GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Contents

Context

This evidence pack has been produced by the Cardiff and Vale University Health Board in support of the Public Accountability Meeting between Welsh Ministers and the Board on Thursday 13th November 2025. It has been produced in line with the guidance from Welsh Government.

Date submitted 06/11/2025

Date of meeting 13/11/2025

Completed by Kirsty Williams, Chair / Suzanne Rankin, CEO

1.0 Finance, planning and escalation

1.1 Financial Position:

Month 6 is a deficit of £31.8m against a plan of £28.1m, £3.7m behind plan. Planned year end deficit position remains £56.233m with a £5.4m risk to delivery driven by operational pressures. We have held deep dive sessions with all Clinical Boards to ensure that there are plans in place to meet their control totals. There is now confidence that the £5.4m risk to delivery has now reduced to a £1.4m risk. A vacancy freeze and additional corporate actions to mitigate the remaining risk are being progressed to ensure delivery of the planned deficit.

The key drivers of this in year position are listed below:

- Specialist Cardiology activity underperformance £1.9m
- Increased Mental Health PICU out of area patients £1.5m
- GP OOHs pay settlement additional £1.0m costs
- National Insurance uplift shortfall £1.0m (£2.1m full year)

Risks sitting outside of the plan and forecast:

- Band 2 – 3 HCSW settlement (£8.3m latest estimate)
- Welsh Risk Pool additional in year impact (£7.4m latest NWSSP update)

Progress against Savings Plan

We have £32.6m of green and amber schemes identified. All schemes on target to deliver at month 6.

Underlying Financial Position:

The Health Board had an underlying financial deficit totalling £59.9m entering 2025/26.

The key drivers include:

- Continuing Healthcare Packages demand and price growth.
- Primary Care prescribing volume and price growth.
- National Institute for Health and Care Excellence (NICE) recommendations.
- Quality & Safety developments and investments made in order to address identified quality and safety risks and to strengthen the delivery of value-based healthcare:
    - Ockenden Midwifery: This investment ensured delivery of the Ockenden recommendations, safeguarding quality and safety in maternity and neonatal care. It has reduced stillbirths, neonatal admissions, unnecessary caesareans, and length of stay, while also lowering negligence claims by up to £1.8m over five years.

  - Critical Care: The expansion of 3 Level 3 critical care beds has improved access for high-risk patients, with increased admissions and reduced mortality. The 24/7 P@RT service has strengthened early intervention, continuity of care, and compliance with national standards, while reducing reliance on temporary staff. Workforce growth and enhanced multidisciplinary input have also improved staff satisfaction and patient flow across the system.
  - Stroke Pathway: This has delivered measurable improvements in stroke care, including faster scanning, earlier consultant and nurse assessments, and greater access to thrombolysis and thrombectomy. These changes have reduced mortality, dependency, and length of stay, while also improving compliance with SSNAP standards.
  - Health Inclusion Services CAVHIS has expanded service capacity across midwifery, health visiting, adult ID clinics, outreach, and dentistry, while supporting over 400 EU in-reach cases annually. Early indicators show reductions in preventable Emergency Unit attendances, unplanned admissions, readmissions, and bed days, alongside improved access for vulnerable Tier 3 populations. Workforce investment has also strengthened team stability and performance.
- Specialist Services priorities and growth commissioned though the Joint Commissioning Committee (JCC)
- Tertiary Centre Provider costs (Long Term Agreement review underway).

<u>Value and Sustainability Themes / Enabling Actions</u>

The Value and Sustainability themes and opportunities are routinely built into our savings plans.

Our Value in Health Programme actively supports improvements across the Health Board, significant return on investment has been realised, in 24/25 this included:

- Heart Failure Community Nursing – 1511 bed day reduction, 429 hospital appointments converted to community and average length of stay reduced by 2 days.
- Supportive Palliative Care Service – 898 bed days saved, improved QoL. PROM scores in anxiety and coping with condition, 80,000+ kg Co2e saved.
- Cellulitis Specialist Nursing – 1163 bed days saved, 140 hospital admissions avoided and ROI of 8:1.

The programme continues to roll out a Value-Based methodology across the organisation.

1.2 Enabling Actions

The Health Board is committed to delivering the enabling actions and has progressed confidence in delivery as shown in the table below.

Strategic Priority	Q1	Q2
Timely Access to Care (Planned)	Green - 5 Amber - 10 Red - 0	Green - 6 Amber - 9 Red - 0
Timely Access to Care (Urgent and Emergency)	Green - 1 Amber - 5 Red - 0	Green - 5 Amber - 1 Red - 0
Maximising Value for Money	Green - 3 Amber - 1 Red - 0	Green - 2 Amber - 2 Red - 0
Value, Outcomes, Variation	Green - 1 Amber - 7 Red - 0	Green - 5 Amber - 2 Red - 1
Workforce Productivity	Green - 2 Amber - 3 Red - 0	Green - 2 Amber - 0 Red - 3
Total	**Green - 12 Amber - 26 Red - 0**	**Green - 20 Amber - 14 Red - 4**

1.3 Clinical Services Plan

A fundamental component of the Shaping our Future Wellbeing Strategy is the effective and sustainable design of the Clinical Services Plan (CSP), in ensuring we can develop a future model of care that actively shifts our services from reactive, illness-focused care to one that enables equitable health and wellbeing.

Work is currently being undertaken and overseen by an executive oversight group. The aim is to complete the planning work by March 2026 including a 20 week-long engagement process with our key stakeholders and partners. The feedback will ensure future models of care and define our priorities for improvement and delivery in Q1 of next financial year.

Feedback themes from our work so far include access to GPs and dental care, willingness to travel for faster treatment, and a desire for more Community-Based Services.

1.4 Service Change

Currently we are undertaking a piece of work on our future organisational design and operating model, with an aim to identify how we better meet the needs of our population and deliver on our long-term strategy.

This work will be completed in this financial year and will be engaging widely with staff, trade unions, and partners so that the outcome of the work will be co-produced and fit for purpose.

We intend to implement the new organisational design and operating model in next financial year.

1.5 Regional Working

Regional Specialist Services Provider Partnership

The University Health Board (UHB) works with Swansea Bay University Health Board to align Specialist Service provision across South and West Wales. This year we have worked together on;

- Fragility of West Wales Gynae Oncology,
- Haematology and specifically HPB pathways, as well as
- Cardiac Surgery capacity utilisation.

As the current provider of services, the UHB has worked with NHS Wales Shared Services Partnership and Velindre Cancer Centre with Transforming Access to Medicines (TrAMs). This project aims to centralise aseptic pharmacy production for SE Wales. Radio pharmacy services for the region due to open in early 2026. Business case for the next phase of development (including SACT) due to be submitted to WG by shared services in early 2026.

We are working with the Joint Commissioning Committee, Cardiff University and Velindre Cancer Centre on the future of PET CT scanning and isotope production across South Wales following the closure of the production facility at University Hospital of Wales.

Cardiff Health Partners is in the early stages of definition. A joint academic science venture with Cardiff University and Velindre Cancer Centre aimed at capitalising on existing areas of expertise to bring research, innovation and improved patient outcomes.

The Southeast Wales Joint Committee are collectively committed to the Regional Joint Committee and all 3 (CAVUHB, ABUHB, CTMUHB) have approved the Terms of Reference. The first meeting will be 19 November. It is anticipated that the committee will set regional plans and commission activity to deliver population outcomes.

The Southeast Wales Regional Portfolio continues to work at pace to deliver programmes including:

Llantrisant Health Park

- Business case progression to deliver diagnostics, with a regional plan in development for a community diagnostic centre to include Radiology and Endoscopy (screening and surveillance) which will allow us to meet future demand for our population.
- Orthopaedics, working towards delivering Getting it Right First Time GIRFTT) standards across the region and opportunity for a high-volume elective orthopaedic centre to meet future demand.

Broader Southeast Wales Regional Working

Ophthalmology: Cardiff and Vale UHB deliver activity through dedicated cataract theatres at University Hospital Llandough (UHL). Delivering the MAG recommendations to deliver 7 cataracts per list has been a key priority for us in year. In doing so we have increased throughput to support both our own and regional patients by an additional 54 patients per month. The Cardiff Hub which forms a component part of the Regional Ophthalmology Programme has delivered circa 1000cataract cases on behalf of the region. In addition, an insourcing model is currently being deployed through the regional programme to utilise Llandough theatres to support delivery of the Ministerial ask of an additional 12,500 cataracts to be undertaken by 31st March 2026.

Pathology, aims to standardise delivery, integrating care pathways, and ensuring equitable access. This includes expanding regional capacity, optimising resources, enabling multi-Health Board access, and future-proofing services through digital innovation. Stroke is focused on service delivery and patient outcome improvements across South Central with progress made on thrombectomy access and plans for workforce sustainability across both CTMUHB and CAVUHB services. The University Health Board has supported Cancer services this year including expansion of Radiotherapy capacity across the region.

1.6 Escalation

- Performance and outcomes: Level 4 (targeted intervention).
- Quality of care, leadership and governance: Level 4 (targeted intervention).
- Population health and prevention: Level 4 (targeted intervention).
- Finance, strategy and planning: Level 4 (targeted intervention).
- Clinical services: Level 4 (targeted intervention).

The Health Board recognises the seriousness of the escalation status across the whole organisation. We are committed to a programme of work that addresses the challenges and welcome any support that comes as a result of the Targeted Intervention that helps us accelerate progress. Executive SROs are leading the work across the individual areas of escalation to define, agree and deliver on the de-escalation criteria with Welsh Government and NHS Performance and Improvement colleagues. The health board recognises the importance of a positive culture and

continuous improvement in order to put us on a sustainable footing. The Targeted Intervention process in an opportunity to accelerate the improvement journey.

2.0 Improving Access for all

2.1 Performance Overview

Throughout this year, in line with our operational priorities of Urgent & Emergency care and Cancer, we have seen further improvements to ambulance handover delays and maintained strong performance against the single cancer pathway. We also recognise the need to reduce long waits for our planned care patients and have seen significant reductions in the number of patients waiting 2 and 3-years for treatment.

We recently delivered our WG agreed commitments for 2-year waits in Q2 (<996 patients) and work is ongoing to deliver further improvements in Q3 and Q4.

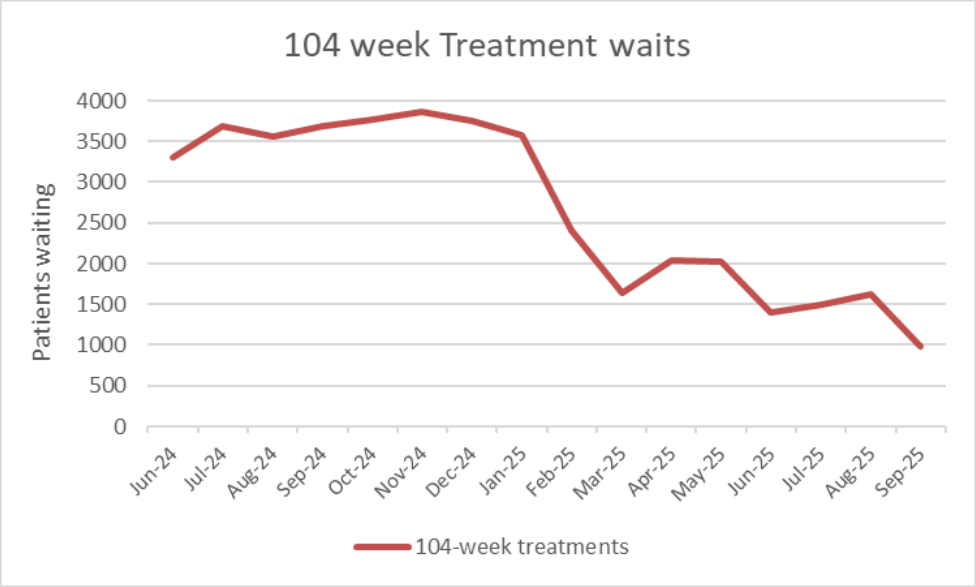
Diagnostic waits are also reducing with reduction trajectories in place for Endoscopy and Non-Obstetric Ultrasound (NOUS) where we see the longest waits for diagnostic tests.

Daily operational and performance operational information is shared across the organisation, with formal reporting through our Committees and Board Meetings. Our actions to reduce waits across care pathways are discussed with Welsh Government colleagues through our regular IQPD meetings.

Strategic Priority	Ministerial Expectation	Cardiff and Vale Plan	Current Position (RAG vs plan, blank if no Q1/2 forecast)
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour – national target – zero	<365 p/m (Q1)	41 (Sept)
	Reduce the number of patients who spend 12 hours in ED... building towards the national target of zero	<700 p/m (Q1)	785 (Sept)
	No patients waiting more than 104 weeks for referral to treatment	9861 (Q4)	981 (Sept)
	62-day SCP performance – 12-month improvement trend	75% (Q4)	68.4% (Sept)
	8-week diagnostic waits – zero target	10426 (Q4)	13667 (Sept)
Population Health and Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	48% (Q4)	45.6% (Aug)
	Achievement of vaccinations targets in the performance framework	Covid Spring Booster 63% (Q2)	56.0% (Jun)
Women's Health	Establishment of one Women's Health Hub in each health board area by March 2026 (aligned to the Women's Health Plan	Establish one by March 2026	In progress
Building Community Capacity	Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard	<160 (Q1)	176 (Sept)
	100% of GP practices achieving all National Access Standards for In-hours GMS	100% (Q1)	100%
	Increase in number of people accessing Pharmacist Independent Prescribing Service for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	>2185	2797 (Jul)
	Increase in % of adult/child population accessing NHS Dental care over a 24 (adult) /12 (child) month period	45% adults / 78% children	Reported yearly
	Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25 and greater where possible	Increase vs 24/25 (51% ave.)	54% (Jul)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	Increase vs 24/25 (800 ave.)	899 (Aug)
Mental Health Access	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80% - adult and children	Adult – 92.4% (Aug) Children – 98.6% (Aug)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% - adult and children	Adult – 99.1% (Aug) Children – 100% (Aug)

RTT Performance: 104 weeks (all stages)

We have slightly exceeded our performance ambition for the number of patients waiting over 104 weeks in both Q1 and Q2 of this year. We are currently on track to meet our commitment of 630 patients waiting over 104 weeks at the end of Q3.

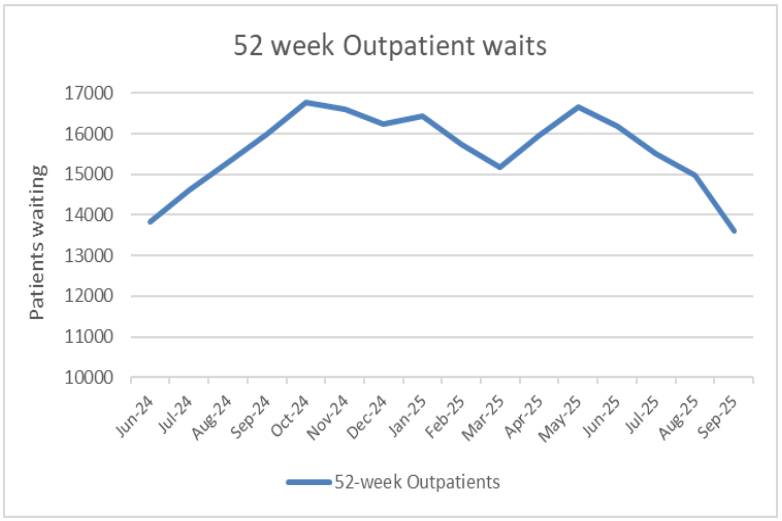


It is unlikely we will meet the Ministerial Expectation of 0 patients waiting over 104 weeks at the end of March 2026, due to a nationally recognised challenge with complex spinal patients. We are working with NHS P&I colleagues to create a longer-term solution for the South Wales region.

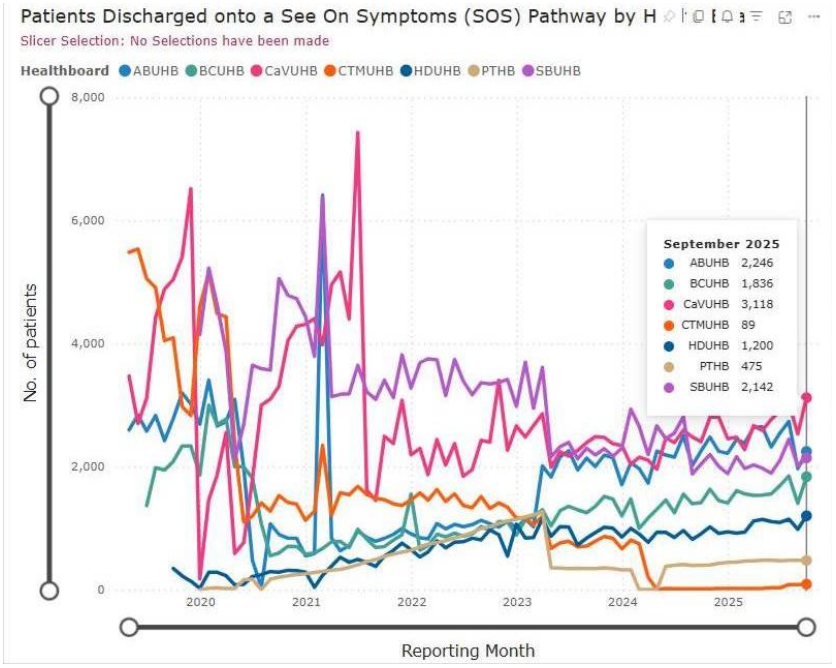
We are pleased to have delivered the Ministerial Enabling Action of routinely listing 7 cataract patients on a list which has significantly contributed to reducing our waits for cataract surgery down to 86 weeks.

RTT Performance: 52-week stage one

Our 52-week outpatient cohort is reducing week on week and will see significant improvement by the end of March with support from the Welsh Government Insourcing Contract, which will see the wait for several of our specialties reduce to 26 weeks.



In addition, we are working hard to increase our use of See on Symptoms and Patient Initiated Follow Up pathways to create capacity. The data below is taken from the National dashboard and demonstrates the progress we are making in increasing the proportion of our patients on an SOS pathway. However, we recognise we have more to do.



Current Position and Trajectory for 8-week Access to Diagnostics

Number of patients waiting 8 weeks or more for a diagnostic, by modality:

Diagnostic		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Median wait (weeks)	Total waiting list	% under 8w	% over 8w
Cardiology	Myocardial Perfusion Scanning	12	5	3	0	1	0	0	0	0	0	0	0	2	6	10	80.0%	20.0%
	Echo Cardiogram	2	1	0	0	0	0	0	0	1	0	1	1	3	2	903	99.7%	0.3%
	Dobutamine Stress Echocardiogram	17	0	1	0	0	0	0	0	1	0	10	1	0	1	29	100.0%	0.0%
	Stress Test	0	0	1	0	0	0	0	0	0	0	0	0	0	3	40	100.0%	0.0%
	Blood Pressure Monitoring	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32	100.0%	0.0%
	Heart Rhythm Recording	0	0	0	0	0	0	0	0	0	0	1	0	0	1	292	100.0%	0.0%
	Diagnostic Angiography	66	55	55	52	48	40	24	12	20	18	25	25	28	8	55	49.1%	50.9%
	Trans Oesophageal Echocardiogram	3	0	0	0	0	0	0	0	0	0	0	1	0	3	10	100.0%	0.0%
	Cardiac CT	6	3	6	8	7	3	5	11	34	24	5	13	15	4	128	88.3%	11.7%
	Cardiac MRI	215	186	184	195	183	163	159	159	174	141	115	123	114	8	212	46.2%	53.8%
	Diagnostic Electrophysiology (EP Stud	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	100.0%	0.0%
Diagnostic Endoscopy	Cystoscopy	93	100	100	128	158	166	142	109	98	83	90	100	92	6	219	58.0%	42.0%
	Colonoscopy	1892	1949	1995	1992	1992	1735	1758	1809	1801	1767	1740	1755	1429	31	1973	27.6%	72.4%
	Flexible Sigmoidoscopy	1271	1320	1319	1302	1280	1142	1125	1156	1136	1068	1029	997	906	40	1040	12.9%	87.1%
	Gastroscopy	2949	2979	2845	2748	2565	2234	2277	2401	2464	2481	2446	2468	2186	35	2557	14.5%	85.5%
	Bronchoscopy	12	12	13	17	14	13	13	16	15	16	17	17	18	27	23	21.7%	78.3%
Imaging	Fluoroscopy	34	26	15	6	9	4	7	5	20	8	13	20	12	2	95	87.4%	12.6%
Neurophysiology	Nerve Conduction Studies	1	0	0	0	0	0	0	1	0	0	0	0	1	5	68	98.5%	1.5%
	Electromyography	0	0	0	0	0	0	0	0	0	0	0	0	0	5	48	100.0%	0.0%
Physiological Measurement	Urodynamic Tests	71	69	88	74	95	74	70	81	87	80	65	66	83	7	166	50.0%	50.0%
	Vascular Technology	2	2	0	0	0	0	12	20	19	21	1	2	9	2	169	94.7%	5.3%
Radiology	MRI	1019	865	716	882	944	662	792	992	1276	1008	1228	1687	1905	8	3643	47.7%	52.3%
	Non-Obstetric Ultrasound	9469	9114	9153	9315	8711	7808	7371	7733	7420	6711	5990	6177	5832	13	9531	38.8%	61.2%
	CT	27	14	8	24	48	22	56	221	591	550	552	758	998	4	2846	64.9%	35.1%
	Nuclear Medicine	49	44	54	27	33	19	13	24	20	31	16	32	34	3	159	78.6%	21.4%
Total		17210	16744	16556	16770	16088	14086	13825	14750	15177	14007	13344	14243	13667		24248	43.6%	56.4%

Endoscopy (8-Week Backlog): The mobile unit in CTM went live on 4th September to help reduce the 8-week backlog. The service is also continuing to use the insourcing company for additional support. As of the end of August, performance is ahead of trajectory by 68 patients. The Service are still on track to deliver zero 8-week waits at the end of March 2026.

While we are confident, we will achieve our commitment to eliminate 8-week diagnostic waits, when considering all endoscopic activities (diagnostics, cancer surveillance, screening), we there us a recurrent capacity gap 17 sessions a week. The proposed longer-term solution to close this capacity gap is the LHP.

NOUS: The NOUS position dipped during August as expected due to summer leave. As a result, less long waiting patients were scanned, with a focus on maternity, inpatients and cancer workload. This was anticipated and built into the UHB trajectory for NOUS delivery. There has been a restoration of clinics for long waiters throughout September. In October a third independent service provider commences at UHL will increase activity in line with the trajectory to deliver zero waiting over 8 weeks by the end of March 2026.

MRI: The MRI position dipped during August due to equipment failure. To recover additional capacity will be delivered in Q3 and Q4.

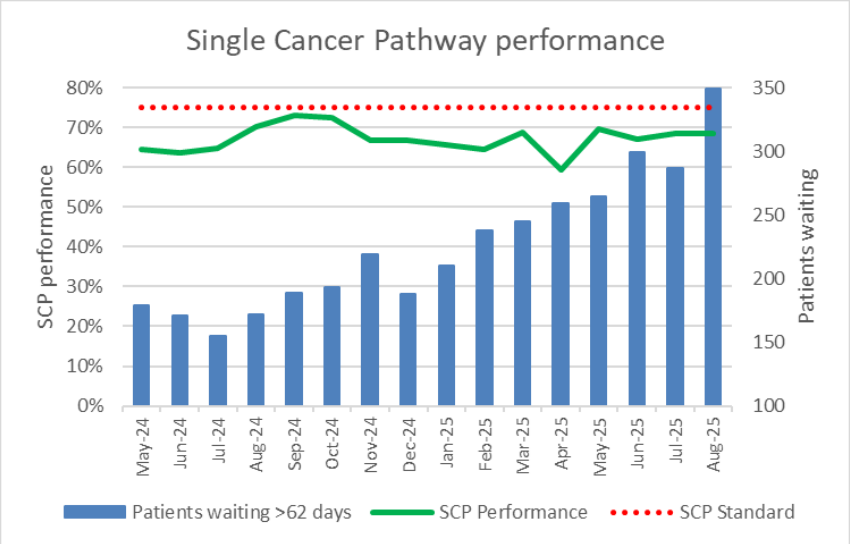
CT: The CT position dipped during August following delays in procuring ISP support to deliver CT scans. The procurement process has completed. The additional capacity will come online in October, and the position recovered in Q3

Current Position and Trajectory for Achieving 75% for Suspected Cancer Pathways

Cardiff and Vale have consistently delivered average cancer performance circa 65% despite an increase in suspected cancer referrals of 10-15% over the last 3 years and as much as 20% for suspected skin cancer referrals.

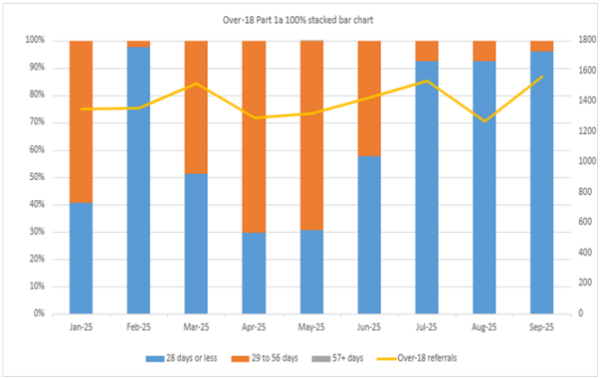
As a result, the backlog of patients waiting over 62 days has risen with particular issues in Urology and Skin which account for 51% of the total number of patients waiting over 62 days. Changes to the first outpatient and diagnostic stage of the Urology pathway have been implemented in September including more straight to test slots for Prostate patients. Two additional Consultant Dermatologists have also been appointed and will take up post in January 2026.

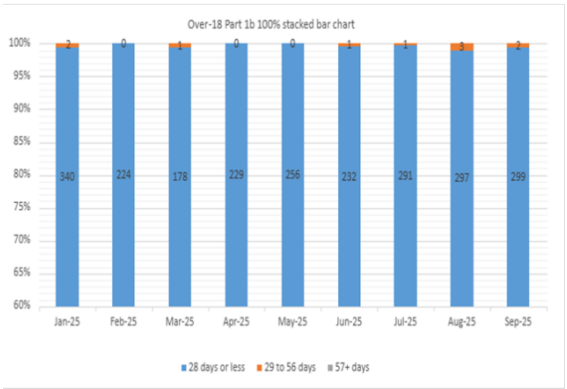
We therefore expect to see our 62-day performance drop as we clear the backlog of patients but anticipate seeing delivery of the 62-day standard by the end of Q4.



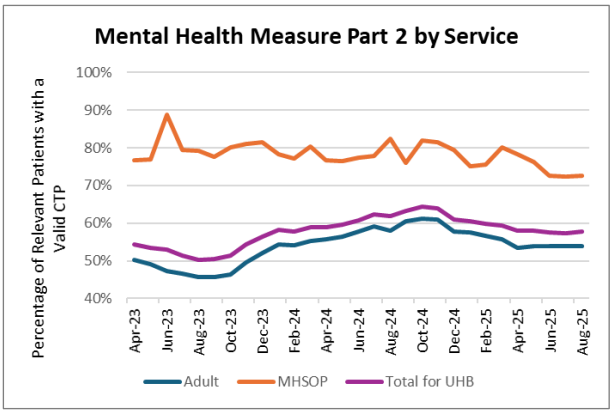
Current Position and Trajectory for Adult and CAMHS Mental Health Measures

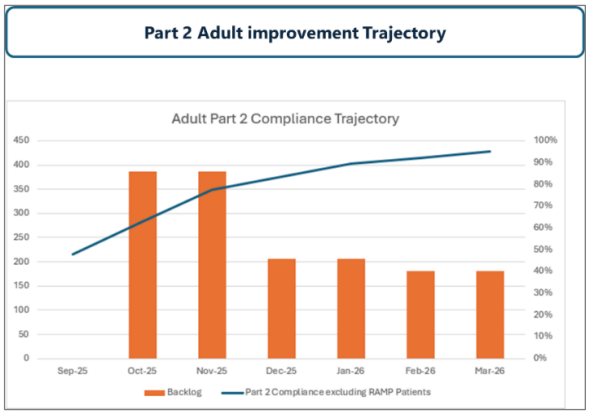
The University Health Board are currently delivering against the Part 1 Mental Health Measure for Adult and CYP services. CYP also maintaining the Part 2 standard with 98% compliance reported in the most recent month.





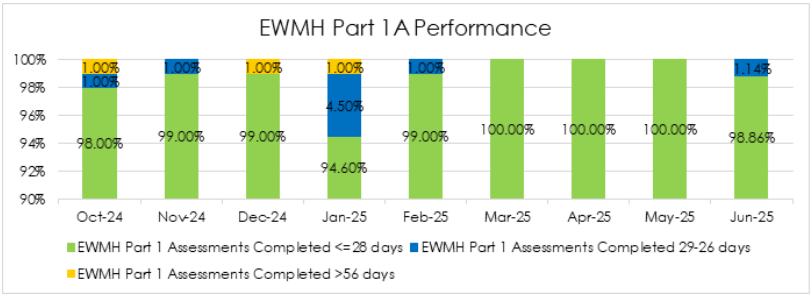
For Adult services, the Care and Treatment Plan (Part 2) compliance for the Health Board continues to be an area which requires improvement. The Standard is that 90% of relevant patients should have a valid CTP. NHS performance and Improvement has requested an improvement trajectory of the standard with relevant actions detailed to deliver. The University Health Board has developed an improvement trajectory with the clinical teams over a 5-month period. This approach has been shared with NHS P&I and agreed as acceptable.

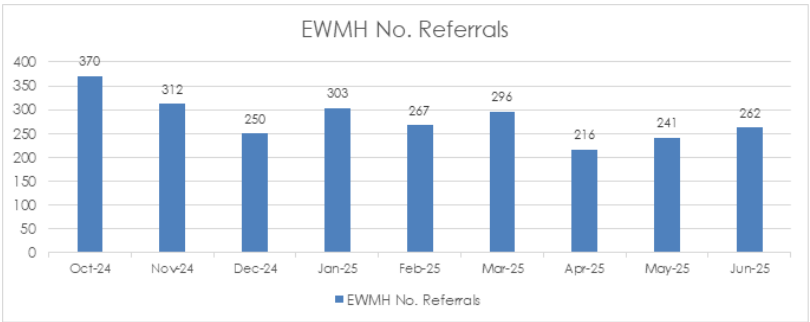


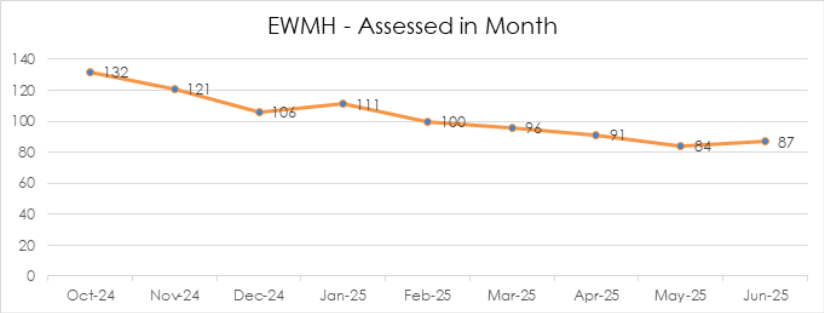


<u>Part 1a – Target: 28-day Referral to Assessment Compliance Target of 80% (Children & Young People)</u>

Compliance has been maintained and exceeded for all months in the past quarter. The establishment of the Assessment Team continues to support the service in providing sufficient capacity to meet incoming demand and the average wait for assessment currently fluctuates between 3-4 weeks.







Part 1b – 28-day Assessment to Intervention Compliance Target of 80% (Children & Young People)

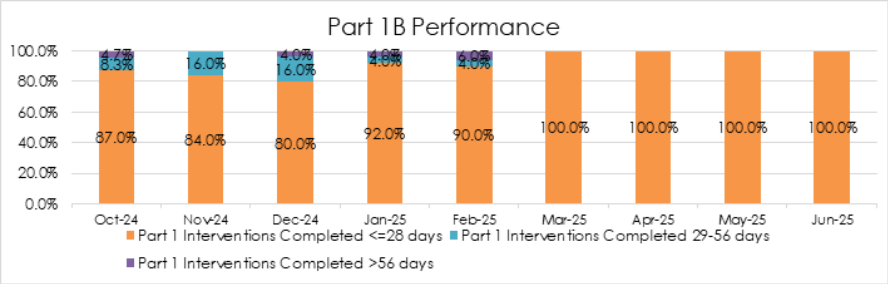
Compliance has been achieved and maintained during the last quarter. The impact of the Psychoeducation and Group offer continues to be positive in meeting the needs of CYP in a timely manner. Feedback from CYP and parents on the new offer is positive and we continue to work collaboratively with young people to inform and extend the offer.

Feedback from CYP from the anxiety group:

- "It was the first thing that I feel I have really benefitted from. Learnt a lot of new coping strategies"
- "I found the group really helpful, everybody's friendly and since I've attended the group, I've gone to school more. Thank you so much! 😊 "
- "It's a good environment to be in its judgement free and enjoyable"

Regular monitoring is in place to ensure compliance is maintained and wider work on managing capacity and demand for direct 1:1 intervention is underway. Expecting some challenges with capacity for 1:1 direct intervention in quarter 3 due to maternity leave – backfill to be recruited to maintain capacity for delivery within the team.

SilverCloud "refer in" offer, now fully live and seeing steady increase in numbers of referrals for both CYP and parents/carers for anxiety / low mood from assessment.



We expect this trajectory to continue to the end of the year.

Neurodevelopment Waits – Children's

We remain committed to reducing assessment for children have submitted a revised trajectory which utilises the available NDIP funding for outsourcing to the Independent Sector.

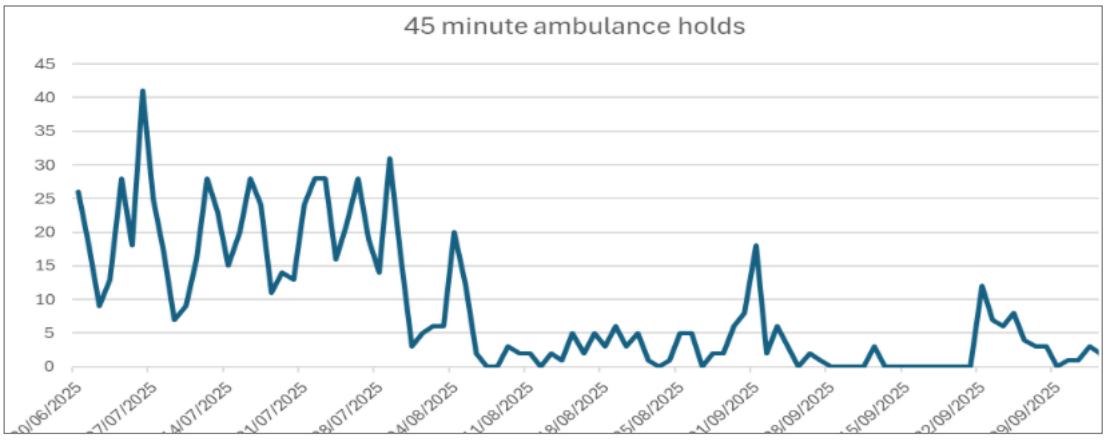
However, the recent instruction to direct all Neurodivergence Improvement Programme Funding to solely 3-year assessment waits in children creates a significant problem as over 60% of this funding has historically been allocated to substantive teams to improve neurodivergence services for both adult and children's (as agreed in previous years with the national programme).

This means it would not be possible for us to re-direct the funding this year due to the significant impact on other groups (Autism Spectrum in adults), significant consultation and engagement requirements and significant workforce restructuring, none of which would be achievable or preferable.

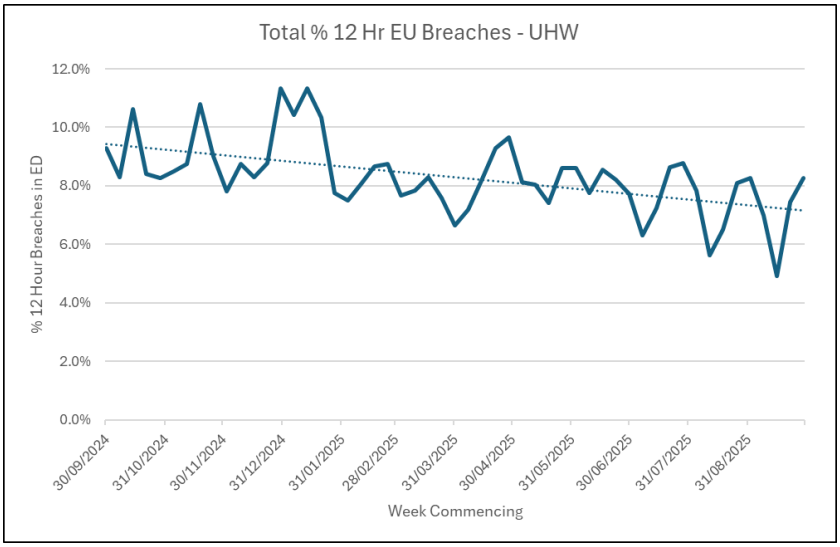
Previous attempts to reduce the assessment waiting lists have also caused knock on impacts to core capacity as this creates a long waiting list for follow up and medication titration. Cardiff and Vale advocate an approach that continues to champion a move away from a medical diagnosis model towards a regional model that provides whole pathway support delivered in conjunction with partners. Many of the service improvements we have implemented in recent years reflect this (community connectors) and have been supported through the national programme.

Current Position and Trajectory for 45-minute Ambulance Handovers, 4 and 12-Hour Emergency Department Waits and Reducing Pathways of Care Delays

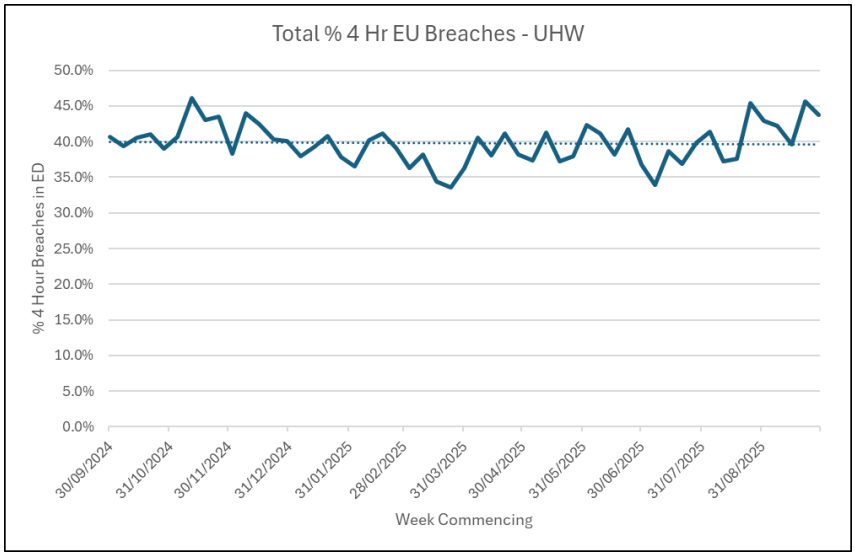
Urgent and Emergency care remains one of the UHB's operational priorities. Following significant improvements to ambulance handover times over the past few years we have eliminated the longest waits and seen a significant reduction in the average ambulance handover time at UHW. We are currently performing well against the W45 ambulance handover standard and will continue to make every effort to maintain this performance going into winter. We have identified ringfenced capacity in Emergency Unit (EU) and Assessment areas to facilitate timely handover.



Demand for our EU has increased at c4% this year. Despite this 12-hour performance has been steadily improving over the last 12 months and continues to trend downwards. We continue to see spikes of long waits in EU associated with periods of operational pressure and challenged flow through our system.



Our 4-hour performance has remained stable with a slight downward trend.



We have performed well against the POCD standards over the last 2 years. Data suggests that we have stabilised over recent months with a slight increase last month. We continue to work with our local authority partners to support discharges and to manage an increasing demand picture.

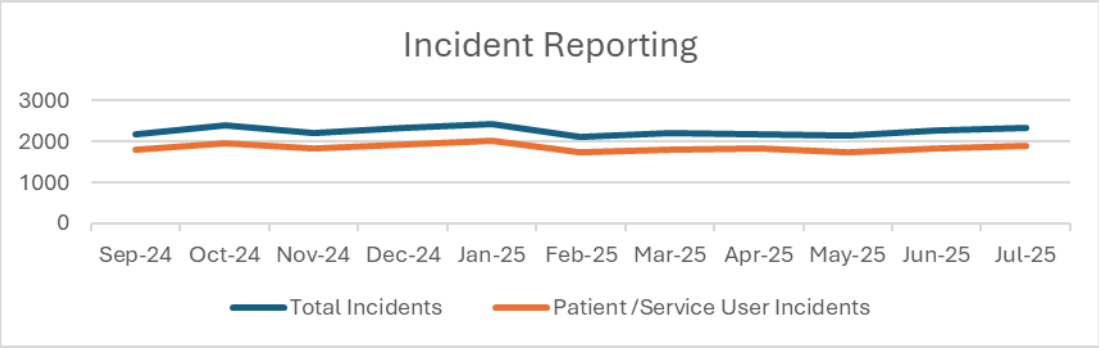
PoCD Census Month	Number of Non-Mental Health Delays	Total days lost for non-MH patients	Total days lost for all patients	Average LoS post clinically optimised for non-MH patients
Oct-25	142	5,718	9,793	**40.3 days**

Table 1: Pathway of care delays census for month October 2025

2.2 Quality and Safety

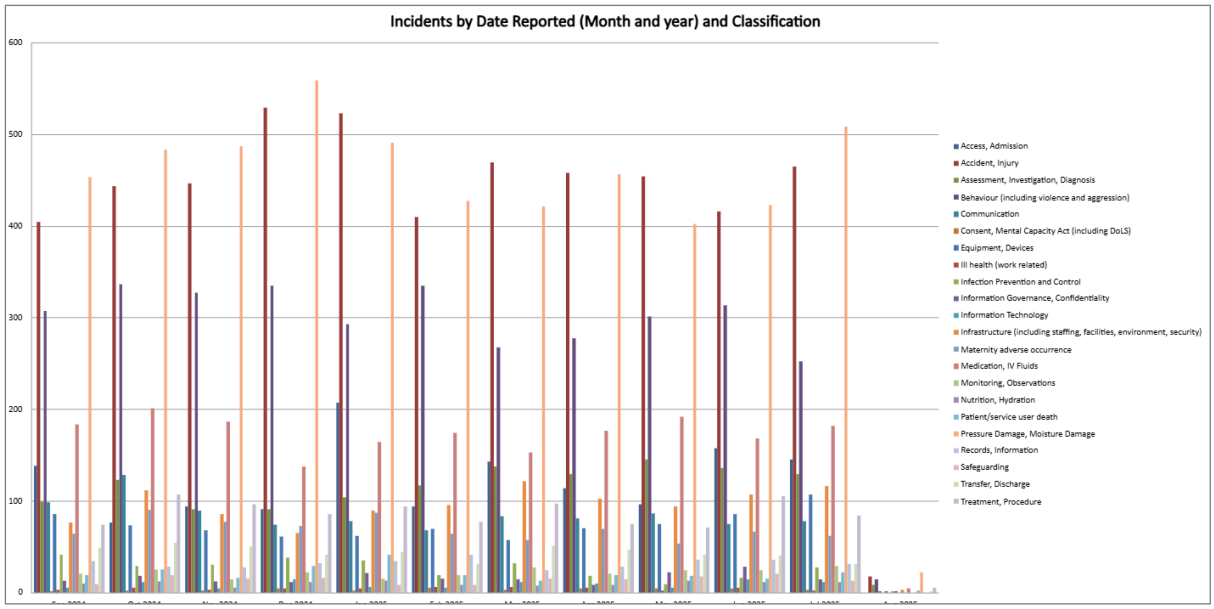
The Shaping our Future Quality Excellence Programme was launched in 2024 in response to emerging themes from patient safety incidents and Nationally Reportable Incidents. The programme is led by the Executive Nurse Director with wide reaching projects including healthcare associated infections, lost to follow up, acute deterioration and medicines safety. Each project seeks to eradicate avoidable harm and to develop a strategic approach to delivering safe effective and person-centred care. A fifth project is focused on the development and implementation of the UHB Quality Management System.

Current Position and Trajectory Against the Quality and Safety Metrics



A total of 4,586 incidents were reported in June and July 2025, an increase of 239 from the two months prior. Of these 81% (3,736) involved patients and service users. The chart below demonstrates incident reporting by months between September 24 and July 25 categorised into themes. Pressure damage (5,132) is the most commonly reported category, followed by Accident and Injury including Falls (4,630),

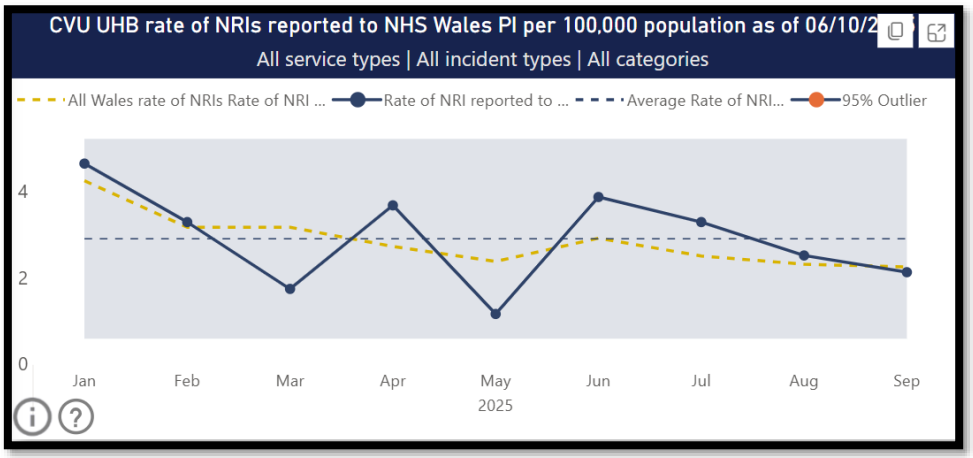
Behaviour including Violence and Aggression (3357) and Medication Incidents including IV fluids (1920) and then Infrastructure (1064).



Nationally Reportable Incidents

There were seventy-nine Nationally Reportable Incidents (NRI) open across the UHB at the end of September, with an additional twenty-two Perinatal Mortality Review NRIs.

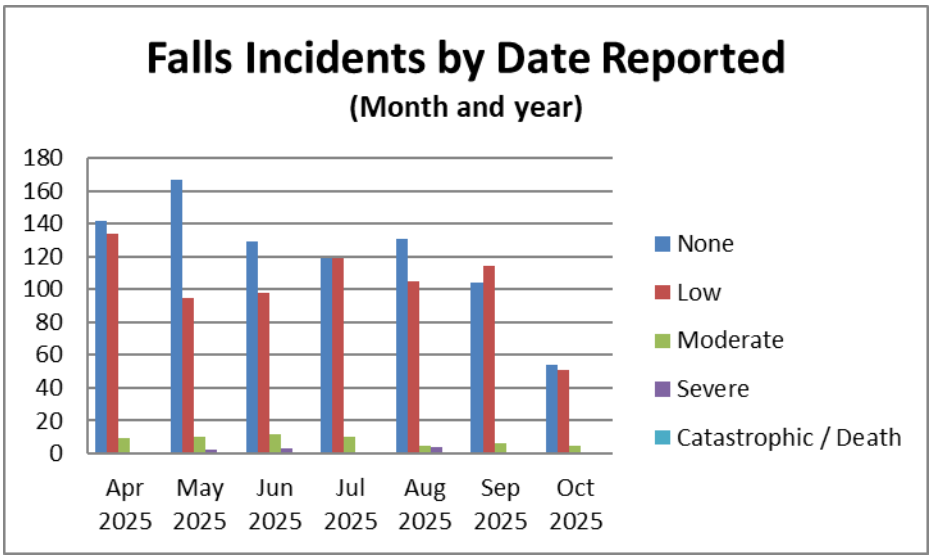
181 NRIs were investigated and closed between September 2024 and September 2025, of which 14 were downgraded following initial factfinding. Patient Safety Learning Reviews frequently demonstrate variation in harm from the initial reported level, with reductions in the proportion of incidents that have resulted in severe and catastrophic harm.



NRIs themes and quality improvement form part of the quality indicators reports to the Quality Committee, and a standalone NRI paper is reported to the Committee on an annual basis.

Falls

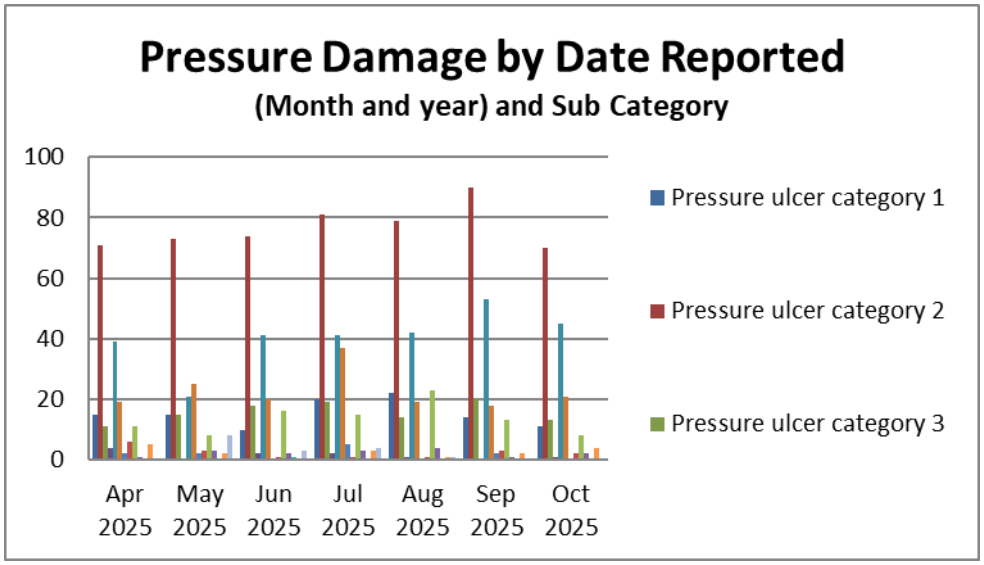
The UHB has reported eleven falls that have resulted in severe harm or above since January 2025. The quality and timeliness of the multi-factorial risk assessment is observed as a common contributing factor in avoidable inpatient falls. The development of a UHB falls education programme in late 2024 and piloting across the Medicine Clinical Board has focused on supporting nursing staff in strengthening the risk assessment and identification of risk factors but also mitigation of risk including prescribing of high-risk medications, footwear and urinary incontinence. Over 200 colleagues have been trained since May 2025. The training is being extended to wider health professionals' groups.



The focus of community falls work prioritises standardising the availability of falls avoidance intervention across Cardiff and the Vale including:

- The development of the Live Well Age Well course delivered in four locations across the two Local Authorities.
- The delivery of falls training and provision of falls response equipment in care homes.
- Falls response through the Single Point of Access with an aim of avoiding conveyance.

Pressure Damage



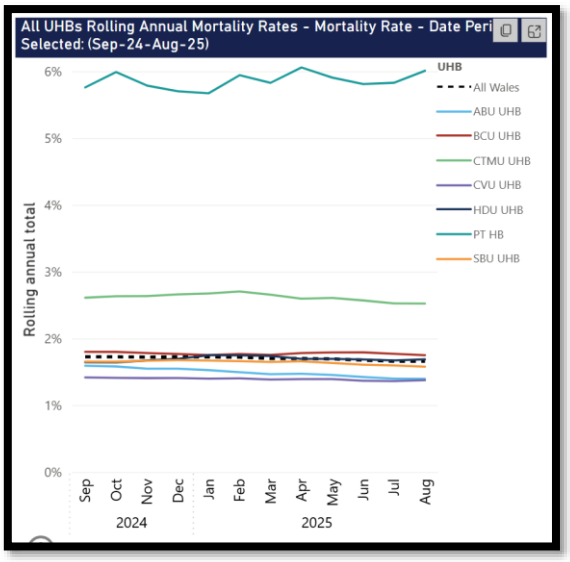
The UHB Pressure Damage Group reconvened in November 2025 top support UHB wide learning from incidents.

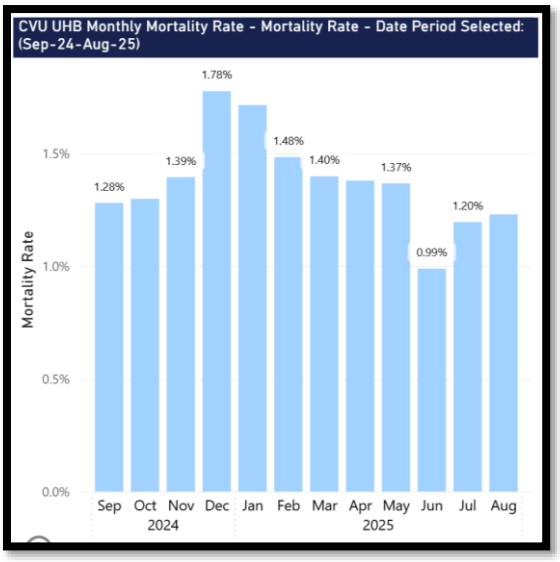
Mortality

The UHB Learning from Mortality Group oversees the governance, quality assurance and the experience of both patients at the end of life and the bereaved.

There was an agreement in 2023 that UHB mortality data would be reported in three tiers:

- Tier 1- UHB Level incorporating all-cause mortality and crude inpatient mortality.
- Tier 2 – Clinical Board level incorporating crude CB inpatient mortality post operative 30-day mortality etc.
- Tier 3 –Speciality Level e.g. hip fracture mortality, MI mortality.
- The development of a UHB mortality dashboard in 2025 allows access to data including mortality relating to delays in discharge, transfer between wards, delays in admission from EU and mortality replating to length of stay. Work is continuing to further develop the dashboard to include post operative mortality indicators.





In response to delays in the completion of death certifications and to respond to the introduction of the Medical Examiners service the UHB developed a Digital Care after Death Database was developed that allows communication between the ME service HM Coroner and to support timely management of the post death scrutiny and certification.

Never Events

The UHB has reported eight Never Events in the past twelve months.

- Wrong route medication – administration of a sub cutaneous preparation of an opioid medication via an intravenous route
- Retained foreign object – retained vascular access device guidewire and retained neck drain
- Wrong site procedure – Five wrong site local anaesthetic procedures

CVU UHB Never Events occuring (by incident date, Sep-24 to Aug-25) as of 06/10/2025

Year	2024				2025							
Never Event	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Administration of medication by the wrong route	1	0	0	0	0	0	0	0	0	0	0	0
Retained foreign object post procedure	0	0	1	0	0	0	0	1	0	0	0	0
Wrong site surgery	0	1	0	1	0	2	1	0	0	0	0	0
Total Never Events	**1**	**1**	**1**	**1**	**0**	**2**	**1**	**1**	**0**	**0**	**0**	**0**

The Quality Excellence – Medication safety programme will include safety of opioid prescribing and administration, and work is underway to review the two-nurse checking process.

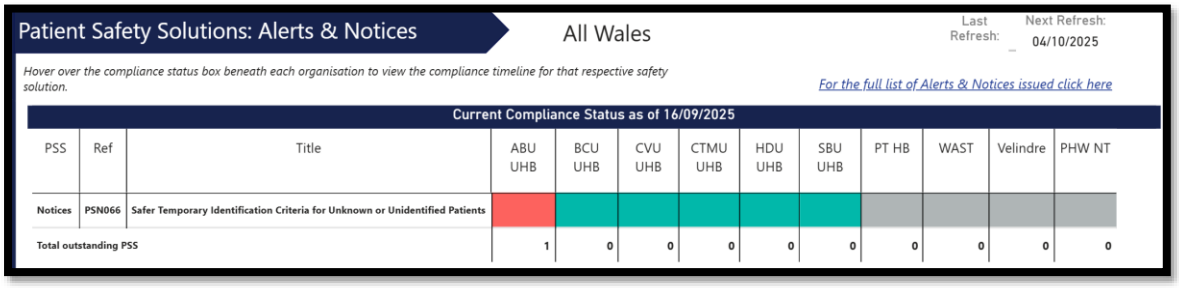
A local safety process for the administration of local administration following a hip fracture has been developed and medical education for resident doctors is being standardised across the UHB and will include a competency assessment.

The WHO checklist collaborative was convened following the publication of the theatres review. It comprises surgeons, anaesthetists, scrub practitioners and

clinicians from other areas of the health board. The collaborative agreed five principles to support the effective deployment of the WHO checklist. These principles were mandated by the Executive team in correspondence following the publication of the report. The collaborative is undertaking further work to strengthen the recoding of the WHO checklist.

Patient Safety Solutions

The UHB is compliant with all patient safety solutions as demonstrated in the NHS Wales Beacon dashboard below. The UHB is exploring the use of the AMaT system in the governance and oversight of alerts and notices to ensure an auditable governance trail.



Patient Safety Solutions: Alerts & Notices — All Wales

Last Refresh: _ Next Refresh: 04/10/2025

Hover over the compliance status box beneath each organisation to view the compliance timeline for that respective safety solution.

For the full list of Alerts & Notices issued click here

Current Compliance Status as of 16/09/2025

PSS	Ref	Title	ABU UHB	BCU UHB	CVU UHB	CTMU UHB	HDU UHB	SBU UHB	PT HB	WAST	Velindre	PHW NT
Notices	PSN066	Safer Temporary Identification Criteria for Unknown or Unidentified Patients										
Total outstanding PSS			1	0	0	0	0	0	0	0	0	0

Duty of Candour

In the first 12 months following implementation of the Duty of Candour the UHB chose to coordinate delivery corporately, providing oversight of all incidents recorded as having resulted in moderate harm or above. After the first year the responsibility for incidents resulting in moderate harm was devolved back to the Clinical Boards but with corporate oversight of those resulting in serious harm or above continuing.

Training and support for Duty of Candour have been made available, including e-learning modules, but in addition there were multiple virtual and face to face engagement session delivered in the first year of the duty across Primary and Secondary care.

A SharePoint page was developed hosting resources to support staff in the delivery of the Duty, including flowcharts, harm frameworks, and meaningful apology guides.

Cardiff and Vale UHB Data for Reporting:

Performance Reports:

- Sept 2025 Board report - updated and August 2025 Board report provide detailed metrics on concerns, incidents, and Duty of Candour triggers.
- Between 1 March and 30 August 2025, 12,675 incidents were reported, with 6 triggering the Duty of Candour. Common themes included:
  - Avoidable pressure damage
  - Avoidable falls
  - Missed follow-ups
  - Medication errors

- Missed diagnoses.

Annual Reporting:

- Cardiff and Vale submitted validated reports to NHS Wales Shared Services Partnership Once for Wales CMS, detailing:
  - Frequency of Duty of Candour triggers
  - Circumstances of each trigger
  - Preventative steps taken.

Infection Prevention and Control

Primary Care Antimicrobial Improvement Goals:

Goal 11a: a 10% reduction in total antimicrobial usage by 2029/30

- Position at the end of 2024/25 for Primary Care demonstrated an 8.7% reduction in consumption against the targets measured in DDD (Defined Daily Doses)/1000 STAR-PU. (Specific Therapeutic Group Age-Sex Related Prescribing Unit).

Goal 12: 70% of total antibiotic use from the Access category

- Position at end of 2024/25 for primary Care demonstrated a 62.6% antimicrobial usage from Access Category as measured in DDDs.
- Primary Care comprises all prescribing by GPs in hours, GP out of hours, independent prescribers and the Common Ailment Service dispensed in the community.

Secondary Care Antimicrobial Improvement Goals:

Goal 11b: a 5% reduction in total antimicrobial usage by 2029/30

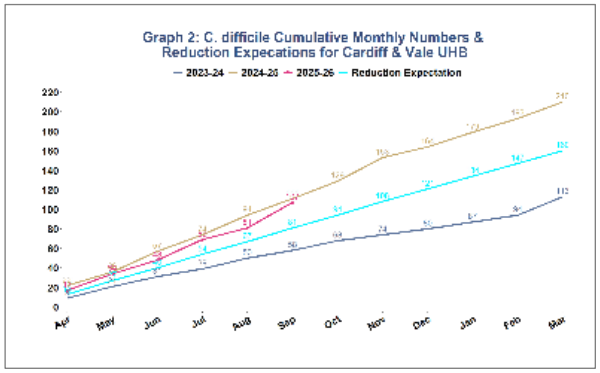
- Position at the end of 2024/25 for secondary care (acute inpatient usage only): an overall 3.8% decrease in consumption against the target as measured in DDDs/ 1000 occupied bed days. For the individual hospitals the position was:
- UHL 24.6% reduction.
- UHW 3.6% increase.

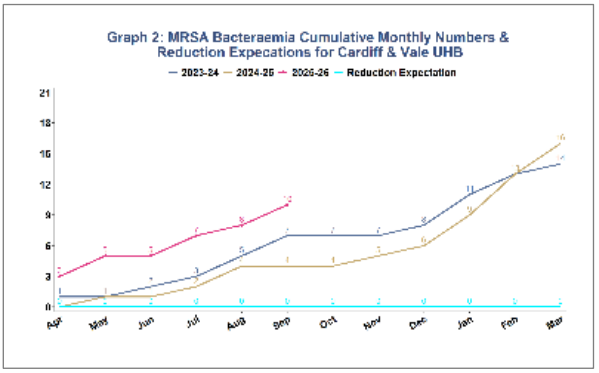
Goal 12:70% of total antibiotic use from the Access category

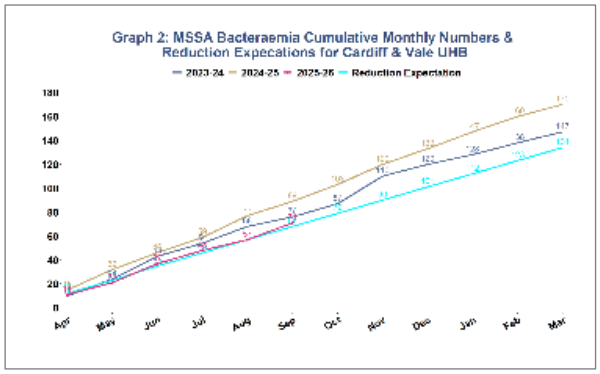
Position against the end of 2025/25 for secondary care: 59.6% antimicrobial usage from access category as measured in DDDs.

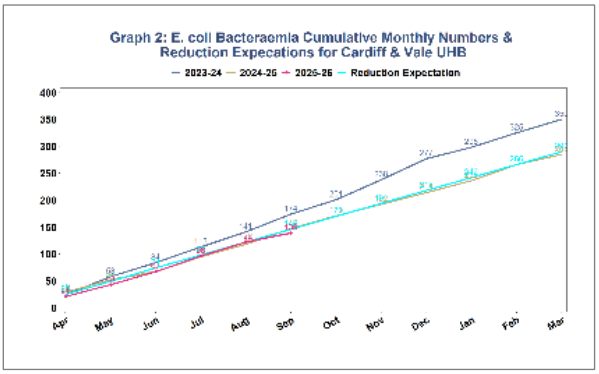
- UHL 58.4%.
- UHW 59.9%.

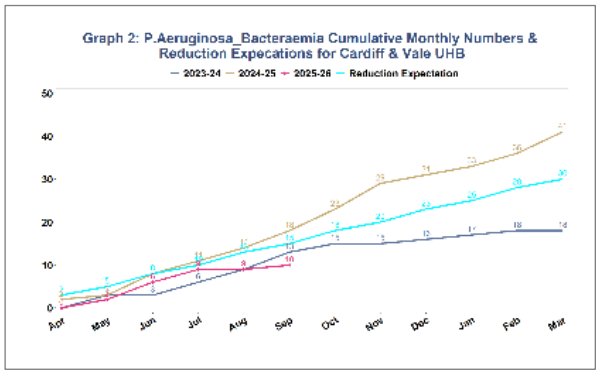
Healthcare Associated Infections:

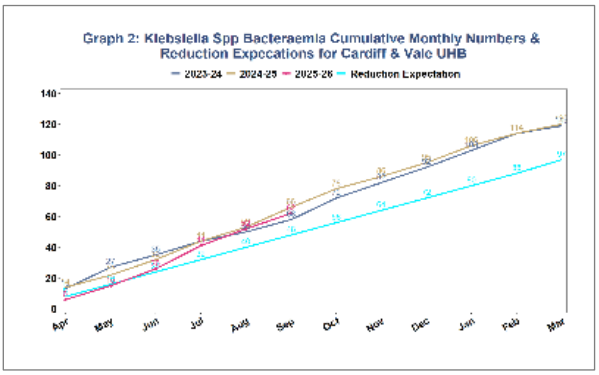












The governance of the Infection prevention and Control is via the Infection prevention and Control Group that reports directly into the Quality Committee. Increasing rates of Clostridium difficile and Staphylococcus aureus have been a significant focus of reporting.

In 2024 it was agreed that Healthcare associated infections would form part of the Quality Excellence programme. The Scope of the IP&C project is to broaden the IP&C dataset and to strengthen reporting that supports quality improvement. The Development of an IP&C dashboard is in progress.

- C difficile – hospital onset accounts for 33% of the total number of cases, lower than the equivalent period last year

- S aureus (MRSA and MSSA) – reduction noted in MSSA bacteraemia but increasing MRSA rates 40% of cases are hospital onset and 30% of these are related to vascular devices. Compliance with S aureus on admission is being submitted after a reduction from previous years. Screening allows treatment for colonised patients.

Brilliant Basics:

Brilliant Basics promote shared responsibility for infection prevention and patient safety, aiming to embed these fundamentals into daily practice across the organisation.

1. Your Hands – CLEAN

- Follow the Five Moments of Hand Hygiene.
- Gloves are not a substitute for handwashing.
- Maintain a bare below the elbows policy.

2. Your Uniform – SMART

- Adhere to the updated Dress Code Policy.
- Wear clean uniforms; avoid wearing scrubs outside clinical areas.
- Theatre scrubs must remain within theatre environments.

3. Your Technique – SAFE

- Use Aseptic Non-Touch Technique (ANTT) consistently.
- Treat every patient interaction as a potential infection risk.
- Follow correct procedures and seek help when unsure.

4. Your Standards – SURE

- Maintain high standards at all times, even under pressure.
- Be vigilant and report concerns.
- Empower staff to challenge lapses in quality constructively.

2.3 External Assessment

To address key themes The Shaping Our Future Quality Excellence Programme has established four dedicated programme boards to address the most frequently reported themes identified through the Complaints, Redress cases, Claims and National Reporting and Incident System (NRIS). These thematic areas include: the care of the deteriorating patient, patients lost to follow-up, infection prevention and control, and medication safety.

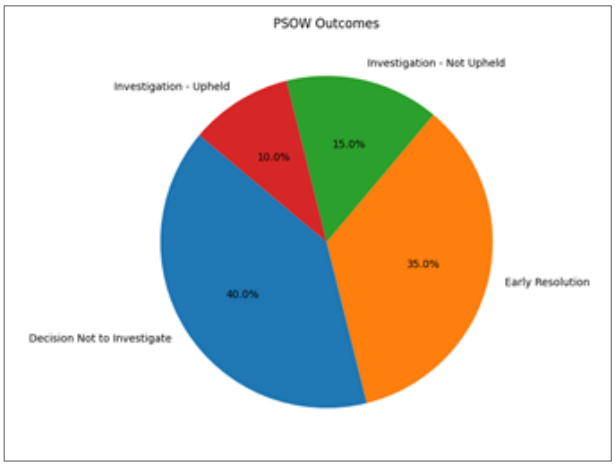
PSOW

The Public Service Ombudsman for Wales (PSOW) provides an Annual Letter to each organisation in its jurisdiction.

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**

The Percentage the Ombudsman Chooses to Investigate a Key QI



Key Outcome Categories:

Decision Not to Investigate:

- 67 cases (44%)

Non-Public Interest Reports:

- Not Upheld: 9 cases (6%)
- Upheld (with intervention): 8 cases (5%)

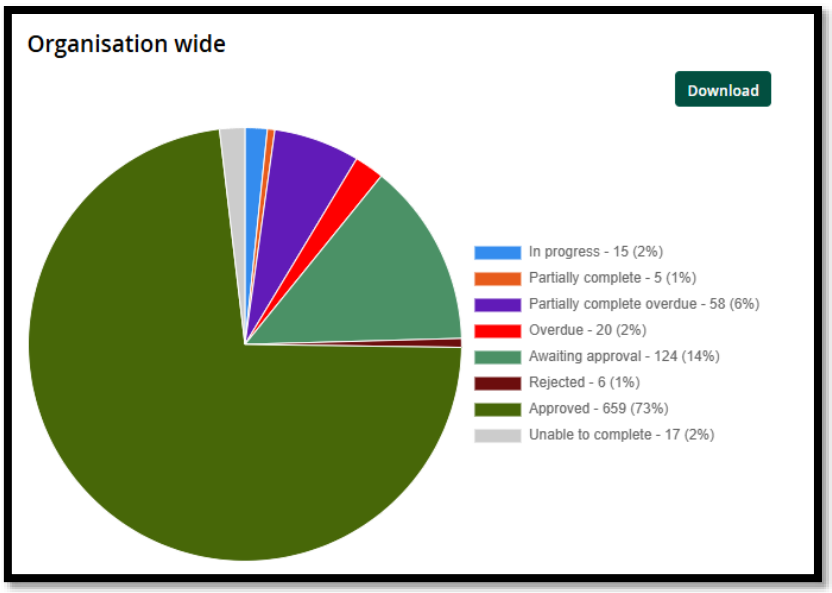
No Public Interest or Special Reports Issued:

- Indicates no cases met the threshold for broader systemic concern or formal publication.

Healthcare Inspectorate Wales (HIW)

HIW have undertaken two unannounced inspections, one Community Mental Health Inspection and one Ionising Radiation Inspection in 2025. The UHB utilise the AMaT

clinical governance system to record and oversee all HIW improvement plans and to monitor their progress and to provide assurance to the Board.



In addition, there is an ongoing programme of regulatory inspections undertaken in independent General Practice and General Dental Services across Cardiff and Vale UHB in 2025. HIW report directly to the Independent Contractors but provide PCIC with overview in relation to areas of concern or immediate assurance.

Regulatory Inspections

HTA Mortuary Inspection: 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.

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

Llais

LLais have requested responses for over 20 services across all Clinical Boards within the health board over the last 6 months with themes relating to communication, delivery of care, infrastructure, governance and documentation. Improvement plans and responses have been provided and are monitored through our AMaT system and governance meetings.

WRP

The Welsh Risk Pool (WRP) undertakes an external annual peer review, and the table below demonstrates the findings. Following the most recent review, many areas received a rating of substantial assurance, reflecting confidence in the actions

taken to address identified risks. To increase all areas to substantial assurance a comprehensive improvement plan was monitored to completion.

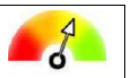
Reasonable assurance was provided in three key areas: Inquests, Organisational Learning, and Learning from Events and Incidents.

For Inquests, the recommendation was to review the process to identify areas for further improvement and reduce delays in providing information. This review has been completed, and we have robust evidence to support that we have never had a Schedule 5 incident, where information is not provided to the HMC.

In terms of Incidents, it was noted that for some low-level incidents, progress remained stagnant even months after being reported. Additionally, there was a delay in closing some cases, despite the incident review and investigation being completed promptly. The Patient Safety team has focused on closing these cases and has set up clinics to support clinical teams.

For Organisational Learning and Learning from Events, we have established weekly peer review panels for LFER forms submitted to WRP, demonstrating learning from individual cases. Organisational-themed learning is carried out through the Quality Excellence Programme and the development of the QMS.

8.0 Assurance Summary

Management of Concerns (Incidents)	REASONABLE ASSURANCE	
Management of Concerns (Complaints & Enquiries)	SUBSTANTIAL ASSURANCE	
Redress Case Management	SUBSTANTIAL ASSURANCE	
Claims Case Management	SUBSTANTIAL ASSURANCE	
Inquest Case Management	REASONABLE ASSURANCE	
Learning from Events	REASONABLE ASSURANCE	
WRP Reimbursement Process	SUBSTANTIAL ASSURANCE	

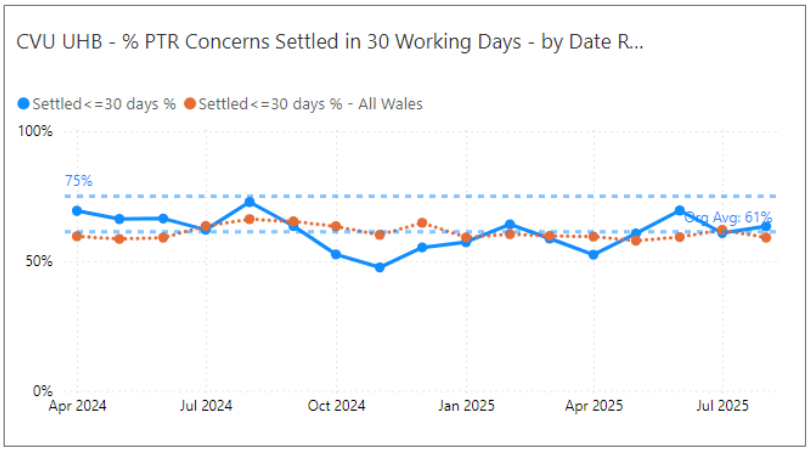
NOTES

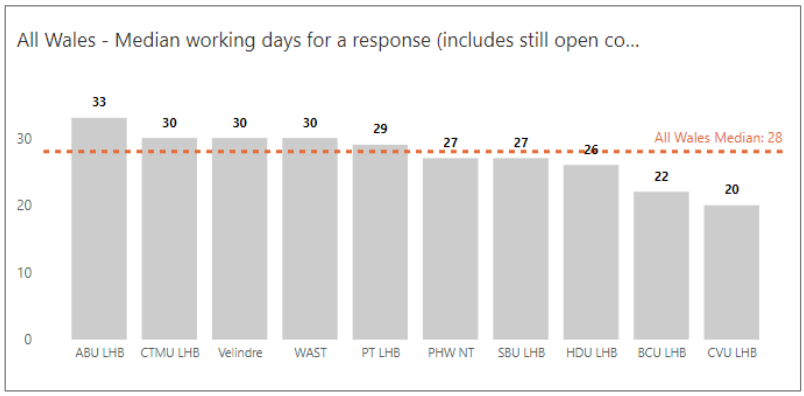
Overall, CVUHB is considered to be in a generally strong position in relation to the Putting Things Right processes, with some recommendations for improvement. Corporate functions appear to be performing well. There is a need to increase the number of LFERs approved by the National Learning Advisory Panel, which is recognised by the leadership team. The trajectory of the Health Board is positive. The majority of recommendations from the previous assessment have been addressed and the remaining items have specific actions.

Complaints

We process up to 350 complaints per month and contact all complainants to agree the questions for Investigation

Response times are currently at 68% and below is the latest all Wales comparative date on the Beacon dashboard.





The Median response time to PTR concerns across Wales remains in a positive position.

Claims

We have 359 open clinical negligence claims and 98 Personal injury claims

Learning from Events and Reviews (LFER)

The Welsh Risk Pool's LFER process helps organisations learn from concerns where harm has occurred. The organisation submits evidence of actions taken to prevent recurrence. A national peer panel reviews this evidence to decide if reimbursement is appropriate; if not accepted, reimbursement is withheld, and late evidence may result in fines.

Key recurring themes from LFERs include:

- Failure to recognise or escalate deteriorating patients
- Missed follow-ups
- Inadequate monitoring
- Poor documentation standards

Inquests

Over the past year, the Patient Experience Team supported around 330 inquests, focusing on staff support and ensuring lessons are learned. All inquest outcomes, including Prevention of Future Death (PFD) reports, are shared openly with the Public Quality Committee to drive organisational learning. In the last 12 months, the Health Board received 3 PFD reports; 18 were issued across Wales in the same period.

2.4 Quality Management System

We are building on our current Quality Management System (QMS) across the health board and have engaged senior leaders in all aspects of quality including that of annual planning, financial planning and clinical services plan.

We have started to baseline what currently exists across the four domains (quality planning, quality control, quality improvement and quality assurance) within each of our clinical boards. We attended the QMS learning network on 2nd October organised by NHS P&I and are in the process of applying to be one of the protypes with health foundation Q and NHS P&I. We are also arranging the QMS board development in collaboration with NHS P&I. We are also in the process of designing our QMS operational framework in alignment with NHS P&I guidance.

2.5 Fragile and Challenged Services

Mental Health Services

The Health Board has commissioned support from an external company, 36 Degrees to undertake a review of the Clinical Operating Model within Mental Health Services spanning all services, both community and hospital based. The purpose of the team coming into support is to bring both expertise and capacity to support the transformation of mental health services. The first tranche of this work is to baseline the current provision to inform areas for early improvement. The report on the baseline position will be presented to the health board by the end of October 2025.

The focus of the report will be:

1. Access and flow – identifying improvement opportunities across Urgent/ crisis, inpatient and community pathways.
2. Cross cutting enablers – improvement opportunities across workforce, digital, finance, quality and safety and governance and risk with reference to lived experience and engagement with both the workforce and service users.
3. Clinical model and sustainability.

The challenges included:

- Excessive waiting times for child, adolescent, adult, and Older Adult Mental Health Services—routinely exceeding national targets for assessment and treatment.

- Workforce pressures, including persistent staff shortages, limited capability, increasing burnout, and a high reliance on temporary staffing, all which impact service quality and continuity.
- Quality and patient safety concerns, particularly around learning from deaths, incident reporting, governance, decision-making on restraint, and skill mix.
- Limited engagement with the voluntary, community and social enterprise (VCSE) sector, reducing opportunities for peer support, education, training, and system-wide collaboration to strengthen community resilience.
- Rapidly increasing demand for neurodiversity assessments, without a robust clinical and operational model to support overstretched community mental health teams.
- System-wide flow challenges, including bed shortages and out-of-area placements, highlighting the need to expand community- and neighbourhood-based clinical models that are evidence-based and sustainable.
- Operating in a financially constrained environment, often without clear insight into where investment will deliver the greatest value for both service users and commissioners.

36 degrees have met with the Strategic Programme for Mental Health to ensure that the clinical model design is aligned to the priorities of the national programme.

Cultural Reviews

Theatres: The comprehensive review of University Hospital of Wales (UHW) Main Theatres Upper, commissioned by the Chief Operating Officer, identified cultural, leadership, and operational challenges impacting staff wellbeing, patient safety, and service efficiency.

The review, informed by engagement with over 120 staff members and senior leaders, revealed a disengaged workforce, inconsistent leadership practices, and a breakdown in trust and psychological safety across teams.

Key findings included poor behaviours, lack of accountability, inequitable management practices, and systemic failures in communication and engagement. Staff reported feeling undervalued, unsupported, and unsafe, with concerns about fairness in rostering, training access, and work-life balance. Operational inefficiencies such as late theatre starts, inadequate equipment, and inconsistent adherence to safety protocols were also noted.

The review concluded that the prevailing culture does not align with the Health Board's values and has contributed to multiple patient safety incidents. A leadership restructure, investment in education and training, and a trauma-informed approach to cultural change are recommended to rebuild trust, improve staff morale, and enhance service delivery.

A Theatre Together Improvement Plan - a detailed set of recommendations has been proposed to address values and behaviours, leadership capability, team dynamics, communication, equity, and theatre efficiency.

The Theatres Together Programme has been convened to oversee the wide-ranging programme of improvement, which includes environment, education and training, service development and workforce development.

Cardiology: An internal review of Cardiology Services in UHW was commissioned by the CEO due to concerns across a number of areas including colleague feedback, quality and workforce indicators and GMC enhanced monitoring status in July 2024. A senior Health Board manager, a director of nursing, a consultant clinician and a member of the UHB People and Culture team speaking with 70 members of the team of all professions and levels. There was also a document review.

The findings covered a number of areas including behaviours, infrastructure, planning, and leadership. A series of face-to-face briefings, chaired by members of the Executive Team, enabled colleagues to ask questions and provide feedback. Actions and recommendations have been articulated including the introduction of the Consultant of the Week model, re-instatement of Mortality and Morbidity meetings, Interventional Cardiology and Cardiac Surgery MDT. The appropriate management action of a small number of individuals whose behaviour was outside the organisational values is in train.

The Cardiology Team are working closely with Shaping Change Programme managers to implement the improvement plan. This will be reviewed by the Executive Team at monthly intervals.

Acute Macular Degeneration- Ophthalmology: The Board commissioned the Royal College of Ophthalmologists to undertake an external review of the Age-related Macular Degeneration (AMD) service at Cardiff and Vale University Health Board (UHB) in November 2024, in response to delays in clinical care. The review was prompted by concerns over patients being lost to follow-up and potential harm identified during a validation exercise. The Health Board sought assurance that recent changes would improve service quality and safety.

- The review team assessed staffing, governance, patient pathways, and facilities, and held interviews with key personnel. They found that while staff were committed to improving care, the AMD service faced challenges, including a persistent backlog of patients, delays in referral processing, and fragmented medical record systems.
- The current referral refinement system was found to delay treatment initiation beyond NICE-recommended timelines, potentially compromising patient outcomes.
- Capacity modelling revealed that the service is under-resourced relative to projected demand, with nurse-led injection clinics being the standard but lacking redundancy to cover absences.
- The review highlighted the need for additional staffing or insourcing to address the backlog and improve morale.
- Concerns were also raised about overtreatment due to missed annual reviews, and the separation of medical retina services into silos, which risks continuity and resilience.

- Administrative processes were found to be inconsistent, with no dedicated failsafe officers and multiple record-keeping systems contributing to patient safety risks.

The reviewers recommended urgent action within 3 to 12 months, including streamlining referral pathways, consolidating medical records, enhancing administrative support, and improving nursing management capacity. A programme of improvement continues with the elimination of the AMD backlog expected to be complete by March 2026.

Further achievements have been the opening of the CAVOC theatres leading to a 31% increase in cataract procedures, and plans against all GIRFT recommendations, reduction in unfiltered suspected glaucoma and a reduction in same day cancellations. Open Eyes has been rolled out across all specialities

2.6 Patient Experience

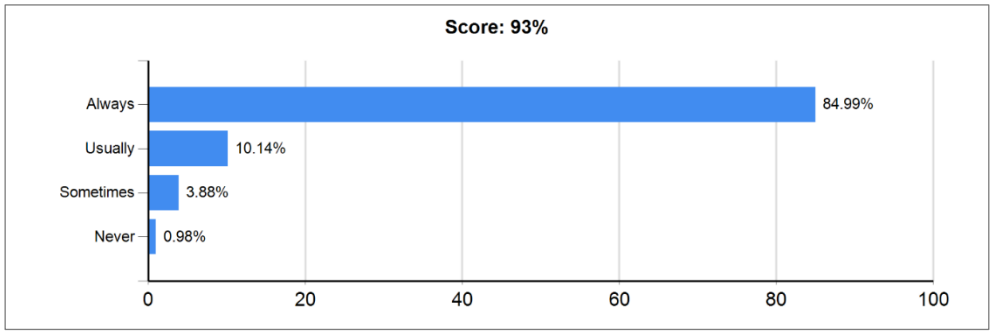
Overview of Patient Experience Feedback (May – September 2025)

Analysis of the feedback indicates consistently high levels of patient satisfaction, with an average monthly satisfaction score ranging between 84% and 85%. Most respondents (88%) identified as belonging to the White Ethnic Subgroup.

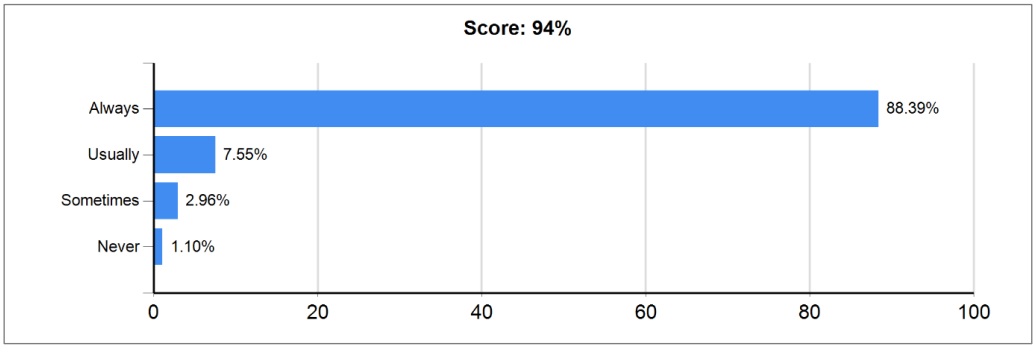
Some examples of feedback are below:

Key indicators from the survey include feedback from patients discharged during September 2025, from the Patient Experience Survey (PES) (Random and Mental Health cohorts).

1. Were staff kind and caring?



2. Whilst in our care did you feel safe?



Cardiff and Vale University Health Board (CAVUHB) has taken significant steps to ensure that patient experience surveys are accessible and inclusive. The SMS People Experience Survey (PES), Bedside PES, and Website PES are currently available in ten languages. Surveys Report 94% of people were able to communicate in their preferred language.

All surveys are available in English and Welsh, with kiosk surveys offered in multiple languages. An 'Easy Read' version will launch in 2026. These measures ensure compliance with accessibility standards, making surveys usable for people with sensory, cognitive, or language needs, and compatible with assistive technologies

Impact of Patient Feedback on Service Redesign and Improvement

Use of Patient Experience Feedback and Citizen Engagement to Improve and Redesign Services: Loneliness and Boredom were some of the key themes shared by patients, to address this we have developed activity trolleys that we have volunteers taking around daily.

Book Vending Machines: A recent initiative led by the Patient Experience Team introduced book vending machines in hospital settings. This project aims to promote reading and provide a positive distraction for patients, helping to reduce feelings of loneliness and isolation during hospital stays. It also encourages people to join libraries on discharge.

The Live Well Co-Production Group: Established in 2022 by Allied Health Professionals to support people with long-term health conditions. The Group brings

together individuals from diverse backgrounds, including healthcare, community, charity, and third-sector organisations, to foster a collaborative, inclusive environment. Since its inception, the group has grown to over 300 members, with up to 50 people attending monthly meetings. This collaborative effort has broken down barriers, built trust, and enabled open conversations, changing perceptions and facilitating cross-sectional learning.

A key aim of the Group is to integrate lived experience into services, enhancing the diversity of support available. Members have co-produced a peer volunteer training programme, which is co-delivered with lived experience expertise. This initiative has led to the creation of paid peer support practitioner roles within teams, providing one-on-one support to help individuals live well with long-term health conditions.

Recognising the challenges of long waiting lists, the group co-produced the Waiting Well Charter of Expectations, which outlines the experience people should have when accessing support services. This charter has been adopted by Welsh Government policy and has influenced changes within Health Boards across Wales.

The group also values prevention and supports people to live well as they age. The Live Well, Age Well Programme was coproduction by members of the group and focuses on primary prevention and sustainability, empowering communities to support one another and make informed health decisions. This programme connects individuals to local networks, reducing social isolation and promoting ongoing self-management support.

The Cardiff and Vale Health Youth Board: Established in 2018 to coincide with Cardiff's bid to be the first UNICEF Child Friendly City in the U.K. The Youth Board and the changes it influenced enabled Cardiff to achieve the 'Health Badge' of the award which then led to Cardiff being awarded with the UNICEF Child Friendly City accolade. Cardiff and Vale Health Youth Board, a large group of children and young people ages 13 to 25 from a diverse range of backgrounds have guided and co-produced policy and strategic direction in the Health Board for 7 years.

The hugely successful and cost-effective open access mental health provision for children and young people across Cardiff and the Vale stemmed from the idea developed by the Youth Board. The provision was then co-designed by them and ultimately launched by the Youth Board. They have helped design vaccination programmes, emergency unit environments, mental health support systems and even produced resources for a Health Board website for children and young people. They interview regularly, a skill which extended to interviewing the CEO for the role and undertaking her 6-month review.

Strategically, they have influenced at both a local and National level, with their input into the NMC changes to nursing education in Wales, their consultation on the 'Safe staffing levels' work and on the Performance and Improvement Mental Health Programme. Within Cardiff and Vale UHB, the influenced the significant changes in Child and Adolescent Mental Health and are key partners in the Babies, Children and Young People's plan which is part of the 10-year strategy for Cardiff and Vale.

They were involved from the very beginning of the plan and have influenced during every phase and continue to do so. They planned and presented at the conference which launched the plan and included their own 'asks' of the attendees. Their work continues and is expected to grow in its influence as numbers increase and the investment, both in financial and health terms is further recognised.

3.0 Getting Services Ready for the Future

3.1 Women's Health Plan

The NHS Wales Women's Health Plan was launched in December 2024; it outlined a 10-year vision for improving health outcomes for women in Wales. CAVUHB is making strong progress on the delivery of the actions relevant for HBs including:

- The Health Board has established a Women's Health Plan Implementation Group, which has senior representation from across all Clinical Boards, Corporate Services and third 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 population of Cardiff and Vale.
- A rapid population scoping assessment has been completed.
- A Health Needs Assessment for the three key priorities (menstrual health, menopause and contraception) has been commissioned. This is going through the procurement process.

Initial scoping identified significant amounts of activity and good practice in relation the 3 priority areas. There are a number of innovative programmes being delivered for local people, 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 in Adamstown, 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.
- 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 approach to improve women's health and wellbeing, and reduce inequalities. These include:

- Significant demand for menopause specialist input
- Difficulty for professionals and the public to have clear oversight of all services across Cardiff and Vale

- Uncertainty over the current and projected health needs of women expressed need via patient and population voice and third sector organisations
- Long waiting time for routine Gynaecology out-patient consultation (menstrual health and related conditions).

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

1. To understand the needs of the population and co-produce services with local women.
2. To increase capacity and improve access to services within the community care, through workforce training and service development. This will deliver services closer to home using the principle of proportionate universalisms to address health inequalities.
2. Remote clinical support for community and primary care to facilitate management of more complex cases in the community.
3. Secondary care services reserved for the most complex women's health needs

Vision for Pathfinder Hub

Following feedback and the amber rating from Welsh Government on the second part of the funding bid for women's health, discussions have taken place between the UHB and WG to confirm a physical pathfinder hub. A revised bid will be submitted in the next 10 working days to confirm the location.

3.2 Maternity and Neonatal (MatNeo) Services

As a UHB we have used multiple external reviews (Ockenden, Nottingham, CTM, Swansea Bay) to shape our services. The MatNeo Safety Support Programme has also informed service development acting as a framework for embedding improvement work across maternity and neonatal services. This has resulted in strengthened;

- Governance structures and processes.
- Bereavement support for families experiencing loss.
- Created a transitional care unit (TCU), keeping families together after birth.
- Improved midwifery and nursing staffing levels via; recruitment and retention, improved workplace culture and leadership team development.
- MDT collaborative training with improved training compliance (IFS, PROMPT, NLS, QIS).
- Increased Obstetric Consultant labour ward presence.
- Enhanced Fetal surveillance, education and shop floor training.
- Dedicated elective caesarean section stream.
- MatNeo's discovery-phase informed key initiatives such as triage audits; Birmingham Symptom-Specific Obstetric Triage System (BSOTS), Maternity Early Warning Score (MEWS), and Transitional Care Unit (TCU) developments (including Newborn Early Warning Trigger and Track (NEWTT2) and

thermoregulation). The dashboard extract below demonstrates our real-time BSOT's review so that compliance can be closely monitored.

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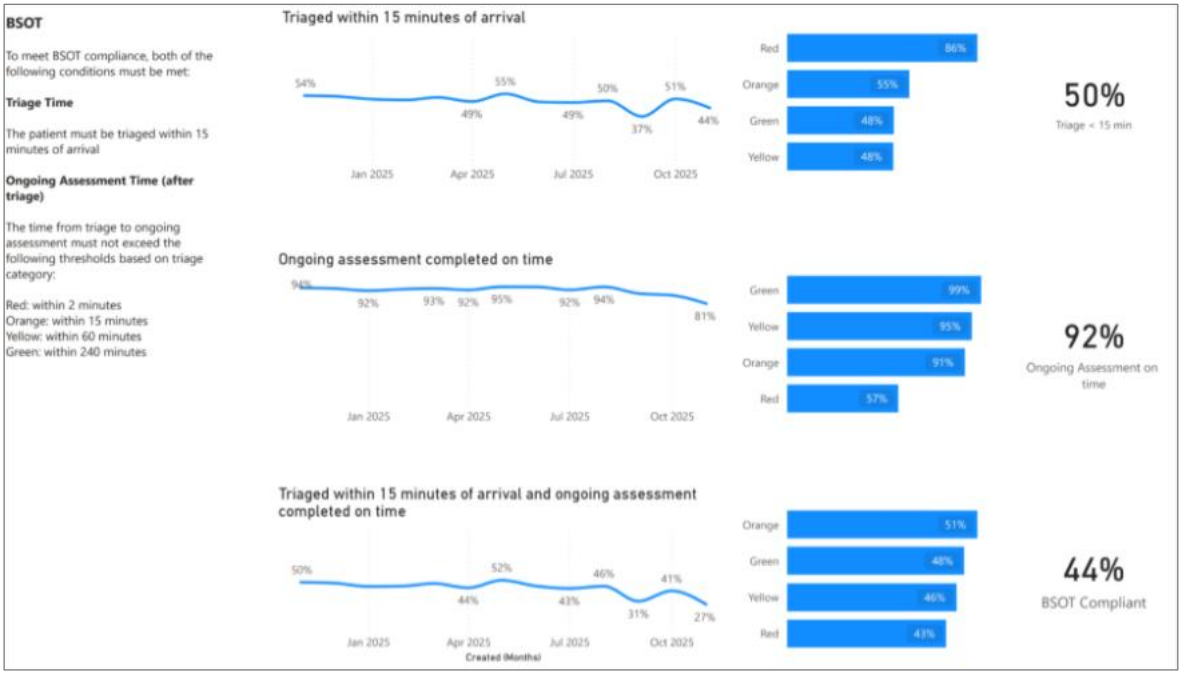
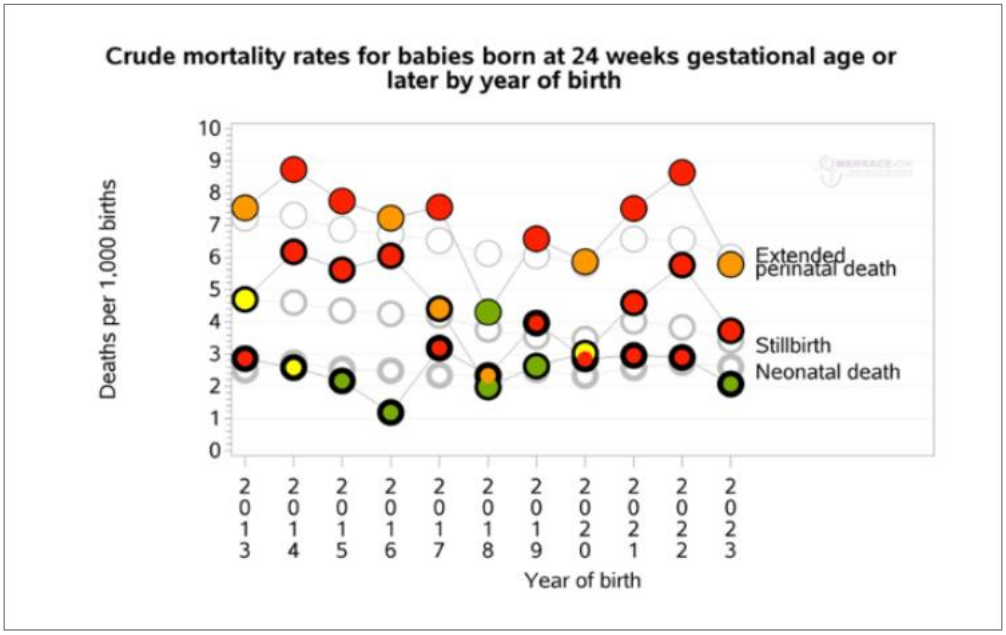


Other benefits that have been realised are;

- Significant reduction in NRI's and timely closure of NRI's.
- Timely review of Datix and incident review.
- Improved experience for women and families, reduced delays in care (elective LSCS and induction of labour).
- Reduced parent-baby separation time.
- Floor to board communication and escalation.
- Local dashboard development to monitor clinical outcomes, safe staffing and training compliance.
- Improved clinical outcomes; Stillbirth and Neonatal deaths demonstrate improved rates for both, and local data suggests further reduction for 2024 & 2025 (published data via MBRRACE available up to 2023) and is presented in the graph below.
- Reduced ATAIN rates (avoidable term admissions to NICU).

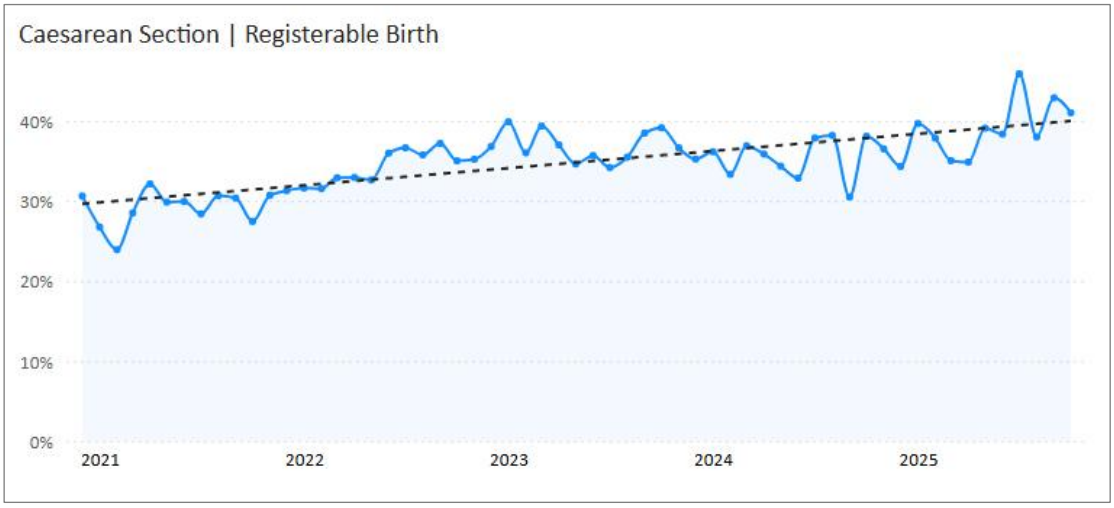


Birth Outcomes

Over the past five years, CAVUHB has seen a rise in caesarean section rates, with the overall rate increasing from around 32% in 2019 to nearly 39% in 2024**.** This trend reflects both a growth in elective caesareans driven by factors such as maternal request, previous caesarean section, and clinician-led risk management and a rise in emergency procedures related to delayed labour progress, improved recognition of fetal heart rate abnormalities, and increasing maternal age and comorbidity.

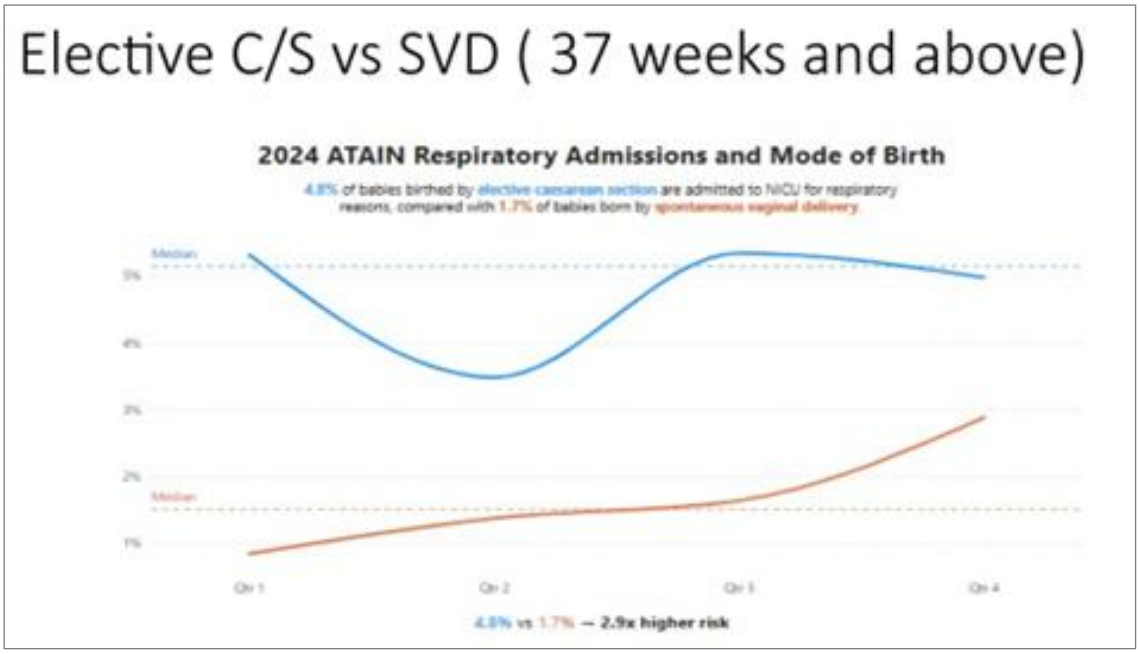
Mode of birth trends are **monitored** locally via monthly obstetric dashboards (shown below) and perinatal governance reviews**,** which track mode-of-birth proportions, reasons for caesarean, and related maternal and neonatal outcomes. such as ATAIN term admissions.

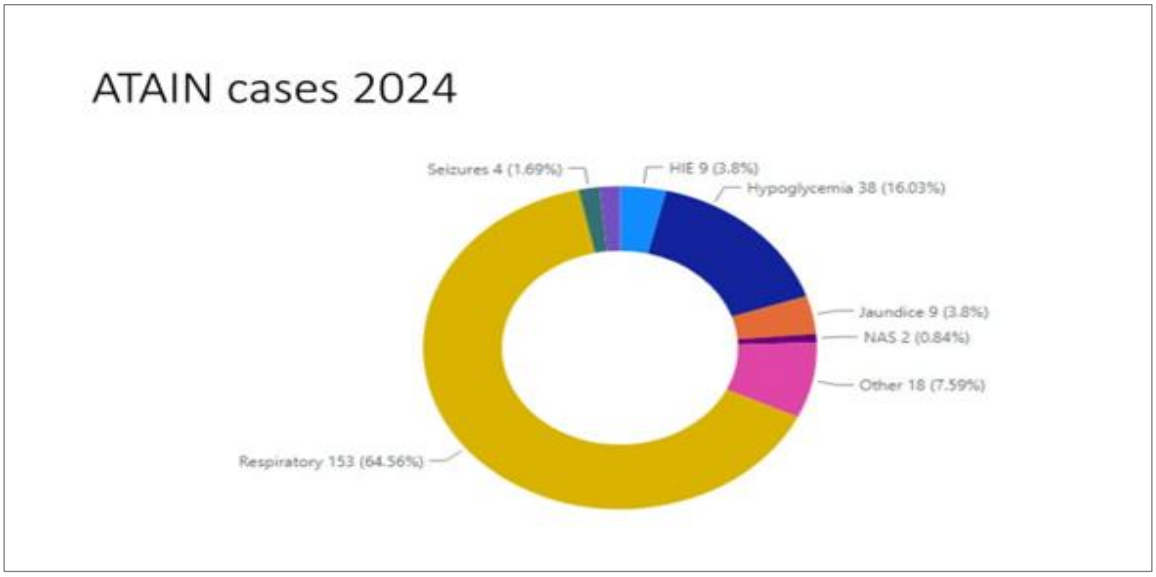
Caesarean Section Rate 2021-2025



Avoidable Term Admission into Neonatal Unit (ATAIN)

CAVUHB's caesarean rate has steadily climbed and is now 39% (19% elective and 20% emergency). Elective caesarean sections before 39+0, and caesarean section without labour more generally, are consistently linked with higher neonatal respiratory morbidity and increased NICU admission rates than vaginal birth even at 39 weeks (though the risk is lower than at 37–38 weeks). This directly increases up term admissions as illustrated below.



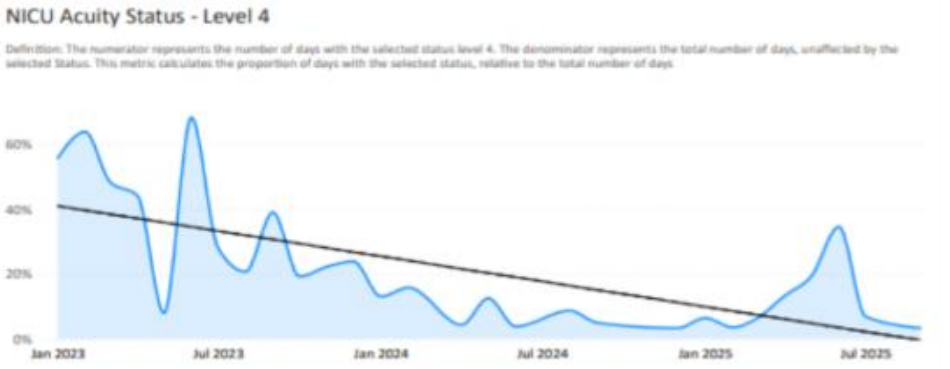


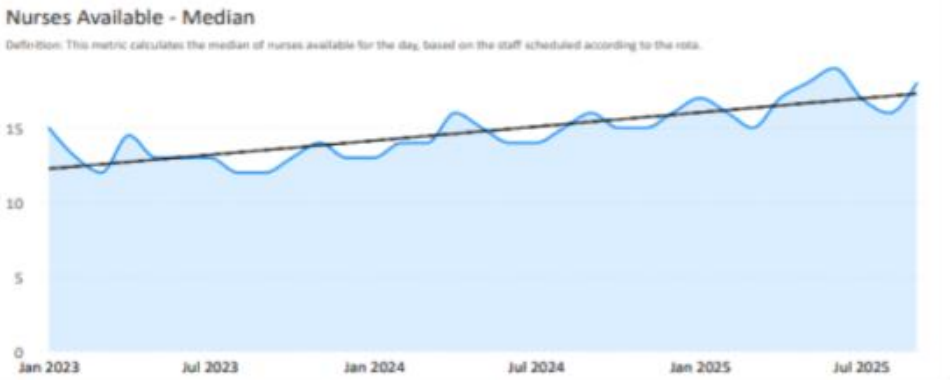
The above graph provides a breakdown of all ATAIN cases for 2024. All ATAIN cases are reviewed monthly by the perinatal governance team and any associated themes and learning actions disseminated across the multidisciplinary team.

Maternity and Neonatal Staffing

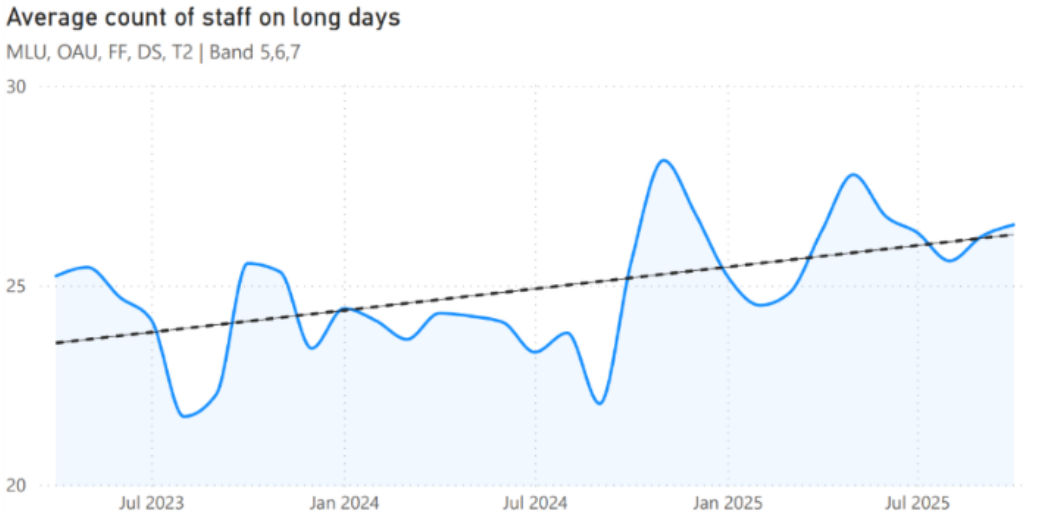
Recruitment and retention initiatives have strengthened workforce resilience. Between January 2023 and July 2025, both maternity and neonatal staffing levels have improved significantly.

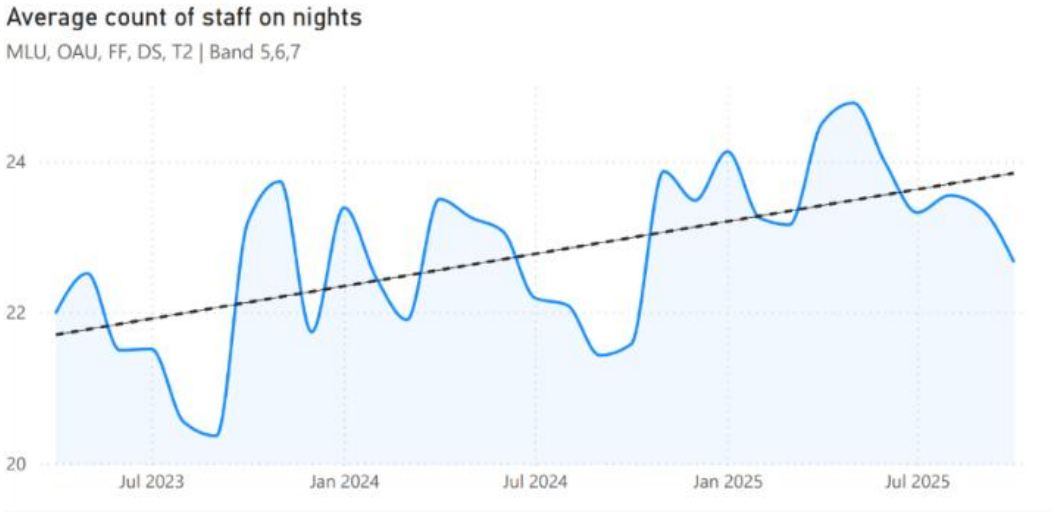
Improved staff has seen improved BAPM compliance. The data demonstrates improved staffing from January 2023 to July 2025, an increase in the available nursing workforce and a reduction in the NICU being in escalation level 4. The impact of this is improve patient / parent experience, improved IP&C status as reflected in the most recent NNAP data that shows CAVUHB NICU is no longer in an outlier for blood born infection rates.





The same can be seen within maternity service for midwifery staffing, the impact of improved midwifery staff has reduced delays in care (IOL's) sustainability of services, with a reduction in the suspension of the homebirth service and closure of the midwifery led unit, ensuring all birthing options are available for women.





Improved staffing levels also supports staff wellbeing and workplace moral.

Maternity and Neonatal Voices Partnership (MNVP)

The MNVP has played a pivotal role in embedding co-production across maternity and neonatal services, ensuring service-user voices directly influence care delivery, policy, and improvement priorities.

Key Achievements:

- Clinical Practice Improvements: MNVP input led to redesign of the Elective Caesarean Section (ELCS) leaflet, incorporating personalised birth preferences

into standard practice. A new 'Pain after Birth' leaflet was also co-developed to improve clarity and consistency in postnatal pain guidance.

- Inclusive Engagement: Regular collaboration with the Women's Advocacy Network (90+ members) ensures diverse voices shape service design, supporting Welsh Government goals on equity and reducing perinatal inequalities.
- Postnatal Support Enhancement: MNVP feedback has driven renewed focus on ward-based breastfeeding support, with members actively involved in co-designing sustainable improvements.
- Cultural Shift: The partnership has strengthened trust, transparency, and real-time feedback loops between families and professionals. Service users are now recognised as co-designers and evaluators of care.

3.3 Quality Improvement and Governance

The UHB have a central change resource, Shaping Change. In line with the functioning of a Quality Management System, Shaping Change focus the majority of their capacity on priority change programmes agreed by our Strategic Leadership Team (SLT). In 25/26 these priorities are:

1. Theatres Together programme (see section 2.5)
2. Cardiology (see section 2.5)
3. Shaping our Future Quality Excellence programme (see section 2.2)
4. Diabetes (see section 3.5)
5. Clinical Coding processes.

All programmes have defined governance and reporting structures, and in addition, progress is reported quarterly to the SLT.

The team also have responsibility for building organisational capacity and capability for change through the provision of mentoring and training on quality improvement, susQI, value, project management and programme management, with future training being developed on measurement and evaluation. This includes the provision of modules within leadership and management programmes delivered by the People and Culture team.

Our Dragon's Heart Institute team deliver half of the Intensive Learning Academy for Innovation in Health & Social Care through two programmes, Climb and the Spread & Scale Academy. Evaluation of the two programmes, delivered for participants from across Health, Social Care and the Third Sector in Wales, have demonstrated reported savings of approximately £9 million, over 11 million kilograms of carbon dioxide equivalent avoided, over 1,400 hospital bed days released and over 10,000 patients directly benefitting from projects led by alumni. A full evaluation report is currently in draft and will be available before the end of the year.

3.4 Mental Health

As stated in 2.4, the work commissioned with 36 Degrees supports the organisation in developing a clinical model that aligns with the national Strategic Programme for

Mental Health. This will be the primary mechanism to develop a future ready mental health service in Cardiff and the Vale.

Specifically in relation to the Strategic Programme for Mental Health Cardiff and Vale have submitted a demonstrator site for the single point of access project and will be working closely with NHS P&I on implementation. The further development of this model will be aligned with the clinical model being developed with 36 Degrees. ThirtySixDegrees is clinically led, operationally enabled partnership specialising in the design and delivery of improved mental health care. Their work is underpinned by deep clinical, academic, strategic, operational, and change management expertise—rooted in practical experience within the NHS and a commitment to delivering safe, high-quality, and effective mental health services

Continuous improvement of inpatient care is a key focus for the organisation linked to the Inpatient Improvement National Measures. Our Senior Nurse for Education is working to improve processes on all wards linked to care and treatment plans and risk assessments. Further improvement is required on the follow up process after discharge and the Clinical Board responsible has redirected resources to support improvements in processes across Inpatient Wards.

MEASURE	Target if Appropriate	Submission Date						
		Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Number of adult acute and older adult functional mental health wards		7	7	7	7	7	7	7
Number of people admitted to an adult acute or older adult functional mental health ward		106	99	100	102	91	84	110
Number of people Discharged from adult acute or older adult functional mental health ward		95	111	93	98	89	92	115
Number of staff that should be trained in appropriate risk assessment and risk management.		695	695	690	634	608	616	
Number of patients **offered** a post discharge follow up within 72 hours		35	30	33	41	37	33	35
Percentage of patient offered a post discharge follow up within 72 hours	100%	37%	27%	35%	42%	42%	36%	30%
Number of patients that **received** a post discharge follow up with 72 hours		15	26	20	20	25	23	27
Percentage of patient received a post discharge follow up within 72 hours	80%	16%	23%	22%	20%	28%	25%	23%
Number of staff that are trained in the appropriate risk assessment and risk management.		695	695	690	634	608	616	
Percentage of staff that are trained in the appropriate risk assessment and risk management	100%	100%	100%	100%	100%	100%	100%	
Number of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in last 12 months		7	7	7	7	7	7	7
Percentage of adult acute and older adult functional mental wards with tripartite anti-ligature assessments complete in last 12 months	100%	100%	100%	100%	100%	100%	100%	100%
Number of inpatients where care plan has been written or updated within 24 hours of admisison (this includes CTP for relevant patient)		60	63	54	64	51	43	60
Percentage of inpatients where care plan has been written within 24 Hours of admisison (this includes CTP for relevant patients)	100%	57%	64%	54%	63%	56%	51%	55%
Number of inpatients with an updated risk assessment and risk management plans within 24 hours of admission		92	86	77	80	73	78	94
Percentage of inpatients with an updated risk assessment and risk management plans within 24 hours of admission	100%	87%	87%	77%	78%	80%	93%	85%

In relation to continuous improvement in quality and safety, clinical concerns are raised daily to the directorates and addressed through mitigation actions agreed during bed huddles. Patient safety information is shared as part of the handover process and formally recorded via Datix to ensure transparency and accountability. In addition, data on restraint and restrictive practices is collated by the Manager of Strategies for Violence and Aggression to monitor trends and inform practice. To

further support staff wellbeing and reflective learning, structured reflective sessions have been introduced across inpatient settings.

The Clinical board responsible for Mental Health have been actively managing the outcomes of HIW inspections to support ensuring continued safety on inpatient wards. Following inspection on two wards Alder and Cedar detailed actions plans have been developed which are nearing completion.

The Health Board is working through a programme supported by capital money from Welsh Government to improve the environmental conditions in Hafn Y Coed. This includes work on ligature risk reduction.

Monthly average number of adult mental health out-of-area placements

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Adult MH OOA placements - monthly average of patients in a placement	12	17	9	6	5	14	**18**

Table 2: adult mental health OOA placements - monthly average, April – October 2025

Number of calls to 111 press 2

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Calls to 111 press 2	983	1029	1032	989	1109	1029	**1061**

Table 3: number of calls to 111 press 2, April – October 2025

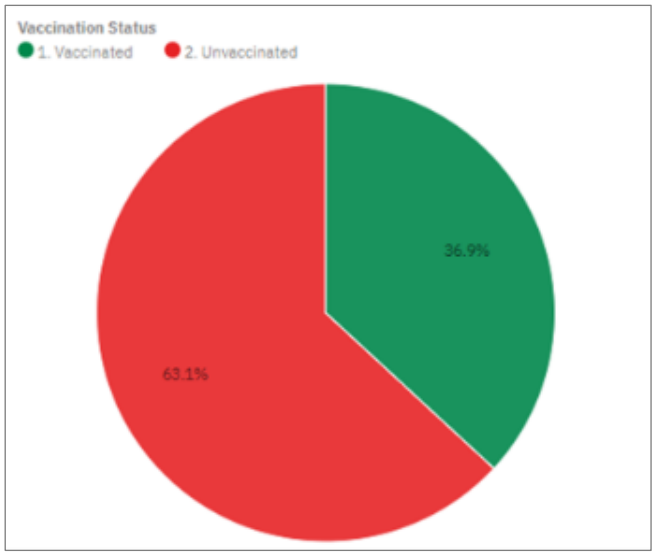
3.5 Population Health

We have a public health 10-year plan and have identified three key priorities specifically selected to reduce health inequalities across Cardiff and the Vale of Glamorgan. The areas of focus that have been selected are those that will have the biggest impact on population health: these are increasing uptake of vaccination, preventing obesity and reducing levels of smoking.

Vaccination

We have explored the barriers and facilitators for vaccination in staff and our local population. We have shifted to a community model for vaccination, with a focus on making it easy for people to get vaccinated by for example taking vaccines into schools and community centres and attending events to make vaccines more accessible and convenient to access, and to reduce health inequalities. For example, our school programme this winter includes an immediate onsite gelatine free option for children when in previous years a referral would have been made to the GP creating an extra barrier to access.

Staff Influenza Vaccination: CAVUHB have already vaccinated more staff this year than in 2024/5, (more than 5,000 staff vaccinated).



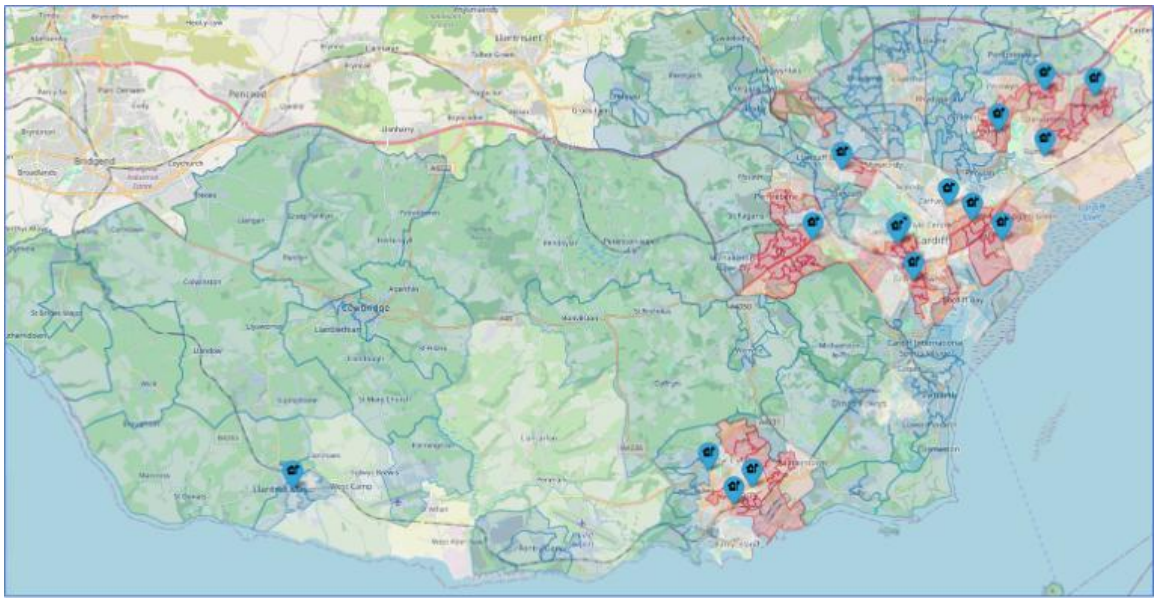
- We are still focussed on improving MMR and HPV uptake.
- MMR - our teams have delivered over 200 doses door to door over the summer.
- HPV- we telephoned/texted every parent who did not return a consent form during the HPV campaign, this generated over 800 extra consents, from this we delivered 281 doses of HPV vaccination in community clinics.
- These catch-up efforts for both MMR and HPV will continue throughout the year to improve immunity, reduce the risk of a measles outbreak and address inequalities in vaccination.

<u>Smoking Cessation</u>

Smoking is the leading cause of preventable deaths in Wales. We strive for a smoke-free Cardiff and Vale, by acting in three domains: preventing people taking up smoking, helping current smokers quit, and creating smoke-free environments. We are making good progress on all fronts.

- Previous data showed 13% smokers; latest data shows 9.1% smoking rate in 2025 (Wales average 10%).

- Our 16 clinics are focussed in areas of deprivation across Cardiff and the Vale of Glamorgan.

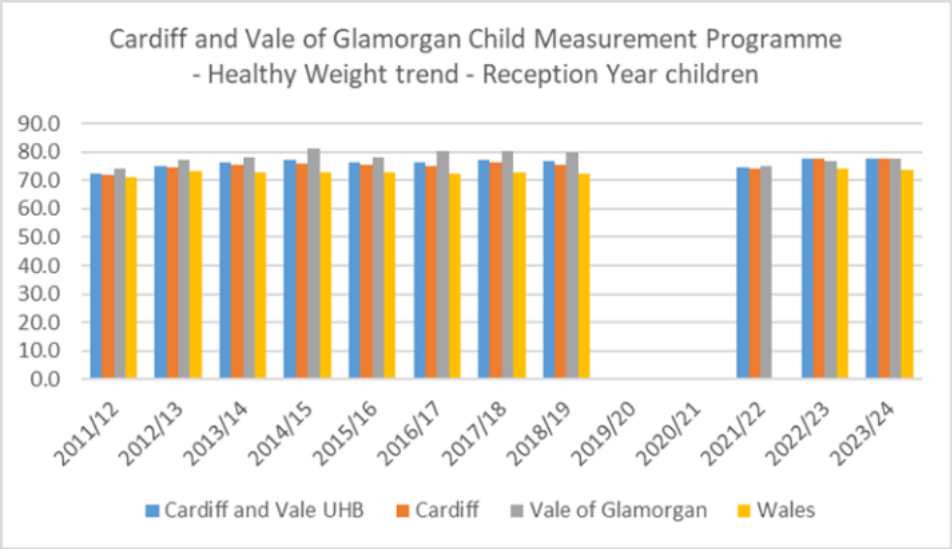


- Smoking Prevention- good progress made with establishing the 'Smoke Free Ambassadors Programme' in primary schools. Two schools are testing resources this academic year, and this will be rolled out across Cardiff and Vale and shared with partners across Wales.
- Helping Pregnant Women and Birthing People Quit - New 'Badgernet' referral system now operational; work underway with maternity colleagues to adapt some data fields to ensure the 'opt out' referral process previously established will continue with the new system (this will facilitate multiple Help Me Quit service contacts).
- We are exploring innovative options to expand the application of standardised pathways for smoking in the hospital setting.

<u>Obesity and Diabetes Prevention and Management</u>

We are using a Whole System Approach to tackle obesity as per the Healthy Weight: Healthy Wales National Obesity Strategy. We have a Good Food and Movement Framework and Implementation Plan that we developed with over 160 partners from across 35 organisations.

- CVUHB has the highest level of healthy weight of all Welsh Health Boards (2023/24), at 77.7%, this is in line with the English average.



- Vale of Glamorgan Council became the first local authority in Wales to restrict the advertising of unhealthy foods in their spaces (bus stops/boards on the highway system). Cardiff Council will become the second Local Authority to adopt this shortly.
- We have mapped the early years obesity system in Vale of Glamorgan in July 2025, developing an understanding of who is delivering in the early years system on obesity and the levers we can use to support and enable the workforce to make positive changes for children.
- We have undertaken a comprehensive facility audit of all spaces available for physical activity and sport within Cardiff to establish a shared understanding of the wide range of facilities available that support and enable physical activity. Agreed for Vale of Glamorgan equivalent.
- We have established an organisational wide Strategic Diabetes Programme Board this has led to the completion of a health economics exercise (Programme Budgeting and Marginal Analysis) to explore best value options in Type 2 diabetes. We have completed a Health Needs Assessment for Type 2 Diabetes and are undertaking a Health Needs Assessment for Type 1 Diabetes the recommendations from this will lead to a future Diabetes Plan for the organisation. We are currently working to map the full Diabetes Pathway from prevention, through Primary and Community Care into Secondary Care and including complications.
- A Working Group has been established to drive the equitable improvement in Diabetes 8 Care Processes. This group is chaired by the Primary Care Lead for Diabetes and has membership from across Clusters. The Group has undertaken a baseline assessment of available data and has identified initial actions to drive improvement, with a focus on people living with Type 2 Diabetes.

- There are some National data collection/reporting issues with the 8 Care Processes for people with Type 1 Diabetes which we acknowledge and are working to address with partners.

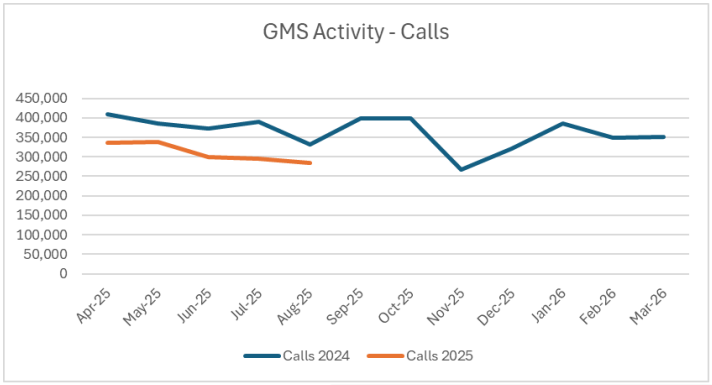
Care process	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025
Urine ACR	63.14%	62.91%	62.9%	63.14%	63.1%	63.07%
Foot check	70.28%	69.62%	69.84%	69.7%	69.42%	69.45%
Smoking status	73.98%	72.9%	73.03%	72.56%	72.41%	72.06%
BMI	78.91%	78.37%	78.57%	78.33%	78.3%	78.04%
Serum cholesterol	80.63%	80.29%	80.4%	80.47%	80.36%	80.15%
Blood pressure	86.8%	86.32%	86.46%	86.75%	86.76%	86.77%
HbA1c	88.91%	88.63%	88.58%	88.55%	88.62%	88.35%
Serum creatinine	88.8%	88.58%	88.69%	88.63%	88.74%	88.44%

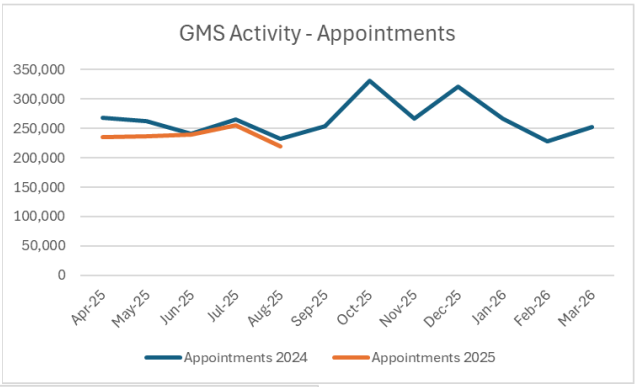
Table 4: percentage of Type 1 diabetes patients receiving each of the 8 Diabetes Care Processes, April - Sept

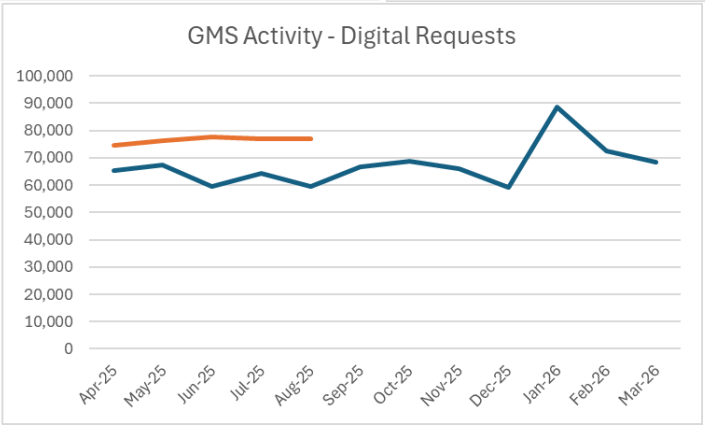
- The principle of delivering the All-Wales Diabetes Prevention Programme across all 9 clusters has been endorsed by Strategic Leadership Team. A business case will now be developed.

3.6 Primary Care

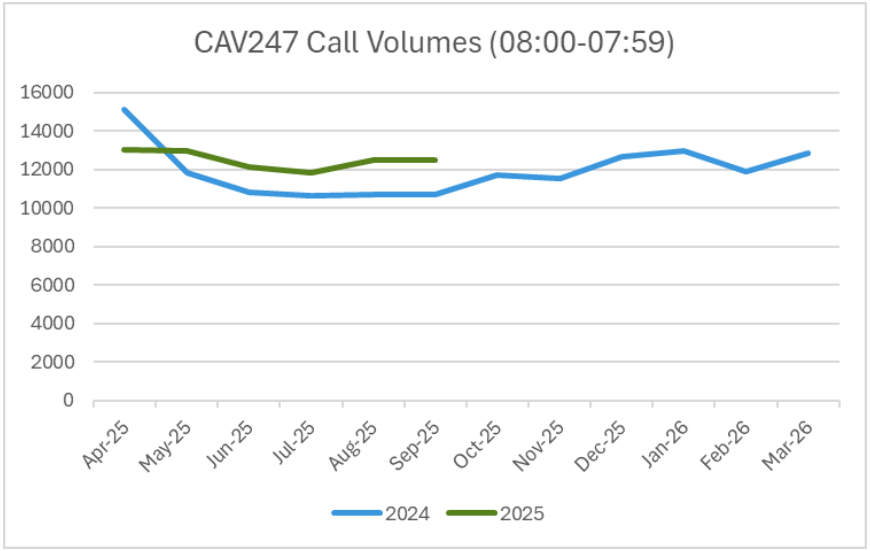
Primary and Community Care services are delivered across Cluster, Locality, and Pan-Cluster footprints, encompassing 55 GP practices, 101 pharmacies, 59 optometry practices, and 62 dental providers. Community services include district and community nursing, community based reablement services, sexual health, health inclusion services, prison healthcare, and health protection and immunisation.



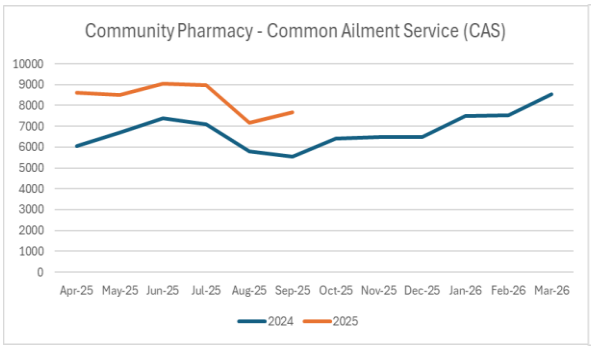


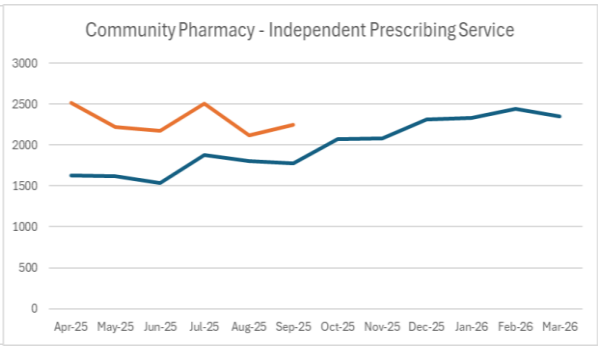


Urgent Primary Care – In and Out of Hours Calls

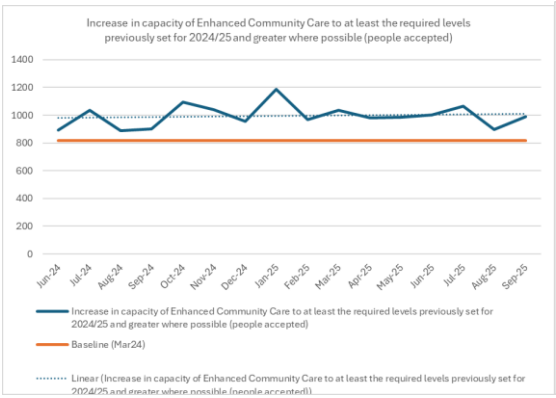


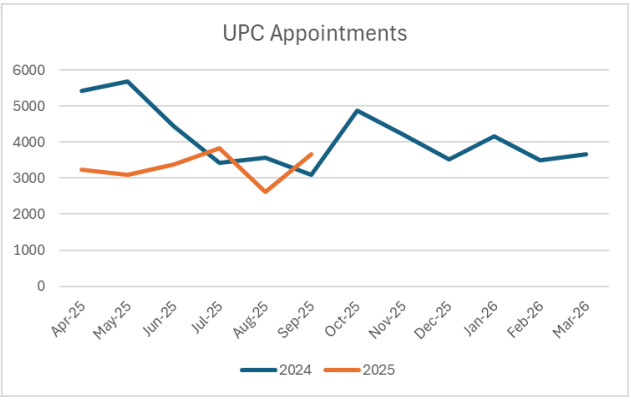
Maximising contracts - Community Pharmacy





Enhanced Community Care





The organisation is actively supporting delivery of the Primary Care Model for Wales approach to place-based care. Through a transition away from traditional models of primary and community care by embracing more integrated, patient-centred, and digitally enabled approaches. This approach is being embedded within the organisation in various ways including:

- Community Health Pathways have been widely implemented across Cardiff and Vale – this is delivered through joint working between primary and secondary care with an aim to update all pathways every 3 years
- Primary Care expertise is fully integrated into operational delivery groups; this includes the Planned Care Programme and the 6 Goals for Urgent and Emergency Care which both take whole pathway approaches.
- Embedding the value of cluster working and the development of place-based plans as central pillars of service redesign as part of developing our Integrated Community Care System.

Integrated Community Care System (ICCS)

The Health Board has welcomed the recent National engagement sessions to support the consolidation and alignment of existing work and the development of delivery plan, Community by Design. The Health Board is committed to building on their existing work to transform our model of community care and the development of ICCS both strategically and operationally to bring together primary, community, social care, and hospital services, which will align to the national transformation plan.

The ICCS system is designed to deliver seamless care, reduce duplication, and improve outcomes through co-designed pathways with clinicians, system leaders, and third sector partners. The first phase of this model locally is focussed upon delivering the following:

- **Connected Community Model** - Embedding the role and function of cluster-based MDTs, supported by an Integrated Care Hub Team, with access to community connectors and community development to maximise the role of social prescribing in the holistic care of the person. This model also includes the embedding of future care planning discussions and is critical to underpin preventative and coordinated care.
- **Single Point of Access (SPoA)** - Developing the SPoA to connect our primary, community & acute systems to navigate people to the right part of the system through triage, assessment and management of their needs in line with the national framework.
- **Urgent Care Centres** - Transitioning from minor illness capacity to further support the care of more complex individuals within the intermediate care space, who may be at risk of an unnecessary admission to hospital in the absence of appropriate diagnostics or interventions and/or short period of monitoring within a community bed.
- **Crisis Response** - Continued development of our multi-professional response, Safe @ Home to keep people with an urgent care need at home where clinically safe and appropriate to do so
- **Redesign of Community Beds** - To provide capacity in the community and to both support admission avoidance to an acute bed and to support hospital discharge.

<u>Cluster-Led Innovation</u>

Clusters are central to the redesign. Initiatives such as social prescribing, frailty nurse roles, and integrated discharge hubs have demonstrated success in reducing hospital admissions and supporting care closer to home. These models are being scaled across Cardiff and the Vale through the ICCS programme. Additional areas of focus using community by design principles include:

- Gynaecology - Building upon Cluster based ring pessary clinics
- Cardiology – Heart failure Clinics in the Community to reduce acute deterioration of the patient and hospital management
- Dermatology – Build upon recent pilots for Basal Cell Carcinoma
- Gastroenterology
- Rheumatology

<u>Digital Enablement and Patient Empowerment</u>

Digital tools are being deployed to support cross-sector working and empower patients. The development of the summary care viewer within the Digital Care Region is transforming the way care can be delivered through a single view of a person's record across multiple organisations. Other tools being deployed includes

the Healthy IO app to transform wound care and healing. PROMs and PREMs are used to ensure services reflect what matters most to patients. Information Governance challenges remain as a barrier to further integration of digital tools and information sharing.

Workforce Development

Supporting delivery of the strategic workforce plan for primary care, maximising the education and training offer facilitated through Academies and Academy networks aligned to local and national priorities for new to support the development of the workforce.

- Right Skill - Alignment of education to provide individuals with the right education and skills for their role
- Upskill - Enhancing skills and access to education to support the development of the workforce
- Reskill - New roles ensuring education and skills and available to support change in roles aligned to new/changing models of care
- Cross Skill - New/Complementary skill development in integrated multi-professional teams for core tasks that could be undertaken by a range of professionals

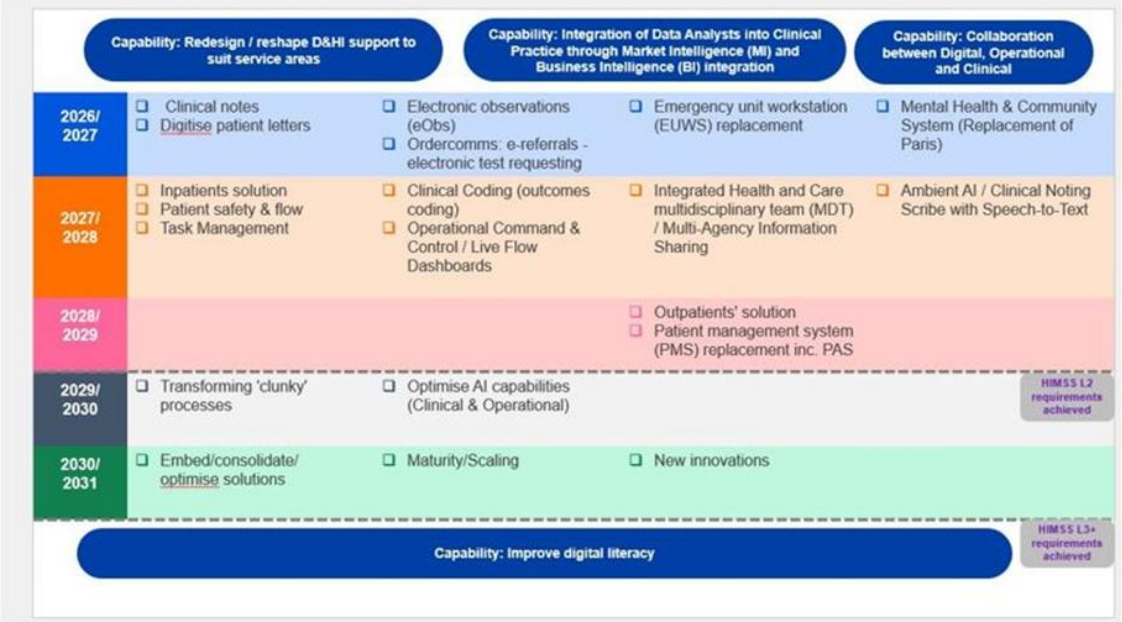
There has also been a range of investments made into primary & community care including:

- Cardiff and Vale Health Inclusion Service.
- Cluster based First Point of Contact Physiotherapy directly accessible by GPs.
- Additional appointments for urgent primary care needs.
- Crisis response through Safe @ Home service.
- Cluster based MDTs and integrated discharge/care hubs.
- Paediatric Clinics in the Community.
- Heart Failure pathway pilots.
- Multiple Regional Integration Fund initiatives supporting testing and delivery of community-based delivery.

3.7 Digital

The CAVUHB digital foundations programme business case sets out key developments to support our digital innovation and transformation. Our digital plan describes the shift from analogue to digital as a key enabler to delivering in the right places, which is a core strategic objective of our SOFW strategy. The Digital roadmap seeks to improve the digital maturity of systems and the core infrastructure to improve efficiency and support patient care and the patient experience.

Digital Foundations Programme - Roadmap



One current priority is to ensure that all accepted referrals into our out-patient services resulting in an appointment are fed into the national NHS Wales App which is already in use within GP practices. We are committed to working with DHCW to ensure further functionality is developed to support the patients on our waiting lists, replacing the existing paper and SMS text processes to provide a fully digital communications solution.

Plans are in place to imminently adopt a digital patient consent tool to support and facilitate robust patient consent before subsequent treatments and interventions are carried out.

CAVUHB is leading on the development of a solution whereby the NHS and local authorities can use a common identified (NHS number) to ensure individuals are correctly identified ensuring appropriate services and support are provided via the Digital Care Record programme hosted by the Regional Partnership Board.

Virtual Appointments: Patients can choose some appointments virtually, via video. This is especially popular for some paediatric patients where parents say the child prefers to be in their own home but still visible to the healthcare professionals.

PROMS: Patient Reported Outcome Measures are collected digitally via the "Promptly" platform for a range of services. Patients are sent a link to access PROMS at various points in their care pathway so clinicians can review how effective treatment is and can make changes.

In 2023, a three-step process – the 3i Framework – was developed to help staff think through how their services could make a difference to reducing health inequalities. The framework together with a Support Pack was developed to assist staff with

applying the framework in practice. The Health Board identified 24 initial actions that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. The actions needed are organisation wide: Planned Care, Equitable Employee Experience, Unscheduled Care, Maternity Care, Prevention, Analytics, Primary Care, Representation, Mental Health and Patient Safety. Implementation of the action plan is being monitored through the Quality Committee.

4.0 Strengthening how we run the NHS

4.1 Interims, agency and locum staff

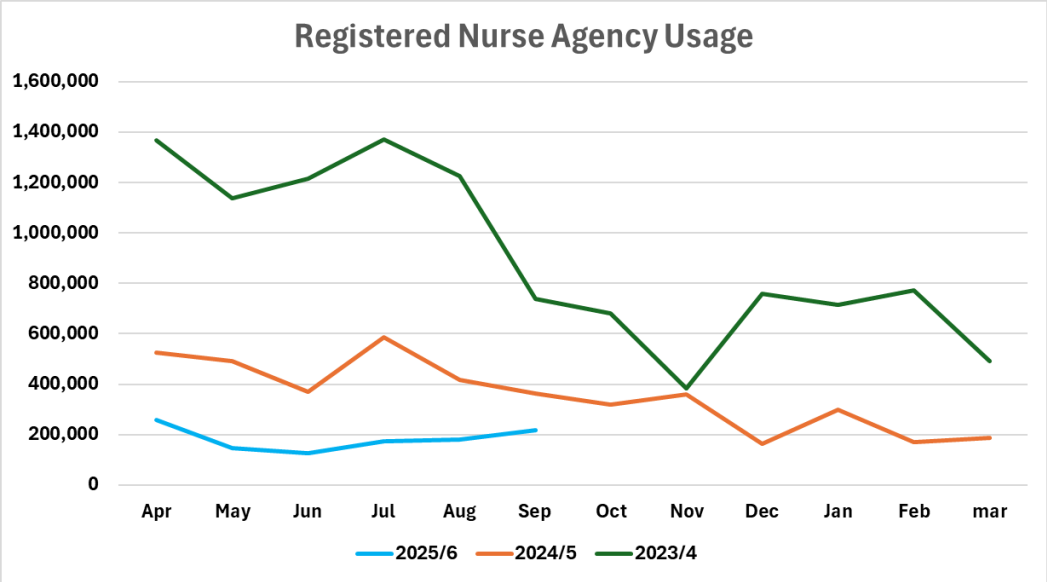
A workforce affordability and sustainability programme was launched in 2023 to reduce our over reliance on the temporary workforce, inc. agencies. Focus included:

- Diagnosing the route cause, supported by accurate data
- Building an internal operational workforce plan, including target for agency reduction, forecasting future demand, etc.
- Strengthened recruitment and retention.
- Reduce number of vacancies including hard to fill posts
- Enhanced scrutiny – robust governance for approvals
- Enabling temporary to permanent conversion
- Monitor, report and adjust – weekly tracking against targets.

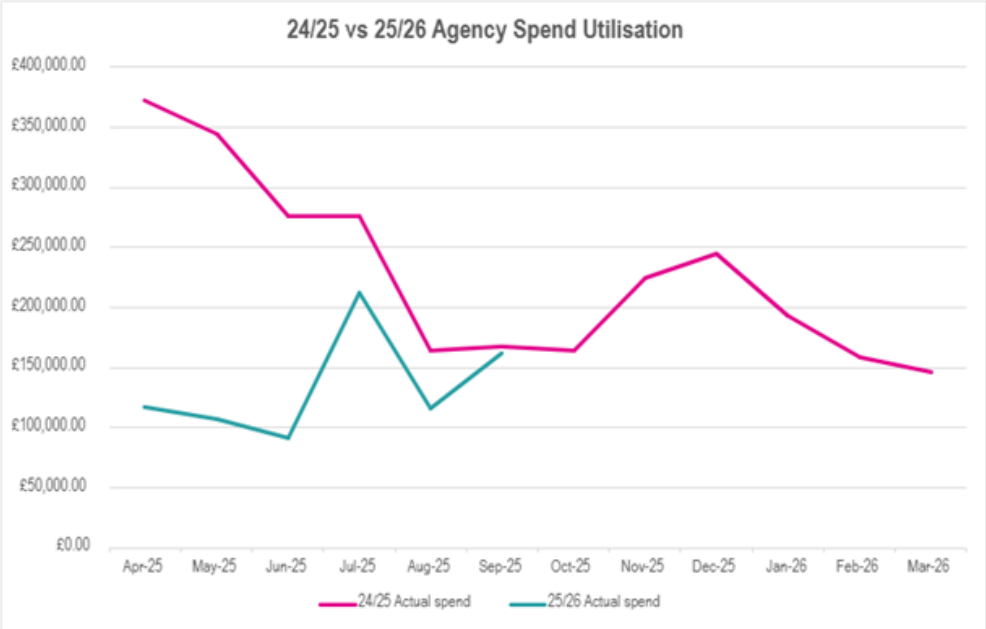
There are currently no interim positions at Executive level, although we are currently out to advert for the role of Executive Director of Strategy and Planning. The position will be filled by early December 2025.

In 2023 /24 agency expenditure for all staff groups reduced by approx. 72% and we are on track in 25/26 to reduce agency by approx. 30% based on 24/25 outturn (Enabling Action).

Nurse Agency



Medical & Dental Agency



Hard to fill Posts - use of agency

- Clinical Coding - We are still using agency workers in Clinical Coding; the Clinical Board has a plan to 'grow our own' to mitigate the impact of the national shortage and to improve supply. It anticipated that the use of agency workers will cease early 2026.
- We have 9 Consultants engaged via agencies, to support the UHB to cover vacant posts. Examples include:
    - Consultant Psychiatry – 3 Consultants engaged via an agency due to the national shortage and not being unable to recruit substantively. '36 degrees' have been tendered and commissioned and are currently working with the Mental Health Clinical Board to review pathways of care which may bring opportunities for role redesign that will reduce our reliance on agency workers.
    - Consultant Gastro – 2 Consultants engaged via an agency due to national shortage.

4.2 Leadership and Succession Planning

Strategic Context and Approach

- Leadership capability is central to delivering our Shaping Our Future Wellbeing strategy and improving staff experience, engagement, and patient outcomes.
- The People and Culture Plan prioritise leadership development, succession planning, and accountability as key enablers of sustainable, compassionate, and high-performing teams

Key Actions and Developments

- Leadership Programmes: We have relaunched a suite of leadership programmes aligned with our "brilliant basics" priorities. These includes Optimising Ops (Band 8C/8B) and Elev8 (Band 7 multi-disciplinary) which are competency-based programmes, focused on day-to-day operational skills, self-awareness, team leadership, and system-level leadership. Work with external agencies has explored evidenced based learning, supported by Health Education Improvement Wales (HEIW). Engaging with HEIW Ops programme (Band 6 – 8a) Pilot Nov 2025.
- Developing managers to lead healthy, high performing teams: The Organisational Development Practitioners are trained in the Affina Team Journey programme and support managers to develop a toolkit of resources and techniques to support a high performing team. This approach enhances the manager's skill set, which supports sustainability and consistency in approach. Work to date includes Radiology; Safeguarding; Clinical Diagnostics &Therapies (CD&T).
- Compassionate Leadership Pledge: All Board members have signed the pledge, reinforcing expectations around inclusive and transparent leadership behaviours. Developments around 'cultural safety zones will enable adoption at a local level.
- Leadership Framework: A new leadership and management framework is in development to provide clear standards, support consistency, and embed expectations for behaviour and accountability across all levels. This will be aligned to the All-Wales Leadership and Management Principles to be launched by HEIW.
- The UHB leadership and management framework is being developed to embed inclusive behaviours, aligned to the Workforce Race Equality Standard (WRES) and Strategic Equality Plan (SEP). Leadership programmes currently incorporate content on equity, anti-racism, allyship, and inclusive decision-making to ensure that future leaders reflect and represent the communities we serve.
- Succession Planning and Talent Development: The introduction of internal career development programmes (e.g. nursing) and a structured coaching and mentoring network, including time-banking for mentoring, supports pipeline development and succession planning. The promotion of four executives stands as a testament to the UHBs strong commitment to talent development and effective succession planning.

Impact and Outcomes

- 100% of participants in leadership programmes reported increased confidence in leadership practice and improved understanding of self-management and team leadership.
- Leadership interventions are directly linked to improved staff experience indicators, including a 2.5% improvement in perceptions of compassionate leadership and a 2.3% rise in positive views of line management.
- Leadership and Management Practitioners trained in the Kirkpatrick Model to provide enhanced evaluation methods.

4.3 Clinical Leadership

Clinical leadership and management development is a primary focus of the UHB's and the Education Teams. An interprofessional clinical managers programme for healthcare professionals launched on 17/10/25, and contemporaneous evaluation data is being collected to enable programme evaluation.

The UHB are involved with the discovery phase of the medical leadership offering for Wales chaired by the CMO and the CNO.

Success profiles for clinical manager roles are being developed to accompany the programmes and support the UHB's development and implementation of a Talent and Succession Framework. The Health Board continues to collaborate with the HEIW regarding the UHB's involvement with the National Advanced Clinical Leadership programme.

4.4 Culture

Cultural Assessment and Insight

The Culture and Leadership Programme (CLP) was endorsed and approved by the Board in 2023 to deliver a consistent approach across the UHB. Progress is reviewed through regular pulse surveys, repeat cultural assessments, and analysis of key workforce metrics, with findings reported bi-monthly to the People & Culture Committee:

- Culture and Leadership Programme: Introduced across hotspot areas (e.g. Theatres, Artificial Limb and Appliance Service), surfacing behavioural and leadership issues and informing targeted action plans. These have instigated Service Level Reviews and supported design and delivery of actions.
- Cultural assessments, service reviews, and Organisational Development (OD) interventions are explicitly linked to the WRES and SEP priorities. Data from these frameworks informs targeted actions to address inequities in staff experience, particularly for colleagues from Black, Asian, and Minority Ethnic backgrounds, disabled staff, and LGBTQ+ colleagues. This includes developing culturally safe environments, addressing disparities in progression and experience, and ensuring under-represented voices shape improvement plans.
- Theatres Together Improvement Plan: A comprehensive service review and OD intervention increased confidence to raise concerns and improved team communication. (Details in previous section).
- Staff Survey and Data Integration: Staff survey data, exit/stay interviews, wellbeing usage data, and Employee Relation cases are now triangulated to inform targeted cultural interventions at Clinical Board and team levels.
- Speaking Up Safely: Implementation of the Work in Confidence platform has enabled confidential reporting and accelerated resolution.
- Work to improve psychological safety and trust is being triangulated with WRES indicators (e.g. bullying, harassment, and disciplinary disparities) to ensure measurable progress against national equality standards.

Actions to Embed and Measure Change

- Quarterly Psychological Safety Pulse Surveys will launch in Q4 2025/26
- Introduction of Cultural Safety Zones will embed reflection and learning spaces at team level to enhance culture, leadership and team behaviours and performance. This has been developed in partnership with Trade Unions.
- Listening forums (Staff Assemblies, Schwartz Rounds, "Ask Suzanne" sessions) provide qualitative feedback loops and inform improvement planning. Formal assurance is through the People and Culture committee and then to Board.
- Leadership behaviours framework is being embedded into performance expectations and linked to value-based appraisals.

Progress and Evidence of Change

- 60% of staff now feel safe to raise concerns (an increase of 2% points), and 44.4% trust the organisation to act on them (increase of 2.4% points) 2024 compared to 2023.
- Retention has improved (previous section).
- Reports of bullying and harassment have marginally decreased, and 67.6% of staff feel listened to and supported by their manager (increase of 2.5% points).

4.5 NHS Wales Staff Survey

- Participation increased from 21.4% (2023) to 26.8% (2024), with 4,639 responses.
- Engagement scores declined slightly to 71% (from 73% in 2023), reflecting national trends across large Health Boards.
- Key challenges remain work-related stress (41%), presenteeism (61%), inclusion (14% report discrimination), and involvement in change (-7.6% decline).
- The survey highlighted persistent disparities in staff experience, with 14% reporting discrimination and 15% lacking confidence in fair promotion processes. In response, we are using our Strategic Equality Plan and WRES data to drive targeted action, including inclusive recruitment and promotion interventions, EDI training for leaders, and enhanced support for staff networks. This ensures that improvements in culture and engagement also reduce inequality.

System-Wide Actions Taken

- Data Accessibility and Accountability:
  - Paginated dashboards are now available to Clinical Boards with designated users trained in data interpretation.
  - Senior People and Culture Business Partners support Clinical Board Triumvirates with improving participation; interpretation and sharing of results; action plan development and implementation.
  - Staff survey results are a standing agenda item in Executive Performance Reviews and the People and Culture Committee.

- Targeted Interventions:
  - Focus on themes around inclusion, sexual safety, and burnout through dedicated programmes and policies.
  - Implementation of an Interim Sexual Safety Procedure (Dec 2024) and training.
  - Planned adoption of All Wales Procedure October 2025, training to be adjusted to reflect any differences to interim procedure.
- Staff Engagement and Voice:
  - Quarterly Staff Survey Network meetings established to co-design responses with staff representatives.
  - Introduction of focus groups to review progress and achievements and support Clinical Boards in action planning.
- Organisational Development and Wellbeing:
  - An in-house Employee Wellbeing Service, reducing counselling wait times from 77 days to 20 days.
  - Over 400 Wellbeing Champions trained, embedding support at team level.
  - Developments in new interventions available to staff, includes SPRING (Structured Psychological Support for Trauma (SPRING); Eye Movement Desensitisation and Reprocessing (EMDR); Interpersonal Psychotherapy (IPT); Guided Self-Help (GSH).
  - In-house fast-track trauma pathway.

Next Steps

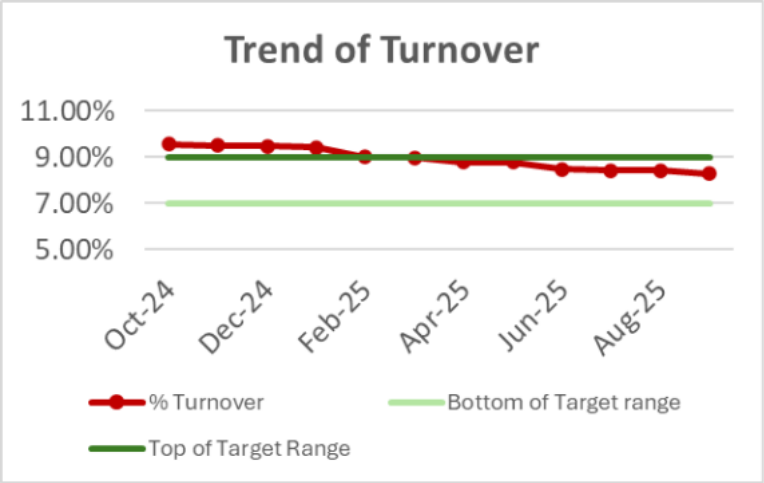
- Clinical Boards are required to identify 2 to 3. priority actions and report progress quarterly,
- Enhanced focus on triangulating survey results workforce key performance measures (KPI) and speaking-up data to guide improvement.
- Future staff surveys (2025 onwards) will include disaggregated data by protected characteristics and narrative feedback to deepen understanding of workforce experience.

4.6 Retention, Attendance and Wellbeing Performance

Through the People and Culture plan, we have a commitment to improving our organisational culture, leadership capability, and staff wellbeing. These areas remain under targeted intervention, but we have put mechanisms in place to strengthen collaboration, improve planning, and effectively measure outcomes. This work is central to improving the experiences and outcomes of our patients and communities, recognising that compassionate, supported staff deliver the safest and highest-quality care.

The UHB's aim is to sustain the improvement in retention that we have seen over the last two years (between 7-9%)

- Sept 2025 – 8.28%
- Sept 2024 – 9.68%
- Sept 2023 – 11.80%
- Sept 2022 – 13.37%



A focus on both understanding employee experience through review and alignment of starter, stay and exit surveys; and has enabled development, implementation and evaluation of interventions to address retention issues and support improvement, e.g. Internal Career Development Programme (Nursing).

Improving Wellbeing and Attendance is one of our key priorities for 25/26 and will remain in place for 26/27. We have taken targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing.

Aligned to the WG enabling action the UHB has set a target to reduce sickness absence levels to <5.5%. A multi-disciplinary team (MDT) approach has been adopted, bringing together People Services, Wellbeing, Organisational Development (OD) & Culture, Employee Wellbeing and Occupational Health to drive improvements in wellbeing and attendance. A high-level action plan has been developed, and a task and finish group has been established to oversee its implementation. Each Clinical/Service Board have also developed an individual, detailed and targeted action plan to reduce sickness absence in their respective areas.

The following actions have been taken forward:

- The Managing Attendance at Work Policy training has been revised and relaunched.
- Work is ongoing to ensure all absence is accurately recorded on the Electronic Service Records (ESR) /Health Roster system.

- Each Clinical/Service Board are running monthly sickness panels to monitor attendance at work. Sickness absences are reviewed at monthly Executive Reviews, and a standardised data set has been developed to support the reviews.
- A draft OD, Wellbeing, and Culture framework has been developed and is currently out for consultation and feedback.
- A focus on reducing workplace incidents by improving safety training and awareness is in place.

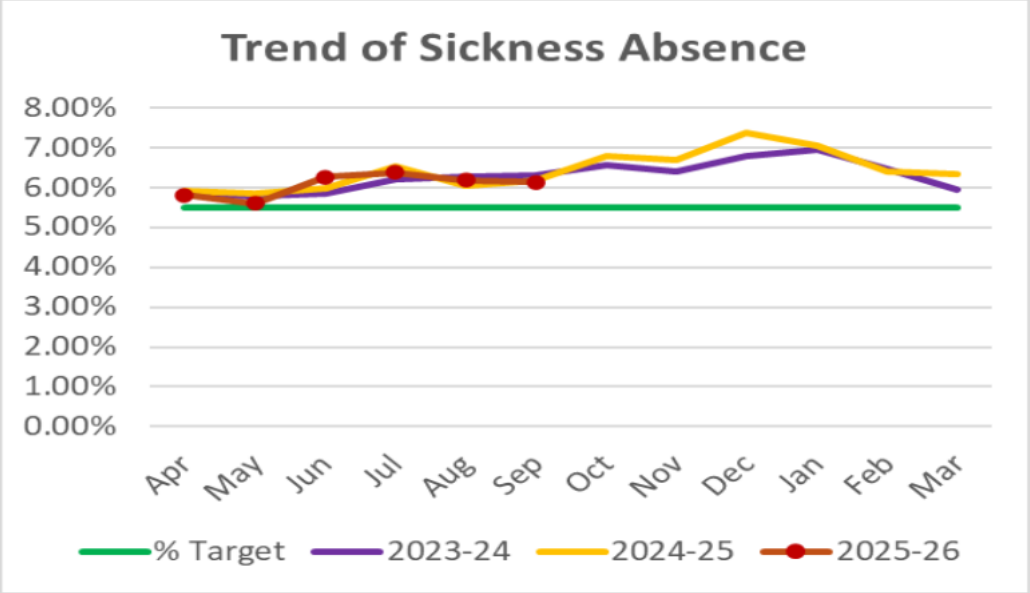
<u>The top 5 reasons for sickness absence are:</u>

- Anxiety/stress/depression/other psychiatric illness - 33%.
- Cold, cough, flu - 10%.
- Gastrointestinal problems - 8%.
- MSK - 8%.
- Injury, fracture - 5%.

Targeted wellbeing interventions and preventative measures are in place to address the primary causes, with particular focus on psychological health and promoting use of the Stress Risk Assessment, this includes:

- Scoping enhanced wellbeing support through initiatives such as Trauma Risk Management (TRIM), Schwartz Rounds, and Sustaining Resilience at Work (StRaW), alongside our Employee Wellbeing Service and fast-track trauma pathway.
- Improved oversight of safe working practices through the introduction of the Health Roster system, aligned to the Fatigue and Facilities Charter.
- Collaboration with HEIW and Public Health

The 12-month cumulative sickness rate as of 30 September 2025 is 6.41%.



A collaborative model for Occupational Health Services (OH) was developed in 2021, bringing together CAVUHB and CTMUHB OH services. Through a phased approach, the service is now more resilient and KPIs are being achieved and sustained, supporting staff to be well in work.

4.7 People & Culture Implications of Organisational Redesign

Building Workforce Capability for a New Model of Care

- We commission and deliver targeted education, learning and development to equip staff with the skills required and will continue to do this for future service models, including population health, digital literacy, prevention, and integrated care pathways.
- A review of leadership and management, including principles and competencies development, with a focus on leading through complexity, system change, and innovation, ensuring managers at all levels are confident to guide their teams through transformation. This will continue to be underpinned by an inclusive and compassionate leadership approach.
- Introduce structured development programmes to strengthen workforce planning, workforce redesign, and service transformation capability within clinical and corporate teams. This can be seen currently in the Optimising Ops Programme, and multi-disciplinary Elev8 programme.

Enabling Leaders and Managers to Lead Change Compassionately and Effectively

- Opportunities locally and through HEIW are available and signposted for staff to be developed and focused on change leadership, including communication, coaching through transition, psychological safety, and managing resistance.
- We support leaders to adopt a system leadership mindset, enabling cross-boundary working, collaboration with partners, and a shift from illness-focused to population health-focused care.
- Embed succession planning and talent management approaches to ensure leadership resilience and continuity during and after redesign.

Engagement, Communication and Co-Production

- We work in partnership with staff, trade unions, and staff networks at every stage of development, in line with partnership working principles and employment law. This partnership will continue and be integral to success.
- We use structured mechanisms such as listening events, focus groups, staff assemblies, and "Ask Suzanne" sessions to involve colleagues in shaping the new model and co-designing solutions.
- We continue to look at ways to strengthen employee voice infrastructure to capture diverse perspectives, particularly from underrepresented groups, ensuring the redesign promotes equity and inclusion. Through Equality and Health inequalities Impact Assessment (EHIA) process.

Workforce Planning, Consultation and Employment Practice

Once the new operating model is defined the following point are taken into consideration.

- Ensure all organisational change follows agreed employment policies and partnership procedures, including consultation, equality impact assessment, and appropriate support for affected staff.
- Anticipate and plan for workforce transitions, including reskilling, redeployment, and support for staff whose roles may change, to minimise disruption and retain talent.
- Align workforce planning and supply (e.g. education commissioning, apprenticeships, recruitment pipelines) to the redesigned operating model and future service requirements.

Wellbeing, Culture and Psychological Safety During Change

- Recognise and proactively support the emotional and psychological impact of large-scale change, embedding wellbeing support, coaching, and trauma-informed practice throughout the process. Currently supporting transformation in Primary Community and Intermediate Care (PCIC) Clinical Board.
- Maintain and strengthen and coproduce organisational culture work (e.g. Culture and Leadership Programme, speaking-up mechanisms, cultural safety zones) to ensure change is experienced as inclusive, transparent, and fair.
- Utilisation of staff feedback mechanisms (pulse surveys, engagement data, exit/stay interviews) to monitor impact and adapt approaches in real time.

5.0 Board local issues

Infrastructure and Estate: £176 million backlog maintenance, age and quality of the existing estate right across the UHB is of continuing concern and marked one of the highest risks on the Board Assurance Framework. The estate challenges are clearly having a detrimental effect on organisational productivity and efficiency, quality of care and patient experience as well as colleague experience and morale. The work the UHB has been supported to do via the EFAB and TEF Programme is welcome and enables the strengthening of estate and infrastructure resilience. Key Welsh Government funded projects to improve electrical and fire safety, lift replacement programme, boiler replacements and water and drainage systems have supported maintaining service delivery.

Essential work to articulate an estate master plan and vision for the future has been supported by WG through the funding of a detailed site condition survey so that future plans are prioritised to meet the most urgent risks. We are in the early stages of defining a significant build on the UHW site which would aim to address the most urgent clinical infrastructure and estate challenges, supporting delivery of acute, specialist and interventional care from within a 21st century estate. We will continue to work at pace with WG colleagues to agree an approach, plan and business case.

Clinical Engagement: concerns have been raised by the Senior and Dental Staff Committee (SMSC) regarding the quality of engagement, leadership, visibility and culture, financial controls, infrastructure and estate, and morale. We recognise the seriousness of the SMSC's concern and appreciate that we are working in a very challenging context. We are committed to improving our collaborative working and partnership with the SMSC, the Local Negotiating Committee (LNC) and all our clinical colleagues.

National Commissioning Plan for Specialist Services: We are working actively with the Joint Commissioning Committee (JCC) but would really welcome the support and collaboration of NHS Performance and Improvement (NHS P&I) in the development of a National Specialist Services Strategy and Plan.

We recognise that we have had a difficult 12-18 months. We are committed to providing a service which is a source of pride to our colleagues and that enjoys public's confidence.