agreed with the Head of Nursing for Infection Prevention & Control (HN-IPC) to reinstate the COVID-era practice of using volunteers during restricted visiting or outbreaks. Additionally, they would conduct snapshot audits, starting with volunteers, asking inpatients about handwashing before meals considering C.diff concerns. They would report this back to the Committee in the future.<br><br>**The Committee resolved that:**<br>a) The Action Log from the meeting held on 05.08.2025 was noted. | |
| **QC 2025/09/1.5** | **Committee Chair's Actions**<br><br>No Chair's Actions were raised. | |
| | **Items for Review & Assurance** | |
| **QC 2025/09/2.1** | **Quality Indicators Report**<br><br>The Assistant Director of Quality and Patient Safety (ADQPS) and the 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 August 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.<br><br>The Executive Director of Public Health (EDPH) asked the three following questions:<br>1) Sepsis Policy Compliance – whether cases where patients did not receive antibiotics within the recommended one-hour timeframe (as per NICE guidance) were recorded as safety incidents, and how such instances were reflected in the data.<br>2) MMBRACE - whether the MMBRACE data was broken down by ethnicity or socio-economic group.<br>3) Equitable Care – whether they could include a slide within the Quality Indicators presentation on equity.<br><br>The EDPH noted suggested the ADPE link in with Huw Brunt (the Consultant in Public Health / C-PH) regarding the COPD audit.<br><br>The ADQPS responded with the following:<br>• Sepsis – currently they did not have an electronic system to record observations or patient data, and so non-compliance was reported by exception if patient outcomes were affected and was investigated through Datix. Routine monitoring was not in place yet, but audits were planned following revised guidance.<br>• MMBRACE – they aimed to explore data by ethnicity and deprivation. An annual perinatal mortality report already included some of this, covering factors like comorbidities, mental health and deprivation.<br>• Equity – they currently lacked a system to routinely record protected characteristics like ethnicity across the UHB, though some clinical datasets (e.g. maternity) did collect this. Further work was needed to address this gap. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | The ADPE added the following:<br>• The National Maternity Services Survey would be coming in, which included data on ethnicity and user experience across different groups. Whilst it did not directly measure outcomes, it offered useful insights.<br>• They also collected data through Civica, and previous slides in the presentation had shown lower satisfaction amongst some groups. Complaints don't always reflect this, so they needed to engage with communities they didn't usually hear from to avoid false assurance.<br><br>**The CC suggested the need for a discussion outside the meeting to explore the potential methodologies and mechanisms for routinely collecting and reporting equity and protected characteristics data – ACTION.**<br><br>The Committee Vice Chair (CVC) asked what the plan was for sharing themes, findings, and recommendations from the senior leadership walkarounds.<br><br>The ADQPS responded that a paper was going to the UHB Board meeting the following week with a proposal. Quarterly reports were planned, and it had been suggested that some findings on staff engagement and psychological safety go through the People & Culture Committee. They were also working with Comms to share outcomes more widely across the organisation. The walkarounds would form part of a broader engagement and assurance framework.<br><br>**The Committee resolved that:**<br>1) The assurance provided by the quality indicators and the associated work to drive improvements in these areas. | |
| **QC 2025/09/2.2** | **Deep Dive – Infection, Prevention & Control**<br><br>The HN-IPC presented the IP&C Position Update which covered progress against the Welsh Government (WG) reduction goals for antimicrobial resistance and healthcare-associated infections, with a focus on C.difficile, Staphylococcus aureus, E. coli, Klebsiella, and Pseudomonas rates. Additionally, she outlined ongoing audits, education, and collaborative efforts to improve IP&C and patient outcomes.<br><br>The CC explained that it was great to see the progress and actions delivering improvements.<br><br>**The Committee resolved that:**<br>1) The updated was noted. | |
| **QC 2025/09/2.3** | **Hepatitis B/C Recovery Plan – Six Month Update**<br><br>The EDPH provided the following summary:<br>• Hepatitis B and C were liver infections that could cause serious damage and health problems.<br>• Hepatitis B had no cure, but vaccination (included in the UK's six-in-one vaccine since 2017) and routine screening at birth have kept numbers low.<br>• Hepatitis C was more common in Wales (12,000-14,000 people affected). There was no vaccine, but it was curable with oral treatment that was about 90% effective. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | • WG aimed to eliminate both by 2030 and issued health circulars in 2017 and 2023 to drive action.<br>• A multi-agency group had been set up to coordinate efforts, including close work with the Hepatitis C Trust, prison and probation services.<br>• The report was structured around prevention, case finding, testing, treatment, reengagement for those who did not complete treatment, and data collection.<br>• Recent progress included successful peer services and ongoing collaboration across agencies.<br><br>The CVC asked how well they were reaching hard-to-reach populations on this topic.<br><br>The EDPH responded that reducing health inequalities was a priority, so they had introduced practical measures like testing in prisons and probation and using a mobile outreach bus. Collaboration with the third sector and peer support had been especially valuable for reaching communities, but there was still more to do.<br><br>The CC explained that he had visited the HMP Cardiff the previous week, and asked whether they had a testing lead in the prisons yet.<br><br>**For the EDPH to confirm the start date of the hepatitis testing lead in HMP Cardiff – ACTION.**<br><br>**For an update to come back to the Committee in six months' time – ACTION.**<br><br>**The Committee resolved that:**<br>a) The progress to date was noted;<br>b) The content and ambition of the Hepatitis B and C Elimination Plan 2025/26 was noted. | |
| **QC 2025/09/2.4** | **No Smoking Enforcement – Six Month Update**<br><br>The C-PH provided the following summary to the Committee:<br>• The UHB has a duty to comply with some-free premises and vehicles legislation, which included hospital sites.<br>• The UHB had implemented various initiatives in the past, but still saw smoking on hospital sites from patients, visitors, and staff. They also received fire reports because of smoking.<br>• The plan was to enhance enforcement with more rigorous patrols and the option to issue fixed penalty notices, which only the Local Authority (LA) could issue.<br>• They were working with the Shared Regulatory Service (SRS) to secure the enforcement resources, however there were delays due to limited capacity and recruitment issues. To avoid delays, the SRS had explored the option to employ an external service provider to deliver enforcement, and procurement was underway.<br>• They were preparing a support package to onboard enforcement officers, which included training and practical arrangements (e.g. parking, data collection, records management, communications).<br>• A six-month educational phase was planned, with signposting to “Help Me Quit” support.<br>• The evaluation framework was being refined to inform future implementation.<br>• The long-term aim would be to bring enforcement in-house within the LA team. The go-live date depended on procurement timelines.<br>• A comprehensive communication strategy was being developed which would announce implementation dates and reinforce legal requirements and support services. | |

Saunders,Nathan
28/10/2025 10:18:55

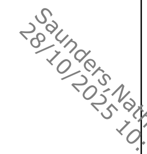
| | | |
|---|---|---|
| | **It was suggested that the ADPE and C-PH meet to discuss and clarify the approach to vaping and the use of medicinal vaping products on premises, to ensure that a consistent message was agreed and communicated – ACTION.**<br><br>The Independent Member – Trade Union (IM-TU) asked whether they were focusing enforcement on the largest UHB sites first. He also asked what their position was on St David's Hospital, since they had patients there but didn't own the site.<br><br>The C-PH responded that the aim was to have patrol officer presence at all five hospital sites, but that there would be more ground to over at the bigger sites.<br><br>The EDPH noted that she did not know the specifics on St Davids Hospital, but discussions were ongoing with all sites they planned to monitor. In the first six months they would identify smoking hotspots to target their limited resources effectively across all five sites. Other sites could be added over time as needed.<br><br>**For the team to clarify the position on St Davids regarding no smoking enforcement – ACTION.**<br><br>The EDPH emphasised that nicotine was a really addictive substance, and that it would be about supporting people to make that change.<br><br>The Director of Corporate Governance (DCG) encouraged staff to challenge people smoking on site.<br><br>The Executive Medical Director (EMD) noted that he was due to discuss new approaches for managing nicotine dependence in inpatients with a respiratory consultant from Imperial College London and would loop the EDPH in these discussions.<br><br>**The Committee resolved that:**<br>1) The content of this update report was noted. | |
| **QC 2025/09/2.5** | **Discharge Advice Letters (DALs) - Verbal Update**<br><br>The Associate Medical Director Patient Safety and Clinical Effectiveness (AMD-PSCE) provided the following update:<br>• He was continuing to discuss discharge advice communications issues with Clinical Boards and planned to link this work to the hospital discharge policy.<br>• Digital prescribing had highlighted the system issues with DALs – the EPMA delivery group was supporting solutions.<br>• The Task & Finish Group (T&FG) had completed its work – now they had to decide where DALs governance should sit within their structures (digital, safety, or in clinical boards).<br>• This remained a work in progress as they sought a permanent home for this governance.<br><br>The ADPE asked the AMD-PSCE to consider sending a copy of DALs to patients as well as GPs, as it was an important safety net. Ideally, all correspondence should be accessible to patients.<br><br>The AMD-PSCE agreed and noted that this formed part of the T&FG's discussions. He noted a safeguarding issue with giving a DALs to a patient on a ward, which had paused the practice. The EPMA system could allow for a patient version of a DALs to be generated. | |

Saunders,Nathan
28/10/2025 10:18:35

| | | |
|---|---|---|
| | **The CC asked for an update to come back to the Committee in early 2026 – ACTION.**<br><br>**The Committee resolved that:**<br>1) The update was noted. | |
| **QC 2025/09/2.5** | **The UHB Clinical Services Plan (CSP)**<br><br>The EMD introduced the item and noted the following:<br>• They needed to organise clinical services with a prevention focus, as discussed during the rapid planning event.<br>• The slides outlined the principles and how they shaped their care delivery.<br>• They were developing a narrative for the future of clinical services, supported by other portfolios like workforce, estates, and research.<br>• Public engagement was planned to gather feedback, and they would involve wider organisations.<br><br>The Programme Director, Strategic Clinical Redesign (PD-SCR) presented the CSP and highlighted the below:<br>• The plan set a 10-year vision (to 2035) for Cardiff and Vale's clinical services, acting as a high-level blueprint for what care is delivered, how, and where, with detailed service plans to follow.<br>• It prioritised prevention, whole-pathway integration, and secondary prevention, aiming to transform service delivery and align with the organisation's strategy and WG escalation criteria.<br>• Principles guiding the plan included co-locating high-volume, low-complexity work, ensuring 24/7 delivery of critical interventions, and focusing on equity and access.<br>• The approach featured broad engagement: over 1,000 responses had already been received, with targeted outreach to seldom-heard communities and use of existing co-production groups.<br>• Leadership was provided by key executives, with a structured timeline for engagement, co-design workshops, and plan finalisation before March 2026.<br>• The plan's engagement process and questions were being refined to ensure transformational, not just incremental, change, with input from public health and community partners.<br>• Insights from engagement would inform not only the clinical services plan but also other strategic portfolios, ensuring a whole-organisation approach.<br><br>The Independent Member – Community (IM-C) asked about how the 350-membership coproduction network was coordinated, how it contributed to decision-making, and whether there were governance arrangements supporting its role in shaping the CSP.<br><br>The PD-SCR responded that instead of coordinating new groups, they used existing coproduction networks to feed into the work. They also analysed feedback from previous public engagement to avoid duplication.<br><br>The IM-C noted that the paper did not include reference to their key strategic partners – the Third Sector Council and Glamorgan Voluntary Services – who played a major role in community and third sector engagement. He asked whether they would be included going forward.<br><br>The PD-SCR noted that her team had already been in contact with the Third Sector Council team and would ensure these partners were included in their plan going forward. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | The EMD explained that moving to an integrated care system meant working closely with the community and third sector. Clusters would likely be the hub for healthcare delivery, but the whole pathway remained important. They needed to define their principles, understand needs, and work differently.<br><br>The PD-SCR noted that feedback from young adults during Fresher's Week had been especially insightful, and there was a need to increase health awareness amongst young people. Insights from this engagement would be shared across all strategic portfolios, not just clinical services.<br><br>The EDPH offered her help in restructuring the questions related to the five chapters, as they encouraged incremental change rather than the transformational shift towards prevention that was needed.<br><br>The PD-SCR welcomed the EDPH's input.<br><br>The Executive Director of AHPs, Health Scientists and Community Services Development (EDAHC) responded that the questions were co-produced with users, reflecting what they wished to be asked. As they engaged further, they may need to tweak the questions, but it would be important to explain any changes to those involved.<br><br>The CC acknowledged the extensive engagement undertaken for this work.<br><br>**The Committee resolved that:**<br>1) The requirement to develop a Clinical Services Plan as a key condition of Welsh Government's Level 4 Targeted Intervention was noted;<br>2) The timescales for engagement and completion prior to the end of March 2026 when the election period will commence was noted;<br>3) The scope and approach to developing the Clinical Services Plan was noted. | |
| | **Items for Approval / Ratification** | |
| **QC 2025/09/3.1** | **Policies**<br><br>UHB 372 – CAVUHB Hospital Discharge Policy (integrated with Cardiff and Vale Local Authorities)<br><br>The Managing Director for Planned Care (MDPC) provided the following summary:<br>• This is the third iteration of the UHB's discharge policy, which aimed for a whole-systems approach and alignment with the new WG hospital discharge guidance from September 2024.<br>• It had been developed with CAV LA and third sector partners.<br>• The policy focused on equity, timely treatment, and a "home first" approach to reduce readmissions<br>• It brought together all relevant policies, with hyperlinks included for more information.<br>• The policy supported urgent and emergency care goals and whole system working.<br><br>The DCG noted that the Senedd LA Housing Committee released a report that day on hospital discharge. It was worth highlighting that the UHB was the only one with a coproduced discharge policy with LAs, which reflected the collaborative work.<br><br>**The Committee resolved that:**<br>1) The policy was approved. | |


Saunders,Nathan
28/10/2025 10:18:55

| | Items for Noting & Information | |
|---|---|---|
| **QC 2025/09/4.1** | **Minutes from the Safeguarding Steering Group (SSG) held on 22.05.2025 and 24.07.2025**<br><br>**The Committee resolved that:**<br>1) The minutes were noted. | |
| **QC 2025/09/4.2** | **Radiation Protection Group Chair's Report for the meeting held on 22.07.2025**<br><br>**The Committee resolved that:**<br>1) The Chairs Report was noted. | |
| | **Agenda for Private Quality Committee Meeting** | |
| **QC 2025/09/5.1** | *i) Minutes and Action Logs from the Private QSE Committee on 24.06.2025*<br>*ii) Any Urgent / Emerging Themes – Verbal (Confidential Discussion)*<br>*iii) Cardiology Review*<br>*iv) Cardiff Health Partners (CHP) Prospectus* | |
| | **Any Other Business** | |
| **QC 2025/09/6.1** | *No items.* | |
| | **Date & Time of Next Meeting:** | |
| **QC 2025/09/7.1** | 28th October 2025 at 2pm via MS Teams | |

Saunders,Nathan
28/10/2025 10:18:55

**Action Log - Public Quality Committee**

**Update for meeting 28th October 2025**
***(Following the meeting held on 16th September 2025)***

| MINUTE REF | SUBJECT | AGREED ACTION | DATE BY | LEAD | STATUS/COMMENT |
|---|---|---|---|---|---|
| **Actions** | | | | | |
| **QC 2025/09/2.1** | **Quality Indicators Report** | To discuss outside the meeting the potential methodologies and mechanisms for routinely collecting and reporting equity and protected characteristics data. | **28.10.2025** | Alex Scott / Claire Beynon | *Update to be provided during the Action Log section of the meeting.* |
| **QC 2025/09/2.3** | **Hepatitis B/C Recovery Plan – Six Month Update** | For the EDPH to confirm the start date of the hepatitis testing lead in HMP Cardiff. | **28.10.2025** | Claire Beynon | **COMPLETED -** *Update to be provided during the Action Log section of the meeting. Update provided to Ceri Phillips on 23/09/2025.* |
| **QC 2025/09/2.3** | **Hepatitis B/C Recovery Plan – Six Month Update** | For an update to come back to the Committee in six months time. | **14.04.2026** | Claire Beynon | **COMPLETED –** *added to the Forward Plan for April 2026's meeting.* |
| **QC 2025/09/2.4** | **No Smoking Enforcement – Six Month Update** | To discuss and clarify the approach to vaping and the use of medicinal vaping products on premises, to ensure that a consistent message was agreed and communicated. | **28.10.2025** | Angela Hughes / Huw Brunt | **COMPLETED -** Update from Huw Brunt on 08.10.2025 - *Huw Brunt, Angela Hughes, Catherine Perry, Vicky Stuart met to discuss this matter on 07/10/2025. The Health Board policy states that using e-cigarettes/vapes is not permitted inside any Health Board buildings -see* cavuhb.nhs.wales/files/policies-procedures-and-guidelines/health-and-safety-policies/n-health-and-safety/no-smoking-and-smoke-free-environment-procedure/ *. An action was agreed to progress discussions and actions with colleagues from other Health Board service areas (including Estates & Facilities, Health & Safety, People & Culture) to ensure the policy is more* |

Saunders,Nathan
28/10/2025 10:18:55

| MINUTE REF | SUBJECT | AGREED ACTION | DATE BY | LEAD | STATUS/COMMENT |
|---|---|---|---|---|---|
| | | | | | *clearly and consistently communicated and promoted for patients, visitors and staff (e.g. letters, posters, digital screens, website). The scenario of medicinal vape use indoors would be prevented as a result. It was also agreed to explore options for a stronger communication to discourage vaping outside Health Board sites (e.g. in hospital grounds); this would complement the enhanced approach to hospital site smoking enforcement. Training will be provided to smoking enforcement officers conducting patrols of hospital sites to ensure there is clarity on the Health Board policy position.* |
| **QC 2025/09/2.4** | **No Smoking Enforcement – Six Month Update** | For the team to clarify the position on St Davids regarding no smoking enforcement | **28.10.2025** | Huw Brunt / Claire Beynon | **COMPLETED -** Update from Huw Brunt on 08.10.2025 - *This matter has since been investigated. The local authority - specifically, Shared Regulatory Services - is the authorised body with enforcement powers; they discussed with their legal team who stated they see no issue with the proposed enforcement approach at St David's hospital site so long as the health board has significant control of the facility. The Cardiff locality Operations lead at CAVUHB is also comfortable with the approach proposed, commenting that enhanced smoking enforcement at the St David's site would be beneficial not only from a health perspective but also from an estates perspective e.g. cleaner grounds, less litter, reduced fire risk etc. Finally, the building/land owners and their facilities team have been contacted too; they confirmed they were content with the arrangement and stand-by to* |

Saunders,Nathan
28/10/2025 10:18:55

| MINUTE REF | SUBJECT | AGREED ACTION | DATE BY | LEAD | STATUS/COMMENT |
|---|---|---|---|---|---|
| | | | | | *support and facilitate implementation when ready.* |
| **QC 2025/09/2.5** | **Discharge Advice Letters (DALs)** | For an update to come back to the Committee in early 2026. | **20.01.2026** | Aled Roberts | **COMPLETED –** *added to the Forward Plan for January 2026's meeting.* |
| **Actions referred to Board / Committees** | | | | | |
| | | | | | |
| **Actions referred FROM Board / Committees** | | | | | |
| | | | | | |

| Report Title: | Quality Indicators | | | Agenda Item No: | 2.1 |
|---|---|---|---|---|---|
| Meeting: | Quality Committee | Public | x | Meeting Date: | 28.10.2025 |
| | | Private | | | |
| Status | Assurance x | Approval | | Information/Noting | |
| Lead Executive | Executive Director of Nursing | | | | |
| Report Author Title: | 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 September 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 2.12 per 100 000 population with eleven NRIs reported in September 2025.
- Progress is reported against a number of programmes sitting under the Shaping our Future Quality Excellence Programme.
- Wales health care associated infection CAI surveillance data for September 2025 shows a reduction in Clostridium difficile (C. diff) and Methicillin-Susceptible Staphylococcus aureus (MSSA) cases compared to the same period in 2024. However, September recorded the highest number of C. diff cases in the past 24 months.
- There were no stillbirths recorded in September 2025 and a 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.
- The revised early warning score tools have now been fully implemented across the organisation
- The roll out of ePMA continues with the system being implemented in nephrology and transplant, neurosciences and haematology.
- HIW published the Ionising radiation inspection in undertaken in UHL 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 report

**Recommendations:**

The Committee is requested to:

Saunders,Nathan
28/10/2025 10:18:48

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 |

| **Quality Impact Assessment Completed?** | | | | | |
|---|---|---|---|---|---|
| Yes (please include the complete QIA document) | | No (please provide reasoning e.g. not required | x | n/a |

| **Impact Assessment** |
|---|
| Risk: n/a |
| Safety: n/a |
| Financial: n/a |
| Workforce: n/a |
| Legal: n/a |
| Reputational: n/a |
| Socio Economic: n/a |
| Equality & Health: n/a |
| Decarbonisation: n/a |
| Welsh Language: n/a |

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

Saunders,Nathan
28/10/2025 10:18:55

# Quality Committee

## Quality Indicators and Performance Report

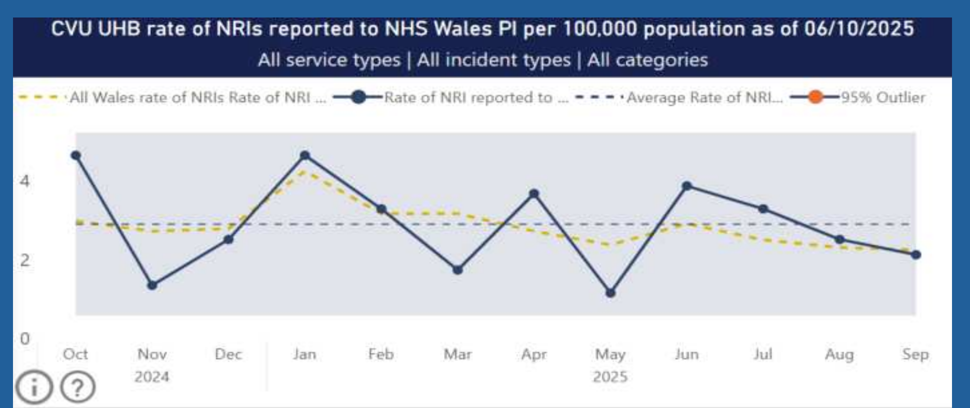
## October 2025

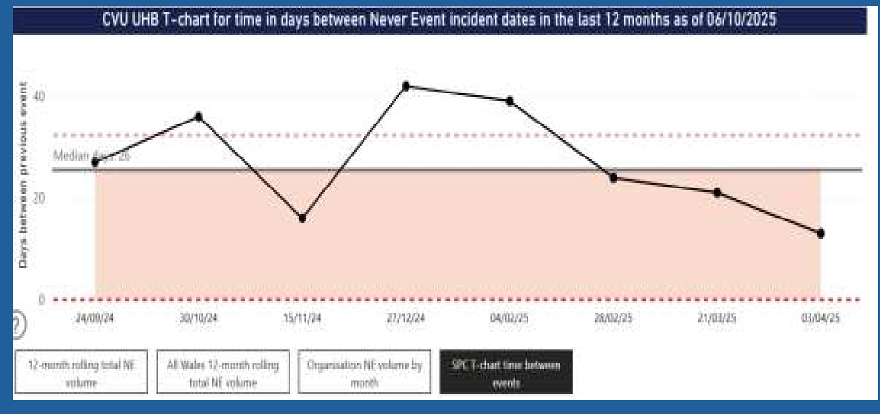
Saunders,Nathan
28/10/2025 10:18:55

# Safe Care

## Patient Safety Incident Reporting

Saunders,Nathan
28/10/2025 10:18:55




As of 06.10.25, Cardiff and Vale reporting of nationally reportable incidents (NRI) , a rate of 2.12 per 100,000 population, comparable with a national rate of 2.24. Eleven NRIs were reported in September 2025, the most predominant themes being intrauterine deaths (between 22-26 gestation) and health care associated pressure damage.

Delays in reviewing patient safety incidents continues to be a risk with 2587 incidents not recorded as having been reviewed within 30 days of reporting as of the end of September 2025. In August 2025, the Patient Safety Team launched invited outreach support sessions to provide targeted Datix engagement sessions in response to the rising number of un-viewed and unmanaged patient safety incidents. These sessions aim to address specific challenges and provide support and have been well received and will continue to be offered to ensure managers are equipped to effectively manage and close incidents. The efficacy of these sessions will be subject to review and the overdue patient safety incidents monitored.

Shaping our Future Quality Excellence

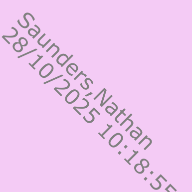
Shaping our Future Quality Excellence is an executive led programme to deliver UHB wide improvement projects addressing quality and patient safety priorities aligned to themes emerging from NRIs. Projects reporting into the project board include medicines safety, acute deterioration, infection prevention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

Shaping our Future Quality Excellence – Lost to Follow Up

Following an assessment of clinic outcome forms used across the organisation, a single standardised form has been developed for use in all settings. Throughout October there will be a series of engagement sessions to raise awareness of the new form and how they should be used. The form will be launched in November with an aim of ensuring clear unambiguous outcomes for every patient following attendance at an outpatients clinic. The UHB Outpatients Delivery Group will be reframed to oversee the performance of outpatients informed by data to support improvements in the management of outpatients clinics and an increase in the number of patients transitioning to "Patient Initiated Follow Up" and "See on Symptoms".

# Safe Care

## Patient Safety Incident Reporting



Saunders,Nathan
28/10/2025 10:18:55

**Theatres Together**

The Theatres Together Improvement Programme continues to evolve through a series of targeted initiatives aimed at strengthening clinical leadership, enhancing safety, and improving operational efficiency across theatre services.

A series of four Clinical Leadership Workshops are currently being scheduled, bringing together clinical leaders, the education team, and theatre managers. These sessions will provide a dedicated space to review workload expectations and clarify the scope of leadership responsibilities during non-clinical time, supporting more effective use of leadership capacity.

To further support team cohesion and resilience, a conflict management training session is being planned. This will offer practical tools for navigating interpersonal challenges and fostering a more collaborative working environment.

In parallel, a Training Needs Analysis (TNA) meeting was held on 1st October to begin shaping a structured approach to identifying and addressing training requirements across the theatre workforce. This marks an important step toward ensuring staff development is aligned with service needs and individual aspirations.

Work is underway to explore the feasibility of scanning for implantable orthopaedic prostheses and integrating with the National Joint Registry enabling real-time compatibility alerts.

Operational improvements are underway with the development of standardised cleaning schedules across all theatre suites, including weekend. A workshop held on 19th September, attended by Housekeeping, Theatre staff, and Infection Prevention & Control, examined current practices, roles, and challenges. The outcomes have been shared with the Executive Director of Nursing, and a proposal is now being developed, with costings to be presented to the Senior Leadership Team in November.

<u>WHO Collaborative</u>

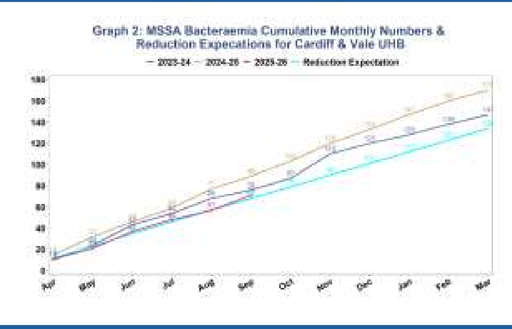
The WHO Checklist Collaborative continues work together to develop robust process for the implementation of the WHO surgical checklist. Recent discussions have focused on improving compliance and streamlining documentation processes to better support clinical teams.

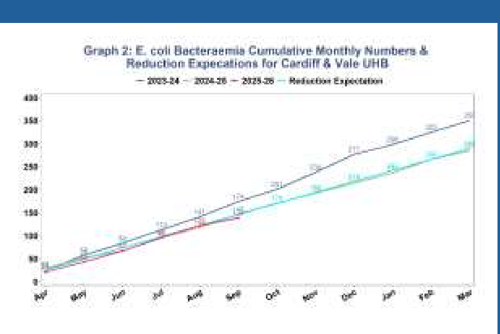
Audit findings have highlighted strong adherence to the “time out” stage of the WHO checklist. However, gaps remain in the completion of signatures during the “sign in” and “sign out” phases amongst some professional groups. A revised approach will be trialled of listing all involved health care professionals to one individual. This person must have directly witnessed the process, ensuring accountability without the need to chase multiple signatures. Documentation and sticker formats will be adapted to support this change, with feedback from the trial informing further refinements.

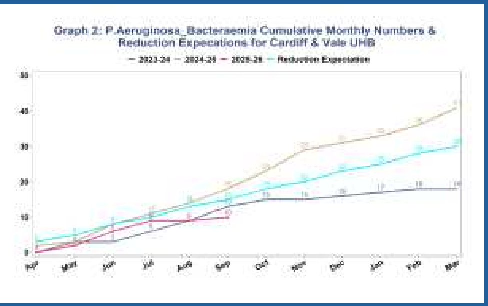
In addition, the collaborative received a presentation on the Aqua perioperative system, which is scheduled for rollout in early 2026. This system includes functionality for a digital WHO checklist solution, offering opportunities to enhance usability and data capture. To support this transition, an in-person workshop is planned for early November, where stakeholders will co-design the UHB-specific checklist and team brief tool.

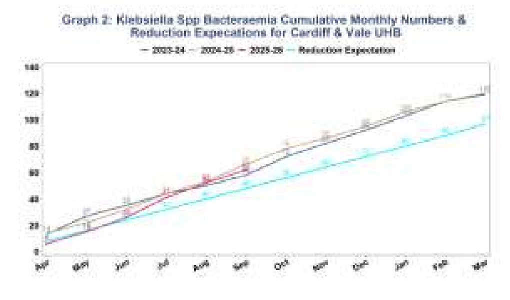
# Safe Care

## Infection Prevention and Control




Saunders,Nathan
28/10/2025 10:18:55

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 November 2025.

Infection Prevention and Control (IP&C)

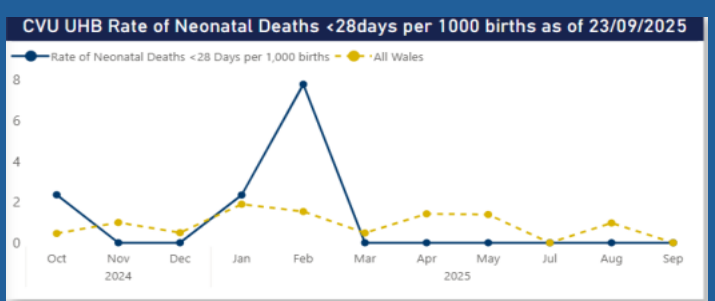
Wales health care associated infection CAI surveillance data for September 2025 shows a reduction in Clostridium difficile (C. diff) and Methicillin-Susceptible Staphylococcus aureus (MSSA) cases compared to the same period in 2024. However, September recorded the highest number of C. diff cases in the past 24 months. The IPC team continues to issue root cause analysis forms with learning slides to support case reviews and shared learning. MRSA cases have increased, prompting a renewed focus on delivering Aseptic Non-Touch Technique (ANTT) training for all clinical staff.

Winter planning is underway to ensure robust IPC support in anticipation of increased respiratory infections. A review of outdated IPC policies and procedures is ongoing, with updates being made accessible via the IPC SharePoint page. A review of screening audit data for Carbapenemase Producing Organisms (CPO) and Carbapenemase Resistant Organisms (CRO) on Tendable shows improved compliance compared to 2024.

Adherence to national cleaning standards remains a priority, particularly the cleaning of bed spaces between patient discharge and admission. Isolation remains a challenge due to limited facilities. Patients with C. diff, CRO, COVID-19, flu or emerging infections require isolation to prevent transmission. Nursing staff complete risk assessments using the Welsh Nursing Care Record to guide safe and timely isolation decisions.

# Safe Care

## Perinatal Patient Safety (Perinatal Mortality- MBRRACE)



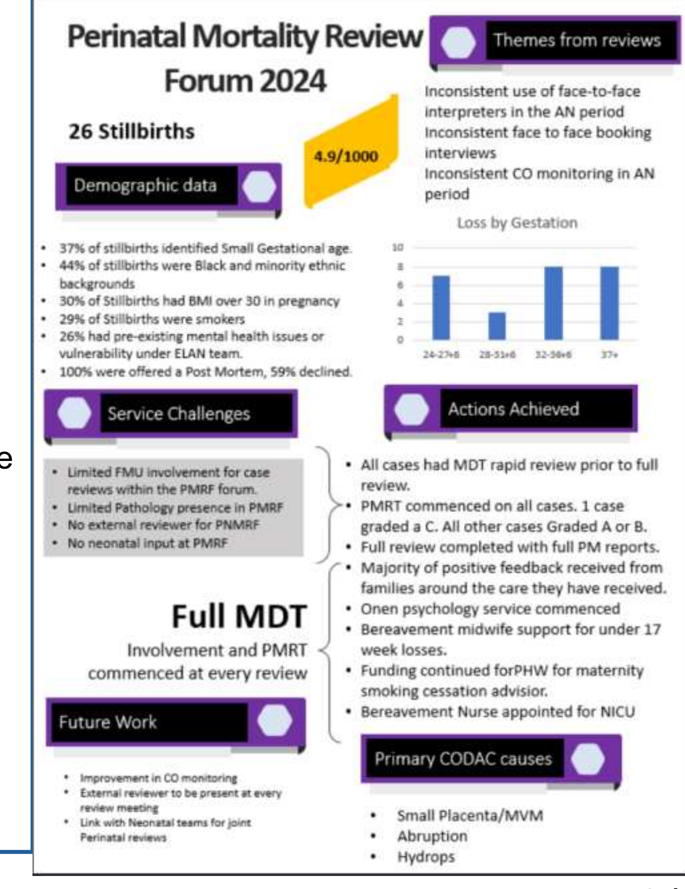
The UHB Still birth rate was 0.0/1000 births for September 2025 and a rate of 2.87 for 2025. This compares with a national rate of 3.8 Per 1000 births across England and Wales in 2024 as reported by the Office of National Statistics.

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 January 2025 and 14 October 2025 there were twenty stillbirths and late fetal losses of which thirteen will be subject to review through the Perinatal Mortality Review Tool. Five reviews have been completed and published and none identified issues in care that would have impacted on the sad outcome.

During the same period there were twenty three neonatal and post natal deaths, of which nineteen will be subject to review but as yet none are completed and reported.

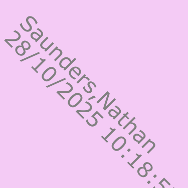
Outcomes from the perinatal review forum inform departmental learning and improvement and are shared through engagement with staff and the development of posters.

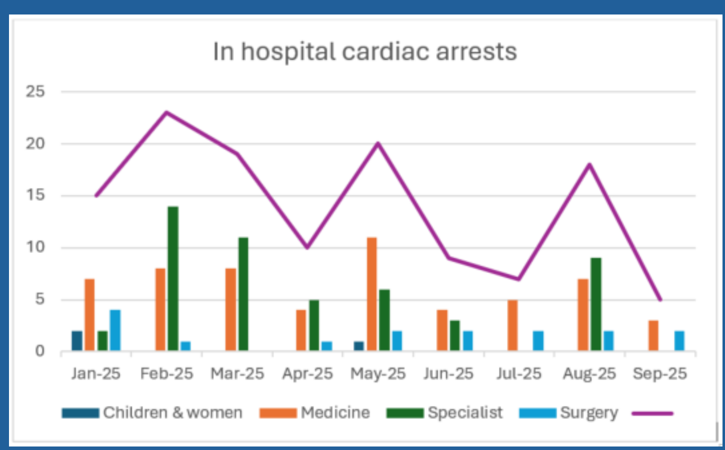



Saunders,Nathan
28/10/2025 10:18:55

# Safe Care

## Deteriorating Patients




**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. The UHB has fully implemented the revised Early warning Score tools across the origination. 75% of clinical staff have received training in the use of the tool, efforts to increase uptake of the training amongst the medical workforce is continuing.

**Deteriorating Patients in the Outpatient setting**

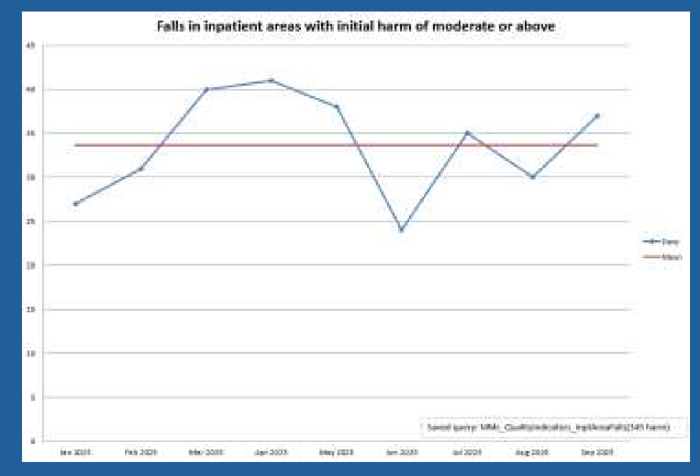
The Resuscitation Service and the Emergency Department on behalf of RADAR have developed a protocol for the escalation of patients that are receiving care outside an inpatient or acute clinical setting. The protocol seeks to to ensure that patient receive timely and effective care and are transferred to a safe clinical setting if they experience clinical deterioration in outpatients etc.

**Call 4 Concern**

Welsh Government issued the Welsh Health Circular, Standardizing the Management of Acute Deterioration in 2024, mandating the adoption of the patient and family escalation approach which will enable the patient or their family to call for immediate help or advice if they are worried about instances of deterioration help . CAVUHB activated the call 4 Concern initiative that aligns to Marthas Rule. Since July 2024 the Patient at Risk team have responded to twenty-one requests for support, with the greatest proportion relation to communication about the patient's medical plan. There is a planned roll out of the CAll for Concern across maternity, emergency unit and mental health services. Llais will undertake a review of the resources used to communicate the service with patients and families and there is work planned to standardise the approach to the delivery of Call 4 Concern across Wales

# 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 September, a further 40 people have undertaken the falls prevention and management session. The session continues to be exceptionally well received, with an average staff rating of 4.8 out of 5. Over 200 staff have been trained since May 2025.

Six Goals programme – falls workstreams

### Community falls

Funding has been secured to provide falls training to 5 care homes in the CAV area and provide lifting equipment. The training will be provided by St John Ambulance

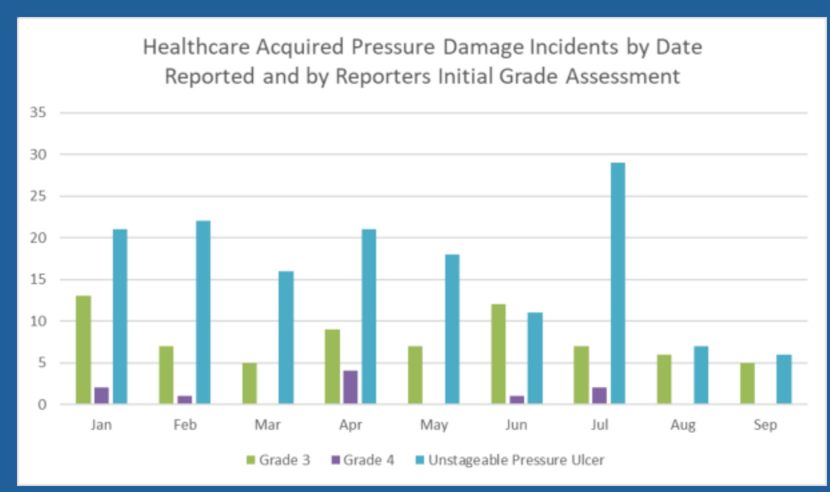
The Keeping Me Well website is being further developed in conjunction with our partner organisations into a one-stop-shop for falls information. This will be supported by an advertising campaign across UHB sites and with community groups.

Work is underway to develop a pathway for Safe @ Home / SPOA to pull fallers from the WAST stack and where appropriate dispatch Telecare responders. This will reduce the amount of time fallers spend on the floor while waiting for an ambulance.

Saunders,Nathan
28/10/2025 10:18:55

# Safe Care

## Pressure Damage

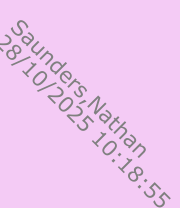


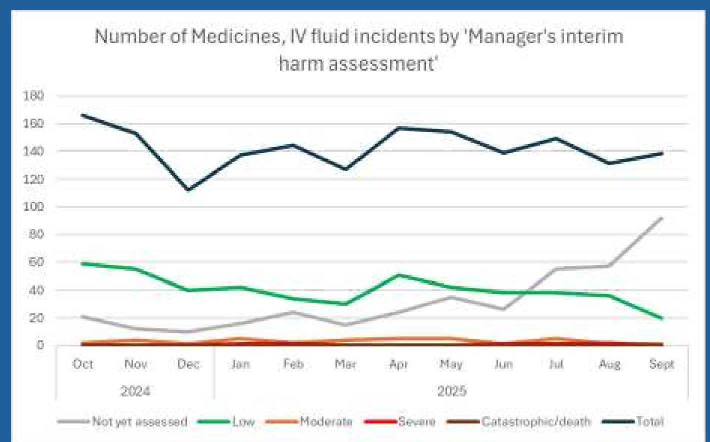

The UHB Pressure Damage Collaborative has not sat for an extended period of time, however there are plans to identify a new Chair and to reinstate the groups, which will focus on the outcome of pressure damage incidents to inform education, commissioning of equipment and quality assurance measures.

The first meeting of the collaborative has been scheduled for early November with representation from all clinical boards and tissue viability services. The scope of the group and the terms of reference will be developed with the group and be shared at subsequent committee meetings.

# Safe Care

## Medication Safety




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)

**Medicines-related incidents reported via Datix Cymru between 1st October 2024 and 30th September 2025**

Manager's interim harm assessment:

- **Catastrophic/Death**: 0 incidents
- **Severe**: 7 incidents (0.4% of Meds, IV fluid incidents)
- **Moderate**: 36 incidents (2.1% of Meds, IV fluid incidents)
- **Low**: 485 (28.4% of Meds, IV fluid incidents)
- No harm: 792 (46.4% of Meds, IV fluid incidents)
- Not yet assessed: 387 (22.7% of Meds, IV fluid incidents)

Launch of Electronic Prescribing Medicines Adminstration (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). The system has also now been rolled out across Neurosciences and Haematology.

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

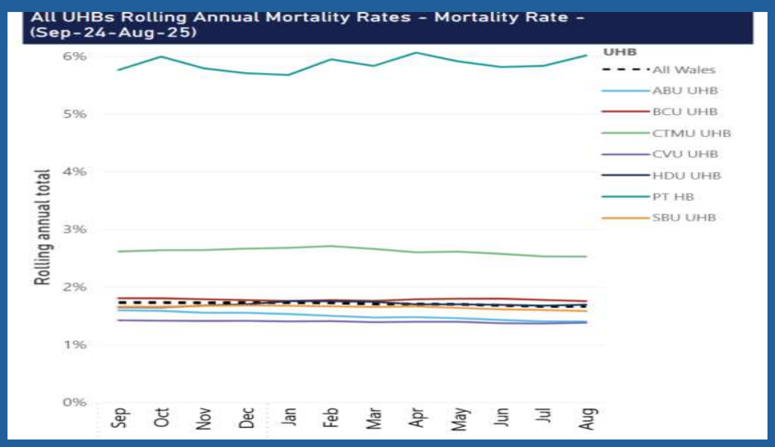
# Effective Care

## Mortality

Saunders,Nathan
28/10/2025 10:18:55

All Cause mortality (deaths in all settings)

Crude Inpatient Mortality (Beacon dashboard QOF)




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 35 of 2025, 62 deaths were registered in the CAV area, compared with an average 61 deaths registered during week 35 over 5 years.

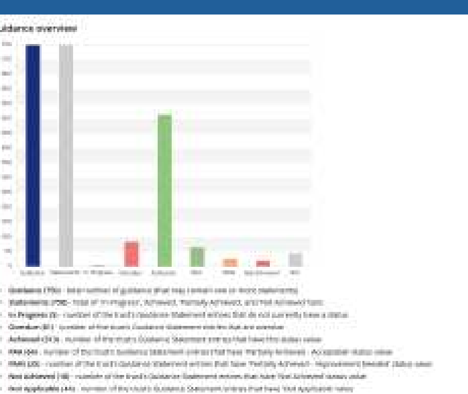
The Medical Examiner scrutiny process continues to be a valuable source of information and learning for the Health Board. In 36 of the deaths occurring during August, the Medical Examiner provided feedback to the Health Board. Feedback themes included delays in treatment and diagnosis, as well as DNACPR paperwork. The Health Board uses these themes to inform quality improvement work across a number of groups, such as the RADAR deteriorating patient group.

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

Work continue to roll out the standardised mortality and morbidity module, with the tool being piloted in endoscopy services and a readiness assessment planned for all clinical boards.

# Effective Care

## Audit and Assurance




Implementation of NICE and Health Technology Wales Guidance

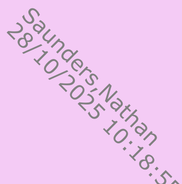
The Clinical Effectiveness Committee next sits on 22nd October and is dedicated to the National Cancer Audits. A summary of the discussion will be included at the next committee.

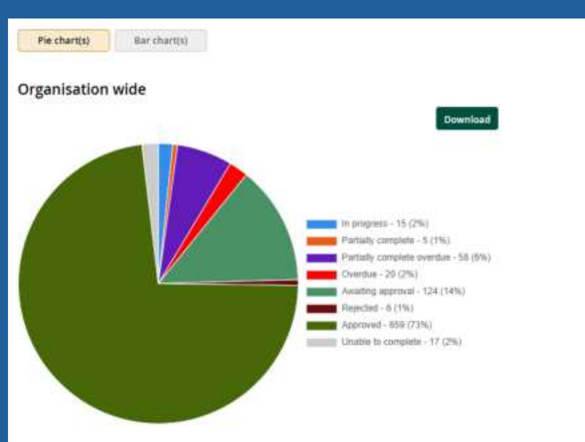
Conversations continue around the resilient resourcing and oversight of National clinical audits facilitation, and a baseline assessment has ben undertaken to identify vulnerabilities in data collection. A national clinical audit Standard Operating Procedure will be presented at the October Clinical Effectiveness Committee for discussion.

Saunders,Nathan
28/10/2025 10:18:55

# Effective Care

## Internal and External Assurance




Progress against HIW inspections

<u>Healthcare Inspectorate Wales</u>

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

An Ionising Radiation (medical exposure) Regulations Inspection was undertaken on 15 and 16 July 2025 and the report was published on 16 October 2025 and can be read **<u>here</u>**. The report highlighted a very positive patient experience from the patient questionnaires completed. Patients explained that they were treated with dignity and respect and noted that care was delivered in a timely way. HIW noted that the department complied with the Regulations through the development of established protocols and procedures. Patient identification process were found to be robust; however, the inspection team noted some inconsistencies. In response, the Employers Procedure A is to be reviewed and updated to provide more clarity regarding the process to follow for minor and major discrepancies and clearly define what constitutes these. Other key actions underway include updating procedures for mini C-arm use, AI integration; formalising Diagnostic Reference Levels audits; and improving benefit/risk communication. Governance and leadership enhancements focus on increasing managerial visibility, reviewing staffing in the Breast Centre, and strengthening training and entitlement documentation.

<u>HTA Mortuary Inspection</u>

A very positive Inspection "Tissue management was exemplary; exemplary leadership and it was a masterclass in how to run a mortuary."
No shortfalls were identified and four minor advisory notes issued, including: To consider resilience of the team and succession planning and to continue to the CCTV installation plans .

<u>HTA Inspection of Stem Cells Laboratory</u>

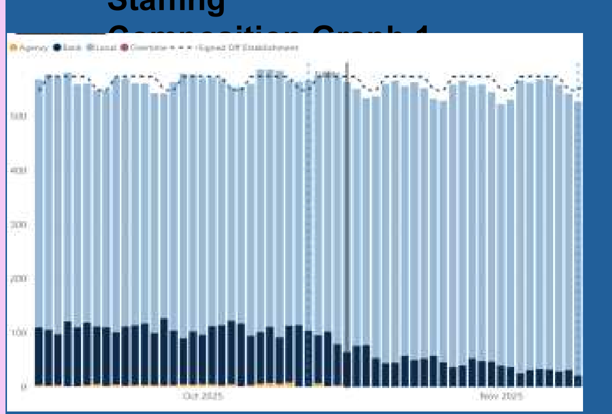
Several minor shortalls identified that included document control, Overdue audits and dates of risk assessments. The laboratory team are working to resolve these findings.

<u>Leadership Listening walkrounds</u>

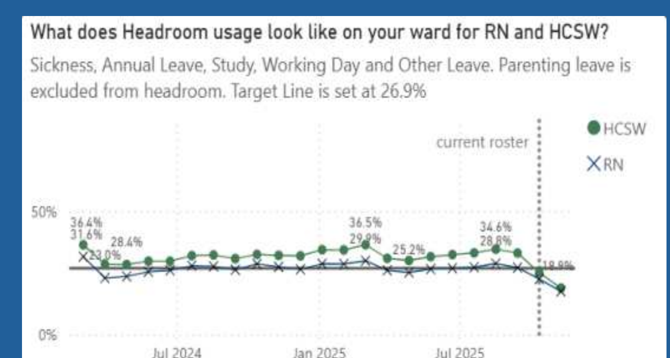
The leadership Listening walkrounds undertaken by the Executive and Independent members of the Board, commenced in August 2025. These walkrounds offer an opportunity for Health Board leaders to meet with clinical teams and support teams across the organisation, to discuss their successes and challenges. Walkrounds undertaken in September included LAkeside ward 1, the Cystic Fibrosis ward and East 10 in UHL. The Walkrounds will form part of a wider engagement and internal assurance framework .

# Workforce

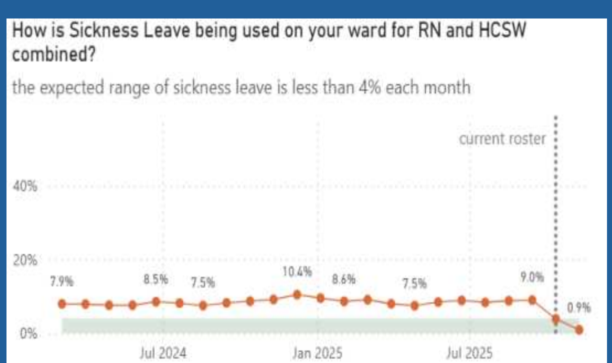
Staffing Composition Graph 1



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. The dotted line demonstrates the signed off establishment and evidence how nurse staffing rosters are met across the organisation.
- **Headroom Trends (Graph 2):**
  Average headroom across all areas stands at 29.1%. Unavailability continues to be more pronounced within the Healthcare Support Worker (HCSW) group at 32.4% compared to registered nurses at 27.1%.

- **Sickness Rates (Graph 3):**
  Sickness remains a concern across the nursing workforce. Last month, the overall sickness rate was 9% (previously 8.8% last month), with unregistered staff experiencing a higher rate of 11.3%, compared to 7.8% among registered nurses.

- **Shift Appropriateness – 25B Wards:**
  Staffing levels are assessed for appropriateness on every shift. Over the past three months, on average 87% of shifts were deemed appropriately staffed—an improvement from 84% during the same period in 2024, indicating a positive trend in staffing adequacy despite reductions in temporary staffing.

Saunders,Nathan
28/10/2025 10:18:55

# Patient Centred Care
## Patient Experience

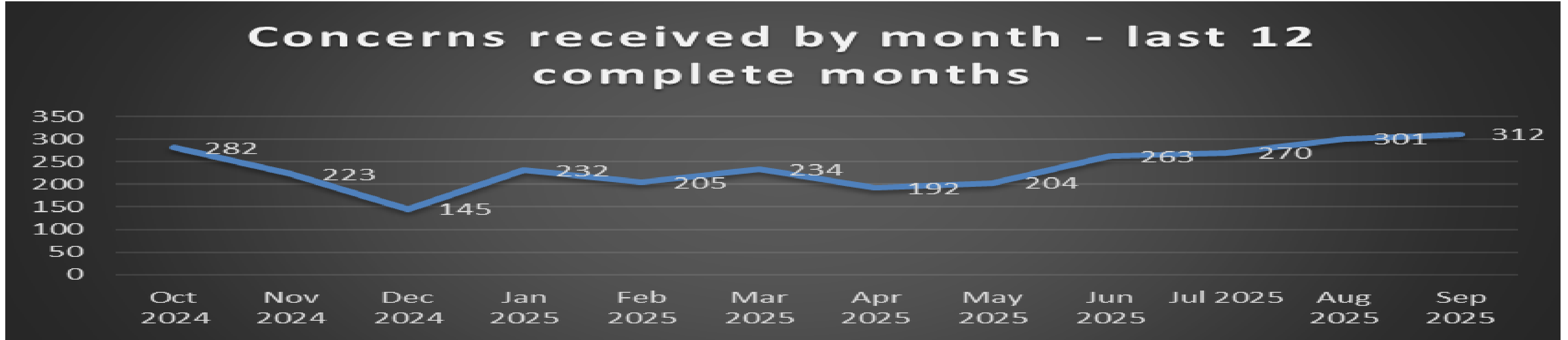
Saunders,Nathan
28/10/2025 10:18:55

**Quality and Patient Experience**

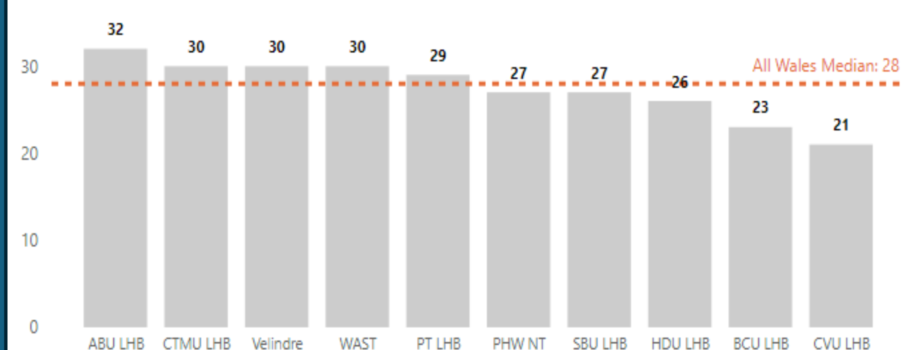
Reporting Period: 1 October 2024 – 30th September 2025

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. We have seen a steady increase since April.




**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



# Patient Centred Care

## Patient Experience

Saunders,Nathan
28/10/2025 10:18:55

## 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

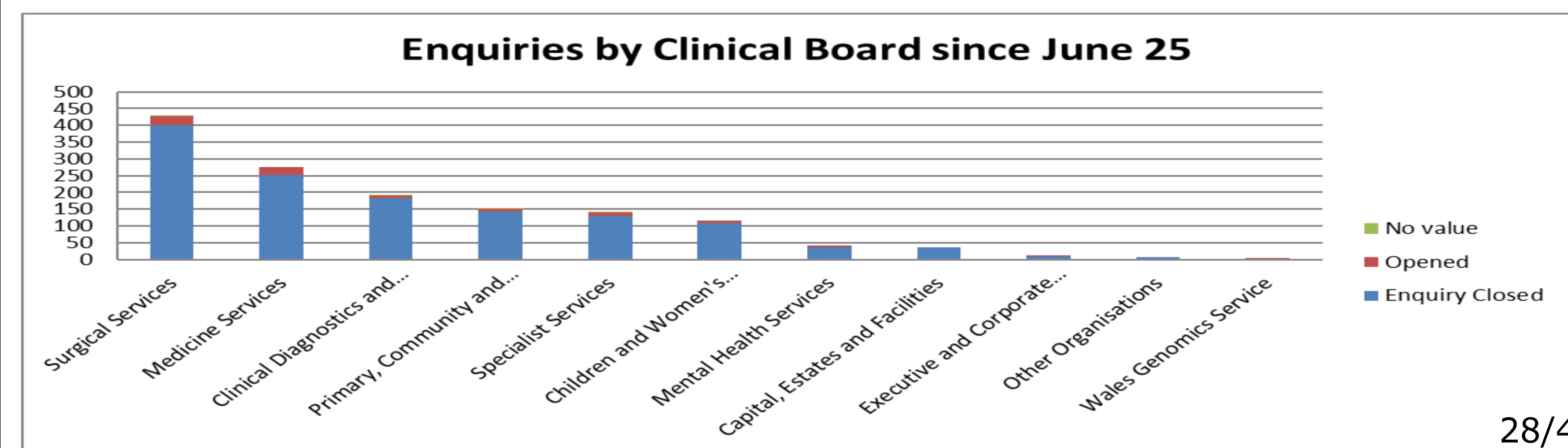
**Actions Taken:**

**To enhance responsiveness, we have introduced a pilot enquiries line designed to resolve concerns promptly. Since launching the team have managed 1406 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.

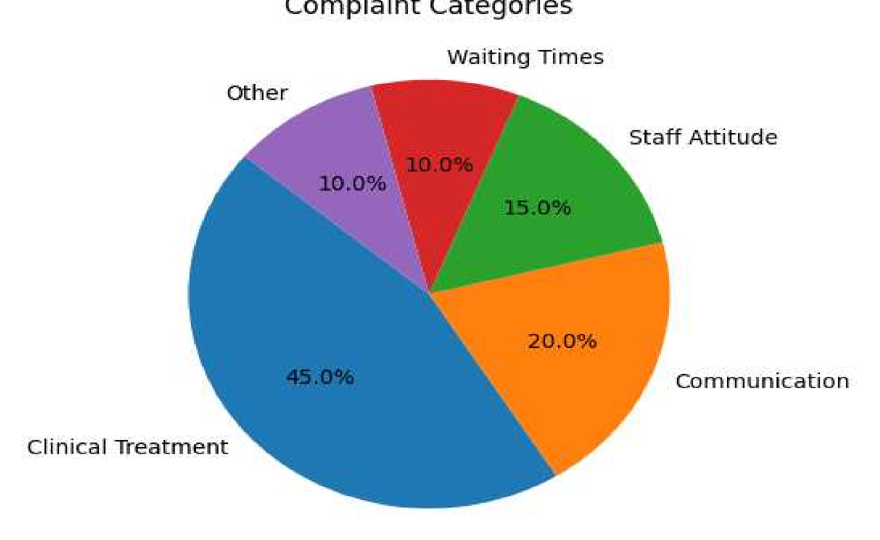
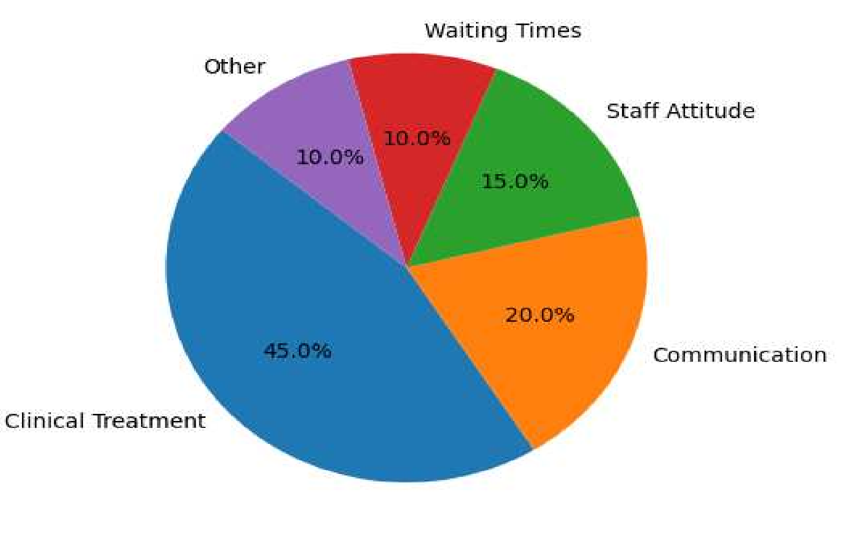
The graph below illustrates the number of enquiries responded to by each Clinical Board during the period from 1st June to 7th October 2025. Notably, the Surgery Clinical Board received the highest volume of enquiries.

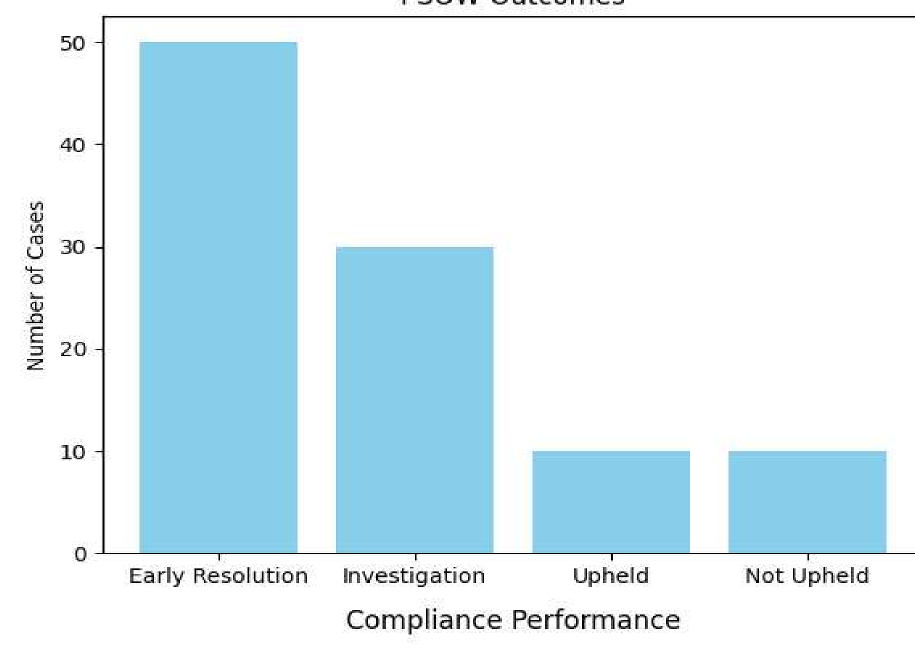


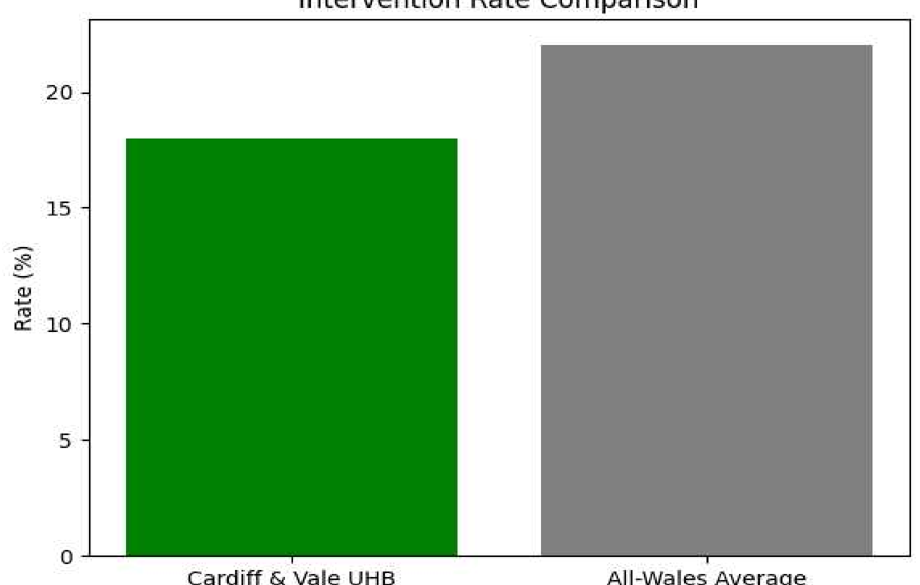
# Patient Centred Care
## Patient Experience

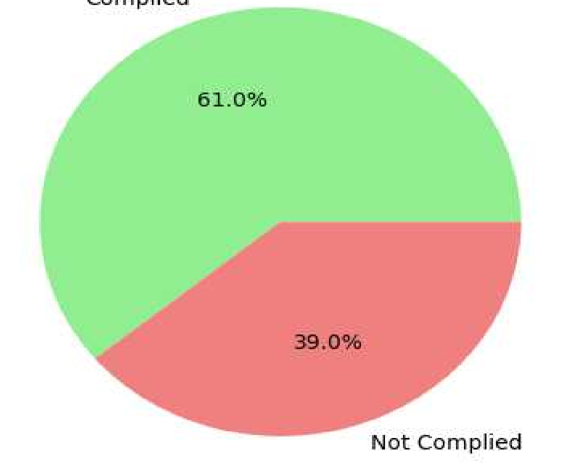
Saunders,Nathan
28/10/2025 10:18:55

PSOW Annual Letter 2024–25 – Cardiff and Vale UHB

# Patient Centred Care

## Patient Experience

Saunders,Nathan
28/10/2025 10:18:55

Deep dive into themes across Primary Intermediate and Community Care Services –What people tell us

### 🧠 Diagnosis and Treatment Delays

Several concerns relate to missed or delayed diagnoses (e.g. femoroacetabular impingement, poor ward care).

### 💊 Medication Issues

Complaints about medication being stopped, hard to obtain, or inappropriate prescribing.

### 💉 Vaccination Concerns

One case involved a COVID vaccine given when the patient was clinically unwell.

### 🦷 Dental Services

Closure of NHS dental practices and dissatisfaction with dental treatment.

### 👵 District Nursing

Issues with care quality and financial burden of buying own products.

### ⚕️ Sexual Health Services

Complaints about contraceptive procedures and treatment at sexual health clinics.

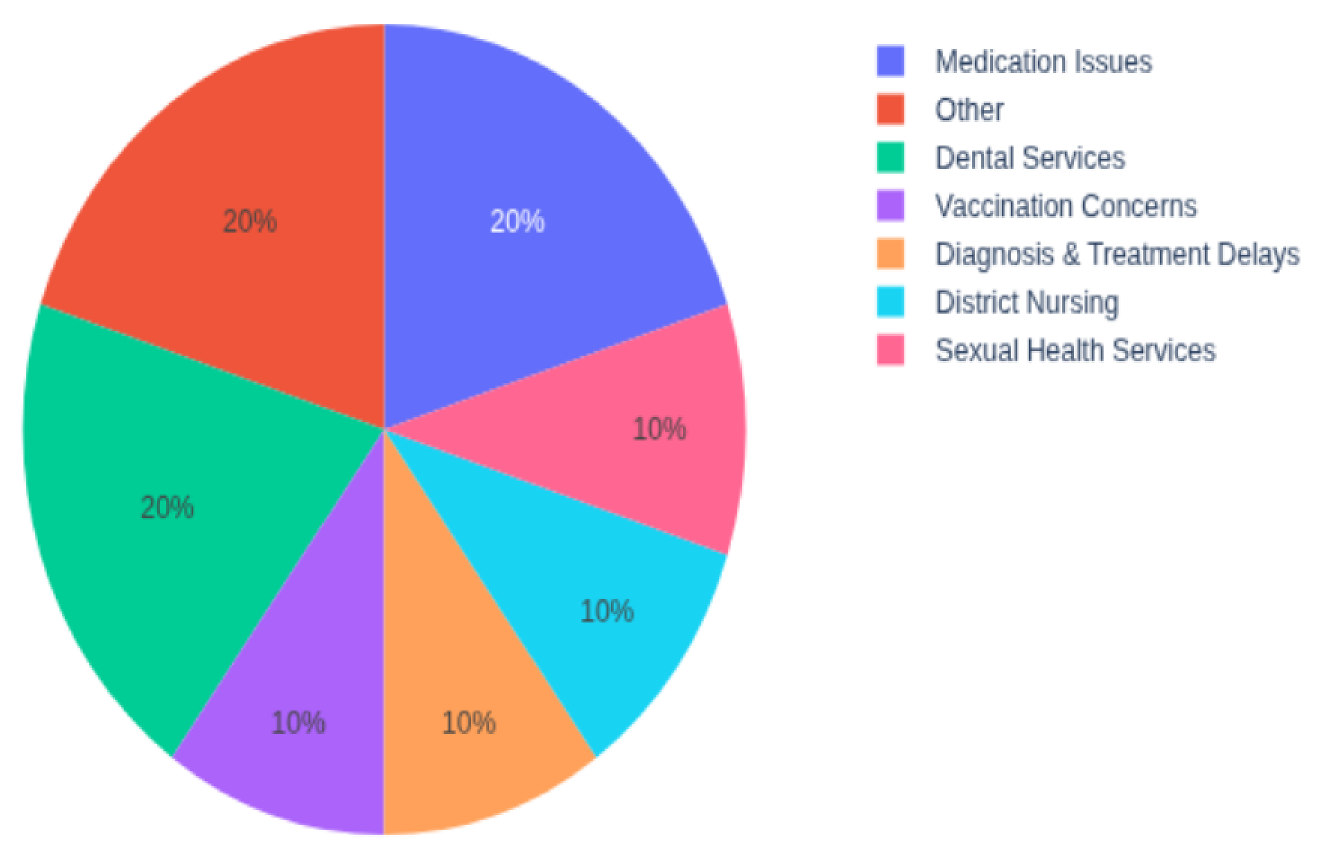
**PCIC Redress Cases**

Patient suffered avoidable pressure damage to his leg, when treatment he was provided for a Suspected Deep Tissue Injury (SDTI) led to unstageable pressure damage due to the wrong treatment being given. Qualifying Liability has been accepted and an offer of financial redress been made.

# Patient Centred Care
## Patient Experience

Saunders,Nathan
28/10/2025 10:18:55

Deep dive into themes across Primary Intermediate and Community Care Services –What people tell us



# Patient Centred Care

## Patient Experience

Saunders,Nathan
28/10/2025 10:18:55

Deep dive into themes across Clinical Diagnostics and Therapies Services –What people tell us

### 🔁 Recurring Themes

**1. 🗣 Staff Attitude & Communication**

1. Multiple complaints cite **unprofessional behavior** or **poor communication** by staff, especially in **Physiotherapy** and **Outpatient services**.

**📅 Appointment & Access Issues**

•Concerns about **cancelled appointments**, **delays in being seen**, or **lack of contact**.

**⌛ Delays in Results or Treatment**

•Complaints about **slow turnaround** for **biopsy**, **scan**, or **test results**.

**💊 Medication & Service Access**

•Issues with **access to medication** or **service provision**.

**❌ Misdiagnosis or Inadequate Assessment**

•Patients felt their condition was **not taken seriously** or **misdiagnosed**.

**📲 System/Process Errors**

•Errors in **text messaging**, **departmental routing**, or **record handling**.

# Patient Centred Care

## Patient Experience

Saunders,Nathan
28/10/2025 10:18:55

Deep dive into themes across Clinical Diagnostics and Therapies Services –What people tell us

📊 **Trends by Service Area**

•**Physiotherapy (Adult)**: Most frequently mentioned service with concerns around **attitude**, **assessment**, and **communication**.

•**Radiology**: Multiple complaints about **appointment cancellations**, **result delays**, and **communication**.

•**Nutrition & Dietetics**: Issues with **access to staff** and **treatment delays**.

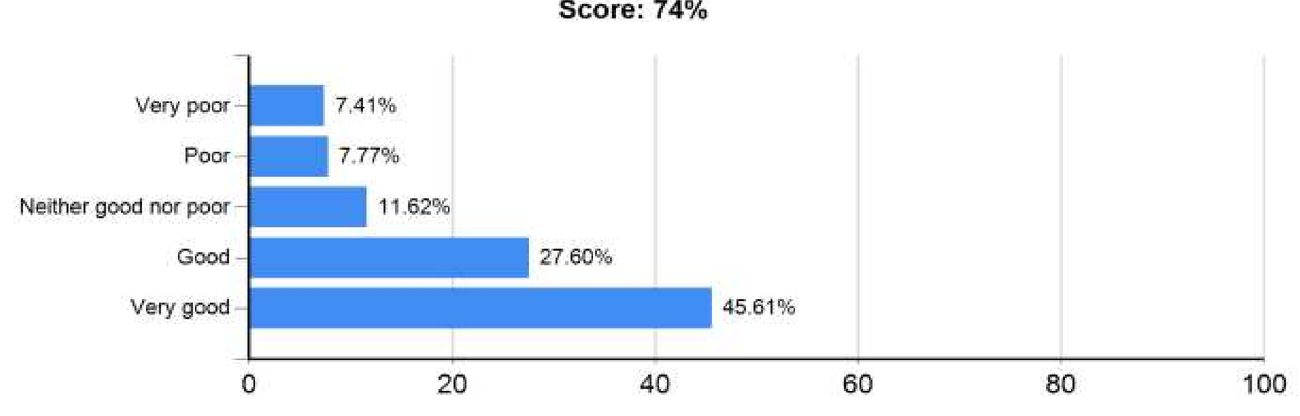
•**Outpatients/Admin**: Complaints about **missed communication** and **appointment handling**.

## 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: 01/08/2025 – 30/09/2025

| Cohort | Respondents (n) | Staff caring (%) | Feel safe (%) | Overall (%) |
|---|---|---|---|---|
| Emergency Department | 1608 | 85 | 86 | 74 |




Saunders,Nathan
28/10/2025 10:18:38

* 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

Saunders,Nathan
28/10/2025 10:18:55

## Clinical Diagnostics and Therapies – Issues identified through Redress

**1. Procedural Errors in Clinical Practice**
🧪 PICC line not flushed before radiopharmaceutical preparation

**2. Delayed Diagnosis and Reporting**
⌛ Missed or delayed identification of cancer masses

**3. Never Event – Retained Foreign Object**
Object retained post-EVAR procedure

**4. Patient Safety – Falls in Care Settings**
🚨 Unwitnessed fall resulting in death

📌 **Cross-Cutting Themes**

- **Communication & Escalation**: Delays in reporting and acting on findings suggest gaps in **interdisciplinary communication**.
- **Documentation & Handover**: Several cases imply missed opportunities due to poor **handover or documentation**.
- **Staff Training & Awareness**: Errors point to the need for **ongoing education**, especially in high-risk areas like oncology and radiology.

# Patient Centred Care

## Patient Experience

Saunders,Nathan
28/10/2025 10:18:55

# Learning from Events

## RED229 – Radiology Reporting Error

■■ **Failings Identified**
- CT scan misreported as normal (missed pelvic mass)
- Delay in identifying recurrence of cancer
- No escalation of suspicious findings

■ **Actions Taken**
- Case shared at REALM meeting
- Consultant Radiologist reflection completed
- Raised awareness of perception errors in midline CT scans

■ **Learning Outcomes**
- Importance of accurate CT interpretation
- Midline abnormalities require heightened vigilance
- Reinforced duty of candour and open communication with patient

## RED179 – Fatal Fall Incident

■■ **Failings Identified**
- High-risk patient left unsupervised
- Enhanced supervision protocol not followed
- Fall led to fatal head injury

■ **Actions Taken**
- Falls training expanded across St David's Hospital
- Action cards and Consultant Connect system introduced
- Enhanced supervision framework under review

■ **Learning Outcomes**
- Supervision is critical for fall prevention
- Clear documentation and escalation pathways are essential
- Coroner's Regulation 28 issued – national learning shared

# Patient Centred Care

## Patient Reported Outcomes

# 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.

Saunders,Nathan 28/10/2025 10:18:55

# Patient Centred Care

## Patient Reported Outcomes

Saunders,Nathan
28/10/2025 10:18:55

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**

| Date LFE due | X-axis |
|---|---|
| 06/10/2025 | 1 |
| 13/10/2025 | 3 |
| 27/10/2025 | 1 |
| 03/11/2025 | 1 |
| 10/11/2025 | 4 |
| 17/11/2025 | 1 |
| 24/11/2025 | 2 |
| 01/12/2025 | 2 |
| 08/12/2025 | 1 |
| 15/12/2025 | 1 |
| 22/12/2025 | 1 |
| 29/12/2025 | 2 |
| 05/01/2026 | 1 |
| 12/01/2026 | 5 |
| 19/01/2026 | 2 |
| 26/01/2026 | 2 |
| 02/02/2026 | 2 |

| Column1 | Column2 | Column3 | Column4 |
|---|---|---|---|
| | May-25 | Jul-25 | Sep-25 |
| CVUHB | | | |
| APPROVE | 54.9% | 58.1% | 76.7% |
| DEFER | 11.8% | 2.3% | 2.3% |
| DEFER UNTIL INFO RECD | 33.3% | 39.5% | 20.9% |

# Patient Centred Care

## Patient Reported Outcomes

Saunders,Nathan
28/10/2025 10:18:55

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

| Date | Claims |
|---|---|
| 06/10/2025 | 1 |
| 13/10/2025 | 3 |
| 27/10/2025 | 1 |
| 03/11/2025 | 1 |
| 10/11/2025 | 4 |
| 17/11/2025 | 1 |
| 24/11/2025 | 2 |
| 01/12/2025 | 2 |
| 08/12/2025 | 1 |
| 15/12/2025 | 1 |
| 22/12/2025 | 1 |
| 29/12/2025 | 2 |
| 05/01/2026 | 1 |
| 12/01/2026 | 5 |
| 19/01/2026 | 2 |
| 26/01/2026 | 2 |
| 02/02/2026 | 2 |

X-axis

| Column1 | Column2 | Column3 | Column4 |
|---|---|---|---|
| | May-25 | Jul-25 | Sep-25 |
| **CVUHB** | | | |
| APPROVE | 54.9% | 58.1% | 76.7% |
| DEFER | 11.8% | 2.3% | 2.3% |
| DEFER UNTIL INFO RECD | 33.3% | 39.5% | 20.9% |

Cardiff and Vale UHB – Patient Experience Feedback (May–Sep 2025)

| Total Surveys Sent | Completed Surveys | Avg Satisfaction Score |
|---|---|---|
| May–Sep 2025 | (17% response rate) | Range: 84%–85% |
| 75.4k | 12.82k | 85% |

| White Ethnic Group | Communication in Preferred Language | Overall Experience |
|---|---|---|
| of Respondents | Answered 'Always' | Rated 'Very Good' or 'Good' |
| 88% | 95% | 86% |

Involvement in Care Decisions

Answered 'Always'

76%

- **Total Surveys Sent:** 75,415
- **Completed Surveys:** 12,820 (17% response rate)
- **Average Satisfaction Score:** 84–85%
- **Ethnicity:** 88% White subgroup
- **Key Indicators:**
- Communication in preferred language: 95%
- Overall experience rated “Very Good” or “Good”:
- 86% Involvement in care decisions: 76%

Saunders,Nathan
28/10/2025 10:18:55

## 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: 01/08/2025 – 30/09/2025

| **Ethnic sub-group** | **Respondents** (n) | **Overall** (%) |
|---|---|---|
| White | 2687 | 91 |
| Mixed / multiple ethnic groups | 57 | 84 |
| Asian / Asian British | 108 | 81 |
| Black / African / Caribbean / Black British | 54 | 88 |
| Other ethnicity | 29 | 87 |
| I prefer not to say | 47 | 76 |
| All above sub-groups | 2983** | 90 |

Saunders,Nathan
28/10/2025 10:18

* Overall: *How would you rate your overall experience?*
** This value is +1 the sum of the other groups as, whilst extracting the reports, an additional survey was completed.

## 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: 01/08/2025 – 30/09/2025

| **Clinical Board** | **Respondents** (n) | **Staff caring** (%) | **Feel safe** (%) | **Overall** (%) |
|---|---|---|---|---|
| Children and Women’s | 304 | 90 | 93 | 84 |
| CD&T | 831 | 94 | 96 | 88 |
| Medicine (excl EU cohort) | 758 | 95 | 95 | 90 |
| Mental Health | 265 | 89 | 87 | 81 |
| PCIC | - | - | - | - |
| Specialist Services | 512 | 96 | 96 | 92 |
| Surgery | 1057 | 95 | 96 | 90 |
| All above CBs | 3727 | 94 | 95 | 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?*

Saunders,Nathan
28/10/2025 10:18:55

# Cardiff and Vale UHB

**What is it?**

- A practical step-by-step guide for staff on how to build a feedback project
- Provides IT and Information Governance information - to ensure both are considered in any feedback project
- An easy to follow "Action Reporting Form" allows staff to share their improvement ("You said we did") successes with the Patient Experience Team and UHB Board of Directors

Saunders,Nathan
28/10/2025 10:58:55

**Feedback Toolkit for Staff**

Cardiff and Vale University Health Board

Created by the Patient Experience Team

# Feedback Toolkit

## Cardiff and Vale UHB

**How the Toolkit can aid staff:**

- Supports a complete journey experience, from defining objectives (step 1) to collating, evaluating and evolving the feedback (step 6)
- Parts of the Toolkit are interactive, enabling staff to plan their project within the actual toolkit document
- Additional "mini toolkits" are available for specific feedback methods, such as Digital Stories and Surveys

Saunders,Nathan
28/10/2025 10:18:55

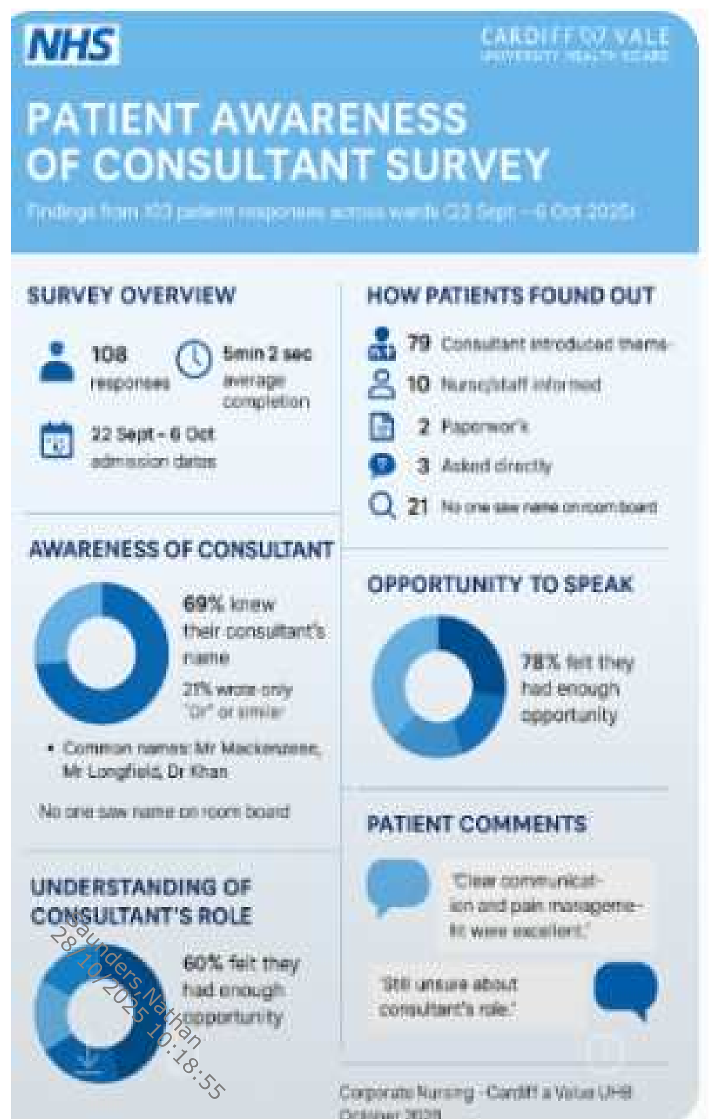
## The 6 Steps

**The toolkit is divided into 6 steps;**

You can click on each step to be taken directly to it if you wish (more information can be found on page 6), however, to get the most out of this document we suggest that you read the whole of this toolkit first.

- Step 1 – Define Objectives
- Step 2 – Team Involvement
- Step 3 – Identify Participants
- Step 4 – Feedback Method and Design
- Step 5 – Invite and Collect
- Step 6 – Collate, Evaluate and Evolve

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




*Posted by Brettski (as the patient), on the care opinion website*

I am a 55-year-old male, fit and healthy. But I started to get dizzy spells and suddenly shortness of breath, which would pass. I found out I had an erythema and needed a monitor. Whilst wearing the monitor I was visiting my son in cardiff. I had a call from my doctor telling me to go to my nearest hospital as I was going to die from total heart collapse. I went to Cardiff University hospital and due to delays in finding a bed I ended up going to the cardiac ward the next morning at 10. But by 1pm I was out of surgery with a CRT-D fitted. The staff were brilliant, funny, caring and knew exactly what they were doing. I left feeling healthy and able to walk miles that afternoon. So I did through Cardiff Bute park.

Saunders,Nathan 28/10/2025 10:18:55

| Report Title: | Primary Community and Intermediate Care Clinical Board (PCIC) | | | | Agenda Item No: | 2.2 |
|---|---|---|---|---|---|---|
| Meeting: | Quality Assurance | | Public | X | Meeting Date: | 28th October 2025 |
| | | | Private | | | |
| Status | Assurance | X | Approval | | Information/Noting | |
| Lead Executive Title: | Executive Nurse Director | | | | | |
| Report Author Title: | Director of Nursing PCIC | | | | | |

**Main Report**

Background and Current Situation:

This report details the clinical governance arrangements within the Primary, Community, and Intermediate Care (PCIC) Clinical Board in relation to Quality, Safety and Patient Experience (QSPE). It sets out achievements, progress and planned actions to maintain the priority of QSPE. It is aligned to the UHB's Shaping Our Future Well Being Strategy 2023 – 2033, which underpins the development of our services, in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the Duty of Quality.

Primary, Community and Intermediate Care Services are provided to the population of Cardiff and the Vale of Glamorgan, and are delivered at Cluster, Locality and Pan Cluster (Regional models of working) footprints, aligned to two Local Authorities (Cardiff Council and Vale of Glamorgan Council).

The PCIC Clinical Board oversees primary and community care for a population of circa 541,690. The Clinical Board is responsible for the commissioning and governance of primary care services from independent contractors. PCIC also manage services providing direct care in the community. The current PCIC workforce establishment employed for our managed services is 1,184 staff in post (912 WTE) which includes: 380 WTE Registered Nurses, 131 WTE Health Care Support Workers, 179 WTE Admin and Clerical, 81 WTE Medical and Dental staff, 42 WTE Additional Prof Scientific and Technic, 118 WTE Allied Health Professionals, Estates and Ancillary 26.82.

The contract negotiations and commissioning of Primary Care services include General Medical Services (GPs), General Dental Services (GDS), Community Optometry Services, and Community Pharmacy Services to support the delivery of high quality, responsive and sustainable services to meet local need. Independent providers employ their own workforce to deliver the service contract.

The Community & Intermediate care services providing direct care are diverse and include;
**Health Inclusion:** Department of Sexual Health **(**DOSH), HMP Cardiff, Health Inclusion Service (CAVHIS), Local Gender Service, Expert Patient Programmes
**Health Protection:** Community Immunisation & Testing
**Locality Teams:** (1 in the Vale and 1 in Cardiff) District Nursing, Nurse Assessors and CHC caseload, Cardiff Community Resource Team, Cluster Development, Safe@Home, Community Estates, Specialist Community Nursing, Vale Community Resource Service, Wellbeing Matters,
**CAV 24/7**: Urgent Out of Hours (OOH) Care, Contact first EU, Emergency Dental, 111 Press 2, Professional Line, OOH District Nurse line, Urgent Primary Care Centre (UPCC)

Secondary to the diversity and high activity provided across the Clinical Board, it is essential that robust governance and risk management arrangements are in place to reduce the risk of harm to our service users and staff.

The primary assurance bodies in PCIC are:

Clinical Board Quality, Safety and Experience Group (QSE)

- Meets bi-monthly.
- Safeguarding assurance reports are embedded within the QSE agenda.
- Minutes from this group are submitted to the Corporate QSE for oversight.

PCIC Senior Management Team (SMT)

- Meets weekly.
- Clinical Governance is embedded within the agenda.

Business Unit QSE Meetings

- Each Business Unit holds its own QSE meeting.
- Reports from these meetings are submitted to the Clinical Board QSE.

Saunders,Nathan
28/10/2025 16:18:55

Business Unit Review Meetings

- Held monthly with each Business Unit.
- Performance is also discussed at QSE and Clinical Board meetings.

Information Governance

- Addressed via inclusion in the Business Unit reports

This report highlights the Clinical Board assurances through the Health and Care Standards domains.

- **Safe**

**Clinical Board Quality, Safety and Experience Group (QSE)**

The Clinical Board QSE meetings are embedded within the Clinical Board meeting schedule. The meetings follow the UHB agreed structure to ensure the focus is on monitoring and ensuring patient and citizens safety, safeguarding, information governance and Health Promotion.

**Inquests**

The Clinical Board Quality and Safety Team (QST) holds a monthly inquest tracker meeting in collaboration with the Health Board's Inquest Team. This forum provides robust oversight of upcoming inquests and ensures timely preparation and support for involved staff.

Through this process, the QST offers guidance on statement writing and facilitates pre-inquest meetings alongside the Inquest Team. This support has been well received by staff, who value the opportunity to ask questions and gain clarity, helping them feel more confident and prepared before attending an inquest.

The Clinical Board recognises that attending an inquest can be a highly distressing experience for staff. The QST's involvement aims to reduce anxiety and promote a culture of openness, learning, and psychological safety.

**Governance/Practitioner Performance**

There is a robust governance process within the Clinical Board in relation to Practitioner performance. The following provides a summary.

1. Practitioner Performance (Independent Contractors & Employed Clinicians):

- Regulations: Managed under NHS (Performers Lists) (Wales) Regulations 2004, NHS Wales Act 2006, and Responsible Officer Regulations 2010.
- Guidance: Supported by GMC's Good Medical Practice, GDC's Standards for the Dental Team, and frameworks like Getting the Balance Right (GDPs) and Framework for Managing Performance Concerns (GMPs). We work closely with the General Pharmaceutical Council which investigates all fitness to practice concerns regarding pharmacists and pharmacy technicians (whether an independent contractor or employed staff).
- Approach: Emphasis on supportive, formative management. Sanctions range from reflective practice to suspension or removal from the Performers List.
- Employed Clinicians: Managed under Upholding Professional Standards in Wales.

Saunders,Nathan
28/10/2025 10:18:55

2. Independent Contractor Governance (GMS, GDS, Optometry, Pharmacy):

- GMS: Managed via the GMS Assurance Framework, using a range of data (PPV, HIW, CGPSAT, IG toolkits, and contract returns). Practices are rated from substantial to no assurance.
- GDS: Governed by GDC, NHS dental regulations, HIW inspections, QA self-assessments, and monthly performance reviews.
- Optometry: Includes NWSSP inspections, PPV, GOC standards, and a forthcoming Quality in Optometry Toolkit (2025/26).
- Community Pharmacy: Governed by NHS (Pharmaceutical Services Wales) Regulations 2020. Includes IG/CG toolkits, site visits every 3 years, and GPhC oversight.

3. Oversight & Collaboration:

- Regular meetings between Clinical Lead, PCIC Nursing, Clinical Governance, Safeguarding, and Executive Nursing leads to monitor concerns.
- Clinical Director liaises with the Responsible Officer, GMC, and NHS Resolution.
- QSE team supports GP appraisal and revalidation with HEIW and the Revalidation Support Unit.

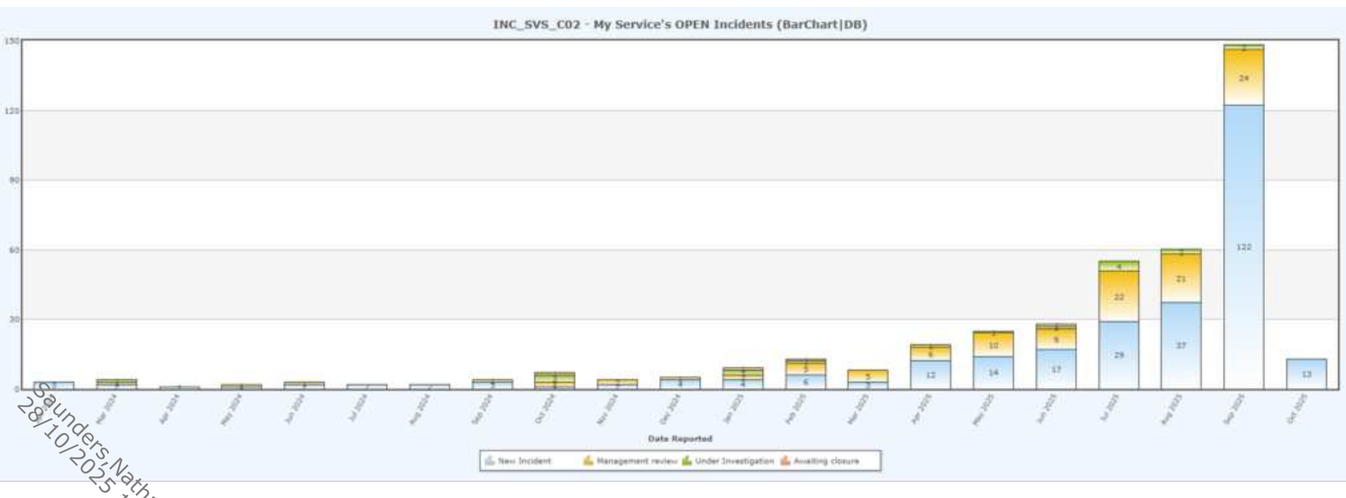
**National Reportable Incidents (NRI's)**

There are currently 3 open NRI's under investigation within the Clinical Board. Two investigation reports are in the checking process with a view to closure in the coming weeks. Due to the complexity of the cases, the submission to *NHS Wales Performance and Improvement* (formerly the NHS executive) has been delayed. The remaining investigation is a new incident that is due for submission in December 2025.

The Clinical Board follows a clear process for Patient Safety Learning Reviews (PSLR) to support learning across the Clinical Board and the wider UHB. We prioritise openness and transparency with patients and families. PSLR reports are shared, and meetings with clinical teams are offered to discuss findings.

**Datix Incidents**

The Clinical Board maintains a structured process for monitoring and reviewing Datix incidents. Regular scrutiny is carried out by the Quality and Safety Team to support staff to undertake timely reviews and robust fact-finding to mitigate risk.  Currently, 412 Datix incidents are open within the Clinical Board and are being managed by PCIC. Of these, 265 incidents have been open for more than 30 days. Thanks to significant effort from staff, all historic incidents from 2023 have been successfully closed, and a focused approach is now underway to address outstanding incidents from 2024. To further support, the Patient Safety Team (PST) has introduced support sessions. These sessions aim to support clinical leads in the timely management of incidents. The current position is illustrated below.




Saunders,Nathan
28/10/2025 10:18:05

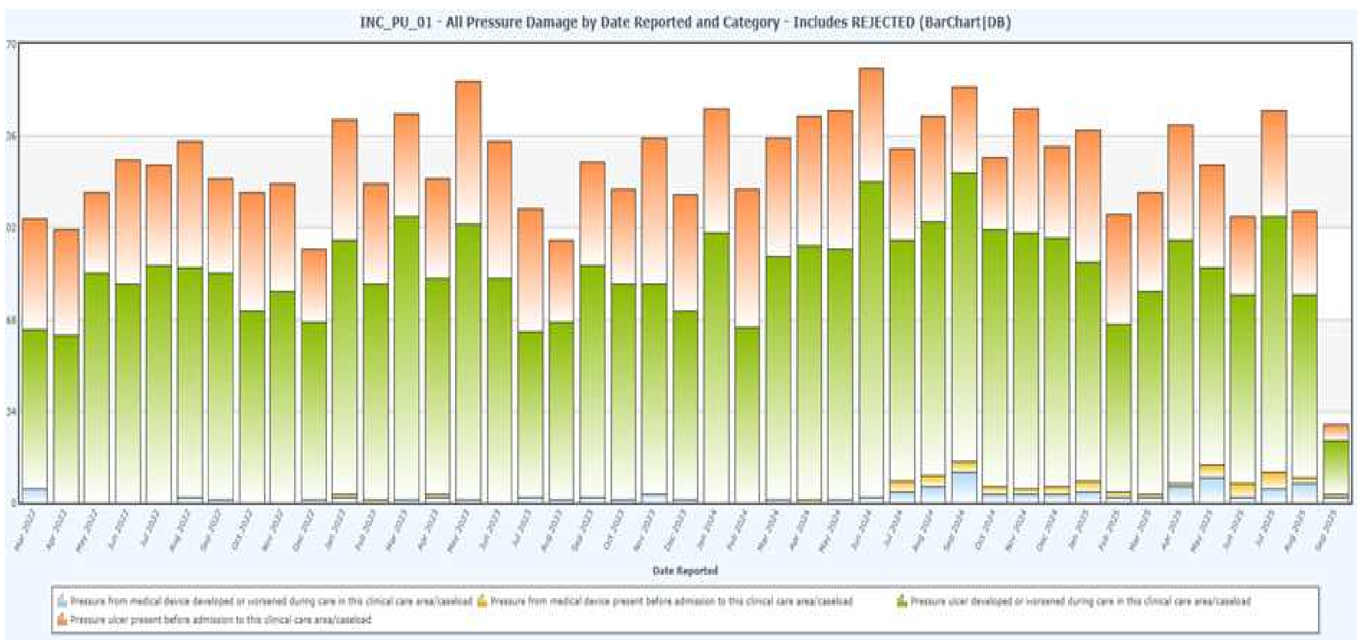
**Primary Care Interface and Patient Safety Incident Reporting**

The PCIC Clinical Board has a well-established process to enable General Practitioners (GP) to report incidents principally in line with Welsh Health Circular (2018) 014 Communication standards all-wales-

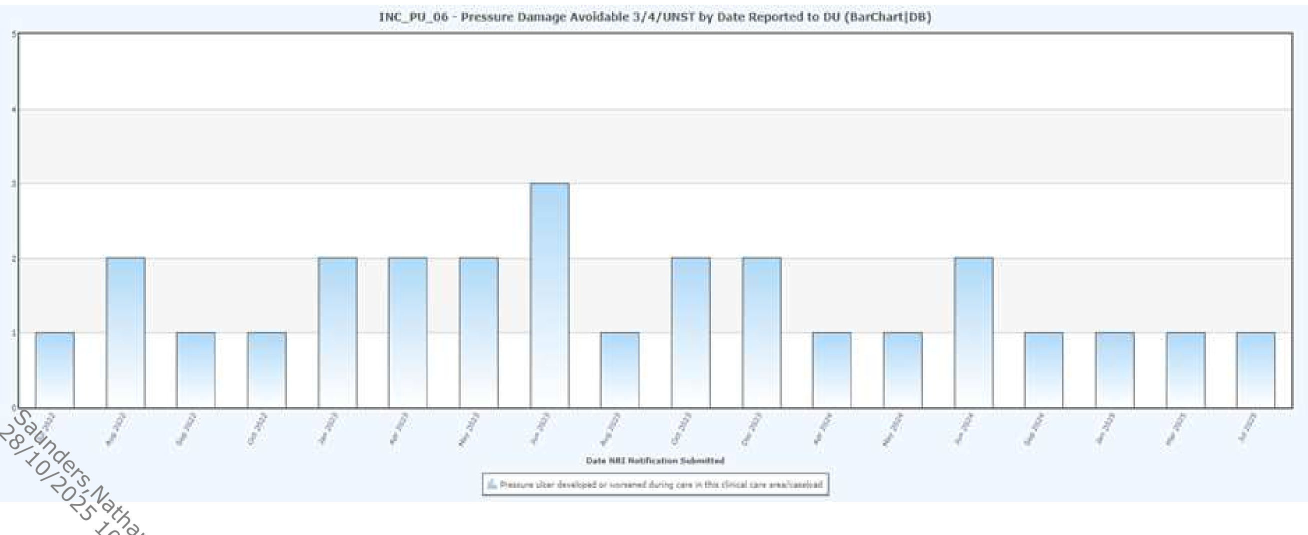
communication-standards-between-primary-and-secondary-care.pdf (gov.wales) but also for any other patient safety incident.  Datix Cymru has been offered to all General Medical Services (GMS). However, there has been reluctance to engage in the process or to fully adopt the system into GMS.  There is no legislative requirement for practices to do so.  In the absence of GMS practices adopting Datix Cymru and to support a streamlined single reporting system, GMS teams are now asked to submit Datix incidents to the Health Board via the Datix Cymru *offline* reporting process.

**Pressure damage**

Our District Nursing Teams have a strong culture of reporting pressure damage. We consistently report over 100 incidents each month. The reporting trend is identified below.




Weekly pressure ulcer scrutiny panels are fully embedded in practice within the Clinical Board. The panels review all grade 3, 4 and unstageable pressure damage reported. The panel focuses on prevention and management, ensuring patient safety through scrutiny, clinical supervision, education and integrity throughout and supports the All-Wales Pressure Ulcer Reporting and Investigation process. The panels provide a focused, multidisciplinary approach and early management of incidents and provide a forum for peer support and wider learning. The reporting trend is identified below.




Saunders,Nathan
28/10/2025 10:16:55

To support learning and actions for improvement, an audit has been undertaken of avoidable community acquired pressure damage incidents covering the period 2023 to 2025.

Key themes were identified from the investigation of incidents, including lack of timeliness of risk assessment reviews, delay in documentation, patient non-concordance with evidence-based advice and use of pressure damage devices and lack of knowledge of stores processes leading to delays in provision of equipment.

In response, the learning actions completed and ongoing are;

- Increased education & training support from Professional Practice Development Nurses and Tissue Viability Nurses with community UHB staff and domiciliary care provider staff via provider forums
- Senior Nurse support and Leadership
- Scrutiny and action learning through embedded weekly MDT pressure ulcer panels

**Medication safety**

The Clinical Board see consistent low number of medication incidents. The information below provides a review of incidents from 1st June to 31st August 2025. This information feeds into the Medicines Safety Executive group to understand themes and learning that can be shared through the wider forums. Medication incidents involving staff are managed through the Health Boards process and support education and training and learning is shared through business unit Q&S forums.

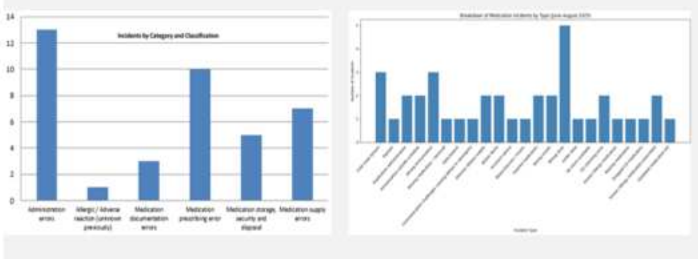
## Clinical Board MSE report - PCIC

**SEPTEMBER 2025**

**New / emerging themes**
Reported in Jun- August 2025

Total 39 incidents 1st June to 31st August 2025

- No clear discernible themes
- Low numbers of incidents average 12 per month
- Consistent reporting numbers
- Medication is managed by individuals in the community



**Learning from incidents**
Reported in Jun- August 2025

- Medication incidents that result in NRI are shared for wider learning across relevant services (e.g. myxoedema)
- NRI closures presented at Q&S meetings
- Multidisciplinary approach to NRI investigations – e.g. Health Board, GP practices and community pharmacies
- Review of process within clinical areas e.g. HMP Cardiff
- Support to GP practices through Medicines Management Governance Lead e.g. Script Switch management and training
- CPET
- Medicines Management Newsletter is shared with all GP practices within Cardiff and Vale on a quarterly basis. This includes updates or changes required
- Incentive scheme to support medicines safety

**Good practice and improvement work**

- Good reporting culture
- Support to GP practices from Immunisation coordinators and Sustainability team
- PCIC Quality and Safety Team support weekly scrutiny of incident and early closure
- Good working relationship with medicines Management Governance Lead and Q&S team
- UHB Patient Safety Team have introduced Datix queues help session which can be booked via https://outlook.office.com/book/DatixCymru@wales.nhs.uk/?ismsaljsauthenabled

**Any other feedback for MSE**

- Need a focus early closures. PCIC have total of mediation 36 incidents open over 30 day.
- Maintain multidisciplinary working

In relation to Community Pharmacies, they have a regulatory responsibility to report all incidents via their internal processes which includes reporting via national Datix reporting system as appropriate. As independent contractors, the responsibility to manage and investigate incidents lies with their Superintendent Pharmacist and not with the Health Board. The Health Board community pharmacy team seeks assurance on all Datix reported incidents to ensure due process has been followed.

**Nursing homes**

The Clinical Board has three nurse assessor teams who are responsible for the monitoring and review of individuals receiving NHS funding in independent sector care homes or supported by packages of care in the community. They and PCIC Clinical Board also have a wider role in the multiagency responses where there are concerns about the quality of care and support being delivered by independent sector providers including managing the closure of a care home or domiciliary care agency

Saunders,Nathan
28/10/2025 10:18:55

In May 2009, the Welsh Assembly Government issued statutory guidance surrounding escalating concerns with, and the closure of, care homes that are registered with the Care Inspectorate Wales (CIW) to provide services to adults, including those providing nursing care. It set out local authorities' and local health boards' (LHB) responsibilities in this area and suggests ways in which these responsibilities can be discharged, including establishment of local / regional procedures. Commissioning partners in Cardiff and the Vale of Glamorgan Councils and the Cardiff & Vale University Health Board agreed that the management and assurance of quality services in line with contract agreements and arrangements in response to care home closures should have distinct and separate procedures.

In 2022 the previous regional escalating concerns processes were reviewed and a regional multiagency policy 'Quality Services, Delivering What Matters' (Quality Services, Delivering What Matters – CAVRPB) was developed and signed off by the 3 statutory partners which outlines a regional approach to quality assurance and escalating concerns processes focused on seeking better ways to provide support to services with quality and / or safety concerns in order to prevent formal contract management procedures,.

The procedures are underpinned by a culture of partnership working and a shared commitment towards supporting service provider(s) to ensure corrective or development action plans that are robustly developed, monitored and sustained. The primary objectives are to:

- Provide clarity regarding the specific statutory obligations of each of the key agencies in responding to concerns about the quality and safety of services.
- Strengthening the approach to monitoring and assuring quality services ensuring consistency across the region (Cardiff & Vale) improving the transparency of decisions and promoting effective communication between and across the regulators (CIW), commissioners (councils & health board), people receiving managed care & support and their family / unpaid carers and service providers
- Clarify commissioners' responsibilities for providing additional support to services with quality and / or safety concerns in order to prevent (where possible) commissioners having to implement formal contract management procedures.
- Manage the safe re-commissioning of care for Cardiff and Vale residents who may be impacted by the closure of a care home or domiciliary care agency

**Risk register**
The SMT have a robust oversight of the Clinical Board risk register. Monthly 'deep dives' are in place where all high-level risks are reviewed in detail by the Director of Operations, Director of Nursing, Deputy Director of Nursing and Deputy Clinical Board Director. The Clinical Board are also supporting the task and finish group to progress moving Risk Registers onto the web-based audit management system, AMaT.

**Duty of Candour (DoC)**
Following the Duty of Candour (DoC) legal requirement for all NHS organisations in Wales under The Health and Social Care (Quality and Engagement) (Wales) Act. The Clinical Board have worked with the Patient Safety Team to implement an appropriate process for managing DoC declarations and continue to refine this whilst adhering to existing NRI and Claims processes.

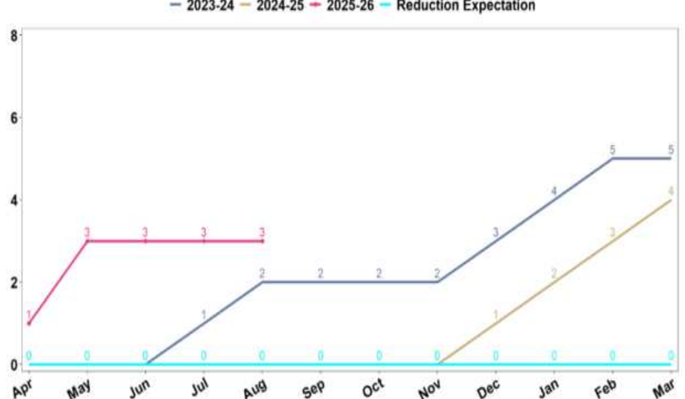
There has been a total of 15 DoC declarations within the Clinical Board since April 2023. These include 11 avoidable pressure damage cases and 4 as a result of NRI reporting. All cases have been discussed with the redress team. To date, one case has been referred for compensation under redress. There has been a further 1 DoC declaration as a result of an NRI however this has been managed by the Medicine Clinical Board.

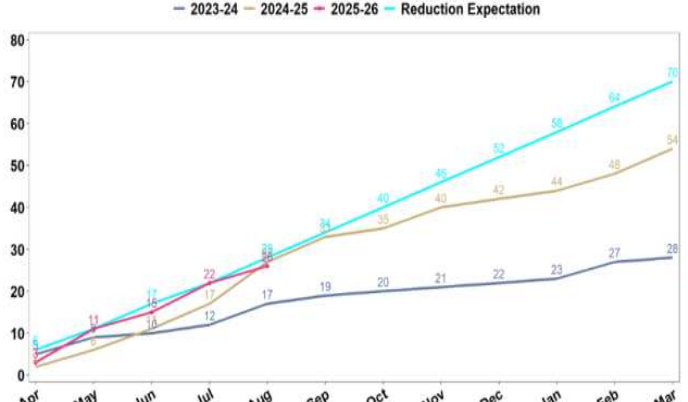
Saunders Nathan 29/10/2025 10:18:51

**Infection Prevention and Control**
The clinical board work with the Health Boards IP&C team to ensure a robust management of infection reduction. There are complex challenges within primary and community services due to the independent nature

of GP's, geographical spread along with the estate's challenges. The teams are working closely to support action plans following suboptimal environmental audits in some community areas.

The Clinical board has an increase in the number of MRSA staph aureus bacteraemia cases compared with the same period in 2024/25. We are no longer able to meet the reduction expectation for MRSA bacteraemia in 2025/26 period given the zero tolerance for any cases.




The Clinical Board do however have a reduction in the number of C. difficile cases, MSSA staph aureus bacteraemia, E. coli bacteraemia, Pseudomonas aeruginosa bacteraemia and Klebsiella species bacteraemia compared with the same period in 2024/25.

In relation to RCAs for C. difficile we are seeing an improved performance in the returns from GP practices. We currently have a 62% return rate.

**Lessons learnt:**
High number of RCAs returned all mention insufficient information regarding recent hospital admissions:

- Concerns raised that insufficient information is provided to General Practice regarding recent admissions to hospital, making it difficult to complete RCAs.
- Request for RCAs to be sent to consultants in hospital when patient is diagnosed and treated in secondary care with no recent contact with primary care.
- Hospital staff to ensure discharge letter is fully completed, including any antibiotics prescribed and reason for antibiotics.

This has been escalated at the UHB IPCG. The IP&C team have also agreed to raise this matter at the next Quality, Safety & Experience meetings for each of the Clinical Boards, stressing the importance of comprehensive completion of the discharge summary letters.

Actions to address Antimicrobial Resistance remain a priority within PCIC. The prescribing team have been doing proactive work with CAV 24/7/GP OOHs team and practices on best practice antimicrobial prescribing.

- Practices are incentivised to improve their prescribing of Total Antibacterial Items and 4C Antibacterial prescribing (co-amoxiclav, cephalosporins, fluoroquinolones, and clindamycin) through the Medicines Management Incentive Scheme 2025/26.
- The Medicines Management Incentive Scheme 2025/2026 also includes a practice specific project linked to antimicrobial prescribing (or methenamine in recurrent UTIs). As part of these reviews, practices are asked to take actions as appropriate and cascade the learning from the reviews to all relevant members of the team.

Saunders,Nathan
28/10/2025 10:18:55

There is continued promotion of restricted course durations work, and a review of the uptake of Script Switch messages. Where acceptance rates of the messages have declined, work is being done to promote the shorter

course durations where appropriate, and to gain feedback from prescribers who are declining the switches to shorter courses.

**NEWS 2** (National early Warning Scoring)

Using a person's observations (blood pressure, pulse, respiratory rate, oxygen levels and levels of consciousness) the early warning scoring function identifies acute deterioration, it suggests a point at which care needs to be escalated and defines a response to escalation triggers. NEWS is a standardised, national approach using evidence-based tools to ensure clarity, minimise risk and support improved patient outcomes. NEWS 2 was implemented across all inpatient areas within the UHB in July 2025.

Our community teams are also using NEWS 2, in urgent primary and community services and in District Nursing as part of their assessments. There is ongoing work to finalise the community NEWS 2 escalation, which is being driven by one of our Advanced Nurse Practitioners from Safe@Home and a Senior Nurse.

A review of NEWS across the District Nursing caseload dated 5th October demonstrated that of the 2,525 patients on the caseload with at least 2 face to face case note records, 90% had a NEWS score. The performance data is used to drive improvement and is broken down to NEWS scoring at initial visit, follow up and in last 12 weeks.

- ## Effective

**Mortality reviews**

The Medical Examiner Service (MES) has been fully operational for all non-coronial investigated deaths, both in hospitals and in the community, since the legislative requirements began on September 9, 2024. The PCIC Director of Nursing and the Clinical Director for Clinical Governance regularly attend the Mortality Screening Panels and Learning from Mortality meetings with the PST, which are now well-established across the UHB.

The Medical Examiner scrutiny process continues to be a valuable source of information and learning for the Health Board. Data collection, facilitated by the patient safety team, has been ongoing since the legislative requirements were implemented. As time progresses, we expect to gather more robust data. The PST, in collaboration with the Datix team and the ME service, is working on presenting this data in a meaningful way, identifying clear themes, patterns, and trends to support improvement actions.

One of the main challenges is addressing concerns related to hospital care when the death occurs in the community, and vice versa. Since the MES implementation in September 2024, we have received 199 notifications related to community deaths within PCIC. Data is being collated in line with the Health and Care Quality Standards. For PCIC, the data is categorised under multiple classifications and in some cases includes cases where there was both a community and secondary care element.

The health Board use these themes to inform quality improvement work across a number of groups, such as RADAR and the deteriorating group. Within PCIC learning includes specific reviews involving individual areas including GP, nursing home and palliative care. Feedback from individual areas enables us to understand if targeted learning and assurances is required to support teams.

**Mortality Data**

Saunders,Nathan
28/10/2025 10:18:55

The Clinical Director Cardiff and Vale Health Inclusion Service has undertaken a new venture looking specifically at homeless deaths across Cardiff (where we have partnership work set up with Cardiff council). These individuals may, or may not be CAVHIS patients, the long-term aim with the expansion of the project is that all those who are homeless and complex (along with other specific cohorts) would be able to be registered at CAVHIS permanently for primary care. The aim is to expand the death monitoring over the coming years, but

this proves difficult due to a lack of coding of these health inclusion groups at primary care, hospital, medical examiner and Coroner's office level. The information encompasses the data for the past 4.5 years, from Jan 2020 to June 2024.

Homeless Mortality Data.pptx

**General Medical Services (GMS)**

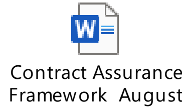
**Sustainability**

The sustainability of General Medical Services (GMS) remains a key item on both the PCIC and UHB risk registers. Practices are citing financial pressures arising from increased National Insurance Contributions and a reported unfair distribution of resources arising from the application of the Carr-hill Formula (a national formula which determines how practices are paid based on numbers of patients registered and certain demographic factors) as the main issues contributing to their sustainability concerns. The Primary Care team has engaged with Welsh Government to highlight specific challenges faced by practices in Cardiff and Vale who appear to be an outlier compared to other parts of Wales, while broader discussions continue at a national level. Additionally, PCIC is collaborating with Cardiff University post graduate data science students on a project aimed at generating robust evidence to demonstrate the impact of the current funding formula on practice sustainability and service provision.
The Primary Care team continues to support practices escalating at levels 3 and 4 of the contractually mandated escalation framework, and where level 5 denotes the practice is closed due to sustainability issues. Practices at level 4 for more than two weeks now receive a joint visit from a PCIC Clinical Director and Senior Primary Care Manager to assess whether issues are short-term or indicative of longer-term sustainability concerns.

**GMS Contract Assurance Framework.**

The GMS Contract Assurance Framework (CAF) is a governance mechanism designed to evaluate service delivery under the Unified Contract, aligned with the Duty of Quality legislation. The framework ensures consistent and transparent assurance across all practices.

In accordance with Welsh Government guidance, the PCIC Primary Care team has implemented a robust, multidisciplinary process to review both practice-level submissions and nationally benchmarked data. This has enabled a comprehensive assessment of assurance levels across all 55 practices in Cardiff and Vale. Where additional assurance was required, targeted support was provided to practices to ensure they met the required standards. The 2023/24 programme has been completed, and the process has been reviewed and refined in preparation for the 2024/25 cycle. A full detailed paper outlining all the elements is attached below.


Contract Assurance Framework August

**Dental Services**

Saunders,Nathan
28/10/2025 10:18:55

**CDS**

In terms of CDS services following a significant review of the model there has been a substantive improvement in activity and work continues changing the service to improve sustainability and efficiency. The performance management and capacity of the CDS service, is discussed in monthly Primary Care Business Unit Review

meetings with the PCIC Senior Management Team. The Health Inclusion Business Care (Phase 1) has been approved, and a Dentist, Dental Therapist, Dental Nurse and Admin Support have been recruited to support this cohort of patients.

**GDS**

Access to GDS NHS dentistry is a UK wide issue and does form a key theme in concerns which PCIC receive. Patients can access primary care GDS services through three main routes:

- Emergency Dental Service: there is adequate capacity to provide timely care to all who require it.
- Contacting GDS dental practices directly: this is a very challenging route for patients to navigate, and many practices will have no capacity to take patients on through this route.
- Allocation via Welsh Government's Dental Access Portal: the portal is regularly validated, and there are currently 13,882 patients waiting to be allocated. C&V UHB have prioritised allocation of children, and anybody under the age of 18 will be allocated to a practice very rapidly.

The average waiting time for an adult is currently 2 years. A new NHS GDS contract has been proposed by Welsh Government for implementation in April 2026, and a public consultation has been carried out. C&V UHB awaits further information about the final details of the new contractual arrangements.

**Community Pharmacy**
All community pharmacy contractors are bound by The National Health Service (Pharmaceutical Services Wales) Regulations 2020 specifically Schedule 5 Terms of service. These regulations are used by the PCIC community pharmacy team to assure the UHB that consistent clinical and information governance requirements are followed alongside the NHS complaints procedures (including the Duty of Candour) and incident reporting requirements and processes (via Datix). The team provide a supportive annual contract monitoring programme, and each pharmacy site is visited by the team at least once every 3 years as part of this rolling programme. The contractual breach process in accordance with the regulations enables the pharmacy team on behalf of the UHB to review and ensure the contractors are performing against the expected contractual requirements and take appropriate action or sanction as necessary. In addition, all contractors in Wales must submit an annual IG and CG toolkit supported by DHCW and NWSSP. As registered pharmacy sites and therefore all NHS CP contractors must ensure they adhere to General Pharmaceutical council (GPhC) regulations and standards, and this is overseen by the GPhC."

**Medicines Management**
Ensuring safe, value-based prescribing within appropriate governance frameworks is the main priority for the PCIC Medicines Management Team, that works collaboratively across all business units, with the UHB Pharmacy Department, and with National groups. Oversight of governance is established at Business Unit level, with a pharmacist present at each QSE meeting. Close collaboration with the Primary Care Business unit ensures appropriate development of Supplementary Services, Health Pathways and pharmacist expertise into the GMS Contract Assurance assessment process. A Medicines Management Incentive Scheme is developed annually to incentivise GP contractors to deliver value-based projects and improvements aligned with UHB priorities.

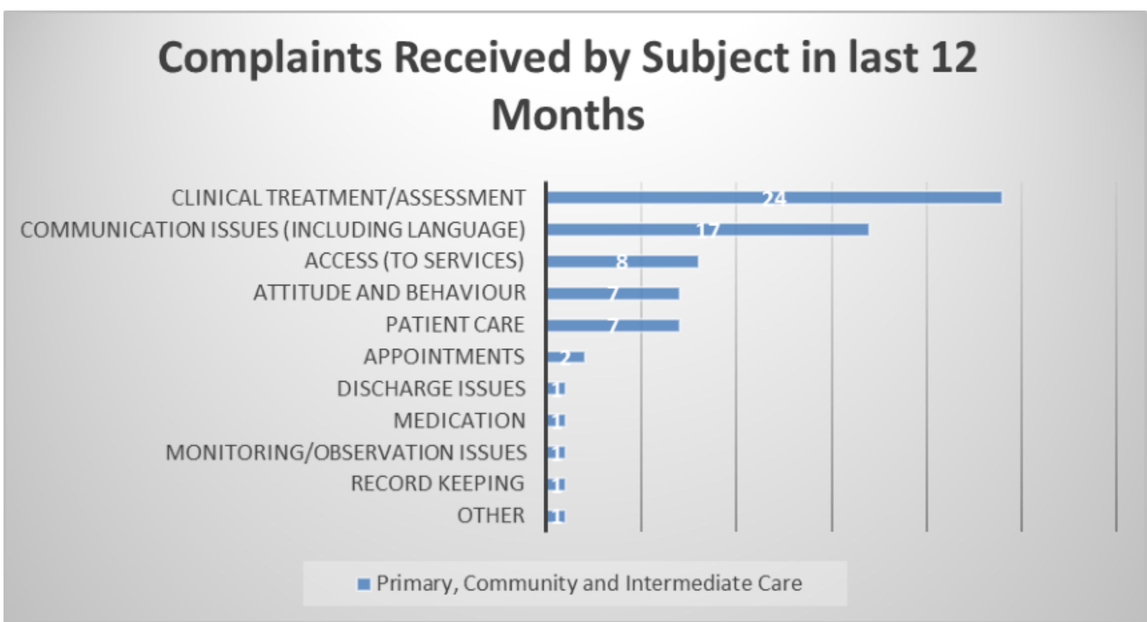
The Clinical Board supports the development of value-based prescribing projects and initiatives, as well as supporting the UHB medicines access process, with a robust PCIC Medicines Management Group which feeds into Corporate Medicines Management Group (MMG). Medicines safety considerations are escalated to the Medicines Safety Executive, a sub-group of Corporate MMG.

**Optometry**

Optometrists have NWSSP practice inspections, PPV inspections, GOC standards, and a declaration between the contractor and NWSSP. A Quality in Optometry Toolkit has been sent out relating to the 2024/25 financial year to providers and has been completed by all but 8 providers (non-compliance results in non-payment). Further guidance is currently awaited on the quality and standards of submissions from NWSSP.

**Putting Things Right (PTR)**

The clinical board has a robust process of managing concerns. In the 12 months to 30th September 2025, the Clinical Board managed 72 concerns and 145 enquiries.




In August 2025 we achieved 92% performance against the % of formal PTR concerns for PCIC responded to within 30 days. There were 9 early resolution and 4 formal concerns. Of the 13 concerns, 12 of those were closed within 30 working days (Information provided by the CAV concern team).

Due to the variety of services, we have variation in themes. Currently there are two resounding themes, firstly the Dental Portal access and length of time to be allocated to a Dental Practice. Secondly continence products following the changes in line with the 2022 All Wales Continence Forum Guidance.

Where concerns are raised via the Health Board regarding our independent contractor services consent is obtained to share so that the service can manage the concern under PTR. They are not obliged to share the outcome with us; however, in most circumstances they will feedback.

It is important to note that we do not have sight of concerns that are submitted directly to the independent contractor services, GP, optometry and Dental and community pharmacy.

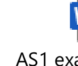
**Safeguarding**

Safeguarding is embedded within the Quality and Safety agenda. Assurances regarding mandatory training, safeguarding referrals, avoidable pressure damage reporting, professional allegation/ concerns and information sharing feeds into the Health Boards Safeguarding Steering Group (SSG).

The clinical board participated in an audit in November 2024 to understand the quality of safeguarding referrals across the service and how staff can be supported. The audit provided an understanding of the areas that need focusing. One element was the development of an example AS1 form which guides staff to providing a quality of information to fully assess the safeguarding needs of the patient.

Saunders,Nathan 28/10/2025 10:16:55

Safeguarding Audit Presentation PCIC - .


AS1 example.docx

**Community Health Pathways**

Community Health Pathways offers primary care clinicians locally agreed information to make the right decisions, together with patients, at the point of care. It is designed and written for use during a primary care consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition in primary care. Pathways also include information about making requests to services in the local health system. Originally developed in Canterbury, New Zealand, to support a whole-of-system approach to patient-centred care and has since been adopted and adapted by other health systems around the world.

From a governance perspective the programme team develops and reviews content, engaging with clinicians and administrators of all levels of seniority across the local health system, including clinical directors, doctors, nurses, allied health professionals, managers, and relevant clinical and service governance groups. This distributed model of pathway development and clinical governance ensures that pathways reflect local clinical practice and achieve the best outcomes for patients.

Where possible, pathways are evidence based. If there is no reliable evidence, the pathway is based on local expert opinion and guidance, and this is explicitly stated. Pathways are not comprehensively referenced; however, references are given when recommendations are new or contentious. Each pathway goes through a series of checks before it goes live.

For the month of August there were 37,815 page views/clicks on the CHP website. Since launch of the site on 14 February 2019 to today there have been 1,490,751 page views/clicks.

Home - Community HealthPathways Cardiff and Vale

- **Timely**

**Cardiff and Vale Health inclusion Service (CAVHIS)**

CAVHIS has been developing its services since 2021. Through the awarding of phase one business case, CAVHIS aims to develop its services across identified health inclusion cohorts who historically, find it challenging to access traditional health care and consequently the cohorts present at EU with health issues that could have been reviewed and treated in primary care. The CAVHIS team aims to offer limited preventative primary care, and public health screening where required.

The expansion has allowed CAVHIS to start launching new services in the form of outreach clinics in the community and the In-Reach service based in EU (UHW) which was launched in Feb 2025, and subsequently the commencement of numerous new outreach clinics in high needs homeless hostels, probation services and parlours across Cardiff. All outreach clinics require a GP and nurse. With this expansion CAVHIS were to recruit new posts to support the service developments, this has been challenging due to current vacancy freezes on new and nursing/GP posts that have become vacant in the last 6 months. This identifies a significant risk to the sustainability of the new service that have been developed in the last 6 months.

Saunders,Nathan
28/10/2025 10:18:53

**Safe@Home**

As part of the Further Faster funding, the Clinical Board successfully embedded the Safe@Home service across both Cardiff and the Vale of Glamorgan following a soft launch of the team in January 2024. The multidisciplinary team aimed to prevent avoidable hospital admissions by providing rapid intervention in an

individual's own home. The team is working in collaboration with our Community Resource Team, Vale Community Resource Service, and Acute Response Team.

The service has expanded and currently operates 7 days a week, 08.30-18.30. The service is currently finalising a pathway with the home oxygen team, to enable the service to offer acute oxygen therapy in the community. The team holds twice weekly virtual board rounds with secondary care to facilitate early discharges for patients who are not medically optimised, releasing pressure in the hospitals. Safe at Home can access urgent chest x-rays and receive a hot report within two hours, via an established pathway with radiology. The team can also access urgent imaging via links with MSDEC and OPAC.

Since January 2024 to September 2025 Safe@home has seen: -

- 2,309 of which 669 were a high-risk adult cohort (HRAC)
- 1,536 referrals accepted (67%). 435 HRAC referrals accepted (65%)
- 252 referrals were signposted / advice given but not accepted
- 1,186 patients have had a 'successful' discharge (not admitted to hospital or deceased). This is 77% of all referrals discharged to date.

Approx 13,500 bed days saved to date with 49% of these for HRAC

**Health & Safety and Planning**

**Health & Safety**

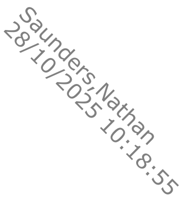
A bi-monthly Health & Safety meeting takes place across the Clinical Board, where all Business Units are represented to inform updates and escalations to UHB Wide Operational Health & Safety Group. Over the last 12months we have continued to progress the use of the Health & Safety Dashboard to strengthen assurance as part of the annual review process. This group will continue to focus on:

- Fire Risk Assessment (FRA) - ensuring Business Units and Site Responsible Officers are aware of their obligations and have sufficient capacity to respond to and manage/close FRAs.
- Statutory & Mandatory Training Compliance - Improving compliance and highlighting issues affecting compliance, including access to training and incorrect ESR competencies.
- Health & Safety related risks - to review mitigation and controls in place to support management of identified risks.

**Strategy & Planning**

The Clinical Board undertakes an annual planning activities, and reviews progress of plan delivery through Business Unit and Executive Review meeting structures. The ambition of the Board is to continue to include and accelerate the pace in which the Primary Care Model for Wales is delivered, by strengthening and growing community, primary and prevention services at home and in communities.

Achievements and performance summaries from our 2024/25 plan include:


Saunders,Nathan
28/10/2025 10:18:55

## 2024/2025 Annual Plan Achievements/Highlights

- Phase 1 CAVHIS Business Case Implemented: Successful Launch of in-reach and outreach/spoke models.
- Transition of Vale Cluster based Urgent Primary Care Centres to a Locality model delivered at Barry Hospital
- Delivery of Health Protection Business Case & Community Based Immunisation model
- Implementation of contract reform across Primary Care contractors
- Increase in provision of Pharmacy Independent Prescribing
- Executive buy in and Board support achieved to transform our approach to Palliative, Supportive & End of Life Care
- Ambition of an Integrated Community Care System aligned to 6 Goals Programme, RPB and Strategic Programme acknowledged as a strategic shift.
- Roll out of Cluster Based Paediatric Clinics
- Successful delivery of Cluster based healthy lifestyle events
- Successfully achieved 2024/25 Clinical Board Cost Improvement Plan

## 2024-25 Annual Ministerial Plan Commitment - Performance Summary

| Priority/Commitment | End of Year Performance Summary |
|---|---|
| **Enhanced Community Care (ECC)**<br>• Increase in numbers patients supported through Enhanced Community Care services (levels 3-4)<br>• Increase in DN activity at weekends, comparable to weekdays (60%/80%)<br>• >90% utilisation of Urgent Primary Care capacity through UPC<br>• Urgent Care Centre model developed | • 11,816 patients were supported through Enhanced Community Care (Levels 3+4),<br>  • 1,022 patients were supported within the community via Safe@home<br>• District Nursing services operated with an average capacity of 52% during 2024/25<br>• 52,795 patients were managed via an Urgent Primary Care contact (Flow from GP, 111, ED) |
| **Improving access and shifting resources into primary and community care: GMS**<br>• 100% achievement of access standards<br>• 100% of practices reporting escalation levels | • During 2024/25 100% achievement of access standards was maintained across GMS providers<br>• Average of 98% practices reporting their escalation levels in line with their contract |
| **Improving access and shifting resources into primary and community care: Dental**<br>• >95% achievement of Dental targets for NP, NUPs, HP | • Contractor performance of<br>• 26,368 new patients seen under new patient metric<br>  • 10,725 new children accessed NHS dental services during 2024/25<br>  • 15,643 new adults accessed NHS dental services during 2024/25<br>• 162,352 historic patients seen<br>• 10,212 urgent patient slots available |
| **Improving access and shifting resources into primary and community care: Optometry**<br>• Numbers of optometry practices providing patients WGOS 3, 4, or 5 | • 33 practices able to provide WGOS 3<br>• 11 practices able to provide WGOS 4<br>• 12 practices able to provide WGOS5 |
| **Improving access and shifting resources into primary and community care: Community Pharmacy**<br>• 10% increase in service provision crosses all Clinica Community Pharmacy services | • During 2024/25, 23,607 people access Pharmacy Independent Prescribing service (70% increase in activity when compared to previous year)<br>• During 2024/25, 81,550 people accessed Common Ailments service (47% increase activity when compared to previous year) |



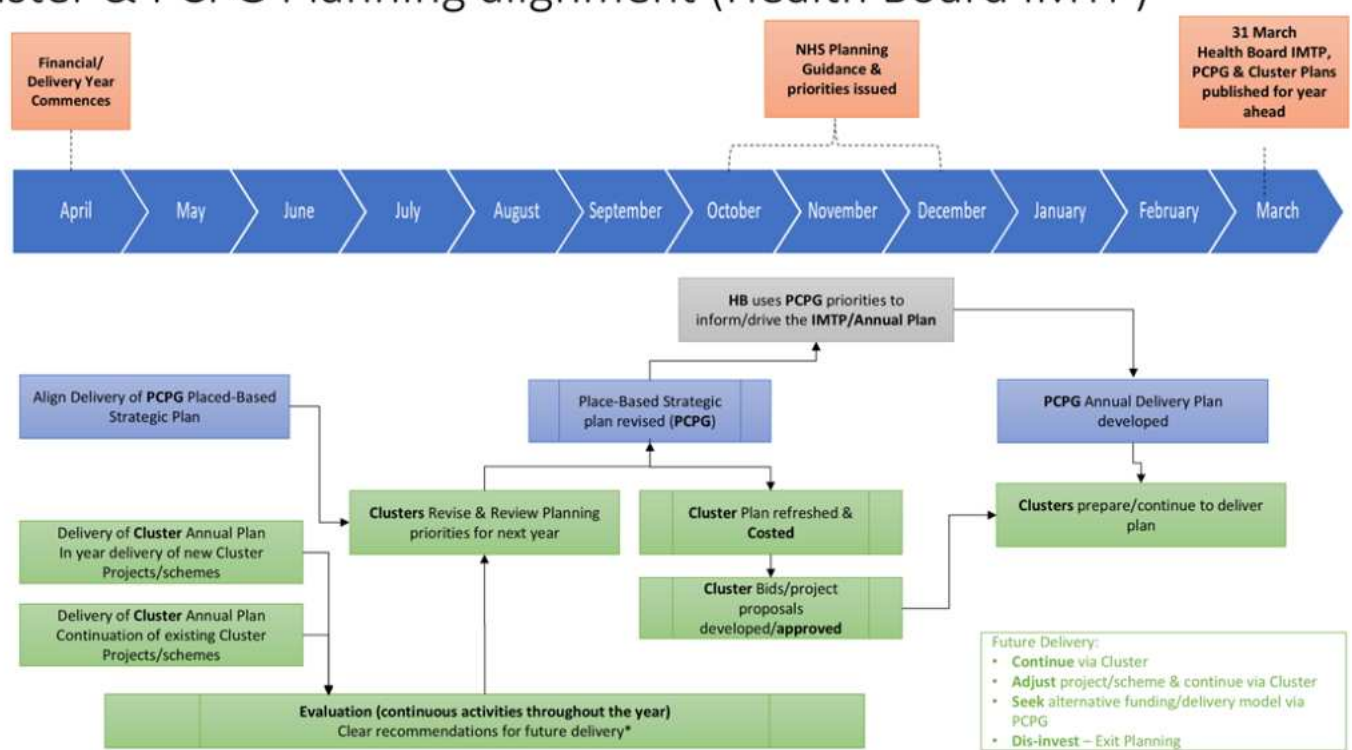
Saunders,Nathan
28/10/2025 10:18:55

Our key priorities for 2025/26 are focused upon:

- Phase 1 Delivery of an Integrated Community Care System, building upon our enhanced community care service development (Safe@Home, CRT/VCRS) as part of the integrated urgent care system through a Single Point of Access (SPoA).

- Delivery of the Palliative, Supportive & End of Life Care strategy and phase 1 programme of work
- Continued delivery of our Health Protection (immunisation) strategy and plan
- Maximising access through our independent contractors (GMS, GDS, Optometry and Community Pharmacy)
- Delivering improvements within HMP and Department of Sexual Health
- Embedding Pan Cluster Planning within the planning architecture of the Health Board, through to Regional Partnership Boards (RPB)

The Board also coordinates Cluster Planning activities, to ensure Cluster plans are shared and used to influence planning across our system. Clusters are structures to support and enable collaborative service planning and delivery, uniquely placed to work with partners in the provision of care closer to home. The following provides an overview of the planning cycle and alignment.




The following outlines new/continuing priorities across the breadth of Cluster working within Cardiff and Vale

**PCIC Academy**

During 2024/2025, the Academy facilitated access to over 500 training places across 25+ sessions for Primary Care Contractors. The Academy is committed to identifying and responding to the training needs of the Primary Care workforce through evidence-based approaches. This ensures that any education and training provision commissioned is aligned with assessed need and strategic priorities.

The Academy continues to strengthen its evaluation processes to measure the impact of training programmes. Work is underway to implement pre- and post-training assessments to better understand changes in knowledge and confidence. Feedback is also used to assess relevance, quality, and applicability, helping to inform future training priorities and support strategic workforce planning.

The academy remains committed to promoting equity and inclusion across all staff groups. As part of this, we are working to provide education and training that supports effective communication with patients from diverse

backgrounds and communities.  The Academy continues to maintain strong links with the Strategic Workforce Plan for Primary Care and the HEIW Central Primary and Community Care team, ensuring alignment with national strategic direction and future workforce development. The Academy continues to develop as a key conduit between HEIW's national workforce streams and the local Cardiff and Vale Primary Care Workforce.

There is an increasing emphasis on supporting the non-clinical workforce and skillset within contractor services from across Academies in Wales. This will be a key focus for the CAV Academy in 2025/26, alongside the implementation of the annual Education & Training Plan, which has received an increased allocation compared to 2024/25 and facilitation of the General Medical Services (GMS) Continuous Protected Education time (CPET).

- **People Centred**

**Staff Engagement & Wellbeing**

The Clinical Board encouraged the completion of the 2024 Staff Survey across all areas. The response rate for the Clinical Board was 25.42%, a marginal increase from 24.19% in 2023, with the engagement index also up from 2023 at 71.3%. Workshops were held with leadership teams to feedback results and agree actions to be taken forward.

**Top 3 Improvements**

•Thinking about leaving 4.6% less
•Patient safety 3.9% improvement
•Intrinsic psychological engagement (Motivation) up 3.9%

**Top 3 Declines**
•We recognise everyone's contribution -3.3%
•Inclusion -3.3%
•Autonomy and control -2.8%

**Top Scoring**
•PDR/ Appraisal 79%
•Negative experiences 78.4%
•Compassionate culture 78.3%

**Low Scoring**
•Burnout 29.8%
•Health and safety climate 44.3%
Work pressure 46.1%
Actions from the Clinical Board staff survey action plan are being progressed by teams to address the themes of employee engagement, negative experiences and burnout.

The 2025 staff survey launched on the 6th of October. The Clinical Board is actively raising awareness of the survey through "staff survey ambassadors" and at appropriate forums, recognising the importance of staff having the opportunity to feedback.

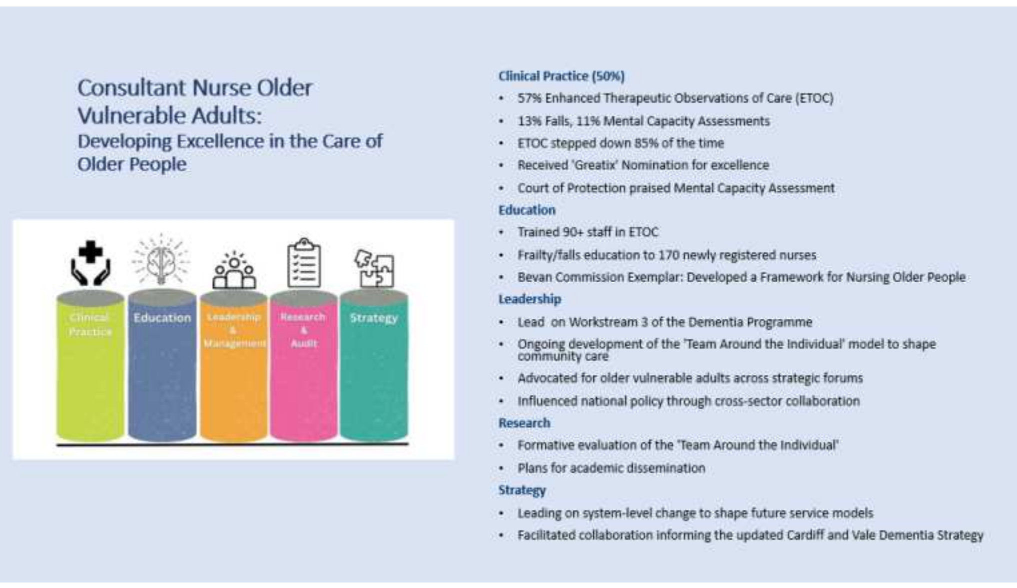
**Organisational Change**

Saunders,Nathan
28/10/2025 10:18:55

The Clinical Board is working in partnership with People and Culture and staff side representatives to progress an Organisational Change process (OCP) where a restructuring of the business units is proposed affecting staff groups in Band 8a and above. Staff engagement, one-to-one, and feedback sessions have been held as part of the process. There has been signposting to managers' support, employee wellbeing services, trade union representation, and options for staff to access career coaching workshops.

Staff side feedback on the process and its application has been invaluable in prioritising actions to support staff well-being at a time of uncertainty for the staff affected.

**The consultant Nurse for older vulnerable adults**
This role is hosted within PCIC; however, the post is a UHB wide appointment, facilitating the delivery of expert care for this vulnerable group across primary, secondary and tertiary interfaces in collaboration with partner agencies. The role is to improve outcomes for older vulnerable adults through facilitating the implementation of research-based pathways encompassing clinical governance and risk management concepts whilst working alongside clinicians and practitioners in a facilitative role. In addition, supporting them in their delivery of the highest quality care to this group through providing professional leadership, expert clinical advice and care management for complex cases. An overview of the work undertaken is illustrated below.




**Additional Provisions for People Experiencing Homelessness**

Launched in February 2025, the Cardiff and Vale Health Inclusion Service (CAVHIS) launched an in-reach service to provide specialised support to individuals within inclusion health groups who attend the Emergency Unit and, if admitted, in the hospital.

In Cardiff, data has shown that people who are experiencing homelessness, can be up to eight times more likely to attend the Emergency Unit and have higher rates of re-attendance and re-admission. The average life expectancy for a homeless person is also significantly lower than the general population — 45 for men and 43 for women*.

Through its Homeless Outreach Clinics, CAVHIS provides primary care support to homeless individuals in the community. It collaborates with the Homelessness Multi-Disciplinary Team and third-sector organisations to address barriers to healthcare. By integrating this service within the Emergency Unit and hospital, CAVHIS aims to offer more immediate and coordinated support for people experiencing homelessness and other inclusion health groups requiring urgent care.

Saunders,Nathan
28/10/2025 10:18:55

In addition, almost 100 people experiencing homelessness took up the offer of vital checks for tuberculosis (TB) and blood-borne viruses at two special clinics held in the heart of Cardiff.

University College London Hospitals (UCLH) brought their ‘Find and Treat’ mobile unit to the Huggard Centre in the morning of March 25, followed by a visit to Adams Court in the afternoon.

Working together, the UCLH team and specialist clinical teams from Cardiff and Vale University Health Board gave people the opportunity to have X-rays and blood tests to check for both active and latent TB, a serious but treatable bacterial infection.

**Compliments**

The Clinical Board has been privileged to receive many compliments from patients, families, and colleagues. These messages reflect the dedication, compassion, and professionalism consistently demonstrated across our services. To capture the essence of this feedback, we’ve created a word cloud that visually represents the most frequently shared sentiments since January 2025. Words like compassionate, supportive, professional, and exceptional stand out and highlight the values that define our commitment to quality care. This visual tribute is a testament to the outstanding efforts of our teams and the positive impact they continue to make every day.

**Celebrating Success**
The Clinical Board held a celebratory event on Wednesday 23rd April 2025. This was a chance to bring PCIC colleagues from across Cardiff and the Vale of Glamorgan together and recognise and celebrate their invaluable contribution to supporting people to live well in the community. Further details are highlighted on SharePoint.

Primary Community and Intermediate Care Clinical Board: Staff Recognition Event 2025

**Transforming Community Wound Care Through Digital Innovation: Healthy IO in the Vale**
The Vale Locality within Cardiff and Vale UHB has led the introduction of Healthy IO’s Minuteful for Wound (MfW) app, making us one of the first areas in Wales to fully integrate this digital wound assessment tool into community nursing practice. The aim was to improve wound healing, enhance multidisciplinary communication, and release time for direct patient care. MfW captures accurate, calibrated wound images and 3D measurements via smartphone, enabling real-time remote review by the wider MDT, including tissue viability nurses, practice nurses, and ANCLE Café clinicians. This has strengthened collaboration, particularly for patients in rural or hard-to-reach areas, and improved continuity of care.

Saunders,Nathan
28/10/2025 10:18:55

The project drew on NICE guidance, existing literature on digital wound imaging, and findings from local pilot evaluations. Implementation used quality improvement methodology and robust governance aligned to NHS

Wales standards. Training was co-designed with clinical teams to support adoption and sustain high data quality.

**ANCLE Café: A Person-Centred, Multidisciplinary Model for Complex Wound Care**

The ANCLE Café is a pioneering clinic in Cardiff and Vale UHB providing holistic, person-centred care for patients with complex lower limb wounds. Delivered in an informal, welcoming environment, the model combines clinical intervention, health education, and peer support. It is underpinned by a robust multidisciplinary approach, bringing together district and tissue viability nurses, podiatrists, physiotherapists, GPs, practice nurses, dietitians, and academics from Cardiff Metropolitan University. Healthy IO's Minuteful for Wound app is routinely used to digitally monitor healing progress and ensure continuity across services. A key feature is the integration of nursing and allied health students from Cardiff Met and other universities into the clinic. Students work alongside experienced clinicians, actively contributing to assessments, patient education, and wound care. This not only supports current service capacity but also develops a digitally skilled, MDT-ready future workforce.

The ANCLE Café was co-designed using evidence from chronic wound management literature, local population health data, and patient feedback. It aligns with NICE wound care guidance, Welsh Government's "Building Community Capacity" priorities, and the principles of social prescribing. The model addresses clinical, psychological, and social needs in one setting, reducing duplication and improving continuity.

As part of this work, a nomination has been submitted to the to the RCN to Nurse of the year for Senior nurse Victoria Hayman – Teear.

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

**PCIC Top 5 Quality & Safety Risks**

1. **New GDS Contract Negotiations and risk to sustainability of NHS Dental Care (RR 20)**: A new GDS contract will be implemented from April 2026. The Primary Care Team has received several GDS contract reductions or hand backs during 2025/26. This new contract is the main reason for the recent contract surrenders and reductions and other dental contract providers are suggesting hand back and concerns raised from patients around the continuity of NHS dental care.
2. **Implementation of Direct Payments (RR 16)**: Health Boards (HBs) in Wales are required to implement new legislation to allow for Direct Payments (DPs) for Continuing NHS Healthcare (CHC) as a choice for individuals who meet the eligibility for Continuing NHS Health Care by March 2026. With a consultation just commenced it is unlikely that there will be definitive guidance on the model until early 2026 with Policy guidance not anticipated until April 2026. Implementation will therefore take place without access to published policy guidance. There is a risk that the UHB will not have the necessary infrastructure (financial/contracting/procurement) to implement Direct Payments and that the appropriate Governance and safety requirements will not be met leading on to:
3. **GMS Sustainability (RR 15)**- Concerns around GMS sustainability will result in GP contractors considering whether they can continue to deliver their contract. GMS Negotiation process for 2025/26 underway.

**Workforce**

4. **HMP staffing (RR 16) -** Unavailability of substantive nursing and AHP workforce in HMP. This is a difficult to recruit to area, and there are vacancies, unavailability of staff. Mitigation actions have reduced the risk from 20 to current RR of 16, but vulnerability remains.
5. **Workforce Recruitment and retention (RR 16) -** Ageing workforce in some areas of PCIC, also national skills/staff group shortages increasing the risks for recruitment and retention in some teams. The current UHB vacancy freeze, and redeployment is impacting on the ability to recruit to posts.

Saunders,Nathan
28/10/2025 10:18:55

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

1. Homeless Mortality Data (embedded document)

2. GMS Contract Assurance Framework – Attachment 2
3. PCIC Safeguarding audit (embedded document)
4. Example AS1 – Attachment 4

**Recommendations:**

The Committee is requested to:

a) **NOTE** the assurance provided by the PCIC Clinical Board in this report and the steps being taken to improve quality, safety and patient experience.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

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

**Five Waves of Working (Sustainable Development Principles) considered:**

| Prevention | x | Long Term | x | Integration | x | Collaboration | x | Involvement | x |
|---|---|---|---|---|---|---|---|---|---|

**Quality Impact Assessment Completed?**

| Yes (please include the complete QIA document) | | No (please provide reasoning e.g. not required | x | This is an overarching quality assurance report for the CB covering a range of services and functions. QIA not applicable. |
|---|---|---|---|---|

**Impact Assessment**

Risk: Yes

*Addressed in main body of report*

Safety: Yes

*Addressed in main body of report*

Financial: No

*Addressed in main body of report*

Workforce: Yes

*Addressed in main body of report*

Legal: No

Reputational: No

Socio Economic: No

Equality & Health: No

Decarbonisation: No

Welsh Language: No

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

| Name of Committee/Group/Exec | Date: |
|---|---|
| | |

Saunders,Nathan
08/10/2025 10:18:55

# Homeless Mortality Data September 2024

**Cardiff and Vale Health Inclusion Service**

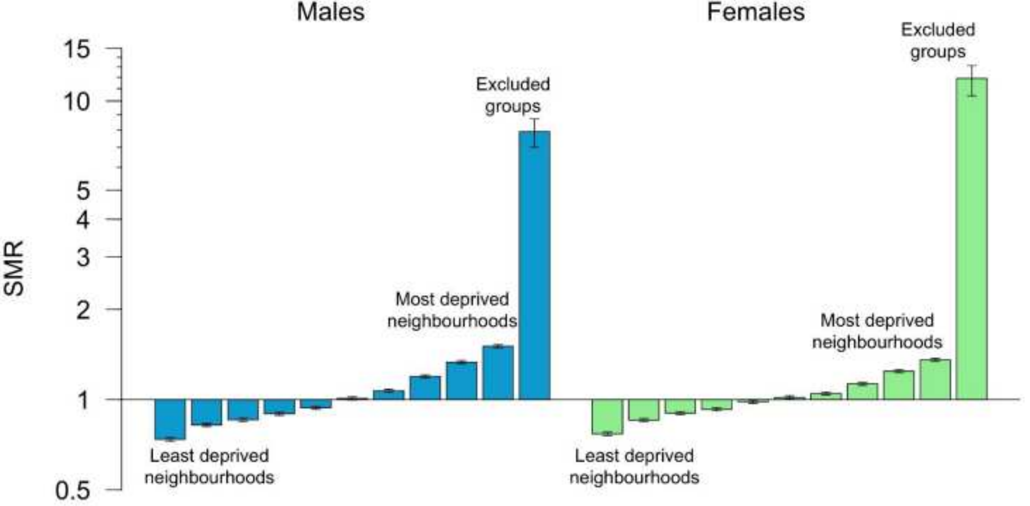
Dr Ayla Cosh

Clinical Director

Saunders,Nathan
28/10/2025 10:18:55

# Current situation:

Standardised mortality ratios by deprivation and exclusion




**Notes**

1. SMRs for the general population are calculated using ONS mid-year population estimates by IMD decile for 2015 and ONS number of deaths in 2015 by IMD decile. Standardisation is conducted using 5-year age groups. The reference population is the whole population of England in 2015.
2. SMRs for excluded groups are taken from *Aldridge RW, Story A, Hwang SW, et al. Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. Lancet 2017; 6736: 1–10.* Note that these estimates are made from studies from a number of high-income countries, while the SMRs for the general population are for England only. Also note that the studies that contribute to the SMR estimate for excluded groups use a range of comparison groups.

Average age of death for homeless **men is 45 and 43 for women** (ONS, 2021).

Annual number of people dying whilst under probation services in Wales **increased exponentially by 194%** between 2018/19 and 2020/21 (PHW 2023). Accidental drug deaths were the leading cause of death.

Gypsy, Roma and Traveller people face life expectancies **between 10 and 25 years shorter** than the general population (Friends, Families, Travellers 2021).

An international systematic review found that among adult asylum seekers and refugees, the prevalence of **PTSD was 31.46%** and **depression was 31.5%,** compared to the general population which is 3.9% for PTSD and 12% for depression (Blackmore et al., 2020).

Study revealed that **68% of street-based sex workers** interviewed meet the criteria for post-traumatic stress disorder – this is in the same range as victims of torture and combat veterans undergoing treatment (Litchfield et al., 2010).

In 2021, across England and Wales, there were an estimated **741 deaths** of people experiencing homelessness. The estimated number of deaths among homeless people has **increased by 54%** since records began in 2013 (ONS, 2021).

Saunders,Nathan 28/10/2025 10:48:55

# Current Situation:

- Traditional models of primary care do not address the needs of people with multiple disadvantage
- Defining vulnerability/those with the most need – no universally agreed definition

Vulnerable populations are groups and communities at a **higher risk for poor health** as a result of the **barriers** they experience to social, economic, political and environmental resources, as well as **limitations** due to illness or disability.' Home | National Collaborating Centre for Determinants of Health (nccdh.ca)

Saunders-Nathan 28/11/2025 10:18:55

Services need to be flexible to meet need – difficult in high demand core services, **access for 'vulnerable' people is often facilitated by families, friends and carers.**

**The most excluded/marginalised groups do not have such advocates**

# Current Services:
# Cardiff and Vale Health Inclusion Service

**Cardiff Health Access Practice (CHAP)**

*Public Health Screening for newly arrived people seeking asylum placed in Cardiff for initial assessment.

**Tier 3 Service**

**Core Service:**

*Public Health Screening for Asylum Seekers and Refugees, including GP registration and access to medical care for up to 3-4 months, whilst individuals are supported in transitioning into traditional primary care (including Midwifery and Health Visiting services).

*Alternative Treatment Service.

*Level of specialist nursing supporting the homeless.

*GP outreach clinics in high need hostels.

*Health inclusion nursing presence in EU.

Probation Outreach planned – Dec 24

Saunders,Nathan
28/10/2025 10:18:55

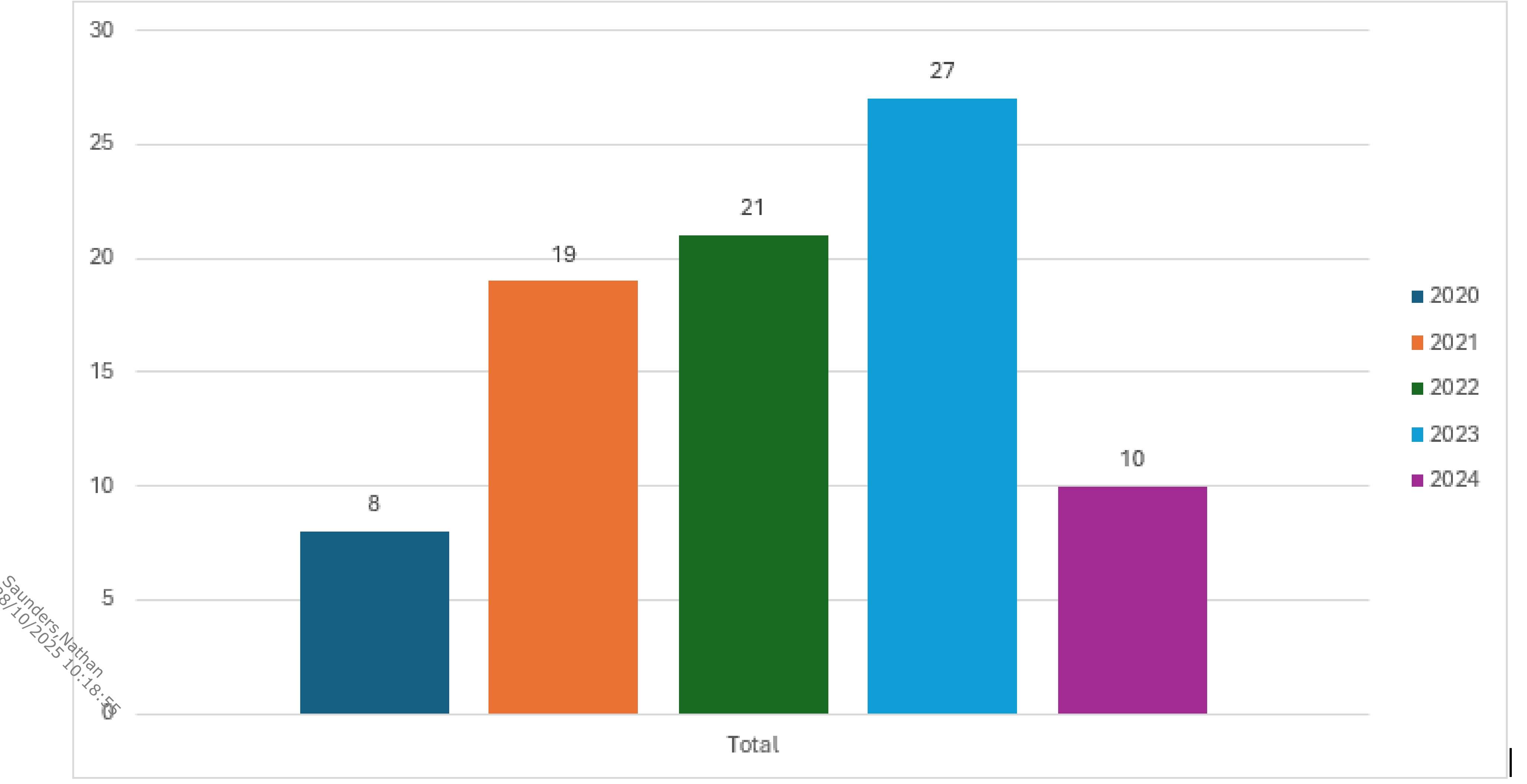
# Homeless Deaths

| | |
|---|---|
| **Data Source** | **Cardiff Council's Single Person Gateway (SPG) and Young Person Gateway (YPG).**<br>**These gateways function as access points to a range of accommodation and support (including the Homelessness Multi-Disciplinary Team (MDT)) for single and young homeless people (including couples). Report includes individuals who have been closed to the gateway with the end reason of 'deceased'.**<br>**South Wales coroner's office has provided, where possible, cause of death.** |
| **Data Range** | January 2020-June 2024. |
| **Reporting Schedule** | Quarterly.<br>Moving forward this data will be reported on quarterly and will form part of the health inclusion performance report. |
| **Data Limitations** | Not an accurate reflection of all homeless deaths across Cardiff.<br>Report only identifies people experiencing homelessness who are open to the gateway at the time of death. Some individuals may be homeless and not open or known to the gateway (i.e., hidden homelessness, moved areas etc.). |

Saunders,Nathan
28/10/2025 10:18:55

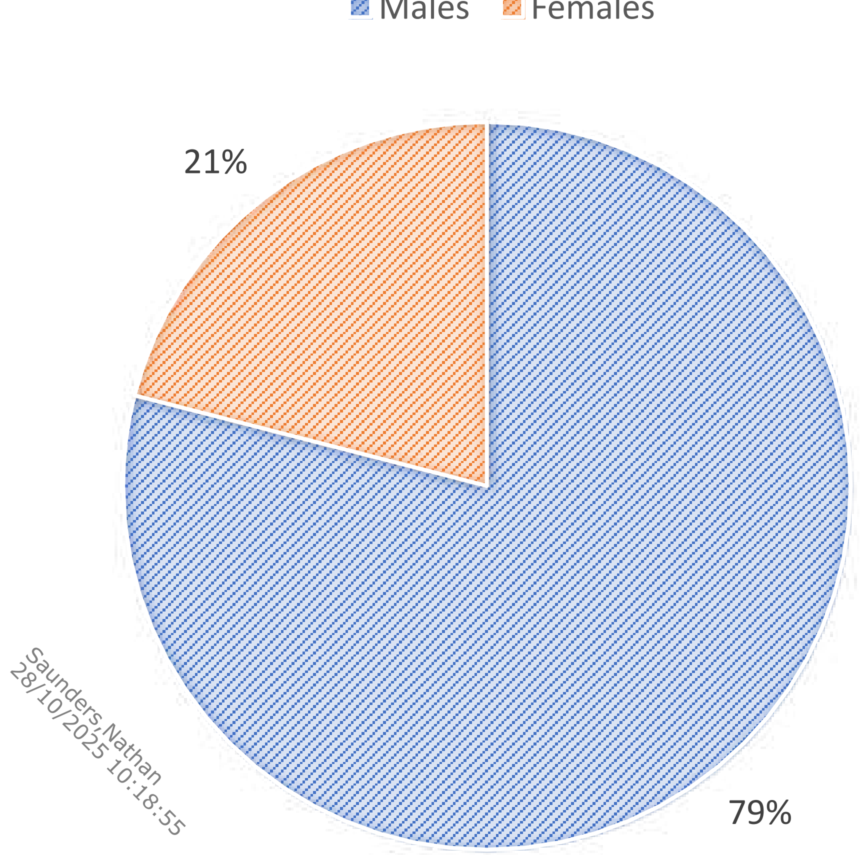
*Closed to the SPG or YPG with end reason of 'deceased' not an accurate reflection of all homeless deaths across CAV

**Chart 1: Total deaths recorded by year**



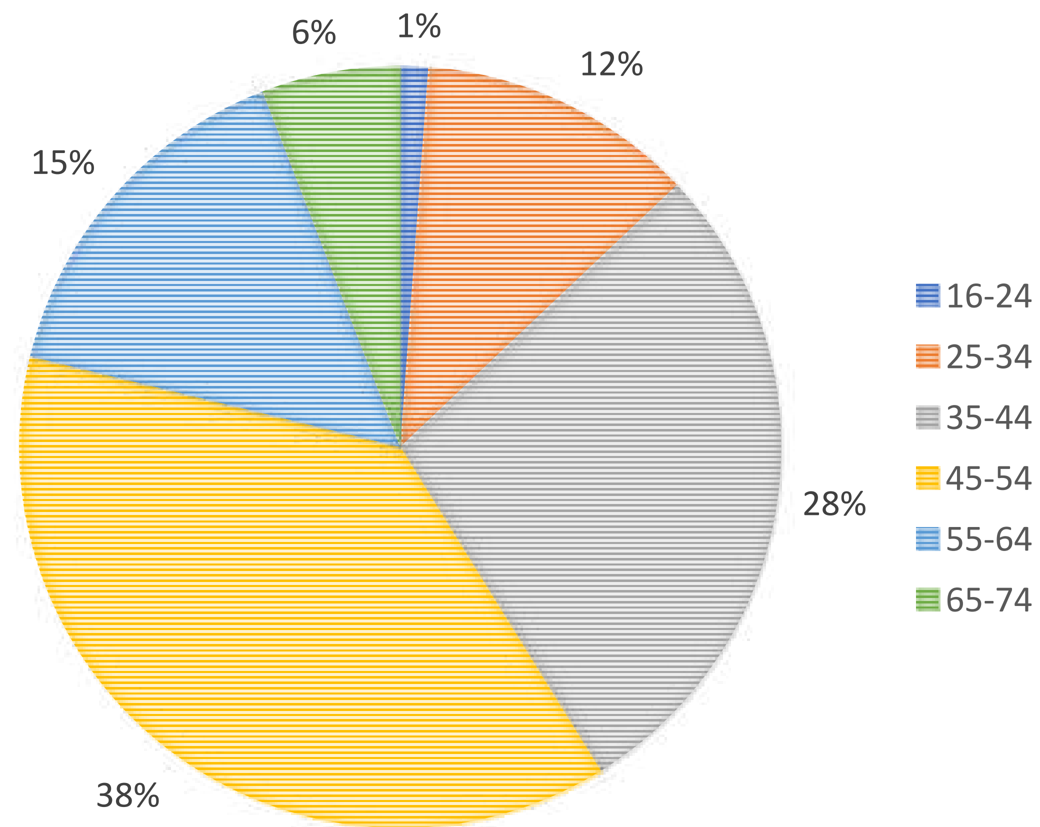

Saunders,Nathan
28/10/2025 10:18:55

**Chart 2: Breakdown of gender- total cohort**

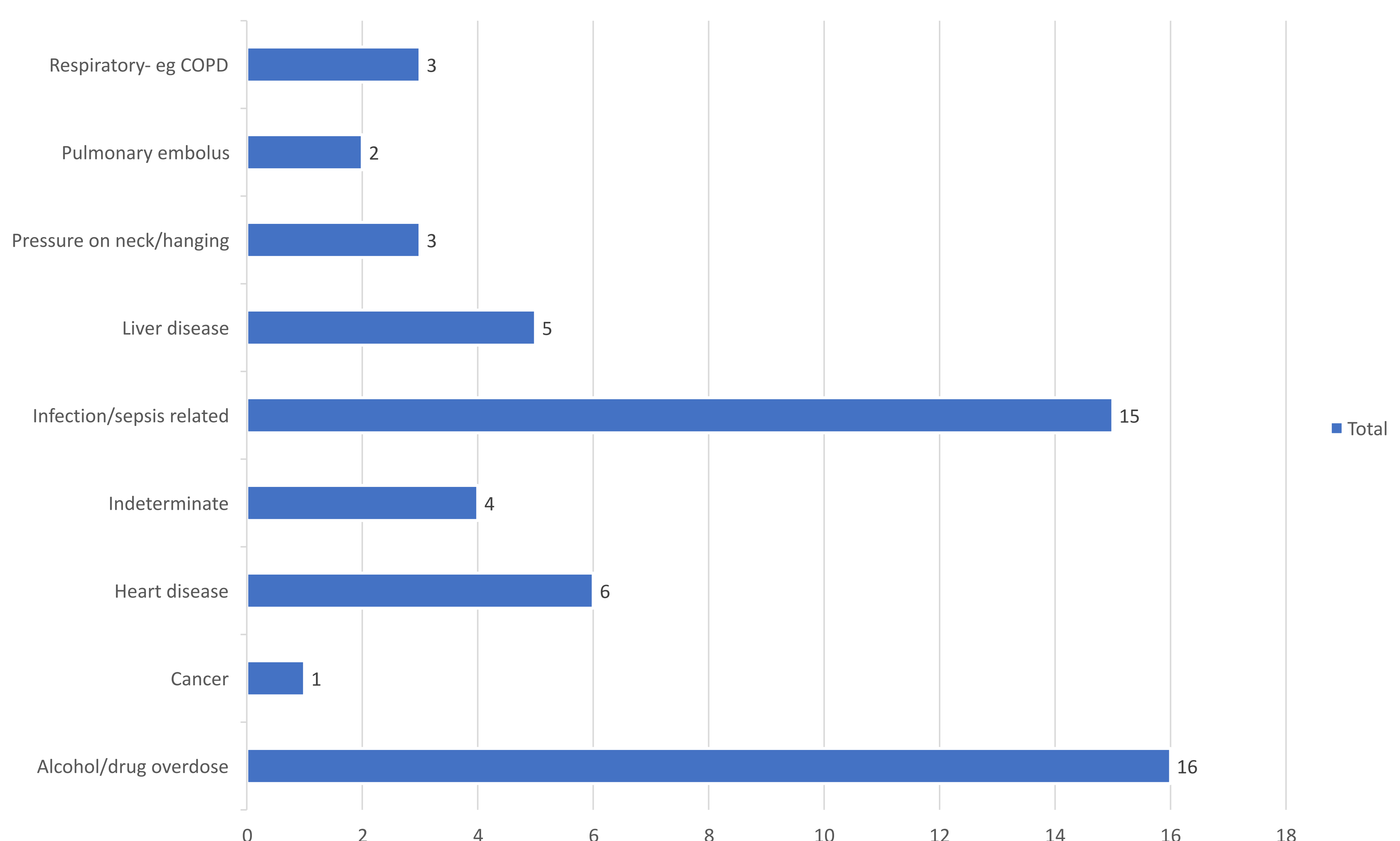


Saunders,Nathan
28/10/2025 10:18:55

**Chart 3: Breakdown of age- total cohort**



| | Average of Age at death |
|---|---|
| FEMALE | 42 |
| MALE | 46 |
| Grand Total | 45 |




Saunders,Nathan
28/10/2025 10:18:55

# The Vision: Proposed Three-Tiered Approach across primary care

Areas with **high numbers/complexity** of excluded groups

HB/RPB commissioned Specialist Service in areas with **high numbers/complexity** of traditionally excluded individuals

For areas with **high numbers/complexity** of traditionally excluded individuals with complex and complicated needs requiring:

- Drop in/Late opening
- Outreach to hostels,street, probation,sex parlours,RCT mobile sites
- In reach to hospitals
- Inclusion Health presence in EU
- Complex case management
- Providing advice and guidance

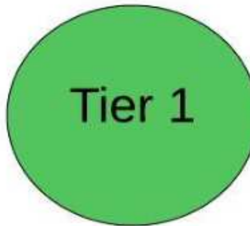
---

Areas with **lower numbers** of excluded groups

PCPG/HB Commissioned Inclusion Health Care Service

Provide care for **lower numbers** of excluded groups with complex needs requiring:

- Access to services specified in Service Specification eg longer appointments, outreach services
- Access to co-located services
- Access to care navigators

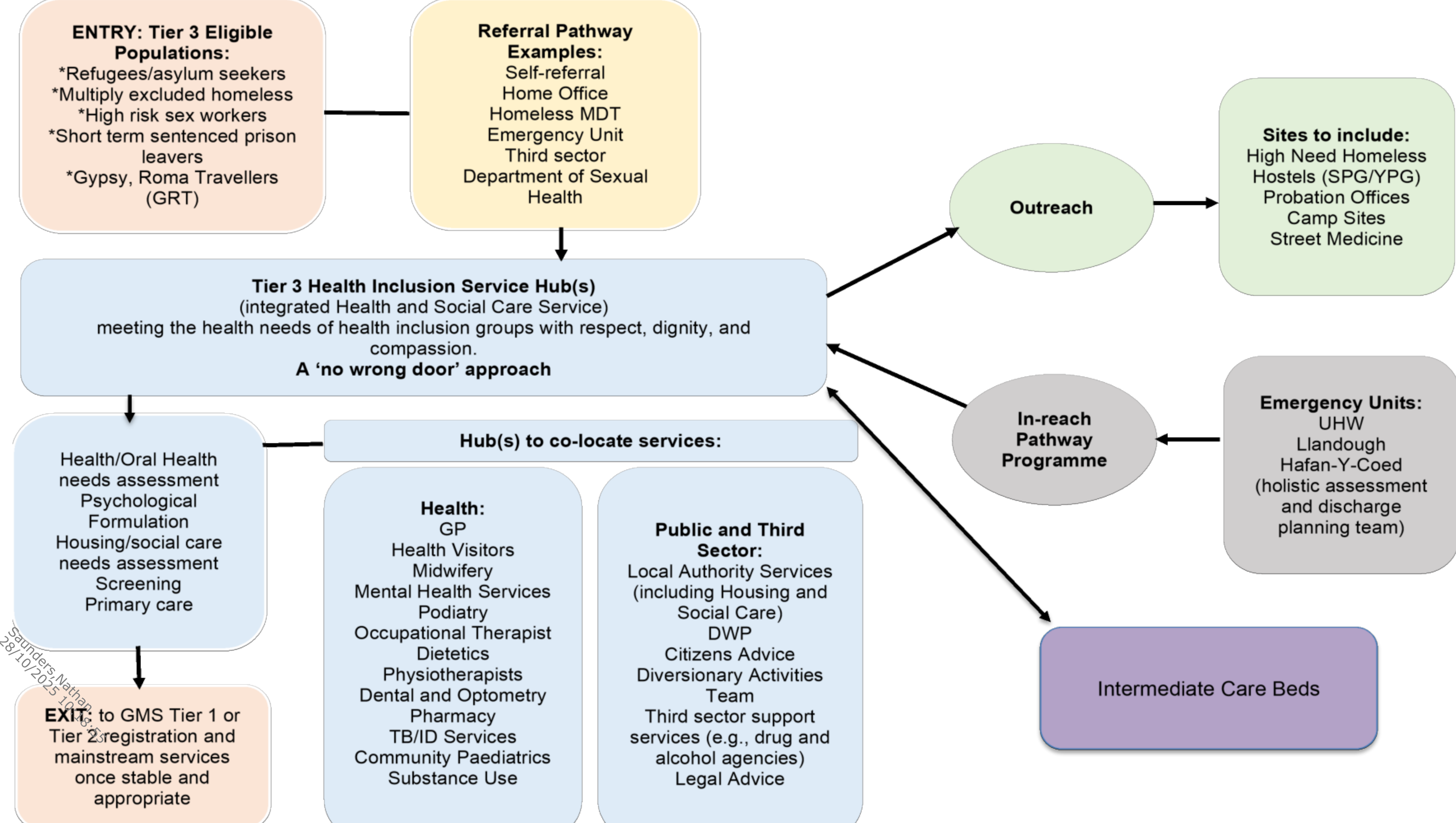



Universal Care offer

Provide routine care including for :

- Those who do not need specialist input
- Those who chose to access care though mainstream GMS

Saunders,Nathan
28/10/2025 10:18:55



Saunders,Nathan 28/10/2025

| REPORT TITLE: | Implementation of GMS Contract Assurance Framework 2023/24 | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| MEETING: | | | | | DATE: | | | |
| STATUS: | For Discussion | | For Assurance | x | For Approval | | For Information | |
| LEAD: | Hayley Pugh, Interim Head of Primary Care | | | | | | | |
| REPORT AUTHOR (TITLE): | Hayley Pugh, Interim Head of Primary Care | | | | | | | |

**SITUATION**:

This paper describes the Unified Contract Assurance Framework that is used across NHS Wales and by General Medical Services (GMS) contractors, and how this framework has been implemented by Cardiff and Vale UHB to gain assurance of the delivery of the GMS Unified Contract by all 55 GP practices across Cardiff & Vale.

**BACKGROUND**

The Contract Assurance Framework (CAF) is a governance tool introduced to ensure contractual compliance, support the Duty of Quality, promote transparency, reduce bureaucracy, and enable data-driven planning. This has been the first year of implementing the CAF process. It replaces elements of the former Quality Assurance and Improvement Framework, offering a more consistent, integrated approach across Wales.

The Duty of Quality, introduced under the Health & Social Care (Quality and Engagement) (Wales) Act 2020, became a legal requirement in April 2023. It applies to all NHS organisations and aims to ensure continuous improvement in healthcare quality. The CAF aligns with the principles of this legislation.

The Assurance Framework has been mapped to the 6 Domains of Quality (Steep) to provide a framework to assess and guide improvement:

**1.Safe 2. Timely 3. Effective 4. Efficient 5. Equitable 6. Person-centred**

The 6 enablers underpin and influence a blueprint to ensure a whole system approach to improving quality:

1.**Leadership 2. Workforce 3. Culture 4. Information 5. Learning, improvement and research 6. Whole-systems perspective.**

There are 29 nationally agreed indicators aligned to the six quality domains and six enablers (Appendix A). Each is weighted and based on either a yes/no response or national statistical analysis identifying outlier practices. Points are awarded per indicator for each practice and are used to support an assessment of the level of assurance.

**Verification Process**

The GMS Assurance Framework comprises of three key components:

- A Nationally Agreed Dataset – covering quality, safety, governance, and contract management. This includes a core set of national indicators. The Practice Assurance Return, Clinical Governance Practice Self-Assessment Tool (CGPSAT), Information Governance (IG) Toolkit
- A Standardised Assessment Process – used to evaluate contractor compliance with contractual requirements.
- An Escalation Ladder – a nationally agreed mechanism for managing concerns, which includes a formal appeals procedure.

Saunders,Nathan
28/10/2025 10:18:55

Primary Care Support Managers collated data from the annual return and national dataset. This was then presented to an MDT panel comprising of senior clinical and managerial leads.

The purpose of the panel was to agree the level of assurance provided by each practice based on the information also taking into consideration any local intelligence. There are 4 levels of assurance that the information is assessed against. These are: -

- **Substantial Assurance** Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
- **Reasonable Assurance** Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
- **Limited Assurance** More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
- **No Assurance** Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.

**ASSESSMENT**

The panel agreed that 40/55 practices provided **reasonable assurance.** This was fed back to those practices via an action plan.

13/55 practices received **focused visits** due to limited assurance in relation to a small number of performance indicators. A multidisciplinary team (MDT) conducted the visits. Only those indicators where it was felt further assurance was required were included in the review.

2/55 practices underwent a **full comprehensive visit** where every performance indicator was reviewed. The practices were asked to ensure that a partner, the practice manager and any other members of their team who they felt appropriate were present. An MDT attended the visit.

Each practice received an action plan detailing follow-up actions and recommendations, along with specified deadlines for completion. All practices submitted their completed action plans, which were reviewed by both clinical and non-clinical team members prior to formal sign-off. Following all focused and full visits, assurance was received from all practices except one, which has since resigned its contract. While some process-related assurance remains outstanding, the immediate priority is ensuring a safe transfer of patients to maintain continuity of care during the practice's final month of operation.

All practices complied with the assurance framework process. There was no requirement to invoke the escalation ladder.

Comparing scores from 2023/24 to 2024/25, 17 of the 25 indicators saw fewer practices earning points. Some indicators, like disease prevalence, are population dependent. For example, practices with large student populations and fewer older patients often score in the lowest 10% for conditions like dementia and hypertension. It was recognised that these practices will continue to be awarded points in these areas unless their patient demographic changes.

It is recognised that in certain areas of Cardiff, childhood immunisation and cervical screening uptake is lower, in particular Southeast Cardiff and City & South Cardiff. This is likely due to the high proportion of patients from ethnically diverse backgrounds. Practices awarded points in these areas were asked how they engage and educate patients on the importance of these services.

**Non-Clinical Indicators**

Saunders, Nathan
03/11/2025 10:13:55

Non-clinical indicators included in the framework where every practice was asked to provide evidence in respect of their processes and procedures included:

**Assurance in respect of NHS Standards:**
Putting Things Right

**Assurance in respect of Contractual Requirements:**
- Practice Leaflet & Website
- Confirmation of branch surgery opening hours .
- Recording of patients preferred performer
- Patient removals .
- Disease registers
- Provision of previous additional services now incorporated into unified contract

**Assurance in respect of Legislative Requirements:**
Practices were asked to confirm that all statutory Health & Safety requirements were up to date. This included Health & Safety, Legionnaires, Asbestos, COSSH and Fire Risk Assessment. Where inspection dates were outside of the legislative requirements, practices were reminded of their responsibilities. Where there was no fixed time interval specified in the legislation, e.g. fire risk assessment. practices were asked to confirm that the current assessment was still relevant.

As a direct result of the CAF several improvement initiatives were identified and implemented.

**Queue lists**
The immunisation team now shares quarterly lists of children who have missed two appointments for their childhood immunisations with all practices. Practices cleanse the lists, identifying children who've moved or been vaccinated elsewhere. This helps maintain accurate records and ensures appropriate follow-up. A guide was provided to support this process and shared with practices.

**Non-Clinical prescribers**
It was identified that not all Non-Medical Prescribers (NMPs) were submitting their annual appraisals to the Health Board Pharmacy Team, as required to maintain their registration on the NMP register. In response to this, a communication was issued to all practices to reinforce the requirement for NMPs to submit their scope of practice upon initial registration and to remind practices of the annual obligation to submit appraisal documentation to the Pharmacy Team.

**National Diabetes Audit Indicators**
The Senior Nurse for Primary Care has been supporting practices identified in the bottom 10% across Wales for diabetes audit indicators. In reviewing their patient registers, read coding, and template usage to improve coding accuracy, recall systems, and patient management in line with best practice.

This year's approach has set a solid foundation. The MDT approach across primary care was found to be particularly beneficial. The process also provided valuable opportunities for relationship-building between the Primary Care Team and practices. We have identified areas for improvement which will be implemented in this years process. These mainly focus on the data collection process and the consistency of panel member attendance.

Saunders,Nathan
28/10/2025 10:18:55

**RECOMMENDATION**
Through the national benchmarked information provided, the MDT approach taken, the sharing of local intelligence and the scrutiny of the information provided by practices we are assured of the quality of GMS provision across Cardiff & Vale. The board is asked to note the robust implementation of the Contract Assurance Framework.

Saunders,Nathan
28/10/2025 10:18:55

| GMS ASSURANCE FRAMEWORK 23/24 | APPENDIX A |
|---|---|
| **Domain of Quality and Indicator** | **What triggers further scrutiny?** |
| **SAFE** | |
| 1.1 CGPSAT | Response not submitted to any single question, a section or whole toolkit; or a deterioration in score. [YES/NO] |
| 1.2 Compliance with national patient safety alerts that apply to Primary Care | Failure to provide reassurance to Health Board Primary Care Management team that mandated actions in Drug and Safety Alerts from CMO have been undertaken. [YES/NO] |
| 1.3 Prescribing Safety Module (Audit Plus and PCIP) | Being in the top 10% of all practices in Wales for an AWMSG measure (higher is worse). [OUTLIER] |
| 1.4 Significant Local Safety Concern | Health Board awareness of significant adverse reports or findings from a statutory body, or a HB serious incident investigation, within the last 12 months [YES/NO]<br><br>e.g. • Coroners Court • Ombudsman • HIW • HB national reportable incident |
| **TIMELY** | |
| 2.1 Contract Access Standards – PHASE 1 | Phase 1 Evidence not submitted. [YES/NO] (Self-declaration |
| 2.2 Contract Access Standards – PHASE 2 | Phase 2 Evidence not submitted. [YES/NO] (Quarterly data not submitted on PCIP with 2 weeks grace) |
| 2.3 Timely Monitoring of High Risk Medication (Audit Plus and PCIP | Being in the top 10% of all practices in Wales for a time-bound AWMSG measure (higher is worse) [OUTLIER] e.g. Lithium, Warfarin, Amiodarone, Azathioprine and Methotrexate |
| **EFFECTIVE** | |
| 3.1 Clinical Data extracted using Audit+ and published on PCIP – 'Atrial Fibrillation/'Stop a Stroke' | Practice percentage for "NO Rx but Risk >=2", is in top 10% of all practices in Wales (high is worse). [OUTLIER] |
| 3.2 Clinical Data extracted using Audit+ and published on PCIP - National Diabetes Audit (Practice Support Module) Processes | Practice percentage for "PRO1 – 8 measures recorded" is in bottom 10% of all practices in Wales (low is worse). [OUTLIER] |
| 3.3 Clinical Data extracted using Audit+ and published on PCIP - National Diabetes Audit (Practice Support Module) Outcomes | Practice percentage for "TT07-All Treatment Targets met" is in bottom 10% of all practices in Wales (low is worse). [OUTLIER] |
| 3.4 Prescribing Data from National Prescribing Indicators – Opioid Burden | Practice Percentage for "Opioid Burden User Defined Group Average Daily Quantity" is in top 10% of all practices in Wales (high is worse). [OUTLIER] |

Saunders,Nathan
28/10/2025 10:18:55

| | |
|---|---|
| 3.6 Prescribing Data from National Prescribing Indicators – Antimicrobial Stewardship (Total Antibacterial Items) | Practice Percentage for "Antibacterial items per 1,000 STAR-PUs" is in top 10% of all practices in Wales (high is worse). [OUTLIER] |
| 3.7 Prescribing Data from National Prescribing Indicators – Antimicrobial Stewardship (4Cs) | Practice Percentage for "4C Antibacterial Items per 1,000 patients" is in top 10% of all practices in Wales (high is worse). [OUTLIER] |
| **EFFICIENT** | |
| 4.1 Adverse PPV reports | Significant Reclaims – defined as PPV team issuing a report where all claims for a specific service had to be reviewed and errors in claims were identified resulting in reclaim. [YES/NO] |
| 4.2 Prescribing Data from National Prescribing Indicators – Low Value for Prescribing | Practice Percentage for "Low Value for prescribing UDG spend for 1000 patients" is in top 10% of all practices in Wales (high is worse). [OUTLIER] |
| **EQUITABLE** | |
| 5.1 Disease Prevalence Rates – e.g. • Asthma • Atrial Fibrillation • COPD • Type 2 Diabetes • Heart Failure • Coronary Heart Disease (Secondary Prevention) • Stroke • Hypertension • Dementia • Obesity • Epilepsy • LD • Severe Mental Health • Rheumatoid Arthritis • Palliative Care | Practice Percentage for specific long-term conditions is in bottom 10% of all practices in Wales (low is worse) after standardisation of practice population. [OUTLIER] |
| 5.2 Cervical Screening Rates (5-year coverage) | Practice Percentage for Cervical Screening Rates (5-year coverage) is in bottom 10% of all practices in Wales (low is worse) after standardisation of practice population [OUTLIER] |
| 5.3 Childhood Immunisation - Uptake of scheduled childhood vaccinations at age 4 | Practice Percentage for Children who are up to date with immunisations by age 4 years – Diphtheria, Tetanus, Pertussis, & Polio – is in bottom 10% of all practices in Wales (low is worse) after standardisation of practice population. [OUTLIER] |
| 5.4 Childhood Immunisation - Uptake of the 6 in 1 vaccination for babies at one year | Practice Percentage for Babies who are up to date with immunisations by one year – Diphtheria, Tetanus, Pertussis, Polio, Hib disease (Haemophilus influenza type b) and Hepatitis B is in bottom 10% of all practices in Wales (low is worse) after standardisation of practice population. [OUTLIER] |
| **PERSON - CENTRED** | |
| 6.1 Not providing a service considered to be in the unified contract e.g. 6-8 week check, child surveillance, former additional services, preemployment checks, opening hours | Practice admits it does not provide a service otherwise accepted as being in the Unified Contract. Allegations must have already been investigated and found proven. Noncompliance with Unified Contract. [YES/NO |

Saunders,Nathan
28/10/2025 10:18:55

| 6.2 Significant Complaints about quality of care | Within the last 12 months, Health Board intervention was required regarding a significant complaint. Any investigation has been completed. [YES/NO] |
|---|---|
| **ENABLERS** | **What triggers further scrutiny?** |
| **LEADERSHIP** | |
| 7.1 Attendance at collaborative meetings | Practice fails to attend GMS collaborative meeting(s) without HB agreement [YES/NO] A single unauthorised absence is a trigger |
| 7.2 Absence of key roles in an effective governance system | Practice fails to provide names of individuals in key leadership roles e.g. Clinical Governance lead, Caldicott Guardian. [YES/NO] |
| **WORKFORCE** | |
| 8.1 WNWRS | Practice fails to complete WNWRS returns [YES/NO] |
| **CULTURE** | |
| 9.1 Declaration on applying directed contractual pay increases to all staff | |
| **INFORMATION** | |
| 10.1 Information Governance Toolkit | Response not submitted to any single question, section or whole platform. [YES/NO] |
| 11.1 Contractual QI projects | Practice fails to undertake or complete a contractually required QI project [YES/NO for 22-24 |
| **WHOLE SYSTEM PERSPECTIVE** | |
| 12.1 GMS Escalation tools | Practice fails to update the PCIP GMS Escalation tool within contractually specified timeframes [YES/NO] |

Saunders,Nathan
28/10/2025 10:18:55

# Safeguarding Audit

Primary Community and Intermediate Clinical Board

January 2025

Lisa Waters – Senior Nurse Quality Safety and Education

Audit results - Microsoft Forms

Saunders,Nathan
28/10/2025 10:18:55

# Audit

- On 11th November 2024 an audit was undertaken in conjunction with the UHB Safeguarding team
- 20 randomly selected adult AS1 referral cases were reviewed

  (March – November 2024)
- Cases were a mixture of 11 nursing, 4 GP's, 1 Community Dental and 4 OOH's/CAV 24/7,111press 2
- Across PCIC Clinical Board

Saunders,Nathan
28/10/2025 10:18:55

# Audit – Results

- In all cases reviewed the following was completed
  - 20/20 – Patients name
  - 20/20 – Gender
  - 20/20 – Date of Birth
  - 18/20 – Appropriate/ sufficient information to determine concerns and risks
  - 13/20 – Ethnicity was documented
  - 18/20 – Identified the nature of the concern, i.e. type of abuse clear
  - 18/20 – Sufficient evidence of diagnosis / clinical presentation
  - 0/20 – Identified if this was a repeat referral
  - 13/20 – Family history explored
  - 12/20 – Family history was considered, when determining an outcome
  - 20/20 – Both consent boxes completed
  - 18/20 – Consent issues were addressed appropriately
  - 19/20 – Capacity was recorded

Saunders,Nathan
28/10/2025 10:18:55

# Audit – Results

- Strengths
  - Clear, good quality information
  - Information clear with advice for further care
  - Refer spoke to the family
  - Next of kin details documented
- Areas for improvement
  - None included what immediate safeguarding measure were put in place apart from what agency they were referred to
  - More exploration into family history and involvement
  - More detail when lack of capacity identified
  - Typed rather than handwritten
  - Perpetrator unclear

Saunders,Nathan
28/10/2025 10:18:55

# What now ?

- Share audit results with clinical teams
- Provide advice and support where required
- Share audit results through Q&S both Clinical Board and Primary Care
- Share sample AS1 developed with the Safeguarding team to support education and training
- Continue to share Safeguarding updates and education resources with independent contractors

Saunders,Nathan
28/10/2025 10:18:55

# Any Questions ?

Saunders,Nathan
28/10/2025 10:18:55

## Cardiff & Vale of Glamorgan

## Adult Safeguarding Duty to Report Adult at Risk (AS1)

**The form is to be used only for reporting suspected abuse or neglect of an adult at risk to social services. If you want to let social services know other information or to request services or support, please contact the appropriate social services department.**

**It is important to give as much information as possible in the report form. If you do not give a full account of what has happened, the process of protecting the adult at risk may be delayed.**

**An adult at risk is an adult who**:

- ✓ Is experiencing or is at risk of abuse or neglect

**AND**

- ✓ Has needs for care and support (whether or not this support is being met by the LA)

**AND**

- ✓ As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

SAMPLE

| | |
|---|---|
| Date form completed and sent: **13/01/25** | Date(s) of Incident(s) if known: **On-going for 1 year** |
| Name of Individual (adult at risk) : **John Doe** | Gender: Male ☒ Female ☐ |
| Date of birth: **02/02/1955** | |
| Individual's current address (please also list permanent address): **72 The street, Cardiff, CF14 4XW**<br><br>If appropriate, placement funded by:<br><br>**Patients own home.** | Any other adults/children at risk living at the property:<br>Yes ? No ☐<br><br>If yes, what action has been taken: **Consideration for AS1 and sign post to community DV services if concenting.** |
| Telephone number: **029 20111111** | **Main client group:** |
| Marital status: **Widowed** | Older Person Mental Health ☐ |
| Ethnicity/Nationality: **White British** | Older Person ☒ |

Saunders, Nathan 28/10/2025 10:18:55





**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

| | |
|---|---|
| Preferred language:<br>**English** | Visual Impairment ☐ |
| Email:<br>**Does not use email** | Hearing Impairment ☐ |
| Interpreter required?<br>Yes ☐ No ☒<br>If yes, please give details: | Learning Disability ☐<br>Mental Health ☐<br>Physical Disability ☒<br>Other ☐ |
| Next of kin:<br>**Jane Doe**<br>Relationship:<br>**Daughter**<br>Telephone number:<br>**07777777777** | GP Details: **Dr Jones**<br>GP Name: **The Surgery**<br>Surgery Address:<br>**Surgery Road,**<br>**CF14 4XW**<br>Telephone number: **029 20000000** |

## 1. About the individual believed to be at risk of abuse or neglect

| | |
|---|---|
| Is the person **at risk** of abuse or neglect? | Yes ☒ No |
| Describe the risks:<br>**Malnutrition**<br>**Financial Abuse**<br>**Medical needs not med causing physical decline** | |
| Is there evidence that the person has **been** abused or neglected? | Yes ☒ ☐ No |
| **Describe what has happened:**<br>**When John was brought to hospital he was very unkempt and dehydrated.**<br>**He was in soiled clothing.**<br>**He had not been given his medication for a number of days – exact time unknown.** | |
| Is the person **currently being** abused or neglect? | Yes ☒ ☐ No |
| Describe what is happening:<br>**Johns daughter is his main carer, however, she is not meeting his needs and he reports "she's spending all my money"** | |

SAMPLE
Saunders, Nathan 28/10/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

| Does the person have care and support needs? | Yes ☒ | No ☐ |
|---|---|---|
| Please describe their needs:<br>**John was diagnosed with Parkinsons that is worsening – He is unable to physicaly open or take medications independently.**<br>**He is unable to carry out personal care unassisted.**<br>**He can mobalize slowly with the aid of a zimmer frame but needs help to transfer from bed in the mornings.** | | |
| Is the person able to protect themselves against the risk of abuse or neglect? | Yes ☐ | No ☒ |
| If **NO**, please say why they are unable to protect themselves:<br>**John has reduced fine motor skills and suffers from tremors. He is unable to take medication without help and can be forgetful.**<br>**John is also scared that if hes honest about the situation his daughter will "get in trouble and not speak to him"** | | |
| Is the individual aware of the referral being made and what are their wishes in the matter? | Yes ☒ | No ☐ |
| If **No**, why? | | |
| has the individual consented to the referral? | Yes ☒ | No ☐ |
| If **NO**, why is the referrer continuing with the report? | | |
| Please record reasons as to why consent is not obtained: | | |
| Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process? | Yes ☐ | No ☒ |
| If **YES**, has an advocate been informed? | Yes ☐ | No ☐ |
| If **NO advocate has been informed**, why? | | |

SAMPLE
Saunders,Nathan 28/10/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

| Details of the formal/informal family or friend or advocate (if applicable) |
|---|
| **IT IS EXPECTED THAT YOU HAVE DISCUSSED THIS SAFEGUARDING REPORT WITH THE INDIVIDUAL OR THEIR ADVOCATE AND MADE THEM AWARE YOU ARE REPORTING THE CONCERN TO ADULT SOCIAL CARE. IF YOU HAVE NOT DONE SO, PLEASE STATE WHY:** |

## 2. About the alleged abuse:

Type of alleged abuse:

| | |
|---|---|
| Financial/Material | × |
| Neglect | × |
| Physical | |
| Sexual | |
| Emotional/Psychological | |

**Other Factors:**

| | |
|---|---|
| Domestic Abuse | × |
| Exploitation | |
| Hate Crime | |
| Honour Based Violence | |

SAMPLE

Saunders,Nathan 28/10/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

| Pressure Area Damage | ☒ |
|---|---|
| Other: | |

**Describe the alleged abuse or neglect**:

**John's daughter has been his main carer for the past year since his wife passed away.John is ofter left for long periods in bed – sometimes all day.**
**His daughter doesn't provide regular food and drinks.**
**He often soil's himself as unable to get out of bed alone.**
**John's daughter has access to his bank account and often "treats herself and her boyfriend to new things" they also "have lots of takeaways using my money"**

| How long has the alleged abuse been taking place? | Where did the alleged abuse occur? |
|---|---|
| **Nearly one year, worse since Jane's has had a boyfriend.** | **At home.** |

When did the alleged abuse occur?

**On-going daily for approximatly 1 year.**

What is your view of the impact the abuse is having on the individual?

**John is very tearfull when explaining the treatment he's receiving from his daughter.**
**His physical health has deteriorated due to him not receiving his medication regularly.**
**H eis complaining of pain from his broken areas of skin on his sacral area.**
**He was extrealmly embarrassed and appologetic for his unkemp state.**
**He is very isolated and very rarley see's or speaks to anyone other than his daughter.**

What steps have been taken to safeguard/protect the individual and by whom? (Include how the risk has been managed, what others have been informed – including statutory agencies, GP, Police the employer or voluntary organisation etc.).

**Safeguarding team called – AS1 advised**
**Ask and Act to be completed – depending on outcome could contact health IDVA's to offer support.**
**Contact discharge team to facilitate care and support needs assesment.**
**Consider AS1 for daughter if consenting and discussion with daughter RE: DV – sign post to community servises if disclosure made.**

SAMPLE
Saunders Nathan 28/11/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

**What are the individual's views, wishes and feelings about the safeguarding concern? (To include any actions they have taken or would like to be taken):**
**John would like someone to come and help him at home – help him wash, take medication and to provide regular meal's/drinks.**
**He would like to get out of bed more and maybe attend a day centre or somewhere he could talkj to people his own age.**
**He also feels Jane needs help – he stated "she doesn't know it's wrong to spend my money because she doesn't understand" – John states Jane has learning difficulties and does what her boyfriend tells her.**

## 3. About the person (s) allegedly responsible for the abuse:

Unknown at present: ☐

**Is the allegation of abuse made against a Professional or a person in contact with adults at risk and/or children through their work, including volunteers?**

Yes ☐ No ×

SAMPLE

| Name: **Jane Doe** | Address/Workplace: **As stated in next of kin.** |
|---|---|
| Telephone number: **07777777777** | Date of birth: **02/02 – not sure of year** |
| Age: **47years** | Relationship to alleged victim: **Daughter** |
| Do they have capacity to understand their actions? | Yes ☐ No ☐ Don't know ☒ |
| Does the alleged perpetrator provide care and support for the individual? | Yes ☒ No ☐ Don't know ☐ |
| Does the alleged perpetrator have care andsupport needs? | Yes ☐ No ☐ Don't know ☒ |

**Note: if more than one alleged perpetrator has been identified please provide details in section 7.**

Saunders.Nat... 28/10/20... 18:55

## 4. About the person(s) who witnessed the incident (s):

| Name: Jeff Surname unknown – daughters boyfriend | Address/Workplace: Unknown |
|---|---|
| Telephone number: Unknown | Occupation/Relationship to victim (if any): In relationship with John's daughter |
| **Note: if more than one person has witnessed the incident(s) please provide details in section 7.** | |

| **5. About the person who first reported the concern:** | |
|---|---|
| Name: Jackie Evans | Adress/Workplace: ED, UHW, CF14 4XW |
| Telephone number: 029 20202020 | Occupation/Relationship: ED Nurse |
| Date/Time report: | 26/12/24 / 11:00 |
| Does the referrer wish to remain anonymous? | Yes ☐ No ☒ |
| If **YES**, please state why:<br>**Note: Professionals from health and social care are not able to remain anonymous except in extraordinary circumstances.** | |

| **6. This form was completed by:** | |
|---|---|
| Name: Josie Williams | Time/Date completed: 26/12/24 / 13:00 |
| Agency/Company: Cardiff and Vale UHB | Designation: Ward Nurse |
| Telephone number: 029 20202020 | Email address: Josiewilliams@wales. Uk |
| **Where applicable,person to contact for further information:** | |
| Name: As above | Designation: |
| Email address: | Telephone number: |

| **7. Additonal information:** |
|---|
| |

SAMPLE

Saunders,Nathan 28/10/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

Saunders,Nathan
28/10/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

Ratified by C&VRSB October 2020

| |
|---|
| **UHB Safeguarding Team will send this form to the relevant Local Authority. This should be the Local Authority where the alleged abuse happened. Please send this form to** |

| | |
|---|---|
| **Safeguarding.referrals@wales.nhs.uk** | |

SAMPLE

Saunders,Nathan
28/10/2025 10:18:55



**IF YOU THINK A CRIME HAS BEEN COMMITTED – CONTACT THE POLICE**

Ratified by C&VRSB October 2020

| Report Title: | Patient Catering Nutrition Update - Providing Quality Care | | | Agenda Item no. | | 2.3 | |
|---|---|---|---|---|---|---|---|
| Meeting: | Quality Committee | | Public | X | Meeting Date: | 28.10.2025 | |
| | | | Private | | | | |
| Status: | Assurance | X | Approval | | Information | | |
| Lead Executive: | Emma Cooke | | | | | | |
| Report Author: | Joanne Ellis, Stuart Davies & Joanne Jefford | | | | | | |

**Background and current situation:**

This report provides a comprehensive overview of Patient Catering Services within Cardiff and Vale University Health Board. Key themes include:

- Strategic collaboration with Nutrition and Dietetic Services and Nursing, ensuring patient-centered care and compliance with national standards.
- Diverse and inclusive service delivery models across multiple hospital sites, tailored to infrastructure and patient needs.
- Implementation of digital systems for menu management, allergen control, and operational efficiency.
- Financial pressures driven by inflation, procurement challenges, and evolving patient demographics.
- Future planning initiatives include enhanced children's catering provision, food waste reduction strategies, and continued service improvement.

The report outlines current practices, challenges, and strategic responses to ensure safe, effective, and responsive catering services across the Health Board.

## Overview of Food Production and Service Delivery

Patient meals are prepared at C&V University Health Board's (UHB) Central Food Production Unit (CFPU), located on-site. The CFPU operates a **cook-freeze model**, enabling the consistent delivery of the **All Wales Menu Framework** recipes while also supporting the development of tailored recipes to meet the nutritional needs of complex patient groups. This includes specialist tertiary services such as **renal patients.** Annual production figures are circa of **800,000** portions that contribute to the total patient activity of serving **1.5 million** patient meals.

Meals are served **three times daily** across **four hospital sites**, covering **72 wards** with diverse requirements across maternity, children, and adult services. This service is delivered **365 days a year**, ensuring continuity of care and nutritional support.

## Operational Models Across Hospital Sites

Catering service models are adapted to the infrastructure of each hospital:

- **Barry Hospital** and **University Hospital Llandough and Llanfair** utilise a **centralised regeneration model**, where meals are reheated in a trolley and served from a central kitchen.
- **University Hospital of Wales (UHW)**, The **Childrens Hospital for Wales** and **Hafan Y Coed** operate a **satellite kitchen model**, using **combi ovens** and **traditional heated trolleys** for meal regeneration.

Saunders, Nathan 28/10/2025 10:28:46

While this dual-model approach presents operational challenges, it has proven to be **effective and sustainable for over 29 years**, supporting consistent service delivery across all sites

Catering provision is also extended to two **crèches**, located at **UHW** and **UHL**. The associated provisions costs for these services are **recharged monthly** to the catering department, ensuring financial accountability and transparency.

## Compliance and Food Safety

All catering operations are delivered in full compliance with **statutory food safety regulations** and are subject to regular inspections by the **local authority's Environmental Health team**. This ensures adherence to legal standards and supports the delivery of safe, high-quality food services.

Table below showing timescales and current scores:

Fig 1

| Service Area | Site | Date Inspected | Type of Inspection | Score | Timeframe | Next Inspection Due |
|---|---|---|---|---|---|---|
| Patients Catering | Barry | 10th June 2025 | Full | 5 | 12 months | June 2026 |
| Aroma Retail Catering * | Barry | 6th June 2024 | Verification | 5 | 18 months | December 2025 |
| Hafan Y Coed Unit | UHL | 24th April 2025 | Verification | 5 | 18 months | October2026 |
| Teddy Bear Nursery | UHL | 20th February 2025 | Full | 5 | 18 months | August 2026 |
| Llanfair Unit | UHL | 1st August 2024 | Verification | 5 | 18 months | February 2026 |
| Food Production & WBC | UHL | 10th September 2025 | Full | 5 | 12 months | September 2026 |
| Central Food Production Unit (CFPU) | UHW | 4th June 2025 | Full | 4 | 6 months | November 2025 |
| Teddy Bear Nursery | UHW | 21st January 2025 | Full | 5 | 18 months | June 2026 |
| Ward Based Catering (WBC) | UHW | 16th September 2025 | Full | 4 | 12 months | September 2026 |

Saunders,Nathan
28/10/2025 10:18:55

## Collaborative Menu Development

In collaboration with Nutrition and Dietetic colleagues, the catering service supports the delivery of **19 distinct patient menus** to meet the complex and diverse nutritional and safety needs of our population. These menus include, but are not limited to:

- Gluten-free
- Specialist gastroenterology
- Low potassium
- No added salt
- Allergen-free
- Texture-modified (IDDSI)
- Religious, cultural, and lifestyle-specific options (e.g. Halal, Kosher, vegetarian, vegan)

This diversity ensures safe and appropriate nutritional care across all patient groups, including those in tertiary services.

## Daily Meal and Beverage Provision

A **weekly rotating menu** offers patients a variety of choices each day, including:

- Three hot meal options
- One hot dessert
- Multiple cold desserts
- À la carte selections
- Sandwiches, soups, and snacks
- 24-hour snack availability at ward level
- At least one vegetarian and vegan option per meal

**Seven beverage rounds** are conducted daily, offering tea, coffee, hot chocolate, fruit juices, water, and milk. These services align with the **All Wales Health and Care Standards** and are further supported by **Dietetic Support Workers** on selected wards, who provide fortified snacks and assistance with eating.

The **Emergency Unit** receives tailored provision including continental breakfast, sandwiches, snacks, and a hot evening meal, alongside beverage rounds throughout the day.

## Digital Systems and Operational Efficiency

Since 2019, the UHB has utilised an **electronic catering and menu management system**. This system supports:

Saunders,Nathan
28/10/2025 10:18:55

- Bedside patient ordering along with bulk ordering
- Stock control
- Allergen management
- Recipe monitoring within the CFPU

This digital infrastructure enhances safety, reduces risk, and improves operational efficiency across catering services.

## Quality Assurance and Patient Feedback

Catering services are subject to:

- **Weekly food safety and quality audits**
- **Biannual patient experience surveys**
- **Ongoing feedback loops**

Recent feedback has led to enhancements in the **maternity menu**, including expanded vegan and vegetarian options. Plans are underway to roll out these improvements across the Health Board, beginning with increased use of beans and pulses.

## Children's Catering Provision

The current CFPU is unable to produce **child-specific allergen-free recipes**. A review is underway to enhance the offering for the **Children's Hospital and crèches**, with a proposal for **recurrent investment** to procure suitable food items. This is detailed in a separate paper.

## Operational Challenges and Food Waste Management

Patient movement and individual dietary preferences present logistical challenges in ensuring accurate meal delivery. Managing expectations around portion sizes and intake is critical to reducing **food waste**, which can be exacerbated by oversized portions. This needs to be balanced with achieving patient nutritional requirements, and those that are unwell may well be unable to complete a meal without assistance or encouragement.

The Welsh Government sets a **food waste target of <5%**. The UHB monitors waste using the **Synbiotix system**, which identifies high-waste areas for targeted intervention and continuous improvement.

## Financial Pressures and Procurement Impact

While service enhancements have improved patient experience, they have also placed pressure on the **Patient Catering budget**. Key financial considerations include:

Saunders,Nathan
28/10/2025 10:18:55

- **£750k cumulative inflationary increase** in food provision costs over the past three years (as per NWSSP data)
- **£300k in funding** and strategic procurement negotiations have partially mitigated these increases

Changing patient demographics and cultural dietary needs have further increased demand and cost, particularly for:

- Kosher meals (from £8.20 in 2022/23 to £14.50 in 2024/25)
- Halal, allergen-free, and IDDSI-compliant meals

Demand for International Dysphagia Diet Standardisation Initiative (IDDSI) meals has significantly increased between 2022/23 and 2024/25, with the trend continuing into 2025/26.

Fig 2

| | 2022/23 | Forecast - 24/25 | Cost | Variance | Annual Cost increase |
|---|---|---|---|---|---|
| Level 4,5,6 | 25952 | 26695 | £ 3.10 | 743 | £ 2,303.30 |
| kosher | 146 | 510 | £ 14.50 | 364 | £ 5,278.00 |
| Halal | 5486 | 9315 | £ 4.18 | 3829 | £ 16,005.22 |
| Allergen Free | 333 | 593 | £ 2.62 | 260 | £ 681.20 |
| | | | | | £ 24,267.72 |

## Partnership with Nutrition and Dietetics

CAV Patient Catering Services maintains an **excellent working relationship** with the Nutrition and Dietetic Department. This partnership is both **strategically beneficial and operationally rewarding**, particularly when implementing service improvements or responding to patient needs. The collaborative approach enables timely resolution of concerns, ensuring **patient satisfaction remains a core priority**. The extensive experience and expertise within the supervisory and management teams further support proactive issue resolution and escalation prevention.

---

## Governance and Strategic Alignment

The **Nutrition and Catering Strategic Group (NACSG)** serves as the UHB's formal mechanism for collaboration between **Catering, Nursing, and Nutrition and Dietetics**. Its purpose is to ensure that the **nutrition and hydration needs** of the Cardiff and Vale UHB population are consistently met.

In addition, CAV Patient Catering Services, in partnership with the Nutrition and Dietetic Service, ensures compliance with the **All-Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients (2011)**. This alignment supports a consistent, safe, and patient-centred approach to food provision across the Health Board. A refresh of these standards is being launched in November 2025.

---

Saunders,Nathan
28/10/2025 10:18:55

## All-Wales Engagement and Compliance

CAV Patient Catering Services and the Nutrition and Dietetic Service actively participate in several **national forums and working groups**, including:

- **The Commodity Advisory Group (CAG)**

- **The All-Wales** Strategic **and Operational Menu Framework Group (AWMF)**
- **The Hospital Catering Association**

These memberships facilitate an **All-Wales approach to catering governance**, enabling shared understanding, legislative compliance, and strategic alignment with national priorities

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

## Recommendation:

**The Committee is requested to:**

**a) Acknowledge the complexity of the food production pathway and its operational demands as above.**

**b) Recognise the risks associated with ensuring the correct meal reaches the right patient, particularly in relation to allergens, texture modification, and patient safety.**

**c) Support future opportunities to expand plant-based meal provision and reduce reliance on processed meats, where financially beneficial.**

**d) Remain aware of ongoing financial uplifts from external providers and the associated risks, ensuring appropriate investment through CRPs.**

**e) Commit to funding the development and implementation of a specialist children's menu.**

**f) Ensure the implementation and funding of the refreshed Welsh Government food standards scheduled for publication in 2025.**

**g) Safeguard the quality and provision of food services against increasing financial pressures.**

## Link to Strategic Objectives of Shaping our Future Wellbeing:

| Putting People First | | Providing Outstanding Quality | |
|---|---|---|---|
| **1.Outcomes that Matter to People** – Deliver safe, personalised care that meets individual needs.<br>Enable healthy lifestyle choices and support sustainable nutrition. | | 2. **Avoid Harm, Waste and Variation** – Standardise and optimise processes to reduce complexity and inefficiency. Adopt evidence-based standards and comply with national policy.<br>Maintain excellence in service delivery and staff empowerment despite external challenges. | |
| Delivering in the Right Places | | Acting for the Future | |
| 3. Deliver population-specific health outcomes, including children's nutrition.<br><br>**Click the objective above to view more detail.** | | 4.<br>**Creche and childrens hospital improvements**<br>**Sustainable diet – more plant based**<br>Balance demand and capacity while making best use of resources. | |

Saunders,Nathan
28/10/2025 10:18:55

## Five Ways of Working (Sustainable Development Principles) considered

| Prevention | | Long | | Integration | | Collaboration | | Involvement | |
|---|---|---|---|---|---|---|---|---|---|

| tio n | | ter m | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|

**Quality Impact Assessment Completed?**

| Yes – (*please provide completed QIA document*) | | Yes – ***(Please provide reasoning, e.g. not required)*** | X | *Not required* |
|---|---|---|---|---|

**Impact Assessment:**

| |
|---|
| Risk: Yes |
| *Patient safety of allergens, hygiene* |
| Safety: Yes<br>*Patient safety is paramount. Risks related to allergens, choking hazards (texture modification), and nutritional adequacy are actively managed through collaboration with dietetics and use of electronic ordering systems.* |
| Financial: Yes<br>*Inflationary pressures, increased demand for specialist meals, and procurement challenges have led to a £750k cost increase over 3 years. Mitigation includes funding support, menu redesign, and strategic procurement.* |
| Workforce: Yes<br>*Catering staff require ongoing training to manage complex menus and safety protocols. Dietetic support workers play a key role in patient nutrition. Workforce pressures may increase with expanded service expectations. Current recruitment freeze and scrutiny is challenging.* |
| Legal: Yes |
| *Services must comply with food safety legislation and environmental health standards. Upcoming Welsh Government food standards (2025) will require implementation and funding as well as allergen legislation such as Natasha's law.* |
| Reputational: Yes |
| *High-quality, safe, and inclusive food provision enhances patient experience and public trust. Failures in allergen control or food safety could significantly damage reputation.* |
| Socio Economic: Yes<br>*Inclusive menu design supports patients from diverse backgrounds (e.g. Halal, Kosher, vegan)* |
| Equality and Health: Yes |
| *Menu diversity supports equitable access to nutrition across age, culture, religion, and health status. Expansion of plant-based and fortified options promotes public health.* |
| Decarbonisation: Yes<br>*Cook-freeze model and centralised production support energy efficiency. Food waste reduction strategies (e.g. Synbiotix system) align with Welsh Government sustainability targets.* |
| Welsh Language: Yes |

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

| Committee/Group/Exec | Date: |
|---|---|
| | |

| Report Title: | Patient Catering Nutrition Update - Providing Quality Care | | | Agenda Item no. | | 2.3 | |
|---|---|---|---|---|---|---|---|
| Meeting: | Quality Committee | | Public | X | Meeting Date: | 28.10.2025 | |
| | | | Private | | | | |
| Status: | Assurance | X | Approval | | Information | | |
| Lead Executive | Emma Cooke | | | | | | |
| Report Author: | Joanne Ellis, Stuart Davies & Joanne Jefford | | | | | | |
| Background and current situation: | | | | | | | |

This report provides a comprehensive overview of Patient Catering Services within Cardiff and Vale University Health Board. Key themes include:

- Strategic collaboration with Nutrition and Dietetic Services and Nursing, ensuring patient-centered care and compliance with national standards.
- Diverse and inclusive service delivery models across multiple hospital sites, tailored to infrastructure and patient needs.
- Implementation of digital systems for menu management, allergen control, and operational efficiency.
- Financial pressures driven by inflation, procurement challenges, and evolving patient demographics.
- Future planning initiatives include enhanced children's catering provision, food waste reduction strategies, and continued service improvement.

The report outlines current practices, challenges, and strategic responses to ensure safe, effective, and responsive catering services across the Health Board.

## Overview of Food Production and Service Delivery

Patient meals are prepared at C&V University Health Board's (UHB) Central Food Production Unit (CFPU), located on-site. The CFPU operates a **cook-freeze model**, enabling the consistent delivery of the **All Wales Menu Framework** recipes while also supporting the development of tailored recipes to meet the nutritional needs of complex patient groups. This includes specialist tertiary services such as **renal patients.** Annual production figures are circa of **800,000** portions that contribute to the total patient activity of serving **1.5 million** patient meals.

Meals are served **three times daily** across **four hospital sites**, covering **72 wards** with diverse requirements across maternity, children, and adult services. This service is delivered **365 days a year**, ensuring continuity of care and nutritional support.

## Operational Models Across Hospital Sites

Catering service models are adapted to the infrastructure of each hospital:

Saunders,Nathan
28/10/2025 10:18:55

- **Barry Hospital** and **University Hospital Llandough and Llanfair** utilise a **centralised regeneration model**, where meals are reheated in a trolley and served from a central kitchen.
- **University Hospital of Wales (UHW)**, The **Childrens Hospital for Wales** and **Hafan Y Coed** operate a **satellite kitchen model**, using **combi ovens** and **traditional heated trolleys** for meal regeneration.

While this dual-model approach presents operational challenges, it has proven to be **effective and sustainable for over 29 years**, supporting consistent service delivery across all sites

Catering provision is also extended to two **crèches**, located at **UHW** and **UHL**. The associated provisions costs for these services are **recharged monthly** to the catering department, ensuring financial accountability and transparency.

## Compliance and Food Safety

All catering operations are delivered in full compliance with **food safety legislation and recommended good practice.** To this end, the Health Board employ a Food Safety Assurance Manager to oversee food safety standards through a combination of auditing, monitoring and training. This provides the Health Board with the assurance that food safety standards across all catering sites are maintained in accordance with current food safety legislation and recommended good practice. This supports the delivery of safe, high-quality food services and demonstrates due diligence throughout all catering operations.

Table below showing timescales and current scores:

Fig 1

| Service Area | Site | Date Inspected | Type of Inspection | Score | Timeframe | Next Inspection Due |
|---|---|---|---|---|---|---|
| Patients Catering | Barry | 10th June 2025 | Full | 5 | 12 months | June 2026 |
| Aroma Retail Catering * | Barry | 6th June 2024 | Verification | 5 | 18 months | December 2025 |
| Hafan Y Coed Unit | UHL | 24th April 2025 | Verification | 5 | 18 months | October2026 |
| Teddy Bear Nursery | UHL | 20th February 2025 | Full | 5 | 18 months | August 2026 |
| Llanfair Unit | UHL | 1st August 2024 | Verification | 5 | 18 months | February 2026 |
| Food Production & WBC | UHL | 10th September 2025 | Full | 5 | 12 months | September 2026 |
| Central Food Production Unit (CFPU) | UHW | 4th June 2025 | Full | 4 | 6 months | November 2025 |
| Teddy Bear Nursery | UHW | 21st January 2025 | Full | 5 | 18 months | June 2026 |
| Ward Based Catering (WBC) | UHW | 16th September 2025 | Full | 4 | 12 months | September 2026 |

Saunders,Nathan
28/10/2025 10:18:55

## Collaborative Menu Development

In collaboration with Nutrition and Dietetic colleagues, the catering service supports the delivery of **19 distinct patient menus** to meet the complex and diverse nutritional and safety needs of our population. These menus include, but are not limited to:

- Gluten-free
- Specialist gastroenterology
- Low potassium
- No added salt
- Allergen-free
- Texture-modified (IDDSI)
- Religious, cultural, and lifestyle-specific options (e.g. Halal, Kosher, vegetarian, vegan)

This diversity ensures safe and appropriate nutritional care across all patient groups, including those in tertiary services.

## Daily Meal and Beverage Provision

A **weekly rotating menu** offers patients a variety of choices each day, including:

- Three hot meal options
- One hot dessert
- Multiple cold desserts
- À la carte selections
- Sandwiches, soups, and snacks
- 24-hour snack availability at ward level
- At least one vegetarian and vegan option per meal

**Seven beverage rounds** are conducted daily, offering tea, coffee, hot chocolate, fruit juices, water, and milk. These services align with the **All Wales Health and Care Standards** and are further supported by **Dietetic Support Workers** on selected wards, who provide fortified snacks and assistance with eating.

The **Emergency Unit** receives tailored provision including continental breakfast, sandwiches, snacks, and a hot evening meal, alongside beverage rounds throughout the day.

---

Saunders,Nathan
28/10/2025 10:18:53

## Digital Systems and Operational Efficiency

Since 2019, the UHB has utilised an **electronic catering and menu management system**. This system supports:

- Bedside patient ordering along with bulk ordering

- Stock control
- Allergen management
- Recipe monitoring within the CFPU

This digital infrastructure enhances safety, reduces risk, and improves operational efficiency across catering services.

## Quality Assurance and Patient Feedback

Catering services are subject to:

- **Weekly food safety and quality audits**
- **Biannual patient experience surveys**
- **Ongoing feedback loops**

Recent feedback has led to enhancements in the **maternity menu**, including expanded vegan and vegetarian options. Plans are underway to roll out these improvements across the Health Board, beginning with increased use of beans and pulses.

## Children's Catering Provision

The current CFPU is unable to produce **child-specific allergen-free recipes**. A review is underway to enhance the offering for the **Children's Hospital and crèches**, with a proposal for **recurrent investment** to procure suitable food items. This is detailed in a separate paper.

## Operational Challenges and Food Waste Management

Patient movement and individual dietary preferences present logistical challenges in ensuring accurate meal delivery. Managing expectations around portion sizes and intake is critical to reducing **food waste**, which can be exacerbated by oversized portions. This needs to be balanced with achieving patient nutritional requirements, and those that are unwell may well be unable to complete a meal without assistance or encouragement.

The Welsh Government sets a **food waste target of <5%**. The UHB monitors waste using the **Synbiotix system**, which identifies high-waste areas for targeted intervention and continuous improvement.

Saunders,Nathan
28/10/2025 10:18:55

---

## Financial Pressures and Procurement Impact

While service enhancements have improved patient experience, they have also placed pressure on the **Patient Catering budget**. Key financial considerations include:

- **£750k cumulative inflationary increase** in food provision costs over the past three years (as per NWSSP data)
- **£300k in funding** and strategic procurement negotiations have partially mitigated these increases

Changing patient demographics and cultural dietary needs have further increased demand and cost, particularly for:

- Kosher meals (from £8.20 in 2022/23 to £14.50 in 2024/25)
- Halal, allergen-free, and IDDSI-compliant meals

Demand for International Dysphagia Diet Standardisation Initiative (IDDSI) meals has significantly increased between 2022/23 and 2024/25, with the trend continuing into 2025/26.

Fig 2

| | 2022/23 | Forecast - 24/25 | Cost | Variance | Annual Cost increase |
|---|---|---|---|---|---|
| Level 4,5,6 | 25952 | 26695 | £ 3.10 | 743 | £ 2,303.30 |
| kosher | 146 | 510 | £ 14.50 | 364 | £ 5,278.00 |
| Halal | 5486 | 9315 | £ 4.18 | 3829 | £ 16,005.22 |
| Allergen Free | 333 | 593 | £ 2.62 | 260 | £ 681.20 |
| | | | | | £ 24,267.72 |

## Partnership with Nutrition and Dietetics

CAV Patient Catering Services maintains an **excellent working relationship** with the Nutrition and Dietetic Department. This partnership is both **strategically beneficial and operationally rewarding**, particularly when implementing service improvements or responding to patient needs. The collaborative approach enables timely resolution of concerns, ensuring **patient satisfaction remains a core priority**. The extensive experience and expertise within the supervisory and management teams further support proactive issue resolution and escalation prevention.

## Governance and Strategic Alignment

The **Nutrition and Catering Strategic Group (NACSG)** serves as the UHB's formal mechanism for collaboration between **Catering, Nursing, and Nutrition and Dietetics**. Its purpose is to ensure that the **nutrition and hydration needs** of the Cardiff and Vale UHB population are consistently met.

In addition, CAV Patient Catering Services, in partnership with the Nutrition and Dietetic Service, ensures compliance with the **All-Wales Nutrition and Catering Standards for Food and Fluid Provision for Hospital Inpatients (2011)**. This alignment supports a consistent, safe, and patient-centred approach to food provision across the Health Board. A refresh of these standards is being launched in November 2025.

## All-Wales Engagement and Compliance

CAV Patient Catering Services and the Nutrition and Dietetic Service actively participate in several **national forums and working groups**, including:

- **The Commodity Advisory Group (CAG)**
- **The All-Wales** Strategic **and Operational Menu Framework Group (AWMF)**
- **The Hospital Catering Association**

These memberships facilitate an **All-Wales approach to catering governance**, enabling shared understanding, legislative compliance, and strategic alignment with national priorities

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

## Recommendation:

**The Committee is requested to:**

- **Acknowledge the complexity of the food production pathway and its operational demands as above.**
- **Recognise the risks associated with ensuring the correct meal reaches the right patient, particularly in relation to allergens, texture modification, and patient safety.**
- **Support future opportunities to expand plant-based meal provision and reduce reliance on processed meats, where financially beneficial.**
- **Remain aware of ongoing financial uplifts from external providers and the associated risks, ensuring appropriate investment.**
- **Commit to funding the development and implementation of a specialist children's menu.**
- **Ensure the implementation and funding of the refreshed Welsh Government food standards scheduled for publication in 2025.**
- **Safeguard the quality and provision of food services against increasing financial pressures.**

## Link to Strategic Objectives of Shaping our Future Wellbeing:

**1.Outcomes that Matter to People** – Deliver safe, personalised care that meets individual needs.
Enable healthy lifestyle choices and support sustainable nutrition.

Saunders,Nathan
28/10/2025 10:18:55

Providing Outstanding Quality

2. **Avoid Harm, Waste and Variation** – Standardise and optimise processes to reduce complexity and inefficiency. Adopt evidence-based standards and comply with national policy.
Maintain excellence in service delivery and staff empowerment despite external challenges.

| 3. Deliver population-specific health outcomes, including children's nutrition. **Click the objective above to view more detail.** | | 4. **Creche and childrens hospital improvements** **Sustainable diet – more plant based** Balance demand and capacity while making best use of resources. | |
|---|---|---|---|

**Five Ways of Working (Sustainable Development Principles) considered**

| Prevention | | Long term | | Integration | | Collaboration | | Involvement | |
|---|---|---|---|---|---|---|---|---|---|

**Quality Impact Assessment Completed?**

| Yes – (*please provide completed QIA document*) | | Yes – ***(Please provide reasoning, e.g. not required)*** | | n/a |
|---|---|---|---|---|

**Impact Assessment:**

Risk: Yes

*Patient safety of allergens, hygiene*

Safety: Yes

*Patient safety is paramount. Risks related to allergens, choking hazards (texture modification), and nutritional adequacy are actively managed through collaboration with dietetics and use of electronic ordering systems.*

Financial: Yes

Inflationary pressures, increased demand for specialist meals, and procurement challenges have led to a £750k cost increase over 3 years. Mitigation includes funding support, menu redesign, and strategic procurement.

Workforce: Yes

*Catering staff require ongoing training to manage complex menus and safety protocols. Dietetic support workers play a key role in patient nutrition. Workforce pressures may increase with expanded service expectations. Current recruitment freeze and scrutiny is challenging.*

Legal: Yes

*Services must comply with food safety legislation and environmental health standards. Upcoming Welsh Government food standards (2025) will require implementation and funding as well as allergen legislation such as Natasha's law*

Reputational: Yes

*High-quality, safe, and inclusive food provision enhances patient experience and public trust. Failures in allergen control or food safety could significantly damage reputation.*

Socio Economic: Yes

*Inclusive menu design supports patients from diverse backgrounds (e.g. Halal, Kosher, vegan)*

Equality and Health: Yes

*Menu diversity supports equitable access to nutrition across age, culture, religion, and health status. Expansion of plant-based and fortified options promotes public health.*

Decarbonisation: Yes

*Cook-freeze model and centralised production support energy efficiency. Food waste reduction strategies (e.g. Synbiotix system) align with Welsh Government sustainability targets.*

Welsh Language: Yes

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

| Committee/Group/Exec | Date: |
|---|---|
| | |

Saunders,Nathan
28/10/2025 10:18:55

# Patient Catering Nutrition update - Providing quality care at Cardiff & Vale University Health Board

Saunders,Nathan
28/10/2025 10:18:55

# Summary

The report circulated provides an overview of Patient Catering Services within Cardiff and Vale University Health Board. Key themes are:

- **Nutrition and menu development - Working in collaboration with Dietetics and Nursing**
- **Governance and National Engagement**
- **Financial and Operational Challenges**
- **Future Service Developments**

Saunders,Nathan
28/10/2025 10:18:55

# Nutrition and Menu development

**Tailored Patient Menus**

- **19** distinct patient menus cater to various nutritional and safety requirements, including allergen-free and lifestyle-specific options.
- Meals are served three times daily across four hospital sites, covering **72** wards with diverse requirements across maternity, children, and adult services. This service is delivered **365** days a year, ensuring continuity of care and nutritional support.
- This equates to **800,000** portions produced in the Central Food Production Unit that contributes to the total patient activity of serving **1.5 million** patient meals.

**Menu Variety**

A weekly menu features multiple hot and cold meal choices, à la carte options including therapeutic diets, religious or lifestyle options. There is 24-hour snack availability catering to our patients needs. The Emergency Unit receives specially tailored meal and beverage options to meet urgent patient needs.

**Nutrition and Dietetic Support and Ward Based Assistance**

The quality and nutritional content of hospital foods have a direct effect on patient experience and outcomes, such as malnutrition, recovery times and length of stay. Dietetic Support Workers provide fortified snacks and eating assistance on selected wards, ensuring tailored patient care.

Saunders,Nathan
28/10/2025 10:18:...

# Governance and National Engagement

### Collaborative Strategic Group

Nutrition and Catering Steering Group fosters collaboration among Catering, Nursing, and Nutrition teams to address patient nutrition and hydration needs effectively.

### Compliance with Standards

The service adheres to All-Wales Nutrition and Catering Standards with a refreshed version launching in November 2025 to enhance patient care this will involve a work plan. To ensure we are meeting the new standards this may require additional financial investment.

### Compliance with Food Safety

All catering operations are delivered in full compliance with food safety legislation and recommended good practise. A Food Safety assurance manager is employed by the UHB to oversee food safety standards through a combination of auditing, monitoring and training. This supports the delivery of safe, high-quality food services and demonstrates diligence throughout catering operations.

Saunders,Nathan
28/10/2025 10:18:58

### National Forum Participation

Cardiff and Vale Patient Catering Services engage in forums like Commodities Advisory Group, All Wales Menu Framework, and Hospital Catering Association for legislative compliance and alignment across Wales.

# Financial Pressures and Procurement Impact

**Rising Catering Costs**

Inflation increased food provision costs by £750k over three years, creating significant budget pressure – 300k was funded to partially mitigate these increased costs, as an acknowledgment of these increases.

**Diverse Dietary Needs**

Demand for Kosher, Halal, allergen-free, and texture modified meals has grown, increasing associated costs.

22/23 – 31,917 specialist meals

25/26 – forecast 37,113 specialist meals – potential £30k cost pressure

Saunders,Nathan
28/10/2025 10:18:53

**Future Financial Planning**

Ongoing trends require careful financial planning and resource allocation for 2025/26 and beyond.

# Recommendations

**Complex Food Production Challenges**

The food production pathway involves several complex steps before the meal is served to a patient - procuring, making and storing the product correctly and then serving the correct meal to a patient safely.

**Plant-Based Meal Expansion**

Support is recommended for expanding plant-based meal options and reducing processed meat reliance to promote healthier choices.

**Financial Investment**

Financial investment may be necessary to the patient catering budgets to ensure a quality product that meets the new nutritional standards for now and the future, including The Children's Hospital for Wales.

Saunders,Nathan
28/10/2025 10:18:55

# Thank you

Saunders,Nathan
28/10/2025 10:18:55

| Report Title: | Update for Women's Health Hubs | | | | Agenda Item No: | 2.4 |
|---|---|---|---|---|---|---|
| Meeting: | Quality Committee | | Public | X | Meeting Date: | 28/10/25 |
| | | | Private | | | |
| Status | Assurance | x | Approval | | Information/ | |
| Lead Executive | Claire Beynon, Executive Director of Public Health | | | | | |
| Report Author Title: | Dr Michael Allum, Consultant in Public Health Medicine | | | | | |

**Main Report**
Background and Current Situation:

**Women's health plan**

In December 2024, the National Strategic Clinical Network for Women's Health published the first 'NHS Wales Women's Health Plan' (the Plan). The Plan is a ten-year vision (2025-2035) that outlines an NHS Wales approach to improving the health outcomes for women in Wales.

The 10-year plan was two years in the making and follows the publication of the Welsh Government's Quality Statement for Women's and Girls' Health in 2022. This made clear that approaches to healthcare need to change so women can access the care they need in a timely way; that the health service is responsive to their choices and needs and that research and development reflects women and girls' lived experiences.

It is an NHS Plan, which has been co-ordinated and led by the National Strategic Clinical Network for Women's Health (the Women's Health Network) with involvement from NHS staff, colleagues, experts in the field, and third sector organisations. It builds upon the work of the 'Discovery Report', which captured the voices of 4000 women and girls in Wales across six ambition areas.

The Plan will be delivered over ten years, through 64 short, medium and long–term actions. It will follow a life course approach, with a focus on delivery of services from 16 years of age, often an important time of transition within health services for girls. The Women's Health Network will work with the Maternity and Neonatal, and Child Health Strategic Networks to ensure that the health of girls in the early-years and adolescent period are prioritised.

The Plan outlines the key health inequalities experienced by women in Wales at a population level, and highlights some of the disparities in health that are emerging. It will, however, also highlight opportunities for closing the gender gap, improving health across our NHS services and bringing to our attention areas of innovation and best practice delivered by our motivated and committed NHS staff.

**Women's Health Hubs**

The NHS Wales Women's Health 10-year Plan has outlined the requirement of the following as an action:

Saunders,Nathan
28/10/2025 10:40:55

“Scoping exercise to review current workforce capability and capacity to deliver specialist women's health 'hubs' in each Health Board to support timely diagnosis and management of menstrual health conditions, with a pathfinder established in each Health Board by the end of March 2026.”

The following national targets have been outlined:

- By March 2026 – every Health Board area to have established at least one pathfinder Women’s Health Hub
- Requirement to be included in 2026-27 Health Boards IMTP’s
- By March 2026 – every Health Board to have an agreed plan in place for wider implementation of Women’s Health Hubs.

Women’s Health Hubs will be:

- Based in the community
- Work at the interface between primary and secondary care, and voluntary sector and beyond (where relevant).
- Offer more than a single service (with provision of both gynaecological and contraception services) or demonstrate plans to.
- Have more than one organisation involved in design, commissioning and/or provision of care, beyond simply referring-in.

Priority areas for the initial Women’s Health Hubs have been determined to be:

- **Menstrual Health** (To include Endometriosis, Dysmenorrhea, Heavy Menstrual Bleeding, PMDD and PCOS).
- **Contraception, Post-natal Contraception and Abortion Care** (To include preconception health, abortion care and initial fertility assessments).
- **Menopause** (To include Premature Ovarian Insufficiency (POI), management of unscheduled bleeding on HRT and Testosterone).

**Health Board position**

Initial scoping has identified significant amounts of activity and good practice in relation the 3 priority areas for Women’s Health Hubs (menstrual health; contraception; and menopause). There are a number of innovative programmes, as well as areas of opportunity to build on to help deliver a pathfinder Women’s Health Hub. These include but are not limited to:

- Innovative delivery of pessary clinics in the community in the Vale
- Existing co-location of some key women’s health services (Sexual and Reproductive Health department, Cardiff and Vale Health Inclusion Service, and gynaecology Outpatient Department) in Cardiff Royal Infirmary. This is located in Adamsdown, an area of high deprivation within the top Welsh Index of Multiple Deprivation decile.
- Pelvic floor unit based in Barry Hospital in the Vale
- Obstetrics and gynaecology consultant currently working within Sexual and Reproductive Health, with a key strategic role in improving menopause care provision in the Health Board

Saunders,Nathan
28/10/2025 10:18:55

- Development of Healthcare Pathways for patients presenting with unscheduled bleeding whilst on Hormone Replacement Therapy, separately to 'true' Post Menopausal Bleeding (Urgent Suspected Cancer (USC)) patients, thus reduce waiting time for USC patients.
- GP with specialist interest in menopause working closely alongside sexual health services and gynaecology to support unmet needs

A number of current challenges have also emerged, which require a collaborative and system-wide approach to improve women's health and wellbeing, and reduce inequities. These include:

- Significant population demand for menopause specialist input
- Difficulty for professionals and for the public to have clear oversight of all the different available services across Cardiff and Vale
- Uncertainty over the current and projected health needs of women in the population, included expressed need via patient and population voice and third sector organisations
- Long waiting time for routine Gynaecology out-patient consultation (menstrual health & related conditions), with an average waiting time of 80 weeks

The aspirational model for women's health delivery across the three key priority areas is for:

1. Greater capacity and access to manage women's health needs within the community and primary care, through workforce training and service development. This would deliver services closer to where people live, with a priority on increasing capacity within areas of greatest need, to address health inequities.
2. Specialist remote clinical support for community and primary care clinicians, to provide support and discussion to facilitate continued management of more complex women's health needs in the community.
3. Secondary care services utilised for the most complex women's health needs

The Hub will support the Cardiff and Vale University Health Board strategic vision – *"Working together, we will help to improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced. The care we provide for people who need our services and those delivering services will be outstanding, with outcomes and experience for all that compare to the highest performing peer organisations."*

The Health Board has a Women's Health Plan steering and implementation group, which has senior representation from across all Clinical Boards and Corporate services and 3rd sector organisations to ensure the patient and public voice is represented. This approach will ensure a collaborative approach across all partners is used to deliver on the Women's health plan for the Cardiff and Vale population.

**Vision for pathfinder hub**

Saunders,Nathan
28/10/2025 11:18:55

Following feedback from Welsh Government on the proposed Women's Health Hub, discussions are in place to confirm the physical pathfinder hub. This will likely be based around Barry Hospital, which already has existing co-location of services, including:

- Urogynaecology clinics
- Colorectal surgical clinic
- Urology clinics
- Pelvic health physiotherapy
- Continence service
- Pessary service by nurses supported GP cluster
- Sexual health contraception services

The intention is to improve the access to existing services at this location, in particular contraception services, to build on the existing successful Pelvic Health Hub to ensure the priority areas for the pathfinder Women's Health Hub are served.

In addition, there will be work undertaken on the existing novel e-advice service, launched in October 2024. This is currently for menopause specialist advice for GPs, in the absence of a dedicated menopause secondary care clinical service. The service aims to provide information and guidance for primary care practitioners (GPs, nurses and pharmacists), thereby supporting them to manage complex patients in the community. This additional work will build on the success and feedback from this, increasing capacity to manage demand and widen scope to cover the three priority areas of the Women's Health hub. The current service has supported the majority of clinical queries to be managed in the community with clinical advice, supporting access in the community and upskilling primary care clinicians.

In addition to the expansion of e-advice service, wider developments will be undertaken to support and improve access to women's health services in line with the Women's Health Plan for Wales. This includes referral pathways and resource development to improve connections between existing services, optimising clinical capacity and improving patient access. Additional point of care imaging equipment, with training packages, will be sought to improve community access to complex contraception care. This funding will provide the broad foundations on which to deliver the pathfinder hub and optimise its impact, as well as the rollout of future Hubs.

Up to £300,000 non-recurrent revenue funding has been made available to each Health Board to implement the first Women's Health Hubs. CVUHB have successfully applied for the first round of funding, and are currently completing the bid for second round of funding to support the full implementation of work described above.

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

Saunders,Nathan
28/10/2025 10:18:55

1. The Health Board will meet its requirements to deliver a Women's health hub by March 2026.

2. There are key challenges to note, namely
    a. Non-recurrent nature of funding and the need to protect stability of existing clinical services
    b. Challenging timescales for delivery
3. These issues are being mitigated through
    a. All plans for the funds have ensured non-recurrent nature of funding is acknowledged and considered e.g. no permanent changes to staffing; evaluation will be embedded into the development and delivery of pathfinder Hub
    b. Health Board wide steering group established; additional operational capacity being actively explored within Health Board

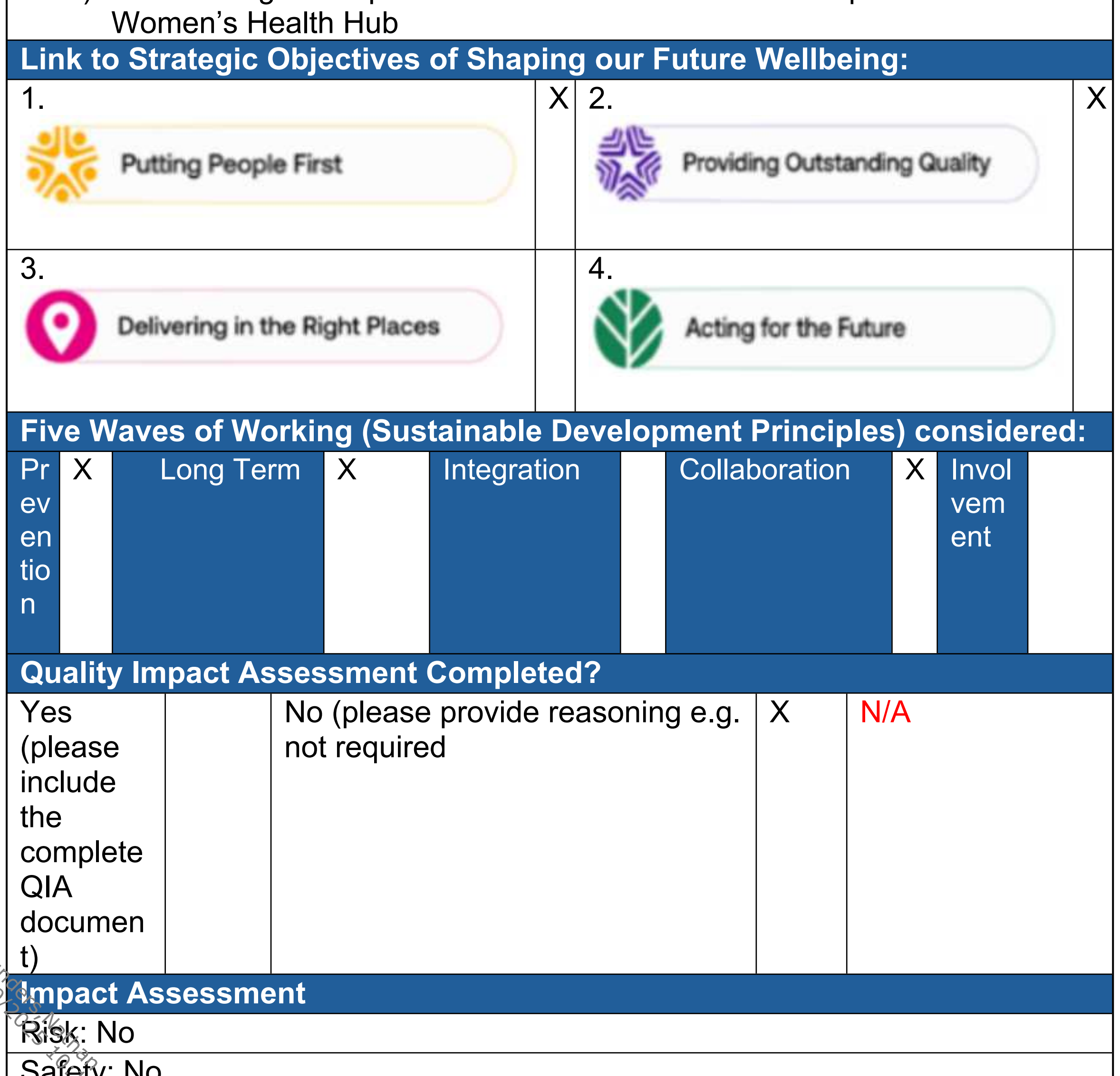
**Appendices** (please list all appendices that accompany this report. Do **not** embed)

1. Women's Health Plan for Wales

**Recommendations:**

The Committee is requested to:
a) Acknowledge the updates in the Health Board's development of a Women's Health Hub

**Link to Strategic Objectives of Shaping our Future Wellbeing:**




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

**Five Waves of Working (Sustainable Development Principles) considered:**

| Prevention | X | Long Term | X | Integration | | Collaboration | X | Involvement | |
|---|---|---|---|---|---|---|---|---|---|

**Quality Impact Assessment Completed?**

| Yes (please include the complete QIA document) | | No (please provide reasoning e.g. not required | X | N/A |
|---|---|---|---|---|

**Impact Assessment**

Risk: No

Safety: No

Saunders,Nathan
28/10/2025 10:18:55

| Financial: Yes | |
|---|---|
| External non-recurrent funding is available for implementation of the Women's health Hubs. SBAR bids have been reviewed and approved through Value and Benefits Realisation Group governance. | |
| Workforce: Yes | |
| Non-recurrent revenue funding available, therefore any staffing changes to staff the service are non-permanent. | |
| Legal: No | |
| Reputational: Yes | |
| The Health Board is expected to deliver against the national targets. Risks and issues are logged through the local steering group and reported to Executive SRO as required. | |
| Socio Economic: No | |
| Equality & Health: No | |
| Decarbonisation: No | |
| Welsh Language: No | |
| **Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*** | |
| Name of Committee/Group/Exec | Date: |
| | |

Saunders,Nathan
28/10/2025 10:18:55

Saunders,Nathan
28/10/2025 10:18:33

Saunders,Nathan
28/10/2025 10:18:55

# Contents


| Section | Page |
| --- | --- |
| Foreword | 4 |
| Executive Summary | 11 |
| 1. Introduction | 15 |
| 2. The Health of Women in Wales | 21 |
| 3. Wider Determinants of Health | 27 |
| 4. Prevention Based Women's Health | 33 |
| 5. Women's Health Research | 38 |
| 6. Data-driven Decision-making | 43 |
| 7. The 8 Priority Areas | 47 |
| Priority 1 Menstrual Health | 50 |
| Priority 2 Endometriosis and Adenomyosis | 53 |
| Priority 3 Contraception, Post-Natal Contraception and Abortion Care | 56 |
| Priority 4 Preconception Health | 61 |
| Priority 5 Pelvic Health and Incontinence | 64 |
| Priority 6 Menopause | 67 |
| Priority 7 Violence Against Women, Domestic Abuse and Sexual Violence | 71 |
| Priority 8 Ageing Well and Long-term Conditions Across the Life Course | 76 |
| 8. How the NHS Wales Women's Health Plan will be Delivered | 99 |
| 9. Conclusion | 113 |
| Appendices | 116 |


Saunders,Nathan
28/10/2025 10:18:55

# Foreword

Saunders,Nathan
28/10/2025 10:18:55

# Ministerial Foreword

I am proud to support the publication of the first NHS Wales Women's Health Plan.

Women and girls make up just over 50% of our population. But modern medicine has not always met their needs because it has been based on a "typical male experience" of care, resulting in significant inequalities between men and women.

There is a growing body of evidence about women's symptoms being undervalued, overlooked or dismissed; about women waiting longer than men for pain relief. This can have a significant impact on wellbeing because of delays in diagnosing disease, failures to offer effective treatment and poorer outcomes.

Inequalities are not just based on gender. There are also different patterns of need and presentation across ethnicity, disability, pregnancy and maternity. The health service in Wales must demonstrate competence across all protected characteristics to respond to the health needs of women and girls to reduce inequalities in health outcomes.

Saunders, Nathan
28/11/2025 10:48:55

Services for women and girls must respond to the differing needs of individuals with protected characteristics under the Equality Act 2010, including the *Anti-Racism Action Plan for Wales*, and services for people across all gender identities. People who are transitioning or non-binary may also encounter gender-related health issues. Health boards must acknowledge this and ensure they are offered appropriate care and support.

I want this plan to ensure women and girls receive equitable, good-quality health services throughout the course of their lives. It focuses on specific priority areas where a specific need for improvement has been identified. But achieving improvements in health outcomes for women and girls is bigger than improving NHS services alone – it requires cross-government working to address the wider determinants of health. This plan is just one part of a much bigger picture when it comes to improving women's health and wellbeing.

As we work on the plan and its actions, we will also be working to improve research into women's health, with the launch of the call for women's health research, with a budget of £750,000 in April 2025.

This 10-year plan has been two years in the making and follows the publication of the Welsh Government's *Quality Statement for Women's and Girls' Health* in 2022. This made clear that approaches to healthcare need to change so women can access the care they need in a timely way; that the health service is responsive to their choices and needs and that research and development reflects women and girls' lived experiences.

Developing this plan has been undertaken in three stages. The discovery phase was completed in 2022, with the publication of *The Discovery Report – Foundations for a Women's Health Plan*. It improved our understanding of the needs of women in Wales by asking what matters to them.

*The voices and experiences of more than 3,800 women and girls from across Wales, were captured – I want to thank all those who took part in this work and share their experience.*

Saunders,Nathan
28/10/2025 10:18:48

This was combined with an evidence review of women's health, identifying key themes and recommendations to provide the foundations on which the plan would be built.

The establishment of the National Strategic Clinical Network for Women's Health, and the appointment of Dr Helen Munro, as Wales' first ever clinical lead for women's health moved us into the design phase. Led by clinicians, the network aims to enhance the quality, safety, and outcomes of patient care at national, regional, and local levels.

The plan has been designed through partnership working via the Women's Health Network and has involved 100 named contributors from all the health boards, Public Health Wales, the NHS Executive, academia and Welsh Government. It is informed by the quality statement, the discovery report, and by the Third Sector Women's Health Wales Coalition's Quality Statement for the Health of Women, Girls and those Assigned Female at Birth. Expert clinical reference groups were established for the main priority areas. Feedback on the draft plan was sought from the NHS and members of the Third Sector Women's Health Wales Coalition and focus groups were held with under-represented women (women aged 16 to 25 and Black, Asian and Minority Ethnic women).

The quality statement makes it clear that health boards should ensure there are appropriate levels of diagnostic, therapeutic and surgical capacity to enable women who require interventions for health needs specific to women and girls – including menstrual and fertility care, endometriosis and menopause – to receive care as close as possible to home without significant waits.

Gynaecological and pelvic health conditions were identified as the areas of highest concern to women and girls in the discovery report. This will be an area of priority work for the NHS in Wales to ensure timely care is available although other areas will be considered. The Women's Health Network will have a vital role in supporting the NHS to make these improvements.

While the plan has been in development, we have made progress in strengthening existing services and recruiting new staff across Wales – there are now pelvic health co-ordinators and specialist endometriosis nurses in every health board working directly with women, to help them understand their condition and provide valuable support.

We have launched Endometriosis Cymru – a dedicated website providing information on the condition – established new one-stop clinics for breast cancer and improved access to perinatal psychology. All are examples of how we and the NHS are listening to women's needs. But there is more to do to improve access and reduce variation across Wales.

The new Curriculum for Wales helps to educate and empower young women about their own health through mandatory learning about menstrual health, wellbeing and conditions which can affect the reproductive system, including where to get further information and support. The development of a women's health website for Wales is an action I am keen to see delivered.

But improving women's health is not limited to gynaecology and reproductive health. There are a number of conditions, where gender inequality is evidenced and there is a need for gender competent services and cultural competence training. New pathways and advice for a range of conditions which primarily, but not exclusively, affect women, are in development such as migraine, autism and asthma. Pathways for stroke, heart disease and eating disorders have been developed and introduced across the NHS in Wales to improve access to and the standard of care.

And through the General Medical Services Quality Improvement Framework, we are supporting GPs to have conversations with women around several lifestyle behaviours with a focus on prevention and making every contact count.

Saunders, Nathan
28/10/2025 10:18:55

The NHS will need to build on this work and demonstrate how it is considering the needs of women in health conditions where there are gender disparities.

The Women's Health Network has an important role in advocating for women across these other health conditions and clinical networks. This role will include working with the other clinical networks to ensure women's needs are considered; their voices are heard and their experiences are recognised.

We now move firmly into the delivery phase of the Women's Health Plan and are committed to introducing women's health hubs in Wales. Work has already started to define the model and pathway to ensure these hubs, which will be available in each health board area by March 2026, improve timely access to services making it easier for women to obtain care they need while promoting preventative measures and empowering them to take charge of their health and wellbeing. The aim is to improve equitable access to services, enhance the patient experience, and ensure that women receive holistic care tailored to their individual needs.

> *This plan is the culmination of a huge amount of work, and I would like to thank the National Strategic Clinical Network for Women's Health for their dedication to getting us to this point – but this is only the beginning. The real work starts now.*

This is an ambitious 10-year plan – I am determined it will drive real improvements in women's health and outcomes; it will advocate for women and girls in the NHS and will empower women to be heard when accessing healthcare.

This is a living plan, capable of responding to new issues and new evidence in real time, including any results from the new research which will be taking place in Wales from April 2025.

Our collective task now is to deliver the ambitions set out in this plan and deliver the changes women and girls in Wales want to see.

**Sarah Murphy**

Minister for Mental Health and Wellbeing.

# NHS Forewords

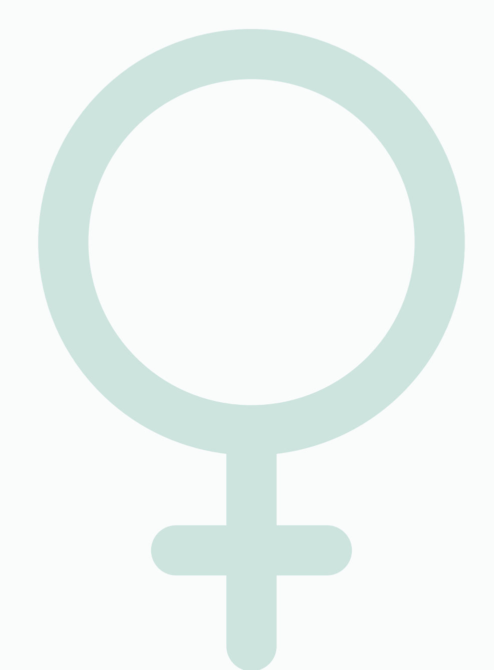
'A More Equal Wales' is one of the seven goals of the Wellbeing of Future Generations (Wales) Act 2015. Yet data in Wales currently shows us that, although women have a higher life expectancy than men, men spend more of their life in good health compared to women. It is a priority, therefore, that we look at the NHS Wales Women's Health Plan as an opportunity to reduce these inequalities across the life course, to do this we need high quality data.

As Chief Executive of Digital Health and Care Wales, I am mindful that there is much more that we can do in the digital and data space to improve our understanding of women's health. We are committed through the Plan, to driving equality in women's health, through better data and information, working collaboratively with our health and care partners and women in Wales to achieve this.

Saunders, Nathan
28/10/2025 10:18:55

**Helen Thomas**

Chief Executive, Digital Health and Care Wales, and Chair of the National Strategic Clinical Network for Women's Health Leadership Group.



*"We are committed through the Plan, to driving equality in women's health, through better data and information, working collaboratively with our health and care partners and women in Wales to achieve this.*

The NHS Wales Executive recognises that the Plan is being delivered at a time of significant challenges, not only for the NHS in Wales, but also the populations and people it serves. Nevertheless, with challenges come opportunities. The pandemic showed that the NHS can adapt and change rapidly when required. We now have an opportunity, through the delivery of the NHS Wales Women's Health Plan, to do things differently, which we must do.

Over the next ten years, through the oversight and support of the NHS Wales Executive we want the gender health gap to close in Wales. The NHS Wales Executive will monitor and evaluate how the Plan is being delivered across all services, including primary and secondary care, and hold to account where necessary. We have a unique opportunity in the NHS Wales Executive and through our Clinical Networks, to ensure that women's health becomes a priority on everyone's agenda. Through the effective delivery of the Plan, we shall enable this to happen.

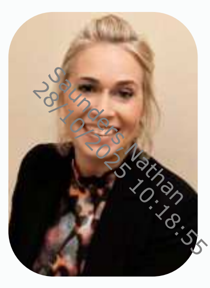
**Dr Meinir Jones**

National Clinical Director Networks, NHS Wales Executive.

It has been a great privilege to be appointed the first Clinical Lead for Women's Health in Wales, and lead on the design of an NHS Wales Women's Health Plan. Much is happening both nationally and internationally to raise awareness around the need to prioritise women's health, and my hope is that the Plan will align with this global vision. The earlier 'Discovery Report' and the 'Quality Statement for Women and Girls' have been the foundations for the Plan, as have the strategies and experiences from our neighbours across the UK.

The NHS Wales Women's Health Plan, like the English Strategy and the Scottish Plan, has focused on key priority areas in healthcare, in which we can deliver meaningful improvements, across the next ten years. In designing and editing the Plan I have had the pleasure to meet with many different and highly skilled professionals from across all areas of our health services. They have provided their time, insight, experience and often the words needed to shape the Plan. It has truly been a team effort and for this I am incredibly grateful.

Patricio Marquez, of the World Bank stated "Healthy women are the cornerstone of healthy societies"[1]. We need to consider that this is a Plan that will improve the health for everyone in Wales and have far-reaching effects on society as a whole.



**Dr Helen Munro**

Clinical Lead, National Strategic Clinical Network for Women's Health, NHS Wales Executive.

Saunders, Nathan
28/10/2025 10:18:55

*Healthy women are the cornerstone of healthy societies.*

# A note on language

## Women’s Health

We recognise that some individuals who need access to women’s healthcare do not identify themselves as women or girls, and we are clear that all services must be appropriate and sensitive to individual needs. We use the terms ‘woman’ and ‘women’s health’ with the understanding that trans men and non-binary people recorded female at birth are included and may also require access to these services.

Saunders Nathan
28/10/2025 10:18:55

# Executive Summary

Saunders,Nathan
28/10/2025 10:18:55

# Executive Summary

The NHS Wales Women's Health Plan (the Plan) is a ten-year vision (2025-2035) that outlines an NHS Wales approach to improving the health outcomes for women in Wales.

It is an NHS Plan, which has been co-ordinated and led by the National Strategic Clinical Network for Women's Health (the Network) with involvement from NHS staff, colleagues, experts in the field, and third sector organisations. It builds upon the work of the 'Discovery Report'[2], which captures the voices of 4000 women and girls in Wales across six ambition areas.

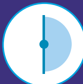
The Plan will be delivered over ten years, through short, medium and long–term actions. It will follow a life course approach, with a focus on delivery of services from 16 years of age, often an important time of transition within health services for girls. The Network will work with the Maternity and Neonatal, and Child Health Strategic Networks to ensure that the health of girls in the early-years and adolescent period are prioritised.

The Plan outlines the key health inequalities experienced by women in Wales at a population level, and highlights some of the disparities in health that are emerging. It will, however, also highlight opportunities for closing the gender gap, improving health across our NHS services and bringing to our attention areas of innovation and best practice delivered by our motivated and committed NHS staff.

Saunders, Nathan
08/10/2025 10:16:55

The Plan will be delivered over ten years, through:

**Short-term actions**
Up to 2 years



**Medium-term actions**
3-5 years

**Long-term actions**
6-10 years

The Network is in a unique position to drive the delivery of the Plan through its partnership working across the wider NHS Wales Executive, Public Health Wales, primary care and Health Boards. This includes the monitoring and evaluation of the delivery of the Plan utilising, for example the national pathways and the 'NHS Quality and Safety Framework'[3].

The role of the Network has a dual purpose; it is not only responsible for enhancing services for on conditions specific to women but also plays a crucial role in advocating for women within other National Strategic Clinical Networks. This involves challenging and collaborating with those networks, to consider the distinctions between men and women, as well as the differences among various groups of women, and supporting them with implementing necessary changes.

Taking a preventative approach to women's health is aligned to the Welsh Government's 'A Healthier Wales Our Plan for Health and Social Care', which advocates for achieving "a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health"[4].

Saunders,Nathan
28/10/2025 10:18:55

Whilst many examples of preventative activities exist in relation to women's health, a preventative approach is not systematically embedded across the life course for women, resulting in missed opportunities to help women to access the support they need. Prevention is therefore integral to every part of the Plan.

The Plan takes a life course approach which means that 'women's health' is broader than gynaecology and maternal health related conditions. The Plan includes work highlighted from other National Strategic Clinical Networks, such as Mental Health, Musculoskeletal, and Diabetes, showing the challenges and enablers needed to close the gender gap.

The Plan includes eight priority areas which draw upon insights from 4,000 women and girls, as outlined in the 'Discovery Report', which underpins our ten-year vision for the Plan.

## Our vision is that in 10 years:

Women will experience better access to health services, including access to health information, with a prevention focus, improved health outcomes and reduced inequalities in health.

Our workforce will be appropriately skilled and trained to deliver women's health in a variety of settings providing for a range of complexity.

Health Boards will prioritise women's health services across the life course and listen to and act upon the voices of women in the development of these services.

Data collection across Wales in every service, irrespective of specialism, will be disaggregated by gender and sex, and data will be used to better understand women's health needs, through research and innovation, to improve service provision and outcomes.

Saunders,Nathan
28/10/2025 10:18:55

In reading this document, please consider the additional reference documents in the appendices.

*"Women's health is everyone's health. By improving the health of women in Wales we will improve the health of the nation.*

# Introduction

# 1. Introduction

As cited in the 'Welsh Government Quality Statement for Women and Girl's Health 2022'[5], the current healthcare framework often bases diagnostic criteria and treatment on male experiences, leading to the undervaluation and dismissal of women's unique health needs and symptoms.

This gender bias is evident in patterns of health inequalities, where women, for example, tend to live fewer years free from disability compared to men and often wait longer for pain relief. Women's symptoms, particularly for conditions such as cardiac disorders, asthma, incontinence, and mental health issues, can differ significantly from men's, necessitating a gender-specific approach to healthcare. In Wales, it is essential for health services to be competent in addressing the specific health needs of women and girls across all conditions - beyond just gynaecological issues—by recognising these differences and providing culturally and gender-sensitive care to reduce health inequalities.

Saunders, Nathan 27/10/2025 10:18:55

**The Plan will build upon the work of the 'Discovery Report'[2] across six key ambitions:**

### Research

The Welsh Government has financially committed £750,000 of investment to research focused entirely on women's health concerns, which will be launched in April 2025, following a rapid prioritisation exercise in autumn/winter 2024. Further to this is the commitment to encourage a bid from Welsh universities for catalytic funding to create a Women's Health Research Centre. The Network will work with Health and Care Research Wales (HCRW), and the academic community within Wales to ensure the voices of women and girls are the foundations on which high quality research is built.

### Women's Voices

The effective delivery of the Plan will rely upon listening to the voices of women in Wales by identifying and embedding techniques and behaviours that ensure women's and girl's voices are heard in every interaction they have with the NHS. The Network and NHS Wales will be providing the opportunity to listen to and collaborate with those with lived and learnt experience via Task and Finish Groups to participate in the design and delivery of women's health services. There will be an expectation that Health Boards will similarly involve women, and those with lived and learnt experiences locally, in implementing the Plan.

### Information, Education, Communication

A 'digital first' approach can be effectively used in healthcare to facilitate and support patients and service users. The Network will collaborate with key data and digital services to ensure that the data collected at local and national level support delivery of the Plan. This will include the development of an NHS Wales women's health website.

Saunders,Nathan
28/10/2025 10:18:55

### Health in the Workplace

A safe and healthy working environment is a fundamental principle and right at work. Health Boards should ensure that policies are in place to support women, such as becoming 'menopause and menstruation friendly' employers. The Network will work with key organisations in Wales to raise awareness of the key issues, to pioneer best practice and provide advice and guidance on how the workplace can support wellbeing, work-life balance, and mental health.

## Intersectionality

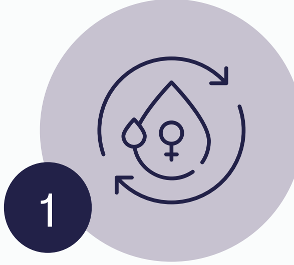
Several factors including race, physical attributes, socioeconomic status, education, employment, housing, and access to healthcare services, influence women's health. Domestic abuse disproportionately affects women from minority ethnic groups due to long-standing structural inequalities, which can have adverse effects on mental health. The intersectionality of these issues is critical to the fair delivery of the Plan, and this will be a key priority. This will be supported through the recruitment to the Network of an Equality, Diversity and Inclusion Champion.

## Improved Access

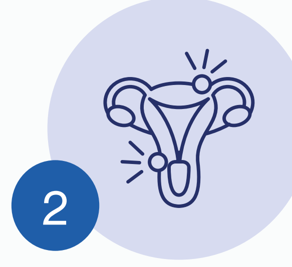
Amongst many lessons learnt during the Covid-19 pandemic, was that delivery of health services via digital platforms can be a positive and progressive step to enabling access, not least for women who often have multiple care roles and find accessing in-person appointments a challenge. But there must be choice. Access must be person-centred and, to ensure this, we must co-produce women's health services.

Saunders.Nathan
28/10/2025 10:18:55

**These ambitions are embedded in the Plan across The 8 Priority Areas which will be delivered across short, medium and long-term actions. They are;**




Menstrual Health

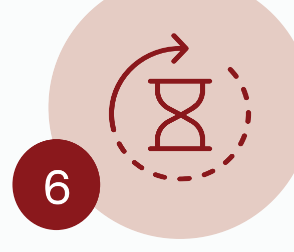



Endometriosis and Adenomyosis

Contraception, Post-Natal Contraception and Abortion Care

Preconception Health

Pelvic Health and Incontinence



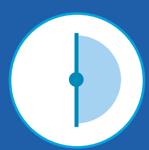

Menopause

Violence Against Women, Domestic Abuse and Sexual Violence

Ageing Well and Long-term Conditions Across the Life Course

Each priority area is expanded on within the Plan

**Short-term period**
Up to 2 years



**Medium-term period**
3-5 years

**Long-term period**
6-10 years

It is important the Network continues to listen to the voices of women in Wales to co-create and build on the work established through the 'Discovery Report'[2].

To support the implementation of the Plan and ensure that it is co-produced by women in Wales, the Network has agreed to the following within the first two years:

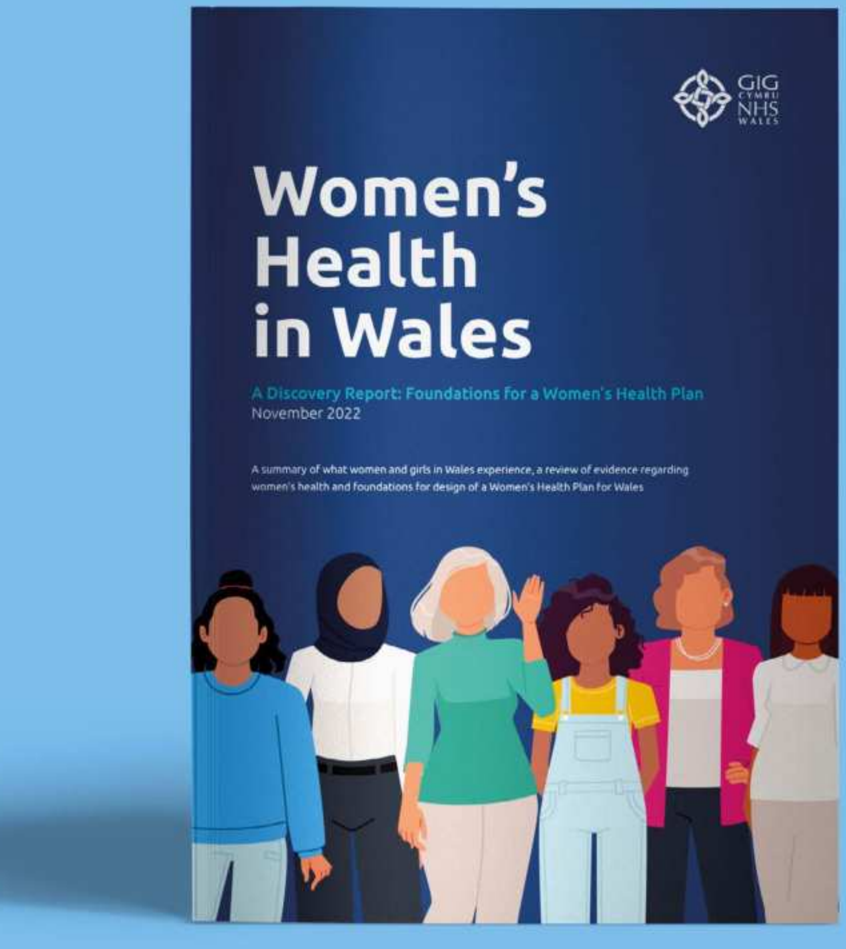
Commission a 'deep dive' into the 4000 results of the 'Discovery Report'[2] to develop a framework to support future learning.

Survey women aged 16-25 years, those over-65 years of age, and those from Black and Minority Ethnic Groups.

Recruitment of an Equality, Diversity and Inclusion (EDI) Champion to the Network.

Create an NHS Women's Health Website.

Saunders, Nathan
28/10/2025 10:18:55



# The Health of Women in Wales

Saunders,Nathan
28/10/2025 10:18:55

Saunders, Nathan
29/10/2025 10:18:55

# The Health of Women in Wales

## A Life Course Approach

At every phase of life, women have specific needs and opportunities to optimise their health and wellbeing. A life course approach is built on evidence-based strategies and the right to the highest attainable standard of health at all times[6].

While women comprise 51% of the population in Wales, they represent a much higher proportion of the primary carers in society and exert a strong influence on the health behaviours of their families and local communities. Although women are living longer, a significant proportion of their life, almost two decades, is spent in ill health.

Adopting a life course approach provides an insight into the impact of the many biological, behavioural and social determinants of health and wellbeing. Not only do events occurring at each stage of an individual woman's life have an impact on the quality of the next stage, but there is clear evidence of a strong intergenerational transmission of both good and bad health behaviours and outcomes.

Most importantly, a life course perspective offers us the potential for early intervention to reduce the risk of certain diseases developing.

We need to use knowledge and data collected throughout women's lives to develop improved services for women that follow prudent health and care principles[9] which sit at the heart of 'A Healthier Wales'[10], avoiding the unnecessary wasting of resources and ensuring the delivery of value-based outcomes.

Placing women and their needs at the centre of our service planning and taking practical steps to harness existing resources and use them more efficiently can achieve this. We need to work together, with a shared vison for women's health in Wales.

Saunders,Nathan
28/10/2025 10:18:55

## Principles of Prudent Health and Care[9]

Equity based care, treating greatest need first

Do no harm – do some measurable good

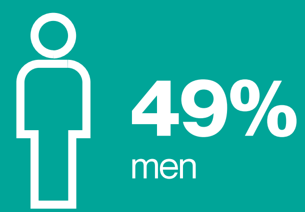
Do the minimum appropriate, to achieve the desired outcomes

Choose the Most Prudent Care, openly together with the patient

Consistently apply evidence-based medicine in practice

Co-create health with the public, patients and partners

Population of Wales

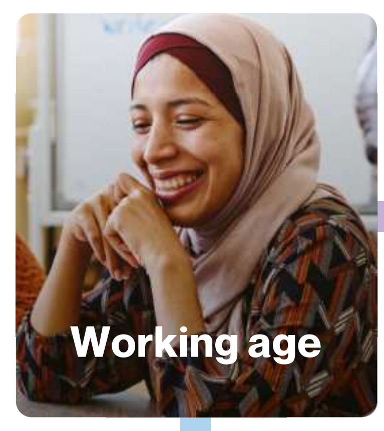


51% women

49% men

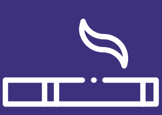
**1 in 4 girls** experience childhood sexual abuse

**35%** of girls have low mental wellbeing scores



**4,500** young female carers in Wales

**11.9%** of girls achieve the recommended physical activity targets



**3.1%** of girls smoke

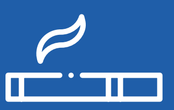
**40.9%** of girls drink alcohol

**51.2%** of women meet physical activity guidelines

Saunders,Nathan
28/10/2025 18:03

**22.3%** of women have a disability

**22%** of women (16-44) have a mental health diagnosis



**12.4%** of women smoke

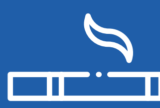
**9.8%** of women drink above alcohol guidelines

*Data references and Total Burden of disease across the life course on pages 125-128

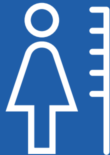
Women earn on average **£1 p/h less** than men in 2023

**71%** of the part-time workforce is made up of women

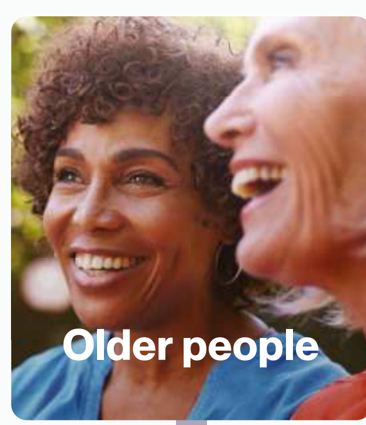
**52%** of women have reported being sexually harassed or abused in the workplace

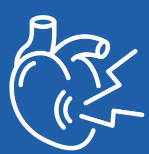


**13.8%** of pregnant women in Wales were smoking with 11.7 through to delivery



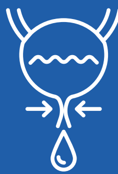
**60.1%** of women are above the recommended BMI during pregnancy



**50%** chance of women receiving a wrong diagnosis following a heart attack

**13.5%** of the female population is made up of women of menopausal age



**Over 60%** of UK women have at least one symptom of poor pelvic floor health

**31.6%** of women reported a mental health problem during pregnancy

**81.8 years** is the average life expectancy for a woman

**60.5 years** female **healthy** life expectancy

**1 in 3** women will have a fragility fracture

**14.2%** Alzheimer's in women is the leading cause of death in women in Wales

Women are **twice** as likely to develop Alzheimer's compared to men


*Data references and Total Burden of disease across the life course on pages 125-128



Saunders,Nathan 28/10/2025 10:48:55

> *Black, Asian and Minority Ethnic people make an immeasurable contribution to a prosperous, healthier, more equal Wales with vibrant cultures and thriving languages.*[7]
>
> **Rt Hon Mark Drakeford MS**

Saunders, Nathan 28/10/2025 10:18:58

# Wider Determinants of Health

Saunders,Nathan
28/10/2025 10:18:55

# 3. Wider Determinants of Health

## 3.1 The Building Blocks of Women's Health

*Women are the 'shock absorbers of poverty', tending to bear responsibility for household budgets and to skip meals and make other sacrifices to support their children.*

UK Women's Budget Group (2022), The gendered impact of the cost-of-living crisis[12].

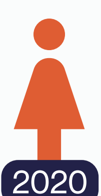
Saunders, Nathan
28/10/2025 10:18:55

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Systematic variation in these factors leads to health inequalities which are avoidable differences in health outcomes between groups or populations. Health disparities are a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage and adversely affect groups of people who have systematically experienced greater obstacles to health[13].

For example, women's health is influenced by more than access to healthcare. For the women of Wales to be healthy, we need all the right building blocks of health and wellbeing to be in place. The building blocks are the positive things that everyone needs to be healthy, and they include things like warm homes, good jobs, education, enough money to pay bills, safe childhoods and connections with people in our communities. There is a need to reduce health inequalities and prevent them from getting worse, by targeting their causes and mitigating their impact.

Between 2018 and 2020, life expectancy for women in Wales was on average 82 years. However, there was a 6.3 year gap in life expectancy between women residing in the least and most deprived areas respectively (84.7 years versus 78.4 years). During the same time, a gap of 16.9 years was observed in healthy life expectancy between women residing in the least deprived and most deprived areas (70.2 years versus 53.3 years)[14].

**6.3 year gap**
in life expectancy women residing in the least and most deprived areas



**16.9 year gap**
in **healthy** life expectancy between women residing in the least and most deprived areas

Women from all age groups are more likely to live in more deprived areas than men according to analysis of the Census 2021 data[15].

Evidence has shown that black and minority ethnic groups and disabled and lone parent women face especially worse health disparities linked to social and economic status[16]. Being in employment is not necessarily protective against poverty and women are more likely to be in working poverty than men. Across all age groups, women were more likely to be in material deprivation than men, with 13% of women materially deprived compared with 9% of men[17]. Living in poverty is known to be damaging for health and one of the main causes of poor health and health inequalities.

The Welsh Government is committed to tackling poverty, addressing the gender pay gap and eradicating male violence against women and girls. Significant work is being undertaken across the Welsh Government, the public and the third sector to address these major societal issues. It is vital that the NHS works with other public bodies to improve health equity and work to improve the wider determinants of health.

## 3.2 Link between Gender Equality and Health

Saunders,Nathan 10/10/2025 10:18:55

Gender equality is key to achieving a prosperous and modern economy that can deliver sustainable and inclusive growth. Gender equality is essential for ensuring that men and women can contribute fully at home, at work and in public life, for the betterment of societies and economies at large. Gender gaps persist in all areas of social and economic life, and the size of these gaps has often remained persistent[18].

Gender inequalities play a role in driving inequities in health and wellbeing. Gender can interact with, and frequently amplifies, other inequalities, such as race or poverty, in shaping our entire life experience. Gender equality can also play an integral part in contributing to the 'building blocks' of good health.

Whilst the workforce participation rates of women have moved closer to those of men over the past few decades, women are still less likely to be in the workforce and often experience lower job quality. Women with jobs are more likely to work part-time, for lower pay, and in less lucrative sectors. Women are also less likely to advance to management positions and are more likely to face discrimination in the workplace[18]. We know that fair work is a key determinant of health.

On average, women spend roughly triple the amount of time that men do each day in unpaid care and domestic work, according to the latest available data from around 90 countries[19]. That work includes a variety of unpaid activities, such as taking care of children and the elderly, and domestic chores. This double burden of managing work and home life can impact women's health and wellbeing, with increased stress and mental health problems[20].

On average, women spend roughly triple the amount of time that men do each day in unpaid care and domestic work, according to the latest available data from around 90 countries[19].

## 3.3 Intersectionality and vulnerability

Intersectionality in women's health means looking at how different aspects of a woman's identity, such as her race, gender, income, and more, combine to impact her health. Instead of seeing these factors separately, intersectionality helps us understand how they work together to create unique health challenges for each woman[21]. By using this approach, healthcare providers can create better, more personalised care plans that address the specific needs of diverse groups of women[22].

There are some groups of women, who are particularly vulnerable, and as a result have worse health outcomes. High numbers of women in prison and those in contact with the criminal justice system experience poor physical and mental health and many are living with trauma. Almost 60% of women who offend have experienced domestic abuse[23]. Romany Gypsy, Roma and Irish Traveller communities, migrants and sex workers are known to face some of the starkest inequalities in healthcare access and outcomes. The reasons for these poor health outcomes are complex, but include the impact of discrimination and stigmatisation, the complicated nature of health systems and the effects of wider social determinants of health[24].

Saunders, Nathan
28/10/2025 10:38:55

*Almost 60% of women who offend have experienced domestic abuse[23].*

## 3.4 How can we promote gender equality?

Promoting gender equality would deliver several benefits for societies and economies. Providing equal opportunities has an intrinsic value for women. Likewise, societies that treat women fairly are also healthier, happier, more trusting, equal and inclusive[25]. Having more women at work tends to reduce income inequality and support household incomes during economic downturns, which will lead to fewer health inequalities[26].

Policies that reconcile work and family life, notably through early education and care services, can help level the playing field by compensating for disadvantages at home. They allow women to progress in their careers, if that is their choice, and avoiding the transmission of disadvantages to children. They can also support parents' participation in the labour market and mitigate the detrimental impacts of financial hardship on the future outcomes of children[18].

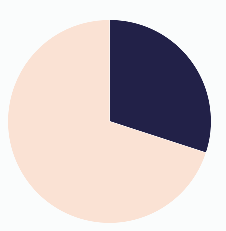
## 3.5 Health in the Workplace

Women have specific physical health needs in the workplace. This requires an integrated approach that prioritises health interventions that support women at all stages of their working lives.

This must include addressing common issues relevant to menstrual health, menopause, mental health, and chronic conditions that disproportionately affect women.

Due to deep-rooted gender inequality, women in Wales bear a disproportionate share of caring responsibilities and dominate traditionally lower-paid occupational sectors, such as health and social care. For women who experience intersecting disadvantage and discrimination, for example, women who are racialised, disabled, or single mothers, their outcomes are poorer.

In the UK, women from black and minority ethnic groups are twice as likely to be on zero-hour contracts when compared with white men[27].



Thirty point two percent of disabled women in the UK reported being trapped in severely insecure work in 2022[28].

38%

In Wales, 38% of single parents, the majority of whom are women, are living in relative income poverty[28].

Evidence has also shown that 75% of women who experience domestic abuse and violence are targeted at work, ranging from harassing phone calls and abusive partners arriving at the workplace unannounced, to physical violence[29]. Twenty one percent of employed women take time off work because of domestic abuse and 2% lose their jobs as a direct result of abuse[29]. Fifty two percent of women have reported being sexually harassed or abused in the workplace[30]. In 2023, NHS England launched its first ever, sexual safety charter, in collaboration with key partners across the healthcare system[31]. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this. NHS Wales should consider a similar charter.

73%

Research by Women's Aid in 2022 found that 73% of women living with and having financial links to their abuser said the cost-of-living crisis has either prevented them from leaving or made it harder to do so[32].

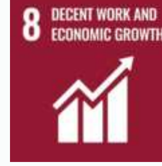
By encouraging workplaces to be inclusive and supportive, environments can be created where women can thrive, without health-related barriers affecting their careers.

Healthy Working Wales[33] (HWW) is a national programme that aims to improve health and prevent ill-health among the working-age population, by working with and through employers and workplaces. It does this through a digital offer to provide employers with a self-directed approach to employee and workplace health and wellbeing activity. By encouraging a culture of openness and support, HWW aims to contribute to a more equitable and healthier workplace for all women, ensuring their wellbeing is prioritised in line with broader health and employment issues.

The menopause is also a key time in the lives of women when their work-life can be negatively impacted by their physical health. Through policies such as the 'All Wales Policy on Menopause'[34], employers can be supported in their duty to create safe supportive environments for women during the menopause. An example of this can be seen in Cwm Taf Morgannwg University Health Board (CTMUHB) where Menopause@CTM[35] was launched in 2021, a dedicated service to support CTMUHB staff, born out of the realisation that employees at CTMUHB should feel supported.

Saunders,Nathan
28/10/2025 10:18:55

Achieving gender equality and empowering all women and girls is Goal 5 of the 'Sustainable Development Goals'[36] and aligns with the 'Wellbeing of Future Generations Act (Wales) 2015'.



The Plan and 'Advancing Gender Equality in Wales'[37] are synergistic in their goals and approaches. Together, they aim to create a more equitable society where women can achieve optimal health and wellbeing, free from discrimination and inequality. By aligning these initiatives, Wales can make significant strides towards both improved health outcomes for women and the overall advancement of gender equality.

# Prevention Based Women's Health

4

Saunders Nathan
28/10/2025 10:18:55

# 4. Prevention Based Women's Health

## 4.1 A Prevention Framework for Women's Health

The 'Better for Women' report published in 2019 by the Royal College of Obstetricians and Gynaecologists (RCOG) highlights that a preventative approach is required across the life course to prevent predictable morbidity and mortality and to address the determinants of health specific to women's health[38].

Prevention strategies in women's health encompass a wide range of practices aimed at reducing the risk of diseases, enhancing quality of life, and ensuring that women live longer, healthier lives. Taking a preventative approach to women's health is aligned to 'A Healthier Wales'[14], which advocates for achieving "a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health".

Whilst many examples of preventative activities exist in relation to women's health, a preventative approach is not systematically embedded across the life course for women, resulting in missed opportunities to help women access the support they need.

Saunders, Nathan
28/10/2024 10:08:55

Prevention is, therefore, integral to every part of the Plan, including:

Preventing unintended pregnancies.

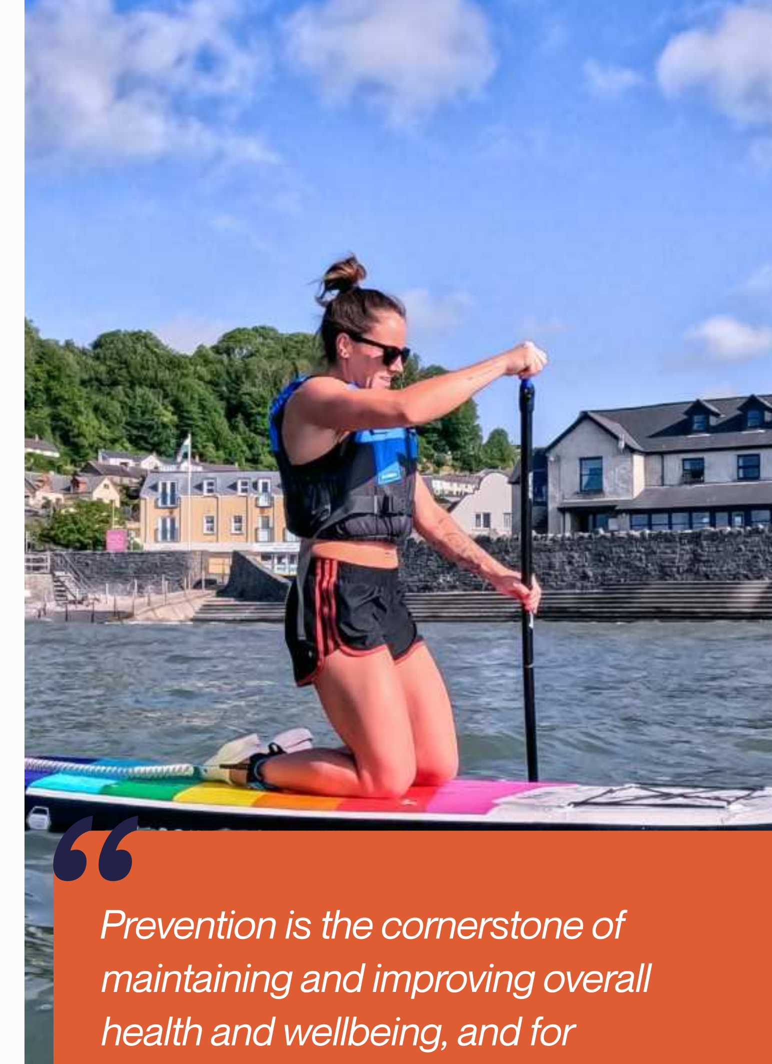
Preventing sexually transmitted infections (STI).

Preventing poor outcomes in gynaecological conditions.

Preventing violence against women and girls.

Preventing the onset of non-communicable diseases, including mental health conditions, where possible, and addressing inequalities in outcomes for established conditions.

Preventing cancers, where possible.



> *Prevention is the cornerstone of maintaining and improving overall health and wellbeing, and for women, this focus becomes even more critical due to the unique health challenges they face throughout their lives.*
>
> **Dr Amrita Jesurasa**
> Consultant in Public Health Medicine, Public Health Wales.

Preconception health is a particular area in which opportunities remain for maximising a preventative approach, as highlighted within this Plan.

Access to, and investment in, contraception services is one of the simplest and most effective ways to support women's health in Wales. Forty five percent of pregnancies within the UK are unplanned or associated with feelings of ambivalence[39], which have been estimated to lead to direct healthcare costs of £193m per year in the UK[40]. More importantly, women who have unintended pregnancies are more likely to delay prenatal care, experience violence, and have mental health problems[41]. In addition, children of women who have unintended pregnancies are at increased risk of mental and physical health problems and are more likely to struggle in school[42]. Investing in safe, effective contraception is one way to prevent this, and figures show £9 in savings for every £1 invested in publicly provided contraception over ten years[42].

As well as access to contraception, the frequent, routine touchpoints for women within the NHS in the preconception and postnatal periods provide opportunities to promote uptake of immunisations, routine screening programmes and adoption of healthy behaviours. They also help to identify and manage clinical and behavioural risk factors, and to offer support to women with any issues affecting wider determinants of their health and wellbeing.

Saunders Nathan
28/10/2025 10:18:55

Screening programmes are offered across the life course to women and are evidenced based programmes that either prevent disease or identify disease early to improve outcomes. These are cervical screening to prevent cervical cancer; breast screening to detect breast cancer early; and antenatal screening which is a key part of antenatal care. Other universal programmes are also available such as diabetic eye screening and bowel cancer screening. Enabling women to consider taking up their screening offer is key to improved outcomes.

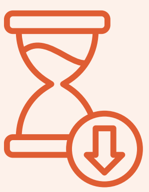
45%

of pregnancies within the UK are unplanned or associated with feelings of ambivalence.

which have been estimated to lead to direct healthcare costs of

£193 million

per year in the UK.



More importantly, women who have unintended pregnancies are more likely to delay prenatal care, experience violence, and have mental health problems.

Whilst many of these effective preventative interventions are well recognised, barriers exist to implementing these systematically into practice. Public Health Wales has developed the Prevention-Based Health and Care (PBHC) Framework[43], which identifies fundamental components needed to shift the health and care system towards a prevention-based approach (figure 1).

**Figure 1:** Prevention-based health and care – A framework to embed prevention in the health and care system in Wales.

## Prevention-based health and care

A framework to embed prevention in the health and care system in Wales

Data and analytics

Research, evidence and delivering value

Digital health and wellbeing

Strategic partnerships

People involvement, engagement and experience

Leadership, collaboration and influence

OPPORTUNITY

CAPABILITY

MOTIVATION

IDENTIFICATION

INTERVENTION

IMPLEMENTATION

OUTCOMES

WORKFORCE

ENABLERS

Saunders Nathan 28/10/2025 10:28:35

**Outcomes**

What are the desired outcomes?

**Identification**

Who needs to benefit and how can they be reached equitably?

**Intervention**

What high quality prevention activity is needed?

**Implementation**

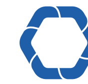
How should prevention activity be delivered safely, equitably and in a timely and person centred way?

Is prevention activity scaled to meet need? Are there gaps in provision? Is there unwarranted variation?

**Workforce**

Who will deliver the prevention activity?

How can optimum conditions be created to support the workforce's capability, opportunity and motivation to deliver prevention activity?



**Enablers**

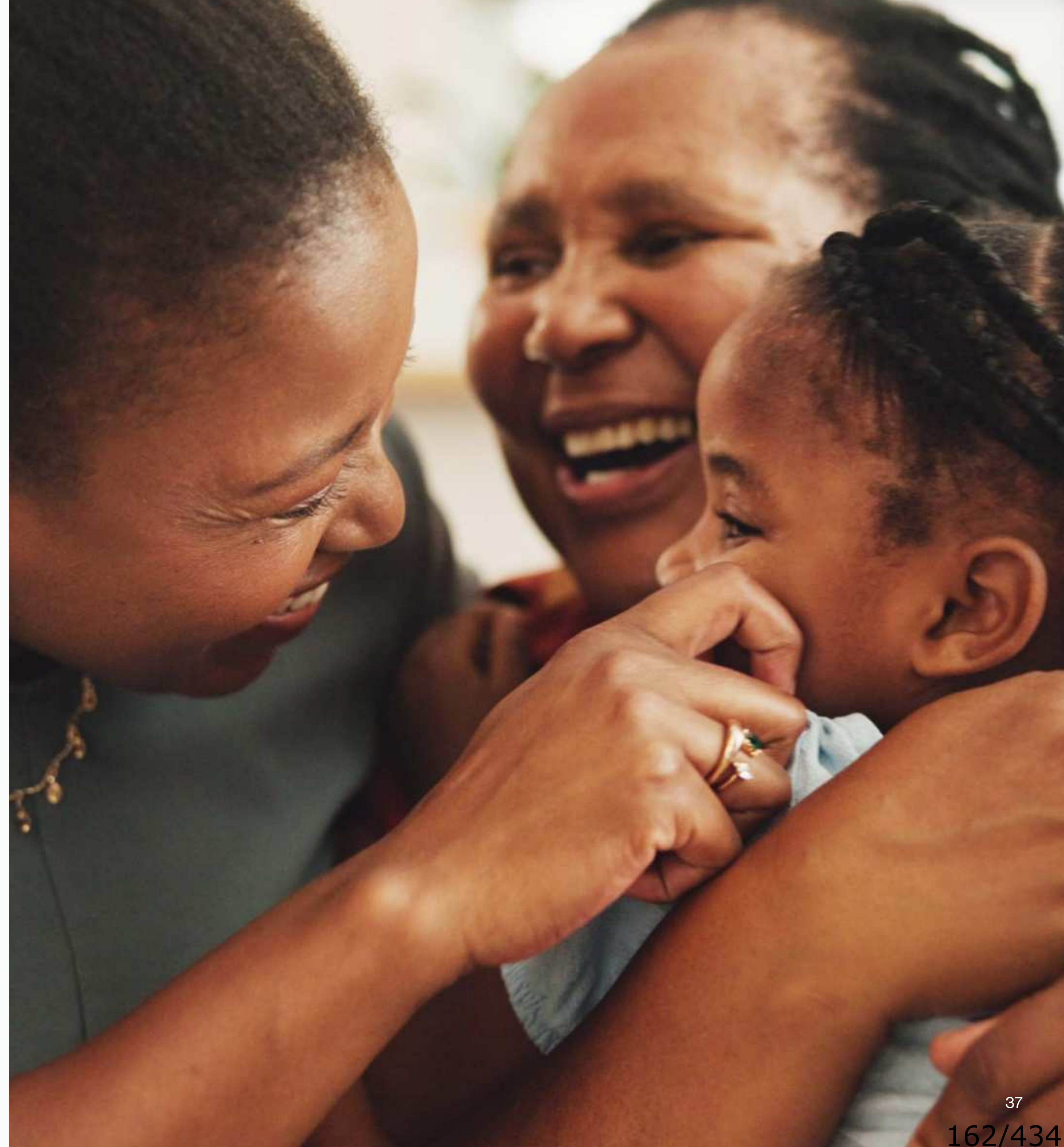
How can enablers support a coordinated and systematic approach to delivering prevention activity?

How will we know if the desired outcomes are being achieved?

To embed a preventative approach to women's health, applying the PBHC framework can help to build consensus on:

- The priority outcomes to be addressed.
- The target population(s) to be reached equitably.
- The population's needs.
- The evidence-based interventions required and their alignment to the 'Six domains of healthcare quality' (Safe, Timely, Effective, Efficient, Equitable, Person-centred).
- What is needed to address: unwarranted variation; gaps in preventative activity; scalability of high-quality interventions.
- Workforce considerations.
- Key action to progress the implementation of the enablers of preventative approaches, for example, in relation to data, digital requirements, public involvement, research and evaluation priorities, and strategic partnerships.

Saunders,Nathan
28/10/2025 10:18:55



# Women's Health Research

Saunders, Nathan
28/10/2025 10:18:55

> *Delivery of the Women's Health Plan must be underpinned by high-quality evidence and a research community within Wales that prioritises women's health.*
>
> **Professor Jacky Boivin**
> Professor of Health Psychology (Women's Health), Cardiff University.

Saunders,Nathan
28/10/2025 10:18:55

# 5. Women's Health Research

## It is well known that the lack of women specific health evidence and data, explains and perpetuates women's poor healthcare experiences and outcomes, and leads to a widespread failure to invest in the services women need.

With eight universities, Wales can boast some of the most well-respected academic institutions in the UK. Producing high calibre research, and home to the globally acclaimed SAIL databank[44], Wales is a leading exemplar in the academic world.

> In March 2024, the Welsh Government announced how it would support investment in women's health research over the coming years. This included a prioritisation exercise in autumn 2024 and, a commissioned call in early 2025 with £750,000 of investment. Further to this, is the commitment to encourage a bid from Welsh universities for catalytic funding to create a Women's Health Research Centre[45].

The Network will collaborate with HCRW, and the Welsh Government to ensure research is aligned with the needs of women, first and foremost, and that outputs have an impact on the services women use on a day-to-day basis. Through its partnerships, the Network will have the unique opportunity to co-produce with patients, researchers and other stakeholders, to gather evidence that will help shape policy and directly inform decision-making in women's health across Wales.

The women's health innovation sector in Wales, including technology and devices, has significant growth potential to improve women's health. To make sure innovations in health work for women, and address outcomes that matter to them, we need to ensure that academics, patients, and industry (including women innovators) work in partnership. The Network will seek to support and facilitate a space where diverse and interdisciplinary partners can come together to devise, develop, and evaluate tools and interventions to improve women's health in a co-productive and rigorous way. This space should include third sector women's organisations that have direct and current contact with women, including women that may not want, or be able, to participate in research.

Opportunities to participate and train in women's health research need to be accessible to those working in health and care services, especially primary and community care settings. Ways to inform and integrate research into GP practices, at an individual or cluster level, need to be better facilitated. The Network will seek to bring together the key stakeholders (i.e., HCRW, academic institutions, primary care and Health Education and Improvement Wales [HEIW]) to learn what the barriers are and where the opportunities lie to create and grow 'research active' primary care clusters.

Finally, there needs to be guidance developed that ensures a sex and gender intentional lens is embedded in all areas and stages of research and infrastructure in Wales. The Network will work with partners to create a framework and associated training (e.g., Continuing Professional Development activity, capacity-building resources) that supports this ethos, which can be disseminated across the NHS Wales Executive and key stakeholders, including the Welsh Government and the third sector.

Saunders,Nathan
28/10/2025 10:18:55

## Summary of aims to support women's health research in Wales.

The Network will work with partners to:

- Create priority areas for development, as highlighted through the Discovery Report and ongoing engagement with women.
- Identify best pathways for efficient implementation of research findings.
- Facilitate collaboration between industry and the NHS to devise, develop, and evaluate tools and interventions that address identified priority areas for development in women's health in a co-productive and rigorous way.
- Co-produce a 'best-practice' sex and gender intentional framework and build capacity to integrate the framework in research infrastructure in Wales.
- Ensure that dedicated sustainable funding for women's health research is made available.
- Create and grow 'research active' primary care clusters.

**Example of Women's Health Research Project from Bangor University. Dr Ceryl Davies, Social Care Economist, Centre for Health Economics and Medicines Evaluation, School of Health Sciences:**

**Title**: What is the impact of enhancing cervical screening care provision in Wales, England and Australia for women who have experienced sexual violence and abuse?

## Key statistics: The nature of the problem

- Estimates reflect that one in four girls experience childhood sexual abuse.
- One in three women experience sexual violence.
- Women who have experienced sexual violence and abuse (SV&A) often experience challenges to attending health care, including accessing care immediately following an episode of abuse and difficulties in accessing healthcare throughout their lives.
- There is continued decline in the uptake of cervical screening, with several practical barriers reported (e.g. the emotional anxiety caused), with additional barriers reported from women of ethnic minority backgrounds.
- Calculations indicate that raising screening coverage to 84% could save the NHS £10 million, with estimates that cervical screening saves around 5000 lives a year in the UK*.
- When women who have experienced SV&A do attend for cervical screening the experience is often difficult and re-traumatising.

Saunders, Cathryn 28/10/2025 11:18:55

## Aims and objectives

The aim is to identify, explore and measure the impact of enhancing cervical screening care provision in Wales, England and Australia for women who have experienced SV&A.

**Proposal: Sequential Workstreams**

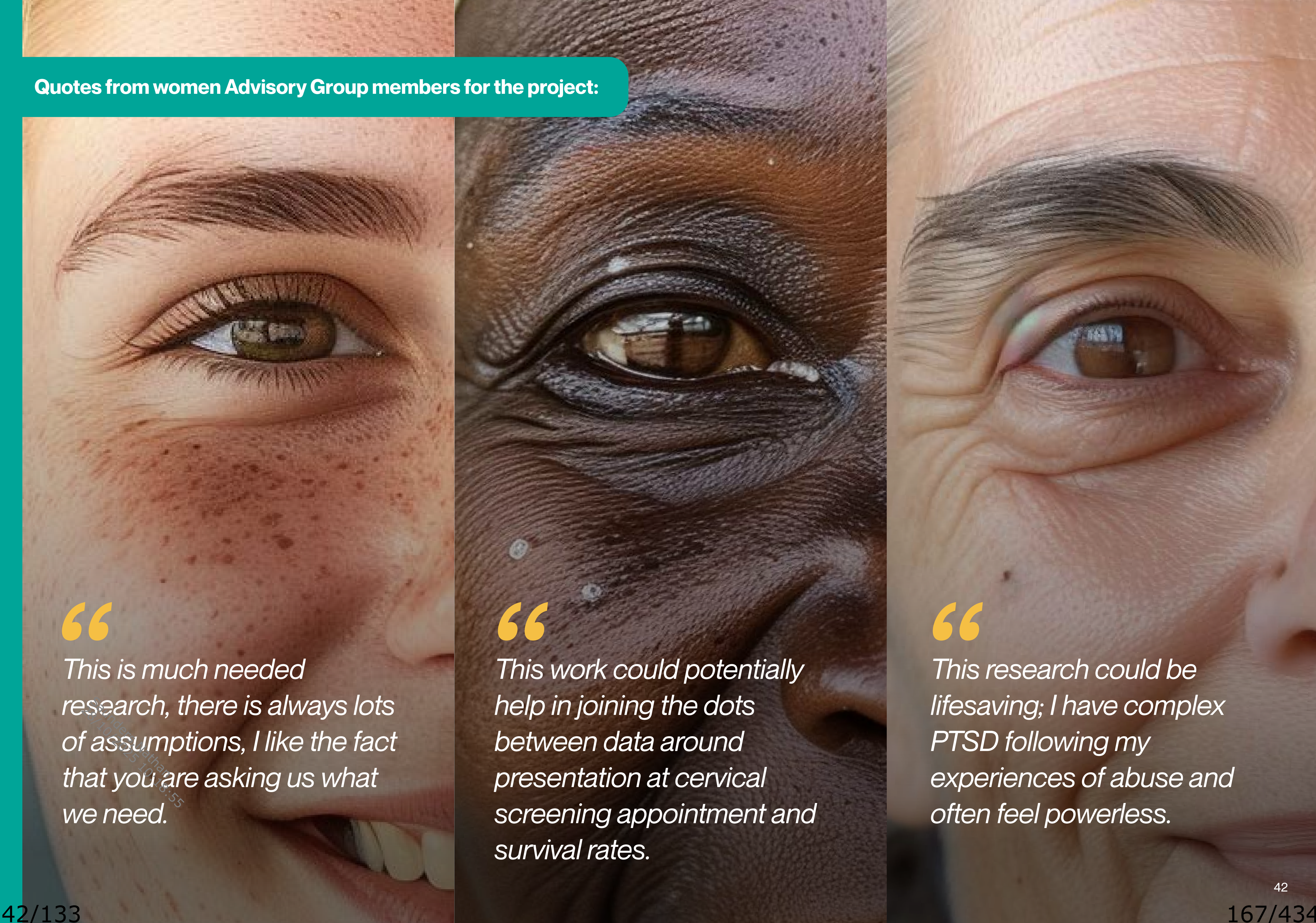
| Workstream 1 | Workstream 2 | Workstream 3 | Workstream 4 | Workstream 5 |
|---|---|---|---|---|
| **Systematic Literature Review:** Scope best practice, sensitive/ trauma informed practice and consideration intersectional needs. | **Workshops and Interviews** with women who have experienced sexual violence and abuse (n=60) | **Workshops** with multi-agency professional stakeholders (n=40) | **Co-production of Intervention: practice model** and **Toolkit** | **Social Return on Investment** (SROI)**:** Measuring impact |

**Intervention: Practice Toolkit**
**Measuring the Impact of enhancing cervical screening care: SROI**

**Project Steering Group**

**Project Advisory Group and Stakeholder Engagement**

* Jo's Trust (2017). Cervical screening in the spotlight.


Quotes from women Advisory Group members for the project:
This is much needed research, there is always lots of assumptions, I like the fact that you are asking us what we need.
This work could potentially help in joining the dots between data around presentation at cervical screening appointment and survival rates.
This research could be lifesaving; I have complex PTSD following my experiences of abuse and often feel powerless.

# 6 Data-driven Decision-making

Saunders,Nathan
28/10/2025 10:18:55

> *In the evolving landscape of healthcare, data-driven decision-making is pivotal to enhancing women's health outcomes. Data plays a critical role in driving improvements and achieving better health outcomes for all women.*
>
> **Navjot Kalra**
> Assistant Director Data and Analytics, Digital Health and Care Wales

Saunders,Nathan
28/10/2025 10:18:55

# 6. Data-driven Decision-making

Data-driven decision-making supports shared decision-making in consultations, quality improvement in services, resource allocation, and research.

It is integral to value-based healthcare because it relies on robust data to measure health outcomes, identifies areas for improvement and tailors interventions to individual patient needs. Data-driven decision-making is essential to achieving this by providing insights into patient needs and care processes.

It is a key aim of the Network, through its collaborations with digital partners, to create high-quality and meaningful data dashboards that will:

### Reduce health inequalities through digital systems.

Digital systems are critical in reducing health inequalities by ensuring that all women, regardless of geographic location or socioeconomic status, receive consistent, evidence-based care. These systems will engage women as active partners in their healthcare, allowing them to plan for their needs at all stages of life. Digital systems ensure that women's needs are met because they have a clear understanding of the care they can expect to receive using an appropriate evidence base therefore supporting women to empower themselves.

### Standardise digital records for seamless, person-centred care.

Standardising and linking health data provides a comprehensive view of the patient, reduces errors and drives improvements by enabling comparison and benchmarking. Digital records are more than just part of a woman's medical history; they also facilitate the seamless sharing of information between health and social care professionals, ensuring that women can access care wherever and whenever they need it in Wales. Collecting standardised information creates a single source of truth and allows for the sharing and storing of data so that healthcare professionals can make informed, timely decisions based on comprehensive, real-time insights to provide person centred care to improve women's health and experience.

**Collect meaningful outcomes.**

Structured questionnaires, such as Patient Reported Experience Measures (PREM) or Patient Reported Outcome Measures (PROM) provide valuable insights into symptom burden and quality of life. They are important tools and should be embedded across our healthcare systems to be accessed by patients and their clinicians in support of new models of care.

**Collaborate and innovate.**

Bringing clinicians and analysts together to start answering some of the key questions affecting women's health is crucial. Developing models to predict health risks and outcomes for early intervention is essential. Embracing technologies like artificial intelligence (AI) and machine learning can uncover patterns in data, whilst collaboration among clinicians, analysts, researchers, patients, industry and policymakers fosters actionable insights.

**Actions to support data-driven outcomes of the Women's Health Plan.**

Saunders,Nathan
24/10/2025 10:18:55

- Develop a national plan to enhance data related to gender and sex.
- Develop a national approach to informatics systems to provide relevant, high quality, standardised data, available by gender and sex, to drive service improvement.
- Measure services for women using surveys, clinical data and peer review that reflect the quality of patient care and its outcomes.
- Utilise the analytical capabilities of the National Data Resource (NDR) to support evidence-based services for women across NHS Wales.

*"By leveraging data, we can provide personalised care, reduce inequalities (between women and men and within women), enhance care quality and improve health outcomes for women at every stage of their lives".*

**Helen Thomas**
Chief Executive, DHCW.

## Connecting Care: Supporting Community-Based Services

Connecting Care aims to support the provision of care across a range of community-based health and social care services. This encompasses services for pregnancy and postpartum support ranging from health visitors to mental health services, community nursing and support from allied health professionals providing support throughout the woman's life cycle. The initiative aims to facilitate the sharing of information to safeguard the most vulnerable women in Wales, eliminating the need for them to share their stories repeatedly and reducing the impact of revisiting their trauma. By capturing data, Connecting Care will enable population-based insights to better plan preventive services, support, and screening for women. Through a shared care record, information will be easily accessible, ensuring that women's care is delivered at the right time and place by the appropriate professional.

Sabdern Nathan
28/10/2025 10:18:55

## Digital Maternity Cymru: Transforming Maternity Care and Empowering Women with Digital Tools

Digital Maternity Cymru aims to overcome the challenges of fragmented systems by ensuring efficient, effective processes that improve the quality and safety of care for women and babies. The programme's vision is to deliver a digital maternity solution that not only supports clinicians but also empowers women to actively participate in their care, leading to improved outcomes and experiences. Through a patient portal, women will have access to their personal maternity records, allowing them to engage with their care, stay informed about their care plans, and communicate their needs and preferences to clinical teams. Consistent, evidence-based guidance will be available through the portal, supporting informed decision-making and consent that aligns with individual circumstances and family needs. This will foster stronger partnerships between women and healthcare providers.

## NHS Wales App

The NHS Wales App equips women with digital tools to manage their healthcare needs. From booking appointments, ordering repeat prescriptions, viewing their GP health records, access to evidence-based information, NHS 111 Wales, to using My Health Journal, women are empowered to organise their health needs. Planned for future development, features such as the "About Me" record will ensure that a woman's preferences and wishes are always considered and taken into consideration when developing personalised care plans. Soon, women in Wales will have access to an accredited resource library and apps, including a link to a dedicated women's health platform. Women will also have authorised access to information for those they care for, such as their children, partners, or older people.

Digital transformation has the potential to revolutionise women's health, and Digital Health and Care Wales (DHCW) is actively supporting digital inclusion and literacy for women as part of DHCW's Digital Inclusion Alliance Wales Charter Action Plan[46], working closely with the Digital Communities Wales[47] programme and Digital Services for Patients and Public[48] (DSPP) led Digital Champions initiatives.

# The 8 Priority Areas

Saunders,Nathan
28/10/2025 10:18:55

# 7. The 8 Priority Areas

The following chapters focus on clinical areas that are a priority in Wales.

Each chapter clearly outlines the key actions that will help to implement the Welsh Government 'Quality Statement for Women and Girls'[5], and ambitions of the 'Discovery Report'[2]. Wales needs a whole system, joined-up, life course approach to women's health. Each action has been 'assigned' to a responsible body, although multiple organisations may need to be involved.

**A timeline to support delivery of short, medium or long-term actions has been applied.**

**Short-term actions**
Up to 2 years

**Medium-term actions**
3-5 years

Saunders, Nathan
28/10/2025 10:18:53

**Long-term actions**
6-10 years

> *The right to health is a human right and the health of a nation is determined by the health of its girls and women.*
>
> **Dr Flavio Bustree**
> Former Assistant Director-General at the World Health Organization (WHO).

## Our vision is that in 10 years:

Women will experience better access to health services, including access to health information, with a prevention focus, improved health outcomes and reduced inequalities in health.

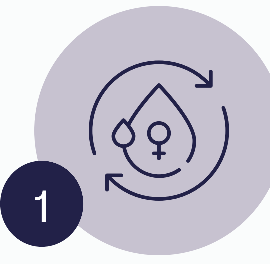
Our workforce will be appropriately skilled and trained to deliver women's health services in a variety of settings, providing for a range of complexity.

Health Boards will prioritise women's health services across the life course and listen to, and act upon, the voices of women in developing these services.

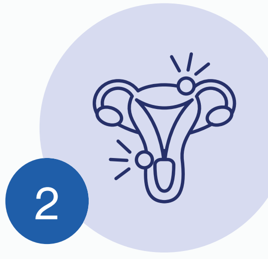
Data collection across Wales, in every service, irrespective of specialism, will be disaggregated by gender and sex, and data will be used to better understand women's health needs, through research and innovation, to improve service provision and outcome.

Saunders,Nathan
28/10/2025 16:18:45

## The 8 Priority Areas are:



1 Menstrual Health

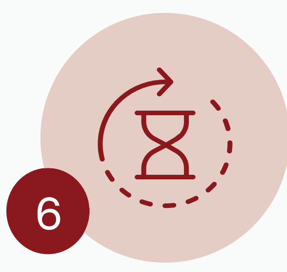


2 Endometriosis and Adenomyosis

3 Contraception, Post-Natal Contraception and Abortion Care

4 Preconception Health

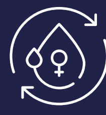
5 Pelvic Health and Incontinence



6 Menopause

7 Violence Against Women, Domestic Abuse and Sexual Violence

8 Ageing Well and Long-term Conditions Across the Life Course



# Menstrual Health

Menstrual Health directly impacts women's overall wellbeing, education, and economic participation, and is connected with cross-cutting themes such as gender and sex equality, access to healthcare, and education.

One in three women experience heavy periods, where the blood loss interferes with the woman's physical, emotional, social and material quality of life and which can occur alone or in combination with other symptoms.

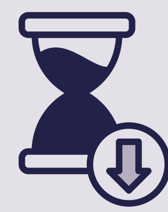
Menstrual health disorders include heavy menstrual bleeding (HMB), endometriosis, fibroids, adenomyosis, polycystic ovary syndrome (PCOS) and pre-menstrual syndromes (PMS), pre-menstrual dysphoric disorder (PMDD).

HMB may place an economic burden on the individual and wider society by reducing participation in school and at work. One study found on average 8.9 days of total lost productivity per year due to presenteeism, defined as the lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition[49]. 67.7% of the study participants wished they had greater flexibility in their tasks and working hours at work or school during their periods[49].

Saunders, Nathan
28/10/2025 10:18:53

**1 in 3**

women experience heavy periods.

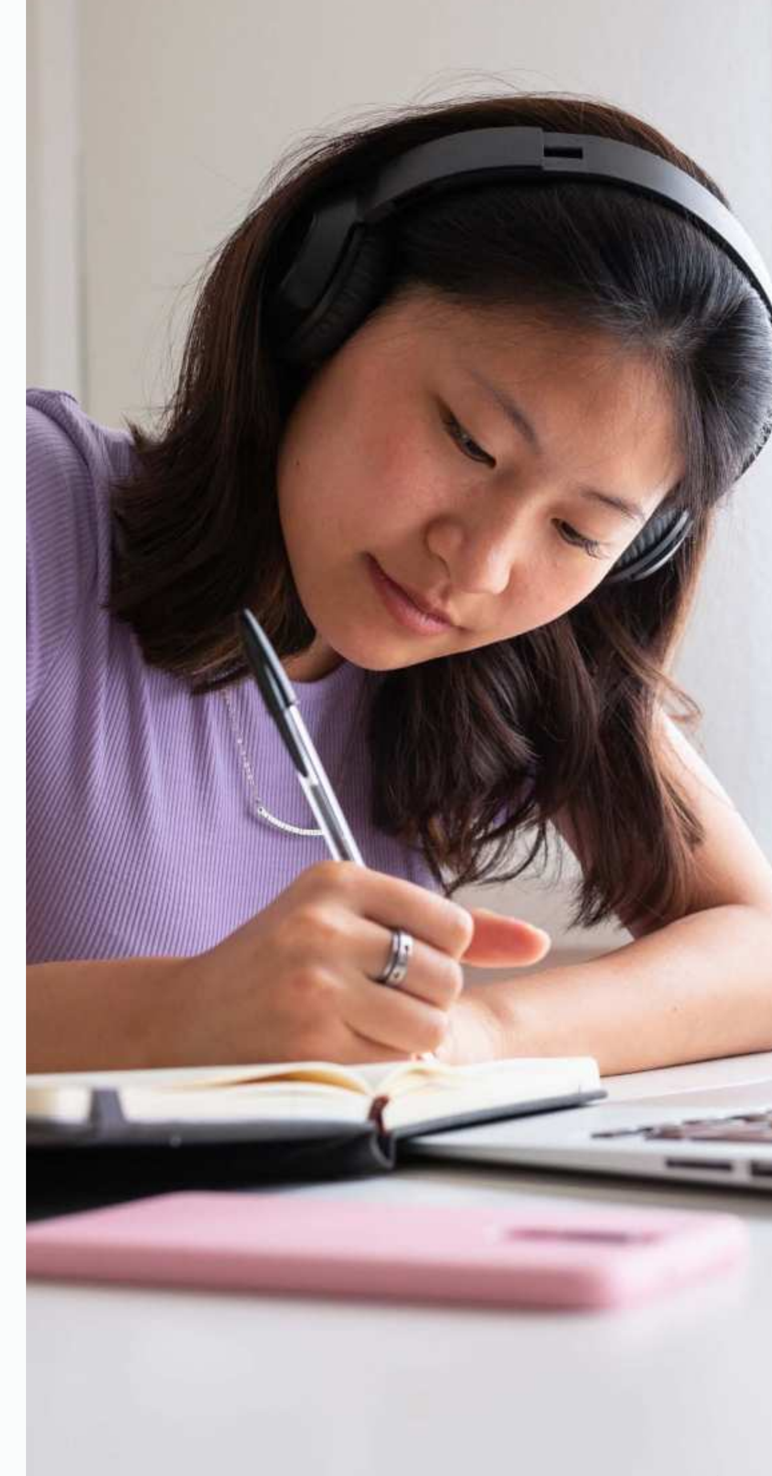


**8.9**

days of total lost productivity per year due to presenteeism.

**67.7%**

participants wished they had greater flexibility in their tasks and working hours at work or school during their periods[49].



In 2021, Bloody Brilliant launched as an online resource and educational platform for adolescents[50]. It is co-designed with young people to help break taboos and enable open conversations about period health, including what is normal and when they should seek help.

> *I want reassurance that my periods are normal (and need to know if any symptoms or signs are not).*

> *More education about periods.*

> *Don't palm us off with women's problems we know our bodies and can tell when something isn't right.*

> *Take us seriously, stop dismissing symptoms and minimising them.*

Saunders,Nathan
28/10/2025 10:18:5

The Welsh Government has also invested over £9million into reducing period poverty in Wales through their Period Dignity Action Plan[51]. NHS Wales will work with Welsh Government to build a society where period equity exists, where women and girls have access to:

- Products, facilities, and healthcare to manage their period and menstrual health.
- Universal education about menstrual health.
- Freedom from stigma and discrimination that restricts access and choices.

### Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Make Every Contact Count (MECC): Clinicians should take the opportunity to ask women about menstrual health and menopause as part of existing touchpoints such as cervical screening or health checks, and ask within other, non-gynaecology related health appointments when it is appropriate to do so. | GP Practices / Primary Care Clusters / Health Boards |
| Short | Develop and raise awareness of Bloody Brilliant resources. | Women's Health Network |
| Short | Scoping exercise to review current workforce capability and capacity to deliver specialist women's health 'hubs' in each Health Board to support timely diagnosis and management of menstrual health conditions, with a pathfinder in each Health Board by the end of March 2026. | Women's Health Network / Welsh Government / Health Boards |
| Short | Developing learning materials on menstrual health including: endometriosis, pelvic health and menopause for school nurses to use at secondary level. | Welsh Government / Women's Health Network |
| Medium | Develop educational materials to support knowledge and learning for everyone including boys and men. | HEIW / Women's Health Network / PHW |
| Medium | Every Health Board to benchmark current services against the updated National Institute for Health and Care Excellence (NICE) guideline NG88 (2021) with clear actions to close gaps in provision to improve access to specialist diagnostics and treatment (i.e. hysteroscopy). | Health Boards |
| Medium | Increasing menstrual health research opportunities in Wales. | HCRW / Women's Health Network / Welsh Government and Industry |
| Long | National Women's Health Dashboard with reporting against key measurables in menstrual health. | Health Boards / DHCW |

Saunders,Nathan
28/10/2025 10:18:55

# Endometriosis and Adenomyosis

Endometriosis and Adenomyosis has significant effects on women's physical and mental health, fertility, and quality of life, and they intersect with themes such as access to specialised healthcare, mental health support, and advocacy for reproductive rights.

Endometriosis is a chronic condition where tissue, like that found inside the womb, starts to grow in other parts of the body. Adenomyosis is a condition where the lining of the womb (uterus) starts growing into the muscle in the wall of the womb, causing severe symptoms, including painful periods and pelvic pain. It can also affect a woman's fertility. For most women suffering from endometriosis and/or adenomyosis, accessing a diagnosis and appropriate care is a long and fraught process, with multiple barriers and misdiagnoses. Delays in diagnosis are often detrimental to a woman's quality of life and may result in disease progression. Healthcare professionals, familiar with the challenges posed by endometriosis and adenomyosis, agree that managing needs on a continuum, as with other chronic conditions, such as diabetes or inflammatory bowel disease, is a priority.

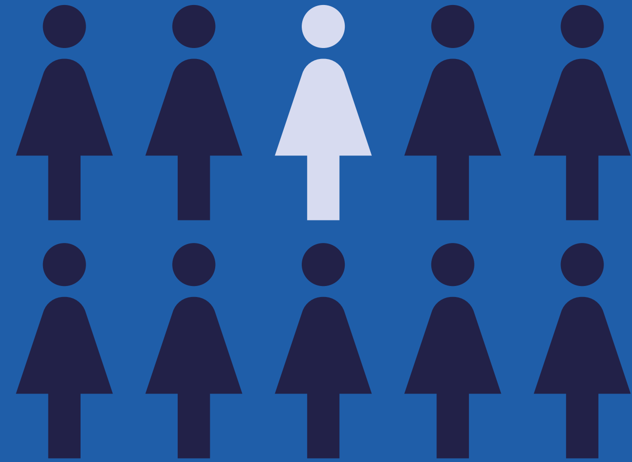
Saunders, Nathan
28/10/2025 10:18:55

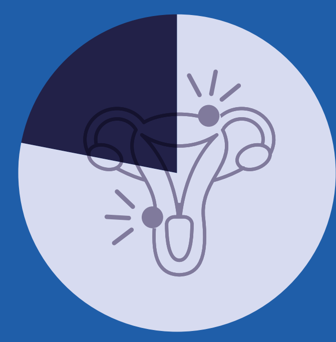
Endometriosis affects one in ten women in Wales[52], but, on average, women wait ten years from their initial presentation to diagnosis. It is, therefore, likely that this figure is an under representation of the true prevalence. A survey in Wales found that 78.2% of women felt doctors caused a delay in getting a correct diagnosis with, on average, 26 visits to their doctor before the diagnosis was made[53].

The 'Endometriosis Task and Finish (T&F) Group Report 2018' described service provision across primary, secondary, and tertiary care as wholly failing to meet women's needs, resulting in a lack of access to appropriate care for women across Wales[53].

In 2021, in response to one of the key recommendations from the T&F Group, the Welsh Government provided funding to each Health Board to recruit Endometriosis Clinical Nurse Specialists (CNSs)[54]. Their role is to provide direct care and support for those affected by endometriosis and adenomyosis. In 2022, they received the *Welsh Pharmacy Award for Developments in Female Health*, recognising their role in improving access to services for girls and women.

Endometriosis affects one in ten women in Wales[52]





78.2%

of women felt doctors caused a delay in getting a correct diagnosis.

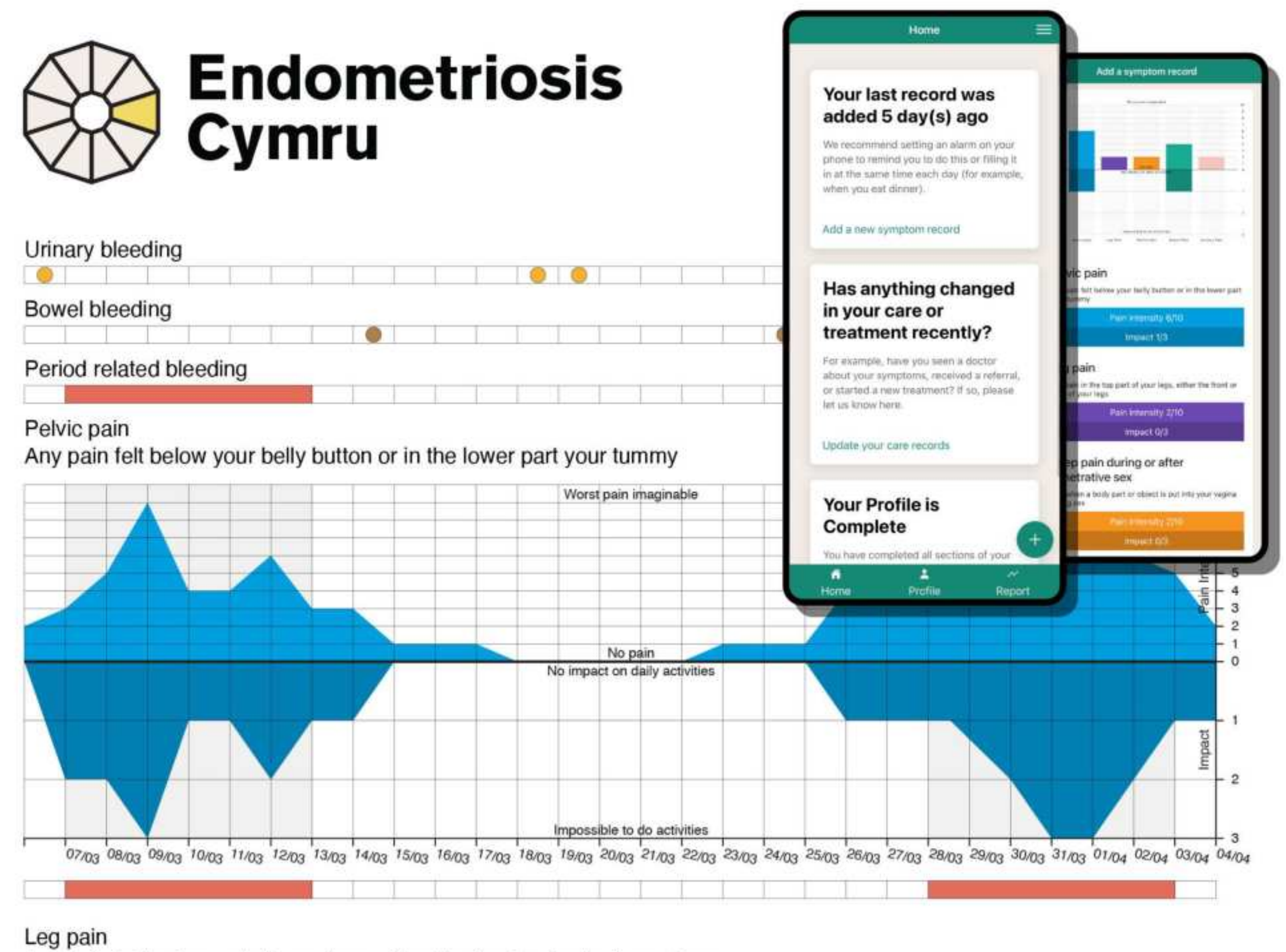
With, on average

26

visits to their doctor before the diagnosis was made.

In July 2024, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) published 'A Long and Painful Road', a review of the quality of care provided to adult patients diagnosed with endometriosis[55]. Among the recommendations made was the need to raise awareness of the chronic nature of endometriosis amongst patients and the public, and how they should seek help. It also recommended improved training for healthcare practitioners on recognition of the symptoms and treatments. The Network will work with the Gynaecology Clinical Implementation Network (GCIN) to consider how these recommendations can be fully implemented.

One way to improve awareness amongst patients and the public is through Endometriosis Cymru[52]. The website contains high-quality evidence-based information with advice for healthcare practitioners and support tools for patients such as the endometriosis 'symptom checker'. The website is a collaboration between NHS Wales, Welsh Government, Cardiff University and Fair Treatment for Women of Wales.




Saunders,Nathan
28/10/2025 10:18:55

## Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Develop and raise awareness of the Endometriosis Cymru website to support patients and the public. | Women's Health Network / Endometriosis CNS |
| Short | Provide education and training to all healthcare practitioners on endometriosis and adenomyosis as chronic conditions. To ensure patients receive multi-professional care including access to adequate mental health support. | HEIW |
| Short | Agree a robust monitoring framework including key performance indicators and outcomes from national pathways. | Health Boards / NHS Wales Executive |
| Medium | Sustainably fund and deliver a model for tertiary care provision in Wales. | JCC / Welsh Government |
| Medium | Develop an Endometriosis Clinical Reference Group, to support the delivery of national recommendations. | Women's Health Network / Gynae CIN |
| Medium | Undertake a demand and capacity modelling activity in each Health Board. | Health Boards |
| Long | Scoping activity to understand the need for specialist community-based endometriosis nurses. | SPPC / Welsh Government |

Saunders, Nathan
28/10/2025 10:18:55

# Contraception, Post-Natal Contraception and Abortion Care

Contraception, Post-Natal Contraception and Abortion Care are essential for empowering women to make informed choices about their reproductive health, and they align with overarching themes such as access to comprehensive healthcare, gender and sex equality, and education on sexual and reproductive rights.

Women in Wales are currently subject to geographical inequities in access to long-acting reversible contraception (LARC – including intrauterine device/ system (IUD/IUS), implant or injection). Information about how and where to access LARC may not be easily found and leave women assuming that the method may not be available to them locally. The impact of this on the woman, her family and society should not be underestimated.

The number of individuals receiving LARC in sexual health clinics (SHC) decreased by 10% in 2023 compared to the previous year, and by 30% since the highest number recorded in 2019[56] (figure 2). Contraception is highly cost effective. Every £1 spent on contraception provision results in a £9 saving to the public sector, making contraception a public health intervention with a highly compelling economic case[40].

Saunders, Naman
28/10/2024 10:28:55

**Figure 2:** Number of individuals receiving LARC in SHCs, by type and year.

8000
7000
6000
5000
4000
3000
2000
1000
0

2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

IUD/IUS
Implant
Injectable

Contraception provision is an essential part of women's healthcare during the reproductive years (menarche to age 55). Whilst its use is primarily for prevention of pregnancy, it has additional benefits and uses including management of gynaecological conditions, such as HMB, and as part of Hormone Replacement Therapy (HRT). Women should have access to all suitable methods of contraception in a timely fashion. Every month that a woman waits to start her preferred method of contraception has a potential for an unplanned pregnancy. While many are welcomed, unplanned pregnancy can be associated with poorer outcomes for mother and child and represent a missed opportunity to optimise pre-pregnancy health[57].

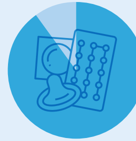
To help support greater access to contraception, community pharmacies have been commissioned, since 2011, to provide emergency contraception to women and girls who are 13 years of age or older. There are 687 community pharmacies in Wales providing the Pharmacy Contraception Service, which includes 99% of all pharmacies in Wales. There are 3,000 emergency contraception consultations in community pharmacies every month, of which, more than 90% take place within 72 hours of unprotected sexual intercourse (UPSI). Most Health Boards also have condom-card schemes which support young people (<25 years) to access free and confidential sexual health advice and free condoms.

Saunders, Nathan 28/10/2025 18:5

In April 2023, a new, expanded, national Pharmacy Contraception Service was launched, that allows pharmacists to provide the progesterone-only contraception pill (POP), at the same time as emergency contraception, often known as 'bridging' contraception. For women and girls who wish to access a broader choice of oral contraception, the Pharmacy Independent Prescriber (PIP) service allows the provision of all types of oral contraception by an independent prescribing pharmacist. This service enables both initiation and ongoing repeat supply of oral contraception. Approximately 50 community pharmacies in Wales currently provide contraception in this way, with plans to rapidly expand the service. More than 3,000 contraception consultations with independent prescribing pharmacists took place in 2023, with an increasing number of pharmacists training to become PIPs.

**3,000**

emergency contraception consultations in community pharmacies every month.



**90%**

take place within 72 hours of unprotected sexual intercourse (UPSI)

There are significant 'touchpoints' in the reproductive life course, where contraception counselling and provision is essential, including after birth, abortion and in the perimenopause. Doctors, nurses and allied healthcare professionals can facilitate these discussions effectively and maintaining training and expertise across this group of professionals, to ensure local and timely access, is essential.

As with contraception, abortion is a fundamental aspect of women's reproductive healthcare and health rights. With one quarter to a third of all pregnancies ending in abortion, it is one of the most common gynaecological procedures. Abortion care should be available locally and without delay, for all women across Wales as timely access reduces complications, distress and cost.

Currently, many women with complex medical conditions and those accessing abortion at higher gestations in Wales must travel long distances and wait an unacceptably long time for their care. This is at a cost to women, their families, the environment and the economy.

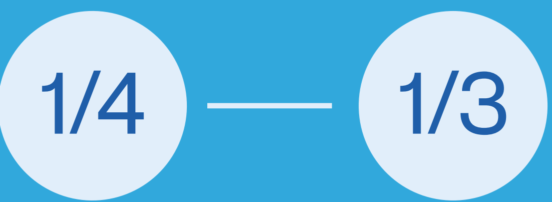
Saunders, Nathan 28/10/2025 10:18:55

Reduced training opportunities and conscientious objection within local NHS gynaecology services can impact on safe and timely unscheduled and/or complex abortion care and should be included in a review of workforce and training within Wales.

National statistics from 2022 show that the total number of abortions has increased year-on-year, with women in the most deprived areas of Wales, and the 20-24 years age group most affected (figure 3). Most abortions (91%) occur before 10-weeks' gestation and by the medical abortion route[58] (figure 4).

In February 2022 the temporary measures, put in place during the COVID-19 pandemic, to allow women in Wales to take both abortion medications at home, were made permanent, supporting greater and more equitable access to abortion care in Wales[59].

As with contraception, abortion is a fundamental aspect of women's reproductive healthcare and health rights.



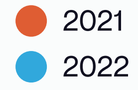


With one quarter to a third of all pregnancies ending in abortion, it is one of the most common gynaecological procedures.

Most abortions (91%) occur before 10-weeks' gestation and by the medical abortion route.

> *Improving access to abortion care empowers women to time their pregnancies and plan their lives.*
>
> **Dr Amanda Davies**
> Chair British Society of Abortion Care Providers, Wales.

**Figure 3**: Crude abortion rates per 1,000 women by IMD decile, Wales, 2021 and 2022.



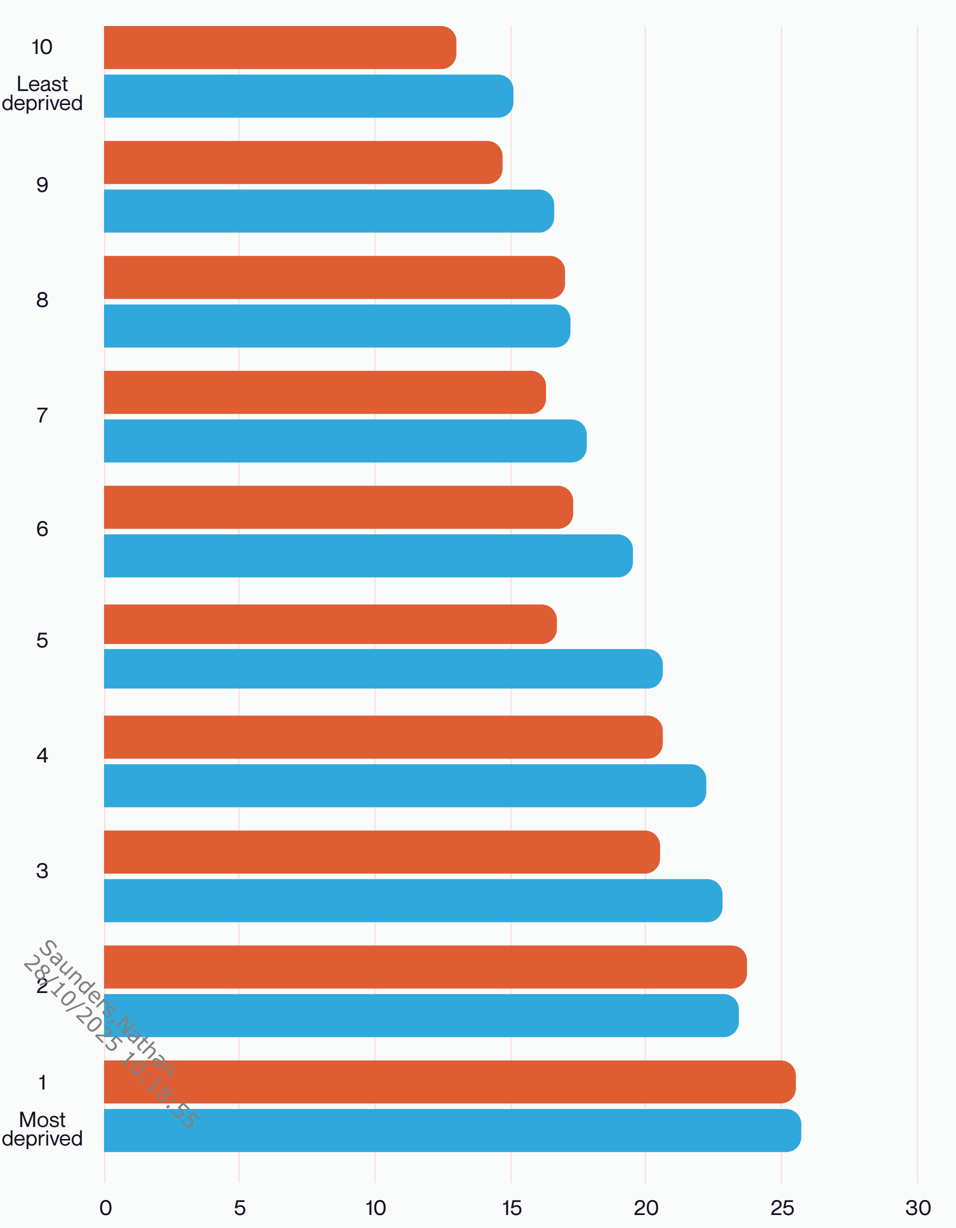
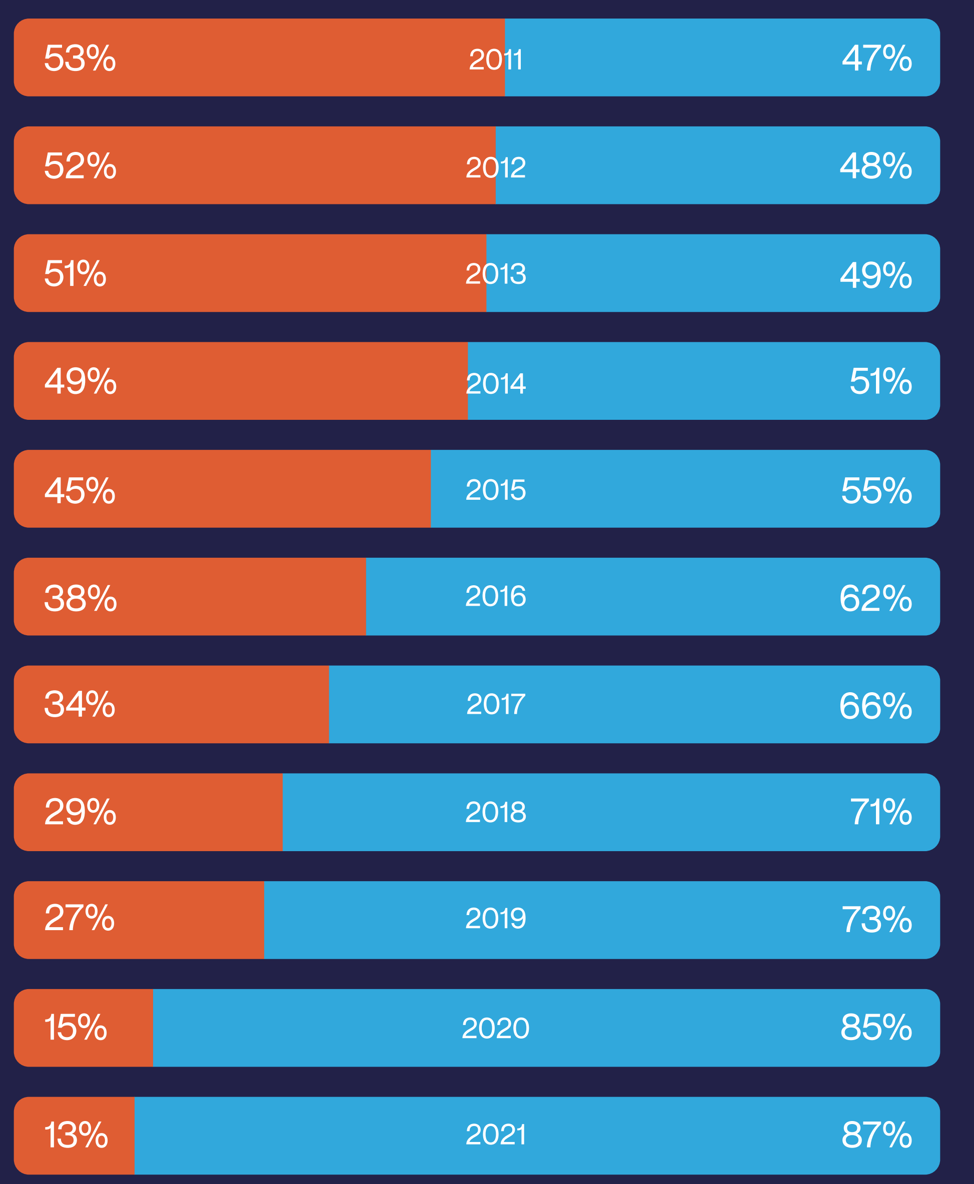



**Figure 4**. Percentage of abortions by procedure type (medical or surgical), England and Wales, 2011 to 2021.




Saunders, Nathan 28/10/2025 10:18:55

## Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Increase online availability of reliable information on contraception choices and abortion care for women, and how to access locally. | Women's Health Network / PHW |
| Short | Health Boards to include contraception and abortion care within their Integrated Medium Term Plan (IMTP). | Health Boards |
| Short | Collect Key Performance Indicators (KPI) for contraception and abortion care to be shared with national database. | Health Boards / NHS Wales Executive |
| Short | Set-up a 'Contraception and Abortion Care' Clinical Reference Group to support the delivery of recommendations. | Women's Health Network |
| Medium | Review training and workforce to ensure appropriate staff for delivery of LARC and abortion care, to include primary care / specialist sexual and reproductive health / midwifery and obstetrics and gynaecological services. | Women's Health Network / HEIW |
| Medium | Review current local commissioning of LARC. | Health Boards / Welsh Government |
| Medium | Extend training of PIP in provision of oral hormonal contraception in pharmacies across Wales. | Welsh Government |
| Long | Undertake research to support delivery of equitable contraception and abortion services in Wales. | Academic Institutions / HCRW / Women's Health Network |
| Long | Sustainably fund and deliver services for complex and mid trimester abortion care. | JCC / Welsh Government / Women's Health Network |

Saunders,Nathan
28/10/2025 10:18:55

# Preconception Health

Preconception Health is crucial for ensuring healthy pregnancies and maternal wellbeing and connects with core themes such as access to quality healthcare, mental health support, and education on maternal and child health.

The preconception period is the time before a woman becomes pregnant, which can in the broadest sense commence any time from menarche. It is, however, often 'narrowly' thought of as the time that women and their partners self-identify that they want to become pregnant and begin to think how their health might impact on their chance to conceive, their pregnancy, and the health of their baby.

> Evidence shows, however, that preconception health (PCH) should begin a lot earlier than the weeks or month before conception, to ensure the best possible outcomes for both baby and mother and even if women do not intend to have children, good preconception health brings health benefits to all girls and women.

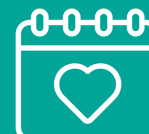
Saunders, Nathan
28/10/2025 10:16:55

Content for diagram taken from 'Making the Case for Preconception Care: Planning and preparation for pregnancy to improve maternal and child health outcomes[57].

## Preconception health

Describes "the health of women and men during their reproductive years, which are the years when they can have a child".

**Good preconception health encompasses two main concepts:**



**1. Planning pregnancy**

Enabling women and their partners to choose if and when to start or grow their families.

**2. Fit for pregnancy**

Recognising that many pre-pregnancy health behaviours and risk factors are amenable to change.

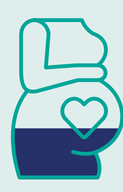
At the individual level, this can be via services offering interventions that support and give advice on planning and being fit for pregnancy, including health behaviours and risk factors (such as smoking cessation, sensible alcohol consumption, awareness of the risks from substance misuse, and achieving and maintaining a healthy weight). It may also include advice on the building blocks of health (wider determinants of health), including relationships, housing, education, employment and financial stability.

Data collected in Wales has shown that, during initial assessment,

**13.8%** of pregnant women were smoking

**11.7%** smoking through to delivery

**61.07%** were above the recommended Body Mass Index (BMI)



**31.6%** of pregnant women reported a mental health problem[60].

Women who are healthier at conception have a better chance of becoming pregnant, having a safe and healthy pregnancy and giving birth to a healthy baby[61]. There are opportunities by 'Making Every Contact Count'[62] across the life course to promote preconception health and reduce risk.

Examples of prevention include the 'CF PROSPER Study'[63] that is supported by the Rare Disease Implementation Network, which is looking at supporting shared decision-making around preconception care for those with Cystic Fibrosis. Similarly, 'Best Start'[64], a collaboration between Betsi Cadwaladr University Health Board and over 50 groups, seek to support women before, during and after pregnancy via online health resources. Both are excellent examples of supporting preconception and postnatal care with a patient-centred approach to service delivery.

We need to create healthier communities through population measures that:

- Integrate contraception and preconception care at the same time and at a much earlier stage before pregnancy.
- Continue the preconception care discussion during and between pregnancies, including the immediate and longer-term postnatal period. The postnatal period provides unique opportunities to support women's longer-term health, irrespective of whether women go on to have a future pregnancy or not.
- Ensure that high-risk groups, including women with long-term conditions and those with multiple vulnerabilities, receive early help to plan pregnancy and additional support to have a healthy pregnancy.
- Encourage population level interventions to promote preconception health across the life course that align with general health and wellbeing messages for the whole population.
- Influence the wider determinants of health and risks, for example housing, education or employment, and tackle inequalities in pregnancy outcomes at a local level.

Saunders,Nathan
28/10/2025 10:18:55

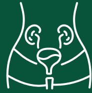
Medium-term: 3-5 years

Long-term: 6-10 years

## Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Develop high quality accessible evidence-based information on preconception care available via an NHS Wales women's health website including "Planning for Pregnancy" toolkit. | Women's Health Network / Welsh Government |
| Short | Carry out a 'listening exercise' to find out what preconception means to people including health care professionals. | Women's Health Network / EDI Champion / PHW |
| Short | Provide training, tools and resources for frontline professionals to support them to deliver preconception care. | GP Practices / Primary Care Clusters / Health Boards |
| Medium | Develop 'preconception indicators' by improving the quality and completeness of information gathered at booking in the maternity services dataset. | Health Boards / Maternity Network |
| Medium | Collaborate across Networks to create a joined-up approach to managing the emerging risks for preconception health, including mental health, epilepsy, and type 2 diabetes, substance misuse, alcohol services and rare diseases. | NHS Wales Executive / Women's Health Network |
| Medium | Health Boards to ensure they have a 'preconception strategic plan' in place to develop a 'preconception health policy' to support and co-ordinate a whole system approach. | Health Boards |
| Long | Develop measurable indicators of 'preconception health' at national and local levels. | Women's Health Network / NHS Wales Executive |
| Long | Develop a whole systems approach to preconception health, working in partnership to consider wider determinants, such as housing, education, income, work and relationships. | Welsh Government / NHS Wales Executive |

Saunders,Nathan
28/10/2025 10:18:55



# Pelvic Health and Incontinence

Pelvic Floor Dysfunction significantly affects women's quality of life and can impact physical, emotional, and social wellbeing, interlinking with access to specialised healthcare, education on body awareness, and the need for mental health support.

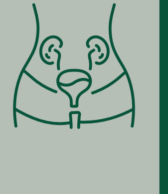
Pelvic floor dysfunction is an umbrella term encompassing a wide range of conditions in which the pelvic floor muscles around the bladder, anal canal, and vagina do not work properly. The three most common and definable symptoms of pelvic floor dysfunction are urinary incontinence, pelvic organ prolapse and faecal incontinence. However, others include emptying disorders of the bladder and bowel, sexual dysfunction and chronic pelvic pain.

New data reveals that over 60% of UK women have at least one symptom of poor pelvic floor health and one in four women have never done pelvic floor exercises that can prevent and improve symptoms[65]. The antenatal and postnatal period is a time in which women are most at risk of developing pelvic floor dysfunction, and greater strides need to be made to reduce the risk with a greater aim on prevention.

Saunders Nathan 28/10/2025 10:18:10

A rapid review by the HCRW Evidence Centre published in 2024[66] evaluated interventions for preventing continence issues from birth trauma. It confirmed existing NICE guidance and found strong evidence supporting exercise-based interventions, particularly pelvic floor muscle training (PFMT), for preventing postnatal urinary incontinence. There is, however, limited evidence on the long-term effectiveness of PFMT. The review emphasises the need for more research on non-exercise interventions, long-term outcomes, and the cost-effectiveness of these interventions. It also recommends qualitative studies to understand women's experiences and perspectives on preventing continence issues.

There are modifiable risk factors (BMI over 25 kg/m2, smoking, lack of exercise, constipation, diabetes) for pelvic floor dysfunction which women should be made aware of with advice and information to support positive change. A key part of this is removing stigma associated with pelvic floor dysfunction. Urinary incontinence is considerably under-diagnosed or diagnosed late because of social stigma, embarrassment, and lack of knowledge. Many patients perceive incontinence as part of the natural aging process and therefore have a low expectation of successful treatment.



New data reveals that over

60%

of UK women have at least one symptom of poor pelvic floor health and one in four women have never done pelvic floor exercises that can prevent and improve symptoms[65].

Hywel Dda University Health Board is developing a comprehensive pelvic health pathway, to address the rising incidence of pelvic health conditions across all genders and life stages. The initiative aims to tackle barriers such as stigma and the fragmented management of pelvic issues, which are traditionally handled separately by various teams (bowel, bladder, uterus).

The new approach emphasises a multi-professional virtual hub that centralises care, involving physiotherapists, specialist nurses, and other healthcare professionals to create individualised treatment pathways. This team-based model is designed to reduce waiting times, improve patient experiences, and streamline referrals.

Engagement with patients is integral, with initiatives like a Service User Engagement Group and a pelvic health website providing resources and support. The use of digital platforms for self-help and symptom tracking has been key, alongside educational programmes for healthcare professionals to enhance knowledge and collaboration in pelvic health management.

Saunders,Nathan
28/10/2025 10:18:55

> *Within ten years we want women to feel educated and empowered to better understand their pelvic floor and how to prevent dysfunction. We want to see a skilled, multi-professional workforce across different settings, providing patient-centred care, and we want to see high-quality research, led from Wales, which impacts positive change.*

**Rhiannon Griffiths**
Clinical Lead Physiotherapist for Pelvic Health,
Aneurin Bevan University Health Board.

Short-term: up to 2 years Medium-term: 3-5 years Long-term: 6-10 years

## Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Provide access to evidence based high quality information on pelvic health and perinatal health (inc. videos), via an NHS Wales women's health website. | Women's Health Network /NHS Wales Executive / PHW |
| Short | Services to benchmark against national standards and guidelines and T&F Group recommendations with annual reporting. | Health Boards |
| Short | Review workforce to ensure integrated pelvic health services include members of the multi-professional teams including psychological support. | Health Boards |
| Medium | Engage with academic institutions to highlight key evidence gaps and opportunities for new research. | Women's Health Network / Universities / HCRW |
| Medium | Develop a 'pelvic floor dysfunction symptom checker' that enables early signposting to appropriate services and information, and forms part of a self-referral system across Wales including Patient Reported Experience and Outcome Measures (PREMS/ PROMS). | GCIN / Women's Health Network |
| Medium | Undertake a scoping exercise on the potential of primary care based 'pelvic floor dysfunction teams'. | Welsh Government / Women's Health Network / HEIW |
| Medium | Hold national 'pelvic floor dysfunction' events to improve peer to peer support and training. | GCIN / Women's Health Network |
| Long | Report data from an 'All-Wales Pathway for Pelvic Floor Dysfunction' with agreed KPIs (i.e. referral to treatment (RTT) / did not attend / demand and capacity), including analytics from national pathways. | NHS Wales Executive |

Saunders,Nathan
28/10/2025 10:18:55

# Menopause

Menopause represents a critical stage in women's health that can affect physical and mental wellbeing and is connected to themes such as access to healthcare, education on ageing, and support for mental health and lifestyle management.

Menopause is when your periods stop due to lower hormone levels. It usually affects women between the ages of 45 and 55, but it can happen earlier. It can happen spontaneously, or for reasons such as surgery to remove the ovaries (oophorectomy), cancer treatments like chemotherapy, or a genetic reason.

Women of menopausal age (45-55 years) make up

13.5%

of the female population in Wales, approximately 220,000 women[67].

Saunders, Nathan 28/10/2025 10:14:55

Women account for over half the population of Wales and at some time in their lives will experience symptoms of the menopause. It is common for women to have to leave employment because of symptoms in the transition to, and beyond menopause, and/or to require many interventions from healthcare professionals to deal with them. Given the economic and societal burden upon women aged 45 and over, universal access to better menopause support and treatment is essential.

The 'All-Wales Menopause Task and Finish Group Final Report', published in January 2023 outlined a number of key recommendations to Health Boards, NHS Wales and Welsh Government[68]. Their acceptance and implementation have been limited across the Health Boards. Access to trained, evidence-informed health care practitioners, for example, at primary and secondary care level is variable. A multifaceted approach to menopause care is required (see figure 5 right) which provides access and support for women at varying stages, but with timely onward referral if necessary.

Saunders,Nathan 28/10/2025 10:18:55

**Figure 5:** A multifaceted approach to menopause care.

With increased media attention and high-profile cases, there has been a significant increase in HRT prescribing in Wales. Between 2018 and 2023, the monthly data regarding number of HRT items per 1,000 patients ranged from a national average of 6.10 in April 2018 to 22.33 in March 2023[69]. However, the data shows that this has been predominantly amongst women from the least deprived (lowest quintile) areas of Wales. Uncertainty in the HRT market, with shortages of certain types of HRT (i.e. implants, types of oestrogen gels) have also greatly impacted how patients have been able to choose and use HRT. Monthly prescriptions, for example, do not support consistency and reliability to the detriment of patient health and may lead to premature stopping.

Part of effective delivery of menopause services is supporting appropriate clinical referrals in a timely and efficient way. Bleeding on HRT is a common side effect, especially in the initial six months of use, and it is paramount that this group of women are seen in appropriate facilities using specific pathways. Innovative ways of managing women who bleed while using HRT, who have a very low risk of cancer, in community 'one-stop' clinics are being developed with positive patient outcomes and should be considered in all Health Boards.

Saunders, Nathan
28/10/2025 10:18:55

> *Implementing single pathway clinics in gynaecology, where specialists perform ultrasound at the point of care, has proven to be an effective and a resource-efficient model in women's healthcare. This approach streamlines patient management, optimises resource use, and supports overall healthcare delivery.*
>
> **Mr Alan Treharne**
> Gynaecologist and Menopause Specialist, Cardigan Integrated Health Clinic, Hywel Dda University Health Board – 'One-stop' unscheduled bleeding on HRT clinic.

Short-term: up to 2 years | Medium-term: 3-5 years | Long-term: 6-10 years

## Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Review of prescribing practices relating to HRT, repeat prescriptions, including access to implants. | Welsh Government / JCC / Women's Health Network |
| Short | Every Health Board to benchmark current provision of 'specialist menopause services' against NICE 23 guideline and T&F Group recommendations, with clear actions for gaps in provision and data collection. | Health Boards |
| Short | Work with third sector and charities to develop community menopause champions and advocates. | FTWW / Women's Health Network |
| Medium | Scoping exercise to understand the workforce capacity to deliver menopause management within primary care at practice and cluster level. | GP Practices / Primary Care Clusters |
| Medium | Embed national pathways on management of menopause and bleeding on HRT in primary care. | NHS Wales Executive / Health Boards |
| Medium | Reporting of key measurables against 'women's health dashboard' nationally (i.e. waiting time to see specialists, collection of PREM/PROMs, outcomes from national pathway analytics/Cancer pathways). | Health Boards / Women's Health Network / DHCW / NHS Wales Executive |
| Long | Undertake research to improve understanding about the menopause and its impact on women's health and wellbeing. | Women's Health Network / HCRW |

Saunders, Nathan
28/10/2025 10:18:55

# Violence against Women, Domestic Abuse and Sexual Violence

Violence against women and girls poses severe health risks and long-term psychological consequences and relates to themes such as gender-based discrimination, mental health services, and the need for comprehensive support systems and legal protections.

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015[70] seeks to improve the public sector response to Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) in Wales. The main aims of the Act are to 'prevent' VAWDASV as well as 'protect and support' those who have experienced it. The ambition of the Act is to make "Wales the safest place to be a woman in Europe". The Act puts a duty on Local Authorities and Health Boards to prepare, publish and implement joint local strategies for tackling VAWDASV and to take reasonable steps to achieve the objectives set out in the local strategy. It also places a duty on the relevant authorities to identify and provide support to victims and survivors of VAWDASV. One of the mechanisms for this is 'Ask and Act'[71].

Standards, Nathan
18/10/2024 10:16:55

This enables appropriate staff to recognise victims and survivors of VAWDASV, and create a safe space for disclosure and then ensure signposting or referral to support is available. Each Health Board should have a sound understanding of the needs of the population concerning VAWDASV and the health issues related to it as consequences of the abuse and trauma. Health Boards should also have mechanisms and interventions available to support those who disclose or are otherwise identified as victims and survivors. The Act creates a general duty to have regard to the need to remove or minimise any factors that increase the risk of violence against women and girls or exacerbate the impact of such violence on victims.

> We know that experiences of VAWDASV impact victims' and survivors' health. As the majority of victims and survivors are women, it is vital to consider not only the impact of VAWDASV on women's health but also how they access health services to meet their needs[72].

We know that victims and survivors of VAWDASV may not always recognise the link between the abuse they experience and their health issues and that barriers to accessing health due to perpetrator control, shame and concerns for statutory interventions for families and children once the issues are identified, exist. Timely access is imperative to support earlier intervention and reduce harm and achieve the best health and life outcomes possible.

Evidence shows that women who experience domestic abuse and sexual violence:

- Present more frequently to health services.
- Have more admissions to hospital than non-abused women.
- Are issued with more prescriptions.

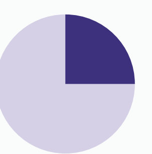
There is also a linear relationship between severity of domestic abuse and sexual violence and the use of health services. The most prevalent effect on victims is on their mental health, including post-traumatic stress disorder, depression, anxiety and suicidal thoughts. Physical health consequences include broken bones, digestive issues, eating problems, pain, headaches, fainting, seizures, hypertension, urinary tract or vaginal infections, sexually transmitted disease and sexual dysfunction[73]. Non-fatal strangulation is thought to be the second most common cause of stroke in women under 40 years, with other health impacts including migraines, burst blood vessels and vision impairment, brain injury, seizures and dementia[74].

For all victims of VAWDASV there can be a reluctance to seek health care, with increased rates during pregnancy. Victims can do this for reasons such as not wanting to be asked questions by professionals or simply that someone having contact with them is too traumatic, this can be particularly the case with non-recent child sexual abuse and earlier domestic abuse. Sometimes perpetrators prevent victims from accessing support. This can lead to more significant illnesses becoming apparent before help is sought, if at all. Non-disclosed abuse may present in a number of ways, such as at a dentist with untreated tooth decay, or late presentation and treatment for cancer.

Research by the Domestic Abuse Commissioner undertaken in 2022/23 found that survivors in Wales are highly likely to disclose and seek support in health-based settings, second only to disclosing to police[75]. We need to consider health not only as meeting the health needs associated with domestic abuse, but also as a place to seek safety and support from other forms of abuse, such as Female Genital Mutilation (FGM) and forced marriage. Greater understanding and research are needed to support this with Wales specific data.

According to the 'Strategic Policing Threat Risk Assessment',

**117** crimes are recorded, by police (England and Wales), every hour,



but this is likely to be an under representation as only 25% of offences are reported[76].

Violence against women and girls is a national priority and in August 2024 the UK government stated that extremist misogyny will be recognised as a terrorist offence. Women and girls have long recognised the threat that has increased over time, Welsh and UK government policy is now recognising this and the need to respond is compelling.

*Survivors in Wales are highly likely to disclose and seek support in health-based settings, second only to disclosing to police.*

**Figure 6**: Rate of domestic abuse-related incidents and crimes combined, as recorded by the police

**Wales**
28 per 1000 population

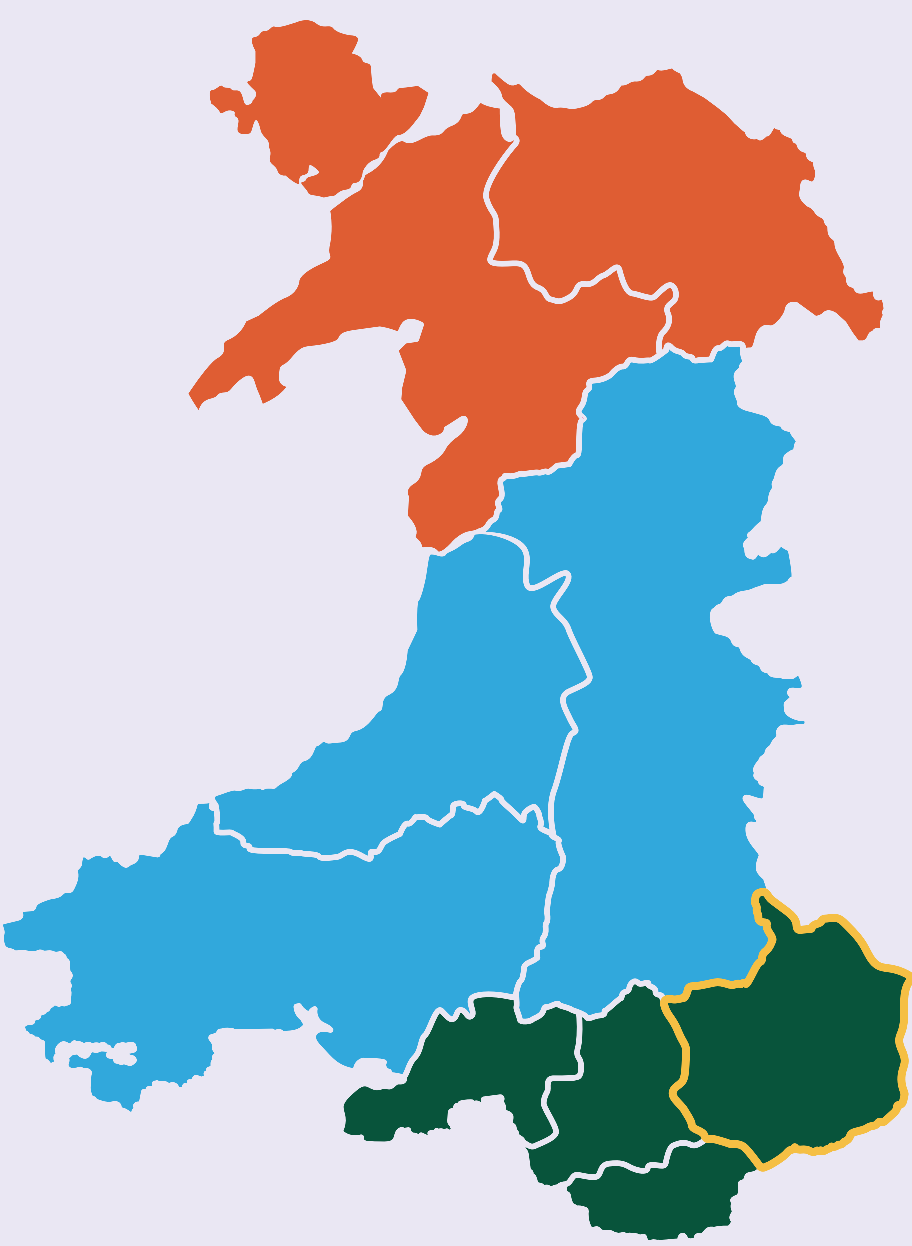
**England and Wales**
24 per 1000 population

**North Wales**
27 per 1,000 population

**Dyfed Powys**
22 per 1,000 population

**South Wales**
24 per 1,000 population

**Gwent**
43 per 1,000 population



Saunders,Nathan
28/10/2025 10:18:55

In the year ending March 2023, the total number of domestic abuse crimes and incidents (not classified as crimes) which were recorded by police in Wales totalled 86,637 (28 per 1000 population)[77] (Figure 6).

The 'See Me' campaign in South Wales highlights lived experiences of women and girls across South Wales to raise awareness and to encourage victims to come forward, encourage sign spotting and reporting[78].

Published in 2022, 'Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity', seeks to raise awareness and understanding of how trauma can impact on everyone's lives, and sets out an all-society framework to support a coherent, consistent approach to developing and implementing trauma-informed practice across Wales[79]. Trauma-informed organisations understand that adversity, trauma and distress can occur to anyone and at any point across the life course. They aim to create psychosocially healthy conditions for both the workforce and people they support to minimise exposure to adversity, trauma and distress and are confident in understanding what interventions and supportive factors someone may need in place to prevent and mitigate the long-term impact on physical and mental health and wellbeing.

As highlighted earlier, (Health in the Workplace) domestic abuse and violence often occur in the workplace, from harassing phone calls and abusive partners arriving at the workplace unannounced, to physical violence, resulting in time off work due to the domestic abuse or loss of jobs. 52% of women have reported being sexually harassed or abused in the workplace[30]. In 2023, NHS England launched its first ever, 'Sexual safety in healthcare – organisational charter', in collaboration with key partners across the healthcare system[31]. Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this.

Saunders, Nathan 28/10/2025 10:18:35

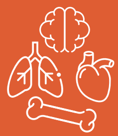
52%

of women have reported being sexually harassed or abused in the workplace[30].

## Actions

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Undertake a scoping exercise to consider the need for each Health Board to have a dedicated staff or VAWDASV 'Champion' to support data collection, training, implementation of policy including the VAWDASV Act and the Serious Violence Duty[80]. | Health Boards / Women's Health Network |
| Short | Seek commitment from NHS Wales to sign up to a 'sexual safety in healthcare organisational charter'. | NHS Wales / Welsh Government |
| Medium | Create clear referral pathways to specialist services accompanied with guidance that is inclusive of all victims regardless of age, gender, sex, sexual orientation, race, ethnicity, or disability. | SPPC / NP / Health Boards / Women's Health Network |
| Short Medium / Long-term | Provide education on VAWDASV across the life course for all healthcare professionals to build workforce confidence and competence to ask about violence and ensure opportunities are not missed to disclose and prevent continuum of harm. | Women's Health Network / HEIW / GP Practices / Primary Care Clusters / Health Boards |
| Long | Conduct research to build on evidence base into how VAWDASV impacts health and inform a targeted response. | Academic Institutions / HCRW |

Saunders,Nathan 28/10/2025 10:18:55



# Ageing Well and Long-term Conditions Across the Life Course

Ageing Well and Long-term Conditions Across the Life Course encompasses the physical, mental, and social health of women as they grow older, and aligns to themes such as access to prevention based healthcare, support for chronic disease management, and the promotion of healthy lifestyles and social engagement.

Women in Wales are living longer with an average age of 82 years[81]. However, healthy life expectancy has dropped to 60.3 years, with women from black and minority ethnic groups, disabled women and from areas of greater deprivation, affected most[82]. We want Wales to be a nation where women can be supported to live full and healthy lives from birth to death.

*Women don't become invisible once they hit their menopausal years and beyond.*

**Women's Voices**

Saunders, Nathan
28/10/2025 10:18:55

Better manage the needs of an ageing population

Adopt a life course approach to healthy ageing for women

Address key risk factors that reduce quality of life for women as they age

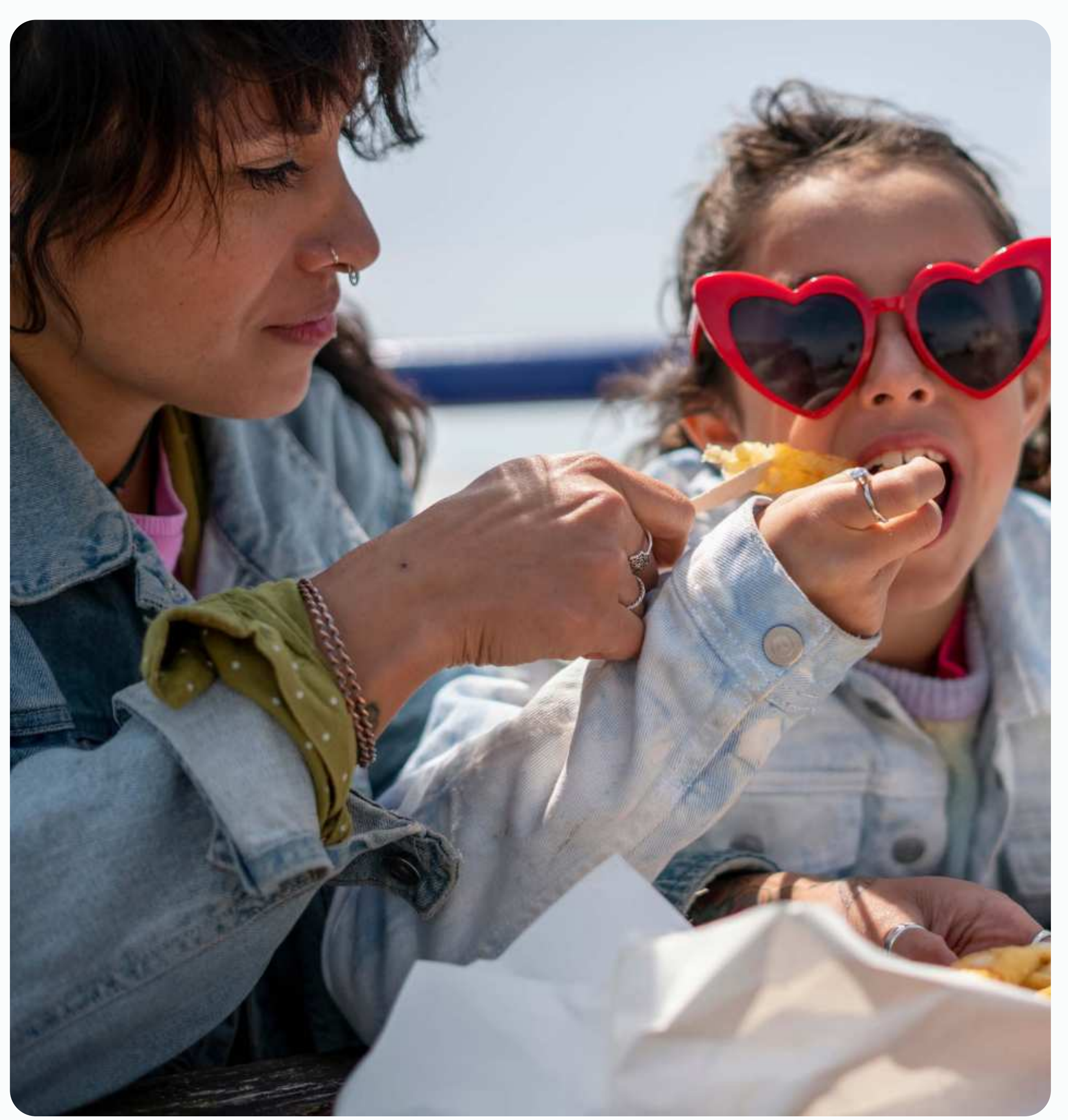
This section presents key areas of clinical focus that have come from the National Strategic Clinical Networks and programmes within the NHS Wales Executive. They are in no means an exhaustive representation of the areas that need our attention. They are a snapshot to outline where work is currently being delivered, where priorities for women's health already exist, or where further attention is required. It is the intention that any unconscious bias that exists to the needs of women within health and across networks, will move to conscious questioning, purposeful collecting of data, and pro-active delivery of services.

As described in earlier sections, the Plan needs to be delivered in collaboration with the other eleven National Strategic Clinical Networks, so increasing potential opportunities for reaching as many women as possible in Wales.

To facilitate a life course approach to women's health, Networks need to commit to:

- Disaggregation of data by deprivation, sex and gender.
- All Networks to consider their work-plans annually through a 'women's lens' and ask, "what does this mean for women with … e.g. asthma/ rheumatoid arthritis etc".
- Collaboration across networks to support training and education on women's health.

Saunders,Nathan
28/10/2025 10:18:55



### 7.8.1 Adolescent Health and Wellbeing

The Plan focusses on those aged 16 years and above. Outcomes for younger girls will be included within the work of the Maternal and Neonatal Network and Child Health Network, both of which the Network will work alongside.

Data collected in Wales, have shown worrying trends in health and wellbeing amongst adolescent girls. For example, the percentage of girls with low mental wellbeing scores increases as they get older, with around twice as many 16 year-old girls having a low mental wellbeing score, compared with 16 year-old boys (figure 7). Additionally, fewer adolescent girls, when compared with boys, achieve the recommended physical activity target of at least 60 minutes per day across the week (figure 8). More girls than boys aged 11-16 years will drink alcohol or smoke (figure 9 and 10)

> Get Fit Wales is a free programme that encourages young people to adopt healthy lifestyle habits. CTMUHB is working with Newydd Housing Association and local high schools to improve mental and physical wellbeing in children and young people, initiatives like this should be encouraged across Wales[83].

Saunders,Nathan
28/10/2025 10:14:55

**Figure 7:** Percentage of 11-16 year olds with low mental wellbeing scores by sex, 2021.

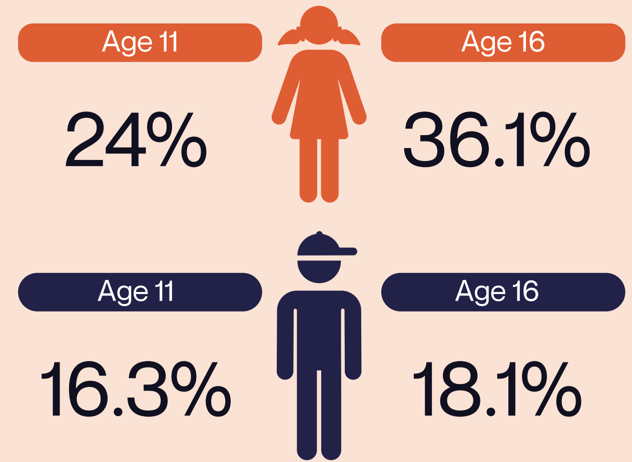



**Figure 8:** Physical activity in adolescents: percentage of those achieving recommended target.

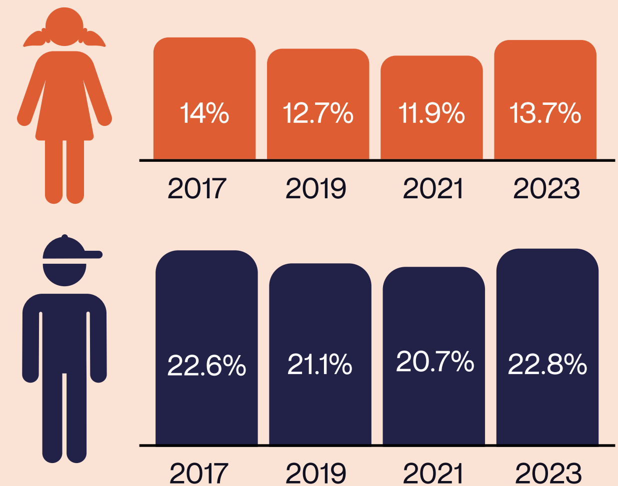



**Figure 9:** Percentage who reported drinking alcohol, ages 11-16, Wales.

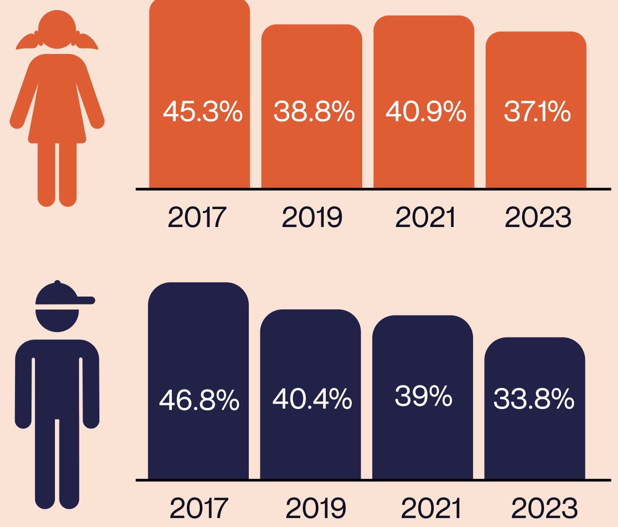
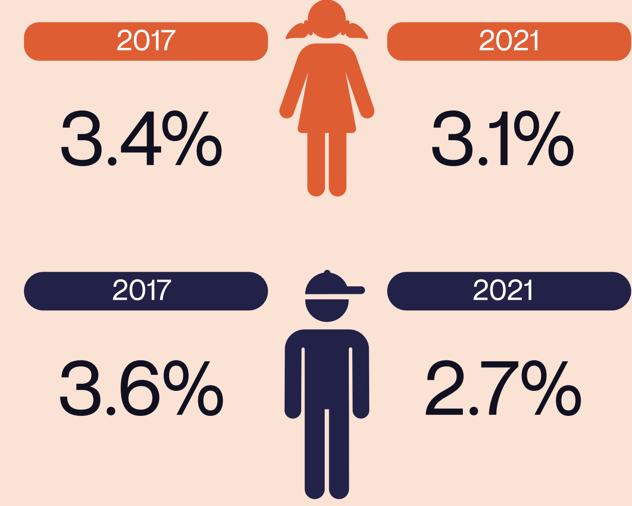



**Figure 10:** Percentage of 11-16 year olds who smoke, Wales, 2012 to 2019.



> *It is the right of every adolescent girl to survive and thrive. Yet the investments in the health of adolescent girls continue to be under-prioritised and that is contributing to a health gender gap with potentially devastating consequences for girls and their communities. They have the potential to become the largest generation of change-makers the world has ever seen, helping societies and economies to prosper. Investing in girls' physical, mental, and reproductive health can lead to economic and social returns of up to ten times their cost — making it an investment that contributes to a more equitable and prosperous world for all.*
>
> **Catherine Russell**
> Executive Director, United Nations International Children's Emergency Fund (UNICEF).

### 7.8.2 Sexual health, HIV and Blood Borne Viruses

The publication of the Plan aligns with the priority areas for sexual health which are due to be published in 2025.

Central to this is the understanding that sexual health and sexual rights are fundamental to the health of the population and women's health specifically. A key action to addressing sexual wellbeing is a person-centred and holistic approach that works collaboratively with wider services and policies tackling stigma and improving sexual wellbeing.

↑ 22%

Recent data has shown a 22% increase in diagnosis rates of chlamydia, the majority in those that are female, with re-infections more frequent in those aged 15-24 years[56].

Saunders Nathan
28/10/2025 10:18:55

The complications associated with chlamydia infection can have far-reaching consequences beyond the initial diagnosis, including chronic pain and sub-fertility. While the majority of syphilis diagnoses are in men, there has been a 26% increase in cases amongst females, between 2021 and 2022, with an overall upward trend noted since 2013[56]. Diagnosis among 25-44 years of age is highest. Although the number of cases of congenital syphilis remain small, the impact in terms of health outcomes is significant. Congenital Syphilis can lead to developmental delay, intellectual disabilities, sight and hearing impairment, all devastating and preventable sequelae[84].

Improving access to services and ways of testing for STIs, including opportunistic self –sampling will help to remove stigma and meet the WHO elimination targets for 2030[85]. Part of this focus will be on the roll-out of novel ways to detect the Human Papilloma Virus (HPV), the cause of most cases of cervical cancer. Currently, seven out of ten eligible women, present for their routine cervical (smear) test in Wales[86]. Participation in this potentially life-saving test has dropped across the UK. If recommended by the UK National Screening Committee, self-sampling could be one way to support greater uptake, especially amongst women who cannot attend clinics, for example, due to disabilities, and caring responsibilities.

Pre-exposure Prophylaxis (PrEP), used to prevent HIV, is widely available across Wales but HIV continues to be seen as an LGBTQ+ issue. Greater attention is needed to raise awareness of, and access to, PrEP for heterosexual women who are currently under-represented in those services providing PrEP.

The reporting on intersectionality by gender (i.e. ethnicity, disability) is key to developing equitable services. Currently, this data is not captured consistently within service case management systems. It is anticipated that a data monitoring plan with key indicators will be included in the Sexual Health Priority Areas document due to be published in 2025.

The Network will collaborate with relevant sexual health teams within Public Health Wales, and local services, on cross-cutting themes and priorities which strengthen the purpose and vision for better healthcare for women in Wales.

### 7.8.3 Mental Health and Wellbeing

Mental ill health among women is on the rise. One in five women in the UK (19%) experience a common mental disorder (such as anxiety or depression), compared with one in eight (12%) men. Within Wales this is even greater, with 22% of 16-44 year olds with a mental health diagnosis. There is also a worrying upward trend in incidences of mental ill health amongst young people. Data within Wales shows that women and girls between the ages of 10-24 years, are three times as likely to self-harm compared to males. Mental health is clearly linked with hormonal changes, with research needed to better understand the impact. Suicide rates amongst females is also increasing with 5.7 deaths per 100,000 in 2023, compared with 5.4 deaths per 100,000 in 2022, the highest rate for females since 1994[87].

The Real Time Suspected Suicide Surveillance (RTSSS) programme[88] was established in PHW in April 2022 providing a ‘real-time’ capture of suspected suicide data, via police-based data capture methods. The programme hopes to bring together data from across Wales to identify means of prevention, which could lead to a reduction in suicides in the future. Suicide and self-harm prevention training will be prioritised alongside this to ensure mechanisms are multi-pronged and e-modules are available through the training hub[89].

Saunders, Nathan
28/10/2025 10:18:55

Intersectionality also plays a key role, with women from black, minority and ethnic groups at particular risk of experiencing common mental disorders, and challenges to their mental health, such as racism and stigma. This was noted in the ‘Discovery Report’ where women from black, minority and ethnic groups felt less ‘heard’ when speaking with a healthcare professional.

*One in five women in the UK (19%) experience a common mental disorder (such as anxiety or depression)*

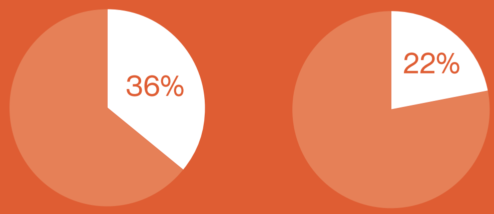
Evidence from the Agenda Alliance indicates that women’s mental health is linked to their experiences of violence and abuse, with data showing that[90]:

**53%**

of women who have mental health problems have experienced abuse.

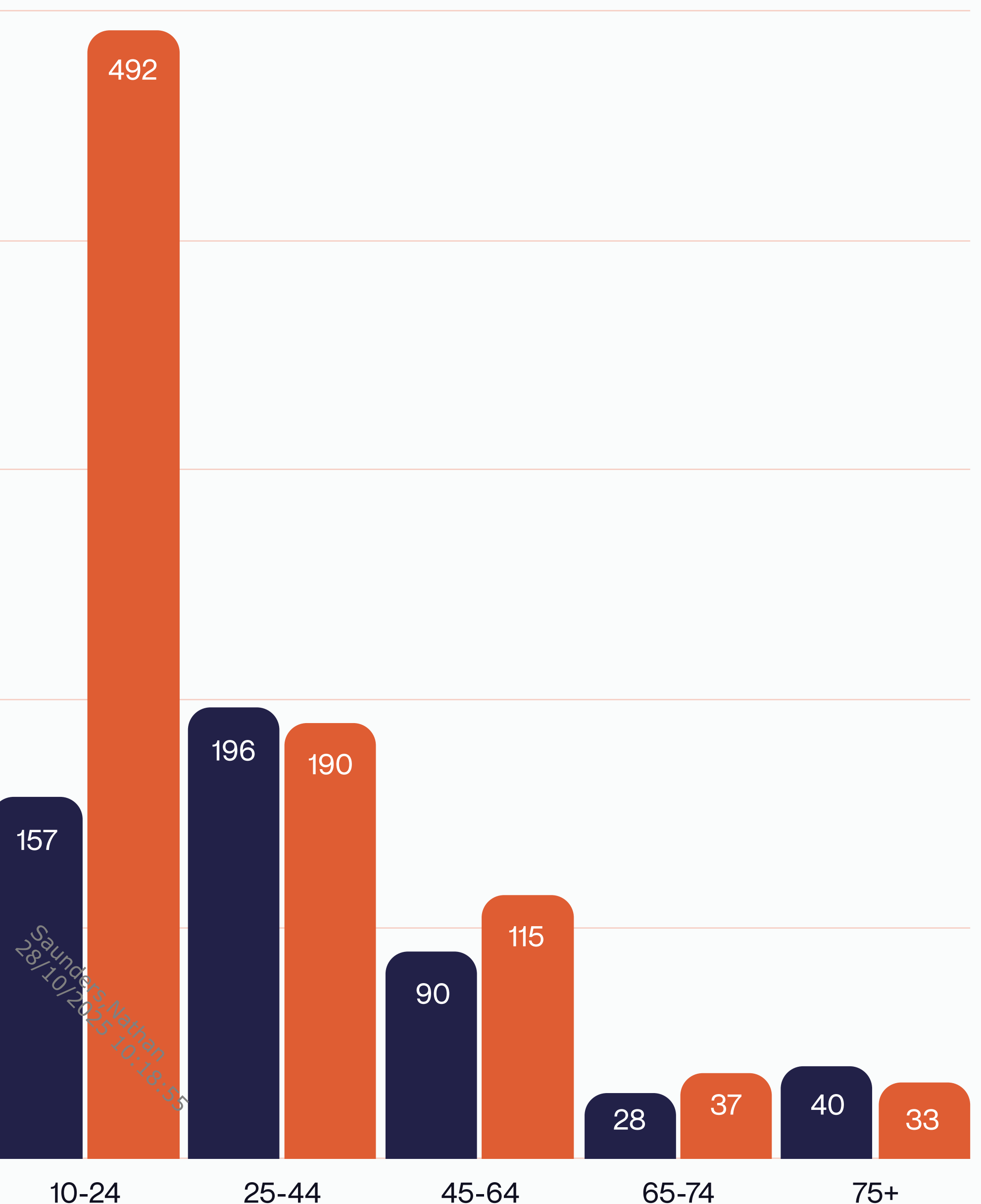
78%

More than three quarters of women (78%) who have faced extensive physical and sexual violence, in both childhood and adulthood, have experienced life threatening trauma, and 16% have Post-Traumatic Stress Disorder (PTSD).




Over a third (36%) of women who have faced extensive physical and sexual violence in both childhood and adulthood have attempted suicide, and a fifth (22%) have self-harmed.

**Figure 11**: Age-specific self-harm admission rates by sex (rate per 100,000 people).




*There is a general need for a more holistic approach to women's health with improved integration between physical health and emotional wellbeing/mental health care across health and social care sectors.*

**Dr Chris O'Connor**
Clinical Lead Strategic Programme for Mental Health, NHS Wales Executive.

Saunders,Nathan 28/10/2025 10:18:55

## Examples of projects working well:

Whilst eating disorders impact people of all genders and of any age, the overall lifetime prevalence is significantly higher in women than men[91]. The Eating Disorders Clinical Implementation Network are developing an 'All Wales Early Intervention Eating Disorder Service'. They are also creating a needs assessment and clinical pathway to support the Avoidant Restrictive Food Intake Disorder (ARFID) service, with a CPD programme for those working in specialist eating disorder services and those in generic services.

Locally, the Perinatal Mental Health CIN has introduced an 'All Wales Perinatal Pathway', and an 'All Wales Training Plan', and is supporting specialist Perinatal Mental Health Teams within Health Boards to work towards meeting the Royal College of Psychiatry Standards for Community Perinatal Mental Health Services[93]. Within south and mid-Wales there is a regional 'in-patient' specialist to support perinatal mental health care, with a model that could be expanded across Wales.

An example of prevention work nationally is 'The Body Project'[92] designed primarily for adolescent girls and young women. This group-based intervention provides a forum for high school girls and college aged women to confront unrealistic appearance ideals and develop healthy body image and self-esteem.

Saunders,Nathan
28/10/2025 10:18:55

## Becoming a Perimenopause and Menopause Drugs and Alcohol Aware Service, Hywel Dda University Health Board

"Within Hywel Dda there was noted an increase, albeit small numbers, in drug and/or alcohol related deaths or non-fatal poisonings in women under 20 and over 40 years of age. The limited evidence suggests that the impact of perimenopause and menopause could be having a significant impact upon the health and addictive behaviours of women who are experiencing symptoms. There is a scarcity of data collected about clients who are experiencing perimenopause and menopause, not just in drug and alcohol services but across much of the healthcare system. With this in mind, we decided to aim to become a perimenopause/menopause aware substance misuse treatment service and developed a working group to progress this.

The group has grown and £10,000 was secured to develop some training for staff and develop a group work programme for women. Alcohol Change have been involved and we have just had our first focus group in order to define what the training and group work programme will need to entail."

**Kate Watson-Jones**
Advanced Nurse Practitioner Substance Misuse, HDUHB.

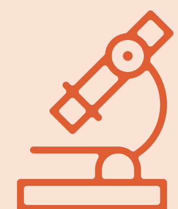
### 7.8.4 Alzheimer's and Dementia

Women have a greater risk of developing dementia during their lifetime than men, with women twice as likely to develop Alzheimer's, the most common cause of dementia[94]. It is the leading cause of all deaths in women in Wales. The main reason for this greater risk is due to women living longer than men and old age is the biggest risk factor for this disease. Genetics and Traumatic Brain Injury (TBI) are further risk factors. Oestrogen is thought to have a range of protective effects on brain health, including an ability to block some of the harmful effects of substances involved in Alzheimer's disease. The 'Dementia Action Plan for Wales'[95], is due to be re-published in 2025, and will consider how women are affected, their needs, and interventions to reduce dementia risk and improve brain health throughout the life course.

**Example of good practice:**

In 2022, a Gwent-wide 'Dementia Friendly Communities' group was formed, merging the individual Local Authority steering groups into one overarching group. The group is working with ethnic minority communities, and other established community groups to engage with women. This group identified three areas they wanted more information about dementia, menopause and diabetes. The information, including on brain health, is delivered in a community space that is familiar to the group and with translation support. They are creating information content according to need and taking a flexible approach depending on knowledge, experience and cultural elements. A mixture of clinicians, third sector and Local Authority are supporting the project, with data being gathered on numbers of people attending, links to other services and/or uptake of support.

Saunders, Nathan
28/10/2025 10:18:55

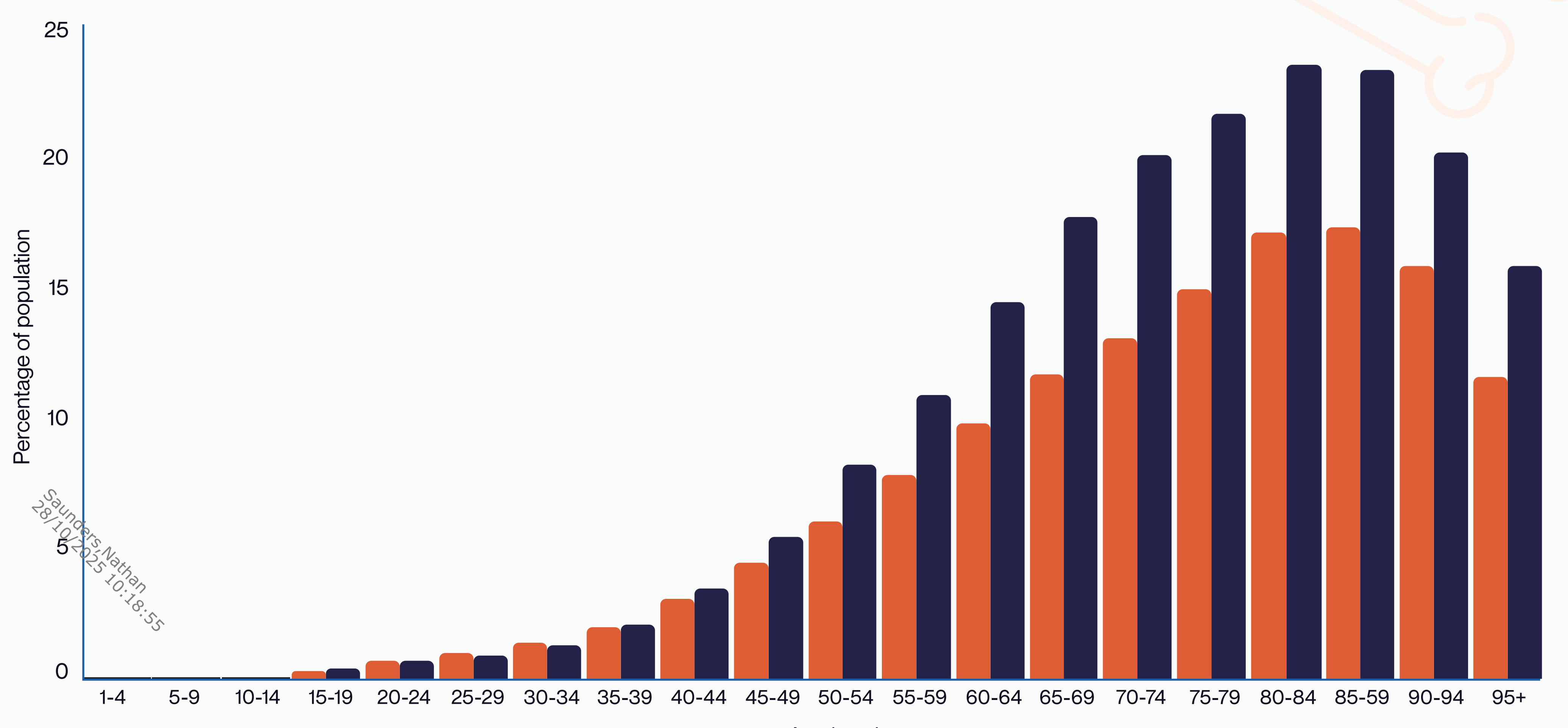


Women have a greater risk of developing dementia during their lifetime than men, with women twice as likely to develop Alzheimer's.

### 7.8.5 Diabetes

Over 212,000 people live with diabetes in Wales, affecting more men than women across all age groups (figure 12). However, Type 1 Diabetes Mellitus (T1DM) is especially aggressive in women <40 years and those from ethnic minority groups and areas of deprivation.

**Figure 12:** Diabetes prevalence is higher in older people, and for males. QAIF, 2021/22, Welsh Government.




Saunders,Nathan 28/10/2025 10:18:55

**Figure 13:** Percentage of registered patients aged 17+ years with diabetes in Wales, by Health Board. Cardiff and Vale University Health Board have the lowest rate, 6.6%, and Aneurin Bevan University Health Board the highest, 8.7%. Note that these rates have not been adjusted for age or sex, and differences between the Health Boards will in part be due to differences in population profiles. QAIF, 2021/22, Welsh Government.

**Aneurin Bevan University Health Board**
8.7%

**Cwm Taf Morgannwg University Health Board**
8.6%

**Hywel Dda University Health Board**
8.4%

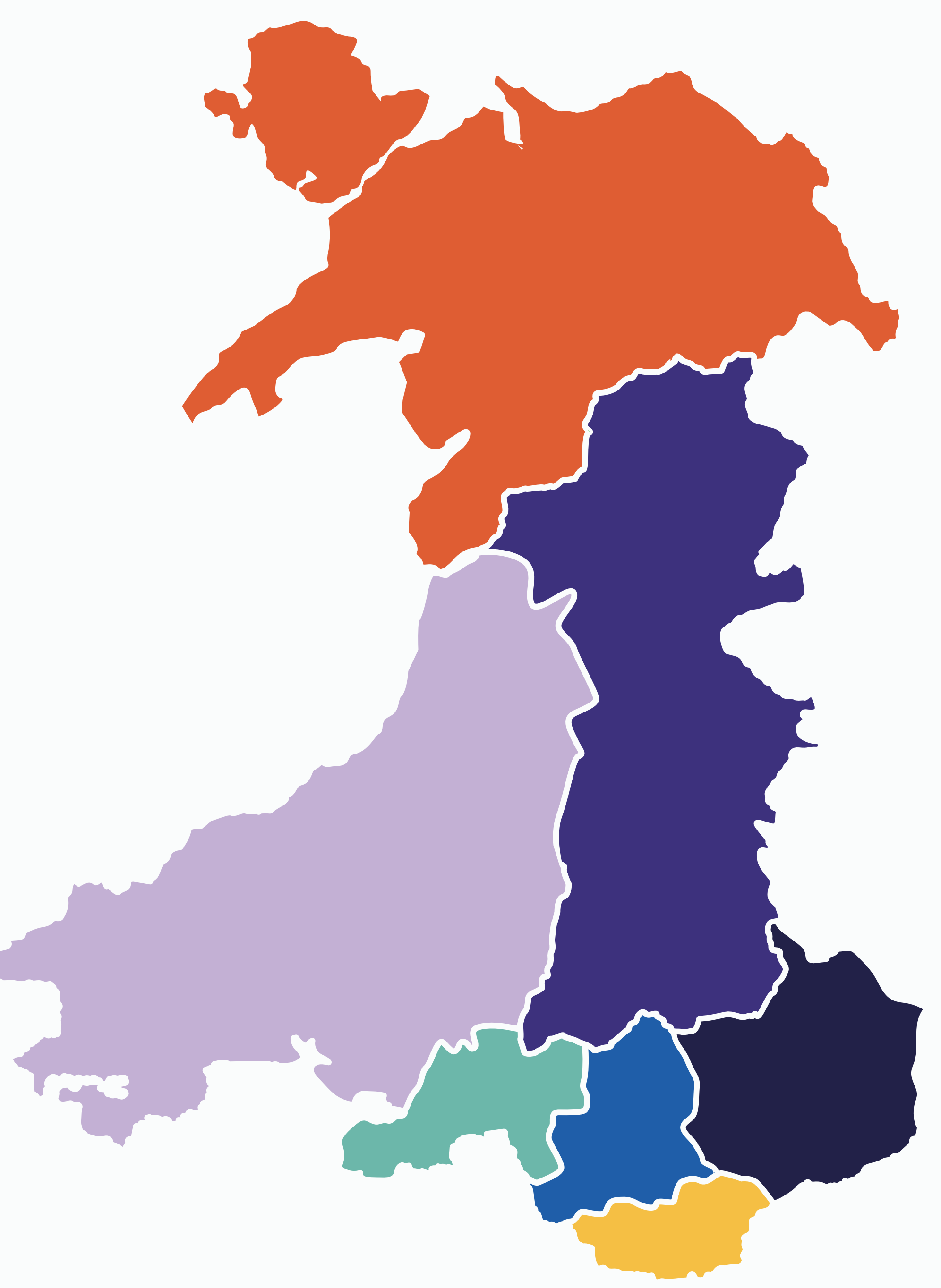
**Betsi Cadwaladr University Health Board**
7.9%

**Powys Teaching Health Board**
7.8%

**Swansea Bay University Health Board**
7.8%

**Cardiff and Vale University Health Board**
6.6%

Saunders, Nathan
28/10/2025 10:18:53



Evidence shows that women are more severely impacted by the consequences of diabetes compared to men[96]:

- Women with diabetes have a greater risk of heart disease (HD).
- Women are more likely to be on lower incomes and lack time and ability to focus on caring for themselves on top of caring for others, so leading to poorer outcomes.
- Women are more likely to have retinopathy and neuropathy, and hormonal fluctuations may exacerbate this further, such as in pregnancy.
- Diabetes control is more difficult for women due to hormonal fluctuations.
- Elderly women with Type 2 Diabetes Mellitus (T2DM) and end stage renal disease are more likely to die than men with similar problems.
- Women with diabetes are four times more likely to suffer a stroke than women without diabetes.

Key interventions such as Hybrid Closed Loop (HCL) systems could play a significant role in supporting women to manage their diabetes more effectively. NICE TA943 recommend that they should be used in pregnancy or when planning a pregnancy, and for children and young people[97].

Saunders, Nathan 28/10/2025 11:18:06

But glucose levels are affected by hormonal fluctuations at other times, such as in the perimenopause, and there could be wider opportunity for HCL systems to help women with diabetes. More research is needed.

**The National Strategic Clinical Network for Diabetes has identified the following areas which require greater focus.**

- Increased use of HCL systems for eligible women and research into other uses i.e. menopause.
- Effective services for those with disordered eating and T1DM, linking in with Eating Disorder CIN.
- Improved screening of risk factors for heart disease and prevention.
- Greater support for women with young onset T2DM.
- Improve preconception care for those with T2DM.
- Increase prevention for those with gestational diabetes.

*Women receive very little information about blood glucose fluctuations related to their menstrual cycle. Personally, I've never received any formal education or information through clinic visits. This is an area that is really lacking and understanding it sooner would have been beneficial. The knowledge I've gained over the years has come from personal curiosity, and later, from using technology like the Libre in my late 20s. It was a game changer to "see" what happens on specific days of the month. I remember taking screenshots of my blood glucose, which stubbornly sat at 13mmol for three days each month. When I showed these to my (male) doctor, he finally explained, 'That's a physiological change in your body, where you become more insulin resistant. We just need to accept those days as they are'. This information came to me over a decade later than it should have. Many women, me included, tend to blame themselves for higher blood glucose levels during these days, even though they have little control over it. Better education in this area could make a huge difference.*

**Patient, 36 years old**
Type 1DM, Aneurin Bevan University Health Board.

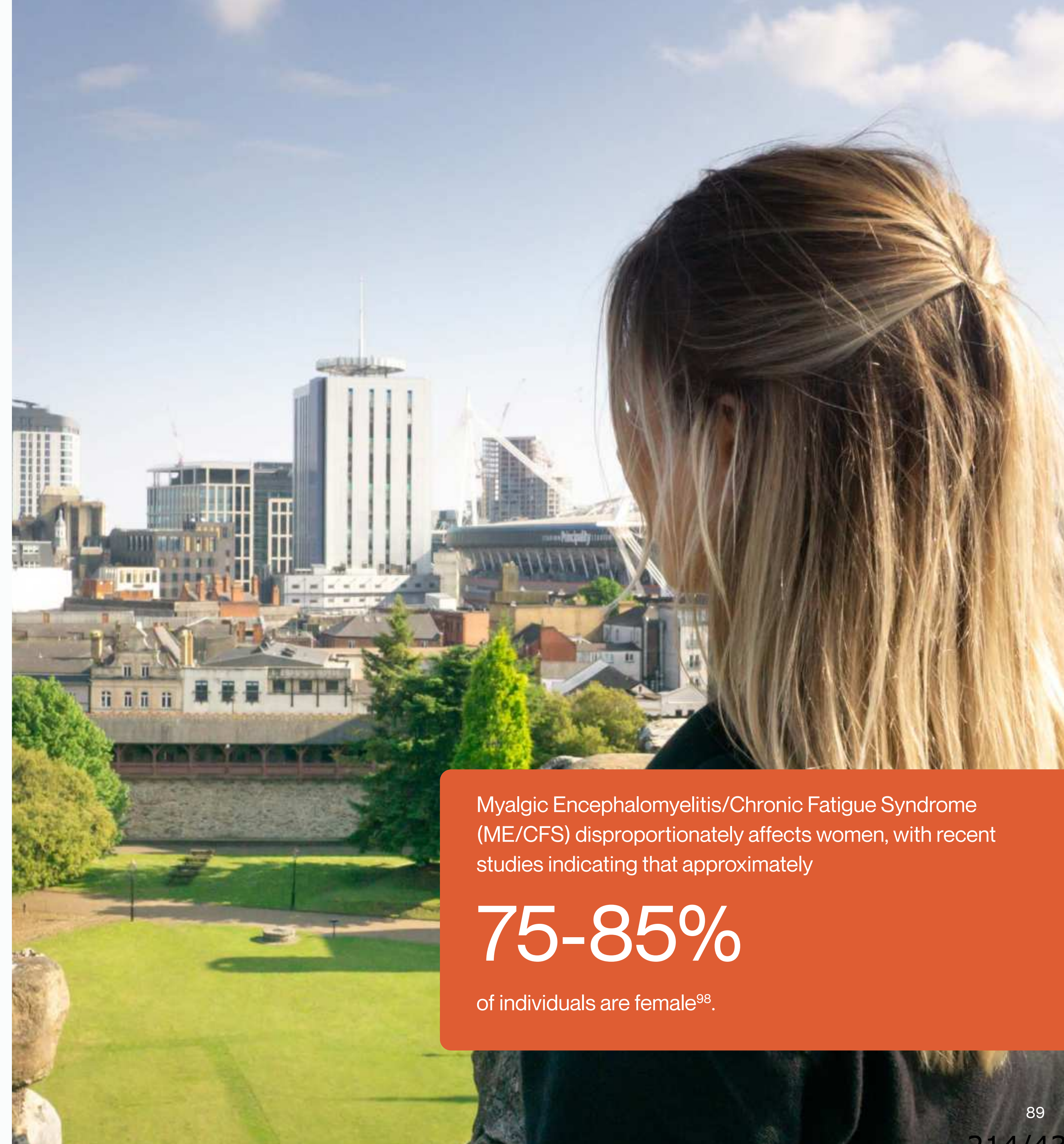
Saunders,Nathan
28/10/2025 10:18:55

### 7.8.6 Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) disproportionately affects women, with recent studies indicating that approximately 75-85% of individuals are female[98]. The impact of ME/CFS on women's health can be profound, leading to significant physical, emotional, and social challenges. Women with ME/CFS experience a range of symptoms that hinder their ability to participate in daily activities, maintain employment, and act as carers[99]. People with ME/CFS are more likely to have co-morbid conditions such as Irritable Bowel Syndrome and Fibromyalgia, which also affect more women than men, and can lead to additional challenges for diagnosis and healthcare support.

The 'Women's Health Wales Coalition Quality Statement'[100] emphasises the need for equitable access to diagnosis and treatment for women experiencing ME/CFS, recognising the unique challenges they face. By integrating this understanding into the Plan, there is an urgent need for tailored healthcare services, increased awareness, and dedicated research funding aimed at improving diagnosis, treatment, and support for women affected by ME/CFS.

Saunders,Nathan
28/10/2025 10:18:55



Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) disproportionately affects women, with recent studies indicating that approximately

**75-85%**

of individuals are female[98].

### 7.8.7 Cardiovascular Disease

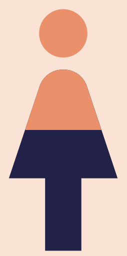
Cardiovascular Disease (CVD) is a major cause of ill-health and death in Wales. It is largely caused by risk factors that can be controlled, treated or modified such as high blood pressure and cholesterol levels (modifiable risk factors). Some risk factors such as age and sex, however, cannot be controlled (non-modifiable risk factors). These major risk factors increase the likelihood of developing CVD, such as coronary heart disease, and stroke. Although CVD cannot be cured, the condition can often be managed with medication and lifestyle changes to prevent the disease from progressing (e.g. eating a healthy diet, exercising, stop smoking, limit alcohol consumption and stress). Oestrogen hormone is heart protective, it helps to control cholesterol levels and prevent atherosclerosis and subsequently hypertension. Therefore, after menopause, the risk of CVD increases significantly.

CVD causes more than one in four (27 per cent) deaths in Wales[101], or around 9,600 deaths each year. CVD will kill 5,200 men and 4,400 women in Wales each year with an overall cost to the Welsh economy (including premature death, disability and informal costs) estimated to be £1.5 billion each year[102].

Saunders, Nathan
28/10/2025 10:18:55

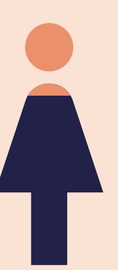
Ischemic Heart Disease (IHD) is the second leading cause of death for women in Wales, killing twice as many women as breast cancer. However, an audit on revascularisation of women in Wales showed that women were 23% less likely to undergo revascularisation in the six-month period following an acute myocardial infarction, compared to men[103]. A study by the University of Leeds found that women had a 50% higher chance of receiving a wrong initial diagnosis following a heart attack, with a 70% increased risk of death after 30 days compared with those who had received a correct diagnosis. Evidence also shows that women are less likely to be prescribed medications that prevent further heart attacks[104].

CVD causes more than one in four (27 per cent) deaths in Wales[101].



A study by the University of Leeds found that women had a **50% higher** chance of receiving a wrong initial diagnosis following a heart attack.

With a **70% increased risk** of death after 30 days compared with those who had received a correct diagnosis.



The Network will collaborate with the Cardiovascular Network to ensure the 'Quality Statement for Heart Conditions' employs a women-focused lens[105]. A key part of this will be regarding prevention and a focus on modifiable risk factors such as obesity. Women over 65 years are more likely to be obese when compared with men of a similar age (figure 14). There are multiple opportunities across the life course where services can educate, inform and empower women to make healthy choices and identify other contributory factors. Health care professionals can be educated to manage women's health more effectively.

**Figure 14:** Reported obesity prevalence rates by age band and gender, 1st April 2024.

Saunders, Nathan
28/10/2025 10:18:55

*The recovery programme is about service transformation to support recovery in cancer waiting-time performance.*

### 7.8.8 Cancer Recovery Programme

The National Cancer Recovery Programme, as part of Planned Care, was established in 2024 to deliver quality and sustainable performance improvement in cancer pathways. This was in response to a new, pan-Wales approach to service and pathway improvement, within services providing diagnostics and treatment of cancer.

The recovery programme is about service transformation to support recovery in cancer waiting-time performance. It is focussing on the five cancer types with the poorest cancer waiting-time performance. Two of the five chosen cancer types primarily affect women, (gynaecology and breast), this is in addition to skin, lower gastrointestinal (GI) and urology cancer pathways. Data (figure 15 and 16) shows that the incidence rates are statistically significantly lower for women for urological cancers (bladder, kidney, urinary tract), colorectal and within upper GI cancers (liver, oesophagus and stomach).

However, in terms of one-year survival, there is statistically significantly lower outcomes for females with bladder cancer.

75% v 59%

The programme is also acutely aware of the impact of intersectionality and vulnerability, on outcomes in cancer care and survival. There is published research that shows that increased intersectionality leads to worse patient outcomes with respect to cancer. There is work ongoing to determine the scope of this issue in Wales, which could, and should, lead to a collaborative piece of work between the Cancer Recovery Programme, Cancer Network and a newly appointed Equality, Diversity and Inclusion (EDI) champion for women's health. This could focus on a campaign or programme of work looking at improving cancer access, and subsequently outcomes for women in Wales with high degrees of intersectionality.

## Cancer incidence

**Figure 15:** 5 cancers with highest incidence in females, European age-standardised rate per 100,00, all ages, Wales, 2020.

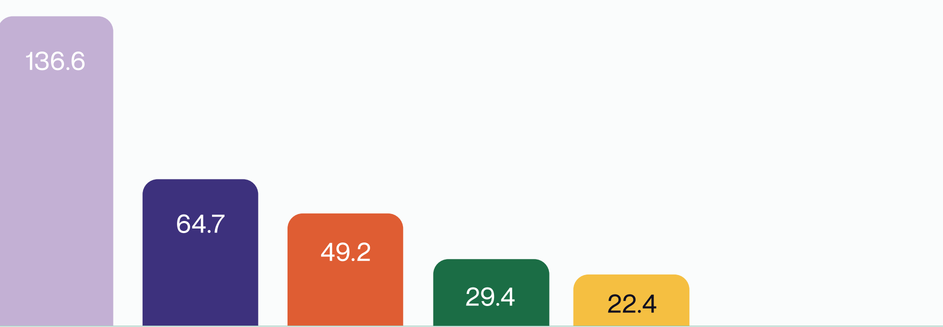
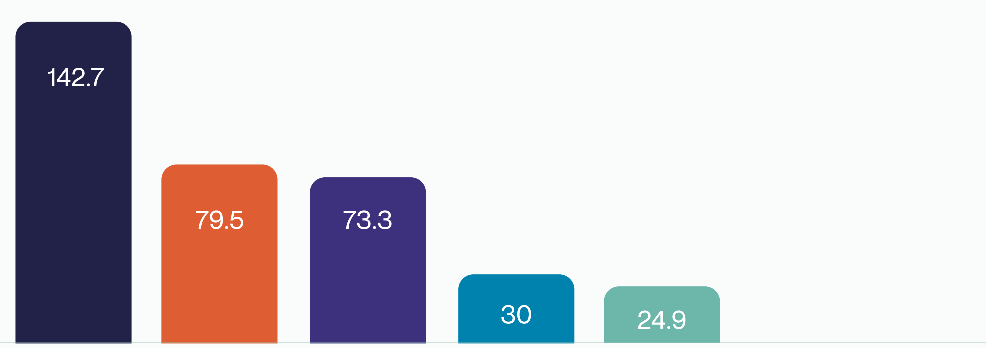


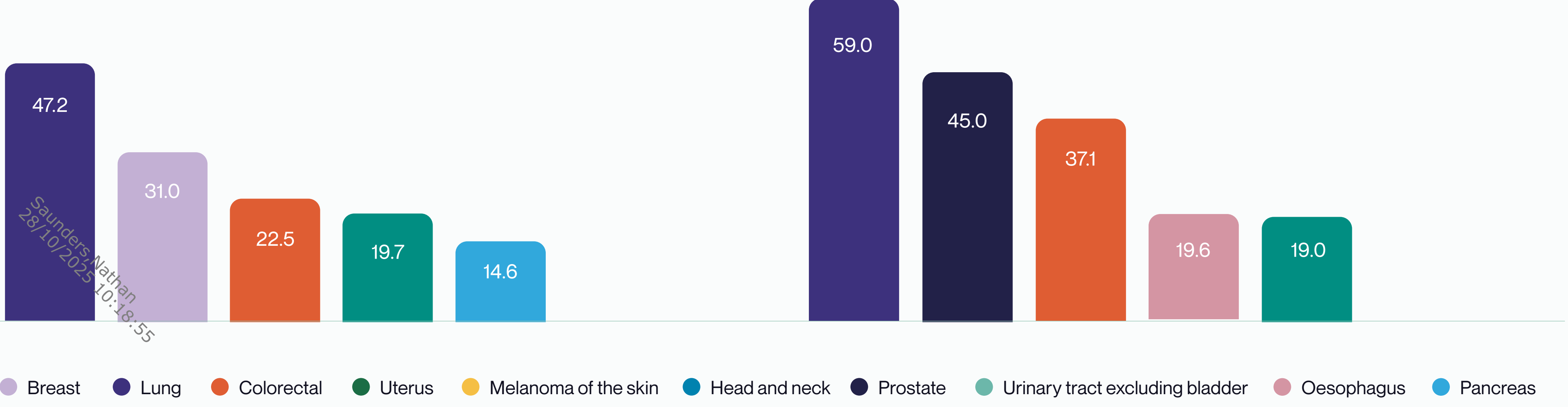

**Figure 16:** 5 cancers with highest incidence in males, European age-standardised rate per 100,00, all ages, Wales, 2020.




## Cancer mortality

**Figure 17:** 5 cancers with highest mortality in females, European age-standardised rate per 100,00, all ages, Wales, 2022.

**Figure 18**: 5 cancers with highest mortality in males, European age-standardised rate per 100,00, all ages, Wales 2022.




Saunders, Nathan 28/10/2025 10:18:55

### 7.8.9 Musculoskeletal Conditions

Musculoskeletal (MSK) conditions are the most common cause of long-term pain and physical disability globally. They are the leading cause of life-limiting conditions in Wales (figure 19), and are strongly linked to deprivation, ethnicity, gender and age. Women consistently demonstrate more prevalent and severe clinical presentations of MSK disorders, and this disparity increases in magnitude with age.

**Figure 19**: Causes of life- limiting long term conditions age 16> years.

| | Female | Male |
|---|---|---|
| Musculoskeletal complaints | 20% | 13% |
| Heart and circulatory complaints | 10% | 12% |
| Endocrine and metabolic complaints | 8% | 7% |
| Respiratory system complaints | 8% | 8% |
| Mental disorders | 14% | 10% |

Saunders, Nathan 28/11/2025 10:18:56

MSK conditions often effect multiple body areas and systems, requiring joined up multi-professional care. They can impact physical, emotional, social, economic, and mental health, making MSK conditions a significant public health concern.

Bone Health (osteoporosis and fragility fractures) are one of four key groups within MSK conditions which disproportionately affects women.

One in three women will have a fragility fracture over the age of 50 years, compared to one in five men[106].

Additionally, following a first fracture, there is a one in three chance of sustaining another fracture within 12 months. The high incidence of fragility fractures can result from a lack of active case finding and untreated osteoporosis which increase with age (figure 20). There is a huge economic burden to the health service and wider society for fragility fractures[107].

The Bone Health Clinical Implementation Network will sit under the MSK National Strategic Clinical Network within the NHS Wales Executive, and use the 'National Clinical Framework' to guide progression of osteoporosis and bone health services.

The newly formed Rheumatology Clinical Implementation Network also sits within the Musculoskeletal (MSK) Network and will oversee the services provided to care for patients with Inflammatory Rheumatic Conditions living in Wales.

Rheumatoid arthritis is the most common inflammatory condition, affecting 1% of the population. It has a two to three times higher prevalence in women than in men, suggesting female hormonal factors play a role in the development of the disease. It can present throughout a woman's life course with peak incidence at times of hormone change such as menopause and following childbirth[108].

Other rarer autoimmune conditions such as Lupus, which affects approximately 2000 people in Wales[109], also predominately affect women compared to men with a ratio of 9:1. Many rheumatic autoimmune conditions require immunosuppressive treatment, the choice of drug treatments needs to be discussed carefully with women, especially during childbearing years. Providing an adequate workforce to support women with these diseases in Wales is paramount.

To ensure best practice for women with inflammatory rheumatic diseases in Wales, all Health Boards contribute to the 'National Early Inflammatory Arthritis Audit'[110]. This includes data on 'time to diagnosis', as well as 'time to commencing treatment', important determinants which are known to have a direct impact on patient outcomes. Regular evaluation of this data provides a detailed picture of rheumatology services, with recommendations of how to improve and reduce variation in care standards across Wales.

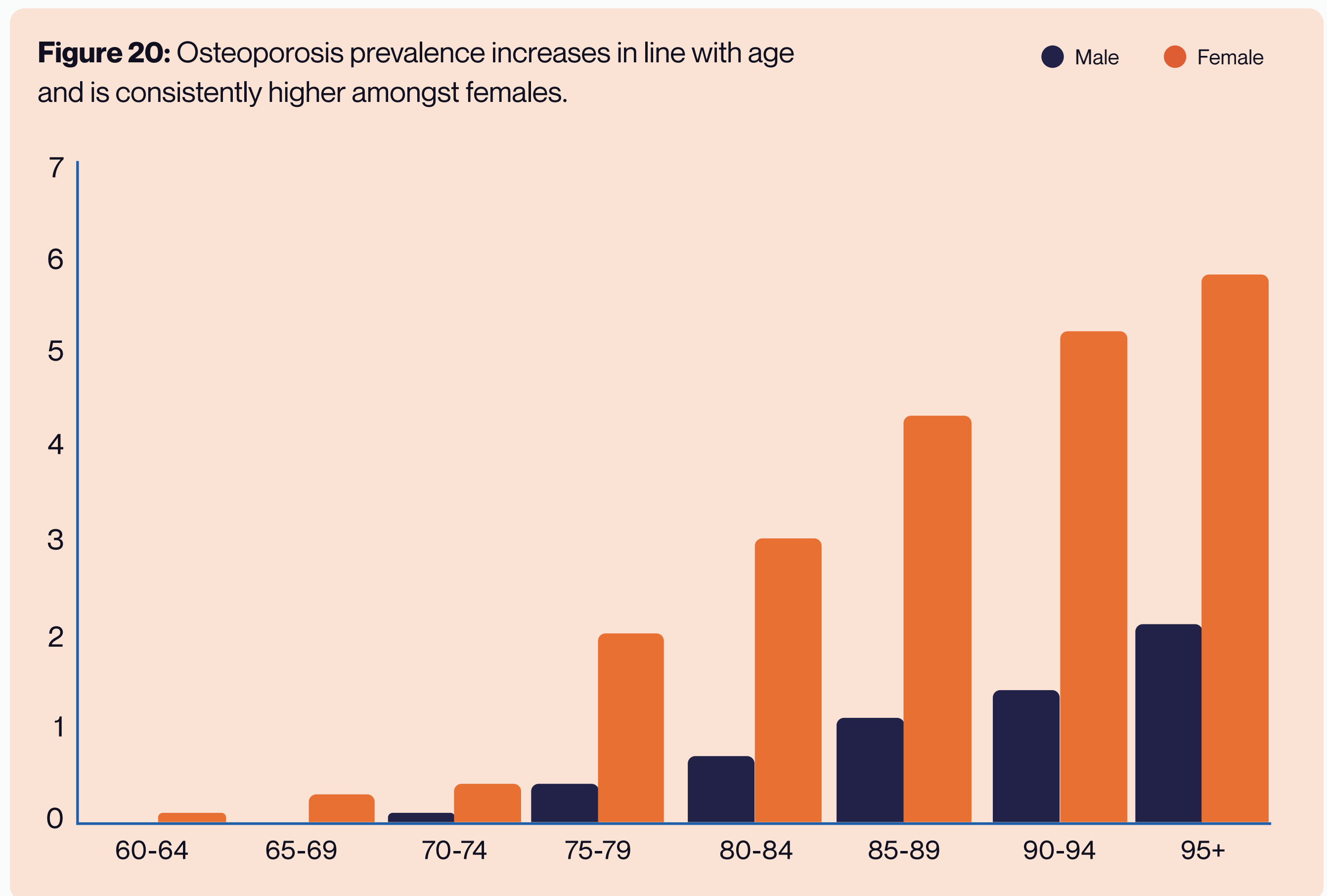
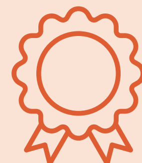



**Figure 20:** Osteoporosis prevalence increases in line with age and is consistently higher amongst females.

Saunders, Nathan
28/10/2025 15:18:35

### 7.8.10 Palliative Care and End of Life Care

Palliative care is an interdisciplinary clinical caregiving approach aimed at optimising quality of life and mitigating suffering among people with serious, complex, and often terminal, illnesses. Data has shown that one in four people currently do not get the end of life care and support they need. The number of people with palliative care needs is increasing. If current trends continue, approximately 37,000 people will die with palliative care needs each year by the 2040s[111].



Being free of pain is people's biggest priority at end of life[112].

Research shows that more than

one in three

people in Wales were severely or overwhelmingly affected by pain or breathlessness in their final week of life[111].

Saunders Nathan 28/10/2025 10:18:35

Evidence shows that women often report more severe daily feelings of pain, nausea, and fatigue[113,114,115] but may also have to report greater symptom distress than men for their pain to be acknowledged[116].

While some research shows that terminally ill women tend to be more open, accepting of palliative support, and engaged with their end of life journey[113,117] other studies show that some women are less likely than men to state a preference for end of life care treatments such as chemotherapy, cardiopulmonary resuscitation and artificial feeding[118,119].

The evidenced reasons behind this are not yet substantive and should be fully explored, however such findings do highlight potential inequalities in the way women are approaching, deciding on, and ultimately accessing treatments which could improve their quality of life.

Data also suggests that women with ovarian, cervical and uterine cancers have a higher number of interactions with unscheduled care and emergency admissions and spend longer in hospital after an emergency admission than the general end of life population[120]. As we have highlighted previously, women are more likely to be unpaid carers, with research showing that unpaid carers take on significant care giving roles, but lack the support they need both pre and post bereavement[121].

## The Programme for Palliative and End of Life Care (PEOLC) is working to:

- Achieve a national goal to enable people to die in their preferred place of care.
- Target policies and funding to address the psychological needs of women.
- Co-design a national service specification which includes a position statement on 'unpaid carers' to highlight the disparity between gender as it relates to women's health.
- Ensure HCP are trained and equipped in palliative care and end of life medicine, through the creation of a 'National Competency Framework'.
- Increase 'death literacy' to ensure that patients, families and communities are better prepared to deal with end of life situations.
- Provide guidance and training to HCP on Do Not Attempt Cardiopulmonary Resuscitation (DNA CPR) decisions to ensure they are made transparently and in line with patients' preferences.
- Promote Advance Future Care Planning (AFCP) to enable individuals, including women, to make informed decisions about their future care, including training for HCP.

Saunders,Nathan
28/10/2025 10:36:55

## Action areas for supporting women's health:

- Work to better understand the PEOLC needs of women through use of PREM/PROMS.
- Agree a PEOLC 'National Service Specification' that supports the needs of women.
- Prioritise the needs of women in PEOLC through Health Board frameworks such as IQPD/IMTP and collect meaningful data to improve services for women

## Actions for Ageing Well and Long-term Conditions Across the Life Course

| Time Frame | Action | Accountability and Partnerships |
|---|---|---|
| Short | Empower women to manage their own health needs, understand the ageing process and preventative interventions and how to access health systems to support them. | All Networks will partner with DHCW |
| Short | Scope within each Network where gender and sex specific data can be collected to start to inform targeted interventions. | All Networks will partner with DHCW |
| Short | Educate the workforce in the provision of culturally competent care, ensuring that diverse populations receive tailored health education and services. | Health Boards / HEIW / Women's Health Network |
| Medium | Ensure a collaborative approach to service design, between Health Boards, and other key stakeholders including those with lived and learnt experiences, to create inclusive services that cater to the diverse needs of women, particularly those with multiple vulnerabilities, such as elderly women or those with multiple health conditions. | Health Boards |
| Medium | Build awareness that healthy ageing starts with young women by engaging with schools and universities/colleges. | Welsh Government / Women's Health Network |
| Long | Monitor emerging patterns of multiple morbidity in older women, through data collection, and tackle the risk factors that cut across conditions, including intersecting needs. | NHS Wales Executive / All Networks |
| Long | Increase training for HCP around older women's health conditions, and prevention/ screening opportunities (e.g. CVD, Dementia, MSK). | GP Practices / Primary Care Clusters / Health Boards / HEIW / Networks |
| Long | Scoping exercise to consider how to provide and fund respite care for unpaid carers. | Welsh Government |

Saunders,Nathan 28/10/2025 10:18:55

# How the NHS Wales Women's Health Plan will be Delivered

8

# 8. How the NHS Wales Women's Health Plan will be Delivered

The health system in Wales has adopted a collaborative approach to integrated planning, delivery and monitoring of healthcare services.

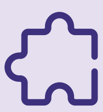
A collaborative approach ensures all elements of the system are working together to achieve shared outcomes outlined in our national policies, namely 'A Healthier Wales'[14].

The Plan embraces collaboration to ensure all aspects of women's health are coordinated and robust to meet the needs of women in Wales. By bringing together Health Boards, Special Health Authorities, and Trusts alongside the Welsh Government, third sector partners, and women themselves, the Plan will help drive better services and population outcomes.

Saunders,Nathan
28/10/2025 10:18:55

## 8.1 Through working in partnership and collaboratively

The Network is one of 11 National Strategic Clinical Networks in Wales, that puts clinical leadership at the forefront, and which ensures that national functions work collaboratively, breaking previously experienced silo working.



Collaboration with the networks to ensure women's health is prioritised, will be key to reducing gender inequalities.

The dual role of the Network must be highlighted: it is not only responsible for enhancing services for conditions specific to women but also plays a crucial role in advocating for women within other networks. This involves challenging and collaborating with those networks to consider the distinctions between men and women, as well as the differences among various groups of women, and supporting them with implementing necessary changes.

Saunders,Nathan
28/07/2025 10:48:55

The Network will provide a central coordinated approach for women's health in Wales bringing together stakeholders from multiple perspectives. Through reference groups, T&F groups, national pathways, and national standards and guidelines, approaches for implementation can be agreed and applied directly by the delivery organisations (i.e. Health Boards), as well as via Welsh Government policy mechanisms such as the Planning Framework.

### Systems roles in delivery of the Plan:

**Welsh Government**

- Develop and issue policy regarding women's health.
- Hold organisations accountable for actions and undertake performance management of Health Boards/ SHAs and Trusts informed by NHS Wales.

**NHS Wales Executive**

- Working in collaboration with NHS Wales to develop interventions and improvements following publication of the Plan to improve outcomes.
- Inform Welsh Government on variation (both unwarranted and warranted) in services and outcomes.
- Support Health Boards not meeting expectations set out in the Plan.

**NHS Wales**

- Provide operational / clinical expertise in the development of approaches / interventions as recommended in the Plan.
- Implement national approaches agreed via the Plan.

## 8.2 Engaging with Patients and Public

To implement the Plan, it is critical that women are involved in all aspects of its delivery over the next ten years.

The Network recognises that a significant number of women and girls contributed to the 'Discovery Report'[2] published by Welsh Government in 2022, which helped us understand patient and public priorities when it comes to women's health.

Some age groups and populations were not as well represented, for example those aged 16-25 years and those over 65 years. There were also fewer voices from black and minority ethnic groups, disabled women including those living with long-term physical and mental health conditions, those with learning disabilities or who are neurodivergent and LGBTQ+ individuals. We understand that individuals' identities and circumstances might mean they identify with more than one group, so we will be looking to better understand how personal characteristics and experiences can intersect with each other, particularly when it comes to health and care.

Saunders, Nathan 28/10/2025 10:18:55

The Network understands that involving a wide range of stakeholders in the implementation of the Plan will be key to its success. We will be undertaking further engagement with patients, the public, charities, and groups who represent and advocate for their communities, for example the 'Women's Health Wales Coalition' whose 2022 report and members have played a vital role in supporting the development of the Plan in Wales.

We understand that some voices are seldom heard when it comes to their health and care needs, so we will be proactive and flexible in our approach, listening to community leaders and advocates about what works best for their communities and acting on their advice. We will undertake a range of activities, including workshops and surveys as 'first steps' in delivering the Plan and we will be working with academics to carry out research to analyse and enable a deeper understanding of the stories, experiences, and priorities shared with us in the 'Discovery Report'[2].

The importance of amplifying women's voices in health care is underscored by findings from the 'Health and Social Care Committee Report on Gynaecological Cancers'[122], which highlighted that many women experience their symptoms being dismissed or ignored by healthcare professionals. This systemic issue not only undermines trust in the healthcare system but can also lead to delayed diagnoses and worsened health outcomes. The Network plays a critical role in ensuring that women's experiences and concerns are heard and valued. By advocating for women to be taken seriously when reporting symptoms, the Network can help foster a healthcare environment that prioritises listening to patients, ultimately contributing to more timely and effective care for all women. This integration of women's voices into the broader health dialogue is vital for addressing disparities and ensuring equitable health outcomes.

As we move forward with developing, implementing, and overseeing delivery of the Plan, there will be mechanisms within the Network where those with lived and learnt experiences and expertise will be invited to participate. These will include T&F and Reference Groups.

There will be an expectation that Health Boards will fully adopt a co-production approach to their implementation of the Plan wherever possible. Co-production is often not fully understood or can be misinterpreted. To mitigate this, the Network will work across the NHS Wales Executive with the public and patient partners, and our academic colleagues to create a framework for co-production.

The framework will clearly outline what 'co-production' means and how it can be implemented accessibly by Health Boards and service leads to develop services for their patients in line with the Plan. The framework will include tools for monitoring and evaluating services, such as PREMS/PROMS which are one way that healthcare providers can better understand what is and isn't working for patients and where improvements can be made.

Saunders,Nathan
28/10/2025 10:18:55

Collaboration with third sector organisations like health charities, grassroots groups, and professional bodies will be key to delivery of the Plan over the next ten years. We know that the third sector has a wealth of expertise to share with us in terms of insights into members' experiences, research and data, and often also as service providers themselves. The Network will ensure that regular meetings occur between its core leadership groups and third sector partners as the 'critical friend' to ensure progress is being made in a timely way and meeting the expectations of their members.

We will collaborate with Llais[123], who are the independent statutory body, set up by Welsh Government to give the people of Wales more say in the planning and delivery of their health and social care services, locally, regionally and nationally. The Network will work closely with Llais to engage on key questions and topics over the delivery phase of the Plan.

## 8.3 Primary Care

Primary care serves as the initial point of contact for individuals seeking healthcare. Effective primary care relies on collaborative multi-professional teams that leverage each member's expertise to enhance person-centred outcomes and experiences. The Primary Care Model for Wales (PCMfW) emphasises the importance of safe and efficient systems to guide patients to appropriate care, as well as integrated team approaches for holistic care delivery.

**Figure 21:** Primary care model for Wales – The primary care approach to place-based care.

Saunders,Nathan
28/10/2025 10:18:55

**Figure 22:** The Strategic Programme for Primary Care.

Saunders, Nathan 28/10/2025 10:18:55

The Strategic Programme for Primary Care[124] (SPPC) is working to deliver the PCMfW as a key strategic driver for 'A Healthier Wales'. This is delivering a place-based care approach through 60 Clusters, improving understanding of needs at a community level and ensuring that local resources are used most effectively in each community. Local clinical leadership is engaging the primary care workforce in identifying and addressing gaps in care and testing new approaches to improve clinical outcomes and patient experience.

## National Pathways

Over the last 18 months the Planned Care Programme has worked closely with clinical leads including primary care to collaboratively develop nationally agreed pathways across all specialty areas, such that they are both clinically led, evidence informed and available to primary care on a web-based platform. The main objective of these 'national pathways' will be to optimise and reduce variation of care for women and girls within community and primary care setting. In turn, pathways support patients with specialist secondary care needs to be seen in a more timely way.

With full engagement from all Health Boards in Wales to prioritise these 'national pathways' we can begin to reduce unwarranted variations in access to women's health and prioritise services and workforce, according to local data.

## Benefits of Cluster services

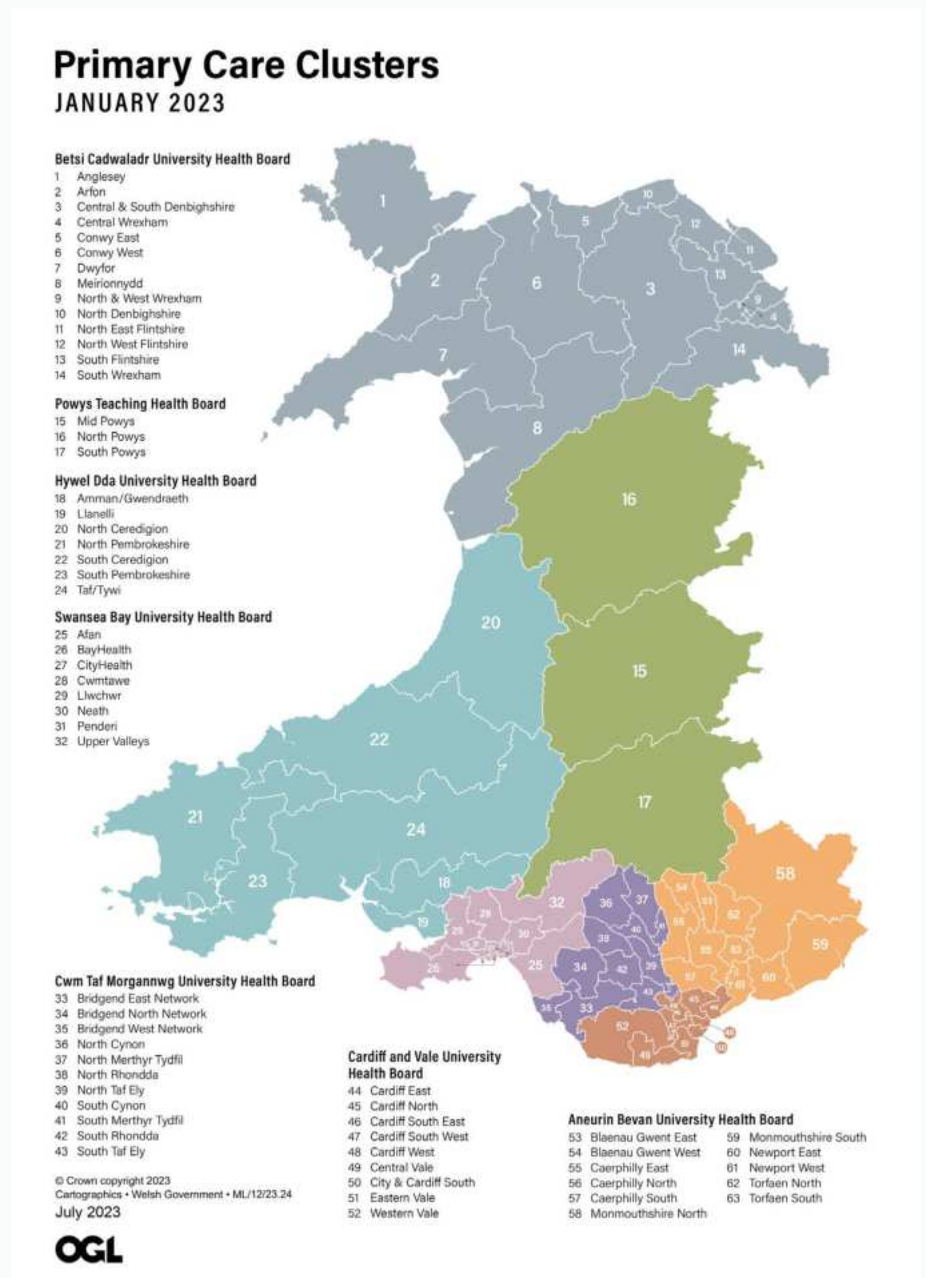
1. Prioritisation of the needs of the most vulnerable groups, such as implementation of the IRISi (Identification and Referral to Increase Safety) programme[125] which is an initiative designed to train primary care staff to identify and respond to domestic abuse, improving safety and access to support services for affected individuals.

2. In some areas cluster leads hold thematic roles, such as 'women's health' and work with colleagues in secondary care services to improve integration. Opportunities to work with specialists in secondary care to upskill and reduce referrals as seen in the Taff Ely Menopause Project, a multipronged programme designed to upskill primary care and strengthen links between primary and secondary care by the introduction of an email advice service.

3. Collaboration with health and social care teams which facilitate a holistic approach that address the wider determinants of health. For example, women often provide a caring role and when unpaid this can impact opportunities to study or earn an income. Poverty is associated with poor health outcomes so actions to ensure that women are not disadvantaged can contribute to more equitable health outcomes.

Saunders, Nathan
28/11/2025 10:18:55

**Figure 23:** Primary Care Clusters Map.



## Example of cluster level delivery includes:

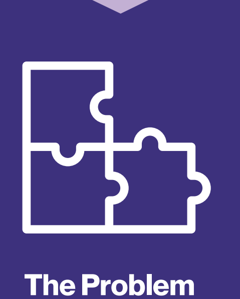
### Cardiff East Menopause Project

This project was a multipronged programme designed to upskill primary care (specialist menopause training offered for a clinician in every practice, multiprofessional education sessions offered at different levels of complexity) and strengthen links between primary and secondary care by the introduction of an email advice service.

*Primary health care enables health systems to support a person's health needs – from health promotion to disease prevention, treatment, rehabilitation, palliative care and more. This strategy also ensures that health care is delivered in a way that is centred on people's needs and respects their preferences... (it is) the most inclusive, equitable and cost-effective way to achieve universal health coverage.*

World Health Organisation[126]

Saunders, Nathan 28/10/2025 10:18:5



**The Problem**

- Lack of specialised menopause provision in Cardiff and Vale
- Increased demand
- Women reported difficulty accessing treatment or being refused HRT

**The Solution**

- Menopause clinics delivered by GP with Special Interest (GPwSI) in Menopause at cluster level, with full access to patient records
- Electronic Referrals with inclusion of a Green Climacteric Survey
- Triaged to either e-advice back to GP or virtual consultation

**The Outcome**

- Positive Patient Reported Outcome Measures (PROM)
- Positive feedback from referring GP
- Education and training opportunities

As in all areas of the NHS there are significant constraints within primary care which impact on delivery. Whilst striving to provide high quality, efficient, evidence based primary care services it is essential to remember that general practice is commissioned to provide 'general medical services' (GMS). A thorough needs assessment is required in each Health Board to determine what services are required, staffing and training needs and sources of sustainable funding to deliver the Plan, effectively.

Fifty nine percent of all patient contacts in the NHS are with GPs[127]. NHS funding provision to general practice has reduced from over 8.7% of expenditure in 2005/06 to 6.1% of the budget in 2020/21[128]. Supplementary services are commissioned by Health Boards leading to variability in provision.

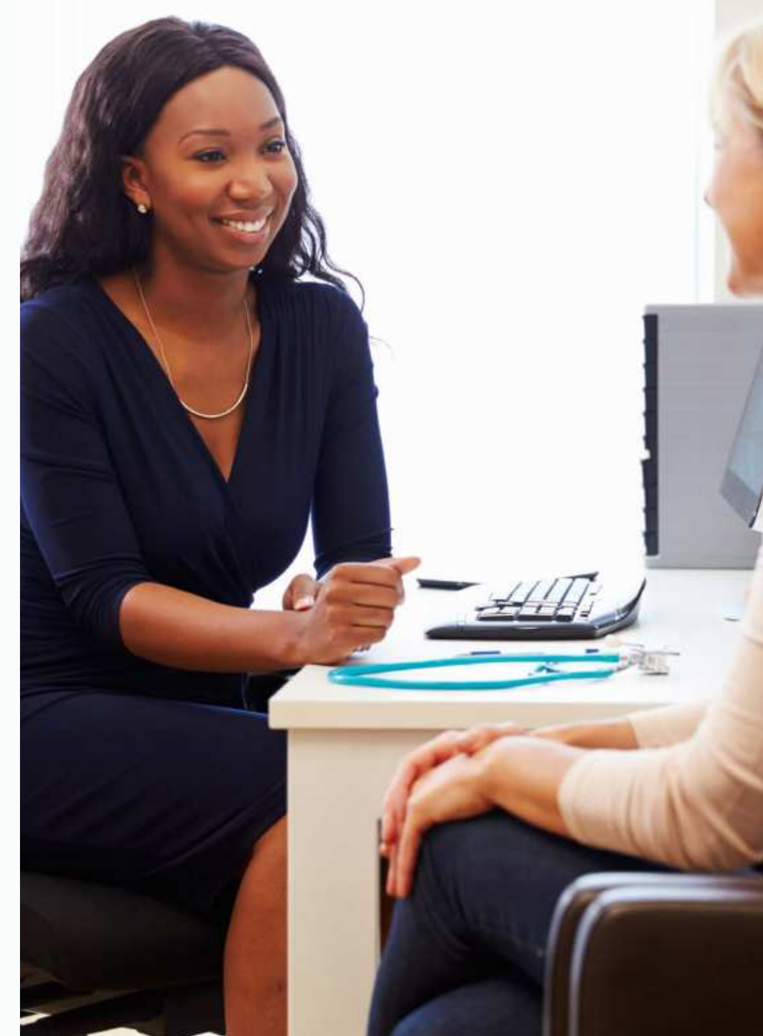
In relation to workload:

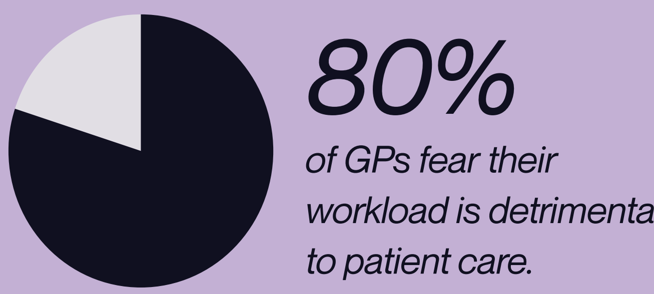
- There has been a 32% increase in the number of patients per full-time equivalent (FTE) GP from 2013 to 2022, compounded by increasing patient complexity[128].
- Eighty percent of GPs fear their workload is detrimental to patient care[128].
- Access to specialist assessment, treatment and advice has been impacted significantly by a backlog of care following COVID delays. GP services provide advice and reassurance whilst appointments are awaited creating further demand on GMS services.

Saunders Natan
28/09/2025 10:15:55

The publication of the Plan is an opportunity to look at new models of working and delivering care close to home for women. In England, 'Women's Health Hubs' have been supported through the 'Women's Health Strategy'[129] to deliver many aspects of women's health within communities including:

- Menstrual problems, assessment and treatment.
- Menopause assessment and treatment.
- Contraceptive counselling.
- Provision of the full range of contraceptive methods (including long-acting reversible contraceptives [LARCs]) for both menstrual problems and prevention of pregnancy.
- Preconception care.
- Breast pain assessment and care.
- Pessary fitting and removal.
- Cervical screening.





A cost-benefit analysis on Women's Health Hubs in England, found them to not only be cost-effective but have far reaching benefits for staff and patients[130]. The report showed that for every £1 spent on implementing a 'primary care network' sized hub (30,000-50,000) there were £5 of benefits created. Other quantified benefits included improved quality of life for women by providing improved access to treatment compared with the current system, cost savings from moving LARC procedures out of secondary care, reduced menopause related absences from work, and reduced unplanned pregnancy[130].

To consider such models in Wales, significant scoping including financial requirements need to be carried out within each Health Board, to ensure that any service development fulfils the needs of the local population and is sustainably funded.

**Summary of actions:**

- A scoping exercise of the delivery of women's health across Wales, including current services, demand, workforce and funding requirements.
- Review current Locally Enhanced Services (LES) relating to women's health services.

Saunders, Nathan
28/10/2025 10:18:18

*For every £1 spent on implementing a 'primary care network' sized hub (30,000-50,000) there were £5 of benefits created.*

© zappa04 - stock.adobe.com

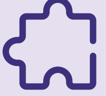
Saunders Nathan
28/10/2025 10:18:55

## 8.4 Measuring Progress

### Governance

The governance and implementation of the Plan will be overseen by the NHS Wales Executive with annual reports on behalf of NHS Wales provided to Welsh Government.

Effective reporting and progress tracking against the Plan is vital for ensuring that the vision is realised over the next decade. Given the complexity and scope of the initiatives outlined in the Plan, achieving meaningful outcomes will require a sustained commitment and collaborative effort from clinicians, public health officials, and community groups.



The Network will collaborate with NHS Wales and Welsh Government to understand new initiatives that may enhance women's health throughout the duration of the Plan.

## Quality

The 'Duty of Quality' statutory guidance (2023)[131] establishes essential principles for delivering high-quality health services in Wales, outlining the responsibilities of health and care organisations to ensure that care is safe, effective, and patient centred. This guidance complements the 'Health and Care Quality Standards (2023)'[132], which provide a comprehensive set of benchmarks aimed at promoting high standards of care across the health and social care sector. These standards focus on key areas such as safety, effectiveness, dignity, and respect, ensuring that services are designed with the needs of patients, including women, in mind.

Together, these frameworks create a robust foundation for enhancing the quality of care delivered across Wales, particularly for vulnerable populations who are known to experience disparities in health outcomes. The integration of the 'Duty of Quality' statutory guidance and the 'Health and Care Quality Standards' into the Plan is vital for its effective implementation.

Saunders, Nathan
28/10/2025 12:18:55

By aligning the Plan with these quality frameworks, healthcare providers can ensure that their services are tailored to meet the unique health needs of women, such as reproductive health, mental health, and chronic disease management. This alignment facilitates a culture of accountability and continuous improvement, ensuring healthcare organisations rightly prioritise women's health and wellbeing. Furthermore, the emphasis on quality within these frameworks promotes collaboration among healthcare providers, policymakers, and community organisations, facilitating the exchange of best practices and resources. The commitment to high-quality care outlined in these statutory guidelines and standards will play a critical role in achieving the objectives of the Plan, ensuring that women across Wales receive comprehensive, responsive, and equitable healthcare throughout their life course.

| Quality Statement | Health Board |
|---|---|
| Safe | Quality Framework, Getting It Right First Time (GIRFT) |
| Timely | National Pathways |
| Effective | Women's Health Dashboard |
| Efficient | Prudent Healthcare Principles |
| Equitable | Collection of data by gender and sex, Health Impact Assessments |
| Person-centred | PREM/PROM |

**The Network will:**

- Ensure a robust governance structure is in place to oversee the implementation and delivery of the Plan.
- Collaborate with DHCW and the Performance and Assurance Directorate to agree a monitoring strategy.
- Through a period of consultation, agree KPIs, with stakeholders.
- Provide annual reports on Health Board progress against the Plan.
- Where Health Boards are not meeting the standards agreed, we will work with the Quality, Safety and Performance team to support them with service improvement.

Saunders,Nathan
28/10/2025 10:18:55

| Monitoring mechanism | |
|---|---|
| Planning Framework | The annual 'NHS Wales Planning Framework' will set out specific expectations and requirements for the coming three-year period. |
| Integrated Quality, Planning, Delivery (IQPD) reports | Health Boards will provide annual reports on progress against the Plan through annual IQPD meetings with Welsh Government. |
| Integrated Medium Term Plans (IMTP's) | Health Boards, and wider NHS organisations, will be required to include an outline of their strategic priorities, objectives and actions to improve women's health as outlined in the Plan in their IMTP's. |
| Detailed progress reporting | Health Boards will be required to provide detailed progress reports on the implementation of the Plan at one, three and five years. These reports should include KPIs, milestones and outcomes achieved, challenges faced and plans for improvement. At ten years a more detailed report will include 'next steps' recommendations. |
| Data collection and analysis | Performance against the Plan will be measured using KPIs. Health Boards will utilise the analytical capabilities from the dashboards to support evidence-based services for women. |
| Peer Review | The Network will collaborate with other clinical networks on relevant peer review programmes to enhance the quality of care and outcomes for women's health services. By sharing expertise and best practices, they will identify areas for enhancement and drive positive change. The findings from peer review will inform necessary improvements in women's healthcare, help monitor Health Board progress against the Plan, ensuring person-centred care, and evidence-based practices are prioritised for continuous improvement in women's health services. |

# Conclusion

Saunders,Nathan
28/10/2025 10:18:55

# 9. Conclusion

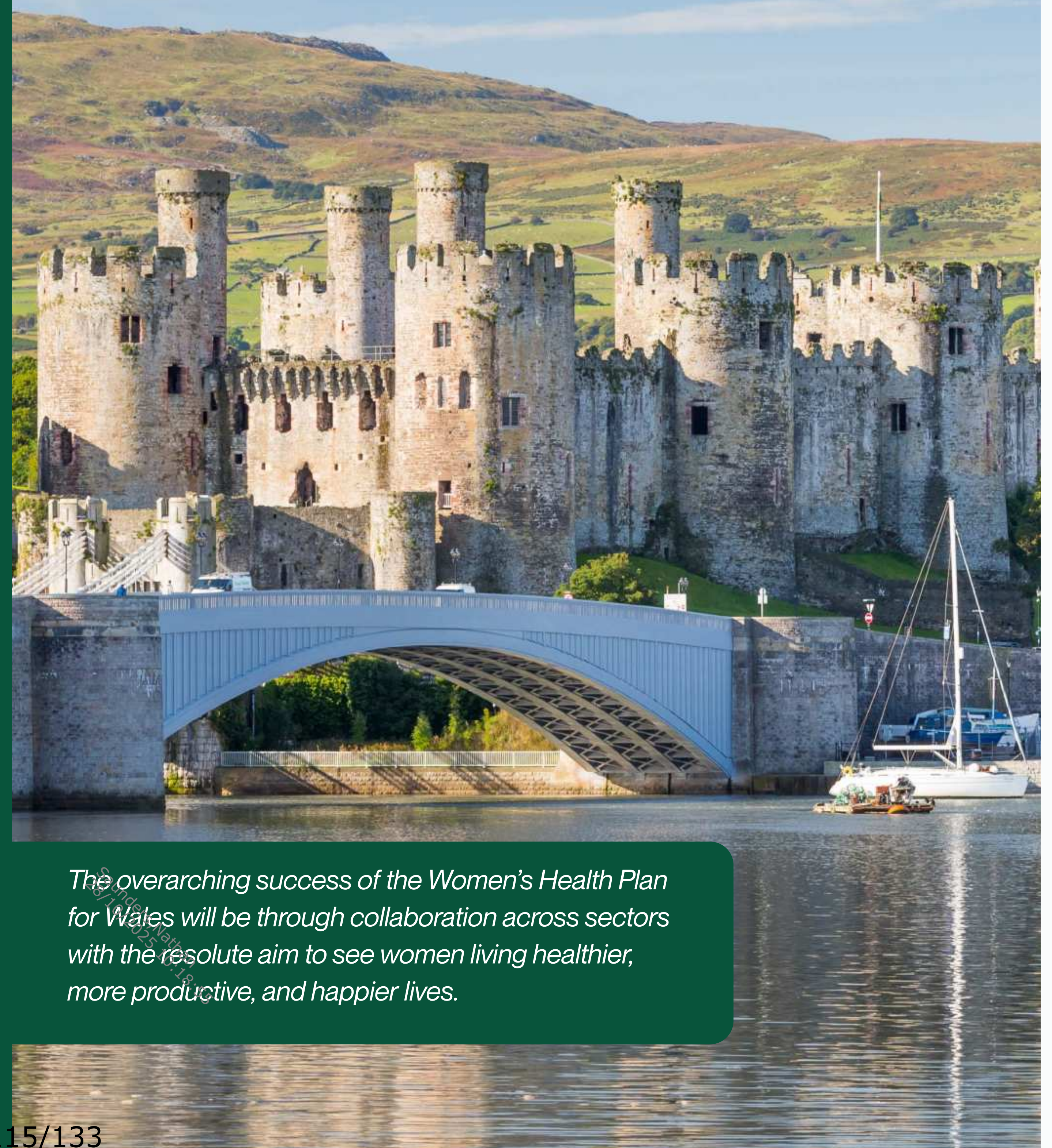
## This is the first Women's Health Plan for Wales, designed and delivered by the NHS Wales Executive on behalf of the Welsh Government.

Wales has a unique opportunity to improve the health of 51% of the population. We currently do not have the fragmentation and splintering of women's healthcare that exists in other parts of the UK, which has been so damaging for women. We need to protect and value the health systems which put the person at the centre. By benchmarking against the Women's Health Plan, we have an opportunity to re-evaluate what we have, what is working well, where change is needed and where investment should be focused. Women's health extends beyond clinical services, encompassing health promotion, prevention, research, and data-driven decision-making. There needs to be a whole system approach to creating a 'left shift', driving care back into the heart of our communities with a prevention-based focus.

Saunders Nathan
28/10/2025 10:18:5

Inclusivity is at the heart of the Plan, with a commitment to see active engagement with diverse populations and ensuring that all women's voices are heard and involved in shaping their own health services.

*Wales has a unique opportunity to improve the health of women.*



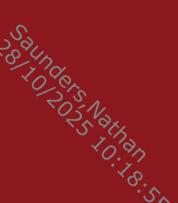
*The overarching success of the Women's Health Plan for Wales will be through collaboration across sectors with the resolute aim to see women living healthier, more productive, and happier lives.*

It is through true collaboration across healthcare systems and fostering a co-production approach, that the gender health gap in Wales will be closed and better health outcomes for women across the life course will be ensured. Through its leadership, the Network is committed to embedding gender equality into the heart of healthcare, ensuring that the health of women is recognised as essential to the health of the entire Welsh population.

There are innovative projects already happening, many of which we have highlighted in the Plan. The Network is committed to reducing the current variation of care seen across Wales, a bringing together of best practice, and calling-out where women are being underserved and unheard. By coordinating efforts between NHS Wales, Welsh Government, third sector organisations, and women themselves, we can ensure that women's health becomes a priority in every aspect of healthcare planning and service delivery.

This is a 10 year vision for women's health in Wales. There will need to be space to reassess and reform as new evidence and ways of working develop, and as the needs of the population change. The Network will play a pivotal role in helping to deliver the Plan, but the overarching success of the Women's Health Plan for Wales will be through collaboration across sectors with the resolute aim to see women living healthier, more productive, and happier lives.

# Appendices



Saunders,Nathan
28/10/2025 10:18:55

# Appendices

## Acknowledgements

**The National Strategic Clinical Network for Women's Health wishes to thank:**

### Lead Chapter Authors and Workshop Participants

**Dr Amanda Davies**
Consultant Sexual and Reproductive Health – Swansea Bay UHB

**Dr Amrita Jesurasa**
Consultant in Public Health Medicine – Public Health Wales

**Bevleigh Evans**
Associate Director of Population Health and Business Change – Aneurin Bevan UHB

**Dr Ceryl Davies**
Social Care Economist, CHEME, School of Health Sciences – Bangor University

**Dr Clare Lipetz**
Consultant Gynaecologist, Divisional Director, Family and Therapies – Aneurin Bevan UHB

**Dr Darren Cousins**
Consultant Sexual Health, Cardiff and Vale UHB

**Debbie Shaffer**
on behalf of Women's Health Wales Coalition

**Elizabeth Bruen**
Endometriosis Clinical Nurse Specialist – Cardiff and Vale UHB

**Emma Adamson**
Consultant Midwife – Betsi Cadwaladr UHB

**Dr Geeta Kumar**
Consultant O&G & North Wales Clinical Lead for Women's Services – Betsi Cadwaladr UHB

**Dr Georgina Forbes**
Specialist Doctor in Sexual and Reproductive Healthcare – Aneurin Bevan UHB

**Dr Helen Bayliss FRCOG**
Consultant Obstetrics and Gynaecology - Cardiff and Vale UHB

**Helen Evans**
Endometriosis Clinical Nurse Specialist – Cardiff and Vale UHB

**Dr Ihab Abbasi MD MRCOG**
Consultant Obstetrician and Gynaecologist – Hywel Dda UHB

**Dr Jazz Walker-Baker**
GP HealthPathways Clinical Editor – Hywel Dda UHB

**Professor Jacky Boivin**
Professor of Health Psychology (Women's Health) – Cardiff University

**Jenny Shaw**
Endometriosis Clinical Nurse Specialist – Cwm Taf Morgannwg UHB

Saunders,Nathan
28/10/2025 10:14:55

**Jo Kitt**
Endometriosis Clinical Nurse Specialist – Aneurin Bevan UHB

**Professor Jo Peden**
Professor of Community Public Health – Public Health Wales

**Johanna Robinson**
National Adviser for Violence against Women, other forms of Gender-Based Violence, Domestic Abuse and Sexual Violence – Welsh Government

**Dr Kalpana Upadhyay**
Consultant Obstetrics and Gynaecology – Betsi Cadwaladr UHB

**Dr Karen Gully**
National Professional Advisor, Strategic Programme for Primary Care – NHS Wales Executive

**Katharine Gale**
Consultant Nurse and Co-Chair of the Menstrual Health Coalition

**Laura Price**
Physiotherapist – Hywel Dda UHB

**Dr Llion Davies**
Consultant in Public Health Medicine – Public Health Wales

**Louise Allen**
Pharmaceutical Advisor, Pharmacy and Prescribing Branch – Welsh Government

**Dr Louise Massey**
Consultant Sexual and Reproductive Health – Aneurin Bevan UHB

**Dr Nadia Hikary-Bhal**
Consultant Obstetrics, Gynaecology and Sexual Health - Cwm Taf Morgannwg UHB

**Polly Zipperlen**
Sexual Health Nurse – Hywel Dda UHB

**Rhiannon Griffiths**
Clinical Lead Physiotherapist for Pelvic Health – Aneurin Bevan UHB

**Dr Robert Atenstaedt**
Consultant in Public Health Medicine - Betsi Cadwaladr UHB

**Sarah Wolujewicz**
Clinical Specialist, Pelvic Health Physiotherapy – Cardiff and Vale UHB

**Dr Shubha Sangal**
GP Partner, Abertawe Medical Partnership – Swansea Bay UHB

**Susan Thomas**
NCN Lead Newport West – Aneurin Bevan UHB

**Dr Victoria Whitbread**
GP – Pontypridd, and Taff Ely Cluster Lead - Cwm Taf Morgannwg UHB

**Zoe Couzens**
Sexual Health Programme Lead CDIHP Health Protection Programmes, Public Health Wales

Saunders Nathan 28/10/2025 10:18:55

The National Strategic Clinical Network for Women's Health also wishes to thank:

**Abigail Taberner**
Health Intelligence Analyst – NHS Wales Executive

**Alun Matthews**
Demand & Capacity Improvement Manager – NHS Wales Executive

**Ann Hosken**
Business Support Manager – NHS Wales Executive

**Arthur Duncan-Jones**
Health Intelligence Manager – NHS Wales Executive

**Dr Babu Muthuswamy**
Consultant Intensivist & Anaesthetist - Aneurin Bevan UHB

**Bethan Hawkes**
Interim Network Manager Women's Health – NHS Wales Executive

**Bethan Jenkins**
Principal Public Health Practitioner – Public Health Wales

Saunders,Nathan 28/10/2025 10:18:55

**Cari Evans**
Senior Health Intelligence Analyst – NHS Wales Executive

**Chiquita Cusens**
National Lead Nurse for Primary and Community Care – NHS Executive

**Ciara Rogers**
National Director for Mental Health – NHS Wales Executive

**Claire Cotter**
National Programme Lead for Suicide and Self-Harm Prevention – NHS Wales Executive

**Dr Clare Tibbatts**
Clinical Lead Inflammatory Bowel Disease – NHS Wales Executive

**Colette Rees**
Network Manager Strategic Programme for Mental Health – NHS Wales Executive

**Craig Jones**
Hywel Dda UHB - Prevention & Population Health Improvement Manager, Health Improvement & Wellbeing

**Dawn Mussa**
Network Support Manager – NHS Wales Executive

**Dr Diane Kirkland**
Principal Public Health Practitioner – Public Health Wales

**Dr Ceril Rhys-Dillon**
Clinical Lead for Rheumatology Implementation Network – Cwm Taf Morgannwg UHB

**Dr Chris O'Connor**
Clinical Lead Strategic Programme for Mental Health – NHS Wales Executive

**Dr Natalie Elliott**
National Consultant Allied Health Professional (AHP) Lead for Dementia – hosted by Cardiff & Vale UHB

**Dr Non Pugh**
Consultant Rheumatologist – Aneurin Bevan UHB

**Dr Robert Letchford**
National Clinical Lead MSK Health – NHS Wales Executive

**Dr Sally Kidsley**
Consultant and Clinical Lead Sexual and Reproductive Health – Hywel Dda UHB

**Emma Cahill**
Planning Manager - NHS Wales Executive

**Gareth Hewitt**
Head of Clinical Conditions & Pathways Quality and Nursing Directorate – Welsh Government

**Geraint Hughes**
Service Manager CDAT, Substance Misuse – Hywel Dda UHB

**Hugo Cosh**
Principal Public Health Intelligence Analyst – Public Health Wales

**Dr Idris Baker**
National Clinical Lead for Palliative and End of Life Care Programme – NHS Wales Executive

**Dr Inder Singh**
Consultant Geriatrician – Aneurin Bevan UHB, National Clinical Lead, Falls and Frailty

**Dr Jamie Duckers**
CF Consultant Physician and Clinical Lead for Rare Disease in Wales – Cardiff & Vale UHB

**Jan Russell**
Chair, Welsh Association of ME & CFS Support

Saunders,Nathan
28/10/2025 11:18:35

**Jenna Goldsworthy**
Programme & Governance Lead – NHS Wales Executive

**Jo Davies**
Lead Network Manager Critical Care, Trauma and Emergency Medicine– NHS Wales Executive

**Joanne Oliver**
Networks Manager – NHS Wales Executive

**Dr Julia Platts**
Consultant Physician Medicine & National Clinical Lead for Diabetes in Wales – Cardiff & Vale UHB

**Kate Watson-Jones**
Advanced Nurse Practitioner, Substance Misuse – Hywel Dda UHB

**Kerrie Phipps**
National AHP Lead for Primary and Community Care – NHS Wales Executive

**Kimberley Meringolo**
Network Manager Cancer Strategic Network – NHS Wales Executive

**Dr Kirti Jain**
Consultant Sexual and Reproductive Health – Betsi Cadwaladr UHB

**Laura Jones**
Quality and Nursing Directorate – Welsh Government

**Lauren O'Gorman**
Advanced Health Intelligence Analyst – NHS Wales Executive

**Lloyd Evans**
Head of Health Intelligence – NHS Wales Executive

**Loretta Reilly**
Assistant Director Strategic Programme for Planned Care – NHS Wales Executive

**Lynda Kenway**
National Strategic Programme Lead for Palliative & End of Life Care – NHS Wales Executive

**Mathew Mead**
Health Pathways National Programme Manager – Dymani Cymru

**Dr Michael Stone**
Consultant Physician Bone Research Unit – Cardiff & Vale UHB

**Naila Noori**
Royal College of Speech and Language Therapists

**Dr Nimit Goyal**
Consultant Interventional Radiologist –
Aneurin Bevan UHB

**Dr Owen Hughes**
National Clinical Lead - Persistent Pain –
Powys THB

**Philip Barry**
Director of Operational Improvement Strategic Programme for Planned Care – NHS Wales Executive

**Prof. Tom Crosb**
National Cancer Clinical Director for Wales –
NHS Wales Executive

**Dr Raja Biswas**
Consultant Physician Medicine –
Cwm Taf Morgannwg UHB

**Rhiannon Edwards**
Rare Diseases Implementation Network Support Manager – NHS Wales Executive

**Richard Morris**
Cancer Information Manager –
NHS Wales Executive

Saunders,Nathan
28/10/2025 09:18:55

**Dr Robert Powell**
Clinical Lead, National Strategic Clinical Network for Neurological Conditions – NHS Wales Executive

**Roxanne Green**
Assistant Director of Planned Care –
NHS Wales Executive

**Sally Cox**
Data Analysis Manager (Value in Health) –
Digital Health and Care Wales

**Dr Sandeep Berry**
Consultant Otolaryngologist – Cardiff & Vale UHB

**Sarah McAllister**
MSK Network Manager – NHS Wales Executive

**Sian Roberts**
Project Manager Strategic Programme for Planned Care – NHS Wales Executive

**Sue Morgan**
National Director and Strategic Programme Lead for Primary and Community Care - NHS Executive

**Sumina Azam**
National Director of Policy and International Health - Public Health Wales

**Dr Swapna Alexander**
Consultant Geriatrician – Betsi Cadwaladr UHB

**Thomas Jones**
National Cancer Recovery Programme Manager –
NHS Wales Executive

**Victoria Taylor**
Network Manager Gastrointestinal Conditions -
NHS Wales Executive

**Dr Will Backen**
Consultant Physician and Bone Health Lead –
Hywel Dda UHB

# Glossary and Terminology

| | |
|---|---|
| ABUHB | Aneurin Bevan University Health Board |
| ACD | Accelerated Cluster Development |
| AFAB | Assigned Female at Birth |
| AFCP | Advance Future Care Planning |
| AI | Artificial Intelligence |
| ARFID | Avoidant Restrictive Food Intake Disorder |
| BCUHB | Betsi Cadwaladr University Health Board |
| BMI | Body Mass Index |
| BSACP | British Society of Abortion Care Providers |
| CEO | Chief Executive Officer |
| CFS | Chronic Fatigue Syndrome |
| CHP | Community Health Pathways |
| CIN | Clinical Implementation Network |
| CNS | Clinical Nurse Specialist |
| CPD | Continuous Professional Development |
| CTMUHB | Cwm Taf Morgannwg University Health Board |
| CVD | Cardiovascular Disease |
| CVUHB | Cardiff and Vale University Health Board |
| D2K | Data to Knowledge |
| DHCW | Digital Health and Care Wales |
| DNA CPR | Do Not Attempt Cardiopulmonary Resuscitation |
| DSPP | Digital Services for Patients and Public |
| EDI | Equality, Diversity and Inclusion |
| EDS | Ehlers-Danlos Syndrome |
| EDT | Executive Directors Team |
| FGM | Female Genital Mutilation |
| FM | Fibromyalgia |
| FSRH | Faculty for Sexual and Reproductive Healthcare |
| FTE | Full-Time Equivalent |
| FTWW | Fair Treatment for Women of Wales |
| GCIN | Gynaecology Clinical Improvement Network |
| GI (lower and upper) | Gastrointestinal (lower and upper) |
| GMS | General Medical Services |
| HCL | Hybrid Closed Loop |
| HCP | Healthcare Professionals |
| HCRW | Health and Care Research Wales |
| HDUHB | Hywel Dda University Health Board |
| HEIW | Health Education and Improvement Wales |
| HMB | Heavy Menstrual Bleeding |
| HPV | Human Papilloma Virus |
| HRT | Hormone Replacement Therapy |
| HSCC | Health and Social Care Committee |
| HWW | Healthy Working Wales |
| IBS | Irritable Bowel Syndrome |
| IHD | Ischemic Heart Disease |
| IMTP | Integrated Medium Term Plans |
| IQPD | Integrated Quality, Planning, Delivery |
| IRISi programme | Identification and Referral to Improve Safety |
| IUD / IUS | Intrauterine Device / Intrauterine System |
| JCC | Joint Commissioning Committee |
| K2P | Knowledge to Practice |
| KPI | Key Performance Indicator(s) |
| LA / LAs | Local Authority / Local Authorities |
| LARC | Long-Acting Reversible Contraception |
| LES | Locally Enhanced Services |
| LGBTQ+ | Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning |
| LMUP | London Measure of Unplanned Pregnancy |
| LSOAs | Lower Super Output Areas |
| MAS | Memory Assessment Services |
| ME | Myalgic Encephalomyelitis |
| MECC | Make Every Contact Count |

Saunders,Nathan 28/10/2025 10:18:55

| | |
|---|---|
| MSK | Musculoskeletal |
| NCEPOD | National Confidential Enquiry into Patient Outcome and Death |
| NDR | National Data Resource |
| NES | Nationally Enhanced Services |
| NHSWE | NHS Wales Executive / The Executive |
| NICE | National Institute for Health and Care Excellence |
| NP | National Pathway(s) |
| P2D | Practice to Data |
| P&A Directorate | Performance and Assurance Directorate (NHS Wales Executive) |
| PBHC Framework | Prevention-Based Health and Care Framework |
| PCH | Preconception Health |
| PCOS | Polycystic Ovary Syndrome |
| PCPGs | Pan-Cluster Planning Groups |
| PCMfW | Primary Care Model for Wales |
| PEM | Post Exertional Malaise |
| PEOLC | Palliative and End of Life Care |
| PESE | Post Exertional Symptom Exacerbation |
| PFMT | Pelvic Floor Muscle Training |
| PHW | Public Health Wales |
| PIP | Pharmacy Independent Prescriber |
| PMDD | Pre-Menstrual Dysphoric Disorder |
| PMS | Premenstrual Syndrome |
| POP | Progesterone-Only Contraception Pill |
| POTS | Postural Orthostatic Tachycardia Syndrome |
| PREMS | Patient-Reported Experience Measures |
| PrEP | Pre-exposure Prophylaxis |
| PROMS | Patient-Reported Outcome Measures |
| PTHB | Powys Teaching Health Board |
| PTSD / Complex PTSD | Post Traumatic Stress Disorder / Complex Post Traumatic Stress Disorder |

| | |
|---|---|
| RCOG | Royal College of Obstetricians and Gynaecologists |
| ROTT | Reasons Other Than Treatment |
| RSE | Relationships and Sex Education |
| RTT | Referral to Treatment |
| RTSSS | Real Time Suspected Suicide Surveillance |
| SAIL databank | Secure Anonymised Information Linkage databank |
| SBUHB | Swansea Bay University Health Board |
| SCN | Strategic Clinical Network |
| SHA | Strategic Health Authority |
| SHC | Sexual Health Clinic |
| SPPC | Strategic Programme for Primary Care |
| SRO | Senior Responsible Officer |
| SROI | Social Return on Investment |
| STI | Sexually Transmitted Infection |
| SV&A | Sexual Violence and Abuse |
| T1DM | Type 1 Diabetes Mellitus |
| T2DM | Type 2 Diabetes Mellitus |
| T&F | Task and Finish |
| TBI | Traumatic Brain Injury |
| The Executive | NHS Wales Executive |
| The Network | National Strategic Clinical Network for Women's Health |
| The Plan / WHP | NHS Wales Women's Health Plan |
| UPSI | Unprotected Sexual Intercourse |
| VAWDASV | Violence against Women, Domestic Abuse and Sexual Violence |
| VBHC | Value-Based Healthcare |
| WBFGA | Wellbeing of Future Generations Act (Wales) 2015 |
| WCP | Welsh Clinical Portal |
| WHH | Women's Health Hubs |
| WH Network | Women's Health Network |
| WHO | World Health Organisation |

Saunders,Nathan 28/03/2025 10:18:55

# Reference documents and further reading

**A Healthier Wales**
https://www.gov.wales/healthier-wales-long-term-plan-health-and-social-care

**Action on disability: the right to independent living framework and action plan**
https://www.gov.wales/action-disability-right-independent-living-framework-and-action-plan

**Advancing Equality in Wales Action Plan 2020**
https://www.gov.wales/sites/default/files/publications/2020-03/advancing-gender-equality-plan.pdf

**Anti-racist Wales Action Plan**
https://www.gov.wales/anti-racist-wales-action-plan

**Cancer Improvement Plan 2023 – 2026**
https://executive.nhs.wales/functions/networks-and-planning/cancer/

**Health and Social Care Quality & Engagement Wales Act**
https://www.gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary

**Human rights act reform: a modern bill of rights**
https://www.gov.wales/human-rights-act-reform-modern-bill-rights

**LGBTQ+ Action Plan for Wales**
https://www.gov.wales/equality-planning-strategy

**National Clinical Framework: a learning health and care system**
https://www.gov.wales/national-clinical-framework-learning-health-and-care-system

**Pan-Cluster Planning Groups (PCPGs): Accelerated Cluster Development (ACD) Toolkit**
https://primarycareone.nhs.wales/tools/accelerated-cluster-development-toolkit/

**Period Proud Wales Action Plan**
https://www.gov.wales/period-proud-wales-action-plan

**Prudent Healthcare – Securing Health and Wellbeing for Future Generations**
https://www.gov.wales/sites/default/files/publications/2019-04/securing-health-and-well-being-for-future-generations.pdf

**The Quality Statement for Women's and Girls Health**
https://www.gov.wales/quality-statement-women-and-girls-health-html

**Wellbeing of Future Generations Act 2015**
https://www.gov.wales/well-being-of-future-generations-wales

**Welsh Government workforce equality, diversity and inclusion strategy: 2021 to 2026**
https://www.gov.wales/workforce-equality-diversity-and-inclusion-strategy-2021-to-2026

**Women's Health Wales: A Quality Statement for the Health of Women, Girls, and those Assigned Female at Birth 2022**
https://www.ftww.org.uk/2021/wp-content/uploads/2022/05/Womens-Health-Wales-Quality-Statement-English-FINAL.pdf

Saunders,Nathan
28/10/2025 10:18:55

# Reference table for Life Course Infographic

| Ref | Data | Link |
|---|---|---|
| A | Population 51% female 49% male | Population estimates for the UK, England, Wales, Scotland, and Northern Ireland: mid-2023 - Office for National Statistics |
| B | 1 in 4 girls experience childhood sexual abuse | Measuring the impact of enhancing care provision in cervical screening for women in Wales, England and Australia who have experienced sexual violence and abuse. - Bangor University |
| C | 35% of girls have low mental wellbeing scores | SHRN Data Dashboard - Public Health Wales (nhs.wales) |
| D | 4,500 young carers in Wales | Unpaid care by age, sex and deprivation, Wales - Office for National Statistics |
| E | 11.9% of girls achieve the recommended physical activity target | SHRN Data Dashboard - Public Health Wales (nhs.wales) |
| F | 3.1% of girls smoke | SHRN Data Dashboard - Public Health Wales |
| G | 40.9% of girls drink alcohol | SHRN Data Dashboard - Public Health Wales |
| H | 51.2% of women meet physical activity guidelines | Public Health Outcomes Framework (2022) - Public Health Wales |
| I | 22.3% of women have a disability | Disability by age, sex and deprivation, England and Wales - Office for National Statistics |
| J | 22% of women (16-44) have a mental health diagnosis | Women's Mental Health Facts - Agenda Alliance |
| K | 12.4% of women smoke | Public Health Outcomes Framework (2022) - Public Health Wales |
| L | 9.8% of women drink above alcohol guidelines | Public Health Outcomes Framework (2022) - Public Health Wales |
| M | Women earn on average £1 p/h less than men in 2023 | Gender pay gap in the UK - Office for National Statistics |
| N | 71% of the part-time workforce is made up of women | Women and the Labour Market – Women's Budget Group |
| O | 52% of women have reported being sexually harassed or abused in the workplace | SHW0040 - Evidence on Sexual harassment in the workplace – this paper references: TUC (2016) Still just a bit of banter? Sexual harassment in the workplace in 2016 |
| P | 3.8% of pregnant women in Wales were smoking with 11.7 through to delivery | Maternity and birth statistics: 2023 [HTML] \| GOV.WALES |
| Q | 60.1% of women are above the recommended BMI during pregnancy | Maternity and birth statistics: 2023 [HTML] \| GOV.WALES |
| R | 50% chance of women receiving a wrong diagnosis following a heart attack | Editor's Choice - Impact of initial hospital diagnosis on mortality for acute myocardial infarction: A national cohort study - Jianhua Wu, Chris P Gale, Marlous Hall, Tatendashe B Dondo, Elizabeth Metcalfe, Ged Oliver, Phil D Batin, Harry Hemingway, Adam Timmis, Robert M West, 2018 (sagepub.com) |
| S | 13.5% of the female population is made up of women of menopausal age | Population estimates for the UK, England, Wales, Scotland, and Northern Ireland: mid-2023 - Office for National Statistics |
| T | Over 60% of UK women have at least one symptom of poor pelvic floor health | RCOG calling for action to reduce number of women living with poor pelvic floor health \| RCOG |
| U | 31.6% of women reported a mental health problem during pregnancy | Maternity and birth statistics: 2023 [HTML] \| GOV.WALES |
| V | 81.8 years is the average life expectancy for a woman | Health expectancies in Wales with inequality gap - Public Health Wales |
| W | 60.5 years female healthy life expectancy | Health expectancies in Wales with inequality gap - Public Health Wales |
| X | 1 in 3 women will have a fragility fracture | An overview and management of osteoporosis - PMC |
| Y | 14.2% Alzheimer's in women is the leading cause of death in women in Wales | Deaths registered in England and Wales - Office for National Statistics |
| Z | Women are twice as likely to develop Alzheimer's compared to men | Why is dementia different for women? \| Alzheimer's Society |

Saunders, Nathan
28/10/2025 10:18:55

# Total Burden of disease across the life course

| Girls | | Adolescents and young women | Adult women | | Older women | |
|---|---|---|---|---|---|---|
| **Birth to 5 years** | **5 to 14 years** | **15 to 24 years** | **25 to 44 years** | **45 to 64 years** | **65 to 74 years** | **75 years and older** |
| Congenital malformations, deformations and chromosomal abnormalities account for a large burden. Infants with a low birthweight, Black ethnicity, or a mother aged under 20 years are at greater risk of infant mortality (1) | Accidental injury, cancer and intentional self-harm (including suicide) are the leading cause of fatal burden in this age group (4) | Poor Mental Health (including anxiety and depression), asthma, epilepsy, diabetes and cancer also account for a significant portion of non-fatal burden (6) | Depression and Anxiety, muskuloskeletal conditions, cause signficicant burden in this age group (3) | Cancer (Breast and Lung), cardiovascular disease, muskulosketelal conditions (such as osteoperosis, rheumatoid arthritis and back, neck pain) contribute significantly to burden of disease both fatal and non-fatal (2) (3) | Dementia and Alzheimers disease is the leading cause of fatal burden (2) | Dementia, circulatory disease and respiratory conditions account for fatal burden of disease (2) |
| | Poor Mental Health (including anxiety and depression), asthma, epilepsy, diabetes and cancer also account for a significant portion of non-fatal burden (6) | Accidental injury, cancer and intentional self-harm (including suicide) are the leading cause of fatal burden in this age group (4) | Cancer, cardiovascular and respiratory disease, cirrhosis and other liver disease contribute significantly to fatal burden of disease (2) | Delays in diagnosis are often detrimental to a woman's quality of life and may result in disease progression. | Cancer, muskuloskeletal conditions, cardiovascular disease and respiratory conditions are a significant cause of non-fatal disease burden as are mental health conditions such as anxiety and depression (3) | Muskuloskeletal condition, such as osteoperosis,back and neck pain, hearing and vision disorders, skin diseases increasingly account for burden of disease (7) |
| | 1 in 4 girls experience childhood sexual abuse (8)Early detection for girls experiencing childhood abuse is fundamental for later life mental health & wellbeing | Burden due to domestic abuse is greatest in this age group. (5)* | Women are the 'shock absorbers of poverty', tending to bear responsibility for household budgets and to skip meals and make other sacrifices to support their children. (10) | Many patients perceive incontinence as part of the natural aging process and therefore have a low expectation of successful treatment. | The life expectancy for women from black and minority ethnic groups, disabled women and from areas of greater deprivation, are affected most | The life expectancy for women from black and minority ethnic groups, disabled women and from areas of greater deprivation, are affected most |
| | 4,500 young carers in Wales (9) Being one of the 4,500 young carers in Wales can have lasting effects on women across their life course, influencing their education, career opportunities, financial stability, and health due to early caregiving responsibilities | Contraception provision is an essential part of women's healthcare during the reproductive years (menarche to age 55) | Women who have unintended pregnancies are more likely to delay prenatal care, experience violence, and have mental health problems (11) | During the menopause transition women may experience mental health struggles, and weight management issues. They may also leave employment due to their menopausal symptoms. | Women are twice as likely to develop Alzheimer's compared to men (17) | Alzheimer's in women is the leading cause of death in women in Wales(16) |

Saunders,Nathan 28/10/2025 10:18:55

## Total Burden of disease across the life course

| **Girls** | | **Adolescents and young women** | **Adult women** | | **Older women** | |
|---|---|---|---|---|---|---|
| **Birth to 5 years** | **5 to 14 years** | **15 to 24 years** | **25 to 44 years** | **45 to 64 years** | **65 to 74 years** | **75 years and older** |
| | Children of women who have unintended pregnancies are at increased risk of mental and physical health problems and are more likely to struggle in school (12) | Total number of abortions has increased year-on-year, with women in the most deprived areas of Wales, and the 20-24 years age group most affected(14) | Contraception provision is an essential part of women's healthcare during the reproductive years (menarche to age 55) | | | |
| | Establishing healthy eating habits in pre-adolescent years, and regular engagement in physical activity, gives life-long health benefits. | A 3.1% smoking rate among girls may contribute to long-term health risks for women, including increased chances of respiratory diseases, cardiovascular issues, and complications during pregnancy, impacting their well-being across the life course.(15) | Heavy Menstrual Bleeding leads to loss in work productivity (13) | | | |
| | | These are vulnerable years for health risks, poor mental health, body dissatisfaction, preconception health and lifelong health behaviours | | | | |
| | | Only 11.9% of girls achieving the recommended physical activity target suggests a lifelong impact on women's health, increasing the risk of chronic diseases, lower fitness levels, and reduced well-being (15) | | | | |

Saunders,Nathan
28/10/2025 10:18:55

# Total Burden of disease across the life course - references


(1) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2021

(2) https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/life-expectancy-and-mortality-in-wales-2020/lifeexpectancyandmortalityinwales-2020-v1-comp-pdf/

(3) DDTIV. https://ghdx.healthdata.org/

(4) https://stateofchildhealth.rcpch.ac.uk/evidence/mortality/adolescent-mortality/#ref-2

(5) https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables*

(6) https://stateofchildhealth.rcpch.ac.uk/wp-content/uploads/sites/2/2020/03/SOCH-WALES-02.03.20.pdf

(7) https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-3-trends-in-morbidity-and-risk-factors#trends-in-morbidity-by-age

(8) Measuring the impact of enhancing care provision in cervical screening for women in Wales, England and Australia who have experienced sexual violence and abuse. - Bangor University

(9) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/datasets/unpaidcarebyagesexanddeprivationwales

(10) UK Women's Budget Group (2022), The gendered impact of the cost of living crisis

(11) Associations of Unintended Pregnancy With Maternal and Infant Health Outcomes: A Systematic Review and Meta-analysis - PubMed

(12) Long-term effects of unintended pregnancy on children: Findings from the Dutch prospective birth-cohort Amsterdam born children and their development study - ScienceDirect

(13) https://bmjopen.bmj.com/content/9/6/e026186

(14) Abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)

(15) https://phw.nhs.wales/services-and-teams/observatory/data-and-analysis/shrn-data-dashboard/

(16) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsregisteredinenglandandwalesseriesdrreferencetables

(17) https://www.alzheimers.org.uk/blog/why-dementia-different-women


Saunders, Nathan
28/10/2025 10:18:55

* Domestic abuse related offences are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between people aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality.

# References


1. Healthy women are the cornerstone of healthy societies (worldbank.org)
2. Women's Health in Wales - A Discovery Report - NHS Wales Executive
3. https://www.gov.wales/nhs-quality-and-safety-framework
4. https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf
5. The Quality Statement for women and girls' health [HTML] | GOV.WALES
6. Women's and girls' health throughout the life course (who.int)
7. https://www.gov.wales/sites/default/files/publications/2022-06/anti-racist-wales-action-plan_0.pdf
8. https://ghdx.healthdata.org/record/ihme-data/gbd-2021-yld-daly-hale-1990-2021
9. Prudent Health and Care principles - Bevan Commission
10. A healthier Wales: long term plan for health and social care | GOV.WALES
11. https://www.gov.wales/sites/default/files/publications/2019-04/securing-health-and-well-being-for-future-generations.pdf
12. The-gendered-impact-of-the-cost-of-living-crisis.pdf (wbg.org.uk)
13. Health disparities and health inequalities: applying All Our Health - GOV.UK
14. 01_HeathExpectanciesWalesProfile_v2a.knit (shinyapps.io)
15. Analysis of population characteristics by area deprivation (Census 2021) - sex and age (gov.wales)
16. WCPP-Poverty-and-social-exclusion-in-Wales-September-2022-English-final-updated.pdf
17. Poverty and deprivation (National Survey for Wales): April 2021 to March 2022 [HTML] | GOV.WALES
18. The economy of well-being | OECD
19. Progress of the world's women 2019–2020: Families in a changing world | Publications | UN Women – Headquarters
20. Women's wellbeing and the burden of unpaid work | The BMJ
21. Intersectionality resource guide and toolkit | UNW WRD Knowledge Hub (unwomen.org)
22. Gender and Health Hub - Find Gender and Health Research (genderhealthhub.org)
23. A Whole System Approach for Female Offenders - Emerging evidence (publishing.service.gov.uk)
24. Briefing_Health-inequalities-experienced-by-Gypsies-and-Travellers-in-England.pdf (gypsy-traveller.org)
25. Is the Last Mile the Longest? Economic Gains from community health Equality in Nordic Countries | Gender Equality at Work | OECD iLibrary (oecd-ilibrary.org)
26. In It Together: Why Less Inequality Benefits All | OECD
27. TUC: BME women twice as likely to be on zero-hours contracts as white men | TUC
28. UK-Parliament-COLC-inquiry-response.pdf (wpengine.com)
29. da_employers_pack.pdf (equalityhumanrights.com)
30. Still just a bit of banter? | TUC
31. NHS England » Sexual safety in healthcare – organisational charter
32. The cost of living - Women's Aid (womensaid.org.uk)
33. Healthy Working Wales - Public Health Wales (nhs.wales)
34. phw.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/human-resources-policies/menopause-policy/
35. Menopause@CTM - Cwm Taf Morgannwg University Health Board (nhs.wales)
36. THE 17 GOALS | Sustainable Development (un.org)
37. advancing-gender-equality-plan.pdf
38. Better for Women | RCOG
39. The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) - The Lancet
40. Contraception: Return on Investment (ROI) report (publishing.service.gov.uk)
41. Associations of Unintended Pregnancy With Maternal and Infant Health Outcomes: A Systematic Review and Meta-analysis - PubMed
42. Long-term effects of unintended pregnancy on children: Findings from the Dutch prospective birth-cohort Amsterdam born children and their development study - ScienceDirect
43. Prevention Based Health and Care - Public Health Wales (nhs.wales)
44. Home - SAIL Databank
45. Written Statement: Update on Women's Health (8 March 2024) | GOV.WALES

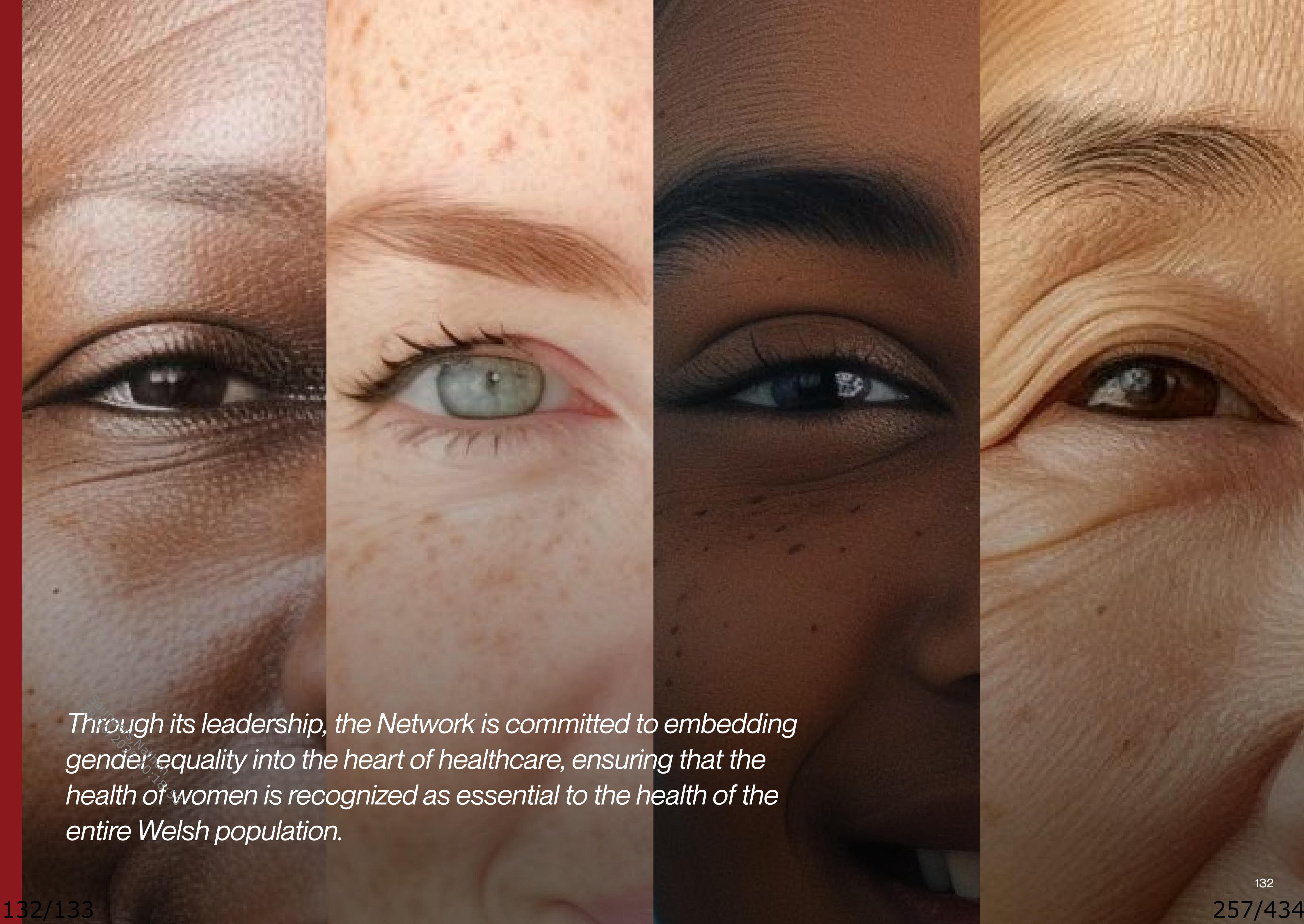

Saunders,Nathan 28/10/2024 10:18:52

46. https://www.digitalcommunities.gov.wales/digital-inclusion-charter/
47. https://www.digitalcommunities.gov.wales/
48. https://dhcw.nhs.wales/our-programmes/digital-services-for-patients-and-public/
49. Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women | BMJ Open
50. Home :: Bloody Brilliant
51. https://www.gov.wales/sites/default/files/publications/2023-02/period-proud-wales-action-plan_0.pdf
52. Endometriosis affects one in ten women in Wales - Endometriosis Cymru
53. endometriosis-care-in-wales-provision-care-pathway-workforce-planning-and-quality-and-outcome-measures.pdf (gov.wales)
54. New endometriosis nurses to improve awareness and diagnosis in Wales | GOV.WALES
55. Endometriosis report (NCEPOD) – HQIP
56. https://phw.nhs.wales/publications/publications1/sexual-health-annual-report-2023/
57. Making the case for preconception care (publishing.service.gov.uk)
58. Abortion statistics, England and Wales: 2021 - GOV.UK (www.gov.uk)
59. The Abortion Act 1967 – Approval of a Class of Place for Treatment for the Termination of Pregnancy (Wales) 2022 | GOV.WALES
60. Maternity and birth statistics: 2023 [HTML] | GOV.WALES
61. Before the beginning: nutrition and lifestyle in the preconception period and its importance for future health - The Lancet
62. MECC // Public Health Network :: Home
63. CF PROSPER
64. Best Start Hub - Preconception, Pregnancy, Early Years and Family - Betsi Cadwaladr University Health Board (nhs.wales)
65. RCOG calling for action to reduce number of women living with poor pelvic floor health | RCOG
66. The clinical effectiveness and cost-effectiveness of interventions for preventing continence issues resulting from birth trauma: a rapid review | Health Care Research Wales
67. Population and household estimates, Wales - Office for National Statistics (ons.gov.uk)
68. All-Wales Menopause Task and Finish Group, Final Report, January 2023 [HTML] | GOV.WALES
69. General Practice Prescribing Data Extract - NHS Wales Shared Services Partnership
70. Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 (legislation.gov.uk)
71. ask-and-act-role-frontline-practitioner.pdf (gov.wales)
72. The role of healthcare services in addressing domestic abuse (parliament.uk)
73. Health Outcomes in Women Victims of Intimate Partner Violence: A 20-Year Real-World Study - PMC (nih.gov)
74. PsyArXiv Preprints | The neuropsychological outcomes of non-fatal strangulation in domestic and sexual violence: A systematic review. (osf.io)
75. https://www.gov.uk/government/publications/annual-report-of-the-domestic-abuse-commissioner/annual-report-of-the-domestic-abuse-commissioner-for-england-and-wales
76. vawg-stra-public-official.pdf (npcc.police.uk)
77. Domestic abuse in England and Wales overview - Office for National Statistics (ons.gov.uk)
78. See Me | South Wales Police (south-wales.police.uk)
79. Trauma-Informed-Wales-Framework.pdf (traumaframeworkcymru.com)
80. https://www.gov.uk/government/publications/serious-violence-duty
81. National life tables – life expectancy in England and Wales - Office for National Statistics
82. Wellbeing of Wales, 2024: a healthier Wales [HTML] | GOV.WALES
83. Get Fit Wales - CTM (ctmregionalpartnershipboard.co.uk)
84. Syphilis (who.int)
85. The road map targets for 2030 (who.int)
86. Cervical Screening Wales - Public Health Wales (nhs.wales)
87. Suicides in England and Wales - Office for National Statistics (ons.gov.uk)
88. Real Time Suspected Suicide Surveillance - Public Health Wales (nhs.wales)
89. Suicide Awareness e-module - NHS SSHP
90. Women's Mental Health Facts - Agenda Alliance
91. Eating Disorder Statistics - National Eating Disorders Association

Saunders, Nathan 28/10/2025 10:18:05

92. The Body Project NEDA - National Eating Disorders Association
93. pqn-standards-for-community-perinatal-mental-health-services-4th-edition.pdf (rcpsych.ac.uk)
94. Why is dementia different for women? | Alzheimer's Society (alzheimers.org.uk)
95. dementia-action-plan-for-wales.pdf (gov.wales)
96. Women & diabetes: Our right to a healthy future - PMC (nih.gov)
97. Overview | Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes | Guidance | NICE
98. https://www.decodeme.org.uk/initial-findings-from-the-decodeme-questionnaire-data-published/
99. Overview | Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management | Guidance | NICE
100. Womens-Health-Wales-Quality-Statement-English-FINAL.pdf
101. Cardiovascular disease - Public Health Wales (nhs.wales)
102. BHF Cymru - Wales CVD Factsheet
103. Equity of access to revasc - Public Health Wales (nhs.wales)
104. Editor's Choice - Impact of initial hospital diagnosis on mortality for acute myocardial infarction: A national cohort study - Jianhua Wu, Chris P Gale, Marlous Hall, Tatendashe B Dondo, Elizabeth Metcalfe, Ged Oliver, Phil D Batin, Harry Hemingway, Adam Timmis, Robert M West, 2018 (sagepub.com)
105. The quality statement for heart conditions [HTML] | GOV.WALES
106. An overview and management of osteoporosis - PMC (nih.gov)
107. UK report.pdf (osteoporosis.foundation)
108. The role of female hormonal factors in the development of rheumatoid arthritis - PubMed
109. Lupus Service Provision in Wales - CEDAR - Centre for Healthcare Evaluation
110. The sixth NEIAA annual report: Improving the quality of EIA care across England and Wales
111. https://www.mariecurie.org.uk/globalassets/media/documents/policy/beol-reports-2024/beol-2024-time-to-care-report.pdf
112. https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2022/public-attitudes-to-death-and-dying-in-wales-2022.pdf
113. Ullrich, A. et al., 2019. Exploring the gender dimensions of problems and needs of patients receiving specialist palliative care in a German palliative care unit- the perspectives of patients and healthcare professionals. BMC Palliative Care.
114. Fillingim, R. et al., 2008. Sex, Gender and Pain; a review of recent clinical and experimental findings. Science Direct
115. Husain, A. et al., 2007. Women experience higher levels of fatigue at the end of life: a longitudinal home palliative care study. PubMed.
116. Gott, M., Morgan, T., Williams, L., 2020. Gender and Palliative Care: A Call to Arms. SAGE Publications.
117. Fahad Saeed, M.D. et al., 2018. Preference for Palliative Care in Cancer Patients: Are Men and Women Alike? Journal of Pain and Symptom Management, 56(1)
118. Miesfeldt S, Murray K, Lucas L, et al., 2012. Association of age, gender, and race with intensity of end-of-life care for Medicare beneficiaries with cancer. Journal of Palliative Medicine. 15.
119. Bookwala J, Coppola K, Fagerlin A, et al., 2001. Gender differences in older adults' preferences for life-sustaining medical treatments and end-of-life values. Death Studies. 25.
120. https://record.senedd.wales/Committee/13368#A80454 [Accessed 27.09.24]
121. Marie Curie (2023) Gender and end of life care; A Marie Curie policy paper exploring gender differences in end of life experience in Wales
122. Unheard: Women's journey through gynaecological cancer
123. https://www.llaiswales.org/
124. Strategic Programme - Primary Care One (nhs.wales)
125. Case study: the successful rollout of the IRIS Programme in Wales - IRISi
126. Primary health care (who.int)
127. Activity In The NHS | The King's Fund (kingsfund.org.uk)
128. gp-report-save-our-surgeries-gpc-wales-english-final-web.pdf (bma.org.uk)
129. Women's Health Strategy for England - GOV.UK (www.gov.uk)
130. Women's health hubs: cost benefit analysis - GOV.UK (www.gov.uk)
131. https://www.gov.wales/sites/default/files/consultations/2022-10/the-duty-of-quality-statutory-guidance-2023-and-quality-standards-2023.pdf
132. https://www.gov.wales/health-and-care-quality-standards-2023-whc2023013

Saunders, Nathan 28/10/2025 10:12:55


Through its leadership, the Network is committed to embedding gender equality into the heart of healthcare, ensuring that the health of women is recognized as essential to the health of the entire Welsh population.

# The NHS Wales Women's Health Plan 2025-2035:
## A 10-year Vision for Women's Health in Wales

**National Strategic Clinical Network for Women's Health**

Saunders,Nathan
28/10/2025 ...:18:55

December 2024

Imagery © Crown copyright (2024) Cymru Wales

© 2024 Public Health Wales

| Report Title: | Children looked after– Assessment Backlogs | | | Agenda Item No: | 2.5 |
| --- | --- | --- | --- | --- | --- |
| Meeting: | Quality Committee | Public | X | Meeting Date: | 28.10.2025 |
| | | Private | | | |
| Status | Assurance X | Approval | | Information/Noting | |
| Lead Executive Title: | Executive Nurse Director | | | | |
| Report Author Title: | General Manager, Children, Young People and Family Health Services | | | | |

**Main Report**

Background and Current Situation:

The purpose of this report is to provide Committee Members will an updated position regarding assessments for Children looked after.

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

The Children Looked After (CLA) team are an integral part of the Children, Young People and Family Health Directorate and deliver an area of work where there are statutory health requirements. It is well known that children in care have adverse health outcomes so the assessments are aimed at improving health outcomes and reducing health inequalities, as well as ensuring identified health needs are actioned and monitored. The service is provided by a small staffing team of Medical session, Specialist Nurses and more recently Health Visitors. The nursing team was increased in March 2023 in response to the number of children waiting for a statutory health assessment. This enables changes to be made around the service model in respect of age categories by clinical team.

In January 2024 a Joint Inspectorate Review of Child Protection Arrangements (JIPCA) was undertaken in CAV as part of an All Wales review. The CLA service was reviewed and although it was noted that additional capacity had already been put into place to address the backlog of statutory assessments, further action was requested for CLA in line with the JIPCA Assurance Improvement Plan. The action is for the Directorate to review the process in place for CLA health assessments ensuring they take place within statutory timescales, concluding with the required report.

**Performance against Statutory Regulations**

The regulations stipulate that within 28 days of a child being accommodated by the local authority they should have a holistic health assessment. For children under the age of 5 years a review health assessment should be undertaken every 6 months, for those aged 5+ years this should be completed annually. The statutory requirements to see children within 28-days of entering care for an initial health assessment, is often not achievable due to delays in notification from the local authority.

**Growth**

As previously reported there had been a consistent increase in children in care in Cardiff and the Vale of Glamorgan.

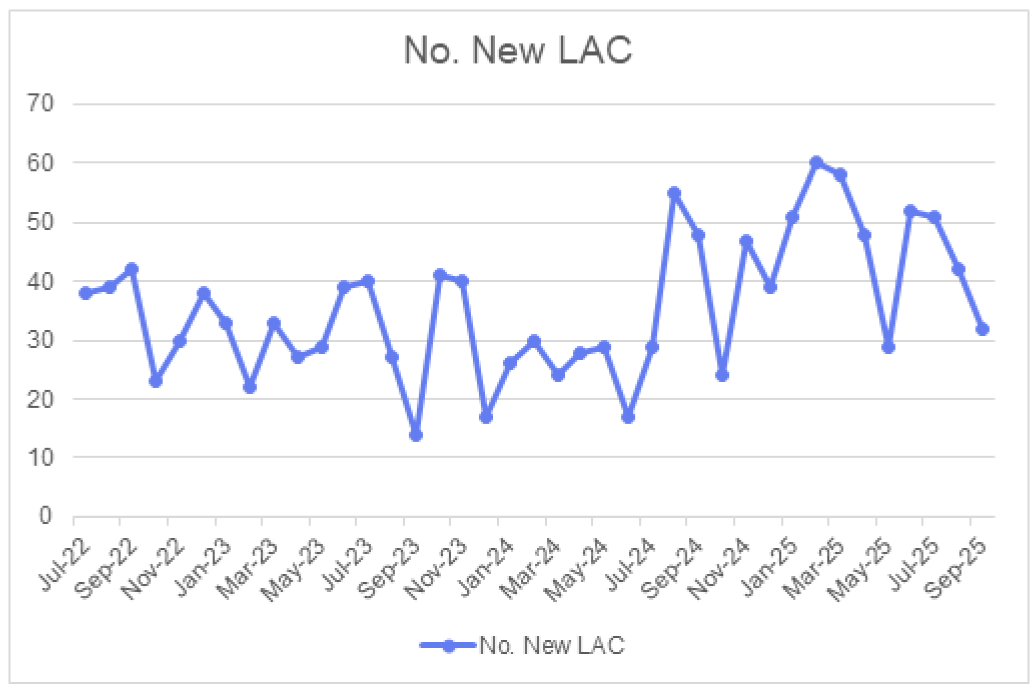
Saunders,Nathan
28/10/2025 10:18:55

The increase in numbers of Looked after has had a significant impact on the number of initial & review Health Assessments required each year. However, capacity had remained the same until recently, resulting in a backlog of both new and review health assessments.

The graph below shows the number of new CLA cases per month. In 2023 there were 362 new cases referred into the service, an average of 30 per month. In 2024 there were 396 new referrals,

an average of 33 per month. So far in 2025 we have received 423 referrals in 9 months, an average of 47 per month.

Graph 1 - Number of new LAC referrals




**Impact of actions taken**

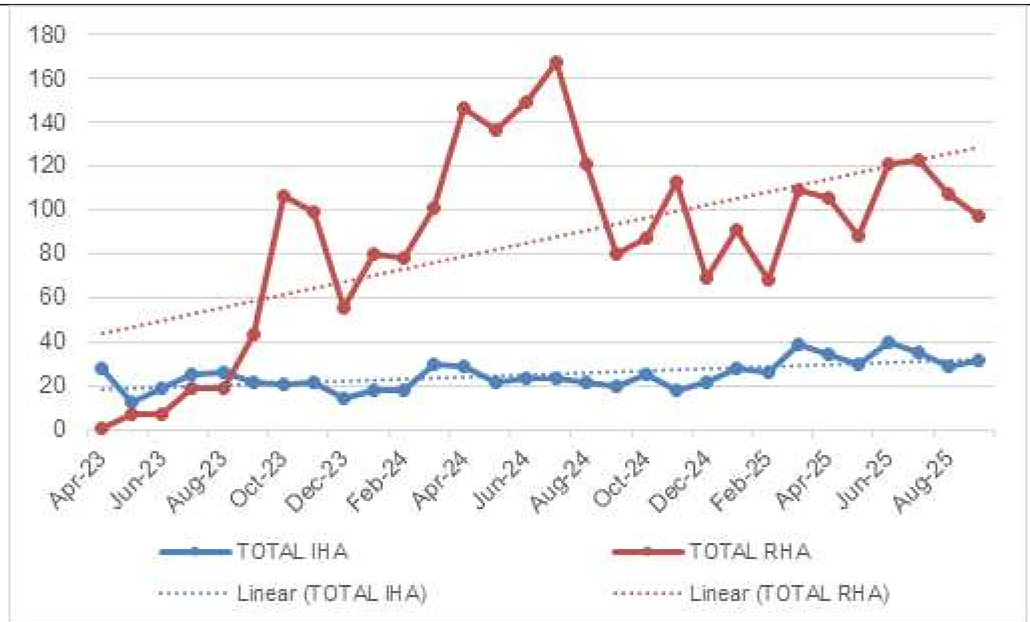
During the last 2 years a number of changes to the workforce.

- Nurse are now undertaking all initial and review health assessments for children over 5 (excluding adoptions).
- Health Visiting roles were initially piloted to support the review of health assessments for children under five years old (excluding those placed for adoption). These roles, which involve holding caseloads of children who are looked after (CLA), have become increasingly unmanageable due to the rising number of children and the growing complexity of their needs. This has led to significant stress within the team, negatively impacting emotional wellbeing. Team members are frequently working extended hours, including evenings and weekends, to meet the demands of the role and ensure that essential work is completed.

The graphs below demonstrate the increase in health assessments.

Graph 2 – Health Assessments undertaken April 2023 to Sept 2025

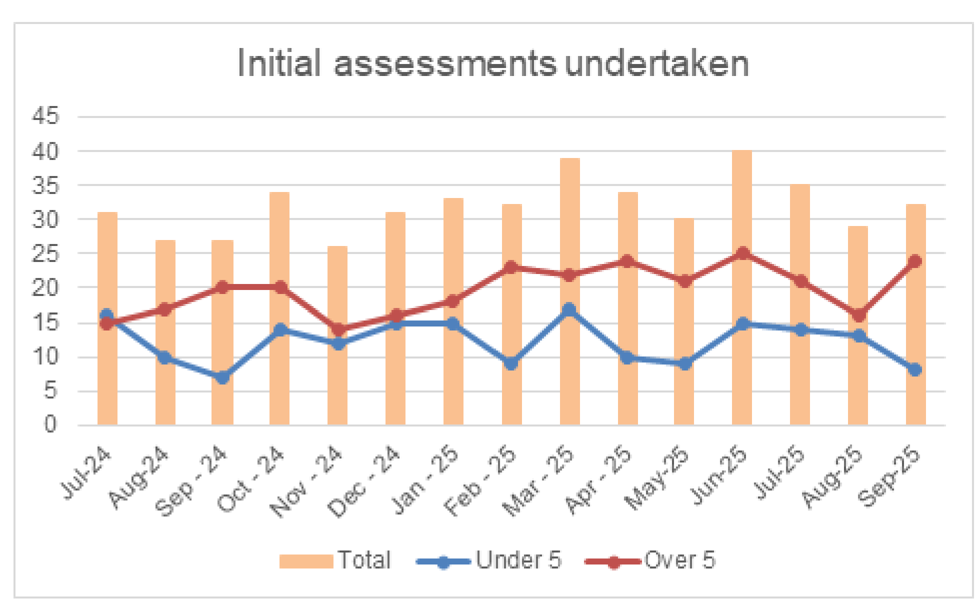
Saunders,Nathan
28/10/2025 10:18:55




This graph demonstrates the significant increase in the number of review health assessments since August 2023 to August 2024, as a result of the increase in specialist nurses, the introduction of heath visitors and additional medical session.

**Initial HA**

<u>Graph 3 – Initial Health Assessments undertaken</u>




Initial activity has increased steadily since August 2023. Average monthly activity in the last 12 months has increased to an average of 30 per month compared to an average of 22 per month in the previous 12 month period.

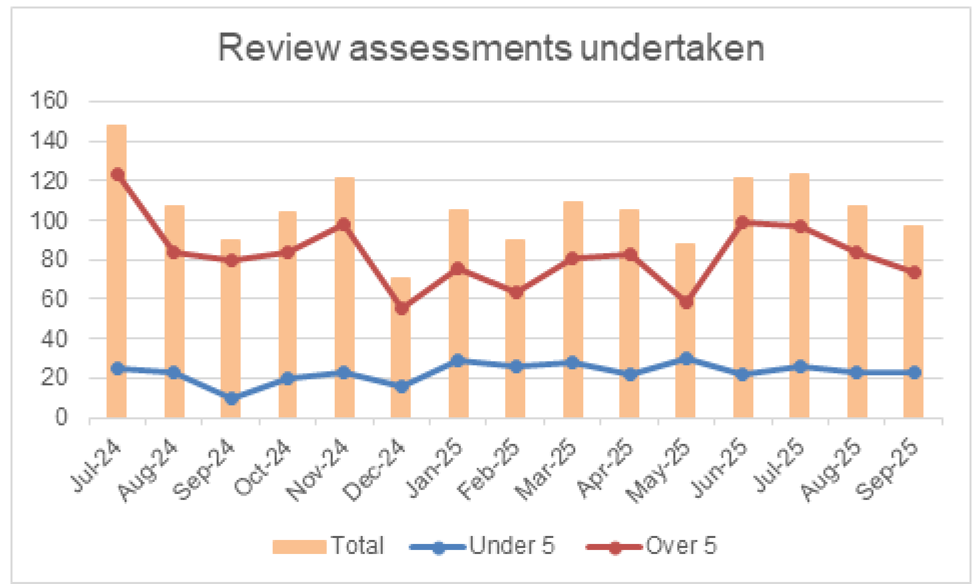
The last reported backlog to QSPE in Feb 25 was a backlog of 134 children awaiting their initial assessment, 99 within Cardiff and Vale, and 35 placed out of area.

Saunders,Nathan
28/10/2025 10:18:55

This has now reduced to 64, with 36 within Cardiff and Vale and 28 placed out of area. The shows a significant improvement in the backlog for those within Cardiff and Vale, and a marginal reduction for those CLA placed out of area.

**Review HA**

Graph 4 – Review Assessments undertaken

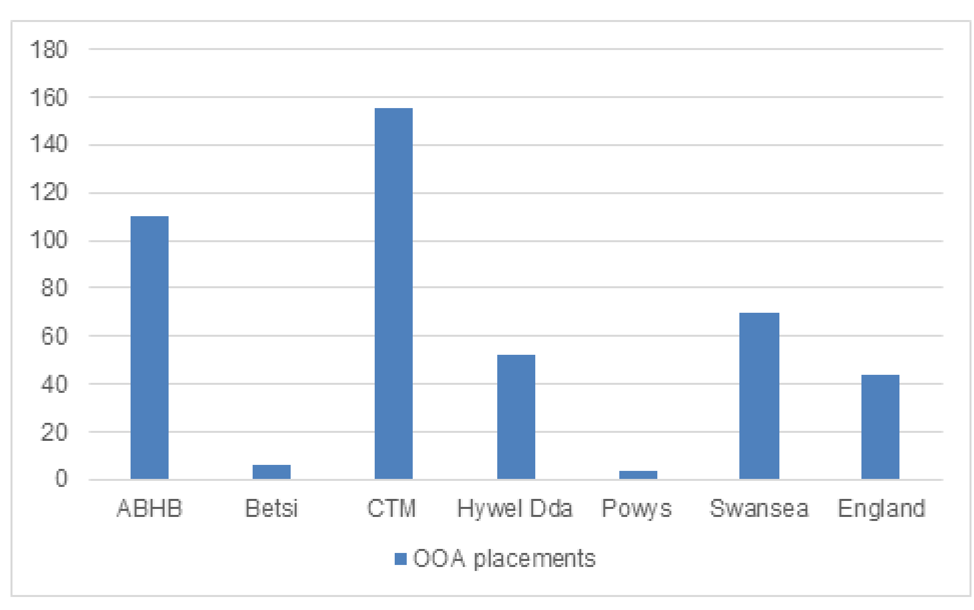



This activity has reduced since August due the Health visitors focusing on clearing review backlog for under 5s in their first year.

The last reported backlog to QSPE in Feb 25 was a backlog of 316 children awaiting their review assessment, 103 within Cardiff and Vale, and 213 placed out of area. This has increased slightly to 331, with 218 within Cardiff and Vale and 113 placed out of area.

**Children placed out of area**

Graph 5 – breakdown of children placed out of area




When children are placed outside of CAV, other UHB's are providing health assessments. These organisations subsequently recharge us for this – with the average price per assessment being £400.

Saunders,Nathan
28/10/2025 10:18:55

The Health Board incurs **c £0.200m per annum** associated with these health assessments.

The team leader has responsibility for children placed out of area. They continue to engage with health boards where children are placed, to ensure a statutory Heath Assessments is undertaken.

Whilst the children are placed out of area we maintain responsibility for ensuring the completion of Health Assessments by their host Health Board / Trust.

**Further actions:**

- Additional capacity to be requested using bank and overtime
- Consideration of skill mix of band 4s to support the nurses with follow ups and non-Health Assessment work
- The current evaluation of the Health Visitors is indicating caseloads are high and unmanageable. To mitigate this action it has been agreed that health assessments for children under 5 will be undertaken by the wider Health Visiting workforce. All health visitors will be upskilled to complete the review assessments and compliance will be monitored by the operational management team. Quality insurance measures will also be implemented.
- Revised assessment forms have been published on a National level. Lead Consultant for fostering adoption sits on the national group as part of the Public Health Role. These new forms are likely to improve information sharing at point of referral. The forms will also include a section on consent which will also speed up the process and remove some time delays in undertaking assessments. This reports are currently being reviewed in line with the new module for CLA in PARIS. It is anticipated these new forms will streamline clinicians reporting time, releasing capacity to increase face to face support and assessments.
- Medical capacity continues to be a significant constraint, with the GPsWI leaving and maternity leave of the speciality doctor. The role of trainees is being undertaken to increase capacity to undertake initial assessments for children under 5.

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

n/a

**Recommendations:**

The Committee is requested to:

a) **NOTE** the content of the paper and the actions taken to mitigate the risks associated child health assessments.

**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 | X | Long Term | X | Integration | | Collaboration | | Involvement | |
|---|---|---|---|---|---|---|---|---|---|

**Quality Impact Assessment Completed?**

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

**Impact Assessment**

Risk: Yes

*This has been risk assessed and entered onto the Risk Register*

Safety: No

Saunders, Nathan
28/10/2023 10:18:55

| *In the main body of the report* | |
|---|---|
| Financial: Yes | |
| *Immediate financial risk has been mitigated by redirecting resource to CLA service due to risk being held.* | |
| Workforce: Yes | |
| *Detailed in the body of the report.* | |
| Legal: No | |
| Reputational: No | |
| Socio Economic: No | |
| Equality & Health: No | |
| Decarbonisation: No | |
| Welsh Language: No | |
| **Approval/Scrutiny Route *(please list all other Committees/Groups this report has been to)*** | |
| Name of Committee/Group/Exec | Date: |
| | |

Saunders,Nathan
28/10/2025 10:18:55

| Report Title: | Research and Development Six Month Update | | | Agenda Item no. | 2.6 | |
|---|---|---|---|---|---|---|
| Meeting: | Quality Committee | Public | X | Meeting Date: | 28th October 2025 | |
| | | Private | | | | |
| Status | Assurance | X | Approval | | Information | X |
| Lead Executive Title: | David Fluck - Medical Director | | | | | |
| Report Author (Title): | Sarah Martin - R&D manager | | | | | |

Main Report
Background and current situation:

This report provides details of the arrangements, progress and outcomes within Research in the first 6 months of the 25/26 FY.

**Background**
Cardiff and Vale is the largest NHS research organization in Wales with a broad range of research activity being conducted in nearly all clinical boards. At any one time we have over 700 studies running and approve approximately 170 new studies each year. The types of studies we run is expansive extending from early phase trials of advanced therapies to qualitative observational studies.

Our research activity is predominately conducted on behalf of other sponsor organizations, as a host site, however we do also act as sponsor to run our own investigator led research. Clinical research shapes all current clinical practice. Clinical trials either test the safety, efficacy or cost benefit of novel therapies which would otherwise be unavailable to patients, or they robustly examine commonly used therapies which subsequently prove to be ineffective, neutral or beneficial. In the latter case therapies should be adopted and implemented broadly within the NHS. If they are ineffective or neutral they can be disregarded and resources repurposed into other areas.

The department receive a budget of £6,550,858 from Health and Care Research Wales to support 175.32 WTE. An additional 32.4 WTE are funded by research infrastructure funding or reinvestment of commercial funds.

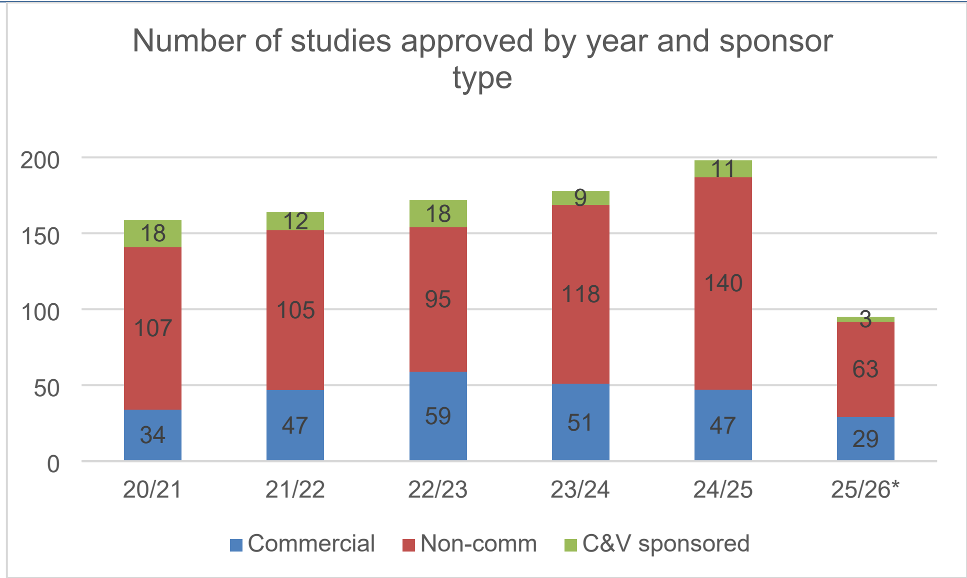
This report provides assurance on the process being made with regards to;

- Research Activity
- Research Performance to national performance metrics – delivering to time and target
- Impact of Research Portfolio

Research Development
Since 2021, the Health Board, in common with other large academic health trusts, has created a Joint Research Office (JRO) with Cardiff University to share expertise around research governance, costing and contracting processes and identify opportunities for collaborative working.

Research Approvals

Saunders,Nathan
28/10/2025 10:18:55




The number of studies approved year on year continues to increase and as of the end of Q2 95 new studies have been approved. Projected activity for 25/26 should result in the highest number of new studies approved in year to date.

The portfolio has seen an increase in the proportion of commercial studies approved. As of Q2, 30.5% of our research activity is commercial activity compared to 23% during last financial year. A 45% increase on the number of commercial studies approved during the same period in 24/25.

**Recruitment to trials**

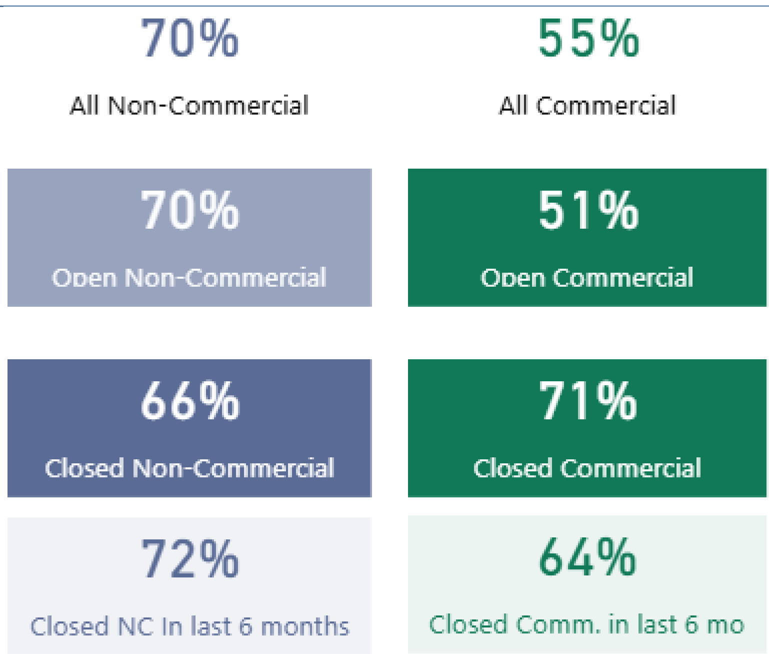
As of Q2 we have recruited 2033 patients into research studies.

| Clinical Board | No. studies with Recruitment | Current FY Recruits | Total No. Studies |
|---|---|---|---|
| All Wales Medical Genomics Service | 2 | 10 | 24 |
| Children & Women's | 30 | 336 | 53 |
| Clinical Diagnostics & Therapeutics | 9 | 83 | 13 |
| Dental Services | 0 | | |
| Medicine | 36 | 263 | 68 |
| Mental Health | 9 | 91 | 13 |
| Other | 1 | 34 | 1 |
| Primary, Community & Intermediate Care | 1 | 1 | 17 |
| Specialist Services | 70 | 694 | 131 |
| Surgical Services | 34 | 521 | 54 |
| Unknown | 0 | | |
| **Total** | **192** | **2033** | **374** |

Specialist services continues to be the clinical board with the largest research portfolio driven by very active research portfolios within hematology, neurology, nephrology and cardiology.

Health and Care Research Wales set a performance metric that 80% of all studies should recruit to time and target, meaning there is a requirement to recruit the agreed number of patients within the agreed study time frame.

This is an important metric as it demonstrates our ability to deliver research and therefore will be seen as a favored site for sponsors. Currently we are performing at 65% for non commercial and 63% for commercial. We are working with teams to ensure that the targets we set are realistic and deliverable. We also hold quarterly activity performance meetings so that issues discussed and barriers removed.




VPAG Funding

Prompted by the Lord O'Shaughnessy review 'Commercial clinical trials in the UK' there has been a shift in emphasis at both NIHR and HCRW increase commercial activity. Investment via the **Voluntary Scheme for Branded Medicines Pricing and Access (VPAG)** has seen an additional £21m be invested into research infrastructure in Wales between 2025-2028.

To date £8.779m has been awarded to Cardiff and Vale via this scheme to support delivery into commercial trials across the portfolio including; Advanced Therapies, Genomics, Children and Young Adults, Cystic Fibrosis, Nephrology, ENT and specialist medicine.

| 2025/26 | 2026/27 | 2027/28 | 2028/29 | Total |
|---|---|---|---|---|
| 2,278,887 | 2,864,702 | 2,299,434 | 1,336,357 | 8,779,379 |

The funding is front loaded to pump prime activity with the anticipation that increased commercial activity will increase commercial income to be reinvested to maintain the infrastructure from 28/29 onwards.

In addition to the above we have secured an additional £421k to be spent in year to fund equipment, training and development opportunities and consultant sessions.

**NHS R&D Framework**

Health and Care Research Wales (HCRW) has published a new R&D Framework in a drive to embed and integrated research into all aspects of health and care services in Wales. The framework outlines what 'research excellence looks like' within NHS organisations in Wales where research is embraced, integrated into services and is a core part of the organisations culture, broken down into 10 key pillars. A copy of the framework can be accessed via the following link; [Research matters - What excellence looks like in NHS Wales]

Saunders,Nathan
28/10/2025 10:18:55

The R&D senior management team have re-established the Research Management Board to develop and deliver on the strategic plan for research. Workstreams are to be agreed but it is anticipated that the following will be an area of focus;

- Embedding in standard care
- Increasing commercial opportunities
- Development of advanced therapies portfolio
- Recognising Research Impact

**Research Impact**
As highlighted above, a key pillar of the research framework is research impact. Below are a number of examples of how the research portfolio is improving the care and experience we provide to our patients.

Nephrology Portfolio – to be presented by Sian Griffin
Chronic Kidney Disease (CKD) affects 1 in 10 adults in Wales. A proportion will progress to end stage kidney disease, requiring dialysis or kidney transplantation. CKD is also associated with a significant increase in cardiovascular morbidity and mortality.

SGLT2 inhibitors have recently been licensed for the treatment of CKD, to prevent a progressive decline in function and provide cardiovascular protection. The evidence for their use is based on three registration trials, all published in the New England Journal of Medicine (CREDENCE, 2019; DAPA-CKD, 2020, EMPA-KIDNEY, 2022). Led by Donald Fraser as PI, the renal unit in Cardiff recruited to all three studies.

Alexa Wonnacott has been a member of the UK-wide group that produced guidelines for the introduction of SGLT2 inhibitors in the relevant patient populations. She has undertaken service improvement projects in both primary and secondary care to optimise uptake, which is predicted to have a significant impact on the future need for renal replacement therapies. These projects have been short-listed for national awards.

The recognition of the importance of access to these treatments has been recognised by a policy change by Welsh Government, with the re-introduction of the QOF for CKD in the GP GMS contract in Wales.

Neurology Advanced Therapies Portfolio
Cardiff and Vale led by Prof Anne Rosser and Prof Liam Gray successfully treated 4 patients into a global trial for a new Huntington's disease treatment.

The research team at UCL found that patients receiving the treatment experienced 75% less progression of the disease overall, compared to a matched cohort of people with Huntington's who were not receiving the treatment.

This is the first time a drug trial has reported continuing, statistically significant slowing of Huntington's progression.

Trial sponsor uniQure plans to submit an application to the US Food and Drug Administration early next year requesting accelerated approval to market the drug, with applications in the UK and Europe to follow.

Professor William Gray, Professor of Neurosurgery and Director of the Advanced Neurotherapies Centre at Cardiff University, performed the gene therapy surgeries at Cardiff and Vale, the only centre in the UK that can perform the surgeries included in the trial. With the support of a large multidisciplinary team, the study administered the new therapy directly to the brain during 12 to 18 hours of delicate brain surgery.

Professor Gray said: "This is a landmark result for patients and families affected by this devastating disease. Professor Anne Rosser and I are proud to have collaborated with Professors Tabrizi and Wild in London, recruiting our patients and their patients to surgically deliver this innovative therapy directly into the brain in Cardiff."

Diabetes Portfolio
In August 2025 the MHRA approved teplizumab (Tzield) to delay the onset of Stage 3 type 1 diabetes (T1D) by an average of three years in adults and children aged 8 years and older with Stage 2 T1D. Teplizumab is the UK's first-ever approved immunotherapy for type 1 diabetes.

Stage 3 T1D is when people usually begin to experience blood sugar problems and are diagnosed with the condition, which often requires lifelong insulin treatment.
Teplizumab is used in people with Stage 2 T1D, which is an earlier stage of the disease where individuals are at high risk of progressing to Stage 3.

This medicine has been approved through the International Recognition Procedure (IRP). The IRP allows the MHRA to take into account the expertise and decision-making of trusted regulatory partners for the benefit of UK patients.

Cardiff and Vale UHB were involved as a site of a multinational study evaluating the efficacy and safety of the drug and treated a patient as part of the study protocol.

The drug is due to go to NICE for review before the end of the year.

**MHRA approves teplizumab to delay progression of type 1 diabetes - GOV.UK**

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

**Recommendation:**

The Committee is requested to:
- NOTE the progress made by Research to date
- NOTE the content of this report and the assurance given by R&D

Saunders,Nathan
28/10/2025 10:53:55

| Link to Strategic Objectives of Shaping our Future Wellbeing: | | | |
|---|---|---|---|
| 1. Putting People First<br>**Click the objective above to view more detail.** | | 2. Providing Outstanding Quality<br>**Click the objective above to view more detail.** | X |
| 3. Delivering in the Right Places<br>**Click the objective above to view more detail.** | | 4. Acting for the Future<br>**Click the objective above to view more detail.** | X |

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

| Quality Impact Assessment Completed?: | | | | |
|---|---|---|---|---|
| Yes – (***please provide completed QIA document***) | | No – ***(Please provide reasoning, e.g. not required)*** | X | *Not required* |

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

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

Saunders,Nathan
28/10/2025 10:18:55

| Report Title: | Ombudsman Annual Letter 2025 | | | Agenda Item No: | 2.7 | |
|---|---|---|---|---|---|---|
| Meeting: | Quality Committee | Public | X | Meeting Date: | 28.10.2025 | |
| | | Private | | | | |
| Status | Assurance X | Approval | | Information/Noting | | |
| Lead Executive Title: | Executive Nurse Director | | | | | |
| Report Author Title: | Assistant Director of Patient Experience | | | | | |

**Main Report**
Background and Current Situation:

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

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

This report analyses Cardiff and Vale University Health Board's (CVU UHB) complaints performance using data from the Public Services Ombudsman for Wales (PSOW) and internal PTR metrics.
The report highlights complaint volumes, patterns, resolution timeliness, and compliance with recommendations.

Annual Letters page to browse letters by year, including:

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

Attached as Appendix A

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

**Complaints Volume and Rate**

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

## Appendix A – Complaints received (overview)

| Health Board | Complaints Received | Population | Received per 1,000 residents |
|---|---|---|---|
| Aneurin Bevan University Health Board | 178 | 595412 | 0.30 |
| Betsi Cadwaladr University Health Board | 236 | 691991 | 0.34 |
| Cardiff and Vale University Health Board | 149 | 518269 | 0.29 |
| Cwm Taf Morgannwg University Health Board | 102 | 446514 | 0.23 |
| Hywel Dda University Health Board | 130 | 388139 | 0.33 |
| Powys Teaching Health Board | 20 | 134439 | 0.15 |
| Swansea Bay University Health Board | 134 | 389640 | 0.34 |
| Welsh Ambulance Services University NHS Trust | 24 | - | - |
| **Total** | **973** | **3164404** | **0.28** |

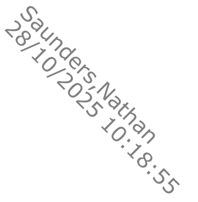
Appendix A shows the number of complaints received by PSOW for all health boards in 2024-25.

These complaints are contextualised by the population of each authority.

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

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

Nature of Complaints (PSOW Data)


Saunders,Nathan
28/10/2025 10:18:55

## Appendix B – Complaints received (by organisation)

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

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

Saunders,Nathan
28/10/2025 10:18:55

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

**Dominant Categories**
Categories such as clinical treatment, appointments and communication are prominently featured, reflecting consistent areas of concern across the Health Board. These categories concur with the Ombudsman ones as Clinical Treatment in Hospital: 83 complaints (56%)
- Adult Mental Health: 18 complaints (12%)
- Patient List Issues: 8 complaints (5%)

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

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

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

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

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

Saunders,Nathan
10:18:55

**Appendix C – Cases with PSOW intervention (overview)**

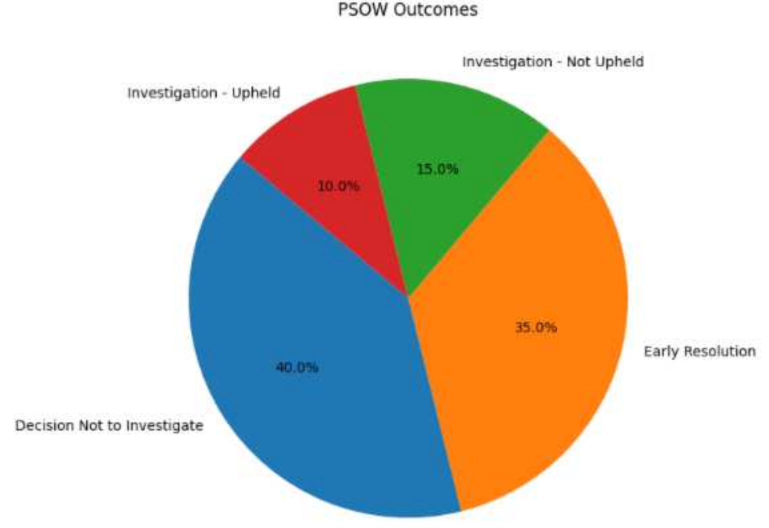
| Health Board | No. of interventions | No. of closures | % of interventions |
|---|---|---|---|
| Aneurin Bevan University Health Board | 50 | 176 | 28% |
| Betsi Cadwaladr University Health Board | 64 | 227 | 28% |
| Cardiff and Vale University Health Board | 27 | 154 | 18% |
| Cwm Taf Morgannwg University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

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

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

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

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




Complaints Performance Analysis – PSOW Data
Total Complaints Considered: 154

Key Outcome Categories:

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

**Observations and Implications:**

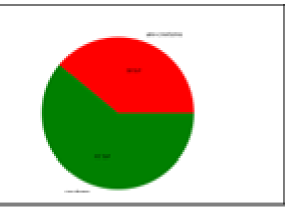
- The data supports ongoing efforts to enhance complaint handling, align with the Model Complaints Policy, and ensure timely, proportionate responses.

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

Saunders,Nathan
28/10/2025 10:18:55

**Appendix E – Compliance performance comparison**

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



**Appendix** Recommendations Made: 72
- Recommendations Due: 101
- Compliance Rate: 61%

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

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

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

**Observations and Implications:**

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

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

1. 2.7b - Annual Letter 2024-25

**Recommendations:**

The Committee is requested to:

Saunders,Nathan
28/10/2025 10:08:30

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

| **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 | | Integration | | Collaboration | | Involvement | |

| **Quality Impact Assessment Completed?** | | | | |
|---|---|---|---|---|
| Yes (please include the complete QIA document) | | No (please provide reasoning e.g. not required | | n/a |

| **Impact Assessment** |
|---|
| Risk: n/a |
| Safety: n/a |
| Financial: n/a |
| Workforce: n/a |
| Legal: n/a |
| Reputational: n/a |
| Socio Economic: n/a |
| Equality & Health: n/a |
| Decarbonisation: n/a |
| Welsh Language: n/a |

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

Saunders,Nathan
28/10/2025 10:18:55

Ask for: Communications
01656 641150
Caseinfo@ombudsman.wales

Date: 14 August 2025

**PERSONAL & CONFIDENTIAL**
Charles Janczewski
Cardiff and Vale University Health Board

**By email only**
charles.janczewski@wales.nhs.uk
suzanne.rankin@wales.nhs.uk
Psow.Cardiffuhb@wales.nhs.uk

Dear Charles Janczewski

**Annual Letter 2024-25**

**Role of PSOW**

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

**Purpose of letter**

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

**Complaints about public services**

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

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

Saunders,Nathan
28/10/2025 10:18:55



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

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

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

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

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

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

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

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

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

**Supporting improvement of public services**

We continued our work on supporting improvement in public services.

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

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

Saunders,Nathan 28/10/2025 10:18:51

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

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

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

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

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

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

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

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

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

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

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

**Action we would like your organisation to take**

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

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

Saunders,Nathan
28/10/2025 10:18:55

- Consider the data in this letter, alongside your own data, to understand more about your performance on complaints, including any patterns or trends and your organisation's compliance with recommendations made by my office.

- Provide my office with a copy of the Health Board's Annual Report for 2024-25 on the Duty of Candour and Quality.

- Inform me of the outcome of the Board's considerations and proposed actions on the above matters at your earliest opportunity.

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

Yours sincerely

*Michelle Morris*

**Michelle Morris**
Public Services Ombudsman

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

Saunders,Nathan
28/10/2025 10:18:55

**Information Sheet**

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

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

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

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

**Appendix E** shows the compliance performance of each health board.

Saunders,Nathan
28/10/2025 10:18:55

## Appendix A – Complaints received (overview)

| Health Board | Complaints Received | Population | Received per 1,000 residents |
|---|---|---|---|
| Aneurin Bevan University Health Board | 178 | 595412 | 0.30 |
| Betsi Cadwaladr University Health Board | 236 | 691991 | 0.34 |
| Cardiff and Vale University Health Board | 149 | 518269 | 0.29 |
| Cwm Taf Morgannwg University Health Board | 102 | 446514 | 0.23 |
| Hywel Dda University Health Board | 130 | 388139 | 0.33 |
| Powys Teaching Health Board | 20 | 134439 | 0.15 |
| Swansea Bay University Health Board | 134 | 389640 | 0.34 |
| Welsh Ambulance Services University NHS Trust | 24 | - | - |
| **Total** | **973** | **3164404** | **0.28** |

## Appendix B – Complaints received (by organisation)

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

Saunders,Nathan
28/10/2025 10:18:55

## Appendix C – Cases with PSOW intervention (overview)

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

Saunders,Nathan
28/10/2025 10:18:55

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

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

## Appendix E – Compliance performance comparison

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

| Report Title: | Intervention Not Normally Undertaken (INNU) policy update | | | | Agenda Item No: | 3.1.1 |
|---|---|---|---|---|---|---|
| Meeting: | Quality Committee | | Public | | Meeting Date: | 28.10.25 |
| | | | Private | | | |
| Status | Assurance | | Approval | Y | Information/Noting | |
| Lead Executive Title: | Claire Beynon, Executive Director of Public Health; Dr. David Fluck, Executive Medical Director | | | | | |
| Report Author Title: | Dr. Michael Allum, Consultant in Public Health Medicine, CVUHB; Sophia Jones, Value in Health Programme Manager, CVUHB | | | | | |

**Main Report**

Background and Current Situation:

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, there is a need to identify, monitor and review a list of health service interventions which are not normally undertaken by the UHB.

Interventions Not Normally Undertaken (INNUs) are not routinely available because:

- There is currently insufficient evidence of clinical and /or cost effectiveness or
- The intervention is considered to be of relatively low priority for NHS resources

They are either not normally available on the NHS in Wales, or are available only within specified criteria. The list of INNUs can be found in the supporting document List of Interventions Not Normally Undertaken by Cardiff and Vale University Health Board (Appendix 1).

The Individual Patient Funding Request (IPFR) process can be used to apply for an intervention included in the INNU list in clinically exceptional circumstances.

Pharmaceutical treatments are generally excluded from the list, as there is a process for looking at these through the Cardiff and Vale UHB Corporate Medicines Management Group. Details of medicines that can be routinely prescribed along with the associated indications and criteria are detailed in the Cardiff and Vale Formulary.

The INNU list and accompanying policy (Appendix 2) are due for review by October 2025.

**Current situation**

The INNU list has been updated based on an All Wales validation exercise, which identified 138 interventions. Of these:

- 45 were already covered within the Health Board's existing policy
- 37 have a Joint Commissioning Committee (formerly Welsh Health Specialised Services Committee) policy. By default, CVUHB will follow this national policy
- 19 required further discussion with relevant Clinical Leads to review and determine policy in CVUHB context
- 37 require evidence review and further discussion at national level

Of the 19 interventions requiring further local discussion, an outcome has been reached for 17 interventions. 2 are awaiting further confirmation from Clinical teams.

The Equality and Health Impact Assessment for the INNU policy has been reviewed and updated in light of the updated INNU policy and list.

Saunders,Nathan
28/10/2025 10:18:55

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

1. The INNU policy is refreshed every 3 years as minimum.
2. Due to likely national updates with regards to INNUs, an additional update to the policy has been undertaken in discussion with Corporate Governance which outlines the process for updating the INNU policy as and when required. It is therefore a 'live' policy.

3. Work is ongoing to optimise the monitoring and reporting of INNUs to ensure adherence and clear audit.

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

1. Interventions Not Normally Undertaken List
2. INNU Policy
3. EHIA for INNU policy

**Recommendations:**

The Committee is requested to:

a) **Approve** the INNU policy and list update

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

| 1. Putting People First | y | 2. Providing Outstanding Quality | y |
|---|---|---|---|
| 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 | | Involvement | |
|---|---|---|---|---|---|---|---|---|---|

**Quality Impact Assessment Completed?**

| Yes (please include the complete QIA document) | | No (please provide reasoning e.g. not required | x | Not required |
|---|---|---|---|---|

**Impact Assessment**

Risk: No

Safety: No

Financial: Yes

*The INNU policy supports evidence-based and prudent health care practice.*

Workforce: No

Legal: No

Reputational: Yes

*The INNU policy supports evidence-based and prudent healthcare practice.*

Socio Economic: Yes

*The INNU policy supports evidence-based and prudent healthcare practice.*

Equality & Health: Yes

*An EHIA has been completed and is included within the papers (appendix 3)*

Decarbonisation: No

Welsh Language: No

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

| Name of Committee/Group/Exec | Date: |
|---|---|
| Strategic Leadership Team | 16/10/25 |
| Clinical Effectiveness Committee | 22/10/25 |
| Quality Committee | 28/10/25 |

Saunders,Nathan
28/10/2025 10:18:55

# Interventions Not Normally Undertaken (INNU) policy update

Sophia Jones, Value in Health Programme Manager
Michael Allum, Consultant in Public Health

October 2025

Saunders,Nathan
28/10/2025 10:18:55

# Background

- Interventions Not Normally Undertaken (INNUs) are not routinely available because:
  - There is currently insufficient evidence of clinical and /or cost effectiveness or
  - The intervention is considered to be of relatively low priority for NHS resources

- The INNU list and accompanying policy is reviewed every 3 years as a minimum. They are due for renewal October 2025

Saunders,Nathan
28/10/2025 10:18:55

# Current situation

The INNU list has been updated based on an All Wales validation exercise, which identified 138 interventions.

Of these:

- 45 were already covered within the Health Board's existing policy
- 37 have a Joint Commissioning Committee (formerly Welsh Health Specialised Services Committee) policy. By default, CVUHB will follow this national policy
- 19 required further discussion with relevant Clinical Leads to review and determine policy in CVUHB context
- 37 require evidence review and further discussion at national level

Of the 19 interventions requiring further local discussion, an outcome has been reached for 17 interventions.

2 are awaiting further confirmation from Clinical teams.

Saunders,Nathan
28/10/2025 10:18:35

- The Equality and Health Impact Assessment for the INNU policy has been reviewed and updated in light of the updated INNU policy and list.

# Next steps

- Approval through Clinical Effectiveness Committee and Quality Committee
- Ongoing work to optimise monitoring and reporting of INNUs to ensure adherence and clear audit
- Within policy update, process agreed for any further INNU updates so the policy is 'live'

Saunders,Nathan
28/10/2025 10:18:55

| **Reference Number:** UHB 009<br>**Version Number:** 5 | **Date of Next Review:** October 2028<br>**Previous Trust/LHB Reference Number:** UHB 009 |
|---|---|

# Interventions Not Normally Undertaken Policy

## Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will identify, monitor and review a list of health service interventions which are not normally undertaken by the UHB.

Interventions Not Normally Undertaken (INNUs) are not routinely available because:

- There is currently insufficient evidence of clinical and /or cost effectiveness or
- The intervention is considered to be of relatively low priority for NHS resources

They are either not normally available on the NHS in Wales, or are available only within specified criteria. The list of INNUs can be found in the supporting document *List of Interventions Not Normally Undertaken by Cardiff and Vale University Health Board.*

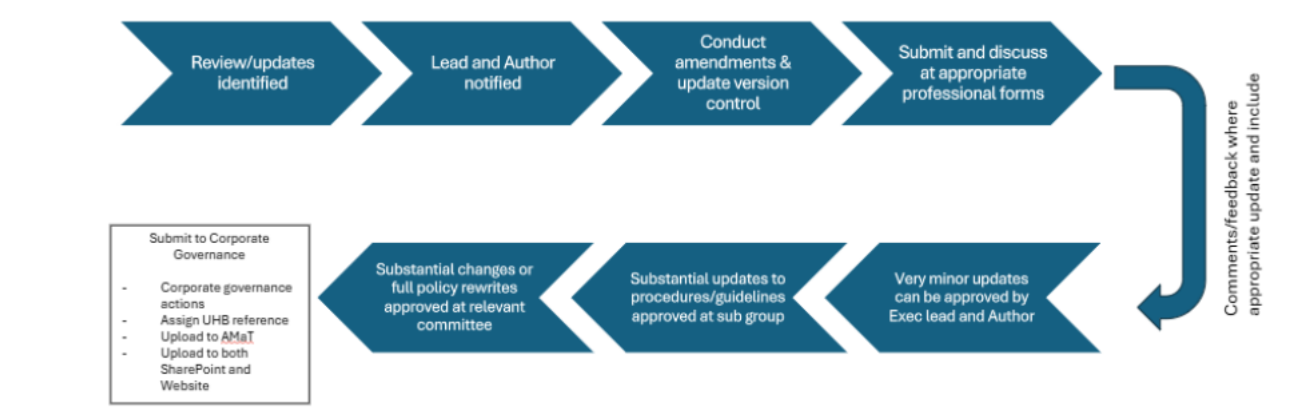
The Individual Patient Funding Request (IPFR) process can be used to apply for an intervention included in the INNU list in clinically exceptional circumstances.

Pharmaceutical treatments are generally excluded from the list, as there is a process for looking at these through the Cardiff and Vale UHB Corporate Medicines Management Group. Details of medicines that can be routinely prescribed along with the associated indications and criteria are detailed in the Cardiff and Vale Formulary.

## Policy Commitment

- The list of Interventions Not Normally Undertaken by the UHB is a live document which will be updated as new evidence becomes available or as prioritisation decisions are made within the UHB.
- This process will align with the Written Control Document – Development and Approval Procedure cavuhb.nhs.wales/files/policies-procedures-and-guidelines/corporate-policy/uhb-242-written-control-documents-development-and-approval-procedure-1-1-pdf/.

CARING FOR PEOPLE
KEEPING PEOPLE WELL




- For this purpose, the following responsibilities will be: professional forum (Planned Care Programme Board); sub-group (Clinical Effectiveness Committee); committee (Quality Committee); Executive lead (Executive Medical Director)
- The INNU list part 2, for services commissioned by the Joint Commissioning Committee (JCC), will be updated by JCC.
- The current INNU list will be published on the Cardiff and Vale UHB IPFR internet page.
- The UHB Business Intelligence Team will provide a monthly INNU monitoring report on a core set of INNU interventions to the Commissioning team, IPFR co-ordinator, Clinical Board triumvirate members, and relevant directorate managers and Clinical Leads.

**Supporting Procedures and Written Control Documents**

This Policy and the supporting procedures describe the following with regard to Interventions Not Normally Undertaken Policy:

- List of Interventions Not Normally Undertaken by Cardiff and Vale University Health Board
- NHS Wales Policy: Making Decisions on Individual Patient Funding Requests Policy
- Cardiff and Vale UHB IPFR policy Individual Patient Funding Requests - Cardiff and Vale University Health Board
- NHS Wales Joint Commissioning Committee (formerly Welsh Health Specialised Services Committee (WHSSC)) commissioning policies and service specifications NWJCC Policies - Welsh Health Specialised Services Committee
- • Cardiff and Vale UHB Formulary https://cavformulary.wales.nhs.uk/

**Scope**

This policy applies to all of our staff in all locations including those with honorary contracts,

Saunders,Nathan 28/10/2025 10:18:55

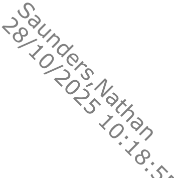
| and to those that deliver care to Cardiff and Vale UHB patients. | |
|---|---|
| **Equality and Health Impact Assessment** | An Equality and Health Impact Assessment (EHIA) has been completed. The results highlight that whilst certain interventions relate in particular to certain protected characteristics (age, disability, pregnancy, race, sex), no negative impact on protected characteristics was identified and in some aspects the impact on protected characteristics was positive.<br><br>Key actions have been identified and incorporated within supporting procedures. |

| **Policy Approved by** | Quality Committee |
|---|---|
| **Group with authority to approve procedures written to explain how this policy will be implemented** | Clinical Effectiveness Committee (CEC) |
| **Accountable Executive or Clinical Board Director** | Executive Medical Director |
| **Disclaimer**<br>**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.** | |

| **Summary of reviews/amendments** | | | |
|---|---|---|---|
| **Version Number** | **Date Review Approved** | **Date Published** | **Summary of Amendments** |
| 1 | Cardiff and Vale Board | May 2010 | Not applicable |
| 2 | Quality, Safety and Experience Committee 3/9/2014 | September 2014 | Additional information provided to strengthen Equality Impact Assessment |
| 3 | Quality, Safety and Experience Committee 8/09/18 | 20/09/18 | Updated and reformatted UHB009v02 in line with the revised policy template. Changes to the interventions included in the INNU list are documented alongside the INNU list. |
| 4 | Quality, Safety and Experience Committee 30/8/22 | September 2022 | Refresh of this policy included removal of out of date documents; addition of sharing data with all Clinical Boards and |

Saunders,Nathan 28/10/2025 10:18:55

| | | | |
|---|---|---|---|
| | | | update to the EHIA. |
| 5 | Quality Committee 28/10/2025 | TBC | Refresh of this policy including update to the EHIA, and update to procedure for updating policy |



**PART 1: LIST OF INTERVENTIONS NOT NORMALLY UNDERTAKEN BY THE CARDIFF AND VALE UNIVERSITY HEALTH BOARD**


**Children and Women**

Elective Caesarean Section

Sterilisation- Reversal of (male and female)

Heavy Menstrual Bleeding- Dilation and curettage/Hysteroscopy

Heavy Menstrual Bleeding- Hysterectomy

Assisted Conception Techniques

Labiaplasty

Laparoscopic Uterine Nerve Ablation (LUNA) for Chronic Pelvic Pain

**Clinical Diagnostics and Therapeutics**

Open MRI Scans

Complementary Therapies

Mirror Therapies

**Dental**

Dental Implants

Apicectomy

Orthodontic treatments of essentially cosmetic nature

Wisdom teeth- removal of symptomatic


Saunders,Nathan
28/10/2025 10:18:55

## Surgery- Ophthalmology

Corneal implants for the correction of refractive error in the aarisence of other ocular pathology

Scleral expansion surgery for presbyopia

Laser treatment for short sight

Photodynamic Therapy for late Age-related Macular Degeneration

Xanthelasma Palpebrum

Blepharoplasty- eyelid

Chalazia

## Surgery – Cardiac/Vascular

Percutaneous laser revascularisation for refractory angina pectoris

Transmyocardial laser revascularisation (TMLR) for refractory angina pectoris

## Surgery- Orthopaedics

Therapeutic use of ultrasound in hip and knee osteoarthritis

Ganglia – Surgical Removal (Wrist)

Autologous Chondrocyte implantation for knee/ ankle problems caused by damaged articular cartilage

Electrical & electromagnetic field treatments bone non- union

Abrasion arthroplasty

Low Back Pain (Non- specific) – Plain X- rays of lumbar spine & MRI scans

Low Back Pain (Non- specific) - Management

Saunders, Nathan
28/10/2025 10:18:55

Spinal Injections for Spinal Surgery

Spinal Injections for Pain Medicine

Hallux valgus (bunion): Surgical correction

Hip Resurfacing Techniques apart from in-line with published NICE guidance

Endoscopic Lumbar Decompression and Laser Disc Decompression

Laser Lumbar Micro- Discectomy

Hip Arthroscopy & Debridement

Hip Prostheses

Arthroscopic knee washout with or without debridement for the treatment of osteoarthritis

Dupuytren's disease

Plantar Fasciitis- surgical treatment

**Surgery – ENT**

Tonsillectomy – children & adults

Soft-palate implants for obstructive sleep apnoea

Nasal surgery for snoring

Pinnaplasty/Otoplasty- Correction of prominent ears

Cochlear Implants

Rhinoplasty

Saunders, Nathan
28/10/2025 10:18:55

Surgery to remodel the external ear (excludes Pinnaplasty)

Grommets - Drainage of middle ear in otitis media with effusion (OME)

**Surgery- General**

Varicose Veins

Laparoscopic Uterine Nerve Ablation for Chronic Pelvic Pain

Capsule Endoscopy/ Pillcam

Cholecystectomy

Haemorrhoidectomy

Subthalamic nucleotomy for Parkinson's disease

Treatment for Erectile Dysfunction (ED)

Benign skin lesions- Anal Skin Tags, Lipomata, other skin lesions

Removal of viral warts (non-genital)

Inguinal Hernia

Circumcision

Transaxial interbody lumbosacral fusion

Bariatric Surgery

Rhinophyma – Surgery or Laser Treatment

Breast Enlargement- Female

Breast Lift

Breast Prosthesis Removal or Replacement

Saunders, Nathan
28/10/2025 10:18:55

Breast Reduction- Female

Breast- Revision of augmentation/mammoplasty

Male breast reduction for Gynaecomastia

Intrathecal Baclofen Therapy

Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin

## Medicine

pH/Manometry Impedance Studies

Fibromyalgia in adults: In patient pain management/ specialised fibromyalgia programmes

Melatonin for delayed sleep phase disorder

Acne vulgaris

Hyperbaric Oxygen Therapy (HBOT) for all indications

Sleep Apnoea

Botulinum Toxin

## Mental Health

Electroconvulsive Therapy (ECT)

**Process to add interventions to the INNU policy intervention list outside of policy review schedule.**

Saunders,Nathan
28/10/2025 10:18:55

| Clinical Board | Office of Population Censuses & Surveys (OPCS) code | Intervention | Criteria for Use without an Individual Patient Funding Request | Links to Further Information or Clinical Evidence Base |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| **Children and Women**<br><br>Obstetrics and Gynaecology | R17.1<br>R17.2<br>R17.8<br>R17.9<br>R18.1<br>R18.2<br>R18.9 | Elective Caesarean Section (CS) | Can be undertaken when patients meet one or more of the following:<br>• HIV (only if recommended by a HIV consultant)<br>• Both HIV and Hepatitis C (as above, there is no evidence that CS should be performed for Hepatitis C alone)<br>• Primary genital herpes in the third trimester (active genital herpes at the onset of labour)<br>• Grade 3 and 4 placenta previa<br>• Previous upper segment caesarean section / type unknown<br>• Previous significant uterine perforation/surgery breaching cavity<br>• A term singleton breech (if external cephalic version is contraindicated, failed or declined)<br>• A twin pregnancy regardless of chorionicity with breech or smaller first twin<br>• A monochorionic twin pregnancy after appropriate discussion about the risks of acute TTTS<br>• A previous caesarean section if VBAC (Vaginal Birth after Caesarean) has been declined or is felt to be inappropriate<br>• A previous traumatic vaginal delivery if VBAC has been fully explored but declined<br>• A fetus at high risk of fetal distress in labour e.g. known severe placental insufficiency<br>• A woman with tocophobia who has requested caesarean section, providing that her concerns have been fully explored and documented AND support and counselling has been made available AND the patient has attended the Birth Choices Clinic (she should have been offered a referral to a healthcare professional with expertise in providing perinatal mental health support to help her address her fears in a supportive manner. If, after providing such support, a vaginal birth is still not an acceptable option, an elective c-section can be supported).<br>• Patient request<br>Where vaginal birth is still not an acceptable option after discussion of the benefits and risks with a senior midwife or obstetrician and offer of support, then a planned Caesarean section should be offered."<br>An IPFR is required for all other circumstances. | NICE Clinical Guideline 192 Caesarean Section (2021)<br>https://www.nice.org.uk/guidance/ng192 |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| Children and Women<br><br>Obstetrics and Gynaecology | Q37.-<br>Q29.-<br>N18.1 | Sterilisation – Reversal of (male and female | Should NOT be used EXCEPT in the following circumstances:<br><br>· If death of an existing child has occurred<br>· Remarriage following death of spouse<br>· Loss of unborn child when vasectomy has taken place during the pregnancy<br><br>An IPFR is required for all other circumstances.<br><br>The evidence suggests that reversal of sterilisation for both females and males appear to be effective methods of restoring fertility. Those seeking sterilisation should be fully advised and counselled in accordance with Royal College of Obstetricians and Gynaecologists guidelines that the procedure is intended to be permanent. | Royal College of obstetricians and Gynaecologists. FRSH Clinical Guidance Male and female sterilisation. September2014: https://www.fsrh.org/documents/ cec-ceu-guidance-sterilisation-cpd-sep-2014/ |
|---|---|---|---|---|
| **Children and Women**<br><br>Obstetrics and Gynaecology | Q10.3<br>Q10.8<br>Q10.9 | Heavy Menstrual Bleeding - Dilation and curettage (D&C)/ Hysteroscopy | D&C should NOT be used as a therapeutic treatment or as a diagnostic tool for heavy menstrual bleeding so will not receive prior approval for these conditions. The risk of anaesthesia, uterine perforation and cervical laceration outweighs the minimum potential benefit.<br><br>Hysteroscopy can be used when it is carried out:<br>• As an investigation for structural and histological abnormalities where ultrasound has been used as the first line diagnostic tool and where the outcomes are inconclusive<br>• When undertaking endometrial ablation<br>An IPFR is required for all other circumstances. | NICE Guideline 88 Heavy menstrual bleeding: Assessment and management: https://www.nice.org.uk/guidanc e/ng88 |

Saunders,Nathan
28/10/2025 10:18:55

| **Children and Women**<br><br>Obstetrics and Gynaecology | Q07.1>6<br>Q07.8>9<br>Q08.1>3<br>Q08.8>9 | Heavy Menstrual Bleeding - Hysterectomy | Can be undertaken when a patient meets one or more of the following criteria:<br>· other treatment options have failed, are contraindicated or are declined by the woman<br>· there is a wish for amenorrhoea<br>· the woman (who has been fully informed) requests it<br>· the woman no longer wishes to retain her uterus and fertility.<br><br>There is evidence that the woman fits the clinical criteria of heavy menstrual bleeding (HMB). This is defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social, and material quality of life, and which can occur alone or in combination with other symptoms. Women offered hysterectomy should have a full discussion of the implications of surgery and the increased risk of serious complications. Any interventions should aim to improve quality of life measures.<br><br>For hysterectomy a patient must have documented evidence of heavy bleeding due to fibroids greater than 3cm and the following must apply:<br>· Other symptoms (e.g. pressure) are present<br>· There is evidence of severe impact on quality of life<br>· Other pharmaceutical options have failed<br>· Patient has been offered myomectomy and/or uterine ablation (unless medically contra-indicated)<br><br>For HMB alone hysterectomy should not be the first line of treatment.<br><br>In line with NICE hysterectomy guidelines for HMB, surgery should only be undertaken when there is documented evidence that there has been an unsuccessful use of a levonorgestrel intrauterine system (e.g. Mirena) unless medically contraindicated and at least two of the following treatments have failed, are not appropriate or are contra-indicated:<br><br>· Non –steroidal anti-inflammatory agents<br>· Tranexamic acid<br>· Injected progesterone's<br>· Combined oral contraceptives | NICE Guideline 88 Heavy menstrual bleeding: Assessment and management: https://www.nice.org.uk/guidanc e/ng88 |
|---|---|---|---|---|

Saunders,Nathan 28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| | | | A hysterectomy patient with HMB should meet all of the following criteria:<br><br>· There is evidence that all other treatment options have failed, are contraindicated or have been offered and declined by the woman<br>· There is a wish for amenorrhoea<br>· The woman has been fully informed of all options and requests it<br>· The woman no longer wishes to retain her uterus and fertility<br><br>In women with HMB alone, with uterus no bigger than a 10-week pregnancy, endometrial ablation should be considered preferable to hysterectomy.<br><br>An IPFR is required for all other circumstances. | |

Saunders,Nathan
28/10/2025 10:18:55

| **Children and Women**<br><br>Obstetrics and Gynaecology | N34.2<br>N34.4>6<br>Q13.1>9<br>Y96 | Assisted Conception Techniques **-** IVF, ICSI, Donor Insemination, MESA, TESE, PESA. Egg sperm & gonadal tissue cryostorage, Other micro-manipulation techniques, Egg donation where no other treatment is available, IVF surrogacy | Can only be undertaken in line with JCC guidance.<br><br>An IPFR is required for all other circumstances. | https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/specialist-fertility-services-commissioning-policy-cp38-feb-2020/ |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| **Children and Women**<br><br>Obstetrics and Gynaecology | P21.3 | Labiaplasty | Labiaplasty is generally a cosmetic procedure to improve appearance alone and is not routinely funded.<br><br>Requests for Labiaplasty will be considered for the following indicators:<br>• Where the labia are directly contributing to recurrent disease or infections (should have two consultant gynaecologists concurring with this view);<br>• Where repair of the labia is required after trauma<br>• Where the labia show marked hypertrophy more than 2 SD above the mean (i.e >7 cm in length whether unilateral or bilateral)<br><br>An IPFR is required for all other circumstances. | Should be undertaken in line with JCCBody Contouring Policy<br><br>This policy does not apply to genital reconstruction for gender reassignment. See Specialised Services policy: CP21 Specialised Adult General Identity Services<br><br>https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/body-contouring-commissioning-policy-cp44-july-2013/ |
|---|---|---|---|---|
| **Children and Women**<br><br>Obstetrics and Gynaecology | A60.8<br>Y75.2<br>Z11.8 | Laparoscopic Uterine Nerve Ablation (LUNA) for Chronic Pelvic Pain | Based on NICE evidence: the evidence on laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain suggests that it is not efficacious and therefore should NOT be used.<br><br>There are no agreed criteria for use without an IPFR. | Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain Interventional procedures guidance |

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Clinical Diagnostics and Therapeutics**<br><br>Radiology | U01.2<br>U05.2<br>U05.5<br>U07.2<br>U08.5<br>U09.3<br>U13.3<br>U37.1 | Open MRI Scans | Conventional MRI scanning is provided locally by Cardiff and Vale UHB. It is expected that all patients requiring an MRI scan would use this service. Open MRI scanning will usually only be used when patients meet one of the criteria:<br><br>**Category 1 – Claustrophobia**<br>In the first instance, the Radiology department can meet with a patient that has concerns regarding claustrophobia and MRI scanning - a member of staff can describe the process to the patient and show them the scanner. If these fears cannot be alleviated by the Radiology Department, there is an option to attempt the MRI scan under sedation. If suitable, the patient will be referred to their General Practitioner for a prescription of an oral sedative which can be used during the scan. In most cases this is sufficient to enable an MRI scan to be performed.<br><br>The patient must have had a failed attempt at conventional (closed) MRI with oral sedation, where appropriate, prior to acceptance for Open MRI.<br><br>If the conventional option is not suitable (after review) and the referring clinician still feels that an Open MRI scan is needed, then the patient could be considered for an Open MRI scan.<br><br>**Category 2 - Patient Size**<br>The size of a patient and the restriction of the MRI scanner tunnel will vary depending on the patients, the body part being imaged and the circumstances. Some patients may be large but would still be suitable for a conventional closed MRI. In the first instance, the patient should be invited to attend the radiology department and be formally assessed by an MRI radiographer for suitability. The patient can be talked through the procedure, and shown the scanner. The Radiographer will examine the evidence presented, and make a judgement on whether to proceed with the MRI scan.<br>If the closed MRI is not suitable (after review) and the referring clinician still feels that an MRI scan is needed, then the patient could be considered for an Open MRI. It should be noted that MRI may not be the imaging | |

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| | | | modality of choice for patients in this category and referral to a Specialist may be preferable.<br><br>Request for exemption required in all other cases. | |
| **Clinical Diagnostics and Therapeutics** | 70.6<br>X61.1>4<br>X61.8>9 | Complementary Therapies | Complementary medicine/ alternative therapies are generally NOT used by the NHS. They are occasionally used as a treatment as part of a mainstream service care plan (e.g. as part of an integrated multidisciplinary approach to symptom control by a hospital based pain management team) and as such will be used as part of an existing contract. On existing available evidence, the UHB will not support referral outside of the NHS for these services. Prior approval is required on a case-by-case basis for any requests outside the above criteria. The request for referral would need to be supported by evidence of the clinical effectiveness of the treatment and be to appropriately trained and qualified practitioners with recognised qualifications.<br><br>The evidence suggests that there are large numbers of complementary and alternative therapies that have not been subject to the trials used to establish the effectiveness of conventional clinical treatments. The evidence base is developing and up to date evidence on complementary therapies and alternative treatments can be obtained from the Cochrane library and specialist evidence of NHS Library.<br><br>An IPFR is required for all other circumstances. | The evidence suggests that there are large numbers of complementary and alternative therapies that have not been subject to the trials used to establish the effectiveness of conventional clinical treatments. The evidence base is developing and up to date evidence on complementary therapies and alternative treatments can be obtained from the Cochrane library and specialist evidence of NHS Library. |
| **Clinical Diagnostics and Therapeutics**<br><br>ALAS | X21.2 | Mirror Therapies | There are no agreed criteria for use without an IPFR. | http://nww.publichealthwalesobservatory.wales.nhs.uk/evidence-summary-mirror-therapy-innu- |

Saunders,Nathan
8/10/2025 10:18:55

| Dental | F11.5<br>F11.6 | Dental Implants | Can be used for patients who need post cancer reconstruction, hypodontia, major trauma with bone loss, or on the advice of NHS specialists as outlined in the Dental Hospital Referral Criteria for Restorative Dentistry:<br><br>Dental hospital referral guidelines.PDF .<br>Request for exemption required in all other cases. | Royal College of Surgeons Guidelines for selecting appropriate patients to receive treatment with dental implants: Priorities for the NHS (2012): https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines-20121009_final.pdf?la=en<br>Updated 2019 guidance https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/implant-guidelines.pdf<br><br>The evidence suggests that dental implants have been shown to be a successful treatment. However, dental implant treatment should only be provided by appropriately trained dentists in accordance with General Dental guidance |
|---|---|---|---|---|

Saunders,Nathan 28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Dental** | F12<br>F12.2 | Apicectomy | Can be used for:<br>• Presence of periradicular disease, with or without symptoms in a root filled tooth, where non surgical root canal re-treatment cannot be undertaken or has failed, or where conventional re-treatment may be detrimental to the retention of the tooth<br>• Presence of periradicular disease in a tooth where iatrogenic or developmental anomalies prevent non surgical root canal treatment being undertaken<br>• Where biopsy of periradicular tissue is needed<br>• Where visualisation of the periradicular tissues and tooth root is required when perforation, root crack or fracture is suspected<br>• Where procedures are required that need either tooth sectioning or root amputation<br>• Where it may not be expedient to undertake prolonged non-surgical root canal re-treatment because of patient considerations.<br><br>An IPFR is required for all other circumstances | Royal College of Surgeons of England. Guidelines for surgical endodontics 2012: https://www.rcseng.ac.uk/-/media/files/rcs/fds/publications/surgical_endodontics_2012.pdf? la=en<br><br>The evidence suggests that the success rate of apical surgery on molar teeth is low. |
| **Dental** | F14.1>3<br>F14.8>9<br>F15.1>4<br>F15.9<br>F16.1>9 | Orthodontic treatments of essentially cosmetic nature | Can be undertaken for patients who meet one or more of the following:<br>• have a high Index of Orthodontic Treatment Need Scores - 5, 4 and 3 where a significant aesthetic component can be demonstrated<br>• have other major conditions e.g. cancers, craniofacial deformity.<br><br>Should NOT be used for cases categorised as 1, 2 or 3 using the Index of Orthodontic Treatment Need (IOTN) EXCEPT for those cases in group 3 where the aesthetic component (AC) has been classified as 6 or higher.<br><br>An IPFR is required for all other cases | Evidence based on expert opinion suggests that orthodontic treatment should be directed at those individuals in which the greatest benefit can be achieved<br><br>Richmond S, Shaw WC, Stephens CD et al. Orthodontics in the general dental services of England and Wales: Critical assessment of standards. Br Dent J 1993; 174: 315 |

Saunders,Nathan
28/10/2025 10:18:55

| **Dental** | F09.1<br>F09.3 | Wisdom teeth - removal of symptomatic | Should not been done except where there is evidence of pathology or removal is required due to other surgery or trauma.<br><br>NICE guidance states that impacted wisdom teeth that are free from disease should not be operated on. The practice of prophylactic removal of pathology-free impacted third molars should be discontinued on the NHS.<br><br>An IPFR is required for all other circumstances. | NICE Technology Appraisal 1 Guidance on the extraction of wisdom teeth: http://guidance.nice.org.uk/TA1<br><br>Impacted wisdom teeth free from disease should not be operated on. |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Ophthalmology | C46.4 | Corneal implants for the correction of refractive error in the absence of other ocular pathology e.g.keratoconus. | Can be undertaken in line with NICE guidance: "Current evidence on the efficacy of corneal implants for the correction of refractive error shows limited and unpredictable benefit. In addition, there are concerns about the safety of the procedure for patients with refractive error which can be procedure for patients with refractive error which can be corrected by other means, such as spectacles, contact lenses, or laser refractive surgery. Therefore, corneal implants should not be used for the treatment of refractive error in the absence of other ocular pathology such as keratoconus".<br><br>An IPFR is required for all other circumstances. | NICE Interventional Procedures Guidance 225 Corneal implants for the correction of refractive error:<br>http://guidance.nice.org.uk/IPG225/guidance/pdf/English<br><br>NICE Do not do recommendation<br><br>Current evidence on the efficacy of corneal implants for the correction of refractive error shows limited and unpredictable benefit. In addition, there are concerns about the safety of the procedure for patients with refractive error that can be corrected by other means, such as spectacles, contact lenses, or laser refractive surgery. |
|---|---|---|---|---|
| **Surgery**<br><br>Ophthalmology | C55.4 | Scleral expansion surgery for presbyopia | NICE Do not do recommendation: Current evidence on the safety and efficacy of scleral expansion surgery for presbyopia very limited. There is no evidence of efficacy in the majority of patients. There are also concerns about potential risks of the procedure.<br><br>There are no agreed criteria for use without an IPFR. | NICE Interventional Procedures Guidance 70 Scleral expansion surgery for presbyopia:<br>http://guidance.nice.org.uk/IPG70<br><br>NICE Do not do recommendation<br><br>Current evidence on the safety and efficacy of scleral expansion<br>surgery for presbyopia is very limited. There is no evidence of efficacy in the majority of patients. There are also concerns about potential risks of the procedure. |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Ophthalmology | C44.4<br>C44.5<br>C44.2<br>C46.1 | Laser therapy for short sight | Should NOT be used EXCEPT if the patient has a biometry error following cataract surgery.<br><br>Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious for use in appropriately selected patients. However, the safety and effectiveness of this procedure should be considered against the alternative methods of correction: spectacles and contact lenses.<br><br>An IPFR is required for all other circumstances. | NICE Interventional Procedures Guidance 164 Photorefractive (laser) surgery for the correction of refractive errors: https://www.nice.org.uk/guidance/ ipg164<br><br>Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious for use in appropriately selected patients. However, the safety and effectiveness of this procedure should be considered against the alternative methods of correction: spectacles and contact lenses. |
|---|---|---|---|---|
| **Surgery**<br><br>Ophthalmology | C88.2 | Photodynamic Therapy (PDT) for late Age-related Macular Degeneration (AMD) (wet active) | Should NOT be used EXCEPT for individuals who have a confirmed diagnosis of classic with no occult subfoveal choroidal neovascularisation (CNV) (that is, whose lesions are composed of classic CNV with no evidence of an occult component) and best-corrected visual acuity 6/60 or better.<br><br>NICE Do not do recommendations:<br>Do not offer photodynamic therapy alone for late AMD (wet active).<br>Do not offer photodynamic therapy as an adjunct to anti-VEGF as first line treatment for late AMD (wet active).<br><br>[NB: PDT is NOT recommended for the treatment of people with predominantly classic subfoveal CNV (that is, 50% or more of the entire area of the lesion is classic CNV but some occult CNV is present) associated with wet age-related macular degeneration, except as part of research] | NICE Guideline 82 Age-related macular degeneration: https://www.nice.org.uk/guidance/ ng82/resources/agerelated- macular-degeneration-pdf- 1837691334853<br><br>NICE Do not do recommendations:<br><br>Do not offer photodynamic therapy alone for late AMD (wet active).<br><br>Do not offer photodynamic therapy as an adjunct to anti- VEGF as first-line treatment for late AMD (wet active). |

Saunders Nathan 28/10/2025 10:18:55

| **Surgery**<br><br>Ophthalmology<br>Plastic Surgery | C13 | Xanthelasma Palpebrum (Fatty deposits on the eyelids) | Can only be undertaken in line with the JCCPolicy on Plastic Surgery.<br><br>An IPFR is required for all other circumstances. | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/treatment-of-benign-skin-conditions-commissioning-policy-cp42-july-2013/ |
|---|---|---|---|---|
| **Surgery**<br><br>Ophthalmology | C13 | Blepharoplasty-Eyelid | Can only be undertaken in line with the JCC Policy on Facial Surgery.<br><br>An IPFR is required for all other circumstances. | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/facial-surgery-procedures-commissioning-policy-cp43-july-2013/ |
| **Surgery**<br><br>Ophthalmology | No Code | Chalazia (Lesions on eyelids) | Can only be undertaken in line with the NICE CKS Meibomian cyst (chalazion)<br><br>An IPFR is required for all other circumstances. | https://cks.nice.org.uk/topics/meibomian-cyst-chalazion/ |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Cardiac/vascular | K23.4<br><br>+ Y08.5 | Percutaneous laser revascularisation for refractory angina pectoris | No routine exemption criteria. Request for exemption required in all cases. | NICE Interventional Procedures Guidance 302 Percutaneous laser revascularisation for refractory angina pectoris : http://www.nice.org.uk/nicemedia/pdf/IPG302Guidance.pdf<br><br>NICE Do not do recommendation<br><br>Current evidence on percutaneous laser revascularisation (PLR) for refractory angina pectoris shows no efficacy and suggests that the procedure may pose unacceptable safety risks. |
|---|---|---|---|---|
| **Surgery**<br><br>Cardiac | K23.4<br><br>+ Y08.5 | Transmyocardial laser revascularisation (TMLR) for refractory angina pectoris | No routine exemption criteria. Request for exemption required in all cases. | NICE Interventional Procedures Guidance 301 Transmyocardial laser revascularisation for refractory angina pectoris: http://www.nice.org.uk/nicemedia/pdf/IPG301FullGuidance.pdf<br><br>NICE Do not do recommendation<br><br>Current evidence on TMLR for refractory angina pectoris shows no efficacy, based on objective measurements of myocardial function and survival. Current evidence on safety suggests that the procedure may pose unacceptable risks. |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Orthopaedics | W85.2<br>ICD-10 -M17.9 | Arthroscopic knee washout with or without debridement for the treatment of osteoarthritis | Current evidence suggests that arthroscopic knee washout alone should not be used as a treatment for osteoarthritis because it cannot demonstrate clinically useful benefit in the short or long term.<br>Request for exemption required in all cases. | Arthroscopic knee washout, with or without debridement, for the treatment of osteoarthritis (nice.org.uk) |
|---|---|---|---|---|
| **Surgery**<br><br>Orthopaedics | W83.4 | Abrasion arthroplasty | No routine exemption criteria. Request for exemption required in all cases. | |
| **Surgery**<br><br>Orthopaedics | T59.1>4<br>T59.8>9<br>T60.1>.4<br>T60.8>9 | Ganglia – Surgical Removal (wrist) | Can only be undertaken in line with the Health Board's Ganglion Cyst Referral Guidelines.<br><br>The evidence suggests that there is a high rate of spontaneous resolution for ganglia and that reassurance should be the first therapeutic intervention for most patients and all children.<br><br>An IPFR is required for all other circumstances | The evidence suggests that there is a high rate of spontaneous resolution for ganglia and that reassurance should be the first therapeutic intervention for most patients and all children |
| **Surgery**<br><br>Orthopaedics | W58.1 | Hip Resurfacing Techniques apart from in-line with published NICE guidance | Can be used in line with NICE guidance.<br><br>As of 29th September 2025 NICE guidance states:<br>Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.<br><br>IPFR is required in all other cases. | NICE Technology Appraisal 304 Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip: https://www.nice.org.uk/guidance/ta304 |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Orthopaedics<br><br>**Clinical Diagnostic and Therapeutics**<br><br>Radiology | U21.1<br>Z66.5 | Low Back Pain (Non- specific) – Plain X- rays of lumbar spine & MRI scans | MRI scans can be used in the context of a referral for an opinion on spinal fusion or if one of the following diagnoses are suspected:<br>Spinal malignancy<br>Infection<br>Fracture<br>Cauda Equina Syndrome<br>Ankylosing Spondylitis or another Inflammatory Disorder.<br><br>Request for exemption required in all other cases. | NICE Guideline 59 Low back pain and sciatica in over 16s: assessment and management: https://www.nice.org.uk/guidance/NG59 |
|---|---|---|---|---|
| **Surgery**<br><br>Orthopaedics / anaesthetics<br><br>**Clinical Diagnostic and Therapeutics**<br><br>Therapies | M45.59 (ICD10 code) | Low Back Pain (Non- specific) - Management | Do not offer the following for the management of low back pain with or without sciatica:<br>Belts or corsets<br>Foot orthotics<br>Rocker sole shoes<br>Traction<br>Acupuncture<br>Ultrasound<br>Percutaneous electrical nerve stimulation (PENS)<br>Transcutaneous electrical nerve stimulation(TENS)<br>Interferential therapy<br><br>The following referrals should NOT be offered for the early management of persistent non-specific low back pain:<br>Radiofrequency facet joint denervation<br>Percutaneous electrothermal treatment of the intervertebral disc annulus<br>Percutaneous intradiscal radiofrequency treatment (PIRFT) | NICE Guideline 59 Low back pain and sciatica in over 16s: assessment and management: https://www.nice.org.uk/guidance/NG59<br><br>NICE IPG 544 Percutaneous electrothermal treatment of the intervertebral disc annulus for low back pain and sciatica https://www.nice.org.uk/guidance/ipg544<br><br>NICE IPG 545 Percutaneous intradiscal radiofrequency treatment of the intervertebral disc nucleus for low back pain https://www.nice.org.uk/guidance/ipg545 |

Saunders, Nathan 28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br><br>Orthopaedics<br><br>**Specialist Services**<br><br>Neurosurgery | A52.1 A52.2<br>A52.8 A52.9<br>A54.9 A57.7<br>V54.4 | Spinal Injections for Spinal Surgery | Before the use of spinal injections is considered, all patients must have been treated using conservative management techniques, as described in the UHB back pain pathway, and failed to achieve sufficient pain control.<br><br>Spinal injections serve both a therapeutic and diagnostic role. The specific indications for which each of the three types of spinal injection may routinely be used are:<br>Lumbar and sacral epidural injections (A52.1, A52.2, A52.8) should only be used for therapeutic reasons where the diagnosis of spinal stenosis has been made and for post spinal stabilisation radicular pain where a nerve block might be difficult due to anatomical reasons.<br>Facet joint and sacro-iliac injections (V54.4) should be used for diagnostic purposes only. This may need to be repeated to ascertain consistency.<br>Spinal Nerve root blocks (A577) may be used for radicular pain.<br>Injections should not be used more than twice in the same individual for the same episode of pain. If pain persists beyond this and no significant surgical target has been identified, the patient may require referral to the Pain Team to be assessed for management of chronic pain.<br><br>Request for exemption required for the use of spinal injections in all other circumstances. | |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Anaesthetics: Pain Medicine | A52.1 A52.2 A52.8 A52.9 A54.9 A57.7 V54.4 | Spinal Injections for Pain Medicine | Before the use of spinal injections is considered, all patients must have been treated using appropriate conservative management techniques, as described in the UHB back pain pathway, and failed to achieve sufficient pain control.<br>The specific indications for which each of the three types of spinal injection may routinely be used are:<br>Lumbar and sacral epidural injections (A52.1. A52.2, A52.8) may be used for the following therapeutic reasons:<br>Where the diagnosis of spinal stenosis has been made.<br>For post spinal stabilisation radicular pain, where a nerve block might be difficult due to anatomical reasons.<br>In patients with leg pain, either before or after back surgery, presenting with stenotic or radicular leg pain.<br>Facet joint and sacro-iliac injections (V54.4, W90.3) may be used for diagnostic and therapeutic purposes in patients suffering from chronic low back pain for greater than one year, as detailed below.<br>Diagnostic facet joint injections may be used in order to identify patients that benefit from therapeutic Radiofrequency ablation of nerve to the facet joint in specific facet joint related back pain identified as such.<br>Therapeutic facet and sacroiliac injections may be used in patients with specific facet or sacroiliac related back pain and/or referred leg pain<br>Spinal Nerve root blocks (A57.7) may be used for radicular pain. Repeat spinal nerve root block may be required if pain persists and no significant surgical target has been identified.<br>Repeated therapeutic injections may be required in patients unable to tolerate oral medications, the independent older adults intolerant of analgesics, patients with drug dependence issues, patients trying to avoid medication related side effects for example to not negatively impact their economic status, or to care for a family or continue study, and patients with concomitant worsening mental illness due to chronic pain uncontrolled despite optimal medical management.<br>Spinal injections should not be used more than twice in the same individual for the same episode of pain. Such repeated injections should only be carried out if the patient reports ongoing pain relief (measured at first follow up) of greater than 50%, with improved physical functioning as demonstrated utilising suitable standardised outcome | In the pain clinic, spinal injections serve both a therapeutic and diagnostic role. All spinal injections will be performed following a thorough bio psychosocial assessment and discussion with a consultant in pain medicine. They will always be performed as a part of a comprehensive pain management plan with the intention of improving patients' physical functioning and enabling participation in rehabilitative physiotherapy and/ or psychotherapy as appropriate within individualised pain management plans. The goal of spinal injections will be facilitation of pain management via reduction of the intensity of physical symptoms in order to promote patient engagement with self-management strategies in the long term. |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| | | | measures, 3 months or more post procedure. Request for exemption is required for the use of spinal injections in all other circumstances. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br><br>Orthopaedics | W79.1>2 | Hallux valgus (bunion): Surgical correction | The HB will fund specialist advice and surgical treatment if the following surgical criteria are met:<br><br>· Osteoarthritis affecting the 1st Metatarsophalangeal joint<br>· Impending or actual skin compromise<br>· Severe deformity causing pain in adjacent toes<br>· Inability to wear steel toe capped boots preventing ability to work<br><br>Guidance in NICE IPG332 Surgical correction of hallux valgus using minimal access techniques (2010) reports that current evidence on the efficacy of surgical correction of hallux valgus using minimal access techniques is limited and inconsistent.<br><br>An IPFR is required for all other circumstances. Any other referral should explicitly state reasons (e.g. Hallux rigidus, or specialised shoes). | |
| **Surgery**<br><br>Orthopaedics | W71.4<br>W85.3 | Autologous Chondrocyte implantation for knee/ ankle problems caused by damaged articular cartilage | **Not provided in CAVUHB**<br><br>Can be used in line with NICE guidance.<br><br>As of 29th September 2025 NICE guidance states:<br>Autologous chondrocyte implantation (ACI) is recommended as an option for treating symptomatic articular cartilage defects of the knee, only if:<br>• the person has not had previous surgery to repair articular cartilage defects<br>• there is minimal osteoarthritic damage to the knee (as assessed by clinicians experienced in investigating knee cartilage damage using a validated measure for knee osteoarthritis)<br>• the defect is over 2 cm2<br>and<br>• the procedure is done at a tertiary referral centre.<br><br>Request for exemption required in all other cases. | NICE Technology Appraisal 477: Autologous chondrocyte implantation for treating symptomatic articular cartilage defects of the knee: https://www.nice.org.uk/guidance/ta477 |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery** Orthopaedics | U13.2/<br>Y53.2<br>+ Z84.3 | Therapeutic use of ultrasound in hip and knee osteoarthritis | No routine exemption criteria. Request for exemption required in all cases. | |
|---|---|---|---|---|
| **Surgery** Orthopaedics | V33.8<br>V55<br>V56<br>V58.3<br>Y53.4<br>Y59.3<br>Y76.3<br>Y08.3 | Endoscopic Lumbar Decompression and Laser Disc Decompression | Can be used in line with NICE guidance.<br><br>IPFR is required in all other cases. | NICE Interventional Procedures Guidance 570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: https://www.nice.org.uk/guidance/ipg570 |
| **Surgery** Orthopaedics | V33.8<br>V55<br>Y76.3<br>Y08.3 | Laser Lumbar Micro-Discectomy | Can be used in line with NICE guidance. IPFR is required in all other cases. | NICE Interventional Procedures Guidance 570 Epiduroscopic lumbar discectomy through the sacral hiatus for sciatica: https://www.nice.org.uk/guidance/ipg570 |
| **Surgery** Orthopaedics | W33.2<br>W33.6 | Hip Arthroscopy & Debridement | Can be used in line with NICE guidance. IPFR is required in all other cases. | NICE Interventional Procedures Guidance 408 Arthroscopic femoro–acetabular surgery for hip impingement syndrome: https://www.nice.org.uk/guidance/ipg408 |
| **Surgery** Orthopaedics | W37.-<br>W38.-<br>W39.-<br>W93.-<br>W94.-<br>W95.- | Hip Prostheses | Can be used in line with NICE guidance.<br><br>As of 29th September 2025 NICE guidance states:<br>Prostheses for total hip replacement and resurfacing arthroplasty are recommended as treatment options for people with end-stage arthritis of the hip only if the prostheses have rates (or projected rates) of revision of 5% or less at 10 years.<br><br>IPFR is required in all other cases. | NICE Technology Appraisal 304 Total hip replacement and resurfacing arthroplasty for end-stage arthritis of the hip: https://www.nice.org.uk/guidance/ta304 |

Saunders,Nathan
28/10/2025 10:18:55

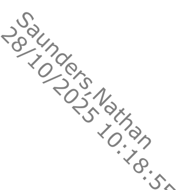
| | | | | |
|---|---|---|---|---|
| **Surgery** Orthopaedics | M72.0 | Dupuytren's disease | Can be undertaken in line with NICE guidance.<br><br>An IPFR is required for all other circumstances | Dupuytren's disease \| Health topics A to Z \| CKS \| NICE<br><br>Overview \| Radiation therapy for early Dupuytren's disease \| Guidance \| NICE |
| **Surgery** Orthopaedics | M72.2 | Plantar Fasciitis- Surgical treatment | Can be undertaken in line with NICE guidance.<br><br>An IPFR is required for all other circumstances. | Plantar fasciitis \| Health topics A to Z \| CKS \| NICE |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>ENT | No code | Nasal surgery for snoring | No routine exemption criteria. Request for exemption required in all cases. | Included on National Do Not Do list |
|---|---|---|---|---|
| **Surgery**<br><br>ENT | D15.1 | Grommets - Drainage of middle ear in otitis media with effusion (OME) | Can be used where there has been a period of at least three months watchful waiting from the date of the first appointment with an audiologist or GP with special interest in ENT<br>AND the child is placed on a waiting list for the procedure at the end of this period;<br>AND otitis media with effusion persists after three months<br>AND the child (who must be over three years of age) suffers from at least one of the following:<br>• At least 3-5 recurrences of acute otitis media in a year<br>• Evidence of delay in speech development<br>• Educational or behavioural problems attributable to persistent hearing impairment, with a hearing loss of at least 25dB particularly in the lower tones (low frequency loss)<br>• A significant second disability such as Down's syndrome.<br><br>Request for exemption required in all other cases. | NICE Clinical Guideline 60 Otitis media with effusion in under 12s surgery: http://www.nice.org.uk/nicemedia/pdf/CG60fullguideline.pdf |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>ENT | D03.3 | Pinnaplasty/Otoplasty-Correction of prominent ears | Can only be undertaken in line with the JCC Policy on Facial Surgery.<br><br>Eligibility criteria:<br>• Patient age over 7 years and under 19 years old at the point of referral;<br>AND<br>• Prominence of the ear(s) is of a severity that it presents as disfigurement;<br>AND<br>• There is evidence of severe bullying and harassment arising from the appearance of their ears that prevents the child from undertaking daily living activities (e.g. the child is unable to effectively engage in education);<br>AND<br>• It is the opinion of the patient's GP or previous mental health assessment that this is likely to be remedied through correction of the ear deformity.<br><br>An IPFR is required for all other circumstances. | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/facial-surgery-procedures-commissioning-policy-cp43-march-2025/ |
|---|---|---|---|---|
| **Surgery**<br><br>ENT | D06.2 | Surgery to remodel the external ear (excludes Pinnaplasty) | Can only be undertaken in line with the JCC Policy on Facial Surgery.<br><br>Do Not Do Intervention.<br>An IPFR is required for all other circumstances. | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/facial-surgery-procedures-commissioning-policy-cp43-march-2025/ |


Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>ENT | F34 | Tonsillectomy – children & adults | Can be used if patients meet ALL of the following criteria prior to referral:<br>• Sore throat is due to tonsillitis<br>• Five or more episodes of sore throat per year<br>• Symptoms for at least one year<br>• Episodes of sore throat are disabling and prevent normal function<br><br>Request for exemption required in all other cases. | A six-month period of watchful waiting is recommended prior to tonsillectomy to establish firmly the patterns of symptoms and allow the patient to consider fully the implications of the operation.<br><br>Once a decision is made for tonsillectomy, this should be performed as soon as possible, to maximise the period of benefit before natural resolution of symptoms might occur. |
|---|---|---|---|---|
| **Surgery**<br><br>ENT | F32.8 | Soft-palate implants for obstructive sleep apnoea | No routine exemption criteria.<br>As of 29th September 2025 NICE Guidance states:<br>Current evidence on soft-palate implants for obstructive sleep apnoea raises no major safety concerns, but there is inadequate evidence that the procedure is efficacious in the treatment of this potentially serious condition for which other treatments exist. Therefore, soft-palate implants should not be used in the treatment of this condition.<br><br>Request for exemption required in all cases. | NICE Interventional Procedures Guidance 241 Soft-palate implants for obstructive sleep apnoea: http://www.nice.org.uk/nicemedia/pdf/IPG241Guidance.pdf<br><br>NICE Do Not Do recommendation |
| **Surgery**<br><br>ENT | D13<br>D16<br>D24<br>D241<br>D242<br>D243<br>D246 | Cochlear Implants | Can only be undertaken in line with the JCC Policy on Cochlear Implants.<br><br>An IPFR is required for all other circumstances. | JCC Policy CP35 (2020): Cochlear Implant for children and adults with severe to profound deafness<br>https://whssc.nhs.wales/commissioning/whssc-policies/auditory-implants/cp35-cochlear-implant-for-children-and-adults-with-severe-to-profound-deafness |
| **Surgery**<br><br>ENT | E02.3<br>E02.4<br>E02.5<br>E02.6 | Rhinoplasty | Can only be undertaken in line with the JCC Policy on Facial Surgery.<br><br>An IPFR is required for all other circumstances. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br><br>Vascular | L86.1<br>L86.2<br>L87.7<br>L88.2<br>L88.3<br>V53.2<br>Z39.5<br>Z98.5<br>Z98.6 | Varicose Veins – asymptomatic & mild/moderate cases | Evidence from recent population surveys indicates very little relationship between symptoms and varicose veins – substantial numbers of patients without varicose veins have similar symptoms. Mild symptoms can be managed by compression and skin care. When bleeding or ulceration occurs referral may be appropriate and of these some may benefit from surgical intervention.<br><br>Can be undertaken in the following circumstances:<br>• Symptomatic with pain, aching, discomfort, swelling, heaviness or itching.<br>• Ulcers/history of ulcers secondary to superficial venous disease<br>• Lipodermatosclerosis<br>• Varicose eczema<br>• History of phlebitis.<br>• Bleeding directly from varicose veins<br><br>An IPFR is required for all other circumstances<br><br>** Will only be offered for veins classified as C4, C5, C6 that is where there are skin changes, ulceration or bleeding (May 2025) | NICE Guidance CG168<br>Varicose veins: diagnosis and management (nice.org.uk)<br><br>In some people varicose veins are asymptomatic or cause only mild symptoms, but in others they cause pain, aching or itching and can have a significant effect on their quality of life. This policy relates to asymptomatic and mild/ moderate cases.<br><br>Most varicose veins require no treatment. The most common complaint about varicose veins is their appearance. When bleeding or ulceration occurs referral may be appropriate and of that number some may benefit from surgical intervention. |
| **Surgery**<br>Gynaecology | A60.8<br>Y75.2<br>Z11.8 | Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain | No routine exemption criteria.<br><br>As of 29th September 2025 the NICE guidance states: The evidence on laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain suggests that it is not efficacious and therefore should not be used.<br><br>Request for exemption required in all cases. | NICE Interventional Procedures Guidance 234 Laparoscopic uterine nerve ablation (LUNA) for chronic pelvic pain:<br>http://guidance.nice.org.uk/IPG2 34 |

Saunders Nathan 28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br>Gastroenterology | G80.2 | Capsule Endoscopy/ Pillcam | Other investigations should be considered prior to wireless capsule endoscopy particularly in patients with Crohn's disease in whom strictures are suspected.<br><br>Capsule endoscopy should NOT be used EXCEPT for disease of the small bowel for<br><br>• Crohn’s Disease (or suspected Crohn’s Disease) in whom strictures are not suspected Other investigations should be considered prior to wireless capsule endoscopy particularly in patients with Crohn's disease in whom strictures are suspected.<br><br>Capsule endoscopy should NOT be used EXCEPT for disease of the small bowel for<br><br>• Crohn’s Disease (or suspected Crohn’s Disease) in whom strictures are not suspected<br>• hereditary GI polyposis syndromes.<br><br>An IPFR is required for all other circumstances. | NICE Interventional Procedures Guidance 101: Wireless capsule endoscopy for investigation of the small bowel: http://guidance.nice.org.uk/IPG1 01 |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery** Gastroenterology | J18.1<br>J18.2<br>J18.3<br>J18.4<br>J18.5<br>J18.8<br>J18.9 | Cholecystectomy | Gallstone disease occurs when hard fatty or mineral deposits (gallstones) form in the gallbladder. Approximately 15% of the adult population are thought to have gallstone disease, and most of these people experience no symptoms.<br><br>Asymptomatic gallstones can be defined as stones that are found incidentally, as a result of imaging investigations unrelated to gallstone disease in people who have been completely symptom free for at least 12 months before diagnosis. These patients should not be referred to secondary care except in specific circumstances (see below)<br><br>Patients should only be referred into hospital for a cholecystectomy assessment if they meet one of these criteria:<br><br>• Symptomatic gallstones with a thickened gallbladder wall<br>• A dilated common bile duct on ultrasound<br>• Asymptomatic gallstones with abnormal liver function test (LFT) results<br>• Asymptomatic gall bladder polyp(s) reported on ultrasound<br>• Symptomatic gall bladder 'sludge' reported on ultrasound<br><br>Cholecystectomy should only be undertaken if patients meet one of the following criteria:<br>• Recurrent biliary colic at least 2 attacks in past 12 months<br>• Cholecystitis requiring hospital or outpatient antibiotic treatment<br>• Acute pancreatitis | There is insufficient evidence of clinical effectiveness of cholecystectomy (for asymptomatic gallstones). Gallstone disease: diagnosis and management (nice.org.uk) |

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| | | | • Common Bile Duct stones with or without obstruction<br>• Gallbladder polyps larger than 8mm or growing rapidly<br><br>AND<br>• The patient is fit for surgery<br>• In high BMI patients the risk of surgery should be weighed up against the potential risk of future gallstone complications e.g. development of pancreatitis, recurrent cholecystitis and the possibility of delaying intervention until weight is optimized.<br><br>Patients presenting acutely with gallstone complications should have their operation done on the index admission through SDEC lists or CEPOD. If no capacity then they should be added to the urgent Laparoscopic cholecystectomy list for early appointment in Day Surgery. All other patients should be listed in Day Surgery as default. | |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery** Gastroenterology | H51.1<br>H51.3 | Haemorrhoidectomy | Haemorrhoids, also known as piles, are enlarged and swollen blood vessels in and round the lower rectum and anus. Symptoms range from temporary and mild, to persistent and painful. In many cases, haemorrhoids are small, and symptoms settle down without treatment. In many patients haemorrhoids come and go intermittently. Conservative management including high fibre diet, exercise, weight loss and topical preparations, is often sufficient to ease symptoms and should be exhausted before referral to secondary care is considered. Initial treatment is secondary care will usually be undertaken in outpatients in the form of haemorrhoid banding. Where symptoms persist despite banding more invasive surgical options may be considered.<br><br>Referral to secondary care can be made based on the following criteria:<br>Conservative management has failed, using such measures as:<br>• Altering the patient's diet with emphasis on increased fluids and fibre intake to ensure soft, easily passed stools with no straining<br>• Adequate pain relief<br>• Soothing and astringent treatments<br>AND<br>• The patient's symptoms have been documented to have been present for at least three months.<br><br>The majority of haemorrhoids referred to secondary care will be managed through non-operative interventions mainly haemorrhoid banding in clinic. Surgical excisional haemorrhoidectomy should only be undertaken if the following criteria are met:<br>• Persistent symptoms of bleeding form grade 1 (rare) or 2 haemorrhoids that have not improved with non-operative measures (at least 2 x banding | https://www.rcseng.ac.uk/-/media/files/rcs/library-and-publications/non-journal-publications/rectal-bleeding--commissioning-guide.pdf<br><br>The evidence suggests that first and second degree haemorrhoids are classically treated with some form of non- surgical ablative/ fixative intervention, third degree treated with rubber band ligation or haemorrhoidectomy, and fourth degree with haemorrhoidectomy. |
|---|---|---|---|---|

Saunders,Nathan 28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| | | | procedures, NB. Repeat banding has been shown to be as effective as THD)<br>• Severe (grade 3 or grade 4), which combine internal/external haemorrhoids with persistent pain or bleeding | |

Saunders,Nathan
28/10/2025 10:18:55

| Surgery Neurosurgery | A10.8 Y11.4 | Subthalamic nucleotomy for Parkinson's disease | Can be used in line with NICE guidance.<br>As of 29th September 2025 the NICE guidance states: Current evidence on the safety and efficacy of subthalamotomy for Parkinson's disease does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research.<br>Request for exemption required in all other cases. | NICE Interventional Procedures Guidance 65 Subthalamotomy for Parkinson's disease: https://www.nice.org.uk/guidanc e/ipg65 |
|---|---|---|---|---|
| **Surgery** Urology | N29.1 | Treatment for Erectile Dysfunction (ED) | Can be used in accordance with the agreed service specification of:<br>a. Assessment by specialist ED providers for patients with ED referred by GPs.<br>b. Treatment (drug or mechanical device) for ED in line with WHC (1999) 06 i.e. for patients suffering from ED who fall into the eligible groups for NHS prescriptions from GPs.<br>c. Treatment (drug or mechanical device) by specialist ED providers for patients categorised as suffering with ED and severe distress who do not fall into 1(b).<br><br>Request for exemption required in all other cases. | Cardiff and Vale Formulary and Erectile Dysfunction Care Pathway http://cardiffandvaleuhb.inform. wales.nhs.uk/favicon.ico |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery** | S04<br>S05<br>S06<br>S09<br>S10<br>S11<br>H48.2 | Anal Skin Tags | Anal skin tags are common and usually harmless growths that hang off the skin around the outside of the anus. They may be mistaken for warts or piles (haemorrhoids). Anal skin tags are not a risk to health and are typically painless or only cause minor symptoms such as itchiness. Anal skin tags can usually be managed conservatively with reassurance and advice regarding anal hygiene and should not be referred to secondary care. Any ulceration or atypical apperance to a skin tag should prompt an USC referral to Colorectal surgery.<br><br>Where patients are experiencing significant symptoms despite conservative management they may be referred to secondary care for consideration of surgical removal. Surgical removal can cause bleeding, pain and infection. Only the following situations will be considered for surgical removal:<br>1. The skin tag is impacting on faecal continence resulting in regular stool seepage.<br>2. OR The skin tag is causing obstruction of an orifice to the extent that function is significantly impaired.<br>3. OR The skin tag is causing continuous pressure symptoms in the course of daily activities such that pain is now restricting normal daily life.<br>4. OR Unavoidable trauma in the course of normal daily activities causes the skin tag to frequently bleed.<br>5. OR There is documented evidence of significant recurrent infection. | |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br>General Surgery | T20<br>T21 | Inguinal Hernia | An inguinal hernia (IH) is a protrusion in the peritoneum, usually consisting of intestine or intraabdominal fat. The protrusion occurs as a result of weakness within the lower abdominal/groin area wall of muscle. IH presents as a lump, which can be asymptomatic for around one third of patients. Some patients can experience discomfort, which can restrict daily activities including the ability to work. IH can occasionally be life threatening if the protruding bowel becomes obstructed and strangulated. Around 98% of all IH occur in men because of the vulnerability of the male anatomy to the formation of hernias within this region.<br>Watchful waiting is the most appropriate form of management for asymptomatic/minimally symptomatic IH as this type of hernia is not considered as being a serious threat to health and surgery can cause on occasions significant complications such as haematoma and chronic pain from nerve entrapment. Patients should be reassured and managed without referral to secondary care.<br><br>Surgery for inguinal hernia will be considered in the following situations:<br>• All femoral hernias (symptomatic femoral hernias should be referred as urgent)<br>• All inguinal hernias in women<br>• Symptomatic inguinal hernia in men affecting daily activities, work or quality of life.<br>• Non-reducible or inguino-scrotal hernias (patients with significant pain, obstructive symptoms or suspicion of stangulation should be referred to the emergency surgical service)<br>• Hernias rapidly increasing in size over a period of months<br>AND | |

Saunders,Nathan 28/10/2025 10:18:55

| | | | • The patient is fit for surgery<br><br>In high BMI patients the risk of surgery should be weighed up against the potential risk of future complications. Where intervention can be delayed for weight optimisation patients should normally not be listed for surgery until BMI<35 achieved.<br><br>Note patients with groin pain and no palpable hernia (Sportsman's Groin) will not be considered for surgery. Patients with small hernias diagnosed on ultrasound/CT/MRI and no clinically overt hernia will not be considered for surgery. | |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br>General Surgery<br>Dermatology | ICD10-17 | Skin Lesions - Lipomata | Removal of lipoma is considered cosmetic surgery and will only be considered for treatment by the NHS in the following circumstances:<br><br>• The lipoma (-ta) is / are symptomatic; OR<br>• There is functional impairment; OR<br>• The lump is rapidly growing or abnormally located (e.g. sub-fascial, sub-muscular).<br><br>Patients with multiple subcutaneous lipomata may require biopsy to exclude neurofibromatosis. | |
| **Surgery**<br>General Surgery | S04<br>S05<br>S06<br>S09<br>S10<br>S11 | Skin Lesions -Viral Warts | Rationale<br>Most viral warts will clear spontaneously or following application of topical treatments.<br><br>Eligibility criteria<br>Surgical treatment will only be funded in the following circumstances:<br><br>• Viral warts are painful and persistent; OR<br>• Extensive warts (particularly in the immuno-suppressed patient)<br><br>Patients with the above symptoms may need specialist assessment, by a dermatologist. For a small proportion surgical removal (cryotherapy, cautery, laser or excision) may be appropriate. | |

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br>General Surgery<br>Dermatology | S04<br>S05<br>S06<br>S09<br>S10<br>S11<br>H48.2 | Other skin lesions | The removal/treatment of the following benign skin lesions are not routinely commissioned:<br>CP 42 Version: 1.0<br>Specialised Services Policy: Treatment of Benign Skin Conditions<br>Page 11 of 23<br>• Sebaceous cyst (pillar and epidermoid);<br>• Skin tags;<br>• Milia;<br>• Molluscum contagiosum;<br>• Seborrhoeic keratoses (basal cell papillomata);<br>• Spider nævus (telangiectasia);<br>• Dermatofibromas; or<br>• Benign pigmented moles (naevi).<br><br>Exceptions where prior approval is NOT required:<br>Prior approval is not required when the following criteria are met.<br>The expectation is that the majority of these procedures are<br>undertaken in primary care; practice or locality services:<br>• Actinic Keratoses; OR<br>• Sebaceous cysts subject to recurrent infection and which<br>are greater than 0.5 cm in diameter; OR<br>• Lesions which are subject to repeated trauma, bleeding or<br>cause functional impairment due to size or locations. | |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| **Surgery**<br><br>Urology<br>Children and Womens | N30.3 | Circumcision | Should NOT be used EXCEPT in the following cases:<br><br>· Phimosis<br>· Paraphimosis<br>· Balanitis and Balanoposthitis<br>· Penile Cancer affecting the foreskin<br><br>Circumcision carried out for medical reasons should be rare and should only be carried out for urgent medical conditions.<br><br>Female circumcision or female genital mutilation is prohibited by the law (The Prohibition of Female Circumcision Act 1995) and will therefore not be funded.<br><br>Male circumcision for religious or cultural reasons should only be carried out and paid for on a private basis | https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/circumcision-for-children-commissioning-policy-cp34-march-2019/ |
|---|---|---|---|---|
| **Surgery**<br><br>Neurosurgery | V38.6 | Transaxial interbody lumbosacral fusion | Can only be undertaken in line with NICE guidance.<br><br>An IPFR is required for all other circumstances. | Transaxial interbody lumbosacral fusion for severe chronic low back pain (nice.org.uk) |

Saunders,Nathan
28/10/2025 10:18:55

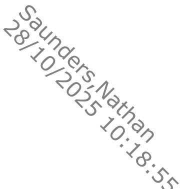
| **Surgery**<br><br>General Surgery JCC (formerly WHSSC) | G282<br>G283<br>G288<br>G289<br>G301<br>G302<br>G303<br>G304<br>G308<br>G309<br>G321<br>G328<br>G329<br>G611<br>G612<br>G613<br>G618<br>G619 | Bariatric Surgery | Can only be undertaken in line with JCC Policy on Bariatric Surgery.<br><br>To be considered for bariatric surgery the following criteria will need to be met: The person is:<br>• aged 18 years or over and<br>• has a BMI of 40 kg/m2 or more and other interventions have not been effective or<br>• has a BMI range between 35 kg/m2 and 40 kg/m2 and other significant disease (for example, type 2 diabetes, or high blood pressure) that could be improved if they lost weight or<br>• is an individual with newly diagnosed diabetes (30 kg/m2 to < 35kg/m2 and as long as they have or will receive assessment in a Level 3 service and<br>• all appropriate non-surgical measures have been tried but clinically beneficial weight loss has not been achieved or adequately maintained.<br><br>In addition to the above criteria, the person being considered for bariatric surgery should:<br>• have been receiving and complied with a local specialist weight management programme (Level 3 or Level 4 in some urgent or complex cases) described as:<br>• for a minimum period of 6 months if deemed appropriate by the MDT. For patients with BMI > 50kg/m2 attending a specialist obesity service, this period should include the stabilisation and assessment period prior to obesity surgery. Patients with new onset type 2 diabetes may have their surgical assessment concurrently with the Level 3 specialist multi-disciplinary weight management service<br>• be generally fit for anaesthesia and surgery • be able to commit to long-term follow-up post-surgery. A formalised MDT led processes for the screening of co-morbidities | Bariatric Surgery (2014 due for update 2021)<br><br>https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/bariatric-surgery-commissioning-policy-cp28a-pdf/ |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

|  |  |  |  |  |
|---|---|---|---|---|
|  |  |  | and the detection of other significant diseases should be in place<br><br>An IPFR is required for all other circumstances. |  |

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | S04<br>S05<br>S06<br>S09<br>S10<br>S11 | Rhinophyma – Surgery or Laser Treatment | Can only be undertaken in line with the JCC Policy on Plastic Surgery.<br><br>An IPFR is required for all other circumstances.<br><br>Do Not Do intervention | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/treatment-of-benign-skin-conditions-commissioning-policy-cp42-july-2013/ |
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | B301<br>B302 | Breast Enlargement - Female (Augmentation Mammoplasty) | Can only be undertaken in line with the JCC Policy on Breast Surgery Procedures.<br><br>An IPFR is required for all other circumstances | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/breast-surgery-procedures-commissioning-policy-cp69-march-2013/ |
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | B313 | Breast Lift - Female (Mastopexy) | Can only be undertaken in line with the JCC Policy on Breast Surgery Procedures.<br><br>An IPFR is required for all other circumstances | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/breast-surgery-procedures-commissioning-policy-cp69-march-2013/ |


Saunders,Nathan
28/10/2025 10:18:55

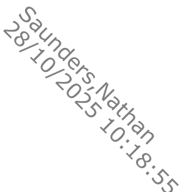
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | B301<br>B302<br>B304<br>B308<br>B309<br>B312<br>B314<br>B375 | Breast Prosthesis Removal or Replacement | Can only be undertaken in line with the JCC Policy on Breast Surgery Procedures.<br>Replacement of implants will be considered, for clinical reasons, if the original implants were funded by the NHS.<br><br>Removal of implants will be considered, but not replacement, if at least ONE of the following criteria are met:<br>• Rupture of silicone- filled gel; • Implants complicated by recurrent infection; • Extrusion of implant through skin;<br>• Implants with Baker Class IV contracture associated with severe pain;<br>• Implants with severe contracture which interferes with mammography.<br><br>Baker classification: Class I - Augmented breast feels soft as a normal breast. Class II - Augmented breast is less soft and implant can be palpated but is not visible. Class III - Augmented breast is firm, palpable and the implant (or distortion) is visible. Class IV - Augmented breast is hard, painful, cold, tender, and distorted.<br><br>Separate guidance for PIP breast implants (2012) An IPFR is required for all other circumstances | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/breast-surgery-procedures-commissioning-policy-cp69-march-2013/ |
|---|---|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

| | | | | |
|---|---|---|---|---|
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | B311 | Breast Reduction - Female (Reduction Mammoplasty) | Can only be undertaken in line with the JCC Policy on Breast Surgery Procedures.<br><br>Surgical intervention will be considered for patients experiencing enduring significant clinical symptoms which include: At least TWO of the following for at least one year with documented evidence of GP visits in relation to these problems:<br>• Significant chronic pain in the neck<br>• Significant chronic pain in the upper back Significant chronic pain in the shoulders<br>• Painful kyphosis documented by x ray<br>• Skin problems including pain, discomfort, and ulceration. Chronic intertrigo, eczema or dermatitis alone will not be considered as grounds for this procedure unless the patient has failed to respond to 6 months of conservative treatment.<br>• Significant chronic pain symptoms persist as documented by the referring clinician despite a 6-month trial of therapeutic measures including ALL of the following (supporting evidence to be submitted with application):<br>• Supportive devices e.g. bra of the correct size with wide straps and fitted by a trained bra fitter;<br>• Analgesic/ NSAID interventions A completed programme of physical therapy/exercises/posturing manoeuvres supervised by an appropriately trained therapist. AND Estimated reduction greater than 550 grams per breast on each side (American Medical Association guidelines, 2008) AND BMI 2 standard cup sizes*) to the extent that it is not possible to get a bra which fits * Standard cup.<br>An IPFR is required for all other circumstances. | |

Saunders,Nathan
28/10/2025 10:18:55

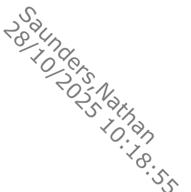
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | B302<br>B314 | Breast- Revision of augmentation/ mammoplasty | Can only be undertaken in line with the JCC Policy on Breast Surgery Procedures.<br><br>An IPFR is required for all other circumstances | |
|---|---|---|---|---|
| **Surgery**<br><br>Plastic Surgery JCC (formerly WHSSC) | B311<br>B275 | Male Breast Reduction for Gynaecomastia | Can only be undertaken in line with the JCC Policy on Breast Surgery Procedures.<br><br>An IPFR is required for all other circumstances | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/breast-surgery-procedures-commissioning-policy-cp69-march-2013/ |
| **Surgery**<br><br>Neuroscience | A48.3<br>A48.7 | Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin | CAVUHB is centrally commissioned to deliver this service for Wales.<br><br>Can be undertaken in line with NICE guidance.<br><br>An IPFR is required for all other circumstances | Spinal cord stimulation for chronic pain of neuropathic or ischaemic origin (nice.org.uk) |
| **Surgery**<br><br>Neuroscience | A54.2 | Intrathecal Baclofen Therapy | CAVUHB is centrally commissioned to deliver this service for Wales.<br><br>Evidence suggests that in carefully selected patients with severe spasticity and disability IBT may improve patient quality of life.<br><br>There are no agreed criteria for use without an IPFR | Spasticity in under 19s: management<br>https://www.nice.org.uk/guidance/cg145 |


Saunders,Nathan
28/10/2025 10:18:55

| **Medicine** | X52.1 | Hyperbaric Oxygen Therapy (HBOT) for all indications | JCC will only commission emergency HBOT. JCC will be notified by the hyperbaric chamber of emergency admission retrospectively and will not require prior approval.<br><br>HBOT should not be used for:<br><br>· Mild / Moderate Carbon Monoxide Poisoning responding to Normobaric Oxygen treatment<br>· Osteoradionecrosis<br>· Non–healing diabetic wounds/ulcers<br><br>An IPFR is required for all other circumstances | CP07 Hyperbaric Oxygen Therapy (June 2021)<br><br>https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/hyperbaric-oxygen-therapy-policy-commissioning-policy-cp07-june-2021/ |
|---|---|---|---|---|
| **Medicine**<br><br>Respiratory | A84.7<br>U33.1 | Sleep Apnoea | Can be undertaken in line with NICE guidance.<br><br>An IPFR is required for all other circumstances | Continuous positive airway pressure for the treatment of obstructive sleep apnoea/hypopnoea syndrome https://www.nice.org.uk/guidance/ta139/chapter/1-Guidance<br><br>Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s https://www.nice.org.uk/guidance/ng202/chapter/1-Obstructive-sleep-apnoeahypopnoea-syndrome#treatments-for-mild-osahs |

Saunders,Nathan
28/10/2025 10:18:55

| **Medicine** Respiratory<br><br>**Children & Women** CAMHS | No code | Melatonin for delayed sleep phase disorder | No routine exemption criteria for use in adults. Request for exemption required in all adult cases.<br><br>Use in children and adolescents should be specialist initiated and in line with Shared Care Protocol CV54<br><br>**Please refer to Cardiff and Vale formulary**<br>**http://cardiffandvaleuhb.inform.wales.nhs.uk/favicon.ic o** | Shared care protocol CV54: Melatonin for children and adolescents (up to and including 18 years) with significant sleep onset difficulties<br>https://www.wmic.wales.nhs.uk/ cv54-melatonin/ |
|---|---|---|---|---|
| **Medicine**<br><br>Rheumatology | M79.09 (ICD10 code) | Fibromyalgia in adults:<br>In patient pain management/ specialised fibromyalgia programmes | There is no cure for fibromyalgia syndrome and treatment is aimed at alleviation of symptoms. There are no agreed criteria for referral to inpatient pain management or specialised fibromyalgia programmes without an Individual Patient Funding Request (IPFR). | |
| **Medicine**<br><br>Gastroenterolo gy | G21.1<br>G47.1 | pH/Manometry Impedance Studies | NICE [IPG187] (2006) states that: Current evidence on the safety and efficacy of catheter less oesophageal pH monitoring appears adequate to support the use of this technique provided that normal arrangements are in place for consent, audit and clinical governance.<br><br>There are no agreed criteria for use without an IPFR | Catheter less oesophageal pH monitoring<br><br>https://www.nice.org.uk/guidance/ipg187 |


Saunders,Nathan
28/10/2025 10:18:55

| **Medicine**<br><br>Dermatology/ General Medicine/ Gynaecology/ Neurology/ Ophthalmology /Orthopaedics/ Urology/Plastic Surgery | X85.1 | Botulinum Toxin | Botulinum Toxin should Not be used EXCEPT for the treatment of pathological conditions by appropriate specialists in cases of:<br>· Frey's syndrome<br>· Blepharospasm<br>· Cerebral Palsy<br>· Spasticity in adults following neurological illness or injury<br>· Hyperhidrosis whose condition is appropriately managed for medication overuse<br>· Treatment of overactive bladder in women<br><br>Botulinum Toxin type A is recommended as an option for the prophylaxis of headaches in adults with chronic migraine (defined as headaches on at least 15 days per month of which at least 8 days are with migraine):<br><br>• that has not responded to at least three prior pharmacological prophylaxis therapies and whose condition is appropriately managed for medication overuse.<br>• whose condition is appropriately managed for medication overuse.<br><br>Botulinum Toxin is not available for the treatment of facial ageing or excessive wrinkles.<br><br>For treatment of overactive bladder in women, bladder wall injection should only be used in the treatment of idiopathic detrusor over activity only in women who have not responded to conservative treatments (including antimuscarinic drugs e.g. oxybutynin) and who are willing and able to self-catheterize. NICE notes that there is a gap in treatment between conservative treatment and surgery and Botulinum Toxin has been adopted to fill this position, however, this is in advance of high-quality data on efficacy, safety and long-term outcomes.<br><br>An IPFR is required for all other circumstances. | Urinary incontinence and pelvic organ prolapse in women: management. https://www.nice.org.uk/guidance/ng123<br><br>Botulinum toxin type A for the prevention of headaches in adults with chronic migraine<br><br>https://www.nice.org.uk/guidance/ta260 |

Saunders,Nathan
28/10/2025 10:18:55

| **Medicine**<br><br>Dermatology | S04.1>3;<br>8<br>S05.1>5;<br>8>9<br>S06.1>5;<br>8>9<br>S09.1>5;<br>8>9<br>S10.1>5;<br>8>9<br>S11.1>5;<br>9 | Acne Vulgaris | Can only be undertaken in line with JCC policy on Treatment of benign skin lesions.<br><br>An IPFR is required for all other circumstances | https://whssc.nhs.wales/commissioning/whssc-policies/plastic-surgery/treatment-of-benign-skin-conditions-commissioning-policy-cp42-july-2013/ |
|---|---|---|---|---|

| **Mental Health** | | | | |
|---|---|---|---|---|
| **Mental Health** | No Code | Electroconvulsive Therapy (ECT) | It was noted that this policy statement is in line with NICE guidance which states that ECT is recommended only to achieve rapid and short-term improvement of severe symptoms after an adequate trial of other treatment options has proven ineffective and/or when the condition is considered to be potentially life-threatening, in individuals with:<br>• Catatonia<br>• A prolonged or severe manic episode<br><br>All patients with clinical need can access this intervention according to the criteria outlined by NICE. No evidence of negative impact was identified based on protected characteristics.<br><br>An IPFR is required for all other circumstances | NICE Technology Appraisal 59 Guidance on the use of electroconvulsive therapy: www.nice.org.uk/Guidance/TA5 9<br><br>NICE Clinical Guideline 222 Depression in adults: recognition and management: https://www.nice.org.uk/guidance/ng222 |

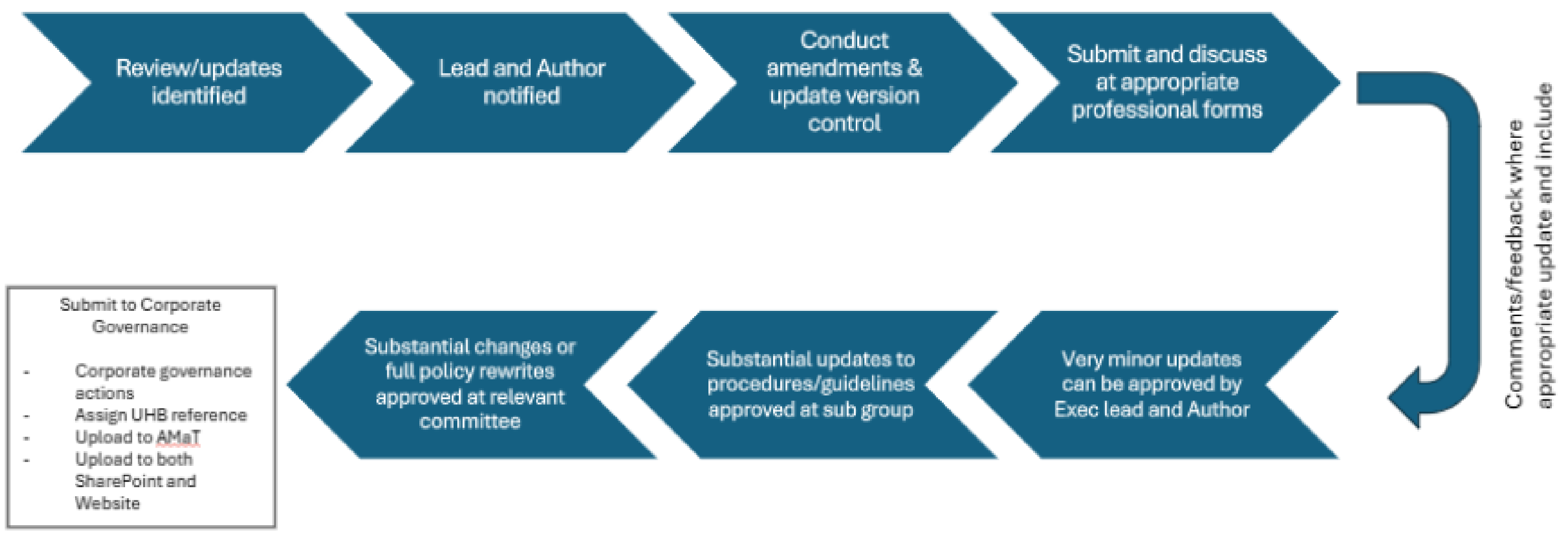
Please refer to the Cardiff and Vale Prescribing Formulary for a list of medicines and their indications approved for use within Cardiff and Vale UHB. The formulary can be found at: http://cardiffandvaleuhb.inform.wales.nhs.uk

Saunders,Nathan
28/10/2025 10:36:55

Technology appraisal decisions produced by the National Institute of Health and Care Excellence (NICE) and medicines appraisal decisions from All Wales Medicines Strategy Group can be found at: https://www.nice.org.uk/guidance/published?type=ta
http://www.awmsg.org/awmsgonline/app/report;jsessionid=4f4bcc7791af5daa9bfd99212284?execution=e1s1

**Process to add interventions to the INNU policy intervention list outside of policy review schedule.**

This process aligns with the *Written Control Documents - Development and Approval Procedure.*




Professional forums: Planned Care Programme Board

Sub Group: Clinical Effectiveness Committee

Committee: Quality Committee

Exec lead: David Fluck

Saunders,Nathan
28/10/2025 10:43:55

**Equality & Health Impact Assessment for**

**Interventions Not Normally Undertaken Policy**

**Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment**

**Please note:**

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

| | | |
|---|---|---|
| **1.** | For service change, provide the title of the Project Outline Document or Business Case and Reference Number | Not applicable |
| **2.** | Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details | Executive leads: Claire Beynon, Executive Director of Public Health; Dr. David Fluck, Executive Medical Director<br>Lead: Dr. Michael Allum, Consultant in Public Health Medicine |
| **3.** | Objectives of strategy/ policy/ plan/ procedure/ service | The purpose of the INNU policy is to outline the UHB process for identifying, monitoring and reviewing a list of health service interventions which are not normally undertaken by the UHB, or are only undertaken within specified criteria. An intervention is placed on the INNU list if the clinical and/or cost effectiveness evidence for the intervention is weak, or as a result of service prioritisation. |

Saunders,Nathan
28/10/2025 10:18:55

[1]http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

| | | |
|---|---|---|
| | | The INNU policy is in line with the UHB's strategic objectives within the *Shaping Our Future Wellbeing 2023-2035 Living Well, Caring Well, Working Together:*<br>- *continuous quality to improvement and make the best use of the Health Board's resources*<br>- *delivery outstanding quality of care everytime*<br>- *minimising inequity* |
| **4.** | Evidence and background information considered. For example<br>• population data<br>• staff and service users data, as applicable<br>• needs assessment<br>• engagement and involvement findings<br>• research<br>• good practice guidelines<br>• participant knowledge<br>• list of stakeholders and how stakeholders have engaged in the development stages<br>• comments from those involved in the designing and development stages<br><br>Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3]. | In 2021, there were 362,400 people living in Cardiff, and 131,800 in the Vale of Glamorgan. There are several universities in Cardiff, accounting for a substantial student population.<br><br>In 2021 Census, 5.3% (age-standardised) of the Cardiff population, and 4.3% of the Vale of Glamorgan population self-reported bad health; 1.7% and 1.4% respectively reported very bad health.<br><br>14,290 people are estimated to be living with sight loss in Cardiff and Vale of Glamorgan (RNIB 2022 Sight Loss tool[4]); Approximately 18% of the population of Wales say they have difficulty with hearing[5].<br><br>Population data from Census 2021 for Cardiff and the Vale of Glamorgan:<br>Cardiff:<br>• Ethnicity: 79.2% self-identified as white; 9.7% Asian, Asian British or Asian Welsh; 4.0% Mixed or Multiple ethnic groups; 3.8% Black, Black British, Black Welsh, Caribbean or African; 3.3% Other ethnic groups<br>• Religion: 42.9% no religion; 38.3% Christian; 9.3% Muslim; 6.3% not answered; 1.5% Hindu; 0.6% other; 0.4% Sikh; 0.4% Buddhist; 0.2% Jewish; |

Saunders,Nathan
28/10/2025 11:16:55

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face
[4] RNIB Sight Loss Data Tool - statistics on sight loss | RNIB
[5] National Survey for Wales headline results: April 2024 to March 2025 [HTML] | GOV.WALES

- Marital status: 48.6% never married and never registered a civil partnership; 36.8% married or in a registered civil partnership; 7.8% divorced or civil partnership dissolved; 5.0% widowed or surviving civil partnership partners; 1.8% separated
- Carers: 9.3% unpaid carers (aged five years and over)
- Disability (age-standardised): 9.5% disabled and limited a lot; 11.0% disabled and limited a little
- Sexual orientation: 87.01% straight or heterosexual; 2.42% gay or lesbian; 2.37% bisexual; 0.19% pansexual; 0.11% asexual; 0.07% queer; 0.17% another sexual orientation; 7.65% not answer

Vale of Glamorgan:

- Ethnicity: 94.6% self-identified as white; 2.3% Mixed or multiple; 2.1% Asian, Asian British or Asian Welsh; 0.5% Black, Black British, Black Welsh, Caribbean or African; 0.5% Other ethnic group
- Religion: 47.9% no religion; 44.1% Christian; 0.9% Muslim; Other 0.5%; Buddhist 0.3%; Hindu 0.3%; Jewish 0.1%; Sikh 0.1%; Not answered 5.7%
- Marital status:47.4% married or registered civil partnership; 33.5% never married and never registered a civil partnership; divorced or civil partnership dissolved 10.1%; widowed or surviving civil partnership partner 7.0%; separated 2.0%
- Carers: unpaid carers 10.2% (aged five years and over)
- Disability (age-standardised): 8.6% disabled and limited a lot; 10.8% disabled and limited a little
- Sexual orientation: 90.33% straight or heterosexual; 1.68% gay or lesbian; 1.13% bisexual; 0.09% pansexual; 0.05% asexual; 0.03% queer; 0.08% another sexual orientation; 6.60% not answer

The Cardiff and the Vale of Glamorgan Population needs assessment Cardiff and Vale of Glamorgan Population Needs Assessment 2022-27 - Cardiff and Vale University Health Board was
prepared following the introduction of the Social Services and Well-being (Wales) Act 2014. The Act placed a duty on Local Authorities and Local

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | | Health Boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support.<br>This is currently being updated.<br><br>To further explore the potential impact of the INNU policy, an EHIA has been undertaken focusing on each of the interventions in the INNU list. This was undertaken with support and guidance from the Health Board's Equity and Inclusion team.<br><br>A number of interventions in the INNU list are permitted only in accordance with NICE guidance or JCC guidance. Processes within both require equality issues to be considered in the scoping and production phases and NICE publishes an equality impact assessment alongside its guidance.<br><br>The following sources provided evidence for the interventions included in the INNU list:<br>Relevant technology appraisals and clinical guidelines published by Royal Colleges and the National Institute for Health and Care Excellence<br>www.nice.org.uk/ |
| **5.** | Who will be affected by the strategy/ policy/ plan/ procedure/ service | Patients, staff and stakeholders will have clear and transparent information about those health service interventions not normally undertaken by the UHB or undertaken only within specified criteria.<br>The population served by Cardiff and Vale UHB will benefit through the efficient use of limited healthcare resources and minimising of avoidable harm. |

## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| **6.1 Age**<br>For most purposes, the main categories are:<br>• under 18;<br>• between 18 and 65; and<br>• over 65 | Certain of the interventions in the INNU list are applicable in particular to younger or older people because of the higher prevalence of a related condition or illness in that age group.<br><br>For each intervention it is stated whether there is:<br>- No provision because the intervention is not clinically and cost effectives<br>- Provision only within certain criteria<br><br>One intervention (Spinal Injections for Pain) states the criteria for repeated injections includes “young patients trying to avoid medication related side effects” - clarification sought | Patients are assessed individually based on their clinical need and potential to benefit from treatment.<br><br>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.<br><br>When the IPFR panel next recruits lay members consideration should be given to diversity of the Representatives.<br><br>Clarification on young patients criteria for repeated spinal injections | The IPFR route is highlighted throughout the INNU list.<br><br>UPDATE 07.10.25 Clarification on spinal injections for pain, no age criteria required therefore the word “young” removed from INNU list |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | from clinicians as to whether clinical reason for young patients only, and what the definition of this age criteria is | | |
| **6.2 Persons with a disability as defined in the Equality Act 2010**<br>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes | Some of the interventions in the INNU list are particularly pertinent to people with disabilities an example of where this has been considered specifically was for Grommets where it highlighted a significant second disability as an additional criterion. | Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.<br><br>Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all. | The IPFR route is highlighted throughout the INNU list.<br><br>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board |
| **6.3 People of different genders:**<br>Consider men, women, people undergoing gender reassignment | Some interventions in the INNU list may be particularly applicable due to anatomical differences<br>(e.g. hysterectomy; | Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient | The IPFR route is highlighted throughout the INNU list. |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender | management of erectile dysfunction).<br><br>Gender reassignment interventions are commissioned by Joint Commissioning Committee and the INNU list includes a hyperlink to the JCC policy webpage.<br><br>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or as a result of service prioritisation.<br><br>No evidence was identified to suggest that people would be disproportionately affected by the INNU policy on the basis of gender or gender reassignment. | Funding Request (IPFR) route is available to clinically exceptional cases. | |
| **6.4 People who are married or who have a civil partner.** | The general health needs of married people or people in a | None identified | N/A |

Saunders,Nathan 28/10/2025 10:13:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | civil partnership are the same as others within the population. The policy does not have a direct impact on people because of their being married or in a civil partnership. | | |
| **6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.** They are protected for 26 weeks after having a baby whether or not they are on maternity leave. | The INNU list includes one intervention that specifically relates to pregnancy- elective caesarean section. Criteria for when the procedure may be undertaken were developed by NICE.<br><br>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or as a result of service prioritisation.<br><br>No information was identified to suggest that pregnant | Patients are assessed individually based on their clinical need and potential to benefit from treatment.<br><br>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases. | The IPFR route is highlighted throughout the INNU list. |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | people, those who had recently given birth or are breast feeding would be negatively impacted by the INNU policy. | | |
| **6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers** | Cardiff has the highest proportion ethnic minority population of the local authorities in Wales.<br>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or because of service prioritisation. No evidence of negative impact has been identified because of a person's race, nationality, culture or being a non-English speaker. | Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.<br><br>When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.<br><br>Data on ethnicity is not routinely and systematically collected across the UHB. This should be implemented as | The IPFR route is highlighted throughout the INNU list.<br><br>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | | standard to understand health inequalities in our community.<br><br>Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all, including non-English speakers. | |
| **6.7 People with a religion or belief or with no religion or belief**.<br>The term 'religion' includes a religious or philosophical belief | No evidence has been found of specific impacts from the INNU policy on people because of their religion, belief or non-belief. | Data are not routinely collected, this should be implemented as standard.<br><br>Clinical Boards to continue to consider and monitor whether components of medicines (e.g. porcine derivatives) may have a differential impact on those with a religion or belief, and to consider alternative therapeutic options as appropriate | N/A |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| **6.8 People who are attracted to other people of**:<br>• the opposite sex (heterosexual);<br>• the same sex (lesbian or gay);<br>• both sexes (bisexual) | No evidence has been found of specific impacts from the INNU policy on people based on whether they are heterosexual, lesbian or gay, or bisexual. | Data are not routinely collected, this should be implemented as standard. | N/A |
| **6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design**<br><br>Well-being Goal – A Wales of vibrant culture and thriving Welsh language | No evidence has been found of specific impacts from the INNU policy on people who wish to communicate using the Welsh language.<br><br>Under the Welsh Language Standards, patients and service users whose first language is Welsh should be given the choice to receive a Welsh language service. This may include discussing treatment options, gaining consent and providing patient information. | The Individual Patient Funding Request (IPFR) route is available for clinically exceptional cases. Patient Information Leaflets for IPFR are available in Welsh and English.<br><br>e-learning Welsh Language Awareness training for all NHS Wales staff is in place. Also broader availability to Health Board staff to develop Welsh Language abilities | IPFR patient information leaflets in Welsh and English are available on the Cardiff and Vale internet site<br><br>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board |

Saunders,Nathan 28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | | Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all | |
| **6.10 People according to their income related group:** Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health | No evidence was found of specific impacts from the INNU policy on people because of their income. However, we noted that specific groups such people who are homeless may experience difficulties accessing services generally.<br><br>The INNU policy advocates clinical and cost effectiveness, taking into consideration prioritisation decisions, to determine those interventions not normally undertaken. | Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community. | Services for health excluded groups are available to improve access to services. |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| **6.11 People according to where they live:** Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities | No evidence has been found of specific impacts from the INNU policy on people because of where they live.<br><br>The INNU policy applies to the resident population of Cardiff and Vale UHB. | Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community. | Services for health excluded groups are available to improve access to services. |
| **6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service** | The needs of other groups including carers, prisoners, refugees/asylum seekers, and people who are homeless were considered.<br><br>Some interventions listed within the INNU policy are to be undertaken within JCC guidance. The JCC will have undertaken EHIAs for this guidance.<br><br>UPDATE 21/10/25 Some interventions within INNU policy are to be undertaken within NICE guidance. NICE will have | Promotion of services which are accessible to those who are health excluded.<br><br>Working in partnership with the third sector to promote services which are accessible to those who are health excluded.<br><br>Ensuring the 'digital divide' does not exacerbate existing health inequalities.<br><br>Using simple language in all Communications. | Services for health excluded groups are available to improve access to services.<br><br>In person and digital services offered as appropriate, based on patient's need and preference.<br><br>Offering communication through the preferred method, as needed e.g. through Braille, BSL, using interpretation services etc.<br><br>The recently updated All-Wales NHS Accessible Communication and Information Standards will be |

Saunders,Nathan 28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts | Recommendations for improvement/ mitigation | **Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | undertaken EHIAs for these guidance. | Clinical Boards to liaise with the Health Inclusion Service to continue to monitor, review and consider potential impacts of INNU on health inclusion groups.<br><br>Implementation of the recently updated All-Wales NHS Accessible Communication and Information Standards will support accessible information for all | implemented across the Health Board |

Saunders,Nathan
28/10/2025 10:18:55

7. **HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

| **How will the strategy, policy, plan, procedure and/or service impact on:-** | **Potential positive and/or negative impacts and any particular groups affected** | **Recommendations for improvement/ mitigation** | **Action taken by Clinical Board / Corporate Directorate**<br>Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| **7.1 People being able to access the service offered:**<br>Consider access for those living in areas of deprivation and/or those experiencing health inequalities<br><br>Well-being Goal - A more equal Wales | The INNU policy is explicit about those interventions that should not be undertaken routinely or only under certain circumstances. This supports consistency in the management of patients between clinicians, in relation to the interventions included on the INNU list. | Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community. | Partnership working with other agencies to make onward referrals as needed.<br><br>Offering patient transport services to those who need support. |
| **7.2 People being able to improve /maintain healthy lifestyles:**<br>Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider | No specific impacts from the INNU policy on people's ability to improve / maintain healthy lifestyles have been identified.<br><br>The interventions included in the INNU list are treatment rather than preventative interventions. | | The introduction of *Making Every Contact Count (MECC)* by Cardiff and Vale UHB has supported health and social care staff to maximise their interactions and when appropriate to offer healthy lifestyle advice and signposting to support services.<br><br>The *Optimising Outcomes Policy (OOP),* offers patients who require surgery additional |

Saunders,Nathan
28/10/2025 10:18:55

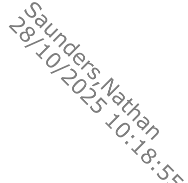
| **How will the strategy, policy, plan, procedure and/or service impact on:-** | **Potential positive and/or negative impacts and any particular groups affected** | **Recommendations for improvement/ mitigation** | **Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| impact on access to supportive services including smoking cessation services, weight management services etc<br><br>Well-being Goal – A healthier Wales | | | support to lose weight or quit smoking which will improve their chances of successful surgery.<br><br>A proportionate universalism approach to the delivery of preventative services is supported by the Public Health team as part of a strategy to reduce health inequalities. |
| **7.3 People in terms of their income and employment status:**<br>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions<br><br>Well-being Goal – A prosperous Wales | No specific impacts from the INNU policy | | |
| **7.4 People in terms of their use of the physical environment:**<br>Consider the impact on the availability and accessibility of transport, healthy food, leisure | No specific impacts from the INNU policy on people's use of the physical environment have been identified. | None | |

Saunders,Nathan
28/10/2025 10:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts and any particular groups affected | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate<br>Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces<br><br>Well-being Goal – A resilient Wales | | | |
| **7.5 People in terms of social and community influences on their health:**<br>Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos<br><br>Well-being Goal – A Wales of cohesive communities | No specific impacts from the INNU policy on people in terms of social and community influences on health have been identified. | None | |

Saunders,Nathan 28/10/2025 09:18:55

| How will the strategy, policy, plan, procedure and/or service impact on:- | Potential positive and/or negative impacts and any particular groups affected | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate<br>Make reference to where the mitigation is included in the document, as appropriate |
|---|---|---|---|
| | | | |
| **7.6 People in terms of macro-economic, environmental and sustainability factors:**<br>Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate<br><br>Well-being Goal – A globally responsible Wales | No specific impacts from the INNU policy on macroeconomic, environmental and sustainability factors have been identified. | None | |



**Please answer question 8.1 following the completion of the EHIA and complete the action plan**

| 8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service | The INNU policy outlines the UHB process for identifying, monitoring and reviewing a list of health service interventions which are not normally undertaken by the UHB, or are only undertaken within specified criteria.<br><br>The INNU list makes explicit the interventions not normally undertaken, and for those interventions where the intervention may be offered to patients meeting certain criteria, what the criteria are.<br><br>The policy supports the *Shaping Our Future Wellbeing Strategy 2015-2025*. Interventions are placed on the INNU list if the clinical and/or cost effectiveness evidence for the intervention is weak, or as a result of service prioritisation. The policy supports the avoidance of harm, waste and variation within the UHB and making best use of the limited resources available.<br><br>The Individual Patient Funding Request (IPFR) route is available in clinically exceptional cases. |
|---|---|

## Action Plan for Mitigation / Improvement and Implementation

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|---|---|---|---|---|
| **8.2 What are the key actions identified as a result of completing the EHIA?** | When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.<br><br>Improve the systematic collection of data on the factors that may impact health inequalities<br><br>The recently updated All-Wales NHS Accessible Communication and Information Standards will be implemented across the Health Board | IPFR team<br><br>Clinical Boards<br><br>TBC | TBC<br><br>TBC<br><br>TBC | Ongoing area of work across the Health Board e.g Equity, Equality, Experience and Patient Safety action plan reported six monthly to Quality Committee |
| **8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?**<br><br>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required? | No | | | |

Saunders,Nathan
28/10/2025 10:18:55

| | Action | Lead | Timescale | Action taken by Clinical Board / Corporate Directorate |
|---|---|---|---|---|
| **8.4 What are the next steps?**<br><br>Some suggestions:-<br>• Decide whether the strategy, policy, plan, procedure and/or service proposal:<br>○ continues unchanged as there are no significant negative impacts<br>○ adjusts to account for the negative impacts<br>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)<br>○ stops.<br>• Have your strategy, policy, plan, procedure and/or service proposal approved<br>• Publish your report of this impact assessment<br>• Monitor and review | To seek approval for the INNU policy, INNU list and the associated EHIA to the Clinical Effectiveness Committee (21st October 2025) and Quality Committee (28th October)<br><br>INNU policy, INNU list and EHIA to be published on Cardiff and Vale UHB internet and intranet sites<br><br>Adherence to the policy will be monitored via monthly Business Intelligence Support (BIS) reports and clinical board audit processes<br><br>The EHIA will be reviewed three years after approval, unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The EHIA will be reviewed and updated as required with any changes to the INNU list and/or policy. | MA<br><br>ZC<br><br>Clinical Boards<br><br>Exec MD | October 2025<br><br>November 2025<br><br>Monthly<br><br>November 2028 | <br><br><br><br>Clinical Boards have responsibility for activity undertaken within their Clinical Board. |

Saunders,Nathan
28/10/2025 10:18:55

## Appendix 1

# Equality & Health Impact Assessment

# Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

**Guidance**

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)[6]

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

Saunders,Nathan
28/10/2025 10:18:55

[6] http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[7]
- Equality Act 2010[8]
- Well-being of Future Generations (Wales) Act 2015[9]
- Social Services and Well-being (Wales) Act 2015[10]
- Health Impact Assessment (non statutory but good practice)[11]
- The Human Rights Act 1998[12]
- United Nations Convention on the Rights of the Child 1989[13]
- United Nations Convention on Rights of Persons with Disabilities 2009[14]
- United Nations Principles for Older Persons 1991[15]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[16]
- Welsh Government Health & Care Standards 2015[17]
- Welsh Language (Wales) Measure 2011[18]

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

**EQIAs** assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

---

7 http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en
8 https://www.gov.uk/guidance/equality-act-2010-guidance
9 http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
10 http://gov.wales/topics/health/socialcare/act/?lang=en
11 http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
12 https://www.equalityhumanrights.com/en/human-rights/human-rights-act
13 http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
14 http://www.un.org/disabilities/convention/conventionfull.shtml
15 http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
16 http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
17 http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
18 http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

Saunders,Nathan
28/10/2021 10:18:55

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

**HIAs** assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

**Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.**

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates[19]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide[20]

[19] http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf (accessed 4 January 2016)
[20] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782 (accessed on 4 January 2016)

Saunders,Nathan
28/10/2025 10:18:55

## Appendix 2 – The Human Rights Act 1998[21]

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Saunders,Nathan
28/10/2025 10:18:55

[21] https://www.equalityhumanrights.com/en/human-rights/human-rights-act

**Appendix 3**

**Tips**

- Be clear about the policy or decision’s rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Saunders,Nathan
28/10/2025 10:18:55

| Report Title: | Management of Visitors within the Operating Theatre Department Policy | | | Agenda Item no. | *3.1.2* |
|---|---|---|---|---|---|
| Meeting: | Quality Committee | Public | x | Meeting Date: | 16.09.2025 |
| | | Private | | | |
| Status *(please tick one only):* | Assurance | Approval | x | Information | |
| Lead Executive (**Title**): | Executive Nurse Director | | | | |
| Report Author (**Title**): | Ceri Chinn – Lead Nurse Perioperative Care<br>Barbara Jones - Education Lead Perioperative Care | | | | |

Main Report

Background and current situation:

The aim of this policy is to manage visitors within the operating theatre departments effectively. The objectives are to:

- Prevent unauthorised access
- Protect patient safety and dignity
- Safeguard the health and safety of patients, staff and visitors
- Protect UHB property

The policy was put out to consultation on the 11.08.2025 in line with the Written Control Documents - Development and Approval Procedure (UHB242).

## Appendices

1) Management of visitors within the Operating Theatre Department Policy (UHB 556)

## Recommendation:

The Committee is requested to:

a) **Approve** this new policy

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Saunders,Nathan
28/10/2025 10:18:55

| **Click the objective above to view more detail.** | | | |
|---|---|---|---|

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

| **Quality Impact Assessment Completed?** | | | | |
|---|---|---|---|---|
| Yes – (***please provide completed QIA document***) | | No – ***(Please provide reasoning, e.g. not required)*** | | *Comment here* |

| **Impact Assessment:**<br>*Please state **yes** or **no** for each category. **If yes please provide further details.*** |
|---|
| Risk: Yes |
| *Addressed in body of policy* |
| Safety: Yes |
| *Addressed in body of policy* |
| Financial: No |
| Workforce: No |
| Legal: No |
| Reputational: Yes |
| *Addressed in body of policy* |
| Socio Economic: *No* |
| Equality and Health: No |
| Decarbonisation: No |
| Welsh Language: No |

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

Saunders,Nathan
28/10/2025 10:18:55

| **Reference Number:** *UHB 556*<br>**Version Number:** 1 | **Date of Next Review:** *To be included when document approved*<br>**Previous Trust/LHB Reference Number:** *Any reference number this document has been previously known as* |
|---|---|

# Management of visitors within the Operating Theatre Department Policy

## Policy Statement

Cardiff and Vale University Health Board is committed to maintaining a safe, secure, and accessible operating theatre environment. To support this, a formal record of all non-theatre personnel entering and exiting the department will be maintained. This process helps prevent unauthorised access to controlled areas and ensures compliance with legal and organisational responsibilities.
The Perioperative Care Directorate is dedicated to balancing its duty of care with the need to provide a welcoming and user-friendly environment for all individuals entering the operating theatre department.

## Policy Commitment

The Cardiff and Vale University Health Board is committed to protecting patients, staff, visitors, and UHB assets. This commitment ensures the continued delivery of high-quality treatment and care in a safe and secure environment.
The Perioperative Care Directorate aims to maintain an operating theatre environment that prioritises safety while remaining accessible and supportive for all users.
The objectives of this policy are to:

- Prevent unauthorised access to the department
- Protect patient safety and dignity
- Safeguard the health and safety of patients, staff, and visitors
- Protect UHB property

## Supporting Procedures and Written Control Documents

This Policy is supported by the following documents:

- Health and Safety Policy
- ID Badge Policy
- Major Incident Plan
- Security Services Policy
- Patients Property Policy
- Privacy and Dignity of the Patient Within the Operating Theatre
- Consent Policy
- Patient Confidentiality Procedure
- Incident, Hazard and Near Miss Reporting Policy

Saunders,Nathan
28/10/2025 10:18:55

- UHB Dress Code
- Social Media Procedure
- Theatre Etiquette Procedure

**Scope**

This policy applies to all non-theatre personnel accessing any operating theatre department location within Cardiff and Vale University Health Board. This includes individuals with honorary contracts, clinical students, company representatives, visiting staff, and custodial officers

| **Equality Impact Assessment** | An Equality Impact Assessment (EqIA) has been completed and this found there to be no impact. |
|---|---|

| **Health Impact Assessment** | A Health Impact Assessment (HIA) is not required for this policy. |
|---|---|
| **Policy Approved by** | Board/Committee/Sub Committee |
| **Group with authority to approve procedures written to explain how this policy will be implemented** | Board/Committee/Sub Committee |
| **Accountable Executive or Clinical Board Director** | Director of Quality and Safety |

**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.**

**Summary of reviews/amendments**

| Version Number | Date Review Approved | Date Published | Summary of Amendments |
|---|---|---|---|
| 1 | Date approved by Board/Committee | TBA | New Policy |
| 2 | | | |

Saunders,Nathan
28/10/2025 10:18:55

CONTENTS PAGE


1. Introduction 4
2. Aim & Objective 4
3. Scope 4
4. Department areas 5
5. Procedure 5
6. Policy Review 7
7. Distribution 7
8. Audit 8


**Introduction:**

Cardiff and Vale University Health Board is committed to ensuring a safe and secure environment within the Operating Theatre Department. This policy aims to uphold best practices, prioritising the safety of patients, staff and visitors.

As the operating theatre departments are secure, restricted-access areas, this policy establishes procedures for documenting the entry and exit of non-theatre personnel. This helps minimise unauthorised access and supports safe and efficient evacuation if required.

**Aim & Objectives:**

The aim of this policy is to manage visitors within the operating theatre departments effectively. The objectives are to:

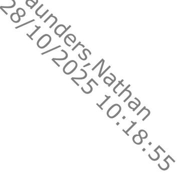
- Prevent unauthorised access
- Protect patient safety and dignity
- Safeguard the health and safety of patients, staff and visitors
- Protect UHB property

**Scope:**

This policy applies to all non-theatre personnel, including:

- Clinical students (dental, medical, nursing, ODP and medical work observation)
- Company Representatives
- Visiting staff
- Custodial officers

**Department Areas:**


Saunders,Nathan
28/10/2025 10:18:55

This policy applies to the following areas within the Perioperative Care Directorate:

- Main Theatre Upper (MTU), University Hospital of Wales (including pack room and TSC areas)
- Main Theatre Lower (MTL), University Hospital of Wales
- Children's Hospital of Wales (CHfW) Theatres, University Hospital of Wales
- Main Theatre, University Hospital Llandough (UHL)
- Day Surgery Theatres (DSU), University Hospital Llandough (UHL)
- CAVOC Theatres, University Hospital Llandough (UHL)

**Procedure:**

Upon arrival into **MTU, CHfW and Main Theatre UHL**, all visitors must:

- Report to the theatre reception
- Identify themselves verbally to the reception staff
- Present photographic identification (either Cardiff and Vale UHB or company issued)

During out of hours periods, visitors to **MTU UHW** must report to the duty manager and follow the process listed above

For **CAVOC theatres, UHL and DSU Theatres UHL**, visitors must first report to Main Theatre reception UHL

For **MTL, UHW,** visitors must report to the Duty Manager and follow the same identification process.

In exceptional cases, such as when a patient (adult or child) requests accompaniment into the theatre department, a family member, caregiver or designated healthcare professional may enter the department with the patient. This must be approved by the surgeon or anaesthetist and the individual must be chaperoned at all times by a designated staff member.

It is also noted that in situations such as Maor Haemorrhage bring declared on 2222/3333 emergency the relevant staff would have TDSI access and would enter the department to prevent a delay in patient care.

Visitors will not be permitted into the operating department areas if they attempt to access the areas through an alternative entry point other than those listed in the department areas section above.

Saunders,Nathan
28/10/2025 10:18:55

All visitors to the department areas may be challenged by theatre staff and their identity checked at any time if they do not recognise them.

The visitor must inform the reception staff or duty manager of the person they have arranged to meet with the reason for attendance. This will be checked to confirm authorisation.

Company representatives must have an appointment booked with the staff member they have come to see so that the staff member is available to meet with them at the agreed time. If this is not organised in advance access will not be granted.

All students and observers must have a scheduled placement arranged to visit the department or if it is arranged on a short notice basis, confirmation must be given prior to the visit by the ward staff or supervising manager.

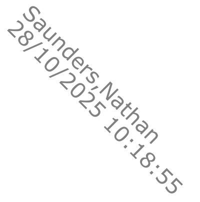
On arrival in the department areas and following the identification processes, all visitors must complete the visitor sign in documentation in the visitor book stating:

- Date
- Visitor name
- Company name / department if appropriate
- The name of the person they are visiting / theatre / area they are visiting
- Time of arrival into the department

The reception staff / Duty Manager will issue the visitor with a numbered visitor badge that they must keep in their person throughout the entirety of their visit. The number of the badge will be documented in the visitor book.
The badge will also allow TDSI access to the appropriate changing room.

Visitors must sign out by documenting the time of exit out of the department in the visitor book and return the visitor badge. The reception staff / Duty Manager will document return of the badge in the visitor book. This will allow an accurate record of the visitors within the department.

Out of hours in MTU the visitors book will be kept in the Main Theatre Recovery area.



Visitors (e.g. students, company representative) requiring access to the theatre during surgery must:

- Obtain patient consent in advance, documented on the consent form by the surgeon
- Have an honorary contract in place, arranged via the relevant university or People's Services
- Be approved by the Senior Scrub Practitioner in that theatre based on space and staffing considerations that day

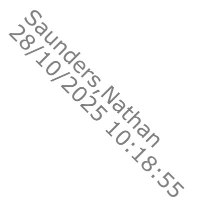
Confirmation that the patient has agreed to the (students, company representative) will be made by the registered practitioner when undertaking the pre-operative checklist and Sign In step of the WHO surgical safety checklist. The visitor will introduce themselves by name and role as part of the WHO checklist process. The visitor will be recorded as being in the theatre-on-theatre man/ Aqua as a record of this

Where a patient lacks capacity to consent, the presence of students, observers or company representatives must only be permitted if:

1. The patient has previously given informed consent prior to losing their capacity; or
2. Their presence is necessary for the patient's direct care and justified as being in the patients best interest under the Mental Capacity Act (2005).
3. Educational benefits would not override the patients right to dignity or privacy.
4. A parent with Parental Responsibility can consent on the patient's behalf.
5. This must be clearly documented in the patients notes / on the consent form.

Under no circumstances will any visitors be allowed into the clinical aspects of the department areas without an honorary contract in place.

Visitors to the department areas must abide by all UHB policies at all times during the visit.



**Responsibility**

The overall responsibility of overseeing this policy and ensuring that it is implemented and enacted sits with the Theatre Manager for each theatre suite.

**Policy Review:**

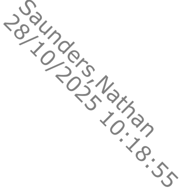
This policy will be reviewed in response to changes in legislation or guidance, and at a minimum every three years from the date of approval.

**Distribution:**

The policy will be available via the UHB Policy and Procedure SharePoint site and Perioperative Care Directorate SharePoint page. It will also be shared with all student bodies.

**Audit:**

Adherence to the policy will be appropriately audited by the Perioperative Care Directorate. Any concerns raised and reported breaches to the policy will be formally investigated.



# Minutes of the Medicine Clinical Board Quality, Safety & Experience Committee Meeting Held on 20 August 2025 14:15 – 15:45, via MS Teams

| | Attending | Apologies |
|---|---|---|
| MCB Operations/ Nursing Directors & Deputy Directors | Katja Empson (Chair), Jane Murphy, Claire Main, Ceri Richards-Taylor | Mike Bond, Cari Randall |
| Clinical Directors | Aneurin Buttress, Lyndsey MacDonald | Richard Lea, Richard Marsh, Siobhan Lewis, Sharon Jones, Tom Pembroke, Neera Agarwal |
| Patient Safety Team | Rajani Ponnada | |
| Consultants | Mark Davies | Tim Ayres, ED |
| Staff-side | | Jonathan Strachan-Taylor |
| Pharmacy | Manon Owen | |
| People Services | | Louise Halliday-Jones |
| Head of Quality & Clinical Gov. | | Sian Rowlands |
| Quality & Governance Lead | Kath Prosser | |
| Consultant Nurse Practitioner, ED | Marianne Jenkins | |
| General Managers | | Dan O'Donnell, Vicci Page |
| Lead Nurses | Natasha Whysall, Wayne Parsons | Ceri Martin, Dave Pitchforth |
| Senior Nurses | Lowri Warren, Sarah Cornes-Payne, Beth Jones, Harriet Foley | Sue Eshel, Claire O'Keeffe |
| Senior Nurse, Resuscitation | | Angela Jones |
| Professional & Practice Development Nurses | | Liz Vaughan, Sam Hughes |
| Ward Managers | Andrew Brown | Susamma Mathew |
| IP&C | Vince Saunders | Chisom Uwaezuoke, Hibaq Musa; Sarah Wright |
| Organisational Learning Facilitator, Mortality Lead | Nicholas Denny | |
| Safeguarding | Linda Hughes-Jones | |
| Finance | Gareth Jenkins | Kris Prosser |
| Jane Morris | Patient at Risk Team | |
| I&I | | Molly Baker |
| Guest Presenter | YuenKang Tham | |
| Secretariat | Sheryl Gascoigne | |

| Item No | 1. Standing Items | Action |
|---|---|---|
| **MCBQSE/ 2025/60** | **Welcome and Introductions** – were undertaken.<br>**To receive the minutes of the previous meeting held on 11/6/25** – the minutes were accepted as an accurate account of the meeting.<br>**Action Log** – was updated. **Declarations of Interest** – none declared. | |
| **2. ITEMS FOR REVIEW AND ASSURANCE** | | |
| **MCBQSE/ 2025/61** | **Patient Story, A7, Specialised Medicine** – delivered by Andrew Brown<br>A patient was admitted in December 2024 following repatriation from a London hospital. The patient required complex management following a road traffic accident which left him with life altering injuries. The patient has had ongoing | |

Saunders,Vincent 28/10/2025 10:18:48

| | | |
|---|---|---|
| | rehab and Occupational Therapy to improve independence. He has been clinically optimised since June 2025. The patient has a property in Bridgend and one in Carmarthen. To repatriate the patient to Hwyel Dda Health Board (HDUHB), TPN training was given to the Hwyel Dda nursing staff. If the patient was at HDUHB and became acutely unwell, staff would need to manage his line care. HDUHB pushed back on accepting the patient as he was resident in Bridgend not Carmarthen prior to the accident. The patient has capacity and can make his own choices and wants to live in his Carmarthen property. The patient has been in hospital for 2 years since the car crash. The patient was able bodied prior to the accident. The patient is currently unwell, however, will be clinically optimised in a couple of weeks-time. The Integrated Discharge Team are involved in this case.<br>**The group resolved:** to note the above.<br>**Action**: JM and CRT will meet with Andrew Brown regarding this case and discuss what additional support can be given to progress to discharge. | JM/ CR-T |
| **MCBQSE/ 2025/62** | **Compliments**<br>**SRC** – 'my family fully appreciated the kindness and care demonstrated to us as a family when Dad was on the Stroke Unit in June 2025. All members of the team interacted professionally, pleasantly and kindly. When 'end of life' care commenced the team enabled us to be with Dad without extra burdens or concerns quietly and peacefully with tenderness, care and unobtrusive observations.'<br>**A2** – 'the family of GJ described how he had the 'most perfect peaceful end' and was grateful to all NHS staff for the care and understanding showed'.<br><br>**Family feedback, Medical Examiners Reports** – to be noted.<br><br>**MCB Concerns** – there are currently 79 open concerns.<br>**Emergency Department** (ED) have 46 open, of which 6 are over 100 days, 3 over 75 days. Communication remains a big theme.<br>**Specialised Medicine** have 14 open, of which, 6 are out of time. 1 over 100 days has recently been signed off. Themes are referral appointment issues, waiting lists, staff not answering phones.<br>**Integrated Medicine** have 19 open. 1 is over 75 days, 4 are out of time.<br><br>**SRC** – have had several concerns escalated. A risk assessment took place which highlighted issues. A robust action plan was put in place so that the correct patients were admitted to SRC. Communication between C4 and SRC has been strengthened and improved. Niki Turner is dealing with the medical workforce issues.<br><br>**The group resolved**: to note the above.<br>**Action:** WP will ask the SRC Ward Manager/ Niki Turner to give an update on the Action Plan. | |
| **MCBQSE/ 2025/63** | **Safeguarding** – update from Linda Hughes-Jones<br>The Safeguarding Nurse Advisor aligned with MCB is Jane Salisbury who will attend these meetings. Cardiff Children's Services have moved to a hub. There is a drive around consent being made regarding children and the quality of referrals received. Early help is being looked at so that support and care is offered timely.<br><br>**Audit regarding adult referrals** - was recently undertaken and the overall outcomes of the AS1 referrals was very good.<br>**Number of referrals generated across MCB** – 553 referrals for children were received in July 25 and up until 20/8/25 there are 295 referrals, most generated in Paediatric Emergency Department. 3 adult health related referrals and 5 for local authorities have been received this month. | |

Saunders,Nathan 28/10/2025 10:38:55

| | | |
|---|---|---|
| | **Training** – a considerable amount of safeguarding training is being undertaken for MCB. Supervision is provided to staff working in the community, such as school nurses, health visitors. Training is significant and important to keep people safe. Welsh Government have set the training compliance target at 85%.<br>- Adult Safeguarding levels 1 and 2 – overall for MCB 81.8% and for nursing is £90.81%.<br>- Adult Safeguarding level 3 is 5.1%. ESR is not up to date with level 3 training. By the end of this year there will have been 12 days for level 3 training and staff can go outside the Health Board for this training if needed. All band 6 and above and all F1's and above require level 3 training. Level 3 training is a full day study day which fill up quickly. Capacity for in person training is 40. 200 staff can attend on-line training. On-line training does not ensure staff are effectively engaging with the training. 7,000 staff in C&VUHB need to complete level 3 training.<br>- Child Safeguarding level 1 training is 90% for nursing staff.<br>- Child Safeguarding level 3 is at 16.6% for nursing staff.<br>- Violence and aggression training is 66.8% overall and at 81% for nursing staff.<br>- MCA training is 73% overall and at 87% for nursing staff.<br>- Consent target set at 85% by end of August 25.<br>Section 5, Professional Concerns – there are 11 open cases.<br>Open adult cases – 44 cases open at present for professional concerns.<br><br>**The group resolved/ Action:** to note the above. | |
| **MCBQSE/ 2025/64** | **Infection Prevention and Control (IP&C) – update for June 25**<br>85 days since last MRSA bacteraemia (UHL E2)<br>5 days since last MSSA bacteraemia (UHW A1Link)<br>9 days since last *C difficile (UHW C7)*<br>6 days since last *E. Coli* bacteraemia (UHL W2)<br>105 days since last *Pseudomonas* bacteraemia (UHW C4)<br>12 days since last *Klebsiella* bacteraemia (UHW A2)<br>• There are 5 wards affected by outbreaks within the MCB. IACU A and B are closed following the outbreaks.<br>• IP&C validation audits have been disappointing through June.<br>• DMT scores – All wards remain compliant for the last 4-week period.<br>• HCAI reduction goals – there were new cases of 4 reduction goal organisms in April.<br>• MCB position based on same period 2024-2025:<br>  ○ no increase/reduction with *Pseudomonas.*<br>  ○ 65% reduction with *C. difficile.*<br>  ○ 100% increase with SAUR Bacteraemias<br>  ○ 17% Increase has been seen *with Klebsiella*<br>  ○ 22% increase with *E. coli.*<br>• There are 27 outstanding RCA's.<br>• Wards with the best IP&C performance (based on Audit, HCAI's, ward visits, Outbreaks, IP&C engagement): C4S, CFU<br>• Wards with highest IP&C concern: W2 x2 MSSA, C7 x2 *C difficile* cases<br>• Clinical area with the most improvement: Endoscopy<br>**The group resolved:** to note the above.<br>**Actions from discussion**: ensure there is a MCB IP&C meeting in the next month. | Ceri Richards-Taylor |
| **MCBQSE/ 2025/65** | **MEAU Improvement Project** – carried over to next month. | Kath Prosser |
| **MCBQSE/ 2025/66** | **Colour Coded Lanyards Project** – presented by Dr YuenKang Tham<br>Blue: FY1 and FY2 (already exist)<br>Orange: Senior House Officers and equivalent | |

Saunders,Nathan
28/10/2025 10:18:55

| | Red: Specialist Registrars and equivalent, including IMT3<br>Green: Consultants and equivalent<br><br>**Project Objectives**<br>1. Efficient delegation of tasks (particularly in emergency/ cardiac arrest situations) – benefit patient safety.<br>2. Reduce stress levels and disorientation during change over periods.<br>3. Improve AHP (inc. Nurses) ability to correctly streamline tasks (help with patient flow).<br>**Benefits**<br>1. Can be used in any department. Relatively culturally acceptable.<br>2. Simple change using an existing budget in a more cost-effective way.<br>**Wider impact of project**<br>1. BMA backed. Many Health Boards/NHS trusts are using similar lanyards.<br>2. Easier identification/ improved communication.<br>3. Enhanced co-ordination in a busy Emergency Department.<br>**Infection risks** - there is no evidence in the correlation of the usage of lanyards with increased infection transmission.<br>**Intervention** - lanyards to code the grades of doctors. Coded in consideration for colour blinded with wording on the lanyards.<br>**Challenges** - lanyards were not evenly distributed to all medical departments despite significant efforts.<br>**Following a survey** - it was unanimously agreed that colour coded lanyards improved the ability to identify clinician grades.<br>**Moving forward** - ensure lanyards are distributed to (at least within Medicine including Renal and Cardiology) the ED; Anaesthetics; Psychiatry; OBGYN; Paediatrics etc.<br>**IP&C Perspective** – lanyards should not be worn in clinical areas. If lanyards are introduced, they must be kept clean.<br>**Uniform policy** - national guidelines, based on Welsh Government standards, states lanyards must not be worn in clinical areas.<br>**From a violence and aggression perspective** - safety measures are in place, so the lanyards unclip when pulled.<br><br>**Actions from discussion**: JM will link Jason Roberts in with YuenKang Tham to discuss the project. JM will speak to the IP&C cell regarding lanyard usage. Cleanliness of lanyards must be adhered to. Jason Roberts chairs the IP&C cell. | Jane Murphy |
|---|---|---|
| **3** | **ITEMS FOR APPROVAL/ RATIFICATION** | |
| **MCBQSE/ 2025/67** | **National Reportable Incidents (NRIs)** – there are 15 open NRI's.<br>Integrated Medicine have 3, all have breached and are ready for closure.<br>Specialised Medicine have 6, 4 breached with 3 submitted for closure.<br>Acute and Emergency Medicine have 6, 3 have breached with 1 being prepared for closure.<br><br>**NRIs for closure**:<br>**Specialised Medicine - ID58925 delayed cancer diagnosis**<br>A patient referred to colorectal surgeons in February 2023 with iron deficiency anaemia (IDA) and was vetted by colorectal surgeons and passed through for a colonoscopy on the urgent suspected cancer (USC) pathway. Unfortunately, the patient was unable to tolerate the procedure on 1/3/23. As per guidelines, the patient progressed to a CT colonogram which did not show any indicators of cancer, and the patient was advised nothing was found in his Colon. In July 2023, the patient represented to his GP with poor swallow and weight loss and was referred in again via the USC pathway in August 23 and was found to have cancer. The patient was referred to palliative care and has sadly died. | |

**Learning**

There are two pathways for referral for patients with lower GI symptoms.

1. Via Colorectal Surgeons.
2. Via Health Pathways.

It was deemed the G should have a colonoscopy. However, after having the colonoscopy and the subsequence CT colonogram with no findings, he should have gone on to be referred for upper GI procedure. If the patient had come in via Gastroenterology for IDA, he would have had an upper or lower procedure the same day. However, there was a delay of seven months, which could have made a difference to his palliative care, however, not to the outcome. There is an ongoing action plan with Gastroenterology to re-align all pathways.

**Integrated Medicine: ID51438 deteriorating patient**

On 15/12/23 a patient was transferred to LSW following a fall at home with a long lie. On 16/1/25 the patient became acutely unwell and seen by a consultant and a plan put in place. This event took place during industrial action. The patient deteriorated, and had a 'Do Not Resuscitate' in place and sadly the patient died.

**Learning:**

No documentation available to show the Patient at Risk Team (PART) had been contacted. The patient collapsed and a 2222 call was placed at 21.25pm, the PART Team attended, however the patient had a pre-existing Do Not Resuscitate was in place and sadly the patient died. Staff were unaware the bleep system had gone down, which was why a response was not received from the PART team. The review concluded whilst there was learning the delay in the patient being seen by PART would not have changed the medical management but may have offered an earlier decision regarding end of life care.

**Emergency Medicine, ID79028**

On 9/1/25 a patient attended the ED following a fall at home sustaining a fracture of the left humorous. The patient was referred to the medical team on 10/1/25. During the patients stay in CDU 9-11 Jan 25 anti epileptic medication was not administered for 4 consecutive doses as staff did not obtain any stock and did not recognised this was a time critical medication. On 11/1/25 the patient had a seizure in CDU and was admitted to ITU for ongoing medical management.

**Learning:**

- The required medication was unavailable as a stock item in the ED and the medication was not ordered via the Pharmacy. No attempts were made to get the required medication from ward stock. Nursing staff looked through the patients property bag and phoned next of kin to bring in the required medication.
- The medication was not recognised as a time critical medication and the medical team were not alerted that the medication was not administered.
- Nurses did not escalate this to the Nurse in Charge or the consultant responsible for CDU at this time.
- Electronic Prescribing is imminent, and this system will have prompts regarding time critical medication.
- Nursing teams have been advised of the importance of ordering patients' medication from Pharmacy early. In the interim, ask patients family members to bring in time critical medication.
- Posters are available for information if the patient is on time critical medication.
- There is no Pharmacy support in the ED.

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | **All NRI's below have common themes relating to pressure damage**<br>ID80729; ID86878; ID85450; ID86044; ID88015; ID91525<br><br>**Common themes on why reported as avoidable:** the mattress selection algorithm needs to be addressed to support decision making.<br><br>**Tendable audits** – audits support staff with learning and action planning. A care specific audit and one for falls are available to be used on Tendable.<br><br>**Injurious Injury: ID75745**<br>A patient who was mobile with a frame, was resistive to care, had a witnessed fall resulting in a fractured neck of femur. The patient deteriorated post-surgery and sadly died.<br>**Learning** – a multi-factorial risk assessment was not completed and there was an opportunity to undertake a behaviour chart to support any decision if the patient required enhanced supervision. This has now been taken to Panel and in terms of financial redress it is likely to be pain and suffering from an increased length of the stay.<br><br>**The group resolved/ Actions from discussion**: to note the above. | |
| **4 ITEMS FOR NOTING AND INFORMATION** | | |
| **MCBQSE/ 2025/68** | **Patient Safety Alerts/MDAs/ISNs**<br>Safety Memo – Amphotericin<br>Safety Memo – Aurum pre-filled syringes<br>Safety Memo – Hydrocortisone shortage<br>Safety Memo – SGLT2 inhibitors risk of Euglycemic DKA<br>Safety Memo – TB Medicines shortage<br>**Actions from discussion:** to note the above. | |
| **MCBQSE/ 2025/69** | **Medicines safety newsletter July 2025**<br>**The group resolved**: to note the above. **Action from discussion:** none | |
| **MCBQSE/ 2025/70** | **Minutes from Directorate QSE Groups and Chairs Reports/Exceptions:**<br>- Acute & Emergency Medicine minutes 10/6/25<br>- Integrated Medicine, UHW (await minutes)<br>- Integrated Medicine UHL minutes 6/2/25 and 13/5/25<br>- EUG minutes 12/6/25 and 24/7/25<br>**The group resolved**: to note the above. **Action from discussion:** none | |
| **MCBQSE/ 2025/71** | **Minutes from QSE Sub-groups**:<br>- IP&C 4/6/25<br>- H&S 2/4/25 (last meeting 4th June await minutes)<br>- Medicines Governance and Access Group 18/7/2525<br>- Professional Nursing Board last meeting 10/2/25 | |
| **MCBQSE/ 2025/72** | **Feedback from UHB QSE Committee** – no update. | |
| **MCBQSE/ 2025/73** | **AOB**<br>**Audit Assurance Team** are auditing regarding how MCB QSE is managed and the governance around this.<br>**Point of contact** – the document is available for staff to read.<br>**Clinical Director, Quality and Governance** – Lyndsey MacDonald has been appointed to this new role.<br>**IP&C Link for MCB** - Leanne Provis has been appointed to this role. Derek and Vince will support.<br>**The group resolved/ Action from discussion:** to note the above. | |
| **5. ANY OTHER BUSINESS/ DATE AND TIME OF NEXT MEETING** | | |
| **MCBQSE/** | **Date and time of next meeting** – 15 October 2025 14:15 Teams meeting | |

Saunders,Nathan
28/10/2025 10:14:55

| 2025/74 | | |
|---|---|---|

Saunders,Nathan
28/10/2025 10:18:55

# Minutes of the Clinical Diagnostics and Therapeutics Clinical Board Quality, Safety and Patient Experience Sub-Committee

## Held on 25th July 2025

| **Present:** | | |
|---|---|---|
| Helen Luton (Chair) | HL | Director of Nursing/Multi Professional Teams |
| Becca Jos | BJ | Deputy Director of Operations |
| Kim Atkinson | KA | Clinical Director of Allied Health Professions |
| Susan Beer | SB | Public Health Wales Representative |
| Edward Chapman | EC | Head of Clinical Engineering/ Medical Devices Officer/Assistant Director of Therapies and Health Sciences |
| Nigel Roberts | NR | Laboratory Service Manager, Biochemistry |
| Carole O'Shea | CO | Deputy Site Superintendent Radiographer |
| Jo Fleming | JF | Quality Lead, Radiology |
| Jonathan Davies | JDa | Health and Safety Adviser |
| Emma Griffiths | EG | Superintendent Radiographer |
| Emma Holmes | EH | Head of Nutrition and Dietetics |
| Jamie Williams | JW | Senior Nurse, Radiology |
| Sion O'Keefe | SO | Head of Business Development/ Directorate Manager of Outpatients/Patient Administration |
| Sue Lawless | SL | Laboratory Service Manager, Haematology |
| Christopher Tetley | CT | Head of Photography, Medical Illustration |
| **Secretariat:** | | |
| Helen Jenkins | HJ | Business Support Manager |
| **Apologies:** | | |
| Adam Christian | ACh | Clinical Board Director |
| Sarah Lloyd | SL | Director of Operations |
| Seetal Sall | SS | Point of Care Testing Manager |
| Sian Jones | SJ | Directorate Manager, Laboratory Services |
| Alana Adams | AA | Principal Pharmacist, Welsh Medicines Information and Advice Service |
| Alison Lewis | AL | Patient Safety Coordinator |
| Rhys Morris | RM | CD&T R&D Lead/Director of MPCE |
| Suzanne Rees | SR | Lead Nurse for CD&T |
| Melissa Melling | MM | Head of Medical Illustration |
| Vanessa Goulding | VG | Interim Head of Podiatry |
| Paul Williams | PW | Quality and Safety Lead, Medical Physics |
| Alicia Christopher | AC | General Manager, Radiology & Medical Physics/ Clinical Engineering |
| Bill Salter | BS | Lead Staff Representative |
| Sandra Watts | SW | Senior Nurse for EPMA, Pharmacy |
| Elaine Lewis | EL | General Manager, Pharmacy |
| Scott Gable | SG | Laboratory Service Manager, Cellular Pathology |
| Yvonne Hyde | YH | IP&C Team Representative |
| Timothy Banner | TB | Clinical Director, Pharmacy |
| Ruth Lang | RL | Office Manager, AWTTC |
| Julia Dinley | JD | Head of Speech and Language Therapy |
| Kate Blower | KB | Shaping Change Team |

Saunders, Nathan
28/10/2025 10:18:55

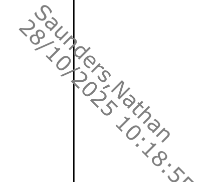
| Item No | Agenda Item | Action |
|---|---|---|
| **PRELIMINARIES** | | |
| **CDTQSE 25/187** | **Welcome & Introductions**<br><br>HL welcomed everyone to the meeting. | |
| **CDTQSE 25/188** | **Apologies for Absence**<br><br>Apologies for absence were noted. | |
| **CDTQSE 25/189** | **Minutes of the previous meeting**<br><br>An amendment was noted under Regulatory Compliance, which should read that 'a HIW inspection was being held in Radiology', not MHRA.<br><br>**The Group resolved that:**<br><br>a) Apart from the amendment noted, the minutes of the previous meeting were accepted as an accurate record. | |
| **CDTQSE 25/190** | **Matters Arising/Action Log**<br><br>The action log was received and it was noted that a number of actions had been completed. The outstanding actions were updated as follows:<br><br>*CDTQSE 24/277 Learning from Pathology Incidents*<br><br>SG to confirm if he can present at the September meeting.<br><br>*CDTQSE 25/155 Terms of Reference*<br><br>No further comments were received and the terms of reference were approved.<br><br>*CDTQSE 25/161 Medical Device Incident Management Poster*<br><br>EC has sent the post to the Patient Safety Team and is awaiting feedback.<br><br>*CDTQSE 25/170 External Speaker on AI*<br><br>EC confirmed that the speaker from Oxford is willing to present to the UHB. Given the governance structures around AI, EC has passed the contact details to the Information Governance Team to establish the most appropriate forum for him to attend.<br><br>*CDTQSE 25/172 Use of Personal Devices*<br><br>JF to send SO examples where staff are using their own personal devices to access patient information such as E-referrals and raised concerns around the issue if the device | **SG**<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>**JF** |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | was damaged when being used for work purposes. She also enquired if staff are using their own devices for accessing EPMA on wards. HL believes that devices have been procured for this but will make enquiries.<br><br>*CDTQSE 25/174 NATSSIP Group*<br><br>There are plans to reinstate this group but no timeframes have been issued.<br><br>**The group resolved that:**<br><br>a) The updates to the outstanding actions were noted. | **HL** |
| **6 DOMAINS OF QUALITY** | | |
| **SAFE** | | |
| **CDTQSE 25/191** | **Concerns and Compliments Report**<br><br>In June 2025, the Clinical Board received 65 concerns: 5 formal and 60 early resolution. There were 0 breaches in response times. 6 compliments were received.<br><br>The top themes of concerns received in June were:<br>• Difficulties cancelling and arranging appointments<br>• Waiting times<br>• Communication issues<br><br>The key themes of concerns received to date are:<br>• Difficulties cancelling and arranging appointments<br>• Waiting times<br>• Communication issues<br><br>The top themes received to date for compliments are:<br>• Excellent clinical treatment<br>• Contributions to materials e.g. articles, photographs<br>• Efficient service<br><br>**The Group resolved that:**<br><br>a) HL noted that the concerns team have a new process in place that separates formal concerns from queries or concerns that can be addressed through early resolution. | |
| **CDTQSE 25/192** | **National Reportable Incidents**<br><br>The NRI Report was **RECEIVED.**<br><br>One incident has been reported relating to a potential radiology miss. An initial NRI meeting needs to be held.<br><br>A further incident has been raised relating to a software issue in the Dexa scanner. The team are undertaking an exercise looking at historical patients to identify if there has been any | |

Saunders,Nathan 28/10/2025 10:18:55

| | | |
|---|---|---|
| | harm. As over 70 patients could potentially be affected, this incident has been reported as an NRI.<br><br>The incident relating to the PSA reagent in Biochemistry laboratory was discussed in detail in a previous meeting. The Biochemistry team are undertaking an internal investigation around the laboratory process and are liaising with the supplier. The Urology team are working to determine if there has been any harm to patients.<br><br>JF reported a potential new incident relating to patient due to receive a follow-up chest x-ray but due to an admin error was not booked in. the patient has now received their scan and it will be established if there was any harm to the patient as a result.<br><br>EC reported a near miss in a special school relating to a piece of therapies equipment. This has been escalated to the manufacturer and the kit has been taken out of use. It is unclear yet if this is a wear and tissue issue or a design fault. This was identified prior to an incident occurring and no patients have been harmed.<br><br>**The Group resolved that:**<br><br>a) The update on incidents was noted. | |
| **CDTQSE 25/193** | **Duty of Candour Cases/Claims/LFERs**<br><br>HL shared a Radiology case related to a Learning from Events report. The patient was a 62-year-old who has sadly passed away, but this incident occurred in 2020 when the patient attended the gastroenterology department.<br><br>The patient was a heavy smoker and a moderately heavy drinker who had a family history of oesophageal cancer. His medical journey began in April 2019 where he reported to his GP some discomfort when swallowing and this led to various appointments and tests.<br><br>In June 2019, he had an endoscopy which identified some gastroesophageal reflux and he was provided with advice on chewing food well and ongoing PPI. In September 2019 he described a lump sensation in his throat and in October 2019, the GP referred him for a barium swallow examination. The referral was rejected as not being the appropriate pathway but there was miscommunication in the information that was sent back to the GP related to describing symptoms of dyspepsia rather than dysphagia. In November 2019 the patient had a further ENT examination.<br><br>In May 2020 the patient was seen by a Consultant Gastroenterologist for dysphagia and odynophagia and referred to the Speech and Language Therapy service. He received an assessment and was discharged. In June he | |



| | | |
|---|---|---|
| | returned to his GP and in July 2020 ENT requested a non-urgent CT scan which showed an upper oesophageal malignancy. This led to further diagnosis and staging and palliative care and the patient passed away on 21st March 2021.<br><br>The claim was submitted as part of the Welsh Risk Pool and they obtained an expert report from a Consultant Clinical Oncologist. The findings focused on the miscommunication around dysphagia and dyspepsia, however the barium swallow was not the correct procedure to be requested and would still have been declined. The advice would be to request an endoscopy and the rejection letter stated that an OGD was required. However, had the barium swallow been undertaken the issue might have been identified.<br><br>The expert opinion is slightly different to Radiology colleagues but a clear pathway has been developed for patients presenting with dysphagia and where a barium swallow is appropriate.<br><br>**The Group resolved that:**<br><br>a) The case was presented to demonstrate learning for the LFE. | |
| **CDTQSE 25/194** | **Risk Register Updates**<br><br>The Clinical Board risk register has been submitted for July.<br><br>JF stated that a risk has been added to the Radiology risk register relating to data entry onto the Radis system by inexperienced staff. She commented that electronic requesting would mitigate a lot of the errors.<br><br>BJ reported that the LIMS and RISP system entries on the risk register have been updated given that implementation of the systems are nearing and there are risks that remain unresolved.<br><br>The Podiatry move from Denbigh House should be added as a risk as a demolition notice has been received for the building and no alternative accommodation has been agreed for the service.<br><br>EH reported that there is a procurement issue relating to delays renewing the enteral feeding contract and each Health Board across Wales are raising this as a risk<br><br>**The Group resolved that:**<br><br>a) The risk register updates were noted. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| **CDTQSE 25/195** | **Patient Safety Alerts**<br><br>**The Group resolved that:**<br><br>a) No new alerts have been received. | |
| **CDTQSE 25/196** | **Medical Device/Equipment Risks**<br><br>EC advised that communication is due to be circulated from the Patient Safety Team relating to compatibility issues of pre-filled syringes following a change in design.<br><br>**The Group resolved that:**<br><br>a) Following circulation of ISN 2025 02 Guedel airway recall assurance has been provided that departments have checked their stock. | |
| **CDTQSE 25/197** | **Point of Care Testing**<br><br>**The Group resolved that:**<br><br>a) There were no updates to report. | |
| **CDTQSE 25/198** | **IP&C/ Decontamination Issues**<br><br>SR raised in the IPC Committee the issue that portable suction equipment is not being decontaminated prior to being returned to Clinical Engineering. An SBAR has also been shared with the Directors of Nursing.<br><br>There were no actions for this Clinical Board arising from the Water Safety Group.<br><br>The Decontamination Group was held on 22nd July. The HSDU is still currently closed as works are ongoing and contingency measures are still in place.<br><br>There is an issue in Radiology relating to hot water not reaching temperature where the water is hot enough for washing hands and to pre- clean scopes but not hot enough to run the AEDs. Urology and Endoscopy are also affected. JW to inform HL if there is still an issue later today.<br><br>SR is a member of a new Healthcare Environment Steering Group was held on 12th June. The next meeting is due in August if any departments have an issue they would like to escalate.<br><br>**The Group resolved that:**<br><br>a) The feedback relating to IPC and decontamination issues was noted. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| **CDTQSE 25/199** | **Safeguarding Update**<br><br>A flowchart has been circulated on the options for departments need to obtain advice for family support.<br><br>A Safeguarding Networking bulletin has been circulated. This contains details of an initiative around preventing abuse and head trauma in babies and young children. The bulletin also shares details around domestic abuse protection orders and some research updates.<br><br>**The Group resolved that:**<br><br>a) HL will circulate further documents that were shared in the UHB Safeguarding Group held yesterday. | <br><br><br><br><br><br><br><br><br><br>**HL** |
| **CDTQSE 25/200** | **Consent Issues**<br><br>The UHB compliance against training for consent and MCA is progressing well.<br><br>**The Group resolved that:**<br><br>a) Details of DoLs training is available on the SharePoint site.<br><br>b) HL suggested that the MCA team attend a Therapy QSE meeting. HL will email to make the introductions. | <br><br><br><br><br><br><br><br>**HL** |
| **CDTQSE 25/201** | **Health and Safety/Staff Wellbeing**<br><br>NR reported that the lift in the Academic Building at UHL will be out of action whilst works are being undertaken. This will impact on moving gas cylinders up to the Toxicology service on the 4th floor. SJ is linking in with Estates. BJ will inform the Director of the UHL site of the issue. EC provided details of a powered stair lift trolley for information.<br><br>EC reported that the air-conditioning in Field Way is still not working 7 months after being reported to Estates. Also, a toilet cistern in Field Way needs repair and has been out of action for a number of months. EC to send HL the email correspondence to Estates and she will follow this up.<br><br>**The Group resolved that:**<br><br>a) The health and safety issues were noted. | <br><br><br><br><br>**BJ**<br><br><br><br><br><br>**EC/HL** |
| **CDTQSE 25/202** | **Regulatory Compliance**<br><br>Positive feedback was received from the HIW Inspection held in Radiology. Some minor changes were required to Employers Procedures. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | The major actions that are required related to the Orthopaedics department who are linking in with the Medical Physics Expert for advice and support.<br><br>**The Group resolved that:**<br><br>a) The HIW inspector noted that IRMER responsibilities are not solely for Radiology and responsibilities also lie with other departments.<br><br>b) The minutes of the Regulatory Compliance Group meeting were circulated. | |
| **TIMELY** | | |
| **CDTQSE 25/203** | **Waiting Times Performance**<br><br>Radiology has made significant efforts to reduce its 8-week backlog by 1050 waiters which has resulted in 8465 patients waiting over 8 weeks. Further work will continue. The UHB target is to reach 0 breaches by year end.<br><br>With regards to the 14-week target for Therapies, Dietetics Paediatrics waiting times are increasing due to a shortfall in capacity.<br><br>OT Adult breaches have increased as staff have been providing support to the EU as a priority. The backlog in OT Paediatrics has reduced.<br><br>Physiotherapy has managed to control its waiting times, despite expecting an increase in the MSK list due to rising demand and the service is reporting 8 breaches in month.<br><br>Speech and Language Therapy has halved its breaches this month to 18.<br><br>**The Group resolved that:**<br><br>a) Waiting times performance is monitored and discussed in detail in the directorate performance review meetings. | |
| **EFFECTIVE** | | |
| **CDTQSE 25/204** | **Feedback from UHB QSE Committee**<br><br>**The group resolved that:**<br><br>a) The minutes from the meeting held on 24th June 2025 are not yet available.<br><br>b) The Clinical Board will be presenting its annual report to the meeting in August. The report will be shared with this group following the meeting. | |
| **CDTQSE 25/205** | **Research and Development** | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | **The Group resolved that:**<br><br>a) The minutes from the R&D Group meeting held in July were circulated. | |
| **CDTQSE 25/206** | **Service Improvement Initiatives**<br><br>SO reported that Clinical Coding are working on an initiative to improve their completeness rates and the Shaping Change team will be providing support. The department has improved to 81% and the target is 95%. The scope of this work relates to scanning to code which will ease access to information and this work will also improve retention, potentially reduce costs and improve productivity.<br><br>There has been an embargo over the last few years around destruction of paper records. This has been lifted and SOPs and guidance within Health Records relating to the destruction of records need to be more robust and will be updated.<br><br>**The Group resolved that:**<br><br>a) If services outside of the Patient Administration directorate have guidance or SOPs relating to destruction to share them with SO. | |
| **CDTQSE 25/207** | **Information Governance/Data Quality**<br><br>KA reported that it is common amongst therapists to use Whatsapp for non- patient related communication but at a recent summit medics referred to a Pando app that is being used extensively across Medicine. The Information Governance team have advised that this should not be adopted and clarity is needed on an app that is approved. SO commented that the suggestion is likely to be to use a Microsoft Teams chat.<br><br>**The Group resolved that:**<br><br>a) SO agreed to contact the Information Governance Team to ask if there is an approved messaging app that can be used. | **SO** |
| **CDTQSE 250/208** | **HIW/Llais Reports and Improvement Plans**<br><br>**The Group resolved that:**<br><br>a) No reports or improvement plans have been received. | |
| **CDTQSE 25/209** | **Policies, Procedures and Guidance (including NICE Guidance)**<br><br>**The Group resolved that:** | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | a) There were no new local policies or procedures to be reviewed. | |
| **EFFICIENT** | | |
| **CDTQSE 25/210** | **Feedback from Directorate QSE Meetings**<br><br>Therapies submitted a written summary of their QSE meeting. There are rumours circulating that STAMP is being discontinued. SO has asked the Digital Team and they are not aware of this.<br><br>There is an ongoing issue relating to TDSI in the CRI not working.<br><br>**The Group resolved that:**<br><br>a) HL requested for other departments to submit their action notes, minutes or summaries from their QSE Groups. | |
| **CDTQSE 25/211** | **Clinical/Internal Audits**<br><br>**The Group resolved that:**<br><br>a) There were no audits to report. | |
| **CDTQSE 25/212** | **Sustainability**<br><br>The Clinical Board Sustainability SharePoint site has recently been updated.<br><br>The UHB Green Group has now been reinstated.<br><br>A UHB Sustainability Ideas Board has been produced for shared learning and spread and scale of projects. Teams are encouraged to complete an MS form at whatever stage of their project.<br><br>The Gloves off Campaign was awarded winner at the NHS Sustainability Awards 2025 in the Spread and Scale category.<br><br>**The Group resolved that:**<br><br>a) The update on sustainability was noted. | |
| **EQUITABLE** | | |
| **CDTQSE 25/213** | **Feedback from Clinical Board Inclusion Ambassadors Group**<br><br>**The Group resolved that:**<br><br>a) The next meeting is due to be held next week. | |
| **CDTQSE 25/214** | **Equality and Diversity Issues**<br><br>**The Group resolved that:** | |

Saunders,Nathan
28/10/2025 10:38:55

| | a) There were no issues to report. | |
|---|---|---|
| **PERSON CENTRED** | | |
| **CDTQSE 25/215** | **Patient Story – Radiology**<br><br>EG was welcomed to the meeting. The processes and patient pathways for patients within Interventional Radiology and Interventional Cardiology had significant gaps in governance and work was undertaken to address these issues to provide a better patient experience. This is centred around how high dose radiation procedures are managed, specifically in terms of any radiation induced skin effects that can arise as a result of high doses of ionising radiation.<br><br>Tissue reactions are known as deterministic effects and they are dose-related with particular effects occurring at different dose levels. Clinicians have a responsibility to ensure that patients receiving these doses are appropriately consented and counselled about the risks of the radiation dose and what they could possibly see on their skin.<br><br>Guidance by the Internal Commission of Radiological Protections states that patients should receive formal follow up to deal with any deterministic effects and undergo surveillance. However, it does not explicitly state who should undertake these checks.<br><br>An SOP was in place but there were significant gaps identified specifically in terms of ownership of the patients, resulting in patients not being followed up appropriately. Referrers were not prepared to see the patients to assess their skin or taken any responsibility for the patients' after care. GPs also do not have the experience to make an informed decision regarding the appearance of skin exposed to ionising radiation. A pathway was therefore developed to address the gaps and provide assurance that patients were receiving the recommended surveillance and appropriate treatment for radiation induced skin reactions if needed.<br><br>Benchmarking was undertaken against other sites in UK and information that was shared was vague. The Dermatology team were asked to provide teaching and education to Radiographers and CNSs on how to recognise, grade and treat erythema. Although not experts in radiation induced skin changes, their phototherapy services often trigger erythema and similar reactions in their patients.<br>Medical Illustration provided pictorial references and the support of a clinical photographer was enlisted to document the appearance of patients' skin at each specified checkpoint. | |

Saunders,Nathan
28/10/2025 10:18:55

Dermatology agreed to provide access to the on-call dermatology resident doctor for ward-based support and advice if required.

Following discharge, Radiology arranged for all patients receiving doses greater than 2Gy, the threshold for erythema, to be seen in a clinic environment.

The patient pathway was revised as follows:

For all procedures with a high likelihood of a dose greater than 2gY, the risk/benefit conversation is held with the patient, explaining the procedure and the risks associated with the radiation dose and the high dose protocol. Verbal consent for clinical photography is obtained, followed by written consent for initial photographs to be taken post-procedure in the event of an actual dose breach.

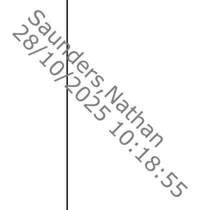
Doses breaching 2Gy, but not reaching 3Gy, trigger a skin surveillance form which is completed by the IR nurse when returning the patient to the ward. The skin should be checked by a Radiographer or CNS at 4 hours and 16 hours after the procedure. Any erythema will be graded and advice or a treatment plan is handed over the nurse. Any concerns to be directed to the on-call Dermatology Resident.

Doses breaching 3Gy, would trigger a skin surveillance form with the relevant skin checks, plus a request for a formal dose estimation report from a Medical Physics Expert.

For all patients receiving doses above 2Gy, following written consent from the patient, initial photographs are taken then at 4 hour and 16-hour intervals. The images are uploaded by the Medical Illustration Unit where a full photographic comparison of the 3 stages can be made.

Patients are given a skin care advice sheet prior to discharge and an invite letter to an outpatient clinic 2-4 weeks following the exposure, where their skin is checked and photographed again. The patient is asked to share their experience and raise any queries or concerns. If the skin appears normal they are discharged and advised to see the GP if they have any future concerns.

Letters are also sent to the referrer to notify them that the patient received a high radiation dose and advise they will be invited to a follow up clinic and inform them of the radiation dose received by the patient and advise of the possibility of the appearance of delayed onset effects.




The patient experience feedback from patients will inform if any service redesign is needed and contribute to audits.

| | | |
|---|---|---|
| | **The Group resolved that:**<br><br>a) The issue was raised whether the follow up sessions could be undertaken virtually. This is a suggestion that could be explored.<br><br>b) HL asked EG to attend a future meeting and share data on the patients' experience. | |
| **CDTQSE 25/216** | **Patient Experience Feedback**<br><br>**The Group resolved that:**<br><br>a) HL will circulate Civica reports when they are received. | |
| **CDTQSE 25/217** | **Internal/External Awards**<br><br>Therapies have submitted a number of entries into the AHA Awards.<br><br>**The Group resolved that:**<br><br>a) There were no recent success stories to report. | |
| **CDTQSE 25/218** | **Good News Stories**<br><br>**The Group resolved that:**<br><br>a) No good news stories were shared. | |
| **ITEMS TO RECEIVE/NOTE FOR INFORMATION** | | |
| **CDTQSE 25/219** | HI noted that Radiology and Physiotherapy colleagues have attended the NEWS2 training. Further training sessions are available for other relevant departments to attend.<br><br>The Regulatory Group minutes and the R&D Group minutes for July 2025 were **RECEIVED.** | |
| **ANY OTHER BUSINESS** | | |
| **CDTQSE 25/220** | Nothing further to report. | |
| **CDTQSE 25/221** | **Date & time of next Meeting**<br><br>The next meeting will be held on 21st August 2025 at 2pm via Teams | |

Saunders,Nathan
28/10/2025 10:18:55

# Minutes of the Medicine Clinical Board Quality, Safety & Experience Committee Meeting 17 September 2025 14:15 – 15:45, via MS Teams

| | Attending | Apologies |
|---|---|---|
| MCB Operations/ Nursing Directors & Deputy Directors | Ceri Richards-Taylor (Chair), Claire Main | Katja Empson, Jane Murphy, Mike Bond, Cari Randall |
| Clinical Directors | Lyndsey MacDonald, Aneurin Buttress | Richard Marsh, Siobhan Lewis, Sharon Jones, Tom Pembroke, Neera Agarwal |
| Patient Safety Team | Rajani Ponnada | |
| Consultants | Mark Davies | Tim Ayres, ED |
| Staff-side | | Jonathan Strachan-Taylor |
| Pharmacy | Manon Owen | |
| People Services | | Louise Halliday-Jones |
| Head of Quality & Clinical Gov. | | Sian Rowlands |
| Quality & Governance Lead | Kath Prosser | |
| Consultant Nurse Practitioner, ED | Marianne Jenkins | |
| General Managers | | Dan O'Donnell, Vicci Page |
| Lead Nurses | Natasha Whysall, Wayne Parsons, Dave Pitchforth | Ceri Martin, |
| Senior Nurses | Sue Eshel, Sarah Cornes-Payne, Beth Jones, Harriet Foley | Lowri Warren, Claire O'Keeffe, Sian Brookes |
| Senior Nurse, Resuscitation | | Angela Jones |
| Professional & Practice Development Nurses | Sam Hughes | Liz Vaughan |
| Ward Managers | Susamma Mathew | |
| IP&C | Leeanne Provis | |
| Organisational Learning Facilitator, Mortality Lead | Nicholas Denny | |
| Safeguarding | Linda Hughes-Jones | |
| Finance | | Kris Prosser, Gareth Jenkins |
| I&I | Molly Baker | |
| Centre Manager, CF | Lorraine Speight | |
| Presenter | Julia Evans | |
| Secretariat | Sheryl Gascoigne | |

| Item No | 1. Standing Items | Action |
|---|---|---|
| **MCBQSE/ 2025/75** | **Welcome and Introductions** – were undertaken.<br>**To receive the minutes of the previous meeting held on 20/8/25** – the minutes were accepted as an accurate account of the meeting.<br>**Action Log** – was updated. **Declarations of Interest** – none declared. | |
| **2. ITEMS FOR REVIEW AND ASSURANCE** | | |
| **MCBQSE/ 2025/76** | **Patient Story, Acute and Emergency Medicine** – delivered by Lisa Green<br>A pregnant young lady came into the Emergency Department (ED) with cardiac arrest. Mum and baby sadly died. A hot debrief was undertaken directly after the event focusing on immediate concerns, to support staff. A hot debrief takes place at the time of the incident. A cold debrief takes place a couple of weeks after the incident, with a more formal approach with more information and test results available. This has a trauma informed structure | |

Saunders Nathan 28/10/2025 10:18:55

| | | |
|---|---|---|
| | approach. One of the reverend's are invited. A Family Liaison Officer from the Bereavement Team will attend. Staff can be signposted to wellbeing services.<br>**The group resolved**: debriefs help to improve patient care and support staff to reflect.<br>**Action:** LM will ensure this case goes to the M&M meeting for discussion. | Lyndsey MacDonald |
| **MCBQSE/ 2025/77** | **Compliments**<br>**C4 Stroke** – a lead midwife in the Experience Team wrote 'Last Thursday my wonderful grandmother, unfortunately suffered a stroke and sadly died on Saturday morning. I want to share how fantastic the teams were in the Emergency Department (ED), Resus, Neuro, C4 and Stroke, we will be forever grateful. They were faultless and should be commended for their work'.<br>**Mobile Endoscopy Unit** - feedback from providers is 100% for patient satisfaction. The only thing highlighted was signposting.<br>**ED** – a bank nurse wrote 'I had such an amazing experience during my recent bank shifts. I had the privilege of working in Streaming, ACU, CDU and Majors and am blown away by the incredible support from every single team. This experience has been both educational and inspiring, it has motivated me even more to continue towards the flexible nursing programme once I have been with Cardiff for a year. I am really excited for what's next and that is thanks to all of you'.<br>**A&E** – 'please pass on my thanks to Mal and Cath in A&E for the way they treated me on 7/9/25 following my bike accident. They are a credit to the NHS'.<br><br>**Family feedback, Medical Examiners Reports**<br>**Care after death** – has vastly improved over the past year. Preparation for winter is key.<br>**Action:** ND will prepare a list of themes, patterns, trends etc for next month's meeting and an update on care after death. Add this to next month's agenda.<br><br>**MCB Concerns** – currently 58 open concerns. There are a vast number of concerns closed by early resolution. Themes include wait times; communication; hydration and nutrition.<br><br>All to send compliments to Kath Prosser to share with the relevant teams. | Nick Denny |
| **MCBQSE/ 2025/78** | **Safeguarding** – update from Ceri Richards-Taylor<br>The annual report has been published and is available on the intranet. Training compliance generally runs at between 60 to 80%, however, medics engagement with modules on ESR is approx. 40 – 50%.<br>**Safeguarding App** – available for download. It has lots of material, specific to Wales and how to manage safeguarding effectively.<br>**The group resolved/ Action:** to note the above. | |
| **MCBQSE/ 2025/79** | **Infection Prevention and Control (IP&C)**<br>August MCB position based on same period 2024-2025:<br>• 400% reduction. No cases of *Pseudomonas* since April 2025<br>• 52% reduction with *C. difficile*<br>• 43% increase with MSSA Bacteraemia's<br>• 0% change in MRSA Bacteraemia's compared to last year<br>• 44% Increase *with Klebsiella* Bacteraemia's<br>• 31% increase with *E. coli* Bacteraemia's<br><br>(see table below)<br><br><u>Other Incidents and Outbreaks</u> - C7 have had an increased incidence in C.*difficile* cases. 11 cases in total; 8 toxin negative and 3 toxins positive. PII meeting to be arranged. The most recent three cases have been linked by WGS which indicates a potential transmission event. | |

| Organism | Total for the month - August 2025 | Total April 2025 – August 2025 |
|---|---|---|
| C. difficile | 1 | 17 |
| MSSA | 1 | 10 |
| MRSA | 0 | 1 |
| *Klebsiella* | 3 | 11 |
| *Pseudomonas* | 0 | 0 |
| *E. coli* | 5 | 18 |

Saunders,Nathan 28/10/2025 10:__:5_

| Outbreaks | Total number of outbreaks In August 2025 | Total patients affected | Total staff affected | Total number of bed days lost |
|---|---|---|---|---|
| TOTAL MCB | 17 | 71 | 19 | 45 |
| TOTAL UHW | 11 | 48 | 12 | 35 |
| TOTAL UHL | 4 | 20 | 4 | 5 |
| TOTAL SDH/ BCH | 2 | 3 | 3 | 5 |

RCAs Outstanding April 2025 – August 2025

| Organism | Number of RCAs sent | Number of RCAs returned | % Return rate |
|---|---|---|---|
| C. difficile | 17 | 14 | 82% |
| MSSA | 10 | 6 | 70% |
| MRSA | 1 | 1 | 100% |
| *Klebsiella* | 11 | 4 | 36% |
| *Pseudomonas* | 0 | - | - |
| TOTAL | 39 | 25 | 64% |

**IP&C audits** – 8 were carried out in August. A further 3 have now taken place on wards.
**Education** – let Leeanne know if any training or education for a particular area is required.
**Flu vaccine** – encourage staff to get vaccinated.
**Risk assessments** – are on the Welsh Nursing Clinical Record (WNCR)
**Winter preparedness** – ensure all staff are up to date with Fit Testing and that there is a good supply of masks. Masks must be worn in Covid bays.
**CPO/CRO patients** – recently a few of these patients have come through the ED and onto A1N and A1S. Currently there is a flag on workstation for any patients who have a history of CPO, however, this does not show in the ED, the flag will show when they get to A1.
**Aprons** – there was a colour coded use of aprons to stop people wearing PPE in different places. Looking to re-instate this.
**Klebsiella** – LP will do a report on the Bacteraemia's and where they are coming from, and this will be shared at the MCB IP&C meeting on 3/10/25.
**An overarching action plan** - after Lyndsey MacDonald and Leeanne Provis have met, meet with Ceri Richards-Taylor to look at implementing an overarching IP&C Action Plan.
**Actions/ the group resolved:** to note the above.

**MCBQSE/ 2025/80**

**MEAU Improvement Project** – update from Julia Evans and Molly Baker
MHSOP have 150 patients in UHL, many frail elderly and many become unwell and get admitted to MEAU. JE worked with MB and Julia Somerford to make improvements.
**Problem Statement**: MHSOP patients in MEAU face distress and safety concerns in a high-acuity, non-dementia-friendly environment, while staff navigate unfamiliar roles and competing priorities.

**Data Collection**
**Quantitative**:
- Deep dive audit of 25 MHSOP patients admitted to MEAU.
- Length of Stay (LoS) data reviewed.

**Qualitative**:
- Survey of 37 Registered Nurses (RNs) in MEAU.
- Audit of discharge advice letters (DALS) revealed low completion rates.

**Key Findings**
- Most MHSOP patients required MEAU admission and stayed 72 hours.
- Poor communication between MEAU and MHSOP teams.
- Low completion rate of DALS.
- Process mapping identified inefficiencies and waste.
- MEAU staff lack access to patient history information.

**Actions & Improvements**
- Julia Somerford exploring a **Standard Operating Procedure (SOP)** to improve access to patient history.
- Highlighted need for better communication and coordination between teams.

Saunders,Nathan
28/10/2025 10:18:05

| | | |
|---|---|---|
| | **Operational Challenges**<br>**Bed Management**:<br>• If MHSOP patients are discharged quickly, they retain their original bed.<br>• Delays lead to bed reallocation, resulting in longer stays with MCB.<br>**Handover Delays**:<br>• MHSOP requires Doctor-to-Doctor handover, causing significant delays.<br>• This impacts bed availability and increases pressure at the front door.<br><br>**Trial Period Implementation (01/10/25 – 24/12/25)**<br>**Goals**<br>• Improve quality of care in MEAU.<br>• Enhance handover processes and documentation.<br>• Increase staff satisfaction and patient outcomes.<br>**Key Actions**<br>• Staff & Communication Processes: New workflows to support better coordination.<br>• Documentation Folder: Care plans and patient information placed at the bottom of each patient's bed.<br>• RN-to-RN Handover: Introduced to improve continuity and clarity of care.<br>• Doctor-to-Doctor Handover Replaced: MEAU doctors will complete detailed Discharge Advice Letters (DALs) instead.<br>• Standard Operating Procedure (SOP): To be developed for MHSOP patients entering MEAU, focusing on enhanced supervision.<br>**The group resolved:** the work done by Julia Evans and Julia Somerford has been excellent throughout this audit. | |
| **MCBQSE/ 2025/81** | **Bereavement Process** – carried over to next month. | Kath Prosser |
| **3 ITEMS FOR APPROVAL/ RATIFICATION** | | |
| **MCBQSE/ 2025/82** | **National Reportable Incidents (NRIs)** – there are 8 open NRI's.<br>Integrated Medicine have 1.<br>Specialised Medicine have 3, 2 of which have breached closure date.<br>Acute and Emergency Medicine have 5, 2 of which have breached closure date.<br><br>**NRIs for closure**:<br>**Specialised Medicine - ID66562; ID67543; ID68461**, Summary<br>• Thematic Review: Conducted on 5 patients; only 3 cases formally reported.<br>• Issue Identified: All patients were removed from the Urgent Suspected Cancer (USC) pathway list despite similar colonoscopy concerns.<br>• **Learning**: Need to improve processes, especially regarding patients with additional needs.<br>• Near Miss: One patient with unrecognised additional needs experienced a delay, potentially risking a missed cancer diagnosis.<br>• Process Change: Pre-screening procedures updated.<br><br>**Integrated Medicine, ID78866, Patient Case Summary**<br>• A 51-year-old male was admitted to ED on 18/10/2024.<br>• Working Diagnosis: Chest infection<br>• Medical History: Pancreatitis; deep vein thrombosis (DVT); excessive alcohol consumption<br>• Ward Transfer: Moved to B2 Vascular as a medical outlier<br>• Date of Incident: 22/10/2024<br>• Behavioural Change: Became agitated, left the ward<br>• Return & Outcome:<br>  ◦ Returned agitated and aggressive<br>  ◦ Security called; patient restrained<br>  ◦ Suffered peri-arrest and arrest; died on the ward<br>**Clinical Findings**<br>  ◦ Cause of Death: Ischemic heart disease | |

Saunders,Nathan
28/10/2025 10:18:55

- Toxicology: Mild toxic levels present, not sufficient to cause death

**Learning & Concerns**

- Escalation Failure: NEWS score not escalated appropriately; missed opportunity for early PART review
- Substance Use Query: Possible illegal substance use while off the ward
- Restraint Concerns:
    - Raised by Consent Group and Mental Capacity Team
    - Questioned whether restraint was in patient's best interest

**Recommendations & Actions**

- Policy Challenges: Recommendations difficult to implement due to corporate-level restraint policy
- SOP Proposal: Consider drafting a Standard Operating Procedure for reviewing/supporting medical outliers
- Escalation Improvement: Adoption of NEWS2 to support timely escalation to PART
- Staff Awareness: Need for improved recognition of deteriorating patients and substance use indicators

**ID70316** – **Incident Summary**

- Infection Source: MSSA bacteraemia believed to have originated from a cannular site
- Outcome: Patient sadly died; cause of death recorded as sepsis of unknown origin
- Patient Background: Multiple co-morbidities; history of MRSA

**Learning & Gaps**

- Screening Missed: MRSA history should have triggered MRSA screening on admission — this was not done.
- Monitoring Gaps:
    - Missed opportunities in Vascular Insertion Point Score (VIPS) and Peripheral Venous Catheter (PVC) scoring

**Next Step**: Case will be discussed at Redress

**Action:** KP will liaise with Nick Denny regarding if this patient was retrospectively referred to the coroner or not.

Kath Prosser

**ID76652**

**Incident Summary**

A lady was admitted to UHW in October 2024 and transferred to C7. The working diagnosis was that of a chest infection. The patient had a cannula inserted whilst in the ED and then separately went onto develop an MSSA Bacteraemia and cellulitis of the left forearm and lost the vision in part of her left eye.

**Learning**

- There were inconsistent and absent VIP scoring and PCV scoring.
- The lady regained full sight of her vision.
- This will be taken to Redress as the patient had pain and suffering.
- The ward have a QR code on the ward as education for staff.

**Emergency Medicine, ID76908 - Patient Case Summary**

- Initial Presentation: November 2024 – symptoms of pneumonia and heart failure.
- Treatment & Discharge: Treated and discharged with follow-up under Virtual Ward for Echocardiogram and Cardiology review

Timeline of Events

- 20/11/25: Patient became unwell, contacted Virtual Ward, attended face-to-face assessment.
    - Diagnosis: Worsening pneumonia
    - Antibiotics adjusted; discharged under Virtual Ward care.
- 21/11/25: Second attendance to MSDEC
    - ECG was requested by clinician but not performed – missed opportunity to detect MI
- 22/11/25: Attended ED with worsening symptoms
    - Diagnosed with anterior myocardial infarction

Saunders Nathan
28/10/2025 10:18:55

- 23/11/25: Despite appropriate management, patient sadly died

**Learning & Actions**

- Missed ECG: Critical missed opportunity on 21/11/25 to identify MI
- Assessment Gaps:
    - Patient assessed by nurse on arrival
    - ECG was identified as needed but not completed
- Outcome Impact: Earlier ECG may have changed the clinical outcome
- Quality & Safety Review:
    - Case to be discussed at next ED Quality and Safety Meeting
    - Education to be provided on updated MSDEC booklet with checklists and prompts for ECG completion
- Coroner Involvement:
    - Inquest held
    - Coroner requesting updates on the amended booklet and electronic clinical workstation task list used in MSDEC

**Pressure Damage common themes/learning, ID93134, ID93368 - Summary**

Two cases of avoidable pressure damage: one unstageable; one Category 3

- Cause: Incorrect mattress selection
- Action: Mattress selection algorithm is being updated
- Next Step: Both cases will progress to Redress

**Learning & Compliance**

- Training Compliance Evidence was difficult to locate and verify
- Welsh Risk Pool Requirement is 85%+ training compliance needed for C&VUHB to be reimbursed.

**Injurious Injury, ID94658** - Incident Summary

- Patient: Male, transferred to Elizabeth Ward
- Event: Suffered a catastrophic subdural haematoma following a fall
- Supervision Gap: Patient had enhanced supervision prior to transfer, but this was not handed over to the receiving ward

**Learning & Actions**

- Missed Opportunity: Enhanced supervision or 15-minute observations could have mitigated the fall risk
- Communication Improvement:
    - Ward has implemented changes to improve handover processes
    - Transfer checklist now includes:
        - Enhanced supervision status
        - Patient confusion indicators
- Legal Review: Case is subject to a coroner's inquest

**Injurious Fall**, **ID75745** - Incident Summary

- Patient: Male with a history of dementia
- Mobility: Independently mobile using a Zimmer frame
- Event: Witnessed fall in AMRATZ, resulting in a left fractured neck of femur
- Behaviour: Patient was aggressive towards staff
- Outcome: Patient sadly died

**Learning & Actions**

- Supervision Query: Unclear whether enhanced supervision should have been in place
- Risk Assessment Gap:
    - Multi-factorial risk assessment was not completed
    - Falls risk and behavioural concerns were not captured

**Next Step:** Case is progressing to Redress.

**The group resolved/ Actions from discussion**: to note the above.

Saunders,Nathan
28/10/2025 10:18:55

**4 ITEMS FOR NOTING AND INFORMATION**

| | | |
|---|---|---|
| **MCBQSE/ 2025/83** | **Patient Safety Alerts/MDAs/ISNs** – none received. | |
| **MCBQSE/ 2025/84** | **Regional Stroke Unit update** – delivered by Wayne Parsons.<br>There are ongoing issues with medical staffing levels and the acuity of patients. The medical workforce gaps are now on Trac with a view to progressing to advert. Backfill has been requested whilst recruitment is progressing. The ward has been unable to test the pull model yet and being supported to not put medical outliers on this Unit, albeit two have been on the Unit for a while now. Another review meeting booked in in two weeks-time. | |
| **MCBQSE/ 2025/85** | **Minutes from Directorate QSE Groups and Chairs Reports/Exceptions:**<br>Acute & Emergency Medicine minutes 12/8/25<br>Integrated Medicine, UHW (await minutes)<br>Integrated Medicine UHL, minutes 17/7/25<br>EUG last meeting 24/7/25<br><br>**The group resolved**: to note the above. **Action from discussion:** none | |
| **MCBQSE/ 2025/86** | **Minutes from QSE Sub-groups**:<br>IP&C last meeting 4/6/25. Next meeting 3/10/25.<br>H&S next meeting 1/10/25 (last meeting June minutes to follow).<br>Medicines Governance and Access Group 18/7/25 next meeting 26/9/25.<br>Professional Nursing Board last meeting 10/2/25 currently stood down. | |
| **MCBQSE/ 2025/87** | **Feedback from UHB QSE Committee** – no update. | |
| **MCBQSE/ 2025/88** | **AOB**<br>**LFE incident on East 7** – a HCSW was asked to supervise a 1-2-1 MHSOP patient. The staff member tried to stop the patient falling and sprained her wrist. The staff member took minimal time off work with a sprained wrist. From a liability perspective, the investigation acknowledges that the Health Board was operating within a complex clinical environment, however, the combination of poor training, compliance and behavioural risk posed to the patient contributed to a situation where harm was foreseeable, subsequently, C&VUHB Legal and Risk had limited prospects of defending the claim.<br>**Learning from this event**<br>Mandatory training and keeping training up to date is essential. Staff members have an obligation to comply with training. If a member of staff declines training, the staff member should be taken down a conduct route, which did not take place. Therefore, despite the number of times the Ward Manager asked the staff member to undertake training and allocated time to the staff member to attend training, which was documented in in off duty and paper notes, the staff member did not attend training. Two action plans are being prepared, one for the staff member and one for the Ward/ Ward Manager. WP will discuss this again at the MCB Health and Safety Governance Meeting.<br><br>**Flu vaccines** – now available.<br><br>**The group resolved**: to note the above. **Action from discussion:** none | |
| **5. ANY OTHER BUSINESS/ DATE AND TIME OF NEXT MEETING** | | |
| **MCBQSE/ 2025/89** | **Date and time of next meeting** – 15 October 2025 14:15 Teams meeting | |

Saunders,Nathan
28/10/2025 10:18:55

**Minutes of the Children & Women's Clinical Board QSE (CWQSE) Committee**
**Held on Tuesday 26th August 2025 at 8.30am**
**Via Microsoft Teams**

| **Present:** | | **Title** |
|---|---|---|
| Andy Jones | AJONES | Director of Nursing, C&W Clinical Board |
| Lee Inker | LI | Fire Safety Representative |
| Sarah Wright | SW | Clinical Nurse Specialist, Infection Prevention & Control |
| Genevieve Thueux | GT | Clinical Director, CHFW Directorate |
| Becci Ingram | BI | General Manager, CYPFHS Directorate |
| Paula Davies | PD | Clinical Governance & Risk Lead Nurse, CYPFHS Directorate |
| Tirion Pryce | TP | Health & Safety Advisor |
| Hannah McLoughlin | HM | Clinical Governance & Risk Lead Midwife, O&G Directorate |
| Alan Pateman | AP | Clinical Director, CHFW Directorate |
| Karenza Moulton | KM | Lead Nurse, CHFW Directorate |
| **In Attendance** | | |
| Kirsty Hook | KHOOK | Risk, Governance & Patient Experience Facilitator, C&W Clinical Board |
| **Apologies** | | |
| Sam Barrett | SB | Deputy Director of Operations, C&W Clinical Board |
| Abigail Holmes | AH | Director of Midwifery & Neonatal Services, C&W Clinical Board |
| Angela Jones | AJ | Senior Nurse, Resuscitation Service |
| Anthony Lewis | AL | Clinical Board Pharmacist |
| Janice Aspinall | JA | Lead H&S Staff Side Representative |

| Item No | Agenda Item | Action |
|---|---|---|
| **CWQSE/ 2025/119** | **Welcome & Introduction**<br><br>The chair welcomed everyone to the meeting. | |
| **CWQSE/ 2025/120** | **Apologies for Absence**<br><br>**The CWQSE resolved:**<br>a) The apologies were noted | |
| **CWQSE/ 2025/121** | **Minutes of the previous Q&S Meeting held on 24th June & 22nd April 2025**<br>The minutes of the meeting held on 24th June and 22nd April were agreed to be an accurate record.<br>**The CWQSE resolved:**<br>a) The minutes were noted and agreed | |
| **CWQSE/ 2025/122** | **1.4 To note and update the latest action log (from AMaT System)**<br>The action log is now available via AMAT for live updates to be provided.<br><br>Outstanding actions from the last meeting were noted. Requests were made for the action log to be updated via the AMaT system following the meeting.<br><br>**The CWQSE resolved:**<br>a) Further update to be provided on any outstanding actions at the next meeting. | **ALL** |

Saunders,Nathan
28/10/2025 10:18:55

| HEALTH & SAFETY | | |
|---|---|---|
| **CWQSE/ 2025/123** | **Update from Operational Health & Safety Representative**<br>Health & Safety Update provided. No RIDDORS reported within Q1. Requests were made for all incidents to be reviewed for root causes to be identified and appropriate actions taken where required.<br><br>Latest COSSH Assessments Record was shared. Work continues to get the overdue assessments reduced and closed as appropriate. COSSH Assessors information has been shared, and the group were asked to review and ensure that links remain valid and up to date.<br><br>There were 10 DNAs reported across the H&S training in Q1 for the Clinical Board. More detailed report has been shared with appropriate areas for review and reinforcement of requirement to ensure that any staff that are unable to attend training must advise H&S so that the training space can be released.<br><br>Risk assessment for door issues on maternity was being reviewed by Sam Skelton. The doors on maternity are not automatic opening. Older beds are still being used which are heavier which increases manual handling issues. It was agreed that a further update will be provided on completion.<br><br>Training is underway for module C and C+. Reviews are being undertaken to review the relevance of the content and situations/scenarios that can be applied into practice.<br><br>Temperature monitoring being undertaken on T2. Some issues were identified, and Estates are currently reviewing options as this will not be a quick fix. The full report has been shared for information.<br><br>Noise procedure is due to be launched in December 2025. It was noted that if there are any areas of concern please contact H&S who will carry out noise monitoring.<br><br>Some noise monitoring, dust monitoring and Hand/Arm Vibration monitoring being undertaken in Coral Ward, CHFW which is ongoing. No noise issues identified.<br><br>Some issues highlighted at SARC with bricks failing from the building. Contractors were attending to rectify the issue. H&S Audit is also being completed as requested by the service. Any other areas that wish to be reviewed/audited, please contact TP.<br><br>Nitrous oxide monitoring etc which takes place and requires use of equipment etc will require the cost to be delegated down to Directorate/Clinical Board level going forward. AJONES requested that this be discussed further with the Head of H&S as this would have previously been identified/assumed as part of a central run rate funding of H&S. TP agreed to discuss.<br><br>RIDDOR targets are being reviewed, and discussions will take place with the Clinical Boards for agreement prior to being set based on trending, to allow performance monitoring going forward.<br><br>Health Surveillance – this will include dust monitoring, noise etc. Any updates will be provided where specific updates are available. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | **The CWQSE resolved:**<br>a) Update was noted.<br>b) TP to feedback on nitrous oxide monitoring costs to Clinical Board to Head of H&S for further discussion. | |
| **CWQSE/ 2025/124** | **Latest H&S Dashboard** – Monthly Dashboard - August 2025<br>The latest dashboard was shared for information.<br><br>**The CWQSE resolved:**<br>a) Update was noted. | |
| **CWQSE/ 2025/125** | **Feedback from H&S Management Review & Required Actions**<br>Feedback was shared from the H&S Management Review meeting to outline the progress of the Clinical Board across the previous year. The actions were noted as:<br><br>**IMS-04:** Whilst the management of equipment compliance is largely held outside of the clinical board the requirement to ensure staff are aware of their duty to escalate equipment that may be out of date or nearing non-compliance should be reaffirmed in a H&S meeting.<br><br>**IMS-07:** Review how many individuals have undertaken the managing safely course and look to increase numbers to assist them in managing risks and awareness of statutory duties<br><br>**IMS-10:** Continue the work to review COSHH assessments to ensure they are relevant and accessible to all staff members.<br><br>**IMS-11:** Clarify that processes are in place to monitor compliance with lone worker device usage.<br><br>**IMS-13:** Managers to review training assigned to their departments to ensure all staff have been allocated the necessary training for their roles. If training competencies need to be updated or changed, please contact cav.ecod@wales.nhs.uk. Since training is assigned by position number (not by individual employee), it is important to include the relevant position number and specify the required changes in your email.<br><br>**IMS-14:** Continue to reaffirm the requirement of contractor management at directorate level meetings and minute accordingly.<br><br>Reminder that any work outside of CEF should be led by H&S and formally signed off prior to commencing work.<br><br>**IMS-17:** Reaffirm with staff, during a H&S meeting, where changes have or are due to change that they are aware of any necessary training requirements.<br><br>**The CWQSE resolved:**<br>b) Update was noted.<br>c) Actions to be reviewed and completed as appropriate within each Directorate | |
| **CWQSE/ 2025/126** | **Fire Safety Update**<br>Fire safety update provided. Reminders have been sent to fire safety wardens to complete any outstanding actions on the FARS System. Unresolved actions for the Clinical Board reported as 75%. Requests made that all Directorates ensure that actions are reviewed and managed appropriately. | |

Saunders,Nathan 28/10/2025 10:28:53

| | | |
|---|---|---|
| | Building Safety (Wales) Bill is a new building safety regime which is being implemented. It was noted that this work is being progressed, and further legislative updates will be shared.<br><br>Smoking enforcement start date is awaited. Message to be shared with regards to challenging of staff/visitors to reinforce the message of non-smoking site. It was noted that fines will be presented of £100 where offenders are found. There will also be consideration of disciplinary action for staff.<br><br>Discussion ensued and it was acknowledged that there are difficulties and concerns of staff to challenge. It was noted that communications have been shared, and it was agreed that this message should be disseminated widely across all staff groups, specifically in relation to the enforcement of fines.<br><br>Training compliance reported as 73.05% across the UHB. Requests were made for all to ensure that training compliance is regularly reviewed and staff are encouraged to complete.<br><br>Fire Safety will be undertaking two critical evacuation drills for Critical Care UHW and Hafan Y Coed. It is a legal requirement to conduct regular evacuation drills in accordance with the Fire Safety Order. AJONES noted that a tabletop exercise for evacuation of Paediatric Critical Care Unit is being undertaken, and previous exercises have been carried out across NICU etc. AJONES agreed to feedback following completion of the tabletop exercise.<br><br>H&S team are looking to implement SIR's (Serious Incident Review) for fire incidents moving forward given the increase in fires especially avoidable ones.<br><br>**The CWQSE resolved:**<br>a) Update was noted. | |
| **CWQSE/ 2025/127** | **Feedback from H&S Staff Side**<br>No update available for this meeting. | |
| **GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY** | | |
| **CWQSE/ 2025/128** | **Health & Care Standards Directorate QSE Exception Reporting**<br>The Directorates were asked to provide updates on specific areas of escalation and noting.<br><br>**CYPFHS Directorate Report**<br>• One recent unexpected death incident which was reviewed and deemed to not require NRI reporting, however there was some improvement work identified regarding escalation which is in progress.<br>• Authorisation awaited assistant practitioners for ICCNS for administration of medication via gastrostomy which is now critical. Governance Framework has been developed and requires outcome to progress.<br>• Cluster of incidents relating to verbal abuse and harassment to staff by phone, email etc, specifically with regards to safeguarding processes. This has been highlighted to H&S and incidents are being reported via the Datix system.<br>• Ongoing audit regarding rapid review action plans relating to compliance with school nursing attendance at review case conferences. Further breakdown is awaited.<br>• Ongoing process regarding former member of staff at Ty Hafan who was | |

Saunders,Nathan
28/10/2025 10:18:55

| | | | |
|---|---|---|---|
| | struck off the NMC register. Initially confirmation received that this did not affect any Cardiff and Vale children placed, however further information received relates to one patient. There is an ongoing Section 5 process.<br>• Issues relating to Ty Cwtch Residential Area. MARF submitted with regards to unsafe transfer of care. Case has been expedited, and further information has been requested from NHS England. Engagement with the senior management team remains difficult. This is being escalated via Safeguarding.<br>• Gelatin free programme will commence as part of the fluenz programme. Request has been made by Public Health Wales to implement within the school setting. Review is being undertaken to understand the implications of implementation and any challenges.<br>• Cross Boundary issue with Taffs Well Practice is ongoing. Uncertainly with regards to serving of notice to the practice. Further discussions are ongoing, and further update will be provided when available.<br>• Increased issues regarding asylum seeker entitled person cohorts, which is having a significant impact on services. No additional investment or workforce has been received to support this, and auditing is being completed to understand the full impact. It was noted that following initial assessment by CAVIS, families will be registered with a GP Practice, and this will have a significant impact on service provision due to a high number of vulnerable families being received with a high health need.<br>• Workforce pressures continue. Number of vacancies are currently being held as part of the Trac Vacancy Process. Significant areas of concern relate to ICCNS, Health Visiting and EWMH Service.<br>• Historic NRI relating to 11yr old on a Section 136 at Hafan-Y-Coed was presented at the Child Practice Review and it was noted that this was no upheld. Request has been made for a multi-agency meeting to discuss the areas of learning across agencies. Revised section 136 protocol has been developed.<br><br>**Timely Access**<br>• ND Waiting List remains a significant risk. Funding has been received with a requirement to reduce the waiting lists to under 3yrs. Further communication is being shared with Welsh Government to advise of the current position and implications due to funding.<br><br>**The CWQSE resolved:**<br>a) The report provided was noted for information and key highlights recorded. | |
| **CWQSE/ 2025/129** | **CHFW Directorate Report**<br>No specific areas of concern to highlight for this meeting.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/130** | **O&G Directorate Report**<br>• 16 NRI's (of which 13 are MMBRACE cases), 13 LRI's (of which 5 are Birth Injury Tools) within Obstetrics/Maternity. 4 NRI's and 4 LRI's within Gynaecology. All of which are progressing.<br>• 23 risks on the risk register, none of which are a rating of 20 or above.<br>• Insufficient availability for support of EMA delivery rollout within the service. Resource availability being reviewed.<br>• Badgernet launch on 29th July 2025 and positive feedback being received.<br>• Windows 11 rollout across Maternity in September 2025 | |

Saunders,Nathan
28/10/2025 10:18:53

| | | | |
|---|---|---|---|
| | **Timely Access Update**<br>Cancer<br>• outpatient compliance currently at 74% for July. All patients in July seen within 14 days.<br>• Treatment compliance for March 100%, April 60%, May 62.5%, June 72% and July is to be confirmed.<br><br>• Diagnostic cystoscopy – zero patients waiting over 8 weeks<br>• 11 patients waiting over 8 weeks for Urodynamics, with the longest wait being 10weeks. For August 2025 X2 projected breaches of greater than 8 weeks with the longest wait being 19weeks.<br>• All patients seen within 2 weeks for PAS Service. Currently nursing staff challenges due to staff absence, and weekly capacity and demand meetings are taking place to review capacity.<br>• Capacity issues in Antenatal clinic. Clinical oversight of this and team are working together to ensure prioritized patients are seen within timescales.<br>• Inpatient/Daycase – planned care position at end of Quarter 2 8/9 patients waiting over 104weeks. Directorate still requires access to additional theatres and is awaiting an update.<br>• outpatient operating – still maintaining a 2yr wait for outpatient operating. Clinical validation has been undertaken and 4/5 patients upgraded to USC through validation process in recent weeks, results have been confirmed as benign. Currently 6313 patients waiting with the longest wait at 98 weeks.<br>• Urgent/USC patients being managed within expected timescales.<br><br>**The CWQSE resolved:**<br>a) The update was noted for information and key highlights recorded. | |
| **CWQSE/ 2025/131** | **Exception Reporting / New Risks to be considered for the Clinical Board Risk Register**<br>Detail noted as part of the Directorate report updates.<br><br>Roll out of risk registers to the AMAT system is progressing. Requests were made for key representatives from each Directorate to be shared for inclusion in the Task & Finish Group<br><br>**The CWQSE resolved:**<br>a) The update was noted for information<br>b) Directorate representatives to be identified for inclusion in Risk Register T&F Group<br>c) Clinical Board/Directorates to progress AMAT Risk Module | |
| **SAFE CARE** | | |
| **CWQSE/ 2025/132** | **Learning from Events –** Patient CH (CN/UHW/DCIQ1409) for noting<br>Background summary of the incident was provided. Full detail included within the LFE report.<br><br>The case was originally investigated under the PTR process, and the PTR investigation determined that the value exceeded PTR threshold and therefore a Regulation 26 issued.<br><br>Conclusion of the investigation (taken directly from the report)<br>*"The investigation concluded that the labial defect was not recognised post-birth. Based on advice that the labial grazes would heal spontaneously, the Claimant declined suturing.* | |

Saunders,Nathan
28/10/2025 10:18:36

| | | |
|---|---|---|
| | *Expert evidence from Mr. Brunskill, Consultant in Obstetrics and Gynaecology, indicated that the labial defect was present from birth and that the failure to identify it during the post-birth examination constituted a breach of duty.*<br><br>*An Obstetric Consultant review from Cardiff and Vale Health Board suggested that, had the defect been identified, suturing would have been offered on October 27, 2017, and, on the balance of probabilities, the repair would have been successful. The Claimant asserts that she would have accepted suturing had she been aware of the defect's extent".*<br><br>The following actions were identified:<br>• Associated learning shared via Group Supervision by Clinical Supervisors for Midwives.<br>• Staff reflection completed at the time of the PTR investigation.<br>• Case is used through Perineal Assessment & Suturing Skills Workshop as part of shared learning.<br><br>**The CWQSE resolved:**<br>a) Update noted | |
| **CWQSE/ 2025/133** | **Learning from Events –** Patient NJ (CN/UHW/DCIQ1601) for noting<br>Background summary of the incident was provided. Full detail included within the LFE report.<br><br>The incident was originally investigated through PTR process and qualifying liability/failings were found. The allegations in the letter of claim noted the following:<br><br>• *there was a failure by the Consultants to reposition the Claimant during labour whilst making multiple attempts to site the epidural needle on 08-03-2021.*<br>• *the standard of wound closure following her caesarean section was not performed to the standard expected of a reasonable obstetric surgeon and, as a result, she has suffered from a prolonged recovery, uneven scarring across her abdomen as well as hypersensitivity and pain around the scarring site.*<br><br>The conclusion to the case was noted that whilst there was not clear qualifying liability admitted, owing to lack of engagement in the debrief process by the claimant, however based on comments made, risk of establishing breach of duty was considered and the harm or outcome from the event was noted as:<br><br>"*Alleged negligent performance of an epidural siting during labour and alleged negligent suturing of a caesarean section following birth".*<br><br>The following actions were identified and completed:<br>• Obstetric anaesthesia guidelines updated<br>• Update has been added to the Anaesthetic Antenatal Clinic Criteria with regards to difficult sighting of epidural<br>• Medical caesarean suture training is ongoing and in accordance with mandatory requirements for junior doctors<br>• Evidence of reflective practice from medical staff involved in this case<br><br>**The CWQSE resolved:**<br>a) Update noted | |

Saunders,Nathan
28/10/2025 10:18:53

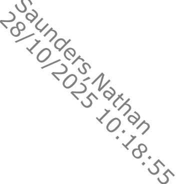
| | | |
|---|---|---|
| **CWQSE/ 2025/134** | NRI's/PSLR's for **noting/exception reporting**<br>• SBAR, Birth Injury Tool and Improvement Plan – HV – Datix 88716<br><br>The above case has been discussed in detail as part of the NRI/LRI Governance Subgroup Meeting and were shared for information. There were no specific issues to highlight for this meeting.<br><br>**The CWQSE resolved:**<br>a) Updates noted | |
| **CWQSE/ 2025/135** | **Infection Prevention Control Update Report**<br>The report was shared for information.<br><br>X1 new case of C Diff reported on Pelican Ward for August 2025, which was linked to a case on Island Ward. This has been reviewed and no PII is required.<br><br>6 outstanding RCAs, 3 of which relate to the same patient. The group were asked to progress these to completion as soon as possible.<br><br>Compliance for HPV cleaning of C Diff rooms is 73% for the financial year. X2 Audits have been undertaken in Midwifery Led Unit & Island Ward. Work is ongoing to progress the issues highlighted. Good engagement has been received from Estates and housekeeping to resolve the issues highlighted.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/136** | **Safeguarding/Mental Capacity Act (MCA)**<br>The following documents have been shared for information and onward sharing.<br><br>• Child Health Network Newsletter<br>• FASPH Guide. Cardiff Family Advice, Support and Protection Hub<br>• NHS Wales Safeguarding Network Bulletin – May 2025<br>• CONSULTATION – WSP Section 5 Allegations Against Practitioners/Those in Positions of Trust<br>• Cwm Taf Morgannwg HB – Guide to completing MARF (A1)<br>• Young Persons < 18 years Detained on S136 – Communication Escalation Pathway<br><br>**The CWQSE resolved:**<br>a) Update and Documents noted. | |
| **CWQSE/ 2025/137** | **Patient Safety Alerts (internal/external)/Welsh Health Circulars**<br>• Tirzepatide (Mounjaro) prescribing for weight loss within CAV<br>• *OFFICIAL: UKHSA Briefing Note 2025/029: Iatrogenic botulism associated with cosmetic botulinum toxin injections v1.0*<br><br>All alerts have been circulated for onward sharing and action as necessary. There were no specific exceptions to note.<br><br>**The CWQSE resolved:**<br>a) Alerts noted. | |
| **CWQSE/ 2025/138** | **Clinical Audit**<br>The group were asked to review and provide updates to the Clinical Audit Team. No specific issues to note for this meeting. | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | **The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/139** | **Medicines Safety Executive Update**<br>Noted for information.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **TIMELY CARE** | | |
| **CWQSE/ 2025/140** | **Directorate concerns & assurance update**<br>Discussed as part of the directorate reports.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/141** | **Patient Feedback**<br>The Latest CIVICA Summary Report Children and Women's report was shared for information.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE** | | |
| **CWQSE/ 2025/142** | **Resuscitation Service Newsletter**<br>The resuscitation newsletter was shared for information.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/143** | **Medicines Safety Newsletter – New edition (July 2025)**<br>The medicines safety newsletter was shared for information.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/144** | **Minutes from C&W Clinical Board NRI LRI Governance Sub Group – June 2025**<br>The minutes from the C&W Clinical Board NRI LRI Governance Sub Group held in June 2025 were shared for information. There were no specific exceptions to note for this meeting<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **ANY OTHER BUSINESS** | | |
| **CWQSE/ 2025/145** | **C&W Clinical Board Q&S Meeting Terms of Reference**<br>The terms of reference were shared for review and agreement. It was noted that the main change related to the attendees list for the meeting.<br><br>The following changes were agreed to be actioned:<br>• Cancer Services Representative to be removed as the service no longer sits within the Clinical Board | |

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | • Learning disabilities lead representative<br>• Fire Advisor to be added<br><br>Discussion ensued and it was agreed that Safeguarding team should be added to the by invitation attendees for the meeting as there is agreement for a member to attend at least every 6months, unless otherwise required.<br><br>**The CWQSE resolved:**<br>a) Update noted.<br>b) Terms of Reference agreed subject to changes as noted as part of the meeting discussion. | |
| **CWQSE/ 2025/146** | **Flu Vaccination Clinics**<br>The autumn/winter flu vaccination programme for staff is due to commence from 1st September 2025. Flu clinics are available across sites. All information is available via the intranet news pages. All were asked to encourage staff to attend.<br><br>**The CWQSE resolved:**<br>a) Update noted. | |
| **CWQSE/ 2025/147** | **Date and Time of Next Meeting**<br><br>Tuesday 23rd September 2025, 8.30am, Microsoft Teams. | **ALL to note** |



**Safeguarding Steering Group Meeting**
**30th November 2025**
**Via Teams**

**Present:**

| | | |
|---|---|---|
| Natasha Goswell | Deputy Executive Nurse Director | Corporate |
| Fiona Bullock | Senior Nurse Safeguarding | Corporate |
| Chloe Evans | MCA Project Lead | Corporate |
| Angela Stephenson | EPR Manager | Corporate |
| Faye Protheroe | Bereavement Lead Nurse | Corporate |
| Jeff Morgan | Consultant and Safeguarding Leader PCD | Corporate |
| Marianne Seabright | Lead Nurse Mental Health Clinical Board | Mental Health |
| Jody Rawlings | Forensic & Specialist MH services | Mental Health |
| 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 | Medicine |
| Jeff Morgan | Consultant and Safeguarding Leader PCD | Medicine |
| Anna Mogie | Deputy Director of Nursing Primary Care | PCIC |
| Judith Cutter | Consultant Midwife | Children & Women |
| Helen Luton | Director of Team CD&T | CD&T |
| Beverley Oughton | Senior Nurse Critical Care | Specialist CB |
| Adele Watkins | Paediatrics | Children & Women |
| Elizabeth Ryan | Consultant Adult & Paeds Emergency Medicine | Medicine |

| **PART 1: PRELIMINARIES** *(Chair)* | | **ACTION** |
|---|---|---|
| 1.1 | **Welcome** | Natasha Goswell |
| 1.2 | **Apologies for Absence:** Annette Blackstock, Sarah Richards, Claire Biddlecombe, Karenza Moulton, Ceri Lovell, Paula Davies, Nicky Johnson, Ceri Randall, Cath Twamley<br><br>***Surgery – CB not in attendance*** | |
| 1.3 | **Approval agreed of SSG Minutes from the previous meeting.**<br>All agreed | Natasha Goswell |
| 1.4 | **Actions Log - completed.** | Natasha Goswell |
| **PART 2: STRATEGIC DIRECTION AND SERVICE IMPROVEMENT** | | |
| 2.1 | **Clinical Board Reporting:**<br>**Medicine** Ceri-Richard Taylor<br>• <u>Safeguarding Cases & Referrals:</u><br>Adult safeguarding referrals are averaging 35-41 a month with 41 open health cases.<br>Child protection referrals: Are static over July and August at 150-153.<br>Professional allegations have reduced to 12 open cases.<br><br>• <u>Training compliance</u>:<br>Lvl 2 child – 77.7% & Adults 80% slight decline | |

Saunders,Nathan 28/10/2025 10:18:55

- MCA Training: Medical colleges are lowering the compliance at 45-50%. Nursing is running at 80-85%.
- VAWDA Group 1 compliance at 67%

**Specialist** – Bev Oughton

- Training Compliance:
  Child Safeguarding Level 2: 78%
  Adult Safeguarding Level 2: 83%
  Violence Against Women level 1: 71%
- MCA Training: 75% - staying similar compliance
  Medical and dental compliance is a slight increase following encouragement of the medical teams
- Safeguarding Cases & Referrals:
  MARF referrals remain low at 1 & 3
  Adult safeguarding cases: Health cases – 12 are open. There were 6 new cases in August which has increased.
  There are 6 open professional concern cases
- Language Line: cost for August was £10,291.

**CD&T –** Helen Luton

- Safeguarding Cases & Referrals:
  MARF referrals for July and August was one a month
  AS1's – 2 LA led cases and 1 open health case
  Professional concerns – there are 10 open cases

- Training Compliance:
  There has been a dip in compliance during August due to the holidays / annual leave.

  Child Safeguarding Level 2: 85%
  Adult Safeguarding Level 2: 86%
  Violence Against Women level 1: 93%
  MCA Training: 82%

  Key performance indicators
- Improve compliance in consent and mandatory training.
- Improve quality of MARF referrals

**PCIC** – Anna Mogie

- Safeguarding Cases & Referrals:
  MARF referrals for July and August 23 & 18
  AS1's – 2 & 3 Health with 8 & 10 cases open. 30 & 23 La led cases
  Professional concerns – remain at 6 open
  Pressure damage reporting – July 145 and August 108 (these are all levels of damage). There was 1 case in July grade 3/4 unavoidable.

- Training Compliance:
  Child Safeguarding Level 2: 84% & 82%
  Adult Safeguarding Level 2: 84 & 83%
  Violence Against Women level 1: 76%
  MCA Training: 76%

- Key performance indicators

Saunders,Nathan
28/10/2025 10:18:55

| | | |
|---|---|---|
| | • Safeguarding referrals – AS1 audit and action plan<br>• MCA Audit<br><br>**Children and Women –** Andy Jones<br>• Safeguarding Cases & Referrals:<br>MARF referrals for July 254 - and August 169<br>Professional concerns are reducing at 8<br><br>• Training Compliance:<br><br>Child Safeguarding Level 2: 87% & 86%<br>Adult Safeguarding Level 2: 83 & 82%<br>Violence Against Women level 1: 84%<br>MCA Training: is very slightly down due to it being August<br>Consent training is up from other months<br><br>**Mental Health –** Marianne Seabright<br>• Safeguarding Cases & Referrals:<br>Health led open cases 70<br>Professional concern cases open stays the same as 8<br><br>• Training Compliance:<br><br>Child Safeguarding Level 2: 81%<br>Adult Safeguarding Level 2: 82%<br>Violence Against Women level 1: 84%<br>MCA Training – 76%<br>Consent 68% | |
| **2.2** | **Quality Assurance AS1 & MARF safeguarding referrals CD&T Clinical Board**<br><br>The audit was around AS1's and MARF's due to the clinical board having limited AS1's submitted.<br>There was 18 referrals which consisted of 16 x MARF's and 2 x AS1's.<br>The findings- consent was completed in all the referrals and capacity was recorded.<br><br>Areas of improvement<br>- Ethnicity recorded in 50% of the referrals<br>- Nature of concerns not clear or abuse not classified<br>- Engagement with other health professionals<br>- Family history / circumstances exploration<br>- Voice of the child not considered in majority of referrals<br><br>Helen to review the PHW guidance on the "was not brought" to see if it aligns with our guidance.<br>This would also be relevant to adult at risk and would be useful to other clinical boards | CD&T SSG presentation.pp<br><br>H. Luton |
| **2.3** | **MCA & Consent Update**<br>Chloe Evans shared her presentation | |

Saunders,Nathan
28/10/2025 10:18:55

| PART 3: ORGANISATIONAL PERFORMANCE AND EFFECTIVENESS | | |
|---|---|---|
| 3.1 | **Adolescent PBC Passport Presentation**<br>Adele Watkins shared her presentation regarding the draft passport launch. The name passport has changed to My – story, mind, voice<br>108 staff were trained on the PBS. The document is designed for YP with trauma histories, dysregulated behaviour that was causing delayed discharges from a social perspective and increased escalation in behaviour due to being on a children's ward. The idea is to gather the information from the YP to share with professionals they are involved with. The aim is to help them understand their journey without having to repeat it to everyone they are involved with.<br>The pilot will be implemented January 2026 for 6 months.<br><br>There is a transfer document which has been developed. This was due to YP from OOA coming into C&V or vice versa has 5 days to send through their file. This wasn't useful when YP attend A&E before the paperwork had been received. | PBS My story, mind, My voice, |
| 3.2 | **HLP poster completed by David Pitchforth & Marianne Seabright**<br>Deferred | |
| **PART 4: GOVERNANCE** | | |
| 4.1 | **Health IDVA Update: presentation**<br>Nicola Hadley and Helen Gray spoke about their roles and the SBAR.<br><br>The YP ISVA post started to support YP aged 11-17yrs who was experiencing domestic, and relationship violence, sexual violence and signs of sexual exploitation. Honour based violence and healthy relationship concerns. It was identified that children younger than 11 also needed support. This post and the IDVA post has become permanent positions.<br>November – March 2022 the team were receiving 30-40 referrals. This quarter they received 104.<br><br>The IDVA post was established in 2016 dealing with 18yrs+. The post has changed over the years. The team are averaging 57 positive Ask & Acts a month. The stats highlighted the increased risk of domestic abuse in older people.<br><br>The yearly white ribbon stand will be in Concourse 26th October to generate awareness, discuss referral pathways and promote the service. | **4.1 -SBAR SSG - PCC Health YP IDVA September 2025.doc** |
| 4.2 | **Emergency Department Safeguarding Meeting**<br>*Deferred* | |
| 4.3 | **Emergency Unit, Alcohol Screening Programme**<br>Dr Elizabeth Ryan and Dr Anna Schwappach presentation attached. | 4.3 -EU Alcohol Screening Project Pr |
| **PART 5: REPORTS/ MINUTES FROM OTHER GROUPS/COMMITTEES** | | |
| 5.1 | **UHB Annual Report as discussed**<br>Strategic priorities for 2026 are<br>- Implementing the SUSR<br>- Improve training compliance<br>- Was not brought policy by PHW | |
| 5.2 | **National Safeguarding Service** | |
| **PART 6: FOR INFORMATION** | | |
| 6.1 | • CIW/HIW review of Child Protection Arrangements.<br>• July 25 Bulletin | |

Saunders,Nathan
28/10/2025 10:18:18

| | | |
|---|---|---|
| | • GUDIE – Children & Families moving across LA borders<br>• C&V UHB MH – SOP<br>• Care after Death updates<br>• CIW Child protection rapid review – improvement plan<br>• Detained on S136 Escalation map<br>• NHS Wales Safeguarding Network Annual Report 24-25<br>• PHW Final Guardian CPM information leaflet<br>• Prevention of rolling injuries A&E poster<br>• CME SOP<br>• White Ribbon poster<br>• Safeguarding against harmful practices guidance<br>• C&V panel member flyer<br>• Panel member role profile SUSR<br>• Dog safety poster<br>• Safeguarding annual report 2025 | |
| **PART 7: ANY OTHER BUSINESS** | | |
| **7.1** | Consideration for SSG Terms of reference; members will revert to using the original reporting tool in the short term. An agenda item will be added for members to consult on strengthening SSG going forward. | |
| **PART 8: KEY MESSAGES FROM MEETING** | | |
| | | |
| **PART 9: NEXT MEETING OF THE UHB SAFEGUARDING STEERING GROUP** | | |
| | **25/11/2025**<br>**16/01/2026**<br>**20/03/2026** | **9.30-12:00** |

## SSG ACTION LOG

| MINUTE POINT | ACTION 30th September 2025 | PERSON RESPONSIBLE | TIMESCALE |
|---|---|---|---|
| **2.1** | Fiona B and Angela S to discuss how to access the PREVENT training data for the clinical boards | **F.Bullock & A.Stephenson** | **Nov 2025** |
| **2.2** | Helen to review the PHW guidance on the "was not brought" to see if it aligns with our guidance. | **H. Luton** | **Nov 2025** |

| MINUTE POINT | ACTION 24th July 2025 | PERSON RESPONSIBLE | TIMESCALE |
|---|---|---|---|
| **1.4** | Marianne Seabright to liaise with Ceri Richards-Taylor in contacting David Pitchforth and bringing the HLP poster to the SSG | **David Pitchforth** | **Nov 2025** |
| **2.1** | FB to establish what the ESR issues are affecting Group 2 VAWDASV training visibility.<br><br>Include Language Line and Advocacy data in next report.<br><br>Jason Roberts & team to discuss e-Consent concerns offline and engage with relevant stakeholders.<br><br>Plan a follow-up review in 6–12 months to assess reduction in inappropriate referrals | **Fiona Bullock**<br><br>**Clare Wade** | |

Rolled over from previous meetings

| | ACTION 17th March 2023 | | |
|---|---|---|---|
| **2.1** | Undertake rolling programme of evaluation of training on a 6-12-months basis. (Feedback on training) | **Fiona Bullock**<br>Nicky Johnson | **Nov 2025**<br>**March 2026** |